

CADENCE System Mapping to Improve Clinical, Community, and Patient-Centered Care

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BACKGROUND

- Opioid use disorder (OUD) has increased 4x in the last decade and is considered the leading cause of maternal mortality in Florida and nationwide
- Medication for OUD (MOUD) is the recommended treatment
- Patients with OUD face various challenges to prenatal care and treatment
- Inconsistent data collection and limited data integration affect coordinated care
- Single-site programs before, during, and after pregnancy improve outcomes

OBJECTIVE

The long-term goal of the Continuous and Data-driven Care (CADENCE) program is to leverage high-quality local data to improve opioid use disorder OUD outcomes during and after pregnancy, with an integrated care approach.

AIMS

- Create a data dashboard for maternal, neonatal and infant outcomes for OUD pregnancies
- Pilot and refine the CADENCE program using a data-driven approach
- Determine improvement in clinical outcomes using a data dashboard and assess program implementation
- Analyze the program cost and determine long-term cost for program maintenance



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METHODS

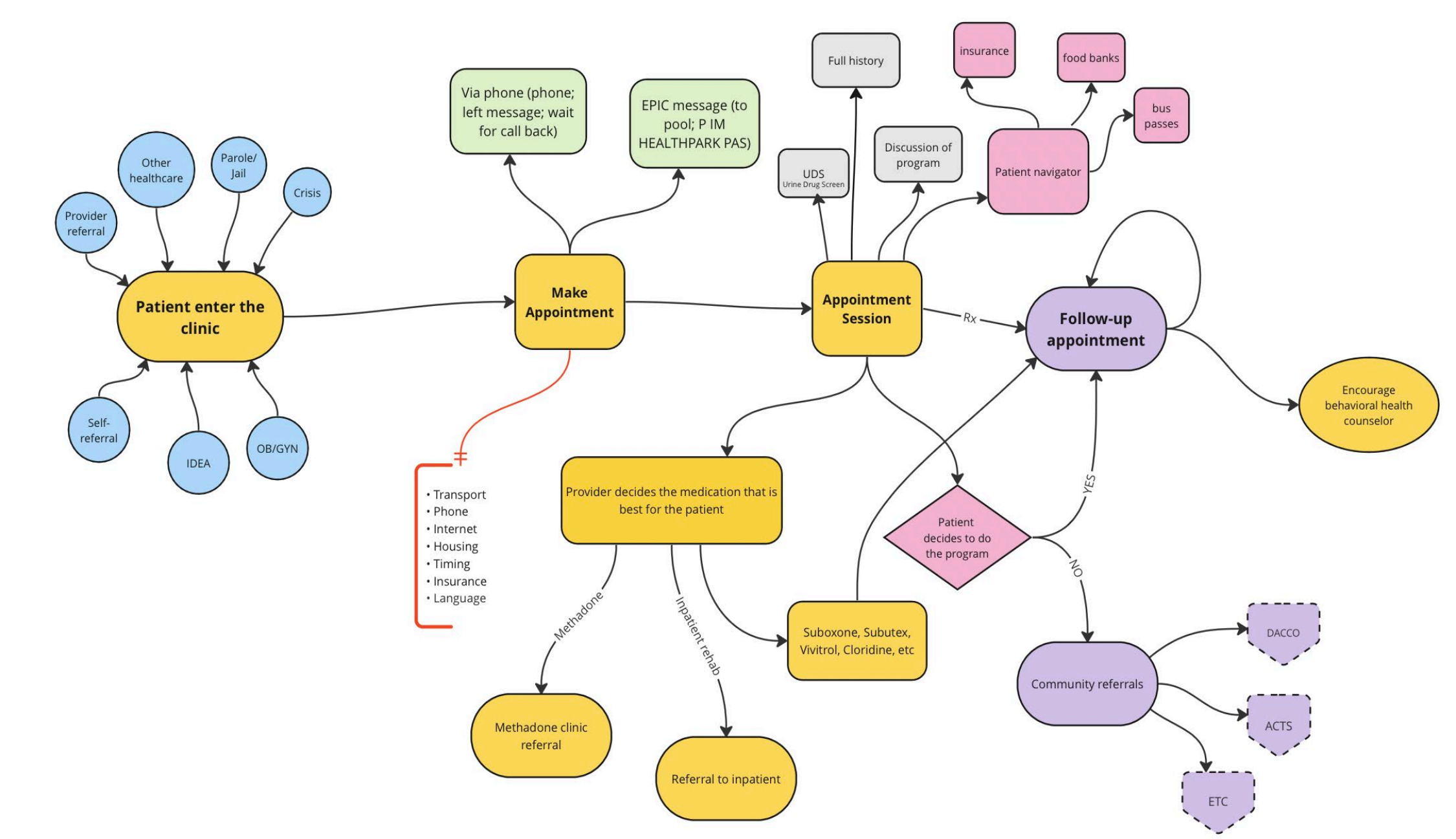
CADENCE program planning, quality improvement and evaluation techniques:

- Clinical pathway and community resource mapping
 - Partners integration to plan clinic integration steps
- Interactive process mapping using both qualitative and quantitative methods:
- Workshops/focus groups
 - Interviews
 - Participant observation
 - Data synthesis (population, program, and patient)

Illustrations were developed using Miro software



PROCESS MAPPING



PROCESS MAPPING

- Process mapping helps to understand how the current system in Hillsborough county works and the experiences of providers and patients when navigating them.
- Three clinical maps: prenatal/obstetrics (GENESIS), pediatric services (PEDI), and office-based opioid treatment (OBOT)
- Conducted through workshops and tours with clinicians, medical residents and students, researchers, and clinical/administrative staff
- Captures clinic locations, workflows, staffing, patient processes, scheduling, communication, referrals, patient connections/disconnections
- A community map was generated from local resource guides and coalition meetings to identify community partners, referral processes and pathways, and community initiatives



NEXT STEPS

- Started data collection from patient electronic medical records
- Integration of data to the maps
- Refinement of maps:
 - Clinicians and staff
 - Patient/parent advisory committee
 - Community partners
- Quality improvement cycles
- Patient Journey Mapping:
 - Documents existing or modified process flow from the patient perspective

