

III.E.2.c State Action Plan Narrative by Domain

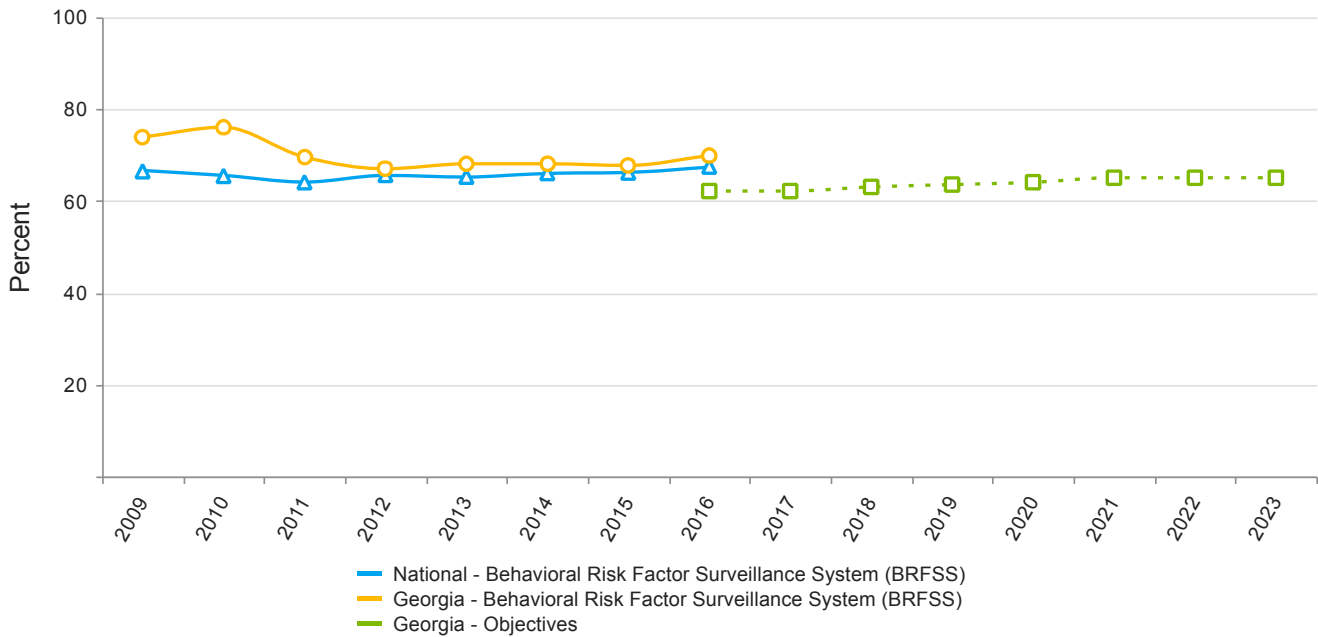
Women/Maternal Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID-2015	172.8	NPM 1
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS-2012_2016	48.4	NPM 1
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2016	9.8 %	NPM 1
NOM 5 - Percent of preterm births (<37 weeks)	NVSS-2016	11.2 %	NPM 1
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2016	27.1 %	NPM 1
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2015	7.7	NPM 1
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2015	7.8	NPM 1
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2015	5.1	NPM 1
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2015	2.7	NPM 1
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2015	292.2	NPM 1
NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy	PRAMS-2013	4.4 %	NPM 1
NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births	SID-2015	2.8	NPM 1
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	NSCH-2016	13.3 %	NPM 13.1
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH-2016	90.3 %	NPM 13.1
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS-2016	23.6	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	PRAMS-2013	9.2 %	NPM 1

National Performance Measures

**NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Baseline Indicators and Annual Objectives**



Federally Available Data

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

	2016	2017
Annual Objective	62.1	62.1
Annual Indicator	67.7	69.7
Numerator	1,258,025	1,321,663
Denominator	1,857,538	1,895,900
Data Source	BRFSS	BRFSS
Data Source Year	2015	2016

Annual Objectives

	2018	2019	2020	2021	2022	2023
Annual Objective	63.0	63.5	64.0	65.0	65.0	65.0

Evidence-Based or –Informed Strategy Measures

ESM 1.3 - 1.3. Number of focus groups across the state that assess barriers to well-woman visits

Measure Status:	Inactive - Replaced
------------------------	----------------------------

