

ACURE4Moms Study

(Accountability for Care through Undoing Racism & Equity for Moms)



SCHOOL OF MEDICINE

Obstetrics and Gynecology

Maternal Health Disparities

- The maternal mortality rates across the country are 3x higher for black versus white women
- Severe maternal morbidity (SMM) was 112-115% higher for Black women than White women.
 - No change in Black-White disparity between 2006-2015.
- Socioeconomic factors and comorbidities do not explain these differences

CDC. Report from nine maternal mortality review committees 2019
Fingar, et al. HCUP Statistical Brief #243. Sep 2018



How to decrease health disparities?

- Lack of proven interventions to decrease Black-White inequities in maternal health.
 - ACCURE* intervention:
 - Practice-based intervention that addresses institutional and implicit biases within medical care.
 - Developed by the Greensboro Health Disparities Collaborative and UNC.
 - Reduced Black-White inequities at Cone Health & University of Pittsburgh for early-stage lung and breast cancer.
 - Increased Black treatment rates by ~10%, while improving care for all patients.

*ACCURE=Accountability for Cancer Care through Undoing Racism and Equity

Cykert, et al. J Natl Med Assoc 2019



ACCURE Interventions

• Transparency Components

- **Retrospective** analysis, by race, of EHR **data** from 2007-2011
- Automated **Real-Time** Registry with **Early Warning System** for missed appointments and unachieved milestones

• Accountability Components

- **Nurse Navigator** specially trained in exploring and responding to patients social and belief-specific barriers, and using ACCURE's Real-time Registry
- Site-specific **Clinical Feedback** Reports, according to race and co-morbidity status, delivered by ACCURE **Physician Champion** to clinicians
- **Healthcare Equity Training** + quarterly booster sessions for practice staff

