

SOUTHEASTERN MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION 2019 YEAR END REPORT

SEMPQIC Mission

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 black and white births including adverse maternal, perinatal and infant outcomes, including infant mortality.

2018-2019 Objectives

1. Strengthen a southeast Michigan community based perinatal system of care consistent with the standards promulgated by the State of Michigan
2. Create a coordinated network for the delivery of home visiting services and other supports for mothers and babies, building on existing services and addressing social determinants of health for those who are at high risk for experiencing infant mortality.
3. Establish operating processes for the Southeast Michigan Perinatal Quality Improvement Coalition to carry out its objectives.

SEMPQIC History

The Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) began its work in 2016. Consistent with our mission and charter, social determinants of health and health equity were and continue to be topics of discussions at every SEMPQIC meeting. Methods of discussion include guest speakers and interactive sessions on these topics.

In 2016, SEMPQIC conducted a review and summary of factors influencing infant mortality rates in Wayne, Oakland and Macomb counties to determine the gaps in the perinatal care system. Materials produced during Year 1 included: 1) a data resource document; 2) a gap analysis of Region 10; and 3) LOCATe survey results of Region 10 birthing hospitals. A full summary of the work completed in FY 2016-17 and 2017-18 was previously submitted.

The content of the Gap Analysis resulted in a quality improvement project building on the 2016 MDHHS Infant Mortality Reduction Plan recommendations. The project efforts were to be measurable and sustainable over an extended period of time in terms of process, impact, and outcomes. Utilization of home visiting program services was identified as a top priority and SEMPQIC members used criteria to identify improvement in the referral process as the quality improvement project focus for the *Healthy Baby at Home* (HB@H) initiative.

SEMPQIC partnered with MIHP agencies recommended by the consultants from the Michigan Department of Health and Human Services (MDHHS) for the HB@H initiative. An Advisory Committee was established to provide direction and oversight for the

SOUTHEASTERN MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION

2019 YEAR END REPORT

project. The committee consisted of representatives from higher education, prenatal clinics, birthing hospitals, Medicaid health plans, community agencies and Mother Infant Health Program (MIHP) agencies.

The aim of the *Healthy Baby at Home* (HB@H) Project was to increase the number of healthy birth outcomes and infants experiencing healthy development in Region 10 through increased utilization of quality, evidence-based home visiting services. The 2018 Year End report of SEMPQIC provides details of the HB@H Project during that period.

In addition to the *Healthy Baby at Home* initiative, social determinants of health and health equity remain a focus of discussion at every SEMPQIC meeting. SEMPQIC hosted two equity conferences in 2017 and 2018 where participating regional perinatal professionals and community members heard information on health equity and home visiting services as well as results of the LOCATe survey (Year 1) and information about the clients' perspective of MIHP service delivery (Year 2). During 2017 an article was published in the *Journal of Women's Health*, *Implementing CDC's Level of Care Assessment Tool (LOCATe): A National Collaboration to Improve Maternal and Child Health*, by the CDC, reporting the involvement of SEMPQIC and other states in the use of the LOCATe survey tool. SEMPQIC was co-author on the article.

2018 – 2019 Year Activities

Four SEMPQIC membership meetings were held in January, April, June and September of 2019. The agendas for each meeting included issues related to racism, implicit bias and how these concepts affect quality of care for infants and influence mortality rates. Interactive learning and sharing activities were a part of each meeting with full membership engagement. *HB@H* initiative updates were standing agenda items as well. This is consistent with our goal of reducing the disparity between black and white infant deaths.

We began the year in January of 2019 reviewing the data of the previous year and conducting an interactive exercise and discussion focused on social determinants of health. Implicit bias was also discussed and along with the importance of effective community engagement.

During the April meeting the Coalition purpose was reviewed, and it was stressed that meetings are for members to share actionable strategies around equity, as well as to update members on the *HB@H* quality improvement initiative. The agenda included an update on Detroit FIMR recommendations and discussion of actionable steps by Region 10 perinatal providers to implement the FIMR recommendations. MDHHS provided an update on the Mother Infant Health and Equity Improvement Plan (MIHEIP). While discussing equity in action, the members were invited to share their organization's policies, procedures, trainings, and other work related to equity and implicit bias.

A major objective included in the FY19 SEMPQIC work plan was to apply a health equity and a social determinants of health lens to all implemented quality improvement

SOUTHEASTERN MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION 2019 YEAR END REPORT

projects, and to assess current organizational policies that address the social determinants of health and explore processes for improvement. This approach is necessary in order to reach the goals related to reducing the infant mortality disparities between black and white babies in Region 10.

