**Invitation to Join the ACURE4Moms Study**

Maternal mortality and morbidity are rising in the United States, and the outcomes are much worse among women who identify as Black. These rising rates lead to significant social, physical, and financial costs to our patients, their families, and their communities as well as for OB practices and payors. Therefore, the University of North Carolina at Chapel Hill (UNC\_ has designed a study called **ACURE4Moms** to improve pregnancy outcomes and decrease health disparities. “ACURE” stands for “Accountability for Care through Undoing Racism and Equity.”

Practice-based interventions, such as setting up early warning systems and disparities dashboards that monitor process and outcome metrics stratified by race, can improve health outcomes and reduce health disparities.1-3 Therefore, the Alliance for Innovation in Maternal Health (AIM) recommends use of **Disparities Dashboards** with regular dissemination of the stratified performance data to staff as part of its *Patient Safety Bundle* for “Reduction of Peripartum Racial/Ethnic Disparities.”4 In addition, doula support during pregnancy and labor can reduce cesarean and low birthweight deliveries, low 5-minute Apgar score, and duration of labor, so it is being increasingly recognized by payors as a potentially cost-effective intervention.5-8

The ACURE4Moms study will evaluate these interventions through a cluster randomized controlled trial of 40 practices throughout North Carolina. Ten practices each will be randomized to one of four arms: 1) Standard care management **(Control Arm)**; 2) Standard care management + Practice-based data interventions **(Data Arm)***;* 3) Standard care management + Community-Based Doula support **(Doula Arm);** and 4) Standard care management + Practice-based data interventions + CBD support **(Data+Doula Arm)**. The participating practices will be supported for two years, with the earliest start date of December 2022. The 10 Control Arm practices will be supported until July 2026, as they will be given the option to implement either or both of the interventions with support from the study from July 2025 to July 2026.

These interventions were designed to be easily sustainable and integrated into existing workflows. Our goal for your practice is to have minimal upheaval and additional burden to participating. All data will be collected directly by the study through the NC HIEA. We are working with the NC AHECs to provide expert practice facilitation support to all clinics to help integrate each intervention within the existing workflows of the practice. We will be modifying as needed to fit the needs of each practice that enrolls.

If your practice participates in this study, **depending on the arm it is randomized to**, the practice will receive:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Control Arm** | **Data Arm** | **Doula Arm** | **Data+Doula Arm** |
| Electronic Health Record and data support to monitor obstetric outcomes and indicators | **X** | **X** | **X** | **X** |
| Support collecting data that would assist with pay-for-performance guidelines | **X** | **X** | **X** | **X** |
| Payment for acquisition of practice data for analysis | **X** | **X** | **X** | **X** |
| Optional Racial Equity Training with quarterly follow-up for all practice staff |  | **X** | **X** | **X** |
| Disparities Dashboard and Maternal Warning System set-up and IT support |  | **X** |  | **X** |
| An assigned Practice Facilitator and OB-GYN or CNM Consultant to assist with QI and workflow approaches using the Dashboard and Warning System |  | **X** |  | **X** |
| Partnership and support from CBDs in supporting high-risk patients and referral to local community resources |  |  | **X** | **X** |
| Funding to pay CBDs for approximately six doula-assisted births per month over two years |  |  | **X** | **X** |
| Staff compensation for completing study interviews | **X** | **X** | **X** | **X** |

Depending on which study arm the practice is randomized to, the practice would be expected to:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Control Arm** | **Data Arm** | **Doula Arm** | **Data+Doula Arm** |
| Allow staff to attend 1-2 hour quarterly meetings to discuss project-related topics | **X** | **X** | **X** | **X** |
| Provide study research staff with access to patient contact information to recruit and consent pregnant women to participate in surveys about patient care experiences | **X** | **X** | **X** | **X** |
| Select a Nurse Navigator to review Maternal Warning System alerts on a daily basis and facilitate follow-up and referral to Care Management and other services as needed\* |  | **X** |  | **X** |
| Select a Provider Champion to support the Nurse Navigator with clinical decision making and to present the Disparities Dashboard results to the practice on a quarterly basis and/or to work with the doula teams |  | **X** | **X** | **X** |
| Work with doulas to identify high-risk patients for doula care (Arms 3 and 4) |  |  | **X** | **X** |
| Participate in shared patient care with local doulas, allowing them to attend 2 prenatal visits with their patients and to attend deliveries at practice-affiliated hospitals |  |  | **X** | **X** |

