

MOMs In Control of Diabetes

Promoting Equity in Maternal Health and Diabetes Outcomes Through Team-Based Care

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Disclosures

- We have no conflicts or disclosures

Objectives

PRISMA

Understand	Understand the benefit of implementing a multidisciplinary care model for the management of diabetes in pregnancy
Summarize	Summarize the MOMs patients served to date
Discuss	Discuss lessons learned through providing collaborative, team-based care across health care systems in SC

Support for MOMs

PRISMA



South Carolina
FOUNDATION

The BlueCross BlueShield of South Carolina
Foundation is an independent licensee of
the Blue Cross Blue Shield Association.



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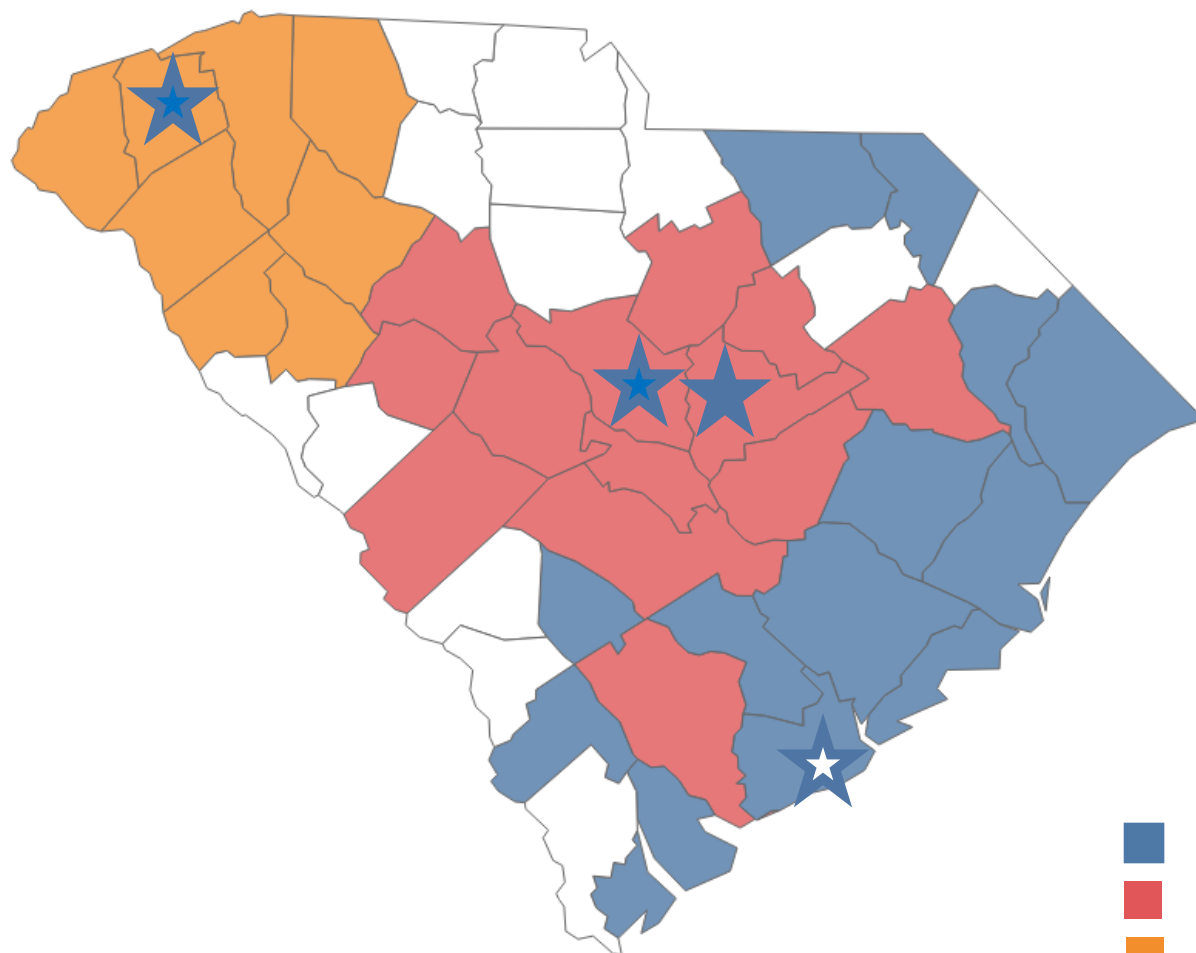