At the June meeting, Coalition members reviewed a diversity and equity tool that offered the membership a mechanism to explore their individual and organization's practices related to diversity and equity. Group discussion was a part of this exercise. Participants generated recommendations to put into action steps to address identified opportunities for improvement. A summary of a day and a half-long workshop provided to our *HB@H* initiative team on implicit bias and community engagement was shared with the membership, which yielded positive comments from the participants. Without scientific correlation data, it was noted that *HB@H* MIHP agencies demonstrated modified engagement practices that resulted in increased referrals immediately after the workshop.

Following the June 18th Coalition meeting, SEMPQIC hosted a data meeting to share newly updated infant and maternal mortality data for Region 10. MDHHS consultants and epidemiologists facilitated the meeting. Once data was presented, attendees heard from a panel of community members, including a mother and a father from Detroit regarding possible solutions to improving the birth outcomes.

The September meeting was used to review the recommendations that were generated during the June meeting to improve diversity and equity in Region 10, and to provide resources that can be used by organizations to implement action steps. The recommendations were:

1. Small agencies should work together, collaborating through MIHP on quality improvement
2. Keep equity in the forefront
3. Make yourself available and be intentional, collect demographic data and data by rate evaluate program
4. What is the accountability for action?
5. Have your workforce represent who is served
6. A deliberate system must be in place
7. Important to get leadership buy-in.
8. Have a community plunge
9. Check your own unconscious bias

We acknowledged that SEMPQIC could be responsible for recommendation #1 and will consider that in the planning for FY 19-20 SEMPQIC meetings.

The following resources were shared for agencies to use to implement the above recommendations:

For #2, #3 use ***National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care***

<https://www.thinkculturalhealth.hhs.gov/contact@thinkculturalhealth.hhs.gov>

SOUTHEASTERN MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION 2019 YEAR END REPORT

For #4,5,6 use Agency Assessment – **BARHII Tool**

Annie E. Casey Foundation (AECF) – **Race Matters: How to Talk About Race -- Race Equity and Inclusion Action Guide - Embracing Equity 7 Steps to Advance and Embed Race Equity and Inclusion Within Your Organization**

www.barhii.org

www.AECF-racemattershowtotalkaboutrace-2006.pdf

www.aecf.org/search/?q=Embracing+equity+7+steps

, and for #7, #8, #9 use -

Harvard Implicit bias website <https://implicit.harvard.edu>

ASTHO Website - Health in All Policies: Strategies to Promote Innovative Leadership

www.astho.org

HHS – Healthy People 2020 www.healthypeople.gov

NACCHO – Roots of Health Inequity www.rootsofhealthinequity.org

Michigan PRIME website www.prime.mihealth.org

National Prevention Strategy www.hhs.gov

California Newsreel films on race and equity www.newsreel.org

Podcasts – Dr. Camara Jones; Dr. David Williams

Small work groups convened to discuss use of the resources and a report on what they discussed. The information will be used to guide the SEMPQIC agenda for next year in order to monitor the progress of agencies to change for improvement in this area. Many indicated commitment to using the Harvard implicit bias website and exploring the *Roots of Health Inequity* website with their respective agencies and for themselves.

Meeting with Ambassadors

SEMPQIC (2 consultants) participated in the May 30, 2019 meeting of the MDHHS MCH ambassadors at a neighborhood Detroit library. Five women attended who identified as ambassadors. Open discussion was held where information was shared about the MDHHS plan to improve birth outcomes in Region 10. Several ambassadors shared their reason for participating in this effort, with most emphasizing their desire to help other women and families navigate the complex perinatal system of care, to assure infant vitality and healthy family development.

Work with Town Hall Meetings

SEMPQIC organized three town hall meetings in September, one in each Region 10 county: Wayne, Oakland and Macomb. SEMPQIC member organizations were integral in securing venues and publicizing the information for the events to invite community members to attend.

The first meeting was held on September 19, 2019 in Oakland County at St. Joseph Mercy Oakland Hospital in Pontiac. 29 people attended and provided the following feedback:

SOUTHEASTERN MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION 2019 YEAR END REPORT

- Health Equity is really the most important thing; glad to see it emphasized in the Improvement Plan. Participants are glad to see six priorities that touch on all key topics including health equity.
- In Oakland County, negative birth outcomes were shown to decrease each year which was inspiring. However it was discouraging to see that in some areas of the County this was not the case. In Pontiac, the indicators are not as inspiring. Underserved cities and populations drive the rates. US rates are worst out of 28 developed countries. Most of the other developed are around 2 deaths per 1000 live births.
- Agencies including, Oakland County WIC Program, Gleaners Community Food Bank, home visiting agencies (Nurse Family Partnership), Oakland Schools, hospitals and local community clinics are helping, but transportation and housing continue to be huge barriers.
- Organizational collaboration is a strength and will help resolve these issues
- People don't know about resources which is a great barrier

Two additional meetings were held the following week in Macomb County on September 24, 2019 at the Macomb Intermediate School District building in Clinton Township and then on September 26, 2019 at Focus:HOPE in Detroit.

