BEHAVIORAL HEALTH & HOMELESSNESS STATEWIDE UNIFIED RESPONSE GROUP (BHHSURG)

# COVID-19 UPDATE


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MI-HOME, UNIVERSITY HEALTH PARTNERS OF HAWAI‘I

MEREDITH NICHOLS, ASSISTANT ADMINISTRATOR/DEPUTY MEDICAL DIRECTOR
DEPARTMENT OF HUMAN SERVICES, MED-QUEST DIVISION

# Presenters

- **Leʻa Minton, MSN, APRN, CNM, IBCLC**
  MI-Home, University Health Partners of Hawaiʻi

- **Meredith Nichols, Assistant Administrator/Deputy Medical Director**
  Department of Human Services, Med-QUEST Division

Note: This presentation will be recorded and posted along with a copy of the slide deck to the BHHSURG website at http://BHHSURG.hawaii.gov.

# Leʻa Minton, MSN, APRN, CNM, IBCLC

MI-Home, University Health Partners of Hawaiʻi

# MI-HOME
# A UHP PROGRAM

Leʻa Minton, MSN, APRN, CNM, IBCLC
Dr. Lee & Dr. Bartholomew, MFMs
Dynaka Merino, Community Health Navigator

University Health Partners of Hawaiʻi
https://uhphawaii.org/index.php/obgyn/

# Our Program

- We provide prenatal, postpartum, lactation, newborn, family planning and care coordination services to women on O'ahu who have difficulty accessing care.
- We provide lactation, family planning (and coming soon prenatal care) services via telemedicine to women on neighbor islands.
- In a place the patient feels comfortable.

**Who:**

Mothers on O'ahu who are having difficulty accessing prenatal and postpartum healthcare services.

**Accepting referrals from all healthcare providers across O'ahu, including Federally Qualified Health Centers. Electronic reports of tests and evaluations will be sent back to the referring provider.**

**We also take self-referrals and those without health insurance.**

**To make a referral:**

Le'a Minton, MSN, APRN, CNM, IBCLC
Midwife:
**808.476.0690**

Dynaka and Keahi
Assistants:
**808.476.0622**

efax:
**833.905.0149**

University Health Partners

ALOHACARE

**MI-HOME**

The Midwifery Integrated Home Visitation Program

**Prenatal and Postpartum Care in Your Home or Shelter**

**Where:**

In a place that is convenient, safe and private: in your home, shelter, or place of refuge.

**Why:**

Mothers diagnosed with high risk conditions in pregnancy may require frequent (weekly, twice or three-times a week) visits to a clinic or hospital. This innovative program provides a Certified Nurse-Midwife who is trained to safely provide these services in the comfort of your home if you struggle with transportation, childcare and/or other unexpected issues.

**What:**

**Services provided:**

- Routine prenatal and postpartum appointments
- Diabetes management
- Substance use management
- Blood pressure checks
- Blood draws
- PAP smears
- Basic obstetrical ultrasound
- Non-stress test
- Lactation support
- Newborn Care <29 days
- Family planning services
- Social services referrals
- Health insurance applications
- Prescription refills
- Telehealth specialist consultations
- Transportation for medical services
- And other maternity care procedures

**When:**

As frequently as your healthcare provider or MD specialist recommends. Our traveling Certified Nurse-Midwife provides prenatal, postpartum, lactation, and newborn care in community-based settings.

**How:**

Our Certified Nurse-Midwife works in partnership with the Maternal-Fetal Medicine physicians of the University Health Partners of Hawai'i (High Risk OB Doctors). During your appointment, she can use portable telehealth (a tablet with video calling) to collaborate with the MFM physicians on your care plan. This will help prevent missed prenatal and postpartum appointments, and unnecessary hospitalizations.

# Our Program Cont.

- Appointments are according to patient needs, often more frequent in early contact.
- Services are mobile, including all equipment; and we provide telemedicine appts.
- Goal is to connect patients to needed and desired services, help them to feel stable to enter routine care system.
- Work in partnership with Maternal Fetal Medicine providers for high-risk conditions.

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University Health Partners of Hawaii

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# MI-Home Team

Le'a Minton, MSN, CNM, IBCLC: Midwifery provider (in the field or telemedicine, not in office); manager - developing program workflows, resources, ordering & stocking of supplies; grant writer; budget development and management; case manager collaborating with community services including food, housing, financial, utilities, medical specialists and mental health, CWS, legal/court, etc; Patient Service Representative - registration, appointments, authorizations, HIPAA texting/ communication, transportation facilitator; collection/organization and distribution of donated items to patients; reports

Dynaka Merino: Community Health Navigator - case manager collaborating with community services including food, housing, financial, utilities, medical specialists and mental health, CWS, legal/court; coverage for Patient Service Representative

Dr. Men-Jean Lee, MFM: management of high risk conditions during pregnancy in hospital, office, and/or telemedicine, grant writer, program supervisor, reports; on-call consultant for midwifery provider

Dr. Lisa Bartholomew, MFM: management of high risk conditions during pregnancy including substance use disorder (SUD)/medication assisted treatment (MAT) in hospital, office, and/or telemedicine; on-call consultant for midwifery provider

https://uhphawaii.org/index.php/obgyn/

# How to Refer

Simple, No Barrier: Call, message, text or fax

Appointments: 808-476-0622
Community Health Navigator: 808-347-4755
Midwife: 808-476-0690

EPIC Message (EHR) Le'a Minton

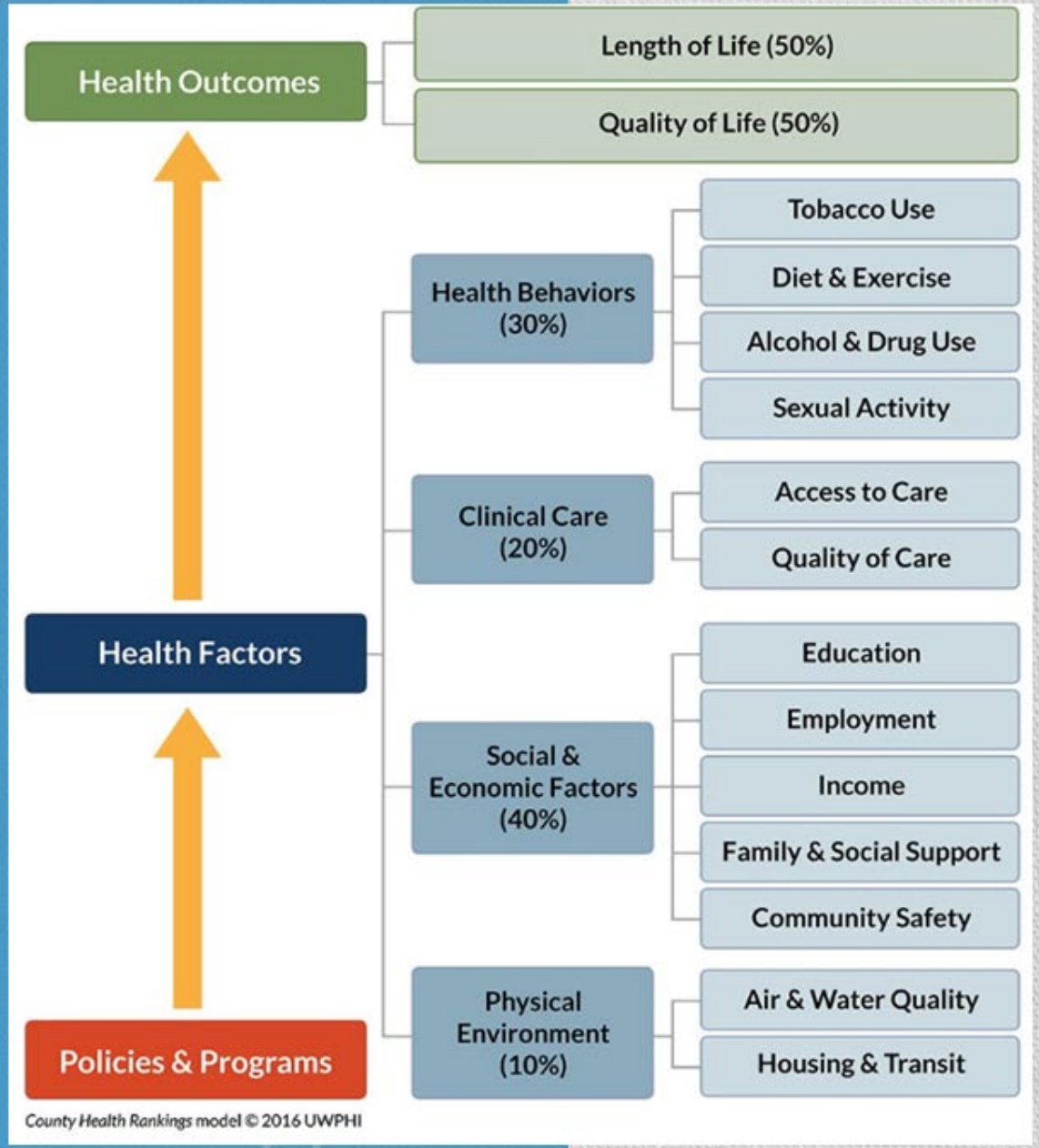
Text: 808-707-8002 (HIPAA compliant)

E-Fax: (833) 905-0149 (HIPAA compliant)

*MI-Home stands for Midwifery Integrated Home Visitation Program

# Why Create the MI-Home Program?

1) Contribute to clinical needs
2) Reduce barriers to achieving health
3) Improve maternal and infant outcomes




# Role of medical care in affecting health outcomes

National Academy of Medicine

2017

# Competing Priorities are Barriers to Accessing Healthcare

1) Food
2) Shelter
3) Safety
4) Communication
5) Transportation
6) Heat
7) Cold
8) Child care
9) Pet care

L Gelberg 1997,
D Maness 2017

FOCUS AREA

# Community-Centered Care

## OVERVIEW

We are increasingly looking beyond the clinic walls to understand how social and physical environments impact health.

