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Forum on Rural
Population Health

May 19-21, 2025
Seaside, Oregon
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Improving Care and Outcomes for Perinatal SUD Patients: A Statewide Quality Initiative

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Agenda

- Nurture Oregon & Peer Support Specialists
  - Centering Lived Expertise
- Oregon's State Maternal Health Innovation Grant
  - Program Overview
  - Building a Multidisciplinary Cohort
  - Success/Challenges
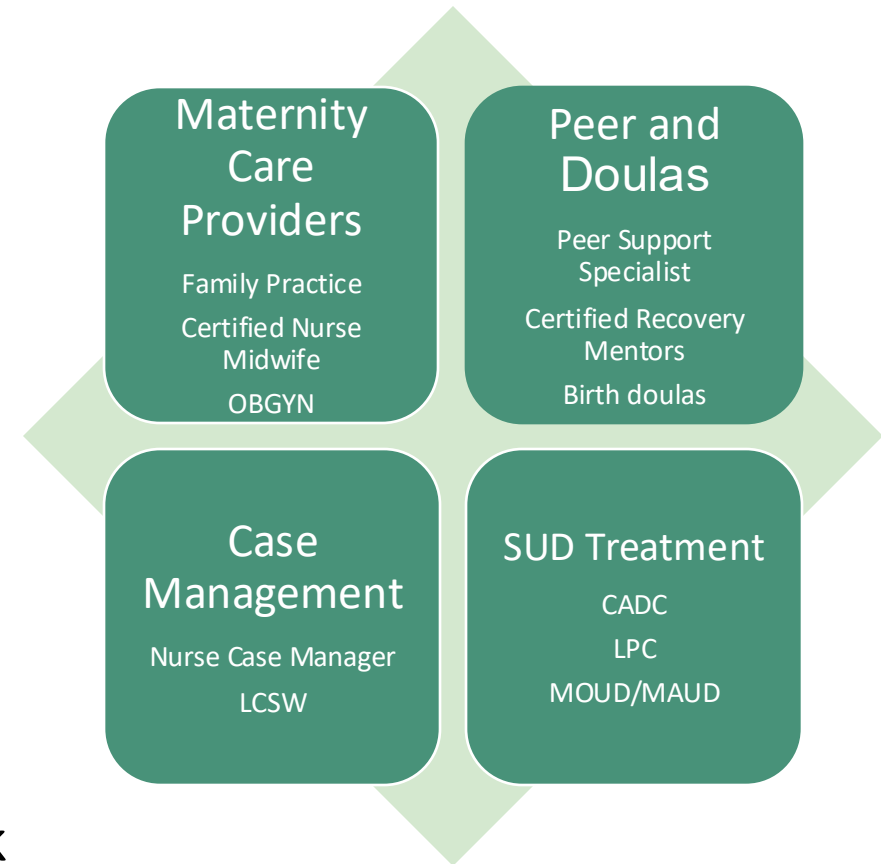 - Linking data to doing
- Final thoughts/close

Nurture Oregon

Team-Based, Integrated Care Model

- Group Care
- Trauma-Informed
- Integrated services in one location

5 Pilot Sites:

- Benton – ReConnections Counseling
- Deschutes – BestCare Treatment Services
- Jackson – Oasis Center of the Rogue Valley
- Lincoln – ReConnnections Counseling
- Umatilla – Oregon Washington Health Network

Maternity Care Providers

Family Practice

Certified Nurse Midwife

OBGYN

Peer and Doulas

Peer Support Specialist

Certified Recovery Mentors

Birth doulas

Case Management

Nurse Case Manager

LCSW

SUD Treatment

CADC

LPC

MOUD/MAUD

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Peer Support Specialists

- The "key ingredient" in prevention & recovery
  - Type of peers
  - The importance of peer integration in maternal health care & recovery-based system
- Challenges in rural health care for parents in recovery
  - Suggestions to improve outcomes for perinatal SUD patients in rural settings
- Sharing stories

State Maternal Health Innovation Overview

- Funder: Health Resources and Services Administration (HRSA)
  - Maternal Child Health Bureau (MCHB)

- 42 states, 4 cohorts

- Oregon's SMHI:
  - Performance Period: September 2023-September 2028
  - Funding Type: Cooperative Agreement
  - Geographic Scope: Statewide

SMHI in Oregon

Program Aims:

- Reduce SUD-related maternal mortality & severe maternal morbidity in OR through coordinated quality improvement activities.

