



by MIGRANT CLINICIANS NETWORK



Essential Clinical Issues in Migration Health
8 part webinar series



Part 4
**HEALTH CARE FOR MIGRANT WOMEN:
TAKING IT TO THE NEXT LEVEL**

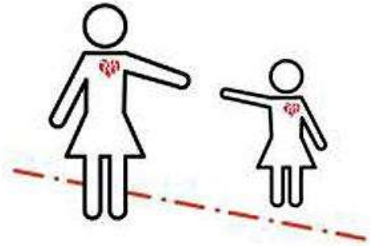
Presented by:
**Candace Kugel, FNP, CNM, MS and Megan Danielson,
CNM, MSN**

Disclosure Statement

- *Faculty: Candace Kugel, FNP, CNM and Megan Danielson, CNM*
- *Disclosure: We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.*

Objectives

- Describe strategies to address clinical core measures that relate to women's health.
- Discuss case studies that assist in understanding how creative collaborations and models of care can improve health outcomes for migrant women.
- Participants will be able to access clinical resources for working with female migrant patients.



Source: *Motherhood & Migration*
mama.imow.org



Agenda

- Women's health measures review
 - Cervical cancer screening
 - Early prenatal care
 - Birth weight
- Case illustrations
 - Challenges
 - Improvement
- Resources



Cervical Cancer Screening

1 **Goal:** Provide cervical cancer screening for adult women aged 24 through 64

2 **Evaluate:** Percent of all women aged 24-64 who had at least one medical visit in a health center clinic during 2014 and were first seen before age 65 (*excludes patients with hysterectomy*)

PAP TESTS		TOTAL NUMBER OF FEMALE PATIENTS 24-64 YEARS OF AGE (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS TESTED (c)
11	Measure: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer			

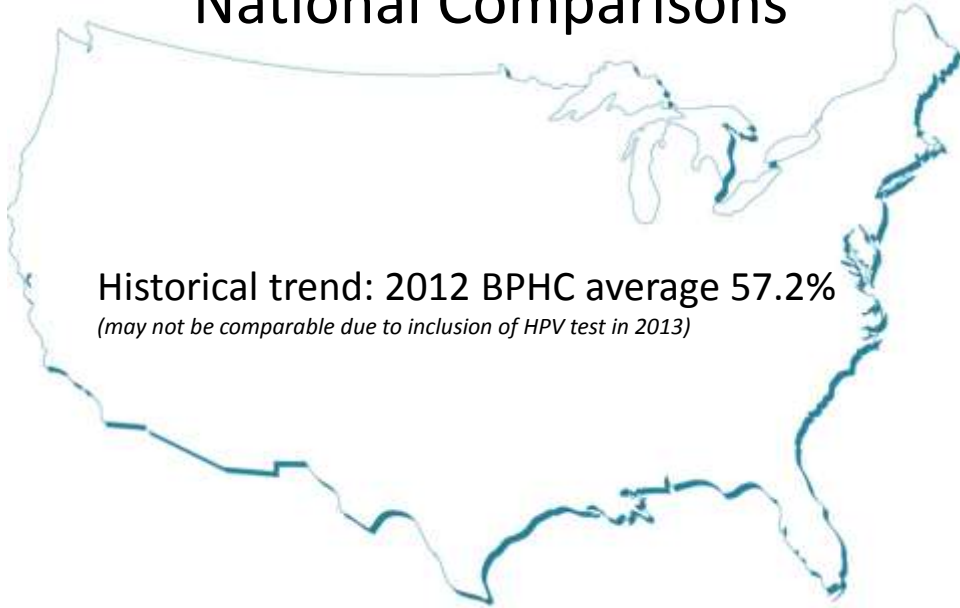


Measuring Cervical Cancer Screening Data

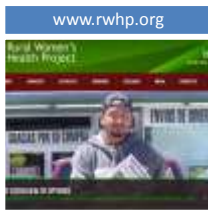
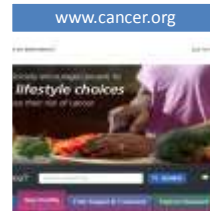
Cervical Cancer Data