Payment is shifting from fee-based services reimbursed by volume to a system that rewards value and outcomes. At the same time, these changes require teamwork beyond one's own organization and an approach that addresses how non-medical factors — like food insecurity, homelessness, and transportation access — shape wellness at the individual, family, and community levels. That's why we're helping you problem solve across disciplines and develop innovative partnerships to advance community health.

Center for Care Innovations

# Community-Centered Care

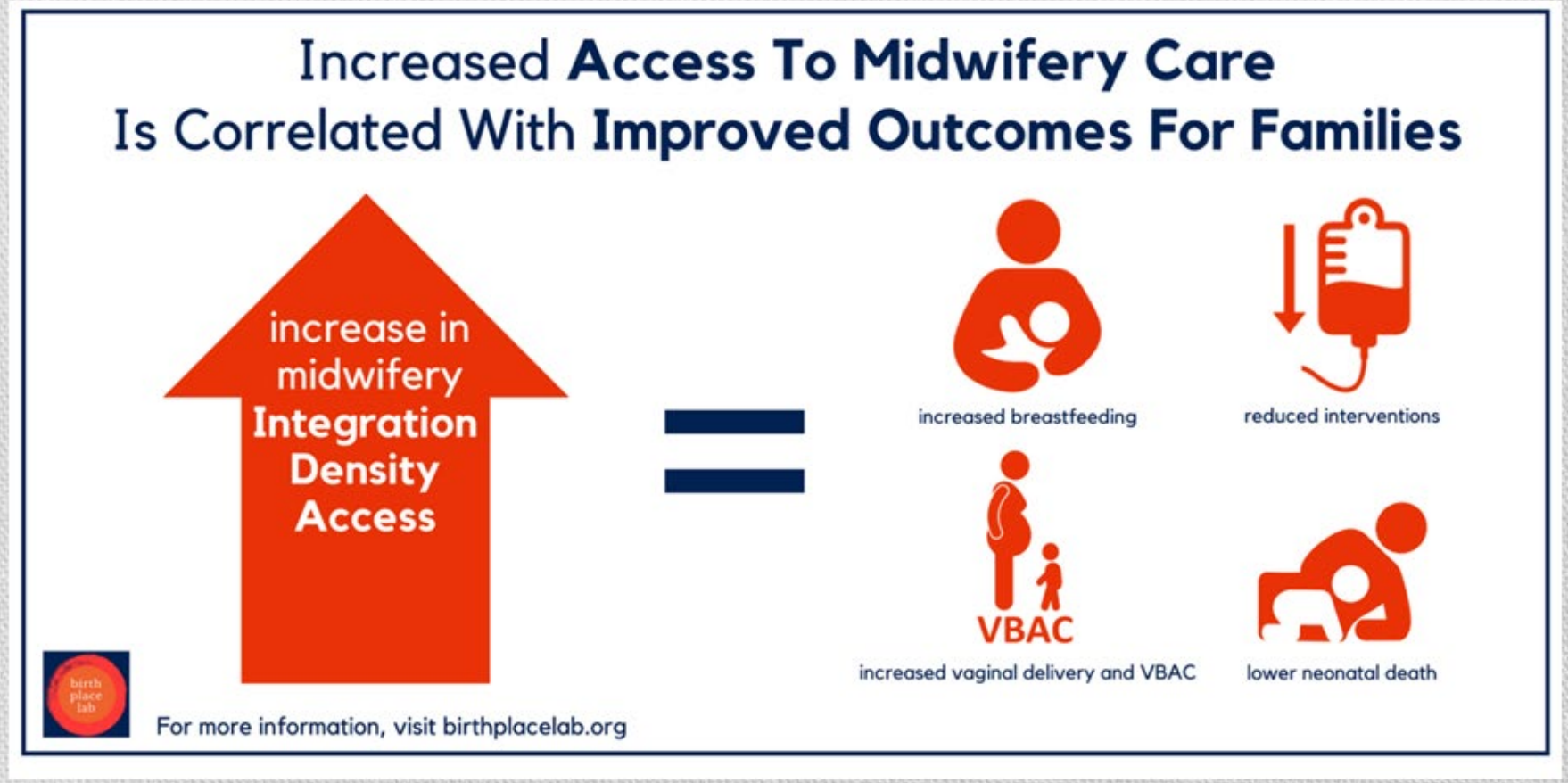
*"Catalysts are a community of innovators who are leading strategic efforts to transform the systems that support underserved populations. Catalysts develop expansive mindsets, combine creative and analytic methods, and push projects beyond conventional thinking to new possibilities."* - Center for Care Innovations

| Catalyst Innovation + Design Thinking Framework | SEE & EXPERIENCE | DIMENSION & DIAGRAM | QUESTION & REFRAME | IMAGINE & MODEL | TEST & SHAPE | PITCH & COMMIT |
|---|---|---|---|---|---|---|
| **GOALS** Your roadmap | Learn about your challenge through immersive experiences and listening to first-hand perspectives. | Make sense of what you documented and learned from your research. | Refine and focus the scope of your challenge based on key insights from your research. | Dream up many ideas to address the challenge. Draft a plan for how you'll test key features of your best ideas with stakeholders. | Make quick, rough drafts of your ideas. Get the examples in front of people and incorporate their feedback -- repeat! | Communicate with people outside of your core team about your project and why it's worth doing. |
| **METHODS** What you learn | Observation<br>Shadowing<br>Show + Tell Interviews | Collaborative Cycle<br>Empathy Mapping<br>Journey Mapping | "How Might We..."<br>Statements<br>Analogous Examples | Brainstorming<br>2x2 Matrix<br>Solution Mapping | Paper Prototypes<br>Storyboarding<br>Role Play | 7-Part Pitch Structure<br>Calculating Value<br>Video Storytelling<br>"I Like I Wish, I Wonder" |
| **ACTIVITIES** What you do | Collect quotes, photos, and video from observational, shadowing, and interview research. | Analyze qualitative research and convey patterns using visual frameworks. | Articulate your challenge in a concise, focused, and optimistic way. | Encourage people with diverse perspectives to contribute ideas. Prioritize which ideas to try first, and which specific elements to build and test. | Create and test at least three variations on your best idea(s) using sketches, scripts, mock-ups, and other tangible formats. | Present a compelling story about your challenge to organizational leadership, and propose next steps. |
| **MINDSETS** Your keys to success | Inclusion + Empathy \| Collaboration \| Starting Small + Learning Fast \| Making Things Tangible \| Sharing Unfinished Work Early + Often | | | | | |

# WHO recommendations on antenatal care for a positive pregnancy experience

| | | |
|---|---|---|
| Midwife-led continuity of care | **E.2:** Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well functioning midwifery programmes. | Context-specific recommendation |
| Community-based interventions to improve communication and support | **E.4.1:** The implementation of community mobilization through facilitated participatory learning and action (PLA) cycles with women's groups is recommended to improve maternal and newborn health, particularly in rural settings with low access to health services.[ab] Participatory women's groups represent an opportunity for women to discuss their needs during pregnancy, including barriers to reaching care, and to increase support to pregnant women. | Context-specific recommendation |
| | **E.4.2:** Packages of interventions that include household and community mobilization and antenatal home visits are recommended to improve antenatal care utilization and perinatal health outcomes, particularly in rural settings with low access to health services. | Context-specific recommendation |

# Birth Place Lab



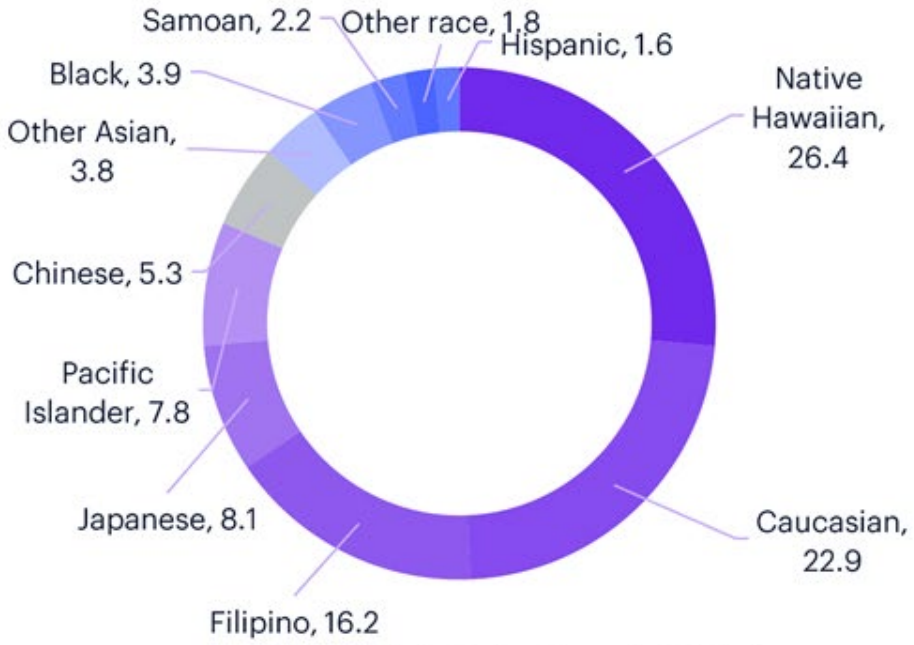
# What does the landscape look like in HI?

MARCH OF DIMES

## RACE AND ETHNICITY IN HAWAII: LIVE BIRTHS AND PRETERM BIRTHS

This data fact sheet describes the nuances of the racial and ethnic makeup of mothers in Hawaii using detailed race and ethnicity categories. Information for live births and preterm births is presented to highlight groups who account for large proportions of live births and also experience an increased risk of premature birth.