Sixteen people attended the Macomb County Town Hall Meeting and provided the following feedback:

- Macomb County birthing hospitals are encountering mothers who are experiencing several co-morbidities, which could be contributing to the increase in poor health outcomes (e.g., lupus, cancer, insulin dependence, etc.).
- Home visiting services should be offered to all women as it was in previous years so that it is normalized and not thought of as a program for poor people
- Macomb County has a strong Great Start Collaborative, Early On program, and Baby Resource Network that is helping. However, many still lack the awareness of these programs which serves as a barrier.
- Approaches to raising awareness should include cross promotion of programs. For example, families who receive services from one program should be told about the other available programs, and then connected to them if they are interested.

Wayne County had the largest attendance with more than 60 people registered. Feedback from this session included:

- Many feel that we have been trying to resolve this issue for such a long time and nothing seems to improve. However, there are some very positive and impactful programs serving Wayne County including BMBFA, Brilliant Detroit, Mothering Justice and others. More programs are starting to focus more on mental health along with physical health.
- Programs should work together more to have the impact needed to change the rates.
- Anti-bias training should be mandatory for health care delivery organizations.

SOUTHEASTERN MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION

2019 YEAR END REPORT

Healthy Baby @ Home 2018-2019

Background information on *HB@H* is provided above, and in previous reports. The quality improvement project objectives remain to increase home visiting referrals for pregnant women receiving prenatal care in a hospital-based clinic and a Federally Qualified Health Center (FQHC). Additionally, the initiative was to refine the home visiting referral process for parents of infants admitted to either a hospital Neonatal Intensive Care Unit or Special Care Nursery. The service areas for the initiative is a Hospital Based Prenatal Clinic, Intensive Care Nursery and FQHC with multiple sites.

The FY 2018-19 *HB@H* QI Project continued as shaped during the previous year. Guidance from the Advisory Committee resulted in the following modifications. 1) The Medicaid Health Plan (MHP) component was discontinued. Review of the MHP manpower required to sort data to assure viable contact information was provided for each home visiting referral compared to the number of families in the target community engaging in home visiting services suggested this was not a sustainable component. 2) An additional home visiting agency was added to the group of the QI team. And 3) A FQHC in Detroit was added with prenatal clinic services as a referral source for the newly added home visiting (MIHP) agency.

The service model consisted of perinatal providers partnering with MIHP agencies to provide both direct referral and access to their client population for case finding efforts at clinical prenatal care sites or at the time of infant hospital discharge. A private location near the service area was provided to allow on-site enrollment assessment and engagement. Through project team meeting discussions, a mechanism to support communication around referrals was established. A MIHP agency was available on scheduled clinic days. Referrals were encouraged for all discharges from the NICU. MIHP referrals can occur in conjunction with a skilled nursing home referral, which was not realized by NICU and discharge staff at the start of this work. The communication process established referral and feedback loops with providers in the prenatal clinic. Case finding occurred while MIHP agencies were available every clinic day to approach potential clients.

Lack of trust continued to be evident in the engagement process for mothers. A workshop conducted by Denise Evans for perinatal clinic staff and MIHP staff to increase awareness and strengthen skills focused on identifying personal bias and the effects on client and provider engagement was held to address trust concerns from mothers. Material to demonstrate methods of how one could modify approaches to improve the engagement process were shared. The workshop offered strategies related to appearance and presentation, how to create a concise elevator speech, branding and overall marketing of the benefits received when families enroll in home visiting services.

Consistently, percentages of enrollment for the available population increased. Data trends for both continuing MIHP agencies increased from a baseline of less than 50% to consistently 60% to 90% of the available population being enrolled. The home visiting

SOUTHEASTERN MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION 2019 YEAR END REPORT

agency added this year, is working to establish the *HB@H* model with the FQHC perinatal provider.