- Increase availability & accessibility of treatment, recovery, and overdose prevention services tailored for perinatal and postpartum women.

Project Overview:

- Implementation of comprehensive perinatal SUD quality improvement initiative enhanced through collaborations with healthcare providers, peer support specialists, and addiction treatment services.

- 3 Focus Areas:
  - Improving quality of care and care systems for perinatal SUD patients
  - Reforming payment standards to promote integration of peers into care settings
  - Developing and sustainably supporting perinatal SUD care workforce

Figure 9: Leading causes of pregnancy-related death, Oregon 2018-2021
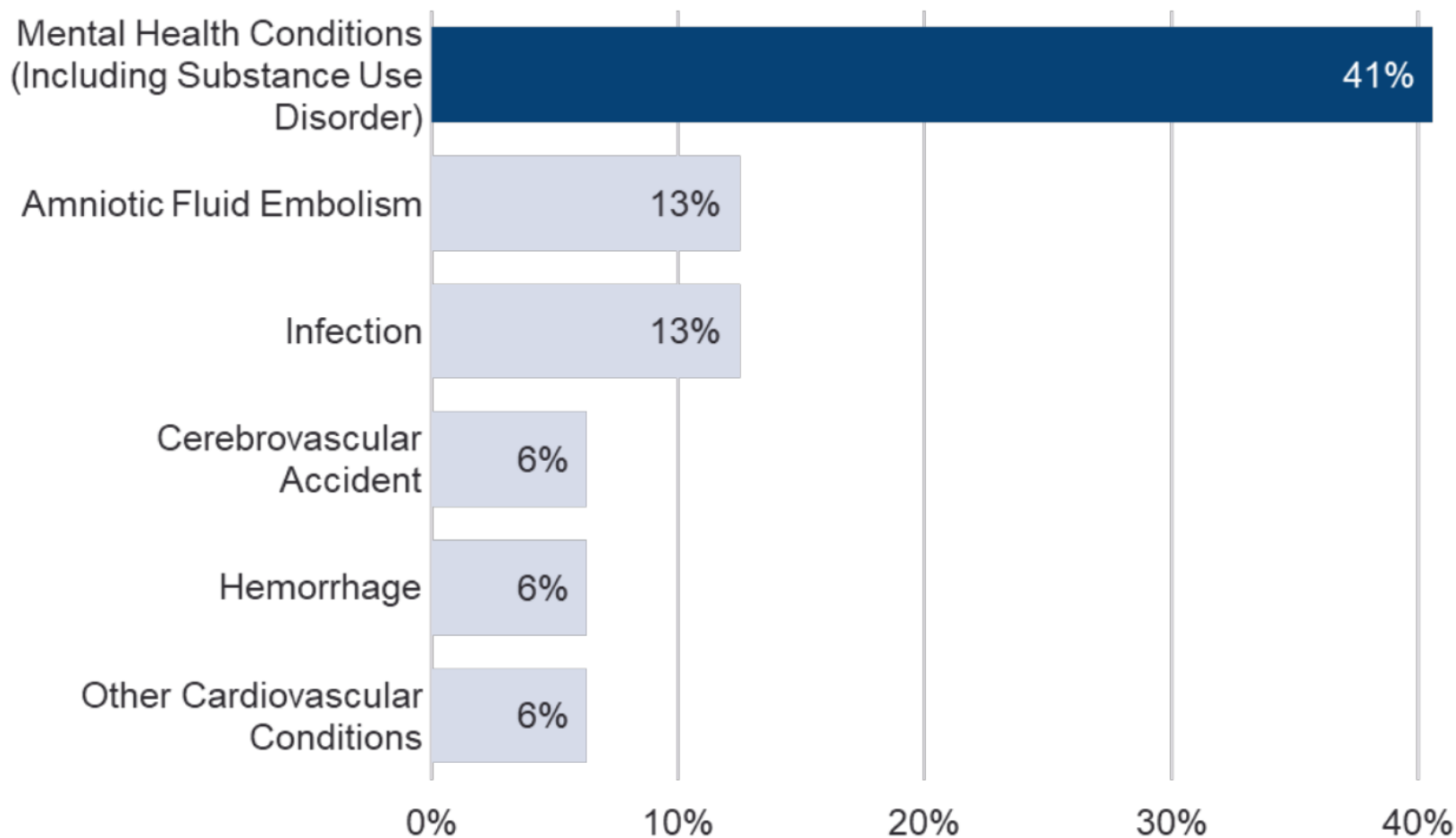
Collaborations & Partnerships