State Provided Data		
	2016	2017
Annual Objective		0
Annual Indicator	1	0
Numerator		
Denominator		
Data Source	Title V On-Going Needs Assessment	Title V On-Going Needs Assessment
Data Source Year	2017	2017
Provisional or Final ?	Provisional	Provisional

ESM 1.4 - 1.4. Proportion of birthing hospitals that implement Alliance for Innovation on Maternal Health Bundles or approved quality improvement measures

Measure Status:	Active
------------------------	---------------

State Provided Data	
	2017
Annual Objective	10
Annual Indicator	0
Numerator	
Denominator	
Data Source	GaPQC Data
Data Source Year	2017
Provisional or Final ?	Final

Annual Objectives						
	2018	2019	2020	2021	2022	2023
Annual Objective	25.0	30.0	50.0	60.0	85.0	85.0

ESM 1.5 - 1.5 Number of calls and clicks received from marketing campaign

Measure Status:	Active
------------------------	---------------

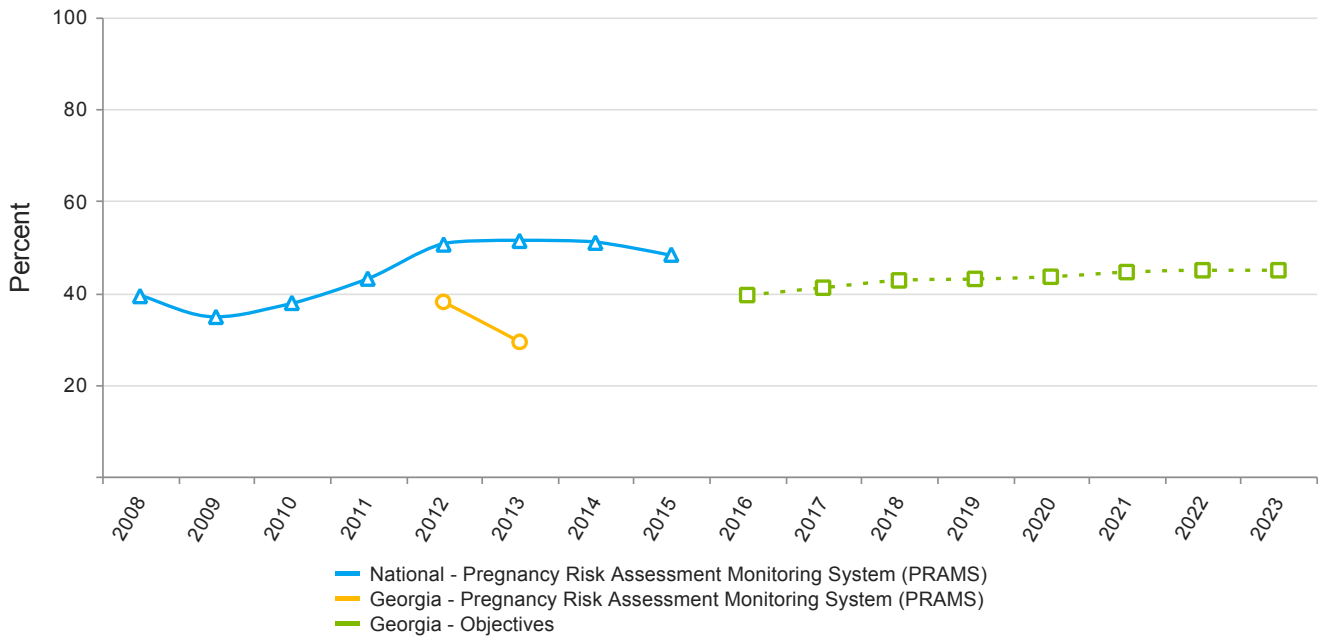
Annual Objectives					
	2019	2020	2021	2022	2023
Annual Objective	5.0	10.0	15.0	20.0	25.0

ESM 1.6 - 1.6 Number of impressions based on media target audience

Measure Status:	Active
------------------------	---------------

Annual Objectives					
	2019	2020	2021	2022	2023
Annual Objective	5,000,000.0	5,000,000.0	5,000,000.0	5,000,000.0	5,000,000.0

**NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy
Baseline Indicators and Annual Objectives**



Federally Available Data

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

	2016	2017
Annual Objective	39.5	41.1
Annual Indicator	29.3	29.3
Numerator	18,443	18,443
Denominator	63,060	63,060
Data Source	PRAMS	PRAMS
Data Source Year	2013	2013