### Live births




**Percentage Of Live Births By Mother's Race And Ethnicity**

- In 2018, **more than 17,000** babies were born in Hawaii.
- Native Hawaiian mothers account for 26.4% of live births (about 4,500) in Hawaii- **that's 1 in 4 births.**
- Births to Filipino mothers account for **16%** (about 2,700) of live births.
- Births to Native Hawaiian, Caucasian, and Filipino mothers combined represent **more than 65%** of live births.

# What does the landscape look like in HI?

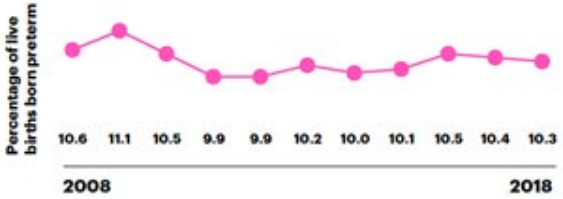
## HAWAII

### PREMATURITY GRADE

**C-**

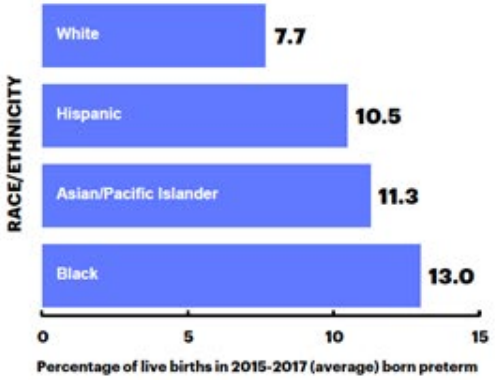
### PRETERM BIRTH RATE

**10.3%**




### PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.




*In Hawaii, the preterm birth rate among black women is 27% higher than the rate among all other women.*

**DISPARITY RATIO:**

**1.50**

**CHANGE FROM BASELINE:**

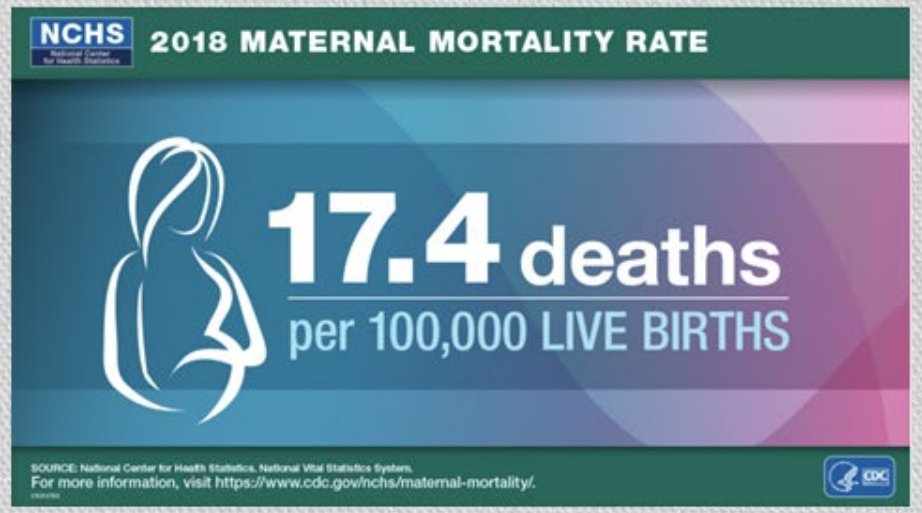
**No Improvement**

### PRETERM BIRTH RATES BY COUNTIES AND CITY

| COUNTY | GRADE | PRETERM BIRTH RATE | CHANGE IN RATE FROM LAST YEAR |
|---|---|---|---|
| Hawaii | D+ | 10.5% | Improved |
| Honolulu | D+ | 10.7% | Worsened |
| Kauai | C- | 10.1% | Worsened |
| Maui | B- | 9.1% | Improved |

March of Dimes 2019 Report Card: Hawaii.

# How are our moms doing?



ORIGINAL RESEARCH OBSTETRICS | VOLUME 221, ISSUE 5, P489.E1-489.E9,

NOVEMBER 01, 2019

PDF Purchase

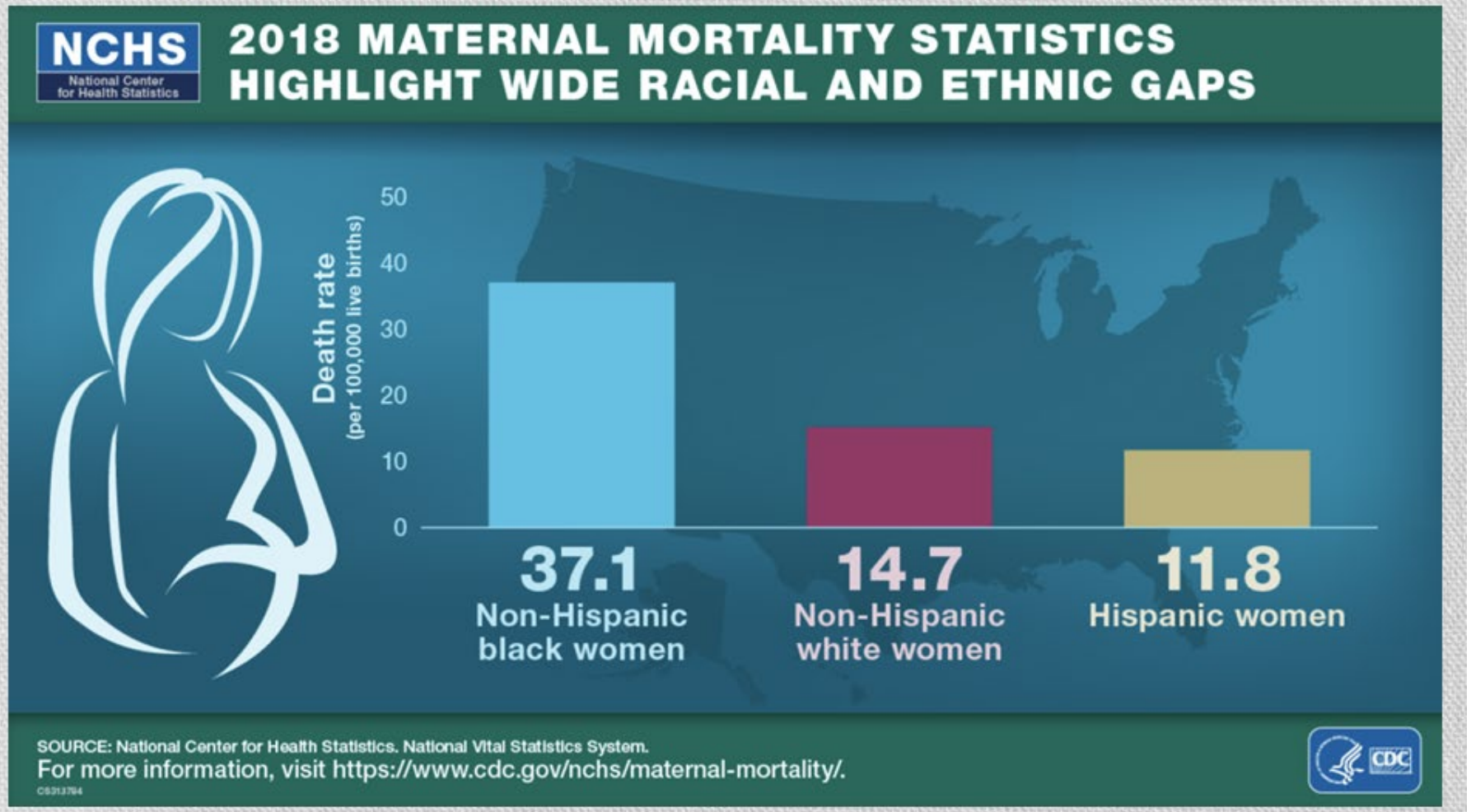
Maternal drug-related death and suicide are leading causes of postpartum death in California

Sidra Goldman-Mellor, PhD • Claire E. Margerison, PhD

Published: June 04, 2019 • DOI: https://doi.org/10.1016/j.ajog.2019.05.045 • Check for updates

National Center for Health Statistics, CDC 2019.
Goldman-Mellor, S. & Margerison, C. 2019. AJOG

# How are our moms doing?




National Center for Health Statistics, CDC 2019

# Community Outreach

- Adventist Health Castle
- ALEA Bridge
- AlohaCare
- Child Welfare Services
- Convoy Of Hope
- H4
- Haleiwa Health Center
- Hale Mauliola Navigation Center
- Hawaii Health And Harm Reduction
- Hawaii Section Of ACOG Annual Conference
- HMSA
- HONU Project
- Joint Outreach Center
- Kahuku Medical Center
- Kapiolani Medical Center for Women and Children
- Kokua Kalihi Valley Health Center
- Ko'olauloa Health Center
- Mary Jane Shelter
- Mental Health Kokua
- Ohana Health Plan
- Partners In Care
- Queens Medical Center & Queen Emma Clinic
- Ryse Shelter
- UHC
- Wahiawa Health Center
- Waikiki Health Center
- Waimanalo Health Center
- Zero To Three Court Program

# Program Overview

Patients are referred to MI-Home by community outreach workers, emergency shelters, Federally Qualified Health Centers, community health providers, police officers, hospital staff, insurance companies, child welfare services, current or previous patients, University Health Partners providers, residents, Hawaii H.O.M.E Project, and others.

