

Family Health Data and Practice Quality Omaha System Work Group  
March 15, 2007  
Summary Minutes

Mary Pat Raimondi, CareFacts; Junie Svenson, MDH; Julie Burns, St. Louis County; Linda Schwichtenberg, Scott County; Amy Lytton, Ramsey County; Jill Timm, Karen Monsen, Washington County; Katie Halder, Douglas County, Renae Allen, Dakota County

1. School of Nursing Research Day

This group will have 2 oral presentations and one poster presentation at the SON Research Day. It is free – community partners are encouraged to attend. See attached flyer.

2. Continued discussion of measures to use in combination with KBS ratings to show validity of outcomes

**Substance Use:**

**CAGE**

TWEAK – not copyrighted

St. Louis County uses TWEAK in WIC – it works well for them to identify referrals to their Superior Babies program

Indian Health Service Prenatal Screening

Ramsey County Paper Screening Tool

Douglas County has a prenatal assessment protocol – it includes info on TAD

Amy will share the Ramsey County self report screening tool for substance use (includes questions on tobacco, alcohol, and drug use)

Many pregnant women admit that they drank alcohol and/or used marijuana before they found out they were pregnant.

Signs and symptoms are specific and could be used to support the KBS ratings.

**Residence**

Question from Rene: How to rate the Residence problem? Do you address it at all if you haven't done the home safety check list?

(Could use “not evaluated”, but would need a pop up to say you haven't assessed this problem yet)

Could use potential.

Jill: You are there and you are a nurse, and you can make an assessment based on what you observe prior to doing a home safety check. You can reassess if your initial assessment differs from subsequent assessments.

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Julie Burns: revisiting the mental health problem discussion related to perinatal depression.

Julie shared the PDSS – Western Psychological Services – for postpartum depression  
Screening tool that was really useful  
Use first 7 questions – if it is positive, do the rest  
A PHN found it.

Whenever you get an antepartum, screen them with Edinburgh or CESD  
When they get to the third trimester, screen them again (same tools)  
At 6 weeks postpartum screen with PDSS  
At 3 months postpartum screen with PDSS  
Prefer PDSS because it gets to the postpartum depression experience.  
If positive screen, they refer clients for  
48% referral – for all antepartums  
38% referral – for all postpartums

Amy: Are you referring for all levels of depression?

Julie: She will check and get back to us.

Amy Lytton: Discovered that 2 question screen (PHQ 2) has a follow up screening tool (PHQ 9) – could be used as a screen for any client.

UCare will reimburse of PHQ 9 and other tools as well as for Edinburgh.

What's the point where you don't ask the screening questions and just call the police (severe suicide risk)? At what level do you consider it necessary to refer?

Amy will give us the link to look at PHQ 9. There are 7 more questions and they are not yes – no, they're rated 1-4.

Some research shows that people get screened but they don't get treated.

We agree that we want a good screening tool and we want good guidelines for referral. We could come to better agreement about when to screen and who to screen and who should be referred so that we would know how to compare our data on incidence.

### 3. MCH Grant Reporting

Julie Burns reported on how she gathered data for her MCH grant report for 2006

She used the document that Junie sent in December on the MCH Grant and what is covered by it.

Karen L from Dakota County showed Julie how to retrieve data using Dakota County MAT and CHI reports

Julie needs to get all the data from CareFacts (not manipulate the data elsewhere)

Mary Ellen helped her at CareFacts

Updated Race options – now a customizable menu

Age categories needed changing too.

Through using MAT Intake (any prenatal that is open)

MAT IPO report (all prenatals that deliver in the year)

CHI Intake (all children with handicaps) for last year

This year they are switching to MCH Grant Handicapped/Chronically Ill Children's Program

For children without handicaps, use MCH Grant Childhood Injury Report

Appropriate children: LBW, Prematurity, Chronic Health Conditions, Asthma, as noted on the MCH grant document distributed by Junie

Work with CF to make a Crystal Report to fill out the MCH grant report for all MN agencies so nobody has to count anything

Julie ran these reports for 2006, put them into Excel, and counted them in Excel.

Amy: It would be helpful if CF could be more customizable by the end user.

Master Statistical Report in CF can give details on how many visits in a year

So can Activity Log reports

For checking activity data integrity, Julie has each person print their weekly activity log, and Julie reviews each one. She looks to make sure expense codes match with payers.

Looks at client numbers to make sure they're working in the correct areas, using the correct codes.