



Abstract

In 2020, the Minnesota Department of Health explored evidence-based ways to improve health outcomes for birthing people.

The Interventions to Minimize Preterm and Low birth weight Infants using Continuous Quality Improvement Techniques (IMPLICIT) model issues a brief screening at well-child visits (WCV) during the interconception period to identify four risk factors:

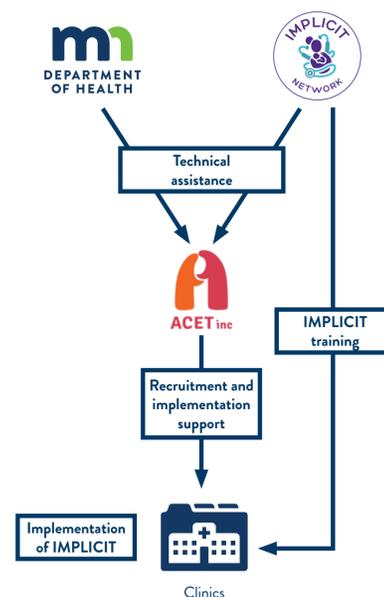
- Smoking
- Depression
- Family planning
- Multivitamin use

Findings show the model is feasible in Minnesota, increases risk factor screenings, and underscores the need for strong partnerships.

Methods

ACET, Inc. was tasked with the recruitment, contracting, and onboarding of clinics for 18-month cohorts. Over the grant period, three cohorts were recruited. Each participating clinic received a stipend to be used at the discretion of the clinic for any costs associated with implementation.

All participating clinics receive ongoing technical assistance from ACET, Inc., Minnesota Department of Health (MDH), and the IMPLICIT Network. For data collection, all clinics record screening and intervention data in a standardized database housed by the IMPLICIT Network.



From Nov. 2020 to Dec. 2024...

IMPLICIT sites documented 1,069 dyads* across 2,889 WCVs.

The average rate of screening for any risk factor was 99.8%.

Birthing parent was present at 97.9% of WCVs.

59% of birthing parents screened positive for at least one risk factor.

97.6% of birthing parents were screened for all four risk factors.

73.9% of parents who had a positive risk received an intervention.

*birthing parent and baby are documented as one unit or dyad.

Limitations

There were several limitations associated with implementing IMPLICIT in MN clinics:

- Using electronic health record systems for dyads*.
- Getting new intervention materials.
- Recruiting clinics that serve birthing parents to apply.

These are ongoing barriers to implementation that clinics are addressing.

Conclusions

The IMPLICIT model is feasible in Minnesota and resulted in the original intent of the project: providing screening and intervention to birthing parents at WCVs. Ultimately, the flexibility of the IMPLICIT model lends itself to successful implementation, as clinics can adjust the program as needed. Partnerships between ACET, Inc., IMPLICIT Network, MDH, and each clinic were instrumental in the success of this program.

Background

2020

- A grant agreement was executed between MDH and ACET, Inc.
- Recruitment of clinics began.

2021

- Start of cohort one (2 clinics)

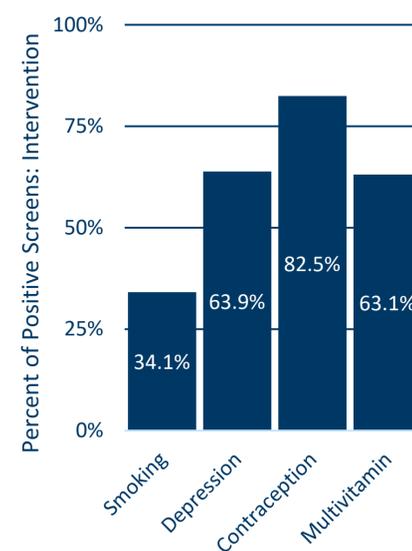
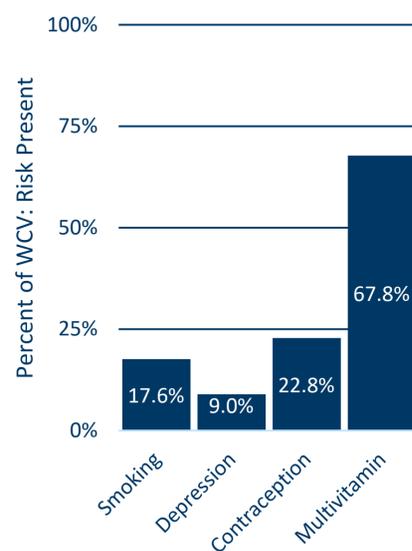
2022

- Start of cohort two (1 clinic).
- Incentive payment increased

2023

- Start of cohort three (3 clinics)

Results



Birthing parent demographic	Medical assistance (Medicaid)	Non-white race	Hispanic	Education < HS	Age (years) < 15	Age (years) 15 - 19	Age (years) 20 - 24	Patient at the clinic
N (%)	695 (68%)	674 (65%)	552 (53%)	291 (31%)	2 (0.2%)	82 (7.9%)	209 (20%)	914 (88%)
Range across sites %	47 - 100	26 - 95	4.5 - 93	0 - 46	0 - 2	0 - 42	3 - 103	27 - 100

References

1. Ian M. Bennett et al., "The Journal of the American Board of Family Medicine," July 2009, Vol. 22, No. 4, pp. 380-386. DOI: 10.3122/jabfm.2009.04.090111.

Acknowledgements

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