# Program Overview

Started: 7/8/2019
Currently served 240+ patients (O'ahu, Maui, Hawai'i) since 7/2019.
Referred but not seen: 20

-Initial Funding: AlohaCare Community Innovation Investment Program "Waiwai Ola"

-Omidyar 'Ohana Fund at Hawai'i Community Foundation

-DOH for remote BP monitoring project

-Joseph and Vera Long Foundation

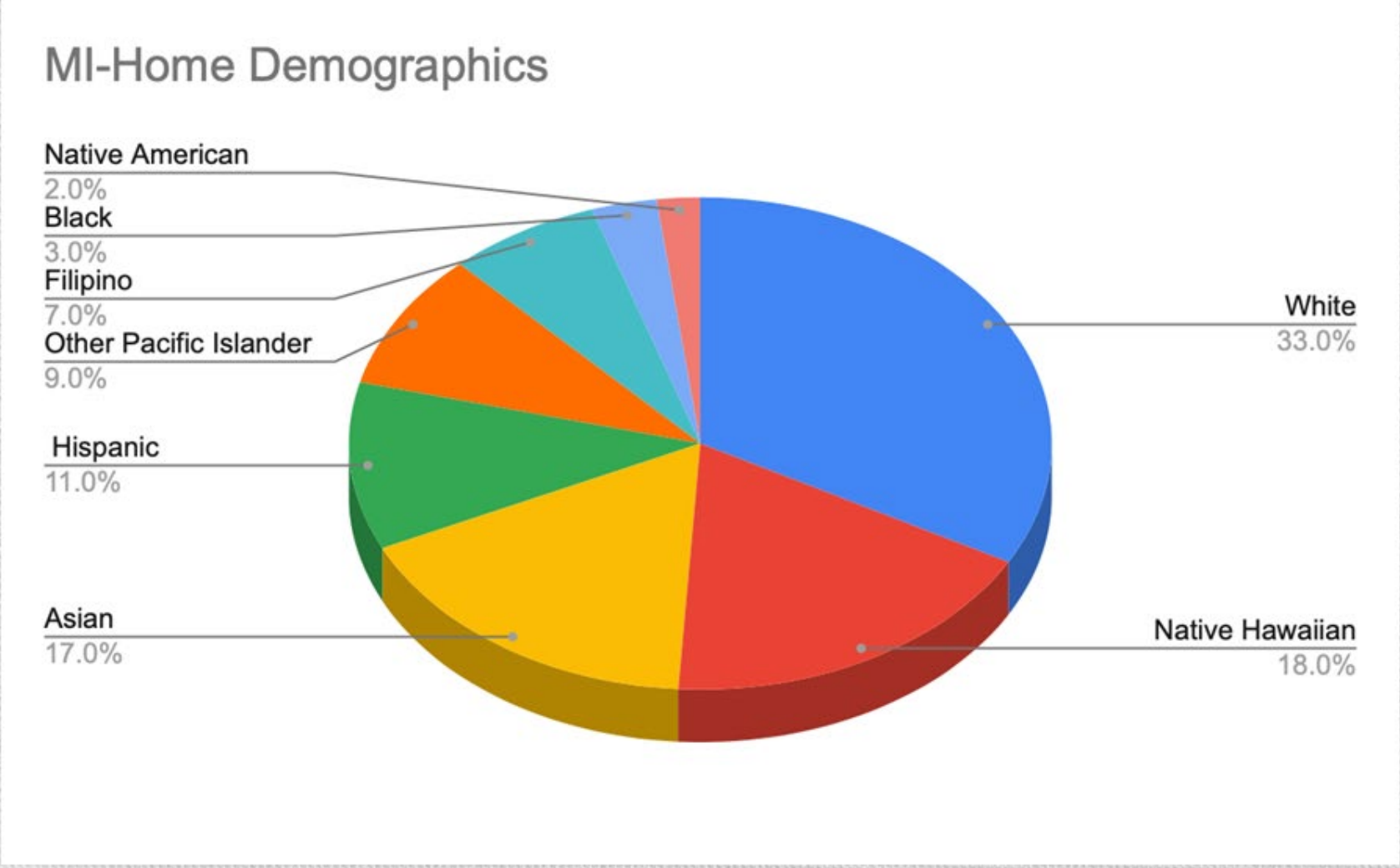
Funds projected to end: April 2021

# Program Overview - Visit & Support Services

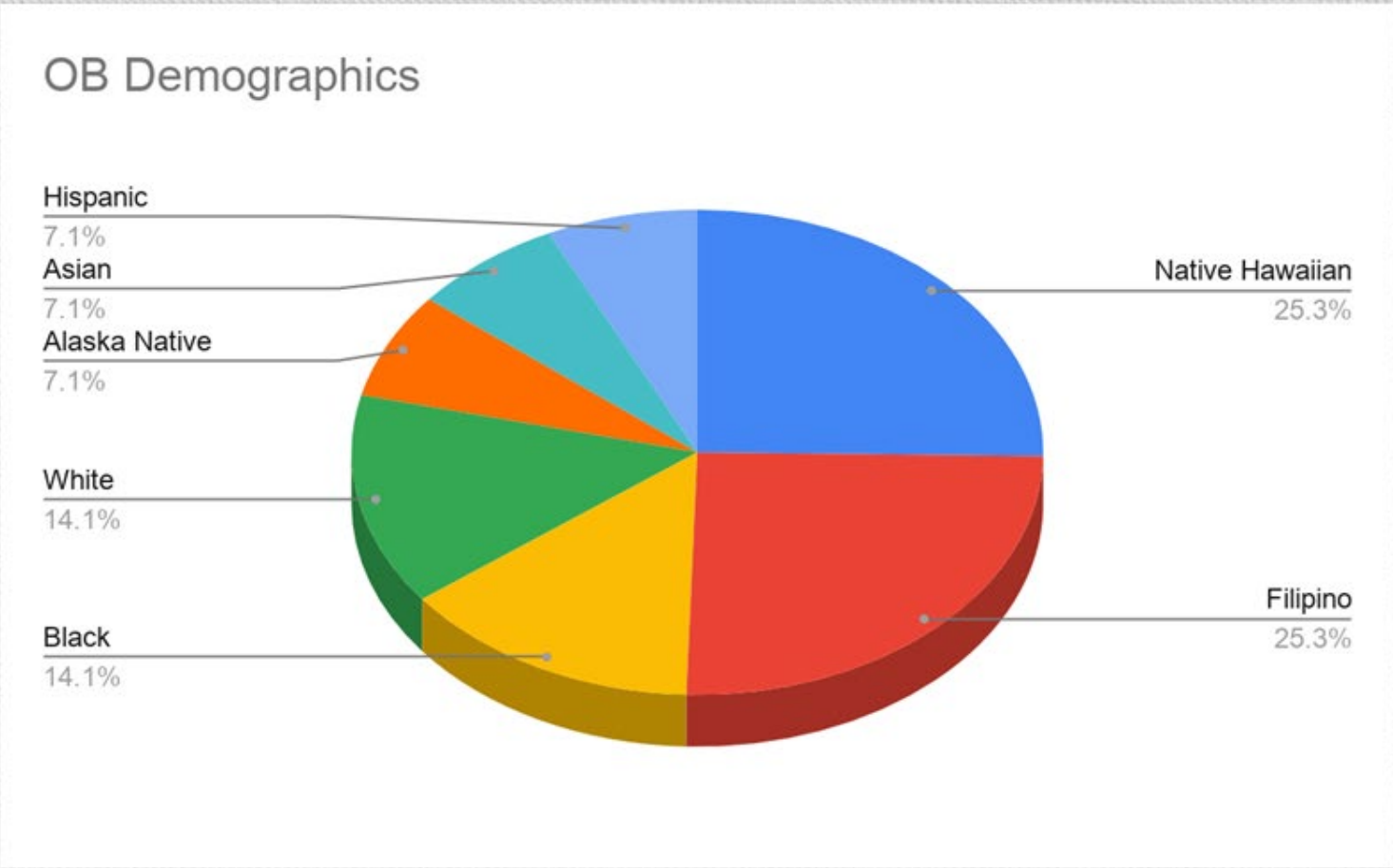
- Initial Visit: 2-3 Hours
- Follow Up Visit: 1-1.5 Hour
- Care Plan Management Services:
  MedQUEST, SNAP, TANF, SS card, ID, Phone, WIC Applications, SUD treatment, Housing

Approximate breakdown
- OB Patients: 18%
- PP, BP checks & NST: 14%
- LARC, FP, Well-Woman, Acute: 15%
- Newborn: 1%
- Lactation: 52%

