

Ohio's Progress in Combating Infant Mortality

2009 Infant Mortality Task Force

At then-Gov. Strickland's request, ODH established the Ohio Infant Mortality Task Force early in 2009 to (1) take a fresh look at the reasons behind Ohio's overall infant mortality rate and increasing disparities among different populations; and (2) make recommendations to reduce infant mortality and disparities. Task force membership represented a wide range of clinical and public health providers, business, government, associations, faith-based organizations and advocacy groups from across the state that bring knowledge and experience in many aspects of the challenge we face and a shared commitment to make positive changes resulting in better health for Ohio women and infants.

In late 2009, the Task Force issued a report detailing Ohio's infant mortality challenge and ongoing efforts to address that challenge. The report is available at <http://1.usa.gov/PreventingInfantMortalityinOhio>. The report contains ten recommendations, together with rationale and strategies, to reduce infant mortality and disparities. Out of these recommendations grew the Ohio Collaborative to Prevent Infant Mortality.

Ohio Collaborative to Prevent Infant Mortality

The Ohio Collaborative to Prevent Infant Mortality is a diverse group of public health officials, policy makers, health advocates, health care providers, and other stakeholders. Its mission is to prevent infant mortality and improve the health of women of childbearing age and infants throughout Ohio by promoting effective health care for all women before and during their childbearing years, employing evidence-based approaches to the reduction of infant mortality, and educating Ohioans about having and raising healthy babies.

The Collaborative formed as the successor to the Ohio Infant Mortality Task Force (see previous item). Recommendations from the Task Force's 2009 report provided the starting point for the Collaborative, which is organized into five workgroups addressing the following topics:

- **Coordinated Health Care**- This emerged as a major theme of the task force report, which recognized that complete and coordinated health care throughout a woman's and child's life is essential to prevent infant mortality.
- **Disparities and Racism**- The report identified disparities (differences) in infant mortality among different population groups and their underlying causes, including racism, as a major component of Ohio's infant mortality challenge.
- **Data/Metrics/Quality Improvement**- The task force reported that evidence-based practice and data must be used to drive decisions and actions that will effectively address infant mortality and disparities.
- **Education/Outreach**- The report described the need for public education about infant mortality and the ways to decrease it and advocated investment in culturally competent social marketing strategies to produce better birth outcomes.
- **Public Policy**- Local, regional, and statewide policies are major determinants of how Ohio brings its resources to bear in addressing infant mortality and disparities.

The Collaborative educates its members and supports a variety of efforts to address the Task Force's recommendations. An executive/steering committee guides and oversees the activities of the workgroups and represents the Collaborative to the public. The Ohio Department of Health provides support for the Collaborative and is represented on all workgroups and the executive/steering

committee. Dr. Arthur James and Lisa Holloway are the co-chairs of the OCPIM (see Press Release for details). According to Dr. James, the Press Release is meant to “Turn Up the Volume” on conversations with local communities to learn from them and to provide technical assistance regarding addressing infant mortality in their communities. The Collaborative can be contacted at OCPIM@odh.ohio.gov. The website is <http://www.odh.ohio.gov/odhPrograms/cfhs/OCTPIM/infantmortality.aspx>.

Progress Report: Healthy Mothers and Babies (February 2012): Kasich administration is taking action to improve care coordination for at-risk mothers and children & reduce number of LBW babies.