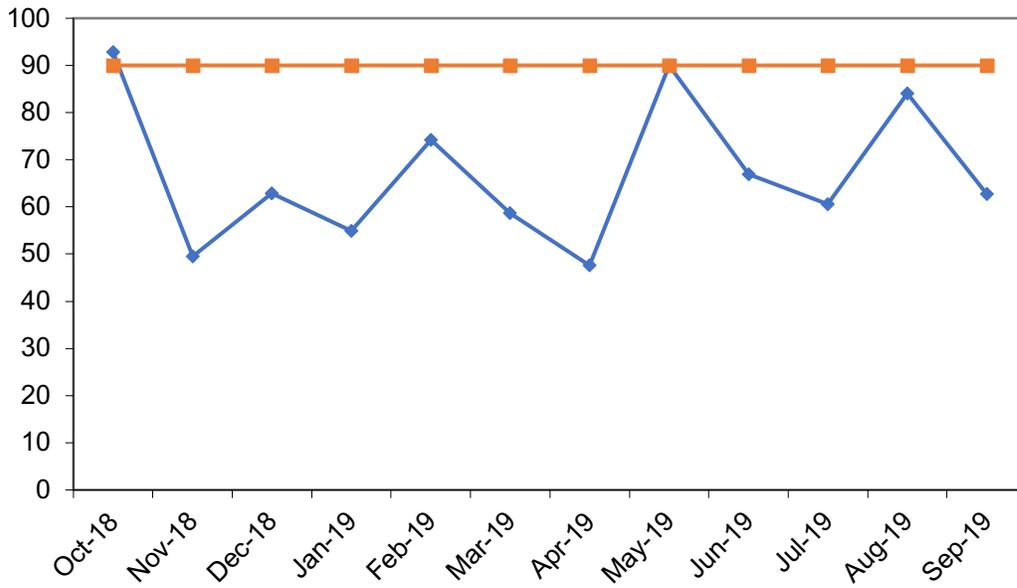
This year's data was consistent with last year, in that forty percent of available population who delivered in the hospital were not eligible for Medicaid, thus not eligible for MIHP services. Efforts are in process with Great Start Collaborative of Wayne County to identify an alternative solution to provide at least home visiting service referrals to families ineligible for MIHP. There was also an increase in the number of individuals completing their care plans. As a result of *HB@H* participation, involved MIHP agencies required an increase in staffing in order to meet the demand of the increased caseload. The trending referrals for NICU discharges were inconsistent, however we continue to trend upward in number of referrals.

There was an increase from baseline of no referrals to averaging 33% to 48% of the available population being consistently enrolled from available population of the FQHC. However, there was a significant difference between the site with complete staff engagement and the site with less staff engagement.

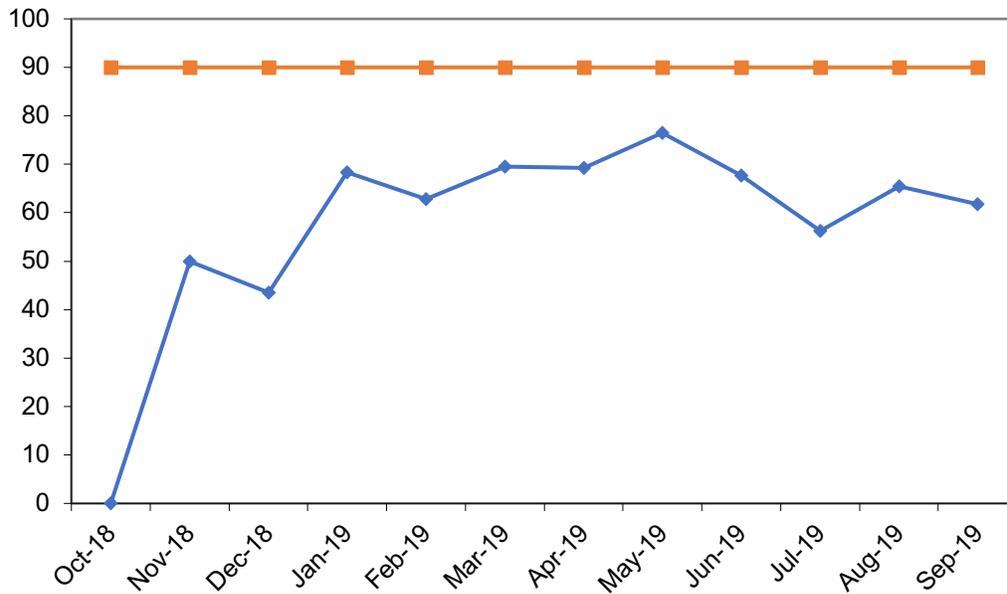
The most significant procedural impact of the *HB@H* Initiative during FY 2017-18 was allowing the MIHPs access to potential referrals during prenatal clinic visits. If an expectant mother had already been contacted by another MIHP, attempts were made to send that individual back to that agency. The percentage of improvement NICU/SCN referrals increased. The challenge was having a NICU grad referral forwarded to an MIHP even if a skilled nursing home referral was required. Prior to the project, only skilled nursing home referrals occurred for these infants.

SOUTHEASTERN MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION 2019 YEAR END REPORT

Percent of women enrolled in home visiting by MIHP



Percent of babies discharged with