- A copy of the test result (your lab or another lab) or evidence based notation in the patient's chart including provider, test date and result, entered by your provider or clinic staff must be present.
- **Not sufficient:**
 - A note that "patient was referred" or "patient reported receiving Pap test"
 - Patient refused or failed to return for test
- Look back into 3-5 years of medical records (based on age and tests)

National Comparisons



Cervical Cancer Screening Resources



Tables 6B and 7: Prenatal Services



All health centers will now report on prenatal and perinatal services whether they are provided directly at the health center, by formal referral to another provider, or both. This will include:

- Age and trimester of entry into care on Table 6B
- Deliveries and infant birth weights on Table 7



Health centers which diagnose a woman's pregnancy but do not directly provide prenatal care must refer for this care. If so they must:

- Track the referral to establish and record the date of her first comprehensive obstetrical visit.
- Track her delivery and record the weight of the infant(s) at birth.

Prenatal Care

1 Goal: Timely entry into care

2 Evaluate: Percent of patients entering prenatal care in first trimester

- Entry into prenatal care begins with a complete prenatal physical exam with a physician or NP/PA/CNM provider.
- Prenatal patients include all patients with ANY prenatal care regardless of whether the baby is delivered by health center provider.

SECTION B – TRIMESTER OF ENTRY INTO PRENATAL CARE		
TRIMESTER OF FIRST KNOWN VISIT FOR WOMEN RECEIVING PRENATAL CARE DURING REPORTING YEAR	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7 First Trimester		
8 Second Trimester		
9 Third Trimester		

Assessing Early Entry into Prenatal Care

- Data Accuracy Checks:
 - Universe:
 - Prenatal medical patients by age must equal prenatal patients by trimester of entry
 - National Comparisons:
 - Historical trend: 2012 BPHC average 70.2%
 - Healthy People 2020 goal: to have 77.6% of females receiving prenatal care in 1st trimester



