Improving Interconception Care Implementation Rates at The Family Heath Center of Worcester

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Problem Statement

The Interconception Care (ICC) screening tool is not being implemented fully on each Family Medicine team at The Family Health Center of Worcester (FHCW). This tool screens mothers at well child visits from ages 0-2 years. By improving the implementation of Interconception Care, it will help to identify modifiable risk factors that can improve birth outcomes in subsequent pregnancies.

Introduction: What is ICC and why is it important?

ICC: Interconception Care

ICC is the time between delivery and subsequent conception. It is promoted by the IMPLICIT network (Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques). Low birth weight and prematurity have not decreased despite the traditional prenatal interventions. Certain populations such as the population of providers in order to increase documentation rates to 70%.

Interventions to Improve ICC Implementation

- Created “Healthy Mom, Healthy Family” patient information posters and hung in every exam room to address the importance of the four risk factors
- Created new ICC screening forms so it would be easier for providers to document screen
- Re-stocked all new ICC screening forms on teams in the most prevalent languages
- Discussed with “MA champion” on each team to help remind others of screening
- Created weekly progress reports for each team showing their implementation rates by tracking all well child check visits from ages 0-2 years and recording whether the screen was done and whether the provider was documenting the screen
- Attended team meetings to introduce and promote the screening
- Created a brief provider survey for feedback on the effectiveness of the new forms

Discussion

- ICC implementation rates have increased on all teams to 80-100%. Teams 1, 2, and 3 achieved 90% or higher implementation (Figure 1).
- Starting weekly progress reports for each team appears to have increased the implementation rates on Teams 1, 2, and 3 (Figure 1).
- Document rate have increased above 70% since the introduction of the new forms on Teams 2 and 3 but not on Teams 1 and 4 (Figure 2).
- Documentation rates depend on the implementation rate therefore can appear falsely elevated by low implementation rates. We will consider using total WCC from ages 0-2 years as the denominator in the calculation for future data.
- Team 3 consistently achieved high implementation and documentation rates. One identifiable factor was the commitment to ICC by the MA champion on Team 3. Getting the medical assistants actively involved on all teams will help increase rates.
- The brief provider survey on the new forms showed an overall increased satisfaction with the screening process and documentation. Creating future data appears to be easier using only paper forms.
- The majority of positive screens were from lack of multivitamins and then lack of contraception (Figure 3).

Next Steps

- Continue working on the new ICC screening forms for my Capstone project at UMMS with Dr. Allison Ledoux, a senior resident at the FHCW
- Continue doing chart audits for each team once a week
- Increase documentation rates by providers
- Work with OB advocates that can help provide contraception counseling to decrease the rates of lacking contraception in the immediate postpartum period
- Train medical assistants to be more involved in the steps following a positive screen result

Acknowledgements:

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Figure 1. Implementation rates: chart audits on each team at FHCW of all WCC from ages 0-2 years each week since January 2014. Each team had an average of 8-10 WCC visits per data point above.

Figure 2. Documentation rates: chart audits on each team at FHCW of all WCC from ages 0-2 years each week since January 2014 representing the percentage of ICC forms that were properly documented by the provider. Each team had an average of 8-10 WCC visits per data point above.

Figure 3. Of the mothers lacking contraception, the majority (37%) were in the immediate postpartum period (0-4 months) post partum period (Figure 4).

Figure 4. Percent lacking contraception per age group from January to July 2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent of Lacking Contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 months</td>
<td>25%</td>
</tr>
<tr>
<td>3-4 months</td>
<td>15%</td>
</tr>
<tr>
<td>5-6 months</td>
<td>10%</td>
</tr>
<tr>
<td>7-8 months</td>
<td>5%</td>
</tr>
<tr>
<td>9-10 months</td>
<td>2%</td>
</tr>
</tbody>
</table>

Figure 5. Percent positive screen/total scanned ICC forms from January to July 2014

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percent Positive Screen (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraception</td>
<td>42%</td>
</tr>
<tr>
<td>Smoking</td>
<td>30%</td>
</tr>
<tr>
<td>MVT</td>
<td>20%</td>
</tr>
<tr>
<td>Depression</td>
<td>10%</td>
</tr>
</tbody>
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