Annual Objectives

	2018	2019	2020	2021	2022	2023
Annual Objective	42.7	43.0	43.5	44.5	44.9	44.9

Evidence-Based or –Informed Strategy Measures

ESM 13.1.1 - 11.1.1. Number of comprehensive webinars/presentations offered

Measure Status:	Active
------------------------	---------------

State Provided Data		
	2016	2017
Annual Objective		4
Annual Indicator	0	20
Numerator		
Denominator		
Data Source	Oral Health Program Data	Oral Health Program Data
Data Source Year	2016	2017
Provisional or Final ?	Final	Final

Annual Objectives						
	2018	2019	2020	2021	2022	2023
Annual Objective	8.0	12.0	16.0	20.0	20.0	20.0

State Performance Measures

SPM 1 - Percent of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC).

Measure Status:	Active
------------------------	---------------

State Provided Data		
	2016	2017
Annual Objective		11
Annual Indicator	16.6	16
Numerator	9,714	8,627
Denominator	58,434	54,076
Data Source	GFPP	GFPP
Data Source Year	2016	2017
Provisional or Final ?	Provisional	Provisional

Annual Objectives						
	2018	2019	2020	2021	2022	2023
Annual Objective	12.0	13.0	14.0	15.0	17.0	17.0

State Action Plan Table

State Action Plan Table (Georgia) - Women/Maternal Health - Entry 1

Priority Need

Prevent maternal mortality

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

1.1. By 2020, develop a partnership to launch at least one targeted educational campaign or referral source to promote preventative healthcare.

1.2. By 2020, collaborate with the Georgia Perinatal Quality Collaborative (GaPQC) to implement Alliance for Innovation on Maternal Health (AIM) Bundles on Hemorrhage in 75% of birthing hospitals.

Strategies

1.1.a. Leverage existing partners to provide education to healthcare providers through in-person trainings, webinars and messaging campaigns for medical providers, health districts, community organizations and other women's health stakeholders to promote preventative healthcare.

1.2.a. In collaboration with GaPQC, disseminate Maternal Mortality Review Committee findings to Georgia birthing hospitals and market AIM Bundles.

1.2.b. In collaboration with GaPQC, use quality improvement strategies to implement AIM bundles.

1.2.c. In collaboration with GaPQC, develop and utilize a central database to collectively evaluate outcomes.

ESMs	Status
ESM 1.1 - 1.1.1. Number of public health districts with the Every Woman video in circulation	Inactive
ESM 1.2 - 1.2.1. Number of staff that have been trained on preconception health appraisals	Inactive
ESM 1.3 - 1.3. Number of focus groups across the state that assess barriers to well-woman visits	Inactive
ESM 1.4 - 1.4. Proportion of birthing hospitals that implement Alliance for Innovation on Maternal Health Bundles or approved quality improvement measures	Active
ESM 1.5 - 1.5 Number of calls and clicks received from marketing campaign	Active
ESM 1.6 - 1.6 Number of impressions based on media target audience	Active

NOMs
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
NOM 3 - Maternal mortality rate per 100,000 live births
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
NOM 5 - Percent of preterm births (<37 weeks)
NOM 6 - Percent of early term births (37, 38 weeks)
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.2 - Neonatal mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.4 - Preterm-related mortality rate per 100,000 live births
NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy
NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Georgia) - Women/Maternal Health - Entry 2

Priority Need

Promote oral health among all populations

NPM

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Objectives

11.1. By 2020, develop a collaborative partnership working with women's health partners and the Chronic Disease Section to promote perinatal oral health

11.2. By 2020, develop an oral health resource database for CYSHCN

11.3. By 2020, increase the education and promotion activities regarding oral health among low-income Hispanic mothers and children from 0 to 8

Strategies

11.1.a. Partner with public health districts, private practices, dental hygiene programs (the Augusta University, Dental College of Georgia) to promote perinatal oral health screenings

11.1.b. Offer comprehensive educational webinars/presentations

11.2.a Educate public health district oral health staff on special considerations and treatment needs for special needs patients

11.2.b. Determine data sources and begin collecting data to develop a special needs dental access database with location of practices serving special needs children and adults/special services offered, such as general anesthesia, orthodontics, insurance accepted and other specialties

11.3.a. Improve the Oral Health Education Initiative program to include culturally competent messages for low-income Hispanic children and adolescents

ESMs

Status

ESM 13.1.1 - 11.1.1. Number of comprehensive webinars/presentations offered

Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Georgia) - Women/Maternal Health - Entry 3

Priority Need

Improve access to family planning services

SPM

SPM 1 - Percent of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC).

