MOTHeRS Project
Maternal Outreach Through Telehealth for Rural Sites

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The Challenge

• The Covid-19 pandemic has forced healthcare providers to rethink and quickly reinvent the delivery of care, particularly in rural settings.

• Fear of COVID-19 and the lack of definitive and timely information have caused many patients to be no-shows at clinic appointments, and, as a result, not receive the care they need.

• This has posed an especially critical issue for pregnant women and their newborns in the 29-county area that ECU serves

• ECU, the safety net provider for 1.4 million people in eastern North Carolina, is the only source for high-risk prenatal care in the region.
• More than 50 percent of the women our providers see are overweight or obese.

• Of the 37 North Carolina counties along or east of the I-95 corridor:
  • 27 have heart disease mortality rates higher than the national and state averages
  • 22 of have diabetes mortality rates higher than both the national and state averages

• Of the 55 maternal deaths that occurred from 2008-2017, 38 or 69.1% were African American.
One in four of our mothers live in poverty; one in eight are uninsured.

Ninety of the 100 counties in N.C. are designated as mental health provider shortage areas.

Socioeconomic factors in the region limit access to transportation, adequate nutrition and basic necessities in the maternal population.

According to the WHO, worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression.
• We believe that where an expectant or new mother lives should not negatively impact her physical or mental wellbeing or that of her child.

• ECU was funded by the United Healthcare Foundation (UHF) to utilize NC-STeP model—a statewide telepsychiatry program—to bring multidisciplinary care to three community-based primary care obstetric clinics in underserved counties.

• Telehealth consultations will bring the experts to these communities, saving patients and families the time and inconvenience of travel.
• Team-Based Care
• Patient-Centered Collaboration
• Primary care provider remains the driver and prescriber
• It’s about expanding the limits of care within primary care setting
• Measurement-Based Treatment
• Evidence-Based Care
Proposed Sites

- **Carteret OB-Gyn** - Live as of January 11, 2021
- **Vidant Duplin Ob-Gyn**
  - Pending Contract Execution
  - Pending upgrade of Ultrasound machines
- **Vidant Chowan OB-Gyn** in Edenton (two locations)
  - Pending Contract Execution
  - Pending upgrade of Ultrasound machines
Program Core Team

- Kristie Anderson, CADA Department of OB-Gyn
- Ryan Baker, Administrator Center for Telepsychiatry
- Michelle Brooks, Chief of Staff for Vice Chancellor for HS Division
- Kay Craven, Director of Clinical Nutrition Services, ECUP
- James deVente, Director Labor and Delivery, Department of Ob/Gyn
- Vickie Haley, CADA Department of Psychiatry & Behavioral Medicine
- Sharon Hamilton, Senior Director, Corporate and Foundation Relations
- Clifford C Hayslip, Chair, Department of Obstetrics and Gynecology
- Jenny McKellar, Associate University Attorney, Health Sciences
- Kalyan Muppavarapu, Medical Director Center for Telepsychiatry
- Alan J Sacks, MFM Specialist, Department of Obstetrics and Gynecology
- Sy Saeed, Chair, Department of Psychiatry and Behavioral Medicine; Executive Director, NC-STeP
- Joel Stocks, Foundation AFH Health Sciences Controller
Measuring Impact of the Program

- Number of perinatal patients who receive care and may deliver in their own communities
- Number of missed appointments for high-risk patients
- Documented impact on patient access (e.g., savings on travel/time costs for patients)
- Documented impact on clinical outcomes for expectant and new mothers and their newborns
- Number of women served by the program for mental health reasons
- Number of sites and regional credentialed providers engaged
- Expansion of the web portal to effectively navigate electronic health records
- Implementation of technological solutions in terms of equipment and platforms used
- Impact on health disparities as measured by percentage of patients served from underserved and diverse backgrounds.