MOMs - Management of Maternal Diabetes
The MOMs programs, located in Midlands, Upstate, and Lowcountry provide a team-based collaborative clinic model for pregnant women with diabetes including Type 1, Type 2 & Gestational.



In our 5th year, we continue to refine a replicable multi-disciplinary clinic model, evaluate our outcomes & build toward a continuum of care from preconception to postpartum and throughout the childbearing years.

Management of Maternal Diabetes



PRISMA
HEALTHSM

MUSC
Medical University
of South Carolina



MUSC Multidisciplinary Program
(est. November 2019; Supported in
part by DFSC)



DFSC Supported Multidisciplinary
Program (Prisma Upstate, Prisma
Midlands)

-  MUSC
-  Prisma Midlands
-  Prisma Upstate

MOMs Collaboration

Funding



Midlands & Upstate Partners

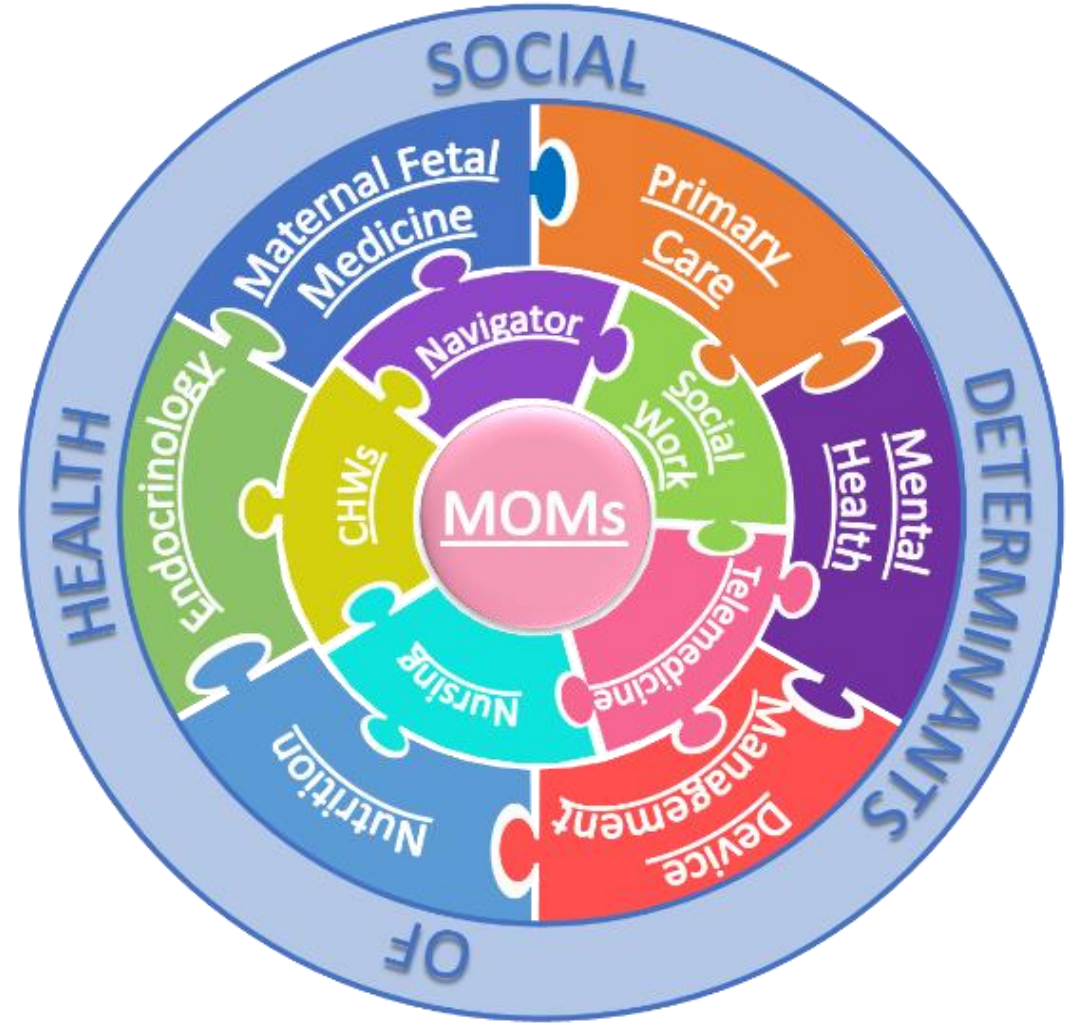


Lowcountry Partners



MOMs (Management of Maternal) Diabetes Program

Integrating medical care, technology and
compassion for expectant moms with diabetes



diabetes *free* sc

MOMs Program Aims

At the system-level, we aim to

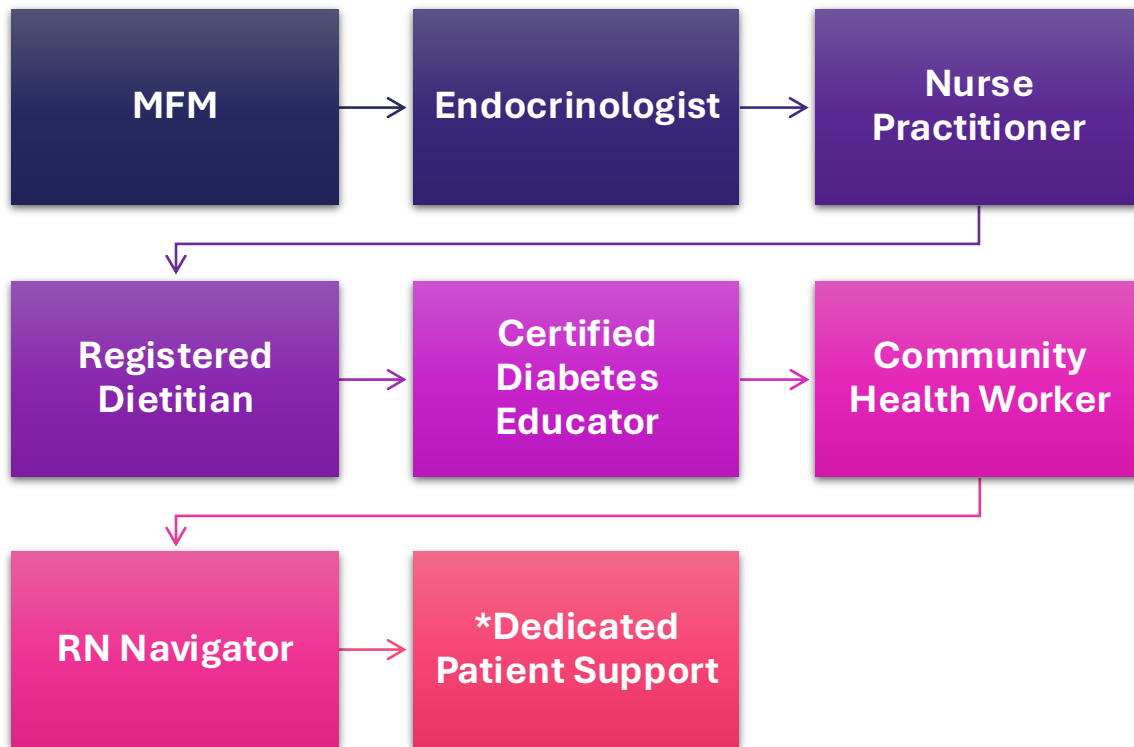
1. Provide access to quality diabetes care provided by multi-disciplinary team
2. Improve glycemic control
3. Decrease maternal & fetal complications
4. Reduce triage/ER visits
5. Expand telehealth including remote patient monitoring
6. Address SDOH for a resource-poor population

