SOUTHEAST MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION (SEM PQIC)

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Create a coordinated, equitable and sustainable network for perinatal care based on best practices and evidence-based strategies that will result in improved birth outcomes for all babies born in Southeast Michigan and narrow the disparity between back and white births, including maternal, perinatal and infant outcomes, including infant mortality.
LONG TERM OBJECTIVES

• Strengthen a Southeast Michigan (SEM) community-based perinatal system of care

• Create a coordinated network for the delivery of evidence-based home visiting services and other supports for mothers and babies

• Establish operating policies, procedures and agreements

• Create a data repository of data elements related to health outcomes for mothers and babies
MICHIGAN INFANT MORTALITY REDUCTION PLAN 2016-2019

1. Achieve Health Equity
2. Implement a Perinatal Care System
3. Reduce premature birth and low birth weight
4. Increase healthy and thriving infants
5. Reduce sleep related infant deaths and disparities
6. Expand home visiting
7. Support health status of women and girls
8. Reduce unintended pregnancy
9. Promote behavioral health
Prosperity Region 10

3 counties: Wayne, Oakland, Macomb

4 local health departments: City of Detroit; Wayne, Oakland and Macomb Counties

24 Birthing Hospitals, including the University of Michigan
KEY DEMOGRAPHICS

• Demographics of Prosperity Region 10
  (Wayne, Oakland and Macomb Counties)
  - 46,537 births in 2015 41% of Michigan’s births
  - 14,616 Black births 68% of Michigan’s Black births
  - 24 Birthing hospitals serve Region 10
  - Wayne County has the lowest household income - 34% making less than $25,000, while Oakland County has the highest household income-40% making at least $75,000
  - Wayne County has the highest percentage of Black residents, Macomb County has the highest percentage of White residents, and Oakland County has the highest percentage of Asian/Pacific Islander residents
KEY DEMOGRAPHICS

• Zip codes with the highest rates of infant mortality include parts of Dearborn, Detroit, Hazel Park, Highland Park, and Pontiac. Infant mortality rates in these areas ranged from 11.8 to 16.1 infant deaths per 1,000 live births.

• Percentages of children living in poverty in Wayne County are greater than rates for the State of Michigan (34.8% vs. 23.5%). Conversely, Oakland and Macomb counties’ child poverty rates are less than Michigan’s (13.4% and 17.2%).
INFANT MORTALITY

Infant Mortality Rate per 1000 Live Births by maternal residence, Prosperity Region 10, 2009-2013
COMMUNITY NEEDS ASSESSMENT PRIORITIES

Summary of Community Health Needs Assessment Priority Areas for Region 10 Hospitals

- Asthma
- Diabetes
- Obesity
- Drug Related
- Infant Mortality
- Access to Care
- Transportation
- Suicide
- Mental Health/SA/BH
- Heart Disease/CVD
- Racial/Ethnic Disparities
MEMBERSHIP

• Blue Cross Complete
• Henry Ford Health System
• Greater Detroit Area Health Council
• MSU Institute for Health Policy
• MI Department of Health and Human Services
• MI Council for Maternal and Child Health
• Black Mothers Breastfeeding Association
• Blue Cross and Blue Shield of Michigan
• Michigan Health and Hospital Association
• Detroit Wayne County Mental Health Authority
• Macomb County Health Department
• Meridian Health Plan
• Arbor Health Plan
• Detroit Medical Center
• Wayne State University
• Great Start Collaborative-Wayne
• Detroit Health Department
• Focus Hope
• March of Dimes
• Beaumont Health System
• Wayne CHAP
• Detroit Community Health Connection
• St. John Health System
• McLaren Health Plan
• WIC
• New Center Community Health
2016 ACCOMPLISHMENTS

- Convene Coalition representatives for Region 10 Perinatal Stakeholders, including birthing hospitals.
- Held 5 meetings where information on relevant data and materials on perinatal best practices was shared.
- Created a Data Reference Document.
- Developed and completed in-person interview process of 22 of 24 birthing hospitals in Region 10.
- Partnered with CDC to develop Region 10 LOCATe Tool – levels of care. The tool was shared electronically and completed by the birthing hospitals.
- Completed year one report including framework for recommendations and a draft list of preliminary recommendations with input from the Coalition.
- Completed a Gap Analysis including a summary of existing quality improvement efforts already underway in Region 10.
PERINATAL DATA REFERENCE DOCUMENT

