

TERM

Telemedicine-toward Empowering Rural Moms



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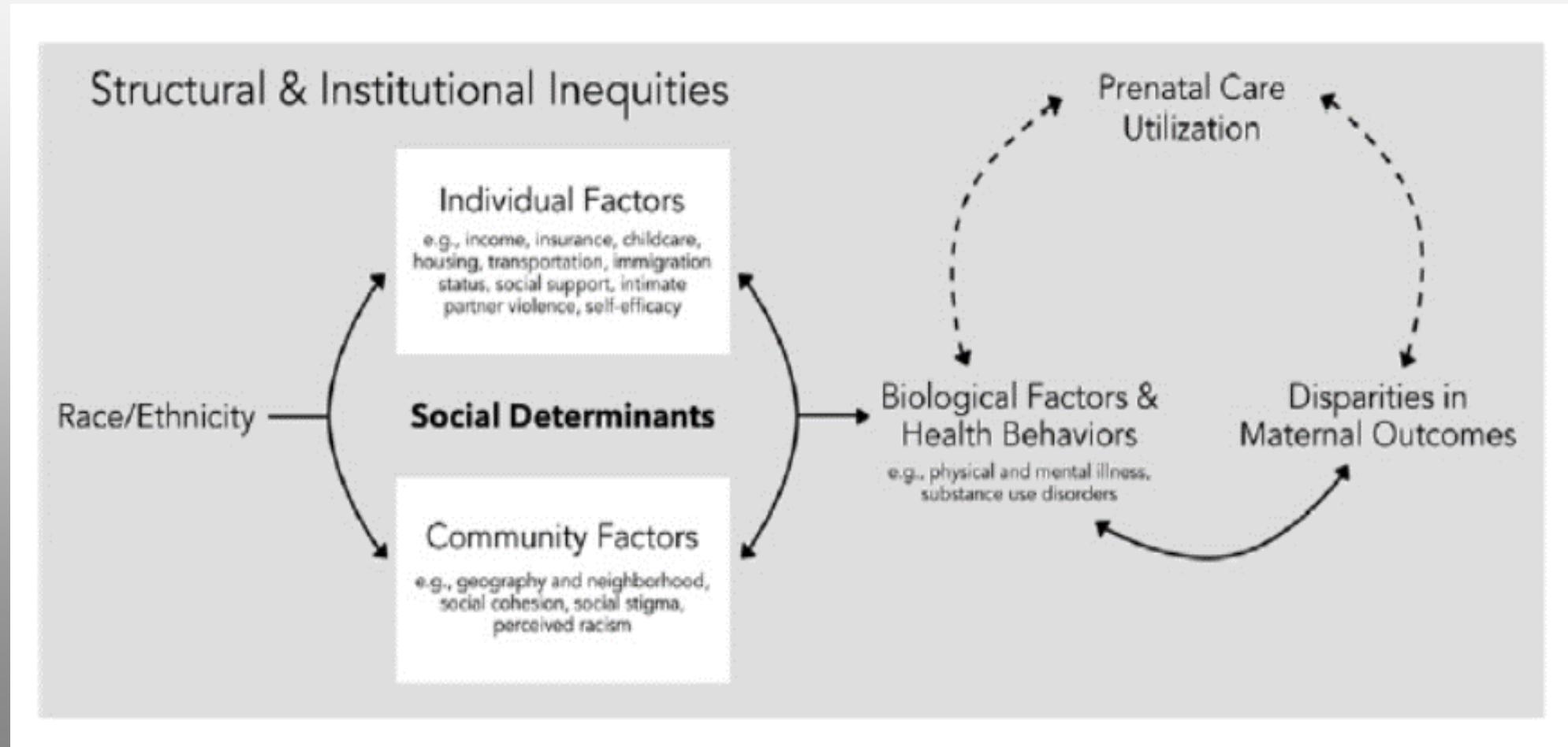


"I really needed this program when I was pregnant last year and didn't have a car..."

~Tuscaloosa Mom & University Medical Center OB patient



Relationships between Social Determinants of Health and Maternal Health Outcomes



Gadson, A., E. Akpovi, and P.K. Mehta, *Exploring the social determinants of racial/ethnic disparities in prenatal care utilization and maternal outcome*. Seminars in Perinatology, 2017. 41: p. 308-317.