Key Partners:

Project Nurture & Nurture Oregon providers; Oregon Health Authority; Oregon Perinatal Collaborative

- **Maternal Health Task Force members**:
  - Oregon Dept. of Human Services
  - OHSU
  - Providence Health & Services
  - Legacy Health
  - Kaiser Permanente
  - Trillium Family Services
  - Central City Concern
  - CODA, Inc.
  - Health Share of Oregon
  - CareOregon
  - Oregon Pediatric Society
  - Oregon Association of Hospitals and Health Systems
  - Oregon Primary Care Association
  - Oregon Council for Behavioral Health
  - Oregon Nurses Association
  - Oregon Medical Association
  - Oregon Midwifery Council
  - Oregon Doula Association
  - Healthy Birth Initiative
  - MHAAO
  - Fora Health
  - Yasiin's Luv Doula Support

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Building a Task Force

- Balancing clinical & community representatives
- "Who's not here?"
  - Recruiting through TF members' networks
- Gathering/incorporating feedback
  - Decentralizing facilitation
  - Grounding didactic presentation in lived expertise
- Stipends!

![Comagine Health logo]

Task Force Composition (n = 47)

Membership Category	Percentage
Provider	49%
Individuals with Lived Expertise	13%
State Health Authority/Policymaker	15%
Hospital/Clinic Administration	9%
Public Health Leader	14%

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Oregon Perinatal SUD Strategic Plan

2023 - 2028

Introduction

The Oregon Perinatal Substance Use Disorder (SUD) Strategic Plan to improve care and outcomes for pregnant and postpartum people with substance use disorders- is the product of collaborative efforts by the Oregon Perinatal Collaborative, Comagine Health, and the Oregon Perinatal SUD Maternal Health Task Force. This collaborative team is responsible for the implementation and stewardship of the Oregon Maternal Health Innovation (OR MHI) grant funded by the Health Resources and Services Administration (HRSA). This collaboration was generated by the need to evaluate and mitigate the critical challenge of substance use disorder among Oregon's perinatal population and comprises individuals with lived expertise, health care providers, payors, public health workers, and researchers with expertise in maternal and child health, behavioral health, child welfare, and addiction medicine. This Strategic Plan will detail the Perinatal SUD Task Force's plan to implement innovative programming that aligns with existing statewide resources and care models to improve quality of care and reduce the rates of SUD-related maternal mortality and severe maternal morbidity among pregnant and postpartum people in Oregon.

The goal of this project is to reduce maternal morbidity and mortality by improving systems of care, care quality, and care experiences of perinatal people, infants, and families impacted by SUD in Oregon. Key strategies for achieving this goal include enhancing data capacity, investing in workforce development and interoperability, engagement and advocacy with state health authorities to create payment reform, and overseeing a comprehensive, multi-year implementation of the Alliance for Innovation on Maternal Health (AIM) Care for Pregnant and Postpartum People with SUD Patient Safety Bundle in multiple care settings across the State of Oregon.

A note about language:

The research and statistics referenced in this document refer to both substance use disorder (SUD) and opioid use disorder (OUD). Though OUD cases constitute a substantial and increasing proportion of SUDs in Oregon, these terms are not interchangeable. We recognize that perinatal people impacted by the various causes of SUD are not a monolith and require different forms of specialized care to meet their unique health and support needs.