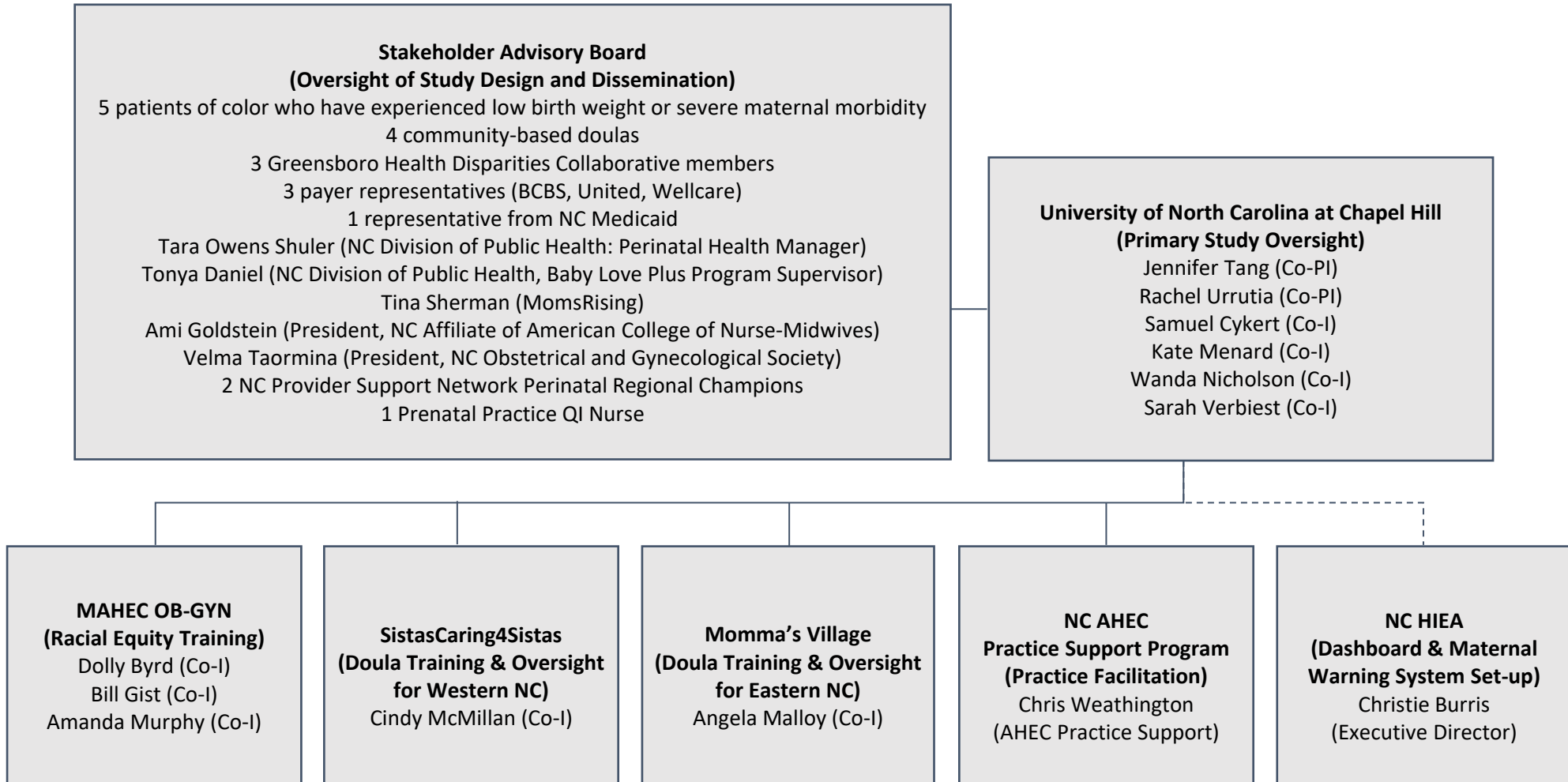


Evidence: Community-Based Doulas

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• A Cochrane Review of 26 RCTs found doula support reduced:<ul style="list-style-type: none">• Cesarean birth• Instrumented birth• Duration of labor• Baby with low 5-minute Apgar• Depressive symptomatology• Negative feelings about childbirth experiences | <ul style="list-style-type: none">• A study done on the YWCA Greensboro Healthy Beginnings Doula Program compared women who chose to use vs not use a doula from Jan 2008-Dec 2010.• Doula-assisted mothers were:<ul style="list-style-type: none">• 4x less likely to have a low birth weight (LBW) baby• 2x less likely to experience a birth complication involving themselves or their baby• More likely to initiate breastfeeding | <ul style="list-style-type: none">• The Family Birth and Health Center in DC was able to reduce LBW by half by:<ul style="list-style-type: none">• Connecting patients to Perinatal Care Coordinators starting at the beginning of pregnancy until 1 year postpartum• Providing midwifery and doula support• Providing transportation services, home visits,• Centering pregnancy strategies |
|--|---|--|



ACURE4Moms Study Partners



ACURE4Moms Study Design

- Four arm cluster RCT of 40 practices:
 - 1) Standard Care Management (**Control Arm**) → 10 practices
 - 2) Data Interventions-Only (**Data Arm**) → 10 practices
 - 3) Community-Based Doula Support-Only (**Doula Arm**) → 10 practices
 - 4) Data Interventions + Doula Support (**Data+Doula Arm**) → 10 practices

ACURE4Moms Study Aims & Outcomes

- Aim 1: Compare proportion of Black women who deliver a **low birthweight** baby between Arms (**Primary Outcome**).
- Aim 2: Compare **# ED visits and hospitalizations** during pregnancy and up to 1 year after delivery between Arms.
- Aim 3: Explore trends in **self-reported racism** during pregnancy and up to 4 months after delivery between Arms through patient surveys.

Practice Participation Benefits

- All practices would receive:
 - Support from NC AHEC Practice Facilitators & UNC OB/GYN Consultants to help clinic workflow
 - IT/Informatics Support to help monitor OB outcomes & indicators
 - Support collecting data to assist with pay-for-performance guidelines
 - Payment for acquisition of data (\$13,500 over 2 years)
 - Staff compensation for completing study surveys & interviews (\$100/interview)



Data Arm Benefits

- Quarterly Maternal Healthcare Equity & Education Training (MHEET) sessions over 2 years for practice staff
 - 9 total sessions: each 1 hour except for a 1.5-2 hour Implicit Bias Training
- Early Warning System to alert practice of patients who have:
 - Missed visits without rescheduling within predetermined time periods
 - Elevated BPs, with no repeat BP recorded in the EHR within 2 weeks
 - Risk factors for preeclampsia but have not been started on baby ASA after 1st TM
- Data Dashboards that show patient outcomes stratified by race
- IT set-up and support for the Dashboard and Warning System



Community-Based Doula Arm Benefits

- Partnership with local Doulas in supporting patients at risk for LBW:
 - High risk patients identified via algorithm/points system and referred to doula partners
- Participate in shared patient care with Doulas:
 - Doulas attend 2 prenatal visits at the practice with clients
 - Also perform home visits before and after delivery, are available for text/phone support, and provide peer support groups sessions
 - Doulas provide up to 24h of L&D support, including 2 hours postpartum
- Doula support paid for by the study for 2 years
 - ~6 births/month or 144 births total/practice
- Quarterly Maternal Healthcare Equity & Education Training (MHEET) sessions for practice staff



Practice Champion Expectations

- **3 Practice Champions** per practice: 1 Provider, 1 Nurse, 1 Admin staff.
- Be familiar about the study aims and design and help promote them among clinic staff.
- Attend the 2-day **REI Phase 1 Training** if interested and have not previously attended (*if randomized to Arms 2, 3, or 4*).
 - Paid for by ACURE4Moms
- Attend the practice's 9 quarterly 1-hour Maternal Healthcare Equity Education & Training (**MHEET**) sessions over the 2 years of study implementation (*if randomized to Arms 2, 3, or 4*).
 - All practice staff are invited to attend the MHEET sessions