WHO Maternal Determinants of Health

Structural Determinants of Health Inequities

Governance and Policies

- Education
- Health Finance & Infrastructure
- Social Protection
- Laws (gender equality, anti-violence, etc.)
- Reproductive Health & Rights

Culture and Social Values

- Women's status
- Gender norms
- Religion
- Health Beliefs
- Social cohesion

Intermediary Determinants of Health

Health Services

- Availability of relevant services (antenatal care, skilled delivery)
- Staff skills and technical competence
- Acceptability to the community
- Fees and related costs

Community Context

- Rural/Urban residence
- Social position (class, wealth, ethnicity)
- Awareness of case
- Perceptions of quality
- Distance to facilities
- Social capital

Family and Peer Influences

- Family Structure & decision making
- Spousal communication
- Access to resources
- Marital relationship
- Income
- Support networks

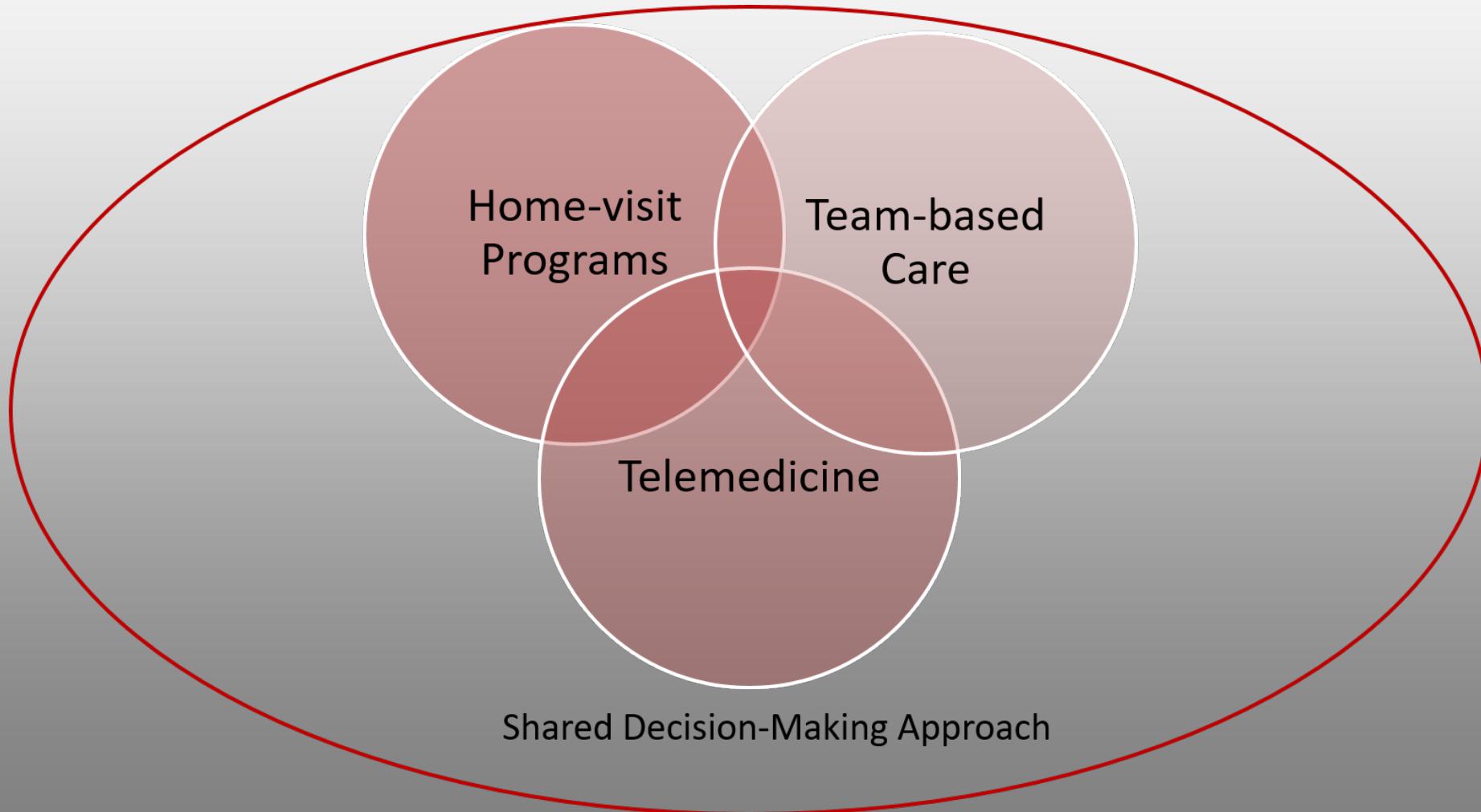
Individual Attributes

- Age
- # of children
- Knowledge
- Self Efficacy

Maternal Health Outcomes



TERM Draws Key Features from:



The Proposed Solution: Telemedicine-toward Empowering Rural Moms Program

- Home visits
- Remote pregnancy monitoring
- Patient education
- Team-based care

- ↑ Mothers' knowledge & self-efficacy on physical and mental health
- ↑ Communication with OBP
- ↑ Utilization of community resources

↑ Empowerment of Black pregnant mothers in rural Alabama

Improved maternal health outcomes





TERM Participant Schedule Example

Week	Clinical Visit with OBP	Home Visit
28	✓	
29		✓
30		
31		✓
32		
33	✓	
34		✓
35	✓	
36		✓
37	✓	
38		✓
39		
40	✓	
Postpartum Home Visit		✓
Postpartum Clinical Visit	✓	
Postpartum	Support Group (ongoing)	

TERM's Mixed Model Approach= Clinical visits + Home-based care



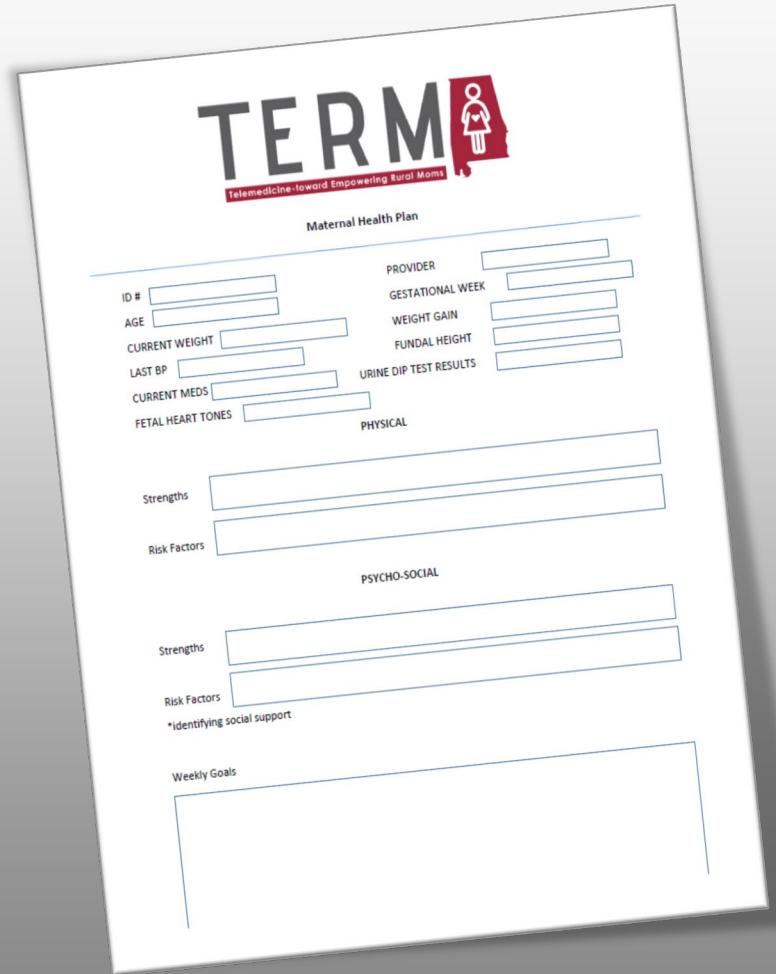


OVERVIEW OF TERM HOME VISITS

Home Visit Activities	First Visit	Every Visit	Last Visit	3 Mo.
Psychosocial Risks & Strengths Assessment	X		X	X
Survey/Interview <ul style="list-style-type: none">Knowledge & self-efficacy:<ul style="list-style-type: none">Physical & mental healthCommunication with OBPAvailable community resources	X		X	X
Health Assessment/Screenings	X	X	X	
Maternal Health Plan	X	X	X	
Patient Education	X	X	X	



Maternal Health Plan & Patient Portal



TERM
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Maternal Health Plan

ID #	Provider
Age	Gestational Week
Current Weight	Weight Gain
Last BP	Fundal Height
Current Meds	Urine Dip Test Results
Fetal Heart Tones	Physical

Strengths:

Risk Factors:

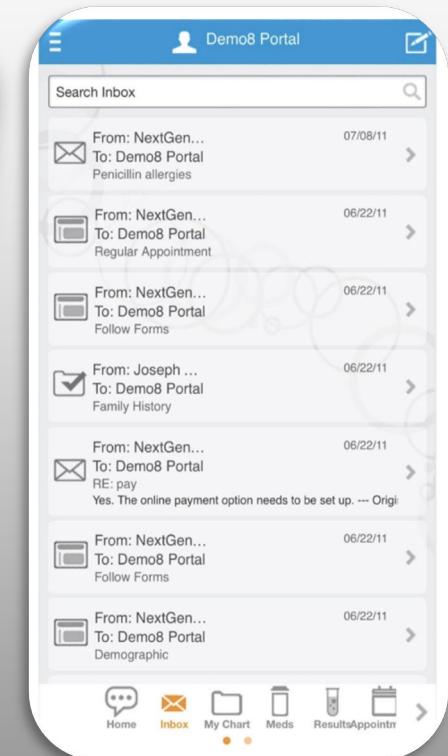
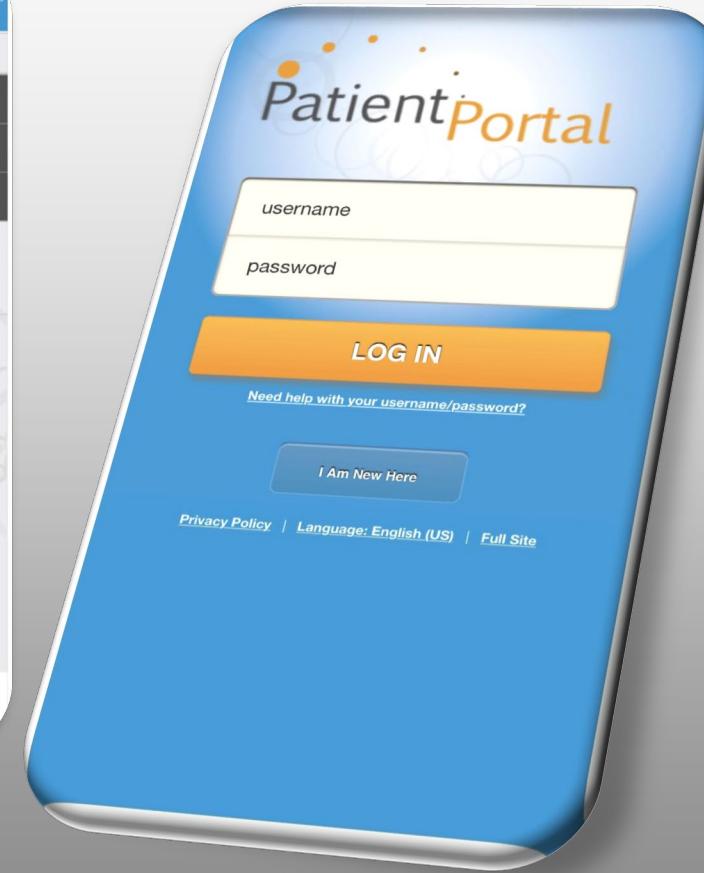
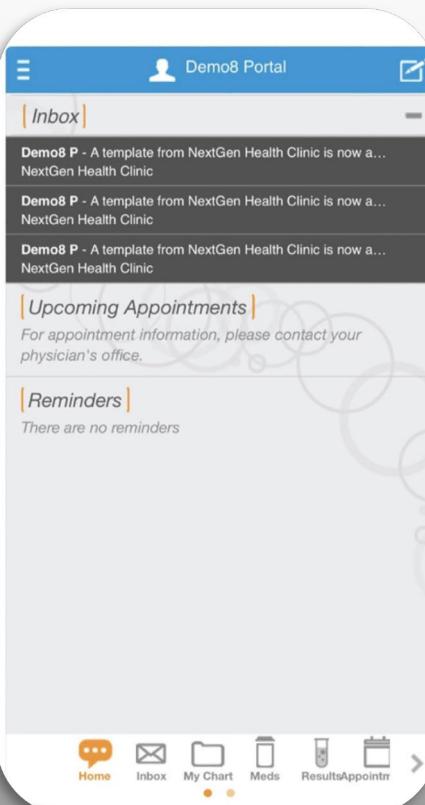
PSYCHO-SOCIAL

Strengths:

Risk Factors:

*Identifying social support

Weekly Goals:





Patient Education Curriculum

Week	Topics to discuss	Corresponding Patient Education Materials in EHR
30-32	Managing stress/Anxiety (identifying support system)	Weeks 30-32 of your pregnancy; Preeclampsia; Learning about stress; Anxiety disorder; learning about anxiety disorder





Identified Program Strengths - Emphasis on psychosocial factors, especially mental health, that are often overlooked (due to time constraints) in clinical visits.

