Southeast Michigan
Perinatal Quality Improvement Coalition

January 17, 2017

MINUTES

Welcome and Introductions	*Vernice D. Anthony, CEO, VDA Health Connect* *Lisa Braddix, Director, Community Health, GDAHC*	Vernice Anthony, VDA Health Connect welcomed the new additions to the Coalition: • Dean Laurie Clabo, WSU - CON • Lynette Biery – MDHHS – Family Services • Joy Calloway – New Center Community Mental Health Meeting was called to order at 1:10 p.m. and Vern reviewed the Year One accomplishments.
Review Year One Accomplishments	*Vernice Anthony*	1. Convene Coalition representatives for Region 10 Perinatal Stakeholders, including birthing hospitals 2. Held 5 meetings where information on relevant data and materials on perinatal best practices was shared 3. Created a Data Reference Document 4. Developed and completed interview process of 22 of 24 birthing hospitals in Region 10 5. Partnered with CDC to develop Region 10 LOCATe Tool – levels of care. The tool was shared electronically and completed by all birthing hospitals
Plan for 2017	*Alethia Carr, VDA Health Connect*	1. Complete a Plan of Action for SEM PQIC to improve the perinatal care system that will address the gaps, improves shortcomings, and integrates social determinants of health (SDOH). 2. Select at least two of the following strategies for change in Region 10: • Re-visit strategies from 2016 • Consider the gap analysis • Determine criteria for selection • Consider opportunities for system change • Determine implementation method(s)

		3. Integrate SDOH into all strategies, i.e., examine strategies that address SDOH; consider organizations readiness for change; identify ways to assure SDOH is in all changes; and, determine skill building opportunities. 4. Identify metrics to measure change by understanding primary and secondary drivers of selected strategies, considering data elements currently reported and identifying methods for data collection/sharing 5. Convene the Coalition at least 4 times in Year 2. 6. Publish a report of Region 10 work that will include accomplishments by SEMP QIC to date and identify next steps for Region 10.
Gap Analysis Presentation and Discussion	*Iris Taylor, PhD, VDA Health Connect*	Iris Taylor, PhD. reviewed the Gap Analysis. It focuses on identifying the gap between the current state and the criteria of a perinatal system of care, consistent with the State of Michigan recommendations of February 2013. The 2013 Perinatal System of Care continuum spans preconception to one-year post birth. The coalition's initial focus were the elements present in the birthing Hospitals. These data elements consisted of the following: **Data Reference Document** **CDC LOCATe Tool** **Birthing Hospitals Interview** **Community Health Needs Assessment** 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%) Black infant mortality doubles the white infant mortality in Macomb, Oakland and Wayne (excluding Detroit). In Detroit, Black infant mortality exceeds White infant mortality 16.2 to 10.8. Hispanic infant mortality is comparable to white infant mortality in Wayne and Macomb, slightly higher in Oakland County and lower than white infant mortality in Detroit. Social Determinants of Health, including poverty and maternal stress, contribute significantly to the high infant mortality in Region 10. Preterm births and low birth weights also contribute greatly to infant mortality rates in Region 10. Both Preterm births and low birth weights are nearly double that for Blacks than Whites born in Region 10. According to the Perinatal Periods of Risk (PPOR) the greatest contributors to infant mortality are maternal chronic disease prior to and during pregnancy, no prenatal care, and health behaviors during pregnancy.

		During infancy, the major contributors are sleep-related deaths and infant illness or injury. Chronic diseases, especially diabetes and obesity, and access to health care in Region 10 are contributors to the poor infant mortality outcomes. Focus of tool identifies perinatal level of care as determined by AAP criteria, created by Center for Disease Control & Prevention (CDC). Twenty Birthing Hospitals in Region 10 submitted surveys in addition to Children's Hospital of Michigan and University of Michigan. Only 50% of hospital 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 starting to implement and 45% indicated that they were interested in becoming Baby Friendly); Quality Initiatives Social Disparities Commonly identified included: Transportation, Fair number of NAS babies, Low income, Language challenges, Education level, Housing (homeless), Teens general health status poor, Lack of family support, Lack of trust as a barrier; patients uncomfortable to share, fear of social worker removing their babies from the home and/or Abuse of prescription medications Mental Health areas 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, Education in the community lacking, and/or Medicaid approval for 30 days and may be assigned to another provider for next thirty days no continuity ***Potential Quality Improvement Opportunities included:*** • Lack of educational strategies to provide education regarding the Infant Mortality Reduction Plan and specifically the perinatal care system • Lack of a network with administrative leaders to engage in the plan to reduce infant mortality • Potential to integrate elements of the Baby Friendly criteria into the perinatal care system • Lack of strategies to improve medical team communication; specifically connecting prenatal care communication to birthing hospitals and birthing hospital communication to post discharge primary care • Lack of strategies to improve access the home care with communication to post discharge provider • Lack of strategies for primary social determinate of transportation for moms and babies • Potential to create networking access for community mental health agencies Under the Patient Protection and Affordable Care Act of 2010, non for profit hospitals and health systems are required to complete Community Needs Assessment (CHNS). Region 10 hospitals identified priority community needs of Diabetes, Obesity and Access to Care. Infant Mortality was identified, but was ***not*** selected as a priority.

Review Criteria for Decision-making *Breakout Group Discussions*	*Vernice Anthony*	• 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 – o Policy, regulation, legislation
Breakout Group Report Out	*Group Leads*	The Coalition then broke in to 3 groups to prioritize the strategies that would be focused on in Year 2. The **attached** spread sheet shows the results.
Next Steps	*Vernice Anthony*	A Webinar to discuss the summary of the CDC LOCATe Tool surveys is scheduled for February 27. More information will be sent out in early February. Infant Mortality Advisory Committee will take place at Hutzel Hospital on February 9th. The Coalition members were encouraged to attend as these meetings are typically held in Lansing and the work of SEM PQIC will be discussed. Additionally, we will be discussing the following at our March meeting: • IHI Report on Quality • Presentation on Evidence-based Home Visit Models • Prioritizing strategies for 2017
Adjourn		

2017 Meetings - 1:00 p.m. – 4:00 p.m.:

March 14, 2017

May 16, 2017

July 18, 2017

September 12, 2017