\*The study team, led by UNC, is working on identifying supplemental funds to support 20% of a nurse’s salary during the two years of implementation to liaise with the Practice Facilitator and OB-GYN/CNM Consultant on use of the Dashboard and Warning System. This nurse may be one employed at the practice, or a traveling nurse who visits the practice on a routine basis.

This project is funded by the Patient-Centered Outcomes Research Institute (PCORI). For more information about the project, please visit its page on the PCORI website at <https://www.pcori.org/research-results/2021/reducing-racial-disparities-maternal-care-through-data-based-accountability>. Questions may be directed to the project team at [ACURE4Moms@med.unc.edu](mailto:ACURE4Moms@med.unc.edu).

1 Cykert S, Eng E, Walker P, et al. A system‐based intervention to reduce Black‐White disparities in the treatment of early stage lung cancer: A pragmatic trial at five cancer centers. *Cancer Med*. 2019;8:1095–1102.

2 Cykert S, Eng E, Manning A, et al. A multi-faceted intervention aimed at Black-White disparities in the treatment of early stage cancer: the ACCURE pragmatic quality improvement trial. *J Natl Med Assoc* 2019;S0027-9684(18):30191-3.

3 Howell EA. Reducing disparities in severe maternal morbidity and mortality. Clin Obstet Gynecol 2018;61(2):387-99.

4 Alliance for Innovation in Maternal health (AIM). Patient Safety Bundle: Reduction of Peripartum Racial/Ethnic Disparities. Council on Patient Safety in Women’s Health Care. October 2016. https://safehealthcareforeverywoman.org/aim/patient-safety-bundles/maternal-safety-bundles/reduction-of-peripartum-racial-ethnic-disparities-aim/

5 Bohren MA, Hofmeyr GJ, Sakala C, et al. Continuous support for women during childbirth. *Cochrane Syst Rev.* 2017;CD003766.

6 Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. *J Perinat Educ* 2013;22(1):49-58.

7 Strauss N, Sakala, Corry MP. Overdue: Medicaid and private insurance coverage of doula care to strengthen maternal and infant health. *J Perinat Educ* 2016;23(3):145-149.

8 Cigna. Doulas and support during childbirth. Last updated May 29, 2019. Accessed on September 29, 2020: <https://www.cigna.com/individuals-families/health-wellness/hw/medical-topics/doulas-and-support-during-childbirth-tn9822>

**Application to Join the ACURE4Moms Study**

Please complete this application online at <https://unc.az1.qualtrics.com/jfe/form/SV_6yxyUGlBIsyidue>. You may also submit this application via email at [ACURE4Moms@med.unc.edu](mailto:ACURE4Moms@med.unc.edu). If you are submitting on behalf of multiple practices, please complete one online survey for each practice or submit one email application for each practice.

All applications are due by May 15, 2022. If your practice is eligible, we will contact you once we have reviewed your application to schedule an interview.

**1. Practice name:**

**2. Practice zip code:**

**3. Practice location county:**

**4. Name of Hospital(s) that your practice patients deliver at (list ALL that apply):**

**5. Inclusion criteria:**

**A. Over the last three months, has your practice provided prenatal care and delivery for at least 21 Black mothers (7 births/month)?**

**B. Are at least 20% of your pregnant patients covered by one or more NC Medicaid plans?**

**C. Has your practice ever used a data dashboard for prenatal care improvement? If yes, please explain.**

**D. Does your practice have any existing relationships with Community-Based Doulas? If yes, please explain.**

**E. Does your practice use an Electronic Health Record for prenatal care? If yes, which one?**

**F. Is your practice willing to be randomized to one of the four intervention arms over the next several years?**

**G. Have you identified a potential provider champion at your practice that could collaborate with our research team? (Optional)**

**6. Why does your practice desire to participate in the ACURE4Moms Study?**