New Initiatives

Expand “Pathways” for Maternal and Child Health. Richland County achieved a 30 percent reduction in low-weight births in targeted populations by using a Community Pathways Model to improve care coordination for women in difficult-to-serve areas.¹ The model, which was developed by the Community Health Access Project in Richland County, coordinates care for women and children within targeted medical “pathways.” One pathway (pregnancy and postpartum) employs community health workers to identify pregnant women early in their pregnancies and then uses a simple, standard protocol—or checklist—to identify the barriers to a woman delivering a full-birth-weight infant. The model pays for performance by providing financial incentives that are tied to eliminating barriers to achieving normal-weight births, and eliminates duplication among health and human services agencies. The model has demonstrated success in Richland County (13 years), Toledo (four years) and Cincinnati (three years). The Kasich administration’s Office of Health Transformation is investing \$350,000 and partnering with Integrated Professionals for Appalachian Children (IPAC) and the Nationwide Children’s Hospital’s Partners for Kids (PFK) network to replicate the Community Pathways Model in southeast Ohio. The impact of this program is profound for mothers and babies, and for taxpayers. Nationally, every low-weight or preterm birth costs states between \$28,000 and \$40,000 in medical care and other related costs.² In Ohio, low-weight births represent only about 10 percent of all Medicaid births but account for over 50 percent of all Medicaid birth expenditures. The Richland County Community Pathways Model saved \$3 for every \$1 invested in the first year of the program and an additional \$6 for every \$1 invested over the next three years. For more information see: 2/2/2012 Press Release

Expand Access to Patient-Centered Medical Homes. Evidence is growing that patient-centered medical homes significantly improve health outcomes for individuals in their care, including pregnant women and babies. The Governor’s Office of Health Transformation and the Ohio Department of Health recently announced that Ohio will invest \$1 million to assist 50 primary health-care practices around the state transition to a patient-centered medical home (PCMH) model of care. For more information, see: <http://www.healthtransformation.ohio.gov/CurrentInitiatives/EncouragePatientCenteredMedicalHomes.aspx>

Encourage Research Collaboration. In July, Governor Kasich promised \$2 million to expand life-saving research at Ohio’s children’s hospitals. The administration is working with Ohio’s children’s hospitals to

develop projects that will maximize collaboration among children's hospitals and provide the greatest impact for Ohio's children and families. An announcement with additional details will be coming soon.

Leverage Additional Federal Funds for Help Me Grow. The Help Me Grow home-visiting program serves first-time pregnant women under 200 percent of poverty, children in families in which there has been a substantiated case of child abuse, and military families. These women are at very high risk to deliver low-birth-weight babies. Families in the program receive assistance with early-childhood development, beginning early in a woman's pregnancy. Ohio's state plan to the federal government was recently approved to allow federal funds to be used to provide intensive case management/care coordination to this high-risk population and ensure early and sustained access to health care. This will allow Ohio to serve an additional 1,000 children in the program. Ohio is also replicating statewide the Help Me Grow model used by Every Child Succeeds in Cincinnati, which has delivered excellent results in reducing the rate of infant mortality in targeted areas.

State Budget Action

Provide Accountable Care for Children. Governor Kasich's Jobs Budget (HB 153) invests \$87 million in start-up funding and encourages children's hospitals and networks of physicians to team up to create pediatric Accountable Care Organizations (ACOs), which will provide additional attention and care to the unique needs of 37,000 disabled children on Medicaid. Pediatric ACOs will hold the hospital and participating physicians responsible for the quality of care delivered to patients and provide a financial incentive back to the providers for delivering high-quality, efficient care. Nationwide Children's Hospital's Partners for Kids (PFK) network, the nation's largest pediatric ACO, is a successful model that the rest of Ohio may choose to follow. PFK coordinates the care for 290,000 (75,000 rural Appalachia and 215,000 urban) at-risk children across a 37-county coverage area. PFK has increased access to care for rural and urban children, improved quality and safety, implemented a wellness program to ensure that children with special health needs reach their full potential, and reduced preterm births and length of stay in neo-natal intensive care units (NICU).

Expand Medicaid Presumptive Eligibility for Pregnant Women and Children. The Jobs Budget provides temporary Medicaid coverage so that a child or pregnant woman can receive medical care while their Medicaid application is officially processed. It also recognizes new qualified entities that may establish Medicaid eligibility. By simplifying the eligibility and enrollment processes, and including additional points of access for children and pregnant women, medical attention will be provided in the early stages of life when intervention is the most successful. The results will be improved health outcomes for children and pregnant women and reduced Medicaid expenditures.

