Recommendations, Michigan FIMR Network (Fetal Infant Mortality Review)

Prepared by FIMR Recommendation Work Group (Cathy Kothari, Sandra King, Audra Brummel, Mary Kops, Mildred Johnson) 
Approved by MI FIMR Network June 7, 2018  
Reviewed with feedback by MDHHS June 27, 2018
Goals of Fatality Prevention Committees

(Common across levels:)

- Surveillance of mortality rates, including demographic variations
- Identify socio-ecological context and cause(s) of death
- Develop strategies to prevent new deaths

- Local committees are foundational:
  - Collect the data
  - Analyze the data
  - Produce the recommendations

- State committees support the local teams, assess geographic variation and control resource distribution to reduce hot spots of infant mortality

- National committees support the state teams, assess geographic variation and control resource distribution to reduce hot spots of infant mortality

BACKGROUND
# Evolution of FIMR as a Public Health Strategy

<table>
<thead>
<tr>
<th>Decade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980s</td>
<td>Infant Mortality Reviews emerged at national level as promising method at local level to identify infant mortality contributors and motivate action</td>
</tr>
<tr>
<td>1990s</td>
<td>National Fetal &amp; Infant Mortality Review program established to enhance capacity of local FIMRs (American College of Obstetricians &amp; Gynecologists, Maternal Child Health Bureau partners)</td>
</tr>
<tr>
<td>2000s</td>
<td>Integrating FIMR into state systems &amp; other maternal-child health surveillance</td>
</tr>
<tr>
<td></td>
<td>• Vital Statistics</td>
</tr>
<tr>
<td></td>
<td>• PRAMS (Pregnancy Risk Assessment Monitoring System)</td>
</tr>
<tr>
<td></td>
<td>• PPOR (Perinatal Periods of Risk)</td>
</tr>
<tr>
<td></td>
<td>• BRFSS (Behavioral Risk Factor Surveillance System)</td>
</tr>
<tr>
<td></td>
<td>• Maternal Mortality Surveillance</td>
</tr>
<tr>
<td>2010s</td>
<td>Building state, regional and national networks. Focus upon disparities.</td>
</tr>
</tbody>
</table>


Local FIMR Teams across Michigan

Michigan FIMR Teams
- Berrien County
- Calhoun County
- City of Detroit
- Ingham County
- Inter-Tribal Council of Michigan
- Jackson County
- Kalamazoo County
- Kent County
- Macomb County
- Oakland County
- Saginaw County
FIMR Fulfills Core Public Health Functions

- **ASSESSMENT**
  - Surveillance
  - Social Context & Cause(s)

- **ASSURANCE**
  - Systems’ Context & Cause(s)

- **POLICY DEVELOPMENT**
  - Inform
  - Partner
  - Develop

Role of Local and State FIMRs

The Process

Local Team: Case Selection

Teams bring records to review

Case Review

Recommendations for Systems change and Prevention; Data Entry into National CDR-CRS

Local Action for Policy, Practice, Prevention

State Advisory Board

State Action for Policy, Practice, Prevention

National Action for Policy, Practice, Prevention


ESTABLISHING A STATE LEVEL ACTION PROCESS IN MICHIGAN

- State Advisory Board
- State Action for Policy, Practice, Prevention
Michigan Infant Mortality Advisory Council (IMAC) is the most appropriate body to act as the MI FIMR state advisory board. State Officials agree.

**IMAC MISSION:** Improve infant health outcomes and eliminate disparity in infant mortality by mobilizing public and private partners to address social determinants of health, promote evidence-based practices, and improve systems of care for women of childbearing age, infants, and families.

**Who:** Michigan Infant Mortality Advisory Council (IMAC) is the most appropriate body to act as the MI FIMR state advisory board. State Officials agree.

**What:** Reporting will fall into two categories:

1) Recommendations requiring State level partnership
2) Emerging (or intractable) trends

Align Recommendations with the MI 2016-2019 Infant Mortality Reduction Plan’s 9 goals

**When:** Standing workgroup to draft recommendations biannually
Michigan FIMRs: Process Established...

- 1. Collect new / updated recommendations from all local FIMRs
- 2. Review conducted by workgroup members
- 3. Workgroup conducts a structured discussion to organize the recommendations into themes
- 4. Consult with local FIMRS re: themes identified and recommendations drafted
- 5. Consult with state FIMR coordinator / MIH administrators:
  - a. Gather additional policy content (perhaps from other state experts/departments on an issue) and relevant state-level data
  - b. Translate into policy / procedural relevant language
  - c. Help prioritize the recommendation “asks” based upon state-level resources, policy discussions, potential impact of problem / recommendation in communities across the state, including those that do not have operating FIMRS
- 6. Present to the IMAC via Powerpoint and discussion
- 7. Updates on subsequent related actions / decisions from State FIMR Coordinator & IMAC administrative team
THEMES / INITIAL RECOMMENDATIONS
Recommendations Collected