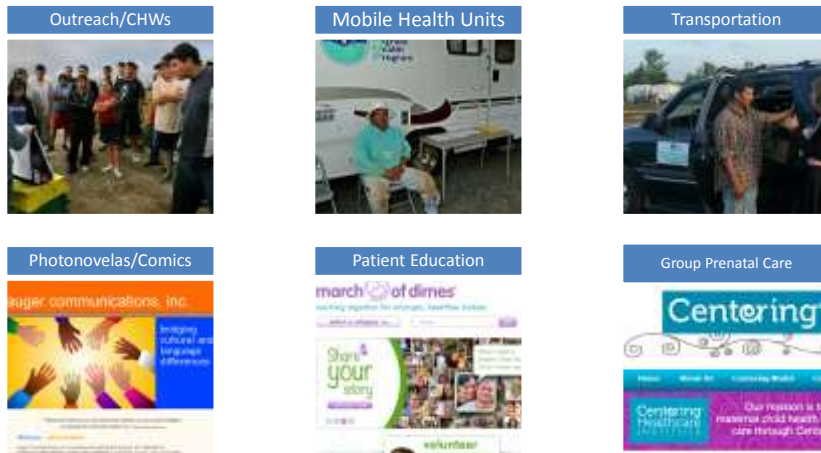
The New Yorker

Sofia



Source: www.umich.edu

Early Prenatal Care Resources



Birth Weight

1

Goal: Newborns with normal birth weight

2

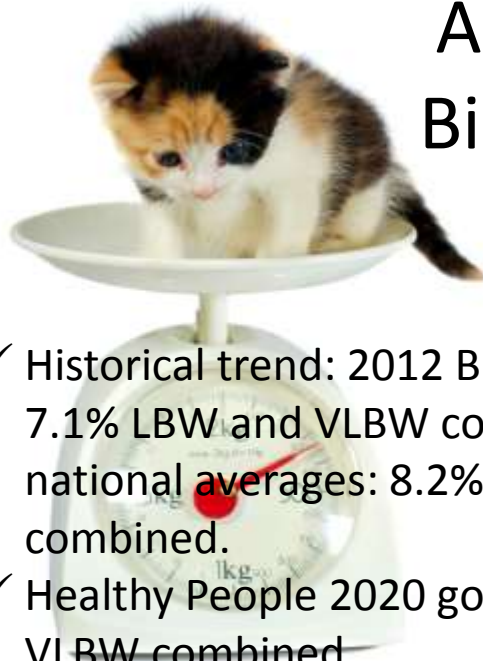
Evaluate: Percent of births that are of normal birth weight.
(excludes stillbirths)

Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500-2499 grams (1c)	Live Births: =>2500 grams (1d)
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Birth Weight Considerations



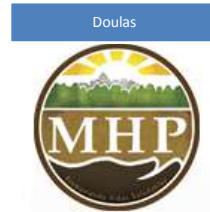
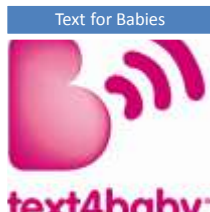
Accuracy of Birth Weight Data



- ✓ Historical trend: 2012 BPHC average: 7.1% LBW and VLBW combined; other national averages: 8.2% LBW and VLBW combined.
- ✓ Healthy People 2020 goal: 7.8% LBW and VLBW combined.



Birth Weight Resources



Health Coverage for Pregnant Women | February 2014



KEY

- Light Green: Medicaid for lawfully residing pregnant women, regardless of date of entry
- Dark Green: CHIP or other medical coverage for pregnant women, regardless of immigration status



Options for Reporting: Total Format (Table 6B)

- Column A: Universe – All patients who meet the reporting criteria.
- Column B: Universe or sample of 70 patients
 - Must report universe
 - When universe is less than 70 patients
 - For prenatal care (Table 6B) and delivery outcome (Table 7) measures
- Column C: Measurement Standard – Report number of charts whose clinical record indicates that the measurement rules and criteria have been met.

CHILDHOOD IMMUNIZATION		TOTAL NUMBER OF PATIENTS WITH 3 RD BIRTHDAY DURING MEASUREMENT YEAR (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS IMMUNIZED (c)
10	MEASURE: Children who have received age appropriate vaccines who had their 3 rd birthday during measurement year (on or prior to 31 December)	Universe	Sample or Universe	Records meeting the measurement standard



Health Network

Elena



Photo by William Kwan

Resources

- Performance measure information: bphc.hrsa.gov
- Lessons From the Field: state- and practice-level policies to foster high performance in cervical cancer screening in FQHCs www.nashp.org
- Facilitating Early Prenatal Care Entry bphc.hrsa.gov/spotlight/eriefamilyhc/index.html
- Transforming Maternity Care transform.childbirthconnection.org

Photo © Kerli Hoffman



Questions?

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 by MIGRANT CLINICIANS NETWORK



Essential Clinical Issues in Migration Health

6 part webinar series

Up Next:

- 1 March 19
STRUCTURAL COMPETENCIES IN MIGRATION HEALTH
- 2 April 2
A MEANINGFUL APPROACH TO CLINICAL QUALITY IMPROVEMENT
- 3 April 23
TEN TIPS FOR CLINICAL OPERATIONAL REVIEWS
- 4 May 14
HEALTH CARE FOR MIGRANT WOMEN: TAKING IT TO THE NEXT LEVEL
- 5 June 5
ESSENTIAL STRATEGIES TO EFFECTIVELY ADDRESS DIABETES PREVENTION WITH VULNERABLE POPULATIONS
- 6 June 25
INTEGRATING ORAL HEALTH INTO THE PATIENT-CENTERED HEALTH HOME



Happy National
Women's
Health Week!