9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings
Agenda

- **Facilitator/Introduction**: Suzanne Haydu, MPH, RD
- **9 Steps to Breastfeeding Friendly Guidelines**: Linda Cowling, MPH, RD
- **5 Key Elements for the Implementation of the 9 Steps**: Jessica Jolley BA, IBCLC & Sarah Furlano, BS, IBCLC, RLC
- **A Journey to Sustainable Newborn/Lactation Clinics in an FQHC Setting**: Francine Jolton, MD FAAP
- **Q & A**
At the end of the session you will:

• Be able to locate the 9 Steps To Breastfeeding Friendly online.

• Be able to identify at least one challenge to implementation of the 9 Steps To Breastfeeding Friendly and a way to address it.

• Be able to locate Community partners and resources to move Community Health Centers and Outpatient Care Settings towards the 9 Steps To Breastfeeding Friendly.
9 Steps to Breastfeeding
Friendly Guidelines

Linda L. Cowling, MPH, RD
California Department of Public Health
August 31, 2016
Learning Objectives

- Describe the development of the Breastfeeding-Friendly Guidelines.
- Discuss the purpose of the Breastfeeding-Friendly Guidelines.
- Describe the important role of health care providers in implementing the Guidelines.
• 2012, CDC released a Funding Opportunity Announcement aimed at increasing breastfeeding duration rates.

• Grant recipients were required to:
  • Select specific organizations
  • Collaborate
  • Enhance
Breastfeeding Momentum

- Hospitals
- Worksites
- WIC Clinics
- Community Clinics
- Public
- Medical Provider Offices

Government Legislature
Why Clinics and Outpatient Care Settings?

- Lack of support identified as major barrier.\(^1\)
- Support and encouragement from provider the most important intervention.\(^2\)

---

On going support increase proportion of women who continue breastfeeding for up to 6 months. Clinicians report feeling they had insufficient knowledge, low levels of confidence and clinical competence.


15 Community Clinics
Guidelines were developed to support community health centers and outpatient care settings to:

* Successfully implement practices and policies that protect, promote and support breastfeeding,
* Provide a framework for creating and sustaining a community-based, universally assessable, quality care and support system for breastfeeding mothers and their families.
9 Step Guidelines and Toolkit

http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BreastfeedingFriendlyClinicsProgram.aspx
The California Primary Care Association is partnering with CDPH to assess clinical lactation services and quality management for all of California’s Community Health Centers.

https://www.surveymonkey.com/r/9_Steps_Assessment
Thank You

Linda L. Cowling, MPH, RD
California Department of Public Health
Nutrition Education and Obesity Prevention Branch
Linda.Cowling@cdph.ca.gov
916-445-2973
5 Key Elements for the Implementation of the 9 Steps

Sarah Furlano, BS, IBCLC and Jessica Jolley, BA, IBCLC
CDPH Webinar
August 31, 2016
Learning Objectives

- Walk away with concrete steps to begin your implementation
- Ways to minimize implementation timeline
- Glimpse of the all encompassing nature of this initiative
Salud Para La Gente

- Santa Cruz/ Monterey Counties
- 14 Clinics
- FQHC
- Patient Centered Medical Home
June/ July 2016

- # Total Patients: 11,024
- # OB Patients: 3,975
- # Newborns: 167
5 Key Elements

- Create Lactation Department
- Breastfeeding Task Forces
- Employee Workplace Accommodations
- Billing
- Electronic Medical Records
Lactation Department

- **Staffing**
  - Manager
  - Clinical Staff: IBCLC, CLC, MA

- **Space and Supplies**

- **Department Location**
Lactation Department
Task Forces

- **Internal**
  - Representatives
  - Process
  - Action Items

- **Community**
  - Partners
  - Facilitator
  - Location
Workplace Accommodations

- Existing Policy
- Work Flow
- Complimentary Services
Billing

- Insurance Carrier
- Flow Charts
- Lactation Specific
- Salud Para La Gente’s Model
Electronic Medical Records

- Data Tracking
- Develop Forms
- Interdepartmental Communication
- Learning Curve
In Closing.....