Practice Champion Expectations

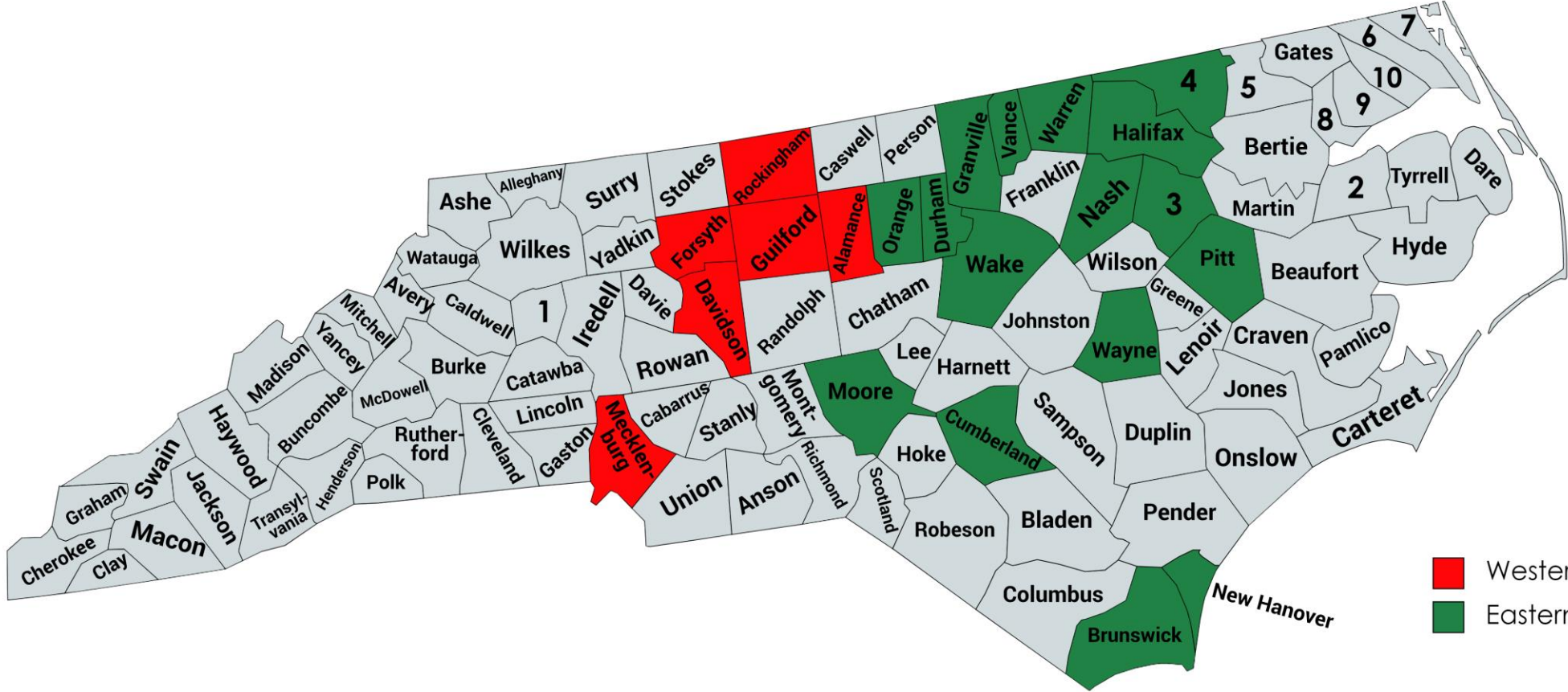
- Meet with the study team to discuss study-related issues and review practice data (*if randomized to Arms 2 or 4*) on a quarterly basis.
- *If randomized to Arms 3 or 4*, be a contact if issues arise between the study doulas & clinic.
- Help the practice to develop QI or clinical workflows as needed to address any clinical improvement needs identified during the study.
- ***For the Nurse Champion/Navigator, if randomized to Arms 2 or 4***, login (or delegate a nurse to login) to the practice's **Warning System** to address alerts, preferably on a weekly basis.



Practice Criteria

- Be willing to be randomized to 1 of the 4 Arms
- Have at least 7-8 deliveries of Black women per month
- No existing Disparities Dashboard, Maternal Warning System, or Community-Based Doulas at the practice
- Willing to become a Full Participant with the NC HIEA (if not already)

Current Map of ACURE4Moms practices by County



- 1 Alexander
- 2 Washington
- 3 Edgecombe
- 4 Northampton
- 5 Hertford
- 6 Camden
- 7 Currituck
- 8 Chowan
- 9 Perquimans
- 10 Pasquotank

■ Western NC
■ Eastern NC



Timeline

- Apr 1, 2022: award starts
- June 30, 2022: submission to UNC IRB
- Aug 2023: UNC IRB approval
- Aug 2023-present: contracting with 40 practices to implement study
- May 2023: onboard first practices
- Dec 2023: onboard final practices
- May 2025: Arm 1 sites begin implementation of desired interventions
- Mar 2027: award ends

Questions?

- Rachel Peragallo Urrutia: rachel_peragallo@med.unc.edu
- Jennifer Tang: jennifer_tang@med.unc.edu
- Angela Malloy: angela@mommasvillage.org
- Cindy McMillan: cindy@sistascaring4sistas.org