1 According to data recently reported to the Ohio Department of Health.

2 Partnership for America's Economic Success, "Delivering Healthier Babies and Returns" (December 2009).

STRONG START FOR MOTHERS AND NEWBORNS Funding Opportunity (The Centers for Medicare & Medicaid Services, Center for Medicare and Medicaid Innovation): 4 year award. Start: Sept.2012

This funding opportunity will award, through a competitive bid process, cooperative agreements for States, providers, managed care organizations and conveners to test the impact of providing enhanced prenatal care interventions for women with Medicaid coverage who are at high risk for having a preterm birth. The initiative will test 3 distinct approaches to providing enhanced prenatal care delivery in approximately 90,000 pregnancies (30,000 women in each of the three approved options for enhanced prenatal care).

- 1. Enhanced Prenatal Care through Centering/Group Care** – Group prenatal care that incorporates peer-to-peer support in facilitated, face-to-face sessions for three components: health assessment, education, and support occurring within approximately 10 prenatal sessions. This approach focuses on building peer-support relationships.
- 2. Enhanced Prenatal Care at Birth Centers** – Comprehensive prenatal care facilitated by midwives and teams of health professionals including peer counselors and doulas. Services include collaborative practice, intensive case management, counseling and psychosocial support services in addition to traditional prenatal care. This approach focuses on building relationships between caregivers and patients
- 3. Enhanced Prenatal Care at Maternity Care Homes** – Enhanced prenatal care including psychosocial support, education, and health promotion in addition to traditional prenatal care. In this approach, services are delivered in practices described as maternity care homes.

The goal is to determine whether these new approaches to care can increase the gestational age of neonates sufficiently to decrease the anticipated total cost of medical care over the first year of life for children born to high risk mothers. To date, most efforts to address preterm births have focused on clinical interventions delivered in the traditional care delivery sites, in many cases initiated after labor began.

There is a growing body of research which suggests interventions that address behavioral and socio-economic dimensions of women's lives may successfully prevent some preterm births. This initiative will focus specifically on the impact of non-medical prenatal interventions that, when provided – *in addition to routine obstetrical medical care* – are believed to reduce rates of preterm births for these women.

Each of the options outlined in this funding opportunity are designed to provide a specific combination of non-medical prenatal interventions that have been found to reduce rates of preterm births for women particularly at risk for having a preterm births. These promising approaches are currently being implemented in various forms across the country but are not typically paid for through current reimbursement systems.

Ohio Medicaid will take the lead in submitting an application (due June) for the state. The Ohio Collaborative to Prevent Infant Mortality (OCPIM) and the Ohio Perinatal Quality Collaborative (OPQC) will take lead roles in Strong Start. Infant Mortality Collaborative provider members positioned to either enhance/expand Centering Programs or enhance/establish Maternity Care Homes will work with these partners to implement the Strong Start Program. OPQC performs data collection and quality improvement for ongoing prenatal initiatives in the state and will continue that role in Strong Start. Medicaid, ODH, OPQC, and the Infant Mortality Collaborative will establish a process to determine provider eligibility for participation.

Ohio Perinatal Quality Collaborative

Ohio Perinatal Quality Collaborative (OPQC) is a network of Ohio perinatal clinicians, hospitals, state agencies (Ohio Department of Health, Ohio Medicaid), and policy makers founded in 2007. The mission of OPQC is: “through collaborative use of improvement science methods, reduce preterm births and improve outcomes of preterm newborns in Ohio as quickly as possible.” OPQC improvement efforts target the population of all Ohio pregnancies and all families with women of childbearing age.

The first OPQC NICU project aimed to reduce hospital-associated infections (HAI) among preterm infants. Among Ohio’s 24 participating NICUs, infections have been reduced by 20% from 18% to 14%. Insertion and maintenance bundle development and use at sites contributed to this reduction.