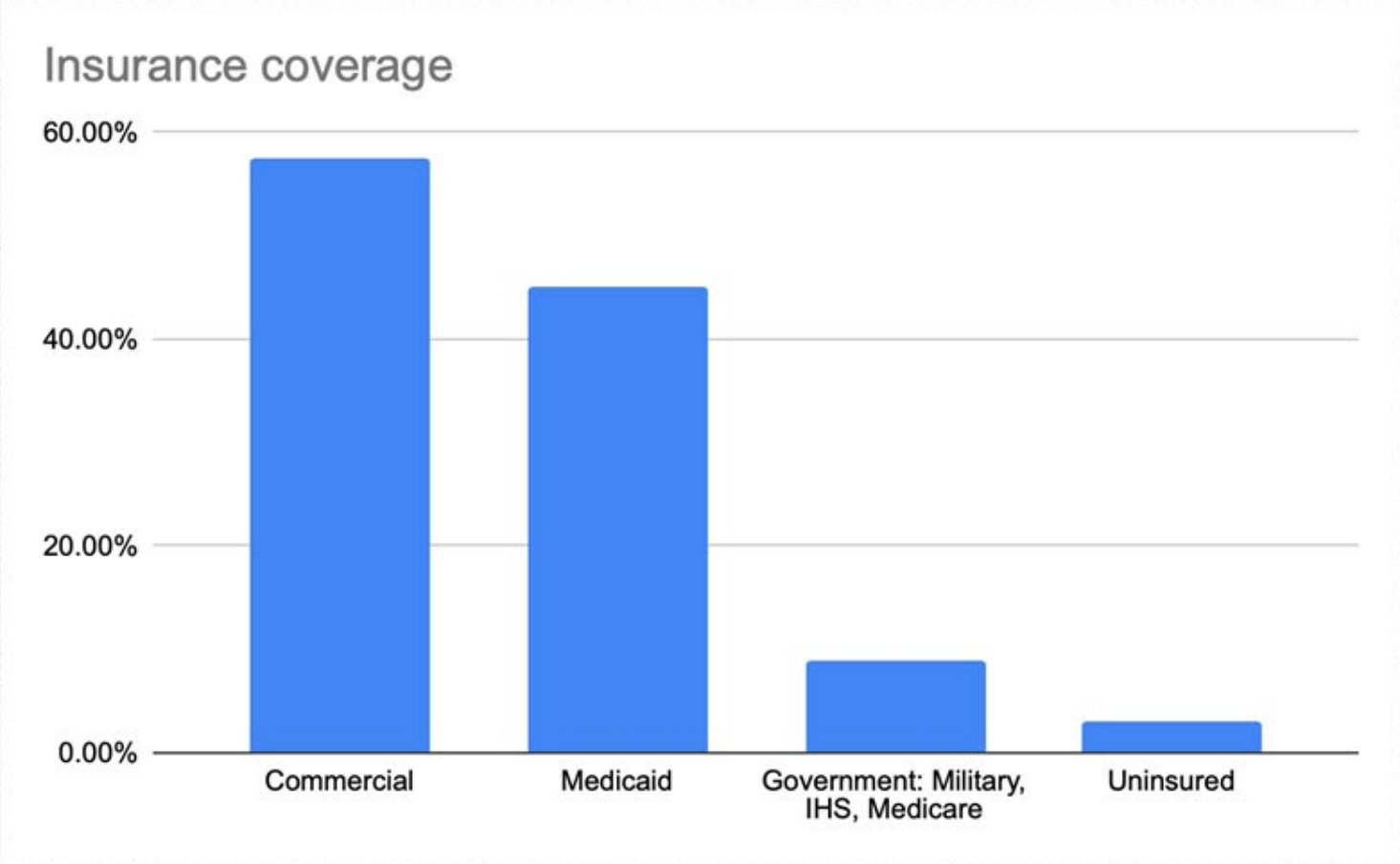
# Program Overview: MI-Home Demographics



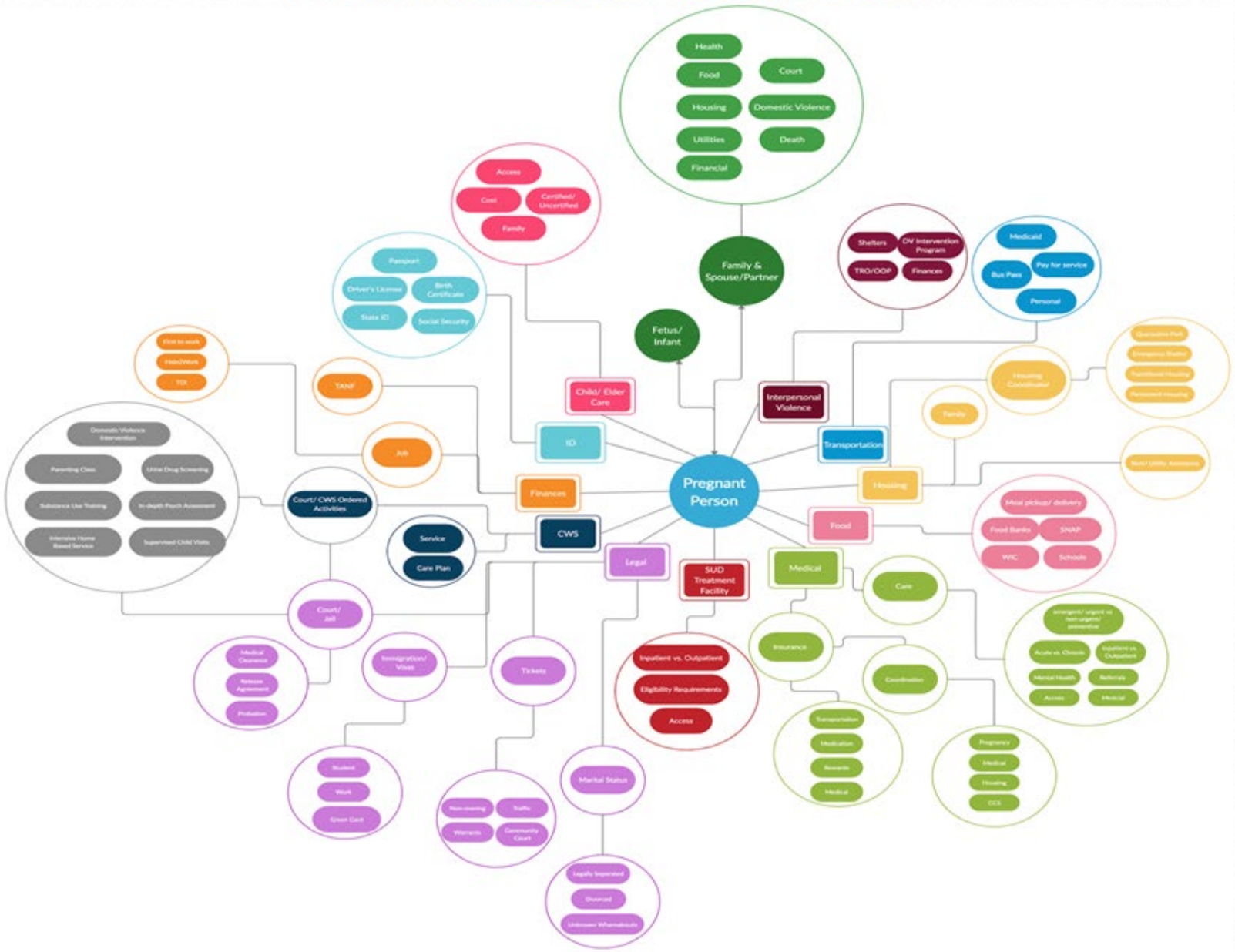
# Program Overview: OB Demographics

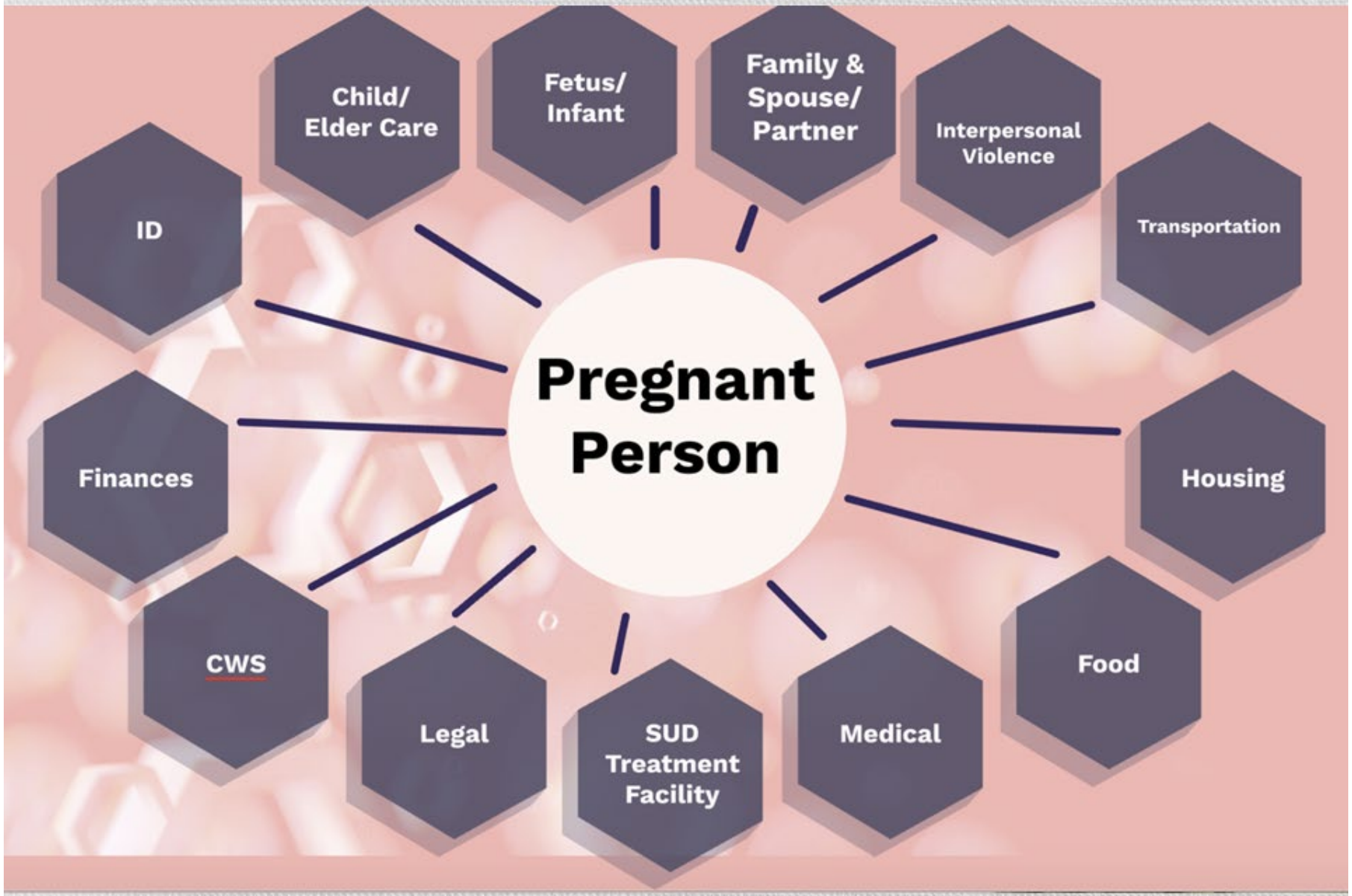


# Program Overview Insurance Coverage



# What Does It Look Like?




Pregnant Person
Child/ Elder Care
Fetus/ Infant
Family & Spouse/ Partner
Interpersonal Violence
Transportation
Housing
Food
Medical
SUD Treatment Facility
Legal
CWS
Finances
ID