I think it's going to be important [TERM]. Because I feel like **we don't necessarily always do a great job in our medical office visits to note... stressors** and things that people have in their life.... **access to food and history of depression**, and those things may [not get asked].

...the truth of the matter is a lot of these patients... They need a support system. So I see that as a potential big strength of this...



Identified Program Strengths - Team based care/care coordination which includes the mom and her social support network.

...there's probably a lot of duplication [of efforts]... instead of coordinating... [for example] patients that are getting home visits, I don't know that it's happening... So if there's things they're seeing [at the home visits] that would be good for me to know about... I could try and help my own.





Identified Program Needs - Emphasis on social and instructional support and patient being listened to.

Because I don't have any family here in Tuscaloosa, so it's like **who do I call?** You know, I have friends that have kids, but everybody doesn't understand, and everybody's not professionally trained to give you advice either. So I think that would be very beneficial.

I had a little conversation with him [Doctor], I said 'Please, you know, I'm now doing the c-section. I need you to listen to me.' You know, I know my body, you can't tell me how I feel... when they gave it to me I felt weird all over again and I'm sitting in the c-section and I'm telling the guy, I'm saying 'Look, something ain't right, I feel funny.' And I'm looking at the machine, I was like 'No, I feel funny.' And so we checked it, my blood pressure was down to 85. You know, so when I was it was scary, it was scary. If you're standing over me and I'm having to tell you to check this and check that,





Measuring the Impact & Sustainability of the TERM Program

Level	Measurable Health Outcomes or Constructs
TERM Mother	Physical Health Outcomes (5 measures) Psycho-social (6 measures) Knowledge & Self-Efficacy (Patient-provider communication, monitoring their health, accessing services etc.) Edinburgh Depression Scale Empowerment (Autonomy in Decision Making)
TERM Program	Process Evaluation: Recruitment and participation measures (3 measures) Quality Measures for Maternal Care/Maternal Health Outcomes Breastfeeding NTSV C-section births Postpartum clinic visit ER visits Post-Birth Contraception Cost-Effectiveness Analysis





TERM Participant Demographics

Age	Employment	Marital Status	Health Insurance	Previous Pregs.	Other Children
23	Unemp.	NM	Private/Medicaid	yes	yes
26	Part time	NM	Private/Medicaid	yes	yes
27	Unemp.	NM	Medicaid	yes	yes
23	Full time	NM	Private/Medicaid	yes	yes
26	Unemp.	NM	Medicaid	yes	yes
29	Full time	NM	Medicaid	yes	yes
31	Unempl.	NM	Medicaid	yes	yes
29	Unempl.	NM	Medicaid	yes	yes
23	Full time	NM	Private	yes	no
20	Part time	NM	Private/Medicaid	yes	yes
31	Unemp.	NM	n/a	no	no
35	Part time	M	Private	yes	yes





TERM'S Preliminary Outcomes

- **It works:** *TERM was a good program for me, for my pregnancy. The information that I learned about helped me, would give me reminders, refreshing my memory. I would use it again. I can give that information to expecting moms, or moms that's trying to become mom. I would rate it a five-star program.*
- **Empowerment:** *I'm helping my niece now. She goes through so much, and more complicated things than I did. Cause when I started, **before I signed up with the group [TERM], it was hard for me to get an appointment, hard to get them [OBPs] understand what I was talking about.** With this group, it was like everything was pretty much pre-wrote down from my doctor, pre-wrote down for me. The corresponding thing through TERM made it the best.*
- **Self-Efficacy:** *I tell anybody, it's more convenient, you know what's going on with you. Everything at hand that you have to run here, run there to get... just saying going to your family doctor and they want to know what medicines you've been on or what sickness occurred while you wasn't at the office. You can pull that up right there [patient portal].*



Lessons Learned to be Implemented into TERM Pilot

- Mental health should be emphasized
- Video conferencing visits with Social Workers and Mental Health practitioners
- Providers need more training in shared decision making



Next Steps for TERM Program



Focus
Groups



Provider
Training



**TERM
Pilot**



Scale
Up

Continuous Key-Stakeholder Input



Questions



Special recognition to HRSA, ALRI, and CCHS Friends Foundation

