Birth Outcomes Initiative

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Director
## Louisiana Rankings

<table>
<thead>
<tr>
<th>Indicator</th>
<th>US</th>
<th>Louisiana</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality (IMR)/1000 births</td>
<td>6.69</td>
<td>9.92</td>
<td>49</td>
</tr>
<tr>
<td>Pre-term birth/%</td>
<td>12.8</td>
<td>16.4</td>
<td>47</td>
</tr>
<tr>
<td>Low Birth Weight/%</td>
<td>8.3</td>
<td>11.4</td>
<td>49</td>
</tr>
<tr>
<td>Very Low Birth Weight/%</td>
<td>1.5</td>
<td>2.1</td>
<td>49</td>
</tr>
<tr>
<td>Teen birth rate (15-19)/per 1000 population</td>
<td>41.9</td>
<td>53.9</td>
<td>40</td>
</tr>
<tr>
<td>1st trimester prenatal care entry/%</td>
<td>--</td>
<td>87.0</td>
<td>4 of 32</td>
</tr>
</tbody>
</table>

Source: Louisiana Vital Statistics
Interventions to Improve Birth Outcomes

- **Home Visitation (Healthy Start, NFP)**
- **Increase use of smoking cessation treatment**
- **Increase use of 17P**
- **New indicators for hospital quality monitoring**
- **Update FIMR**
- **Risk assessment and care plan for women with adverse outcome**
- **Reduce preterm & repeat C-section**
- **Family planning**
- **Intensive care coordination/case management**
- **Screening and treatment for behavioral health**
- **Chronic disease management**
- **Early and Adequate Prenatal Care**
- **Prenatal Care Start, NFP**
- **Postpartum & Interconception**
- **Infant**
In Louisiana, Medicaid pays for almost 70% of all births; the second highest Medicaid birth rate in the Nation.

<table>
<thead>
<tr>
<th>Race</th>
<th>Medicaid</th>
<th>Total Births</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>20256</td>
<td>37672</td>
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<tr>
<td>Black</td>
<td>23164</td>
<td>25698</td>
<td>90.1</td>
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<tr>
<td>Other</td>
<td>1761</td>
<td>2693</td>
<td>65.4</td>
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<tr>
<td>All races</td>
<td>45181</td>
<td>66063</td>
<td>68.4</td>
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</table>
Better Birth Outcomes

Quality Improvement

Care Coordination

Medicaid Reform
Birth Outcomes Priorities

- Care Coordination and Preconception Health
- Patient Safety and Quality of Care
- Women’s Behavioral Health
- Data and Measurement
Care Coordination

• **Description:** To reduce Louisiana's low birth weight rates; number of unintended pregnancies and Medicaid costs and increase child spacing intervals by providing interconception care for women with a prior poor birth outcome.

• **Plan to get to completion:**
  – Begin program in Greater New Orleans area through opportunity of the GNOCHC waiver
  – Expand program to high risk women statewide
  – Create data linkages to track eligibility, process and health indicators
  – Implement enrollment, outreach and expansion strategies

• **Barriers to success:**
  – Lack of HMO penetration in Louisiana makes immediate statewide implementation challenging
  – Currently, women are eligible for Medicaid only if they are very poor. The majority of women (73%) lose coverage 60 days after they deliver their baby

• **What’s working well:**
  – Waiver timing and evidence based strategy with evaluation component
  – Opportunity for expansion with Medicaid reform statewide
Goal: Safe and Effective Care

**Safe**: avoiding injuries to patients

**Effective**: providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit

IOM *Crossing the Quality Chasm* 2001
Patient Safety and Quality of Care

• **Description:** *To create a culture of continuous quality improvement and safety in Louisiana’s birthing hospitals.*

• **Plan to get to completion:**
  – State tour of Birth Outcomes where letters of support for policy change are signed and hospitals receive invitation for and join IHI collaborative
  – LAMMICO giving a 10% reduction in malpractice rates with physician participation
  – March of Dimes/DHH Statewide patient and community education effort.