Objectives

2.1. By 2020, increase the number of unduplicated patients in family planning clinics by 5%

2.2. By 2020, increase the percentage of teens (under age 19) served in Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptive (LARC)

2.3. By 2020 increase the percentage of women (ages 15-44) served in family planning clinics who use long-acting reversible contraception (LARC) from 11% to 15%

Strategies

2.2.a. Provide counseling to 75% of teens served with GFPP

2.3.a. Guide 85% of GFPP clients through creating a Reproductive Life Plan

2.3.b. Increase inventory of LARCs in GFPP clinics

2.1.a. Develop and disseminate a marketing campaign to increase awareness of the GFPP

Women/Maternal Health - Annual Report

Priority Need: Prevent Maternal Mortality

NPM 1: Well-Woman Visits

During the reporting year, a statewide awareness campaign began development to promote preventive medical visits for women of reproductive age. Plans to market information about the availability of preventative services, i.e., family planning services at the local health departments were initiated.

Maternal Mortality Review Committee

The support of the Governor and the Georgia Legislature with the passage of SB 273, laid the foundation for the ability for the Georgia Maternal Mortality Review Committee (MMRC) to “identify pregnancy-associated deaths, review those caused by pregnancy complications and other selected deaths, and identify problems contributing to the deaths and interventions that may reduce these deaths” by providing legal protections for committee members and the review process, ensuring confidentiality of the review process and providing the committee with the necessary authority to collect data for case review. The MMRC met quarterly during the reporting year and reviewed maternal death cases for 2014.

NPM 3: Risk-appropriate Prenatal Care

Perinatal Regionalization

During the reporting period, the Women’s Health Program developed and implemented targeted marketing strategies to increase awareness of the Regional Perinatal Centers (RPC) with the goal of increasing utilization of perinatal regionalization with Level I and Level II birthing hospitals in the southernmost region of the state. Targeted marketing strategies included providing hand sanitizers, note pads and pens, and brochures that provided information on the management of popular high risk conditions (e.g. preeclampsia) as well as contact information of each medical director, per region. This strategy was used at the Georgia Ob/Gyn Society (GOGS) conference during the reporting period.

An additional five hospitals implemented the Preterm Labor Assessment Toolkits as their standard of care during the reporting period. A specialized workgroup was designed to revitalize the system of perinatal regionalization to include service delivery, data collection efforts and quality improvement initiatives.

Alliance for Innovation on Maternal Health (AIM) Bundles

The Alliance for Innovation on Maternal Health (AIM) program, under the auspices of the Council for Patient Safety in Women’s Health Care, collaborated with private and public programs and providers to improve implementation of preconception, postpartum and interconception women’s health care. DPH was awarded CDC funding September 30, 2017 to lead the Georgia Perinatal Quality Collaborative’s (GaPQC) initiative to implement the use of AIM hemorrhage and hypertension patient safety bundles in the state’s birthing hospitals. Georgia became an AIM state in October 2017.

Maternal safety bundles represent best practices for maternity care and are developed and endorsed by national multidisciplinary organizations. The maternal safety bundles include action measures for:

- Obstetrical Hemorrhage
- Severe Hypertension/Preeclampsia

- Prevention of Venous Thromboembolism
- Reduction of Low Risk Primary Cesarean Births/Support for Intended Vaginal Birth
- Reduction of Peripartum Racial Disparities
- Postpartum Care Access and Standards

Priority Need: Promote Oral Health Among All Populations

NPM 13: Preventive Dental Visit

In the reporting year, the Oral Health program served 955 pregnant women. Of the delivering women in 2014, per OASIS, 15.5% of low birth weight (LBW) infants were born to women living in rural counties. In an effort to reduce some of the contributing factors to LBW infants education was provided to women of childbearing age about NAS and the need for good nutrition, prenatal care and dental care. Although Georgia Medicaid will reimburse dentists for comprehensive oral health services during pregnancy, only about 29.3% of pregnant mothers had routine teeth cleanings during pregnancy.