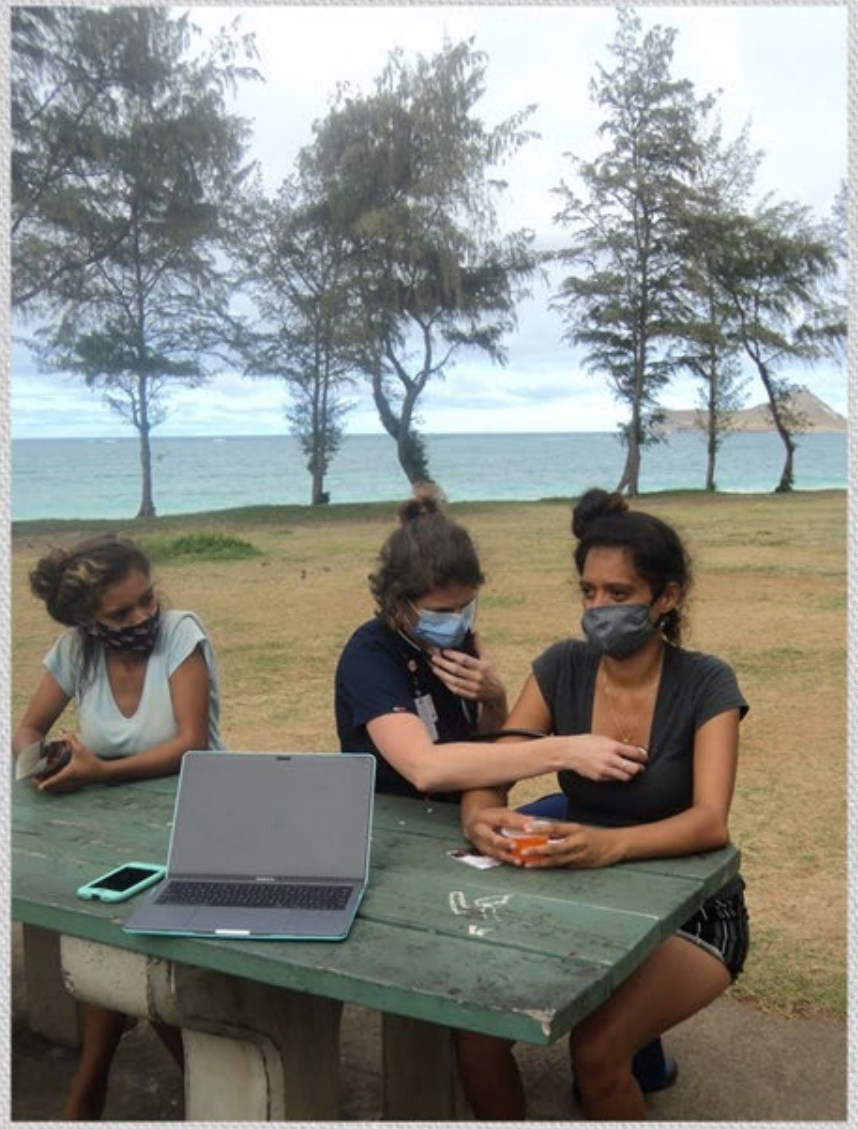
# FIRST PATIENT - TRANSFER OF CARE

# CONTINUITY OF CARE PATIENT

# QUARANTINE

# HONU - POST

# Community Care



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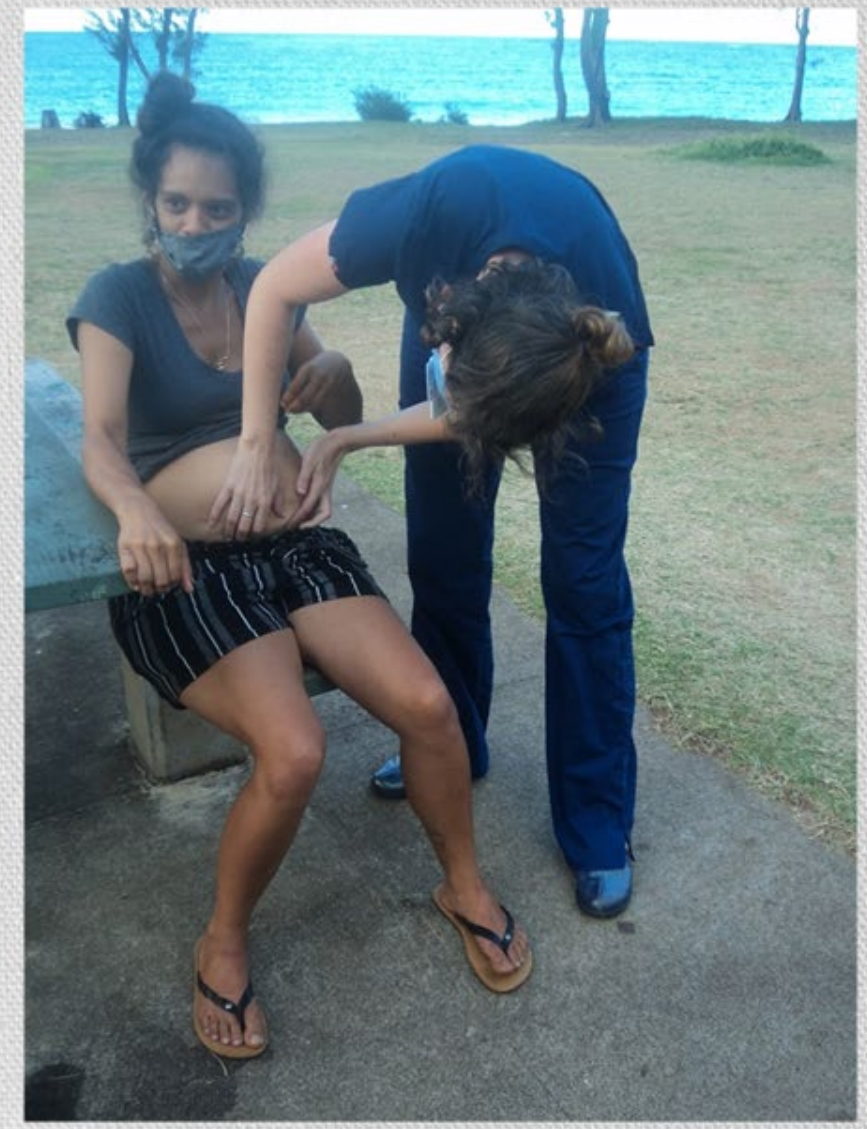


# Service Systems That Require Additional Navigation

- Dual Diagnosis Of Behavioral Health Disorders
- Access To Behavioral Health Providers
- Access to 1157 form being completed for CCS
- Housing
- ER Utilization
- Medical Insurance
- Establishing PCP
- Transportation
- Citizenship Status
- Nutrition
- Financial Support
- Prenatal Education & Support
- Access to Needed Services During COVID19

# What We're Curious About

How can we streamline the connection to behavioral health?

How can we help patients connect for long term relationships regarding therapy?

How can we more easily address the different needs within each case? Some require 4 different types of behavioral health counseling.

How can we get 1157 forms completed on a more routine basis?

What services are still provided in-person for those having difficulty with remote connections?

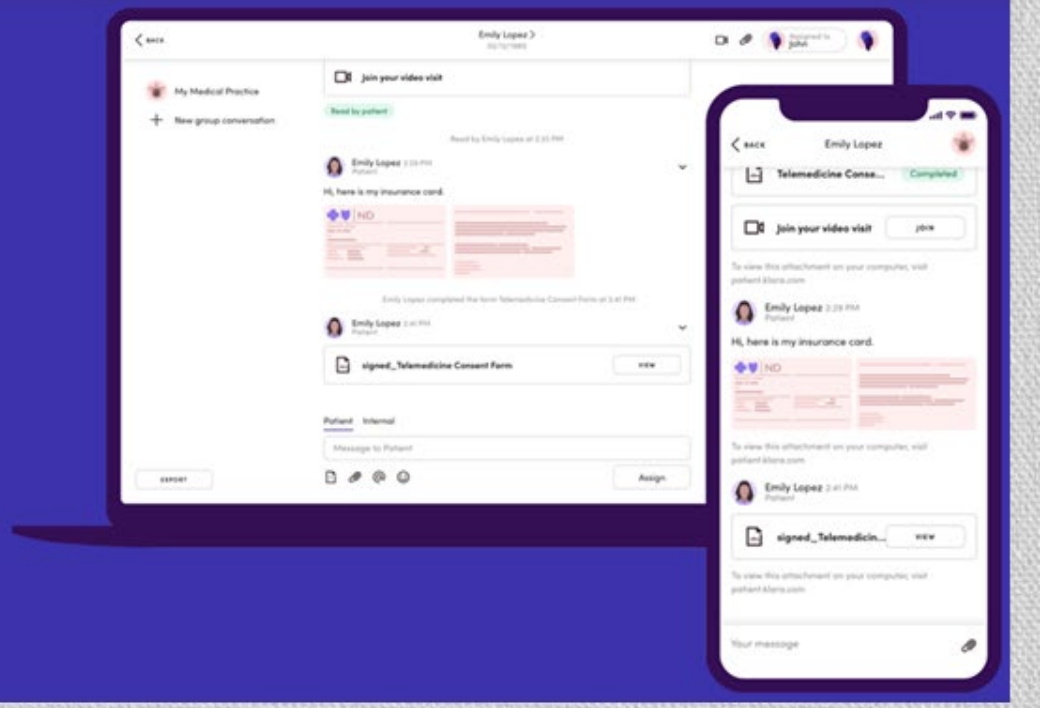
How else can we serve our community and connect with you?