At the patient-level, we aim to

7. Improve diabetes knowledge & lifelong diabetes self-management skills
8. Increase access to diabetes medication and supplies
9. Adopt use of diabetes technology – equipment & training: continuous glucose monitors/CGMs, insulin pumps, sensors

Key Components of Care: Scalability

Access to multidisciplinary team



*Patient Support Specialists and Medical Assistants

Screenings & Services

- SDOH
- Mental Health
- Retinal exam
- Continuous Glucose Monitoring
 - Personal & Clinic-provided
- Telehealth/Virtual Monitoring
- Insulin Pump Training & Adjustment
- Foodshare SC produce boxes

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Midlands: Original Model

Berry Campbell, MD:
Maternal Fetal Medicine

Sumter

- Usah Lilavivat, Endocrinology
- Makala Smith, RDN, BC-ADM
- Julia Kimsey, RN Navigator
- Vanessa Bradford, PSR
- Dorothy Mclean, CHW
- Ruby Penaloza, MA

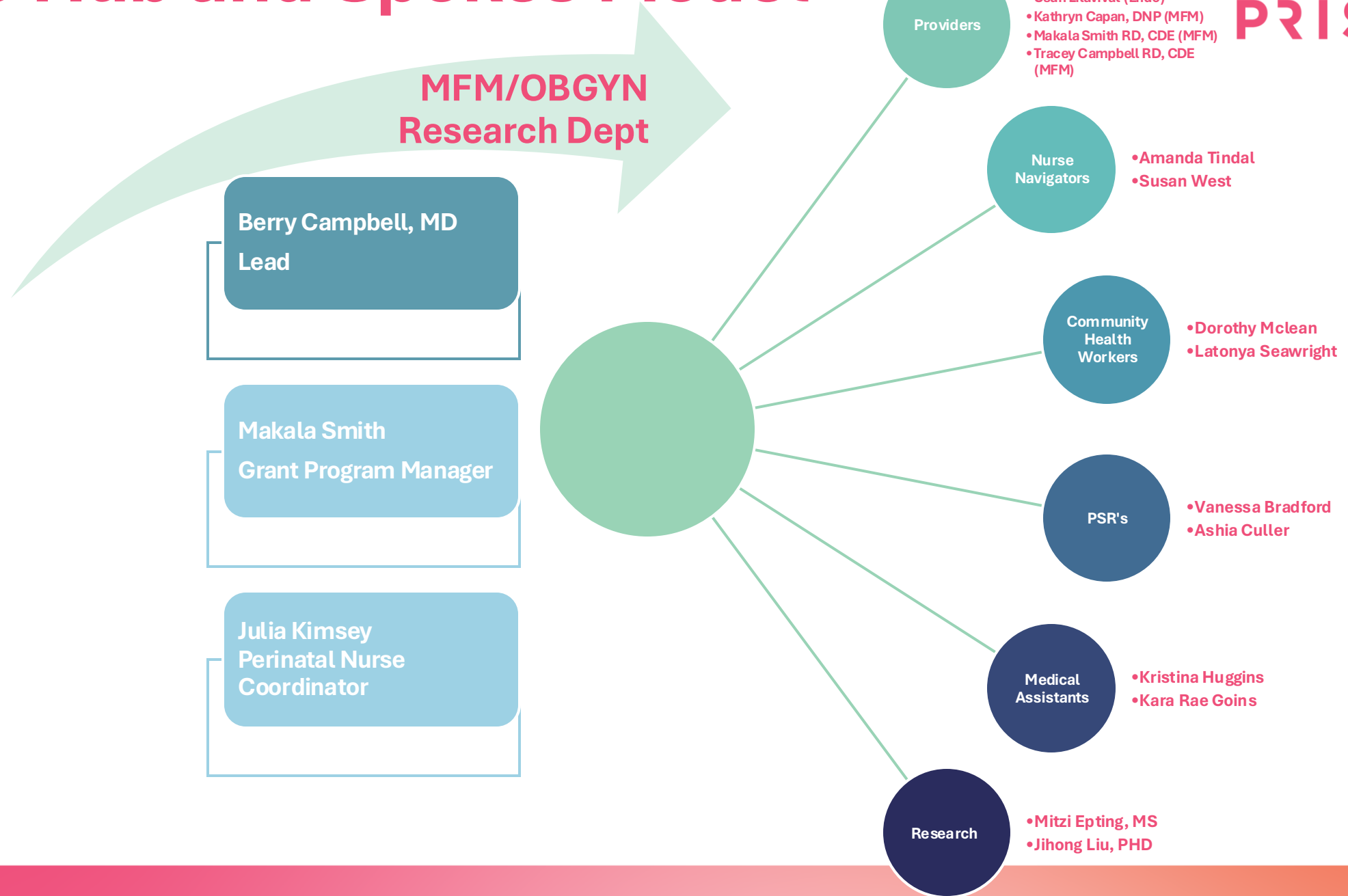
Columbia

- Kathryn Capan, APRN
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- Susan West, RN Navigator

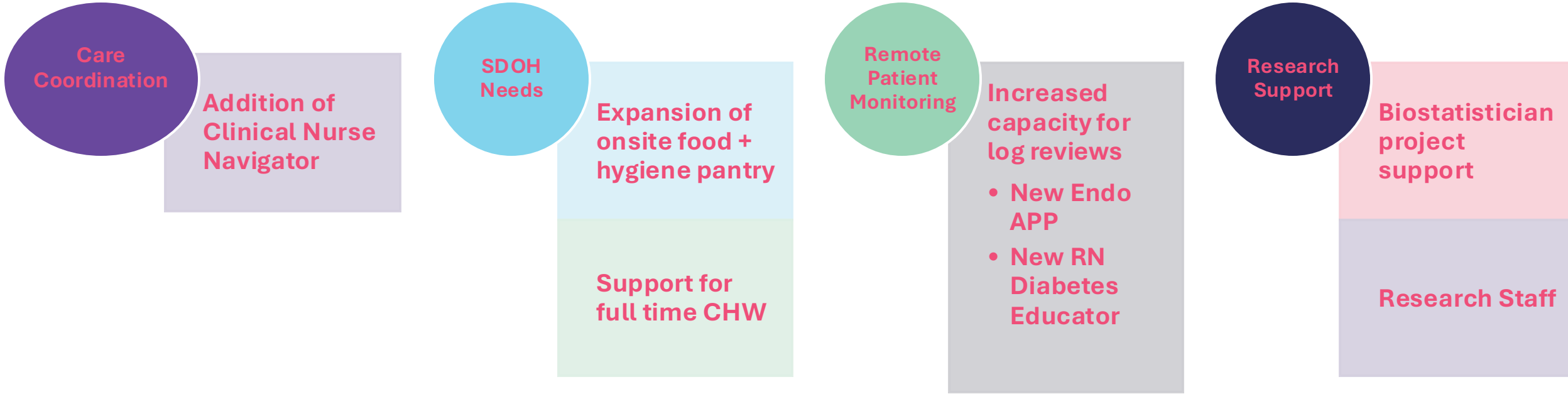
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Shift to Hub and Spokes Model