• **Barriers to success:**
  – Very few hospitals currently participating in IHI

• **What’s working well:**
  – Almost all hospitals with deliveries over 1,000 per year have agreed to participate during our meetings
  – Louisiana will be the first state with a STATEWIDE policy in the nation at a time when this problem has national recognition
  – Linkages from DHH to Quality Forum, Hospital Association, Insurers and Providers
  – March of Dimes/Healthy Babies are Worth the Wait Partnership
IHI

- An independent not-for-profit organization based in Cambridge, Massachusetts, IHI focuses on motivating and building the will for change; identifying and testing new models of care in partnership with both patients and health care professionals; and ensuring the broadest possible adoption of best practices and effective innovations.

- Long history as a trusted source for innovation and collaboration
• The Perinatal Improvement Community provides results-focused improvement opportunities
• Participants start with in-depth diagnostic and goal-setting processes and identify initial areas of focus
  – 39 weeks
  – Decreased c-section rates
• Teams engage in rapid testing of changes that have been shown to improve care, adapting them to their own settings, and constantly measuring the outcomes.
Behavioral Health

• **Description:** *Institute statewide comprehensive behavioral health screening and brief intervention for pregnant women in Medicaid*

• **Plan to get to completion:**
  – Medicaid needs to activate payment codes (Potentially emergency rule)
  – Provider outreach and education on the new screening tool
  – Data system/registry for high risk women

• **Barriers to success:**
  – Lack of comprehensive electronic records systems
  – Network of available providers for intervention

• **What’s working well**
  – Coordination with Medicaid on provider reimbursement system
  – Partnership with Louisiana’s Tobacco Control Program
Smoking

• Smoking is an important determinant of health status and a major contributor to prematurity and low birthweight. In Louisiana in 2009, 22.1% of women ages 18-44 reported smoking, compared to 19.6% overall in the U.S.

• Smoking during the last trimester of pregnancy increased from 11.8% in 2002 to 12.6% in 2007

Citation: March of Dimes. PERINATAL DATA SNAPSHOTS: Louisiana Maternal and Infant Health Overview http://www.marchofdimes.com/peristats/pdflib/999/pds_22_all.pdf
Increases in third trimester substance abuse

Third trimester Substance Use

Prevalence (%)

2000 2001 2002 2003 2004

Smoking  Alcohol
Data and Measurement

• **Description:** Identify data elements needed to show success on birth outcomes as well as solutions for barriers to collecting them

• **Plan to get to completion**
  – Report card and registry must be created and populated by data from hospitals
  – Meaningful use plan for Quality Forum and birth outcomes measures to be drafted

• **Barriers to success**
  – Lack of national (JCAHO) quality measures in perinatal care lead us to create our own and sometimes more difficult to validate, measures and lack of comprehensive hospital discharge database
  – Building registry in a short amount of time

• **What’s working well**
  • LEERS Birth Certificate Data system is able to provide needed measure to identify preterm births
  • DHH leadership are experts in Data systems; DHH is in the midst of a data transformation that is informing the birth outcomes process
**Preconception Behaviors**

*Before* you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?

During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or prenatal vitamin?

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>%</th>
<th>Vitamin Use</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Every day</td>
<td>4-6 days/wk</td>
<td>1-3 days/wk</td>
<td></td>
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<tr>
<td><strong>Counseled</strong></td>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
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<tr>
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<td>24.2</td>
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<td>7.1</td>
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<td></td>
<td>2007</td>
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<td>22.9</td>
<td>5.0</td>
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<tr>
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<td>27.7</td>
<td>6.2</td>
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<tr>
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<td>16.2</td>
<td>16.3</td>
<td>3.4</td>
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<tr>
<td></td>
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<td>24.3</td>
<td>21.6</td>
<td>3.6</td>
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Louisiana PRAMS, 2004-2007