The first OPQC OB project aimed to reduce unnecessary, planned, late preterm and near term deliveries at 36 to 38 weeks gestational age. Since initiating this OPQC project, more than 18,000 births have moved from occurring prior to the due date to full term (39 to 41 weeks). Approximately 500 NICU admissions and some infant deaths have been avoided. Compared to the baseline period before this project, this work, by 20 large Ohio maternity hospitals and their staffs represents a major, positive transformation of obstetrical care in Ohio and at least approximately \$10 million in annual Ohio health care cost savings.

Next steps for OPQC include:

- disseminating successful practices from scheduled delivery project to the additional 96 hospitals across the state;
- implementing the next OB improvement project: to ensure that all pregnant women at risk receive appropriate Antenatal Corticosteroids;
- continuing efforts to decrease rate of bloodstream infections by 1) increasing the reliability of catheter care maintenance bundle use ; and 2) implementing a bundle to improve the rate and volume of human milk feeding in premature infants; and
- improving birth certificate data entry quality and use of vital stats as population health outcome measure

Progesterone Project

- 34.3% of infant deaths are ultimately due to preterm birth.
- 95% of infant deaths occurred in infants born before 32 weeks and below 1,500 grams birth weight.
- Women at risk of preterm birth from previous preterm birth or short cervix can be identified early in their pregnancies with a variety of screening technics.
- Once identified, treating these women with 17P, a form of progesterone, can significantly extend the weeks of their pregnancy, resulting in larger, better-developed babies with a greater chance of survival.
- Partners in the Ohio Collaborative to Prevent Infant Mortality are developing a statewide project to implement this screening and treatment approach to improved birth outcomes.
- For more information, contact Jay Iams, MD at the OSU Medical Center: Jay.Iams@OSUMC.edu or phone 614-293-8736.

Sleep-related Deaths and Sudden Unexplained Infant Death (SUID)

- Fifteen percent of all infant deaths are sleep-related.
- Of the deaths between 29 days and 1 year of age, 42 percent were sleep-related.
- After the first month, sleep-related death is the biggest threat to a baby's life the rest of the first year.
- More than three Ohio infant deaths each week are sleep-related.

The Ohio Injury Prevention Partnership/Child Injury Action Group has identified infant sleep-related deaths as a priority issue. An action plan has been developed that includes:

- Creating a statewide subcommittee;
- Collaborating with other organizations to conduct a statewide safe sleep campaign;
- Promoting legislative mandates for safe sleep policies and parent education policies in birthing hospitals;
- Partnering with at least one retailer to promote safe sleep to customers; and
- Ensuring that prenatal care providers and pediatric health care providers are promoting and distributing safe sleep messages.

The subcommittee includes professionals from many state agencies and local health department as well as parent representatives. The group is currently working with the Ohio chapter of the American Academy of Pediatrics on plans for a social marketing campaign.

Preconception Care

Complete and coordinate healthcare throughout a woman and a child's life is essential to prevent infant mortality. To maximize the chances for a good birth outcome, women need to be healthy before they become pregnant. This includes stopping smoking; achieving the proper weight and good nutrition, including taking folic acid; and working with a doctor to address other concerns such as diabetes, high blood pressure, sexually transmitted infections, and any other health problem. A healthy pregnancy starts with a healthy woman. For more information, visit this CDC site:

<http://www.cdc.gov/ncbddd/preconception/default.htm>.

Medicaid Family Planning Expansion

A healthy pregnancy is a planned pregnancy and one that is not too close to a previous one. Ohio Medicaid's recent expansion of eligibility for family planning services for men and women up to 200% of enables a whole new group of Ohioans to gain access to family planning services that will help them plan pregnancies, which will result in healthier babies. To apply for Medicaid family planning services, apply online at <http://jfs.ohio.gov/OHP/consumers/Application.stm> or contact your local county department of job and family services: http://jfs.ohio.gov/County/County_Directory.pdf.