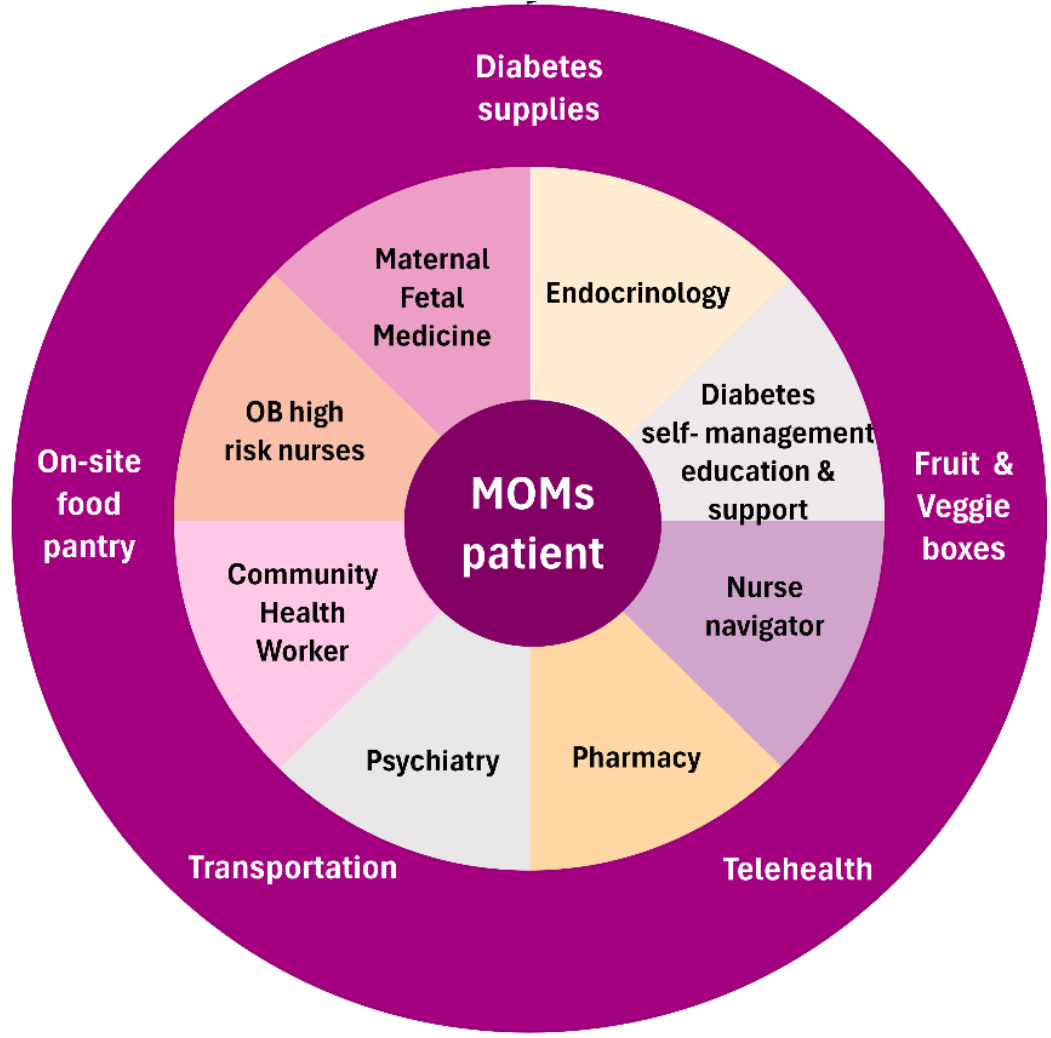
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Upstate: Key Adaptations Funding Cycle 2 PRISMA



Upstate: Key Adaptations Funding Cycle 2 PRISMA



MOMs by the Numbers

DEMOGRAPHICS, 2020-2023

Total
N=1,592

DIABETES TYPE

Type 1	221	13.9%
Type 2	480	30.2%
A1GDM (diet)	240	15.1%
A2GDM (medication)	651	40.9%