The Oral Health program offered Georgia Quitline and smoking cessation education in November and December 2016 to dental and medical colleagues in three rural counties. The risk factors contributing to LBW infants, the potential linkage of periodontal disease and preterm delivery, the dangers of smoking during pregnancy, and the need for prenatal dental care was discussed. Each course was attended by 30-45 dentists and dental hygienists.

The Oral Health program collaborated with Chronic Disease and the prenatal team to work on addressing grant performance measures: pregnant women who smoke and oral health providers reaching women concerning tobacco use during pregnancy, second hand smoke, and the risk factors for the developing fetus, mother and infant.

The Oral Health program presented at the Georgia Dental Hygienists' Association meeting in July 2017 on Oral Health and Tobacco in Pregnancy. In the Fall of 2017 four districts planned to offer education on tobacco/oral health/pregnancy risk factors with an emphasis on using Motivational Interviewing and the use of the Quit line in a dental practice.

Priority Need: Increase Access to Family Planning Services

SPM 1: Family Planning

During the reporting year, 58,596 women were served through DPH's Family Planning program with 17.55 % of women, ages 15-44 using a Long Acting Reversible Contraceptive (LARC) compared to 14.80% in the previous year. The percentage of teens who used a LARC during the reporting year increased from 12.80% to 15.72%.

Family Planning provided leadership, guidance and resources to Georgia's 18 health districts in the development and provision of resources that increase the access of family planning services to Georgia's women offering comprehensive health care services designed to provide women with support to plan the birth of their children, reduce unintended pregnancies, determine effective birth control methods and improve the well-being of families statewide.

Other Women/Maternal Health Programs

Centering Pregnancy

In the reporting year, MCH collaborated with public health providers throughout the state providing information and

training about the CenteringPregnancy® evidence-based model of group healthcare that addresses the social determinants of health combining health assessment, interactive learning and community building to help support positive health behaviors and drive better health outcomes. MCH provided education, guidance, and support concerning program implementation beginning the expansion of Center Pregnancy. Two Centering Pregnancy sites were operational during this reporting period.

Perinatal Case Management

Perinatal Case Management (PCM) is a voluntary Medicaid program that is implemented in the local public health departments. PCM allows for a case manager to assist a pregnant woman with identifying her special needs and helps her gain access to medical, nutritional, social, psychosocial, educational and other services to improve health outcomes of mother and baby. During the reporting period, a PCM curriculum was developed and PCM services began implementation. Three PCM trainings occurred in August and September 2017. Following the three trainings, one health department included PCM services into their service delivery system.

Planning for Healthy Babies

Planning for Health Babies (P4HB) is a family planning demonstration waiver program issued by the Georgia Department of Community Health (DCH) to assist the DPH in reducing the number of low birth weight (LBW) and very low birth weight (VLBW) infants in Georgia. Women who meet Medicaid eligibility criteria and/or have had a VLBW baby may be eligible under the expansion policy to receive family planning services, Inter-pregnancy Care (IPC), Case Management, and/or Resource Mother. The program is intended to bridge health care for underinsured and uninsured women of high need. Efforts to increase enrollment into P4HB were continued with DCH and other partners.

Maternal and Child Health Information and Resource Center

In the reporting year, the Women's Health Program worked with the existing Maternal and Child Health Information and Resource Center that operates the MCH resource hotline and website to include resources and referrals to resources that identify and treat chronic illnesses such as IPC of P4HB, hypertension, heart disease, obesity, and diabetes.

Current Year Oct 2017-Sept 2018

Priority Need: Prevent Maternal Mortality

NPM 1: Well-Woman Visits

In the current year, the Women's Health program developed a preventive medical visit campaign. Meetings were held to develop messaging, marketing mode of delivery, and overall implementation strategy. The campaign is designed to launch in three phases each of which will cover various regions of the state. Depending on the regions, a mix of billboards, social media post or radio advertising may be utilized to reach the target population. Phase I was launched in March 2018 and Phase II is slated to launch in the fall of 2018.

