



ECU

**BRODY SCHOOL
OF MEDICINE**

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.

The Challenge (continued)



- . 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.

The Challenge (continued)



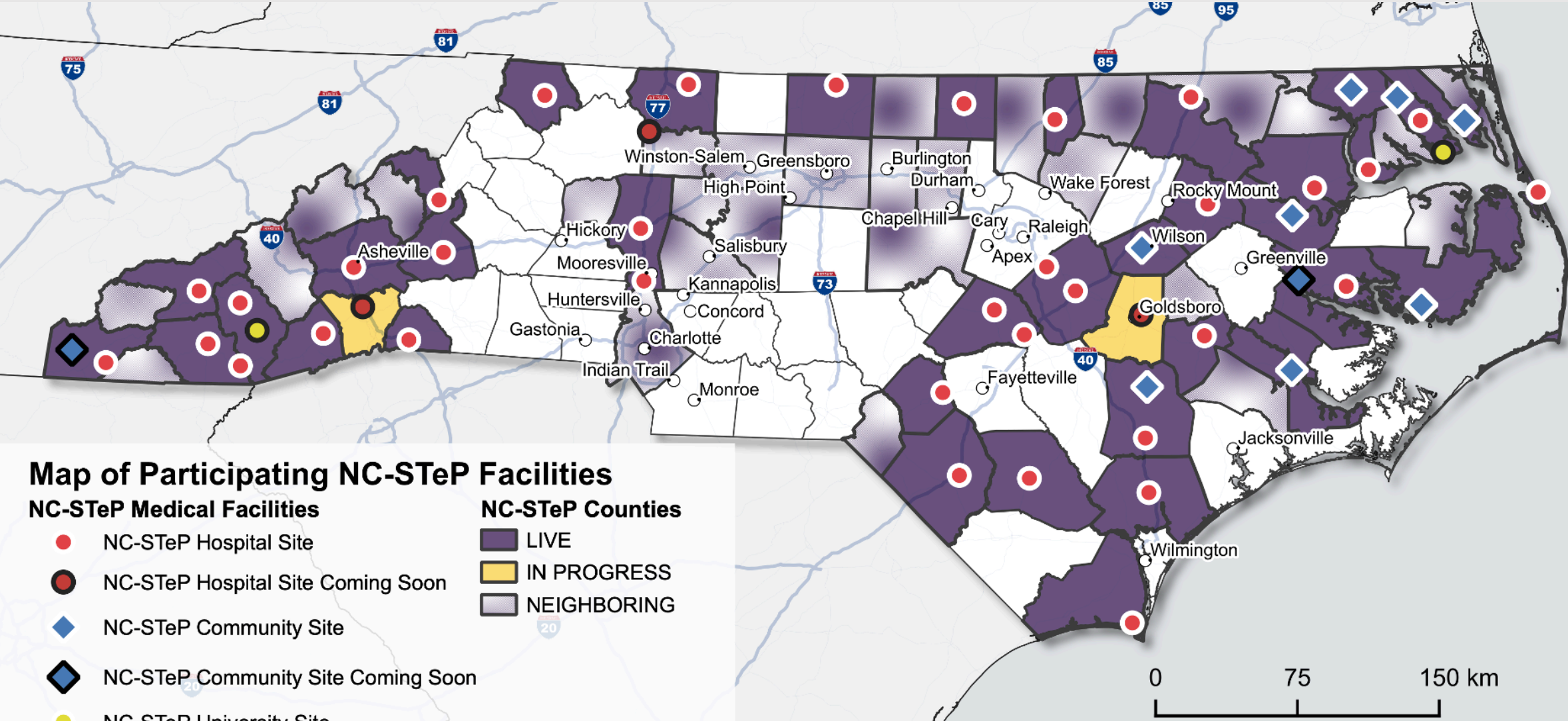
- ✓ One in four of our mothers live in poverty; one in eight are uninsured.
- ✓ Ninety of the 100 counties in N.C. are designated as mental health provider shortage areas.
- ✓ Socioeconomic factors in the region limit access to transportation, adequate nutrition and basic necessities in the maternal 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.

One Solution: Outreach through Telehealth



- 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.