Step 1. November, 2017 – Recommendations submitted by local FIMRs to workgroup

<table>
<thead>
<tr>
<th></th>
<th>FIMR Team</th>
<th>Submitted recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Calhoun County</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>City of Detroit</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>InterTribal Council of MI</td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>Jackson County</td>
<td>✓</td>
</tr>
<tr>
<td>6</td>
<td>Kalamazoo County</td>
<td>✓</td>
</tr>
<tr>
<td>7</td>
<td>Kent County</td>
<td>✓</td>
</tr>
<tr>
<td>8</td>
<td>Oakland County</td>
<td>✓</td>
</tr>
<tr>
<td>9</td>
<td>Saginaw County</td>
<td>✓</td>
</tr>
</tbody>
</table>

Steps 2 & 3. February – June, 2018

- Cathy categorized based upon IMAC goals (see categorizing document)
- Workgroup discussed themes, priorities
- Workgroup drafted priority recommendations
Themes Identified

Unintended, unwanted pregnancies / Inadequate spacing

Late, inadequate prenatal care, especially for women of color

Late or missing referrals into maternal-infant home visitation

Unreliable transportation causes missed appointments
Recommendation - Expand Title X Planning Services

RECURRING PROBLEM:
- Unplanned, unwanted pregnancies / Inadequate spacing

RECOMMENDATIONS:

• Expand family planning services to provide affordable, effective birth control options as a way to reduce unintended pregnancies.

• Train providers for counseling and discussions on reproductive health plans for patients.

• Provide issue guidance and consistent messaging on appropriate birth spacing especially between providers.

• Endorse pending Medicaid policy to expand access to LARCs immediately postpartum.
Recommendation- Incentivize 1st Trimester PNC

RECURRING PROBLEM:
Late, inadequate prenatal care, especially for women of color

RECOMMENDATION(S):
• Reimburse “dating” ultrasound at first prenatal visit, including provider training on appropriate ultrasound billing
• Automate screening for Social Determinants of Health barriers and referral, contact information for resources (housing, transportation, childcare, employment, etc)
• Automate linkage to CHW-navigator and home visitation to facilitate access to community resources
• Automate referrals from early-identification sites (WIC, ED, pharmacies to obstetric clinics / CHW-navigator / home visitation, DHHS)
Recommendation- Automate HV Referrals

RECURRING PROBLEM:

• Lack of referrals for access to prenatal care and MIHP services.

RECOMMENDATIONS:

• When mom applies for Medicaid through the MDHHS system have and automatic enroll recommendation to the MIHP clinic.
• Bring MIHP more to the forefront of the new MIBridges referral system
REFERRAL PROCESS
www.michigan.gov/mibridges
ONCE MOM APPLIES:
Have an automatic enrollment process to the MIHP/NFP program

• Mom will get information on how to call and make an appointment
• Mom will receive text information about the MIHP/NFP program
• The program will also get a timely referral about the client
• Insurance company will also refer mom to the MIHP program
PCP’s and OB Physicians have a simple uniform referral mechanism!

• Develop a quick referral system (compatible with all EMR systems) so that PCP and or OB can make a referral to local navigator who can follow up on the MIHP/NFP referral.

• Local navigator can make sure adequate resources are provided to the client, which include a home visiting option.
COORDINATE NAVIGATOR’S

• Coordinate navigator’s among the different insurance companies, local health care and 211 to provide a uniform referral process.

• Combine one navigator process for recommendation of care pathways which would ultimately include a home visiting program (MIHP/NFP).
Recommendation- Expand CHW-Navigation Capacity

RECURRING PROBLEMS:
Late or Missing referrals into maternal home visitation
& Late, inadequate prenatal care

RECOMMENDATION(S):
• Create funding infrastructure to support CHW utilization for outreach and navigation

• Include CHWs in automated referral pathway for clinicians as well as home visitation programs

• Include outreach for lost-to-contact referrals and home visitation enrollees in the CHW-navigator scope of work
Recommendation- CQI Medicaid-paid Transportation

RECURRING PROBLEM:
Unreliable transportation causes missed appointments

The problem with Medicaid-paid transportation is substandard service providers (contractors) who may or may not arrive to pick-up or return to pick-up the clients in a timely manner or at all. In addition, many clients report experiencing late arrivals of their rides, causing them to be late for their appointments.

RECOMMENDATION(S): The Medicaid-provided vendors need additional training and levels of accountability so that the clients will begin to receive quality service. They should be made aware of how important it is for the clients to arrive at their appointments in a timely manner, as well as being returned to their homes afterwards.
Recommendation- Ongoing Media Campaign

PROBLEM….

Currently, there is limited-to-sporadic ongoing media exposure in a long-term State-sponsored media campaign (i.e. Radio Advertisements, Billboards, Television Commercials, and Social Media outlets) with regard to Infant Safe Sleep Practices (the ABCs of Safe Sleep), Essential Prenatal Care and its benefits as well as Essential Pediatric Care for all infants.

RECOMMENDATION(S):
Institute an ongoing State-wide Media Campaign to raise awareness and promote Infant Safe Sleep Practices, Essential Prenatal Care as well as Essential Pediatric care to ensure consistent messaging across the State of Michigan.
DISCUSSION