Maternal Mortality Review Committee

The Maternal Mortality Review Committee (MMRC) met in December 2017 and March 2018 and continued review of 2014 maternal deaths. Review of 2014 cases will be completed in June 2018 and the 2014 MMRC Report is on target to be published by the end of 2018. Based on 2012 and 2013 MMRC findings, DPH submitted a white paper proposal to the 2018 legislative session for rural hospital funding to provide quality initiatives to impact leading causes of Maternal Mortality. DPH was awarded 2 million dollars to provide funding to 16 rural hospitals for quality

improvement initiatives beginning with implementation of patient care safety bundles for maternal hemorrhage. The 16 rural hospitals will join 23 additional hospitals already implementing the patient care safety bundles as part of DPH's GaPQC.

Challenges/Barriers: The time required for abstraction of many cases and limited number of abstractors presents a challenge for the MMRC.

NPM 3: Risk-Appropriate Perinatal Care

Perinatal Regionalization

To strengthen the system of regionalization, there has been continued work on increasing communication with RPC stakeholders to include meetings with RPC medical directors and outreach educators as well as conference calls with finance staff and data coordinators.

Five of six RPC site visits have been completed. These site visits have served as mechanisms to assess the process of service delivery in each regional perinatal center; learn the strengths and opportunities of improvement of each region; foster collaboration and team building; and provide technical assistance in contract compliance.

House Bill 909-Creation of DPH Perinatal Facilities was signed into law and allows DPH to define and designate Perinatal Facilities in Georgia. The goal of this bill is to improve perinatal outcomes by providing more structure to risk appropriate care.

Challenges/barriers: Hospital acquisition by large healthcare organizations and growing numbers of specialty level of care in the metro area provides challenges to the regional system.

Alliance for Innovation on Maternal Health Bundles

During the fall of 2017 the structure, membership and initiatives of GaPQC were revised. Advisory Committee membership was updated and reflects inclusion of specialty providers and agencies focused on improving the health and outcomes of mothers and babies. Subcommittees were established for maternal, neonatal, data and operations. The Maternal Subcommittee is leading the work of AIM bundle implementation in birthing hospitals. In January 2018, a letter was sent to all 76 birthing hospitals in Georgia from the DPH Commissioner encouraging their participation in the AIM bundle initiative. In March 2018, enrollment packets and readiness assessment surveys were sent to 41 birthing hospitals that had expressed interest in participating in the AIM bundle initiative. Women's Health and GOGs staff are following up with those hospitals to reach the goal of enrolling at least 10 hospitals in the AIM hemorrhage bundle initiative by September 30, 2018.

The Data Subcommittee was developed in the fall of 2017 and began an extensive data analysis process utilizing hospital discharge data to develop a perinatal data management system. The perinatal data system will be used to measure the impact AIM quality improvement initiatives have on severe maternal and mortality indicators like hemorrhage and hypertension.

Challenges: It is anticipated that rural birthing hospitals may lack sufficient staff to work on quality initiatives.

Priority Need: Promote Oral Health to All Populations

NPM 13: Preventive Dental Visit

In the current year, the Oral Health program partnered with DPH's Chronic Disease team for the Oral Health/Tobacco Program collaborative.

In April 2018, to assist in combating the opioid epidemic, the Oral Health program participated in the Opioid Taskforces Prescription Drug Monitoring Program (PDMP) work group to assess, evaluate and improve the PDMP registry for the state.

The Oral Health program participated on an advisory panel radio campaign through the DPH/Radio One Partnership. The campaign was developed in the DPH Sexually Transmitted Disease section to promote healthy pregnancies and the awareness of HIV transmission, congenital syphilis, and associated mandated clinical testing. The radio ads will play in Fulton, Cobb and Douglas counties in May-July 2018.

Priority Need: Increase Access to Family Planning Services

SPM 1: Family Planning

More Georgia women are planning their pregnancy which helps to insure healthier birth outcomes. Processes and procedures have been streamlined and training systems that support access to family planning and LARCs have been improved. Family Planning has a budget of 1.3 million dollars earmarked for the LARC project. Funds are used to purchase additional pharmaceuticals and provide support to districts to hire Advanced Practice Registered Nurses (APRN) to provide LARC related services.

In the current year, internal processes were streamlined to ensure districts have the ability to order drugs on an ongoing basis since the demand continues to increase. Changes and improvements to our Electronic Health Record (EHR) and data collection systems have increased efficiency in the clinics and data sharing respectively.

To meet training demands, week long Women's Health training courses were implemented to help insure nursing best practices. Nurses receive training on Breast and Pelvic exams, STD and Microscope best practices; a requirement to work under Women's Health protocols. Women's Health training courses are being provided seven times throughout the year. In previous years, these courses were provided less frequently.