NC-STeP Status as of January 1, 2021



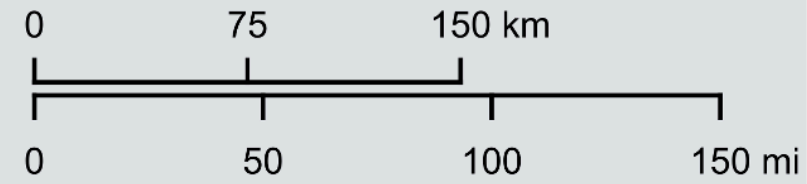
Map of Participating NC-STeP Facilities

NC-STeP Medical Facilities

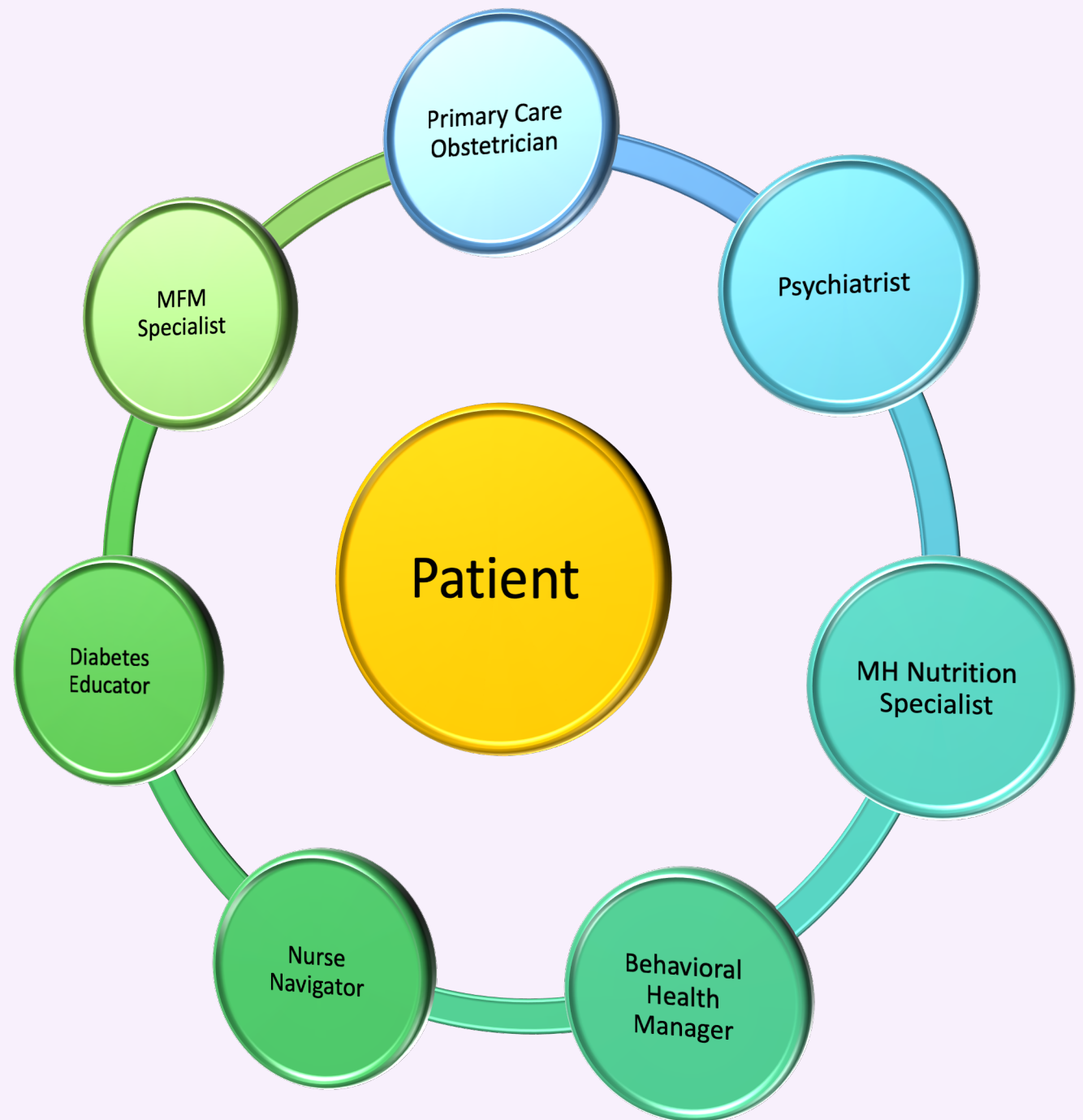
- NC-STeP Hospital Site
- NC-STeP Hospital Site Coming Soon
- ◆ NC-STeP Community Site
- ◆ NC-STeP Community Site Coming Soon
- NC-STeP University Site
- NC-STeP University Site Coming Soon

NC-STeP Counties

- LIVE
- IN PROGRESS
- NEIGHBORING



- 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



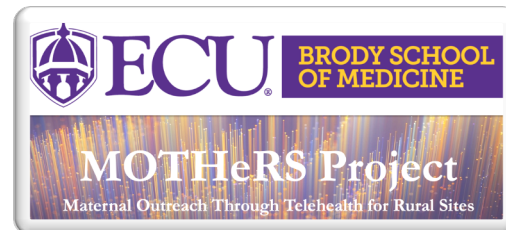
Proposed Sites

- **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

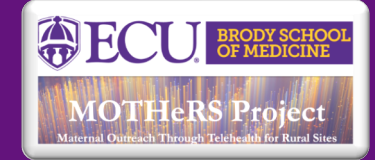


Program Core Team

- 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.