Core Activities

Create & Implement Statewide Perinatal SUD QI Initiative for Hospitals & Partner Sites
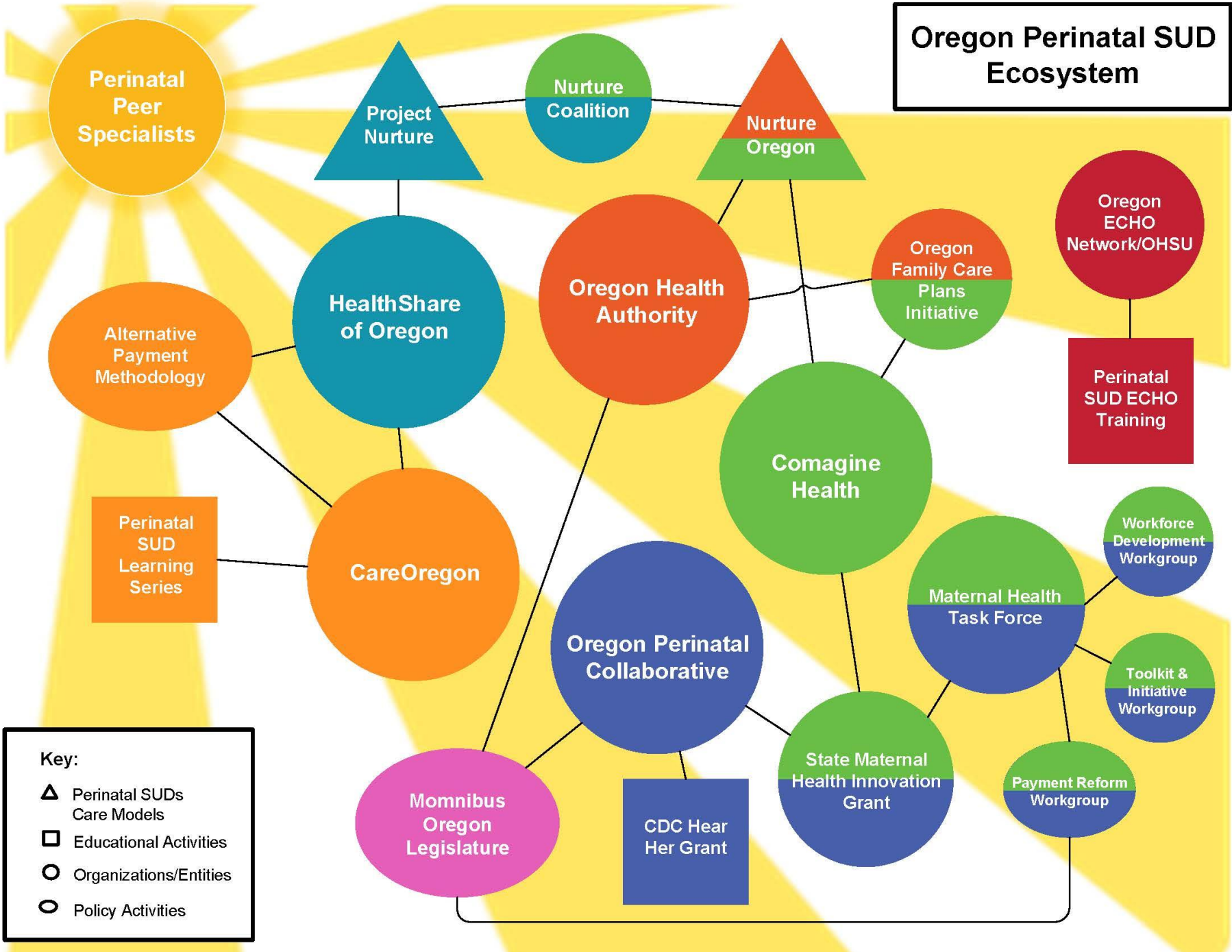
Develop Trainings & Pathways for Peer Integration in Maternal Health Care Teams

Support Policy Development for Service Expansion, Reimbursement, and Statewide Collaboration

Oregon Perinatal SUD Ecosystem

Key:
△ Perinatal SUDs Care Models
□ Educational Activities
◯ Organizations/Entities
⬭ Policy Activities