Family Planning staff partnered with the University of California San Francisco Bixby Reproductive Health Center to provide LARC training to clinic staff. The training included medical and front line staff to improve capacity in providing education regarding providing the most reliable contraception. Counseling best practices were also emphasized as an integral component of the patient encounter. A LARC specialist training was designed to bring district leads together for peer-to-peer learning and garner knowledge to build capacity and sustainability in promoting access to family planning services.

The Family Planning Program began working on the development of a marketing campaign in 2017 to increase awareness of family planning options and services to women across the state. The campaign is designed to launch in three phases facilitating regional and district specific marketing and messaging to successfully reach the diverse populations throughout the various areas of the State. Phase I of the marketing campaign began in March 2018. The campaign includes billboards and radio messaging, depending on the area. Five media markets which included the cities of Albany, Augusta, Savannah, Valdosta, and Waycross were purchased for a :30 second radio message with women ages 18-49 as the media target audience. Current analytics from the media broker show that the estimated number of times the radio ads were heard by women ages 18-49 in four of the markets was 3,303,000. Waycross is an unrated market, therefore, not included in the total. However, there were a total of 224 :30-second radio spots aired on two Waycross stations.

Other Women/Maternal Health Programs

Centering Pregnancy

In the current year, MCH, in collaboration with the Centering Healthcare Institute, hosted five Centering Pregnancy information sessions in locations throughout Georgia's public health districts which have an increase in infant mortality rates and preterm births. Centering Pregnancy information sessions are a one day seminar to learn more about Centering Pregnancy's evidence-based, group care model and to understand what is needed for successful implementation and long term program sustainability. Those districts included District 2, District 3-3, District 3-5, District 4, District 6, District 7, District 8-2, District 9-1 and District 9-2.

MCH utilized the funding provided by the March of Dimes to allow staff from three Public Health Districts to attend the Basic Facilitators Workshop hosted by the Centering Healthcare Institute. This two-day workshop offered trainings to facilitative leadership through a variety of skill building and interactive activities.

The Georgia State Legislature passed the HB 684 to implement reimbursement for Centering Pregnancy programs. The funds were awarded to the Department of Community Health's (DCH) Medicaid programs.

Challenges/barriers: Challenges surrounding incorporating the Centering Pregnancy model are related to a lack of adequate space to host group prenatal care sessions in OB practices and county health departments. Lack of commitment from hospitals, district health directors, and private OB physicians to implement Centering Pregnancy at their facility presents a challenge, as does reimbursement issues related to providing the Centering Pregnancy program, however, with the passage of HB 684, barriers may be lessened. Billing/coding processes for enhanced reimbursement incentive from Caresource for Centering Pregnancy are being examined. County Health Departments do not have a medical provider as a Centering Pregnancy facilitator which presents a challenge for those health departments interested in implementing the model.

Perinatal Case Management

On March 1, 2017, the Department of Community Health, DPH, and Harris Solution launched the Visual HealthNet (VHN) Perinatal Case Management Module which is an automated process of transmitting documents between the Care Management Organizations (CMO) and the public health departments. A PCM curriculum was developed involving a one day interactive training provided to case managers in the Georgia Public Health Departments. The first PCM training was initiated on August 29, 2017. There have been nine trainings implemented thus far with more to occur throughout the state. DPH has increased the number of county health departments providing PCM services from 88 to 92. The projected target is to have 104 county health departments providing PCM services by September 2019.

Challenges/barriers: Several Georgia obstetricians have patients with identified CMO's which makes it difficult for the patient to be perinatally case managed through the health department system. The self-reporting monthly electronic data reporting system presents a need for an electronic data retrieval system. Decreased number of staff available to provide PCM services at the county health departments and communication between District IT and the Perinatal Case Managers at the county health departments also present challenges.

Planning for Healthy Babies

Planning for Health Babies (P4HB) is a family planning demonstration waiver program issued by the Georgia Department of Community Health (DCH) to assist the DPH in reducing the number of low birth weight (LBW) and very low birth weight (VLBW) infants in Georgia. Women who meet Medicaid eligibility criteria and/or have had a

VLBW baby may be eligible under the expansion policy to receive family planning services, Inter-pregnancy Care (IPC), Case Management, and/or Resource Mother. The program is intended to bridge health care for underinsured and uninsured women of high need. Efforts to increase enrollment into P4HB will continue with DCH and other partners.