# Current Maternal Telehealth

1) HIPAA compliant texting
2) Remote BP monitoring
3) Remote maternal & fetal vitals
4) Remote ultrasound teleguidance

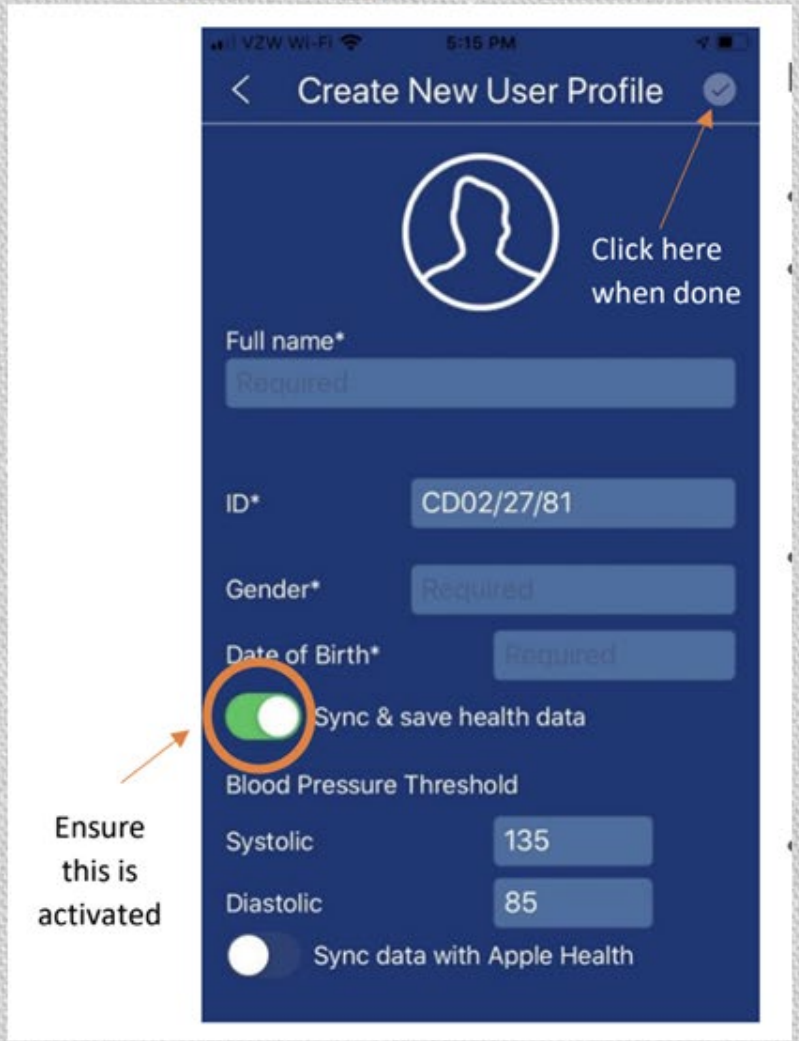
# COVID-19 Implementation: HIPAA compliant texting

Klara's end-to-end virtual care platform helps practices stay connected with their patients.



# COVID-19 Implementation: Remote monitoring

microlife
Connected
Health



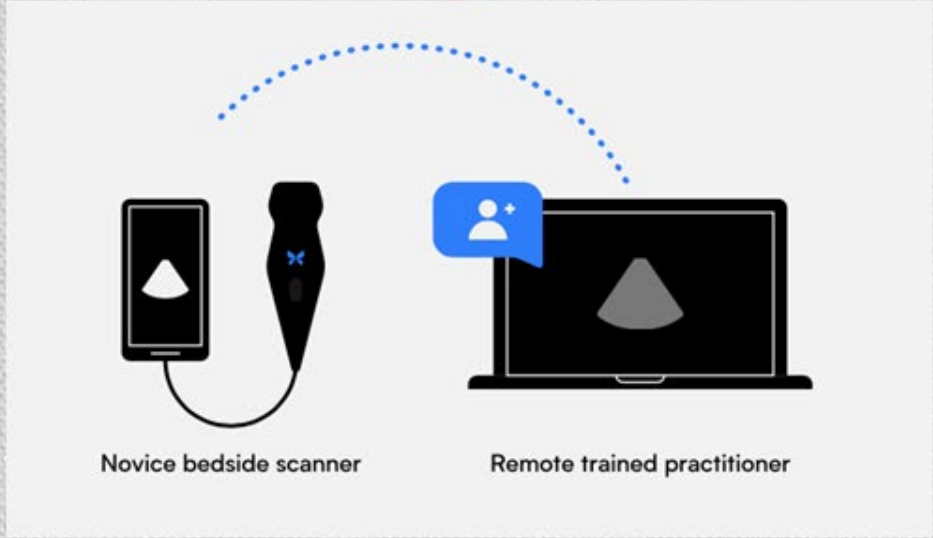
# COVID-19 Implementation: Remote maternal & fetal vitals

## Introducing Connected Pregnancy Care

Nuvo has received FDA clearance for INVU™, a remote monitoring platform. INVU enables providers to conduct virtual well-being checks with expectant moms from anywhere, keeping patients and doctors connected at a time when it is needed most.

LEARN MORE

# COVID-19 Implementation: Remote ultrasound with teleguidance



# Up Next

- Continue To Update Community Resources & Collaborate
- Develop workflow for behavioral health connection for patients
- Continue with remote BP monitoring
- Pilot remote fetal heart tones
- Join Partners in Care
- Partner with DHS for MedQuest application entry
- **Work towards billing of services with insurance companies**

# Collaboration

We provide clinical coordination of the healthcare system, and look to collaborate with organizations for case management.

# MI-Home

## How to Refer

Simple, No Barrier: Call, message, text or fax

Appointments: 808-476-0622
Community Health Navigator: 808-347-4755
Midwife: 808-476-0690

EPIC Message (EHR) Le'a Minton

Text: 808-707-8002 (HIPAA compliant)

E-Fax: (833) 905-0149 (HIPAA compliant)

# QUESTIONS?

Le'a Minton, MSN, APRN, CNM, IBCLC
(808) 476-0690
lminton@ucera.org

Dynaka Merino, CHN
(808) 347-4755
dmerino@ucera.org

E-Fax: (833) 905-0149

*email addresses are not shared with patients. Phone/text/fax only please.

# Meredith Nichols
# Assistant Administrator/Deputy Medical Director

Department of Human Services, Med-QUEST Division

# State of Hawai‘i Department of Human Services

Med-QUEST Division

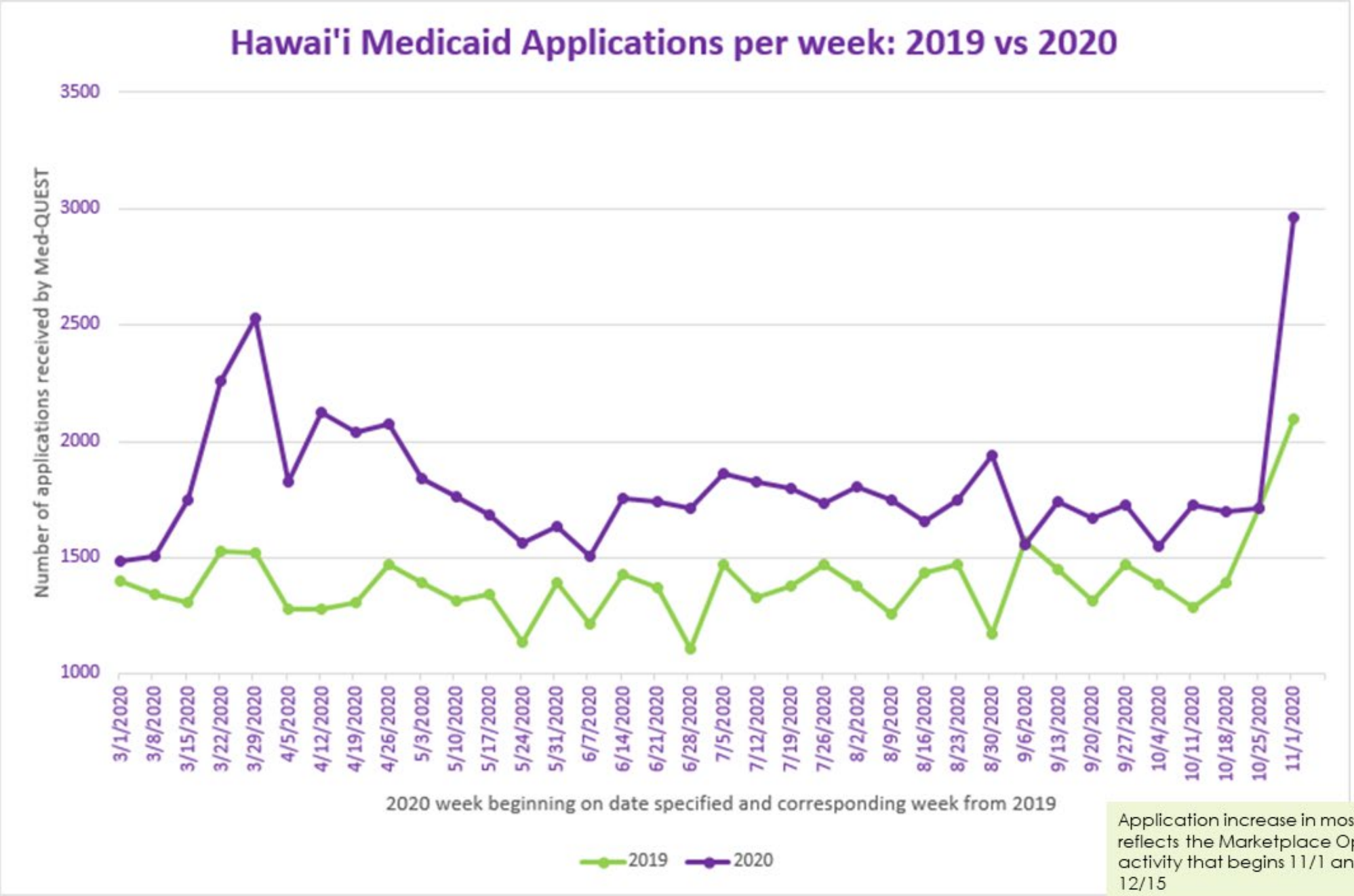
Open Enrollment Presentation for the BHH Providers and Stakeholders