• A compilation of publications, vital records data and presentations specific to Michigan Prosperity Region 10

• Serves as a resource and easy access to important data as a foundation to identify and analyze strengths and weaknesses and gaps in the perinatal system

• Drawn from existing, current publications and presentations

• Includes Region 10 hospital Community Health Needs Assessments
CDC LEVELS OF CARE ASSESSMENT TOOL-LOCAT

• Worked with the CDC to tailor the LOCATE survey to Region 10

• LOCATE was developed by the CDC to help health systems and state departments access the level of care provided by birth hospitals

• Disseminated electronically to 24 birthing hospitals, completed by 22

• CDC will aggregate and produce the analysis
IN PERSON HOSPITAL INTERVIEWS

• Survey tool for “in person” interviews was developed
• Questions considered knowledge of state recommendations, environment, levels of care, social determinants of health, mental health and substance abuse
• Provided a “qualitative” assessment of birthing hospitals
HOSPITAL INTERVIEWS-KEY RESULTS

• Only 50% of hospitals were aware of the perinatal system of care recommendations

• Challenges with implementation of the recommendation was administration alignment of resources

• Baby Friendly
  - 32% Hospitals were Baby Friendly
  - 23% Hospitals on Baby Friendly Journey
  - 45% of the Hospitals indicate that they were not interested in becoming Baby Friendly
HOSPITAL INTERVIEWS - KEY RESULTS

• Quality Initiatives
  - All hospitals reported some level of participation in quality improvement activities. Keystone and VON participation frequently noted

• Areas noted by at least two or more hospitals include:
  - Breastfeeding, no induction prior to 36 weeks, post-partum hemorrhage, thrombosis, bronchial dysplasia, hypertension and shoulder dystocia
HOSPITAL INTERVIEWS

• Lactation Follow-up
  - All hospitals reported access to lactation consultant. Two hospitals used external resources, while remainder had internal resources seven days’ week
  - External resources noted were WIC and Breast Feeding Network
  - Community resources included breast feeding peer groups

• Community Resources for Home Assessment
  - Referral for home assessment is uncommon. Social workers usually initiated request to local health departments or home health agencies or MIHP
HOSPITAL INTERVIEWS

• Social Disparities
  – Commonly identified social disparities included:
    • Transportation
    • Fair number of NAS babies
    • Low income
    • Education level
    • Housing (homeless)
    • Lack of family support
    • Lack of trust as a barrier; patients uncomfortable to share, fear of social worker removing their babies from the home.
HOSPITAL INTERVIEWS

• Mental Health
  - Prominent areas noted were:
    • Post-partum depression screening generally noted as being assessed on all admissions
    • Mental health issues referred to social worker
    • Minimal community referral resources identified
    • Lack of continuity with Medicaid coverage
GAP ANALYSIS

• The Gap Analysis focused on identification of gaps between the current status and the criteria of a perinatal system of care, consistent with the State of Michigan recommendations and perinatal guidelines.

• Perinatal System of Care continuum spans preconception to one year post birth within the life course context.
GAP ANALYSIS REVIEW

- **Data Reference Document** (a compilation of publications, vital record data and presentations specific to Michigan Prosperity region 10)

- **LOCATe Tool** (perinatal level of care assessment tool, published by the Center for Diseases)

- **Birthing Hospitals Interview** (interview schedule of questions were developed for a qualitative view from birthing hospitals)

- **Community Health Needs Assessment** (Hospital published community health needs assessment)

- **Coalition Recommendations from Year One**
2017 PLANS AND NEXT STEPS

- Partner with GDAHC as the “objective backbone agency” and to assure sustainability
- Prioritize Strategies
- Determine short, moderate and long-term strategies
- Select one to two areas of immediate action
- Creating the infrastructure- agreements, policies and procedures
- Formalizing communication processes through GDAHC
CRITERIA FOR PRIORITIZING SEM
PQIC 2017 STRATEGIES

- Will impact “gaps, as identified in the Gap Analysis
- Value added by collective action
- Can be measured in terms of process/impacts/outcomes
- Evidence-Based and data driven
- Does not duplicate an existing effort
- Supports an existing effort in a meaningful way to assure results
- Consider what type of resources are required, new or existing resources
- Addresses one or more recommendations from the MDHHS IM 2017 Plan or Perinatal recommendations
- Addresses SDOH or improves equity of access to care, or quality of care
- Sustainability potential
- Supports system change –
  - Policy, regulation, legislation
LESSONS LEARNED