

## Group Coaching Summary

In the first year of the Quality Improvement Fund-Maternal Health (QIF-MH) program, the Bureau of Primary Health Care (BPHC) held three virtual group coaching series from January to May 2024. Group coaching topics were identified based on awardee interests and needs (*see sidebar*). These sessions helped awardees launch their innovations. Coaches used an evidence-informed framework to explain improvement strategies, share resources, and provide best practices. Awardee panelists also discussed their approaches, challenges, and implementation strategies.

Participants from diverse geographic areas and settings contributed to the discussions, resulting in several unifying key takeaways. These takeaways may be applicable to other health centers' efforts to improve maternal health.

### Innovations in Delivering Group Prenatal Care

**Summary:** This series highlighted strategies for successfully creating, delivering, and sustaining inclusive group prenatal care. Coaches covered topics such as integrating quality improvement practices, streamlining workflows, and developing partnerships.

- **Staff from 3** health centers acted as panelists.
- **99** people from **16** health centers participated.

#### Key Takeaways:

Health centers should consider the following strategies:

- **Partner with community-based organizations and patients.** Community members can inform recruitment and retention strategies and curriculum topics that help meet patient needs.
- **Address barriers to participation.** Health centers can provide transportation and childcare to help pregnant and parenting patients attend group prenatal care classes. This support will reduce the burden on participants and help them regularly attend these important classes.
- **Focus on addressing disparities.** Health centers can offer prenatal care programs that specifically support patients facing challenges in care, including limited access to care and experiencing postpartum depression.
- **Adapt the curriculum for your unique setting.** Decisions on cadence, languages spoken, virtual options, and topics should reflect your health center population and goals.



#### Next Steps:

In the coming year, virtual group coaching will focus on key aspects of delivering care, such as addressing behavioral health and social needs, as well as providing further support on sustaining and scaling efforts.

### Group Coaching Topics included:



- Sustainability and Enhancing Funding through Medicaid
- Remote Patient Monitoring
- Lived Experience Integration
- Group Prenatal Care
- Doula and Community Health Workers (CHWs)

### Awardee Spotlight:



Cherokee Health Systems partnered with a local community-based organization to facilitate focus groups with Latinx pregnant and parenting people. These focus groups informed the group prenatal care curriculum.

## Best Practices in Integrating Doula and Community Health Workers

**Summary:** This series highlighted strategies to integrate doulas and CHWs into care teams. Coaches covered topics such as workforce development, workflow integration, and sustainability.

- **Staff across 13** health centers acted as panelists.
- **182** people from **17** health centers participated.

### Key Takeaways:

Health centers should consider the following strategies:

- **Incorporate patient and staff perspectives into design.** Learn from patients and people with lived experience, staff, and community members to inform doula/CHW job descriptions and program design.
- **Recruit from within.** Train staff as both doulas and CHWs to help address recruiting and hiring challenges. Additionally, train former patients as doulas/CHWs to promote sustainability and incorporate people with lived experience in meaningful ways.
- **Build buy-in.** Educate other clinical staff and health center leadership on the roles and benefits of doulas and CHWs to facilitate their integration into care teams and workflows.
- **Plan for sustainability.** Collect and present data on doula and CHW services to stakeholders. This information will help inform payment models and provide health centers with other options to implement system-wide changes.

## Lived Experience Integration

**Summary:** This series focused on how to integrate people with lived experience to improve maternal health care quality, safety, and patient experience. Coaches covered patient and family engagement in quality improvement efforts, recruitment and training, compensation, use of family advisory boards, and ongoing support.

- **4** faculty with lived experience facilitated sessions.
- **158** people participated from **16** health centers.

### Key Takeaways:

Health centers should consider the following strategies:

- **Ensure diverse voices are heard in decision making.** Members of your family advisory board or other patient-perspective activities should reflect your patient population. Identify sub-populations with lower rates of access and quality, tailoring resources to enhance engagement and participation for greater inclusivity.
- **Build your team intentionally.** Organizations can integrate current and past representatives from their patient population to reflect the diversity of their communities.
- **Create a detailed onboarding process.** Support people with lived experience by clearly communicating their roles, expectations, and compensation up-front.
- **Compensate people with lived experience fairly.** Health centers should consider providing monetary or in-kind compensation for individuals with lived experience who contribute to quality improvement efforts.

### Awardee Spotlight:



AccessHealth hired a parent and former patient as their CHW. Her lived experience bridges the gaps between patients and providers. She provides maternal health education and shares resources and referrals to community-based organizations. This allows time for providers to focus on clinical care. The CHW is an essential member of the care team, attending monthly provider meetings and helping to create and implement whole-person care plans.

### Awardee Spotlight:



A participant shared their experience with traumatic childbirth, which inspired them to provide resources for survivors of birth trauma for the health center's birthing population.