

Primary Care and Prenatal Care Innovation Grant Report

Department of Social Services

January 16, 2020

GRANT APPLICATION PROCESS

The Department of Social Services (DSS) utilized a Request for Proposal process for selection of innovation grant projects to test evidence-based primary and prenatal care innovations focused on models that promote better health, improved care, and lower costs. Within prenatal care, the proposals seek to test evidence-based maternity care service approaches that enhance current care delivery and address medical, behavioral, and psychosocial factors that may be present during pregnancy and contribute to poor birth outcomes. Successful projects will be evaluated for statewide implementation following completion of the innovation grant period. The full RFP can be found in Attachment A.

DSS publicized the RFP publication to a variety of providers and stakeholders within the Medicaid program including Great Plains Tribal Chairman’s Health Board, Urban Indian Health Board, Indian Health Service, Community Health Association of the Dakotas, the South Dakota Association of Healthcare Organizations, South Dakota State Medical Association, Community Based Providers Shared Savings Workgroup, DSS Budget Subcommittee, Medicaid Advisory Committee, Medicaid Tribal Consultation stakeholders, and South Dakota Medicaid Health Home Providers. The RFP was published on Open SD as well as on the DSS website.

DSS utilized the following schedule of activities following publication of the RFP on April 1, 2019.

RFP Publication	<u>April 01, 2019</u>
Letter of Intent to Respond Due	<u>April 15, 2019¹</u>
Deadline for Submission of Written Inquiries	<u>April 15, 2019²</u>
Responses to Offeror Questions	<u>April 29, 2019</u>
Proposal Submission	<u>May 20, 2019 5:00 PM (CDT)</u>

DSS held calls with organizations that submitted a proposal on June 13-14. Proposals were scored in July 2019 and award decisions were announced in September 2019. Draft contracts were distributed for feedback from awardees in October 2019, and contracts were awarded in

¹ Note: DSS extended the Letter of Intent deadline to April 18, 2019 following severe weather-related events in April.

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November 2019. DSS held kick-off meetings with two awardees in December 2019 and one in January 2020.

GRANT AWARD CRITERIA

A team composed of five DSS staff scored proposals. Proposals were scored on a scale of one to five in the areas of:

- Project design which includes a description of the project goals, target population, and type/scope/duration of services.
- Evaluation and reporting including quality indicators to evaluate the impact of the proposal on better care, better health, and/or improved outcomes including utilization, patient satisfaction or experience description of proposed milestones improvements in the general health and wellbeing of the target population.
- Organizational capacity and operational management plan including a plan for staffing, supervision, and training.
- Funding sustainability and cost proposal that outlines the anticipated use of funds and on-going sustainability.

In total there were four organizations that submitted a proposal, of those four applications, three were awarded funding.

SELECTED GRANT PROJECTS AND PROJECT OUTCOMES

The three organizations that were awarded funding are Avera, The Center for Family Medicine, and Native Women's Health Care. Contracts for each organization began on November 1, 2019. Kick off meetings with each organization took place in December 2019 and January 2020, work on the contracts is expected to begin in January 2020.

The following table summarizes each project, the innovation being tested, geographic target areas, outcomes and project budget.

	Summary	Innovation Being Tested	Geographic Target Areas	Outcomes	Budget Summary
Avera Health Before Baby	Helps pregnant women in South Dakota diagnosed with gestational diabetes by providing remote blood sugar monitoring, specialized test strips and video visits with a diabetic educator/dietician. Patients will be supported AveraNow mobile application.	Non-traditional tele-health model testing correlation between use of technology for management of gestational diabetes improved birth outcomes. Pilot with I.H.S. to serve patients referred by I.H.S to the program in targeted areas.	Huron (Beadle County), Aberdeen (Brown County), parts of Sioux Falls (Minnehaha and Lincoln Counties) Aurora, Brule, Buffalo, Charles Mix, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Lyman, Miner, McCook, Sanborn, and minimum of one Indian Health Service site yet to be finalized.	Improve access to OB care and treatment of gestational diabetes. Reduce the number of c-sections, birth complications, and infant/mother mortality. Increase rates of healthy birth weight babies and the number of babies who are delivered at full term.	The total grant amount for Avera is \$330,000. Funding will be used to: <ul style="list-style-type: none"> •Purchase supplies and equipment for patient’s self-management of diabetes. •Hire a nurse navigator/education coordinator. •Provide the Avera Now telehealth services.
Native Women’s Health Care (OST) Prenatal/Primary Care Integration with Behavioral Health and Community Health Worker services	Helps patients by linking primary and prenatal services to behavioral health services. Leverages comprehensive care team including primary care, behavioral health, and community health workers.	Use of comprehensive care team to manage both physical and behavioral health will improve rates of substance use disorder (SUD) screening and treatment adherence. Tests pregnancy as a qualifying condition for Medicaid health home services.	Rapid City Area	Improved adherence rates for SUD treatment, increased screening, preventive, and primary/prenatal care. Increase the number of qualified behavioral health staff Increase in the number of women who are accessing prenatal services, wellness	The final grant amount for the Native Women’s Health Care is \$333,000. Grant funding will be used to: <ul style="list-style-type: none"> •Arrange transportation services for high-risk patients. •Purchase technology including iPads and specialized software for case managers.

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				checks, and behavioral health services.	<ul style="list-style-type: none"> •Support accreditation for day treatment and residential treatment services.
Center for Family Medicine- Providing Enhanced Cost-Effective Prenatal Care to Rural and Underserved Patients of South Dakota	Provides patients with a birth center/pregnancy health home approach to provide full array of prenatal and postnatal care. This project will also train family medicine resident physicians in innovative, evidence-based prenatal care models.	Testing if application of health home model and use of technology to deliver patient education results in improved health outcomes.	Sioux Falls, Pierre	Improved screening services for those with increased risk for gestational diabetes and preeclampsia. Decreased rates of prenatal hospitalization and c-section, pre-term delivery, NICU stays, and other complications. Increased rates of contraception during the interconception period, patients breastfeeding, and interpregnancy interval.	The total grant amount for Center for Family Medicine is \$333,000. The grant will be used to: <ul style="list-style-type: none"> •Hire a nurse case manager, physician, and other care team members. •Purchase home blood pressure and other monitoring equipment that links to electronic health record. •Secure transportation to appointments. •Purchase equipment.

EXPECTED GRANT OUTCOMES

Utilizing standard reporting guidelines, DSS will test each of the innovation projects and evaluate metrics to ensure the projects correlate with the expected outcomes. Through the three grant projects, DSS expects to see improved access to care and positive health outcomes for women living in areas of the state served by the grant projects. Expected health outcomes include improved rates of preventative primary care, improved rates of prenatal care visits, fewer infant hospitalizations for preventable conditions, and fewer c-section deliveries. A complete list of metrics and reporting criteria for each project is located in Attachment B. With the evidence gathered from the three projects, DSS will evaluate expanding the use of innovative service methods for statewide implementation within the Medicaid program.

Each project is required to submit a quarterly report utilizing the standardized reporting guide created by DSS. Reports are due by January 31, April 30, July 31, and October 31 each year.