INSURANCE

Medicaid	792	49.7%
Private	521	32.7%
Uninsured	263	16.5%
Other	16	1.0%

RACE

White	759	47.7%
Black	439	27.6%
Hispanic	304	19.1%
Other	90	5.7%

PREFERRED LANGUAGE

English	1219	76.6%
Spanish	247	15.5%
Other/unknown	126	8%

14,252
DM education
encounters

505
Transportation
assistance

4,320
CGMs

202
Avg weekly log
reviews/week

3,200
Mental health
screenings

482
Postpartum
patients enrolled
in WHI programs

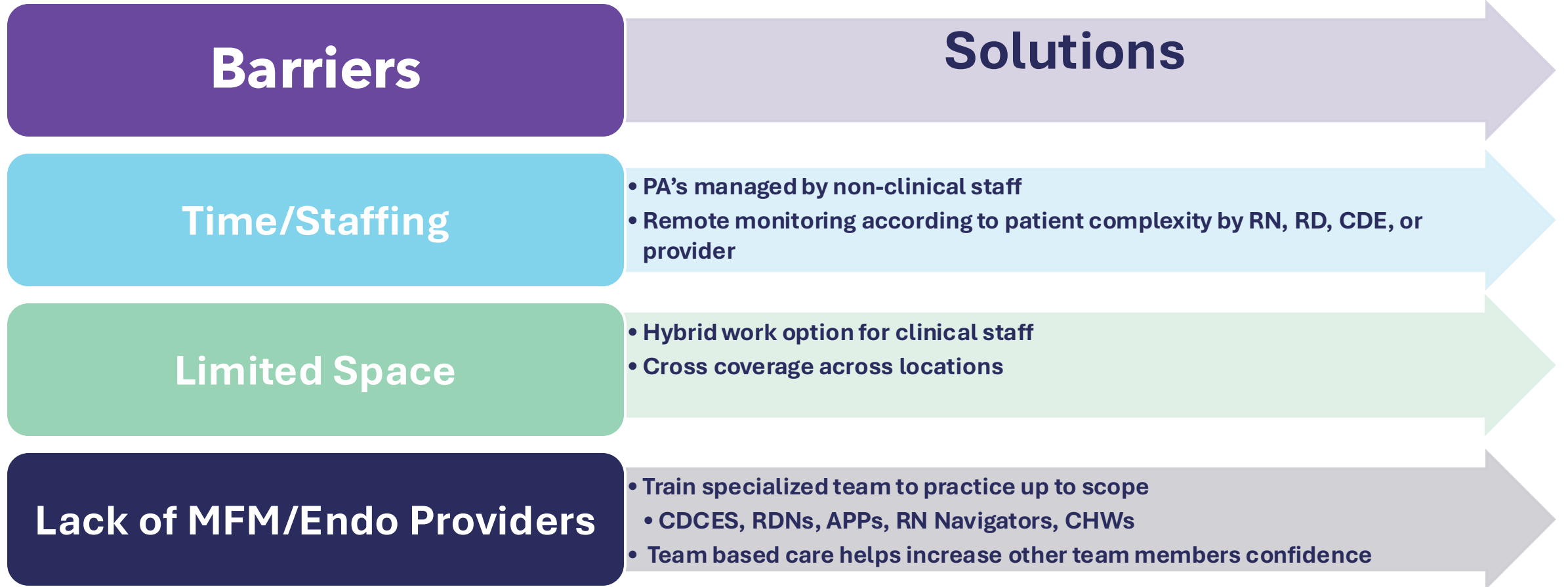
3,299
Foodshare Boxes

997
Hygiene/Food
bags

382
Retinal
screenings

23
Sight Saves

Path to full implementation and sustainability: Lessons Learned



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