

# CARE NAVIGATION FOR HIGH-RISK MOMS TO COMBAT DISPARATE OUTCOMES

**CASE STUDY** 

Northwell Health | New York

### **Overview**

In New York, Black women are four times more likely to die from pregnancy-related complications, such as hemorrhage, cardiomyopathy, preeclampsia and deep vein thrombosis, than their white counterparts. This rising disparity is a "pervasive national problem," says Victor Klein, M.D., system director of quality and patient safety for OBGYN services at Northwell Health, and a driving reason behind the health system's development of Maternal Outcomes and Morbidity (MOMs) Collaborative Navigation program.

Northwell Health is the largest health care provider and private employer in New York with 22 hospitals, 830 outpatient facilities and more than 78,000 employees. The system serves communities in New York City, Long Island and Westchester. Through its MOMs program, Northwell Health seeks to decrease the incidence of preventable maternal morbidity and mortality in its community, especially for women of color, by focusing on care before conception, during pregnancy and through the "fourth trimester" — the 12 weeks after delivery.

The core components of the MOMs program are:

 Develop a best practices approach to prenatal care by utilizing individual patient assessments and risks, and provide care navigation for patients at increased risk of morbidity.

For example, the program does a comprehensive risk assessment for hemorrhage, preeclampsia and depression, and analyzes it throughout the trajectory of the pregnancy. It also accounts for the role of race and ethnicity on the potential outcome. Women identified with high-risk of preeclampsia at 12-week gestation are prescribed a low dose of aspirin. This information is embedded in the electronic medical record and in the patient's chart.



- Integrate multiple parallel services and initiatives available, both to patients and providers to decrease redundancy. Those with pre-existing heart disease are connected with the cardiology department, and those with risk for poor behavioral health with behavioral health specialists. Faculty and staff are offered implicit bias and racism training as well to improve self-awareness of biases. Additionally, case managers are available to further educate patients about their risks and outcomes, and connect them with in-house clinical support and community resources.
- Develop a digital platform to educate and provide automated navigation through the pregnancy journey. The Northwell Pregnancy Chat platform offers patients basic and personalized educational material on a regular basis as well as digital and personnel resources to support urgent issues. Risk assessments are integrated into the chats to ensure responses are personalized based on the patient's condition.

The program allowed for seamless integration of moms into the new parents program, and enforced the development of a robust database to investigate outcomes and track key performance indicators. Additionally, the

program has become the central repository of grant and research initiatives.

## **Impact**

Implemented during the COVID-19 pandemic, the program initially followed COVID-19 positive moms, and morphed into the program it is today. In its first year, 2,100 women were enrolled and navigated, resulting in 30-day readmission rates dropping from 10-15% to 0% in both Black and Asian Pacific Islander populations. During a 20-month pilot at three of Northwell's largest facilities, hospitalizations caused by pregnancy-related, life-threatening complications was reduced by 47% among participating women, and 69% among Black women.

#### **Lessons Learned**

The MOMs Navigation program intentionally operates with an integrated, multi-disciplinary, patient-centric approach. Early on "we established three committees: data and analytics, best practices, and education and awareness", explained Adriann J. Combs, DNP, clinical director of OBGYN services at Northwell Health. These committees oversaw how the program leveraged the entire system to develop standardized process and protocols when identifying, managing and navigating high-risk moms, and move closer to individualized care. Besides educating providers and patients, "we learned we need to provide generalized awareness about maternal health outcomes in the community that supports our mothers and their families," added Combs.

#### **Future Goals**

Focused on providing every mother the best possible outcome and safe delivery for both mom and baby, "we want to fortify our relationships with community-based organizations, faith-based organizations, local media to engage more stakeholders, and get more involved with doulas and community health workers as it has shown they improve outcomes," shared Klein. Northwell also is working on educating the public with a series of lectures, and unraveling the causes behind severe maternal morbidity and mortality.

In April, Northwell Health launched the Center for Maternal Health to address health risks facing Black women in America. The Center encompasses a multitude of programs focusing on care in the hospital and out, as well as efforts that leverage community relationships to address complex factors that can operate over decades and ultimately raise the likelihood of pregnancy-related dangers.

"It truly is an American crisis. We have to disrupt prenatal care on the national, state and local level as we know it, and reengineer it, reimagine it," concluded Klein.

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## **MOMS Collaborative Reduces Disparate Outcomes with Northwell Health**

We discuss Northwell Health's MOMs program on this podcast with Victor Klein and Adriann Combs.

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