Perinatal Peer Specialists

Project Nurture

Nurture Coalition

Nurture Oregon

Oregon ECHO Network/OHSU

Alternative Payment Methodology

HealthShare of Oregon

Oregon Health Authority

Oregon Family Care Plans Initiative

Perinatal SUD ECHO Training

Perinatal SUD Learning Series

CareOregon

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Workforce Development Workgroup

Maternal Health Task Force

Toolkit & Initiative Workgroup

Oregon Perinatal Collaborative

State Maternal Health Innovation Grant

Payment Reform Workgroup

Momnibus Oregon Legislature

CDC Hear Her Grant

OR SMHI Progress to Date

- Convening a multidisciplinary Task Force, integrating perspectives from healthcare providers, policymakers, public health professionals, and people with lived experience

- Draft strategic plan completed; final version to be completed/published in Summer 2025

- Kicked off 3 workgroups focusing on QI Initiative, Policy Change, and Workforce Development
  - QI Initiative Hospital Rollout: January 2026
  - Collaboration with CDC Foundation grant to develop multidisciplinary peer doula training in Portland and Southern Oregon
  - Momnibus legislation (SB 691)

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Oregon Maternal Data Center: Linking Data & Doing

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What is the Oregon Maternal Data Center?

- **Web-based tool** to generate performance metrics, reports and other data-driven insights into maternity care services and outcomes in Oregon.

- **Built off the California Maternal Quality Care Collaborative (CMQCC) tool** developed by Dr. Elliott Main and colleagues at Stanford University

- Designed to be **low-burden, low-cost, high value** tool

- **Links hospital discharge data to clinical data** to generate drill-down information for use by hospital providers, managers, and administrators

- **Patient-level data is fully secure** and visible only to authorized hospital staff

- **Collaborative effort** between Comagine Health, Oregon Perinatal Collaborative, March of Dimes
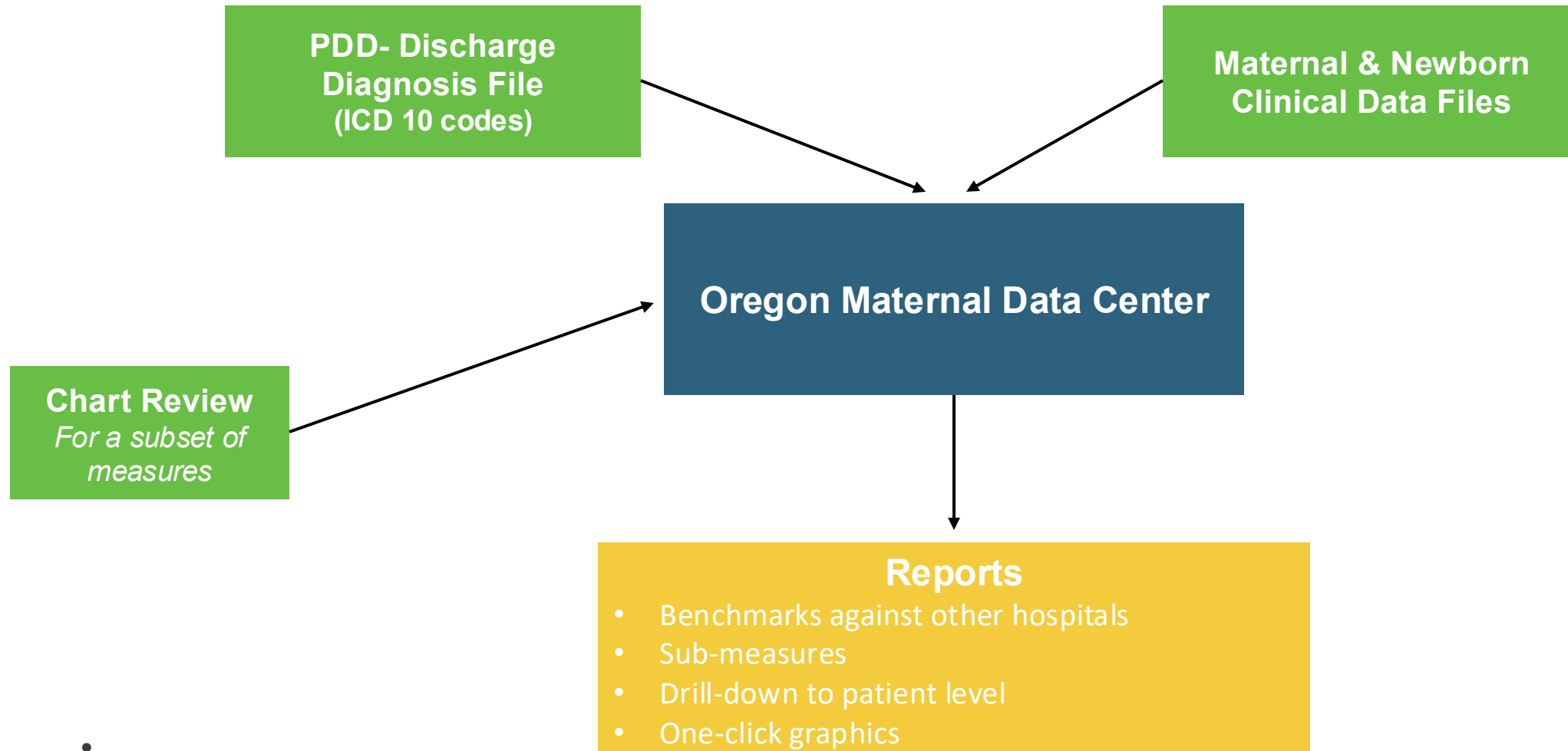
Oregon Maternal Data Center