Meredith Nichols

11/16/2020

# Increase in applications by County for the thirty-six week period from the first week in March through Saturday, November 7, 2020 (2019 vs 2020)

| Count | 2019 | 2020 | Percentage Increase in Applications |
|---|---|---|---|
| Honolulu | 30,898 | 39,690 | 28% |
| Maui | 6,857 | 10,567 | 54% |
| Hawai‘i | 9,176 | 10,169 | 11% |
| Kaua‘i | 3,073 | 4,589 | 49% |
| Statewide | 50,004 | 65,015 | 30% |

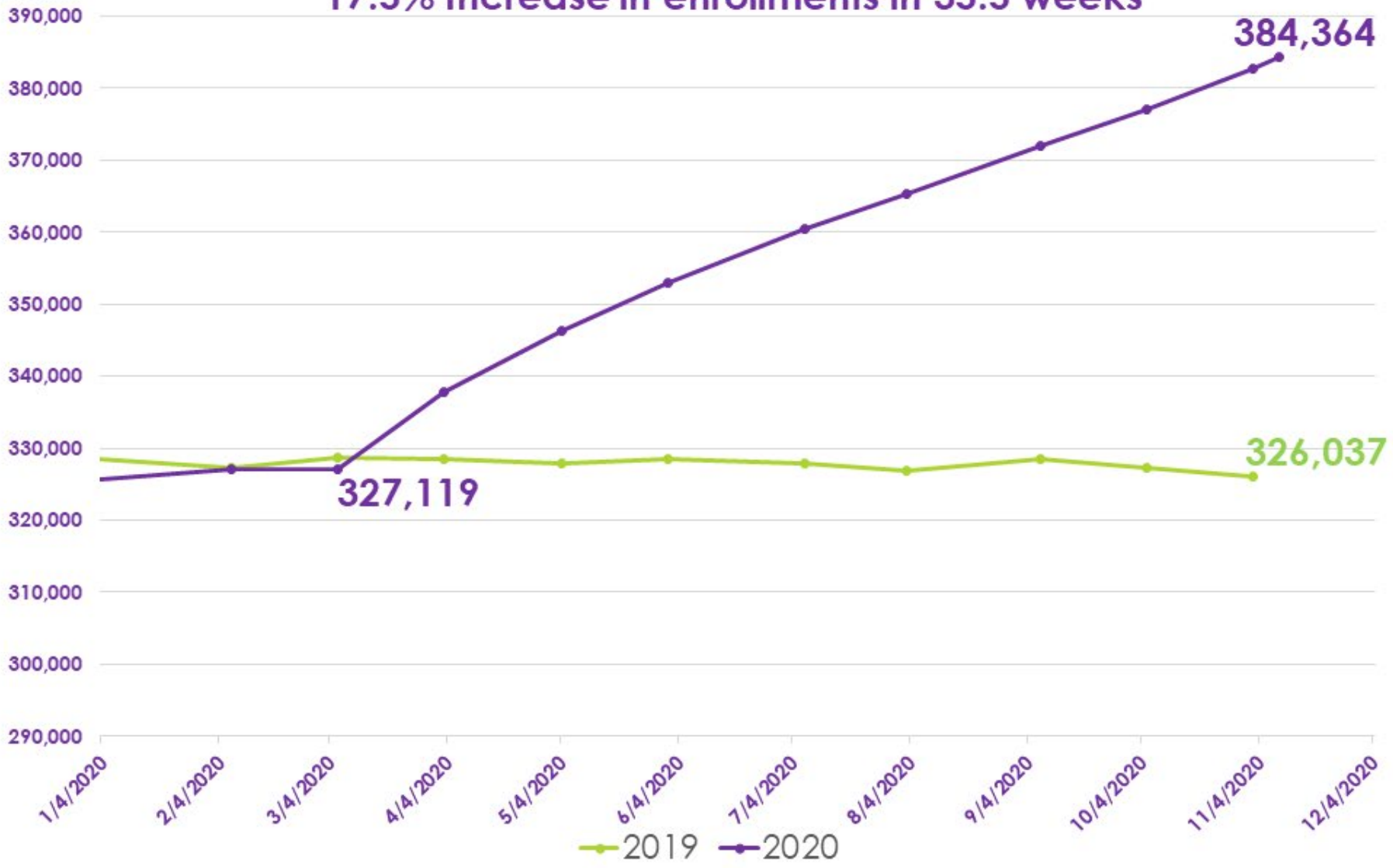



Application increase in most recent weeks reflects the Marketplace Open Enrollment activity that begins 11/1 and will go through 12/15

# Hawai'i Medicaid Monthly Enrollment: 2019 vs 2020

## 57,245 New Enrollments since 3/4/2020

## 17.5% Increase in enrollments in 35.5 weeks



# Increase In Enrollment By County (11/08/2019 vs. 11/09/2020)

| County | 2019 | 2020 | % Change |
|---|---|---|---|
| Honolulu | 198,375 | 232,234 | **17.07%** |
| Maui | 40,303 | 48,793 | **21.07%** |
| Hawai‘i | 70,371 | 80,081 | **13.80%** |
| Kaua‘i | 19,420 | 23,256 | **19.75%** |
| **Statewide** | **328,469** | **384,364** | **17.02%** |

State of Hawai'i Department of Human Services

**Med-QUEST Division**

SEARCH SITE

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## Federal Marketplace Open Enrollment Period Begins Nov. 1 and continues until Dec. 15

Posted on October 30, 2020

The Med-QUEST Division of the Hawai'i Department of Human Services is sharing an important deadline - residents who need affordable health insurance and who do not qualify for Medicaid coverage have 45 days to enroll in an affordable health plan through the health insurance marketplace at the federal website **www.healthcare.gov**.

The open enrollment period is from Nov. 1 to Dec. 15 for health coverage that begins January 2021. Applicants are able to create an account at **www.healthcare.gov** to determine their eligibility for coverage for health plans and subsidies that help make the plans more affordable.

The following chart provides income guidelines to applicants to determine if they are qualified for federally subsidized health insurance from the federal marketplace at **www.healthcare.gov**.

| Federal Poverty Level (FPL) for Your Household Monthly Income | | |
|---|---|---|
| **Household Size** | **Apply for Medicaid at Medical.mybenefits.hawaii.gov if your monthly household income is below these amounts:** *Note that there are higher limits for pregnant women and children so please be sure to apply to see if you are eligible for coverage* | **Apply for Marketplace coverage www.healthcare.gov if your monthly household income is higher than the 138% Medicaid limit. The Marketplace offers subsidies for households whose incomes are up to 400% of the FPL.** |
| | **138% Medicaid Limit** | **Marketplace Subsidy Limit** |
| 1 | $1,689 | $4,896 |
| 2 | $2,281 | $6,612 |
| 3 | $2,873 | $8,328 |
| 4 | $3,465 | $10,044 |
| 5 | $4,058 | $11,760 |

In addition to the website, interested applicants can apply over the phone by calling **1-800-318-2596**.

If you have health coverage through the marketplace now, you may review and update your application at **www.healthcare.gov** and report any life changes.

To speak with an interpreter, applicants may call 1-800-318-2596 and say "Agent" or press "0." Once an agent is on the line, say the name of the language you need. TTY users may call 1-855-889-4325.

# Key Dates for the Health Insurance Marketplace

**Get ready for Open Enrollment – mark key dates on your calendar and follow the tips below.**

## 4 Key Dates

- **November 1, 2020:** Open Enrollment starts for 2021.
- **December 15, 2020:** Open Enrollment ends.
- **December 31, 2020:** Coverage ends for 2020 Marketplace plans.
- **January 1, 2021:** Coverage can begin for 2021 Marketplace plans.

## Visit HealthCare.gov

- Sign up to get emails or texts with the latest news and reminders of important dates.
- If you have Marketplace coverage now, review your application at **HealthCare.gov** to make sure it's up-to-date and report any life changes.
- If you don't have Marketplace coverage now, create an account and see what coverage or help with costs you may qualify for.
- Apply and enroll in health coverage.

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

Paid for by the Department of Health & Human Services.

Health Insurance **Marketplace**

CMS Product No. 11660
Revised May 2020

**For those who are not eligible for Medicaid, NOW is the time to get covered on HealthCare.Gov**

**1-800-318-2596 for more information**

**TTY users can call 1-855-889-4325**

# 4 Key Dates

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MAHALO!

# Questions?

# Mahalo

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#FlattenTheCurve #TogetherWeCan

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