- Time Line
- Tool Kit
- calwic.org
- Handout
Contact Info:

- **Sarah Furlano, BS, IBCLC**
  
  831-728-0222 x3918
  
  sfurlano@splg.org

- **Jessica Jolley, BA, IBCLC**
  
  831-728-0222 x2999
  
  jjolley@splg.org
A JOURNEY TO SUSTAINABLE NEWBORN/LACTATION CLINICS IN AN FQHC SETTING

FRANCINE JOLTON, MD, FAAP, CLE
CHAIR, DEPARTMENT OF PEDIATRICS
CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS.
WHO ARE WE?

- Safety Net Hospital for Contra Costa County.
- Deliver about 2200 babies per year
- Stand alone Family Practice Training Program
PATIENTS WE SERVE

- One of the first Medi-Cal Managed Care Health Plans – CCHP
- Currently 200,000 members (up from 70,000 2 years ago)
- Clinics in 8 communities throughout the county
- Also deliver patients from our Community Provider Network
CONTRA COSTA COUNTY
WHAT HAPPENS TO “EXCLUSIVE” BREASTFEEDING?

Maternal and Infant Health Assessment (MIHA) Survey snapshot, 2011
CONTRA COSTA COUNTY
WHAT HAPPENS TO “ANY” BREASTFEEDING?

Maternal and Infant Health Assessment (MIHA) Survey, 2012
* Any = Breast milk and formula
Hospital Breastfeeding Taskforce, 2009
Did not have support to become Baby Friendly but began improvement work with this goal in mind
Saw some improvement of our breastfeeding rates from Newborn Screening
Realized two important things
Need Mothers and families that are prepared for the “in hospital breastfeeding experience” which depends on adequate teaching in the Prenatal Setting.
You need a robust system of follow-up and support in the Outpatient setting after discharge to insure ongoing breastfeeding success.
So we invited Thing 1 and Thing 2 to the table and our Breastfeeding team grew into two teams: inpatient and outpatient.
NEXT BIG THING

Part of the COPP grant in 2013 - 14

Had no employeed IBCLCs (on contract), no county job description in HR

Able to hire first RN/IBCLC

Tested many models of care

Found that the model that combined both a newborn visit and lactation visit for mom met the patients needs the best
Money doesn’t grow trees, so how do we make this sustainable?

Where are the billing opportunities?
DESIGNED A PAIRED CLINIC MODEL

Newborn is scheduled with a MD or NP for first newborn check

Mother is scheduled under Healthy Start with an IBCLC at the same time

Each provider bills for their patient

Medical Issues for mother are not addressed

Only need the clinic space as if one provider (use shared space)
Potential for Newborn Clinic with Lactation Revenue

- Assume six newborn follow-up clinics per week dispersed throughout the county with an average of 10 patients per clinic.
- Assume 7 mothers per clinic need lactation support
- Register mother’s at time of clinic and bill lactation services under Health Start
- FQHC reimbursement, approximately $390 per visit
- Staff needed: Primary Care provider, lactation consultant, nurse, registration

<table>
<thead>
<tr>
<th>10 babies/clinic</th>
<th>6 clinics/week</th>
<th>300 clinics/year</th>
<th>Total Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3900</td>
<td>$23,400</td>
<td>$1,170,000</td>
<td>$1,170,000</td>
</tr>
<tr>
<td>7/mothers/clinic</td>
<td>6 clinics/week</td>
<td>300 clinics/year</td>
<td>$819,000</td>
</tr>
<tr>
<td>$2,730</td>
<td>$16,380</td>
<td>$819,000</td>
<td>$1,989,000</td>
</tr>
</tbody>
</table>

Billing Means Money

Money Means Growth and Sustainability
OUR CURRENT SYSTEM

Six Newborn/Lactation clinics dispersed throughout the county per week, including one on Saturday.

After much work with EPIC have separate rosters for mom and baby with all appropriate people having access to schedule correctly.

Have a lactation cart with supplies at all sites.

Have a bilimeter at all sites.