Maternal and Child Health Information and Resource Center

In the current year, the Women's Health Program works with the existing Maternal and Child Health Information and Resource Center that operates the MCH resource hotline and website to include resources and referrals to resources that identify and treat chronic illnesses such as IPC of P4HB, hypertension, heart disease, obesity, and diabetes.

Family Engagement

Women's Health provides cultural competency training to clinicians working with teens in district teen clinics. Women's Health teen clinics are focused on the needs of teens, i.e., hours of operations, using teen-friendly language, etc. Teens are also often used in marketing campaigns for their peer groups.

Women's Health focuses on engaging pregnant women that participate in their Centering Pregnancy programs. Through facilitated discussions, these women act as peer-to-peer support through the prenatal, delivery, and postpartum periods.

Women/Maternal Health - Application Year

Priority Need: Prevent Maternal Mortality

NPM 1: Well-Women Visit

To promote preventive medical visits, the Women's Health Program will launch Phase III of the preventive medical visits, i.e., family planning marketing campaign, evaluate the process and outcomes of Phase I and Phase II, and plan future activities.

Maternal Mortality Review Committee

In the coming year, the MMRC will publish the 2014 MMRC Review and conduct quarterly case review of 2015 cases. Women's Health will support hospitals enrolled in quality improvement initiatives in implementation of patient care safety bundles for hemorrhage through technical assistance, monthly webinar meetings, and on-site training and guidance.

NPM 3: Risk Appropriate Perinatal Care

Perinatal Regionalization

In the coming year, Women's Health will continue annual site visits of each RPC and provide technical assistance for implementation of GAPQC quality improvement initiatives.

Alliance for Innovation on Maternal Health (AIM) Bundles

Women's Health will expand the use of AIM hemorrhage bundles into 10 additional birthing hospitals and AIM hypertension bundles into five birthing hospitals and will begin submitting perinatal data to AIM in the coming year.

Priority Need: Promote Oral Health Among All Populations

NPM 13: Preventive Dental Visit

In the coming year, through continued partnerships with public health districts, private practices, education at dental hygiene programs, and in partnership with the Augusta University College of Dental Medicine, the Oral Health Program intends to improve the percentage of pregnant women receiving an oral health visit. The Oral Health program will also continue to support, provide training, and educate providers on the health outcomes for pregnant women with poor oral health care and tobacco use. The Oral Health program will support four districts to train and educate providers on the health outcomes for pregnant women with poor oral healthcare and tobacco use, and processes for using the tobacco quit-line.

Priority Need: Increase Access to Family Planning Services

SPM 1: Family Planning

In the coming year, efforts to increase access to family planning will be developed. Some of the strategies planned include:

- Improve data sharing efforts by expanding the newly established data system that aggregates data from clinics. The system will be streamlined to allow enhanced report generation and data sharing to facilitate and monitor progress and troubleshoot issues more efficiently. Additional system improvements regarding data collection in the EHR systems will provide better efficiency in patient encounters and data transmission.
- Focused training of patient counselling on LARCs

Other Women/Maternal Health Programs

Centering Pregnancy

MCH will continue the quest to implement more CenteringPregnancy® group model prenatal care sites in DPH districts. Collaboration between MCH and the Centering Healthcare Institute to host a Centering Pregnancy Information Session and provide information to Obstetricians on the Centering Pregnancy program and its importance in improving health outcomes will take place in the coming year.

Perinatal Case Management (PCM)

In the coming year, PCM plans to continue the quest to provide PCM training and technical assistance to counties in implementation of PCM programs, establish better communication between DPH, county health departments and EMR partners with implementing the PCM Module, and improve communication between CMO's and DPH in their PCM reimbursement process. PCM plans to collaborate with EMR partners to develop a method of extracting data from the PCM Module for monthly reporting, percentages of Presumptive Eligibility and PCM enrollment.

Planning for Healthy Babies (P4HB)

In the coming year, the Women's Health Program will collaborate with DCH and other partners to increase enrollment into P4HB.

Maternal and Child Health Information and Resource Center

In the coming year, the Women's Health Program will work with the existing Maternal and Child Health Information and Resource Center that operates the MCH resource hotline and website to include resources and referrals to resources that identify and treat chronic illnesses such as IPC of P4HB, hypertension, heart disease, obesity, and diabetes.