29 hospitals

~76% of hospital births statewide

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Enrolled Hospitals

Adventist Health Columbia Gorge	Adventist Health Portland	Adventist Health Tillamook	Columbia Memorial Hospital	Good Samaritan Regional	Good Shepherd Health Care System	Hillsboro Medical Center (formerly Tuality Health)
Kaiser Sunnyside Medical Center	Kaiser Westside Medical Center	Legacy Emanuel	Legacy Good Samaritan	Legacy Meridian Park	Legacy Mount Hood	Legacy Silverton Medical Center
Oregon Health & Science University	Providence Hood River Memorial Hospital	Providence Medford Medical Center	Providence Newberg Medical Center	Providence Portland Medical Center	Providence Seaside Hospital	Providence St. Vincent Medical Center
Providence Willamette Falls Medical Center	Salem Hospital	Samaritan Albany	Samaritan Lebanon	Samaritan North Lincoln	Samaritan Pacific Communities	St. Charles Bend
			St. Charles Madras			

Maternal Data Center: Data Flow

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┌─────────────────────┐                              ┌─────────────────────┐
│ PDD- Discharge      │                              │ Maternal & Newborn  │
│ Diagnosis File      │                              │ Clinical Data Files │
│ (ICD 10 codes)      │                              │                     │
└─────────────────────┘                              └─────────────────────┘
           \                                          /
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              ┌──────────────────────────────────────┐
   ┌────────┐→│   Oregon Maternal Data Center        │
   │ Chart  │ └──────────────────────────────────────┘
   │ Review │                    │
   │For a   │                    ↓
   │subset  │  ┌──────────────────────────────────────┐
   │of      │  │              Reports                  │
   │measures│  │  • Benchmarks against other hospitals │
   └────────┘  │  • Sub-measures                       │
               │  • Drill-down to patient level        │
               │  • One-click graphics                 │
               └──────────────────────────────────────┘
```

PDD- Discharge Diagnosis File (ICD 10 codes)

Maternal & Newborn Clinical Data Files

Chart Review *For a subset of measures*

Oregon Maternal Data Center

Reports
- Benchmarks against other hospitals
- Sub-measures
- Drill-down to patient level
- One-click graphics

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Trend Data and Benchmark Comparisons

Provider-Level Rates

✕ Masking Crosswalk 📄 Individual Provider Reports ⬇ Download CSV

📅 Start Date: 11/01/2019 ⌄   ▭ Duration: 12 Months ⌄   👥 Provider Role: Delivering Provider ⌄

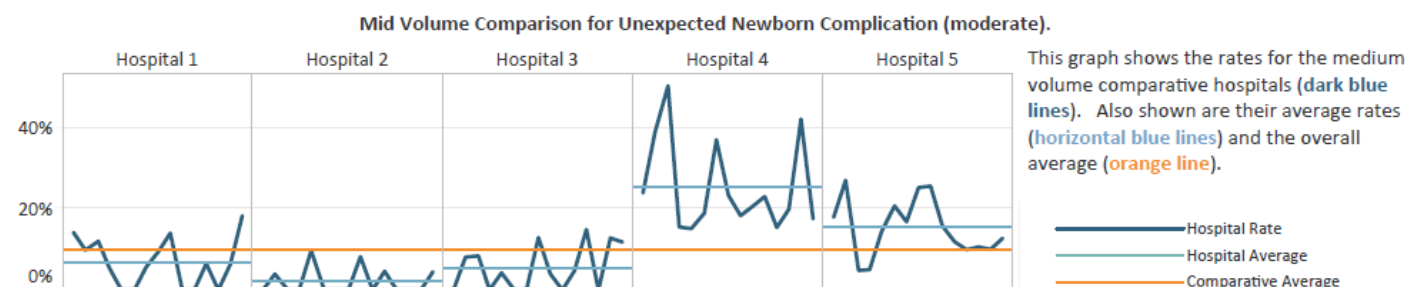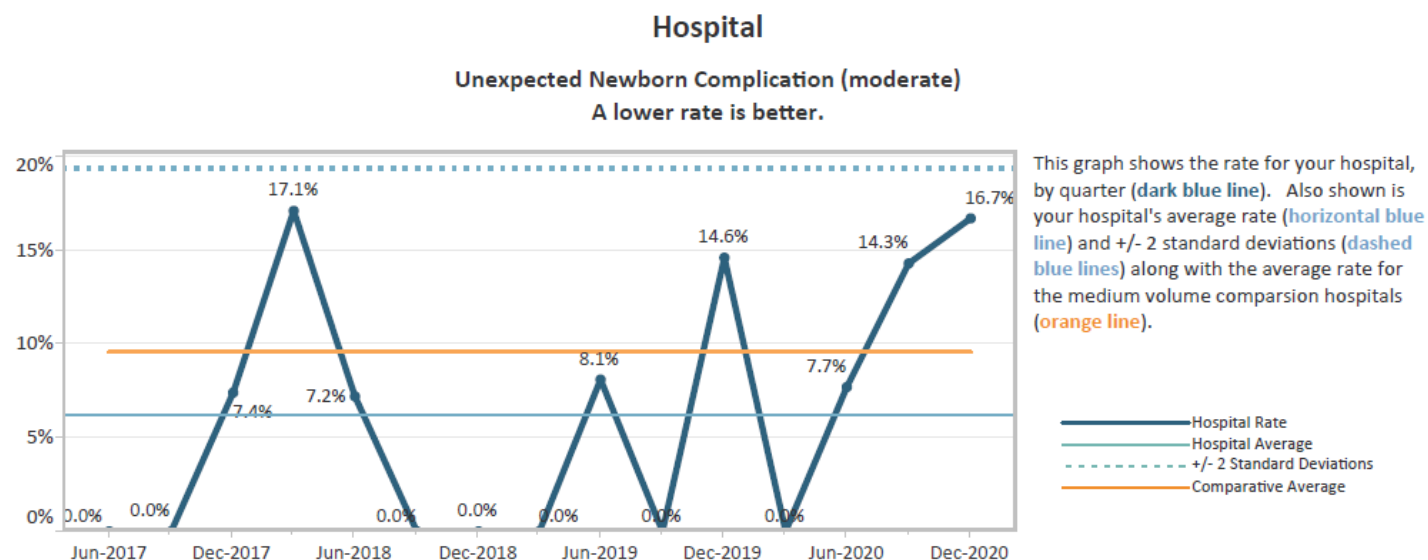| ılı Cesarean Metrics	ılı Elective Delivery Metrics	ılı Vaginal Delivery Metrics	👥 Labor Care Provider Data

Notes:

- The date range applies to the date of discharge, not date of delivery.
- Learn more about using Provider-Level reports here
- See how the MDC has mapped Provider IDs to each Provider Type here
- See how to submit data on Labor Care Provider here

Provider	Provider Type	Total Deliveries	Cesarean Birth: Overall	Cesarean Birth: Primary	Cesarean Birth: NTSV (PC-02: Current)	Cesarean Birth: Primary, Term, Singleton, Vertex	VBAC-TSV
Breitenberg Medical Center 🖊	Hospital	854	**25.1%** (214/854)	**16.3%** (119/731)	**22.2%** (62/279)	**12.5%** (82/658)	**23.1%** (25/108)
[Unknown]		**12** (1.4%)	**16.7%** (2/12)	**11.1%** (1/9)	**No Cases** (0/0)	**No Cases** (0/0)	**66.7%** (2/3)
Provider #041	Nurse	**18** (2.1%)	**11.1%** (2/18)	**11.1%** (2/18)	**28.6%** (2/7)	**11.1%** (2/18)	**No Cases** (0/0)
Provider #112		**29** (3.4%)	**34.5%** (10/29)	**23.8%** (5/21)	**12.5%** (1/8)	**11.8%** (2/17)	**28.6%** (2/7)
Provider #137		**30** (3.5%)	**10.0%** (3/30)	**3.6%** (1/28)	**11.1%** (1/9)	**3.6%** (1/28)	**0.0%** (0/2)
Provider #147	Nurse	**25** (2.9%)	**28.0%** (7/25)	**10.5%** (2/19)	**22.2%** (2/9)	**11.1%** (2/18)	**25.0%** (1/4)
Provider #257		**18** (2.1%)	**22.2%** (4/18)	**12.5%** (2/16)	**0.0%** (0/10)	**0.0%** (0/14)	**50.0%** (1/2)

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- Comagine Health uses raw OMDC data to expand upon portal reporting
- Reports requested by Oregon Perinatal Collaborative to inform QI activities

Oregon Maternal Data Center Trend Report