Local Community hospitals also have access.
# Standard Work

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Person Responsible</th>
</tr>
</thead>
</table>
| Appointment Made at Hospital Discharge | 1. Baby gets appt. made by post-partum staff into Newborn Clinic, can be in Peds or family medicine  
2. Mother gets appointment in Health Start/Lac Consult  
3. AVS printed showing appointments | 1. Access problems to make appts (Cita Richeson)  
2. Same as above  
3. AVS with location discrepancy for mom’s appt, listed as in HS but actually in clinic |
| Appointment Made from Clinic or Advice Nurse or Other | 1. Same as above, both mom and baby need appointments | 1. Staff does not have adequate access or training |
| Clinic Staffing | 1. Clinic needs consistent and adequately trained staff  
2. Need to clarify the roles  
3. Define nursing duties related to both mom and newborn | 1. CSMs and Clinic staff |
| Clinic Space | 1. Minimum needed for seeing mom/baby dyad is two rooms in close proximity and two computers also in close proximity (one could be mobile), communication is key for efficient clinic workflow | |
| Intake/Rooming of Newborn | 1. If baby born at outside hospital need to obtain birth records. Need to be available when provider sees patient  
2. All babies need to be weighed and measured  
3. All babies need routine vital signs  
4. All babies need a transcutaneous bili | 1. Registration/othe support staff |
| Intake/Rooming of Mother | 1. All moms need to be registered at same time as baby  
2. On occasion mom will have a double appointment with provider and LC to also address a medical issue, then she needs routine vital signs and weight | 1. Registration, what happens when mom does not have an appointment, who should initiate this?  
2. Who does this? |
| Medical Care and Documentation for Newborn | 1. All done by medical provider using appropriate smart set | |
| Lactation Consult and Documentation for Mother | 1. All done by the LC | |
| Discharge of Newborn including any needed f/u appts | 1. Often need additional follow-up appointment with a provider or back to newborn clinic, this is critical | 1. Clinic nursing  
2. Same |
# Standard Work Continued

| Discharge of Newborn including any needed f/u appts | 1. Often need additional follow-up appointment with a provider or back to newborn clinic, this is critical  
2. Printing of AVS | 1. Clinic nursing  
2. same |
| --- | --- | --- |
| Discharge of Mother including any needed f/u appts or supplies | 1. If baby being seen again in a newborn clinic, mother also needs a lactation appointment at the same time  
2. AVS  
3. If a breastpump is needed, provider will order and LC will follow through with paperwork | ????  
LC will complete |
| Maintenance of Supplies in Clinic | 1. All clinics have supply cart with list of contents  
2. LCs would document supplies used  
3. System to get things replaced that is consistent and clear | LCs in conjunction with supplier manager for clinic |
A FEW OTHER FACTS

The IBCLCs are contracted through an agency
The same IBCLCs work at the hospital and in the clinics
Some of the IBCLCs also work for WIC or the other local hospitals, making the system more seamless
Have a system for ordering pumps for both insured mothers and those on restricted Medi-Cal with equipment arriving timely
Unused Newborn slots, convert to short notice for other pediatric patients, so no missed opportunities
NEXT STEPS

Part of PRIME, will become a Baby Friendly Hospital over the next 4 years, Letter of Intent submitted

Using the PRIME umbrella to optimize the prenatal education patients are receiving, with an emphasis on making it culturally relevant

Using the PRIME umbrella to improve transitions of care between us and our community provider network

Outcome data report being built

Add a 7th clinic
BARRIERS/CHALLENGES

Numerous problems creating the schedules in EPIC with the correct visit types in which the correct staff have access

Working across the system with something new is challenging

Creating charting templates in EPIC

Space in the clinic for two providers

Creating billing departments
COMMUNICATION

Sharing the Information Effectively
Many new workflows to learn, many new tasks for many people
Mistakes will happen
How to streamline information to those who need to know
When things need to be fixed, who has the power?
What format of communication for which things
COMPLETING THE PUZZLE

Step 1 - policy need to adapt to clinic setting

Step 2 – Staff Ed Coming with PRIME

Step 3-Pt Ed Coming with PRIME

Step 4 – Services DONE

Step 5- Clinic environment In Process

Step 6- Community Resources DONE

Step 7 Workplace In Process

Step 8 Financial DONE

Step 9 – QA In Process
Questions
Don’t Forget!

Please participate in the state-wide survey to inform strategic planning and resource development:

https://www.surveymonkey.com/r/9_Steps_Assessment

Thank you!