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Hospital

Unexpected Newborn Complication (moderate)
A lower rate is better.

This graph shows the rate for your hospital, by quarter (dark blue line). Also shown is your hospital's average rate (horizontal blue line) and +/- 2 standard deviations (dashed blue lines) along with the average rate for the medium volume comparsion hospitals (orange line).

Mid Volume Comparison for Unexpected Newborn Complication (moderate).

This graph shows the rates for the medium volume comparative hospitals (dark blue lines). Also shown are their average rates (horizontal blue lines) and the overall average (orange line).

Definition: Percentage of newborns diagnosed with moderate complications. Denominator: Full term newborns without pre-existing conditions, not exposed to maternal drug use. Numerator: Newborns in the denominator who were diagnosed with moderate complications. Moderate complications would include CPAP use, transient tachypnea of the newborn, or clavicular fracture sustained at the time of a shoulder dystocia.

Data Planning

- Partners will submit data to be aggregated & analyzed via the Oregon Maternal Data Center
  - Defined set of maternal health/SUD measures
- Future analytic plans include linkage to APAC data to monitor long-term outcomes for maternal-infant dyad
  - Readmissions, SUD, treatment, pediatric health
- Supplemental funding to analyze impacts of Medicaid unwinding on pregnant/postpartum women in OR

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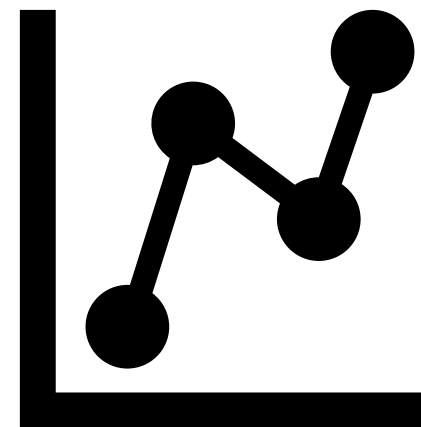
Final Thoughts

Final Thoughts

- Centering lived experience is crucial to addressing maternal morbidity and mortality due to perinatal SUD.
  - Building trust and developing impactful programming
- Strive for meaningful collaboration, not just consultation.
- Demonstrate that you value peoples' time.
  - Both in project structure and monetary compensation when possible
- High-quality & detailed data insights are key to shaping and refining project aims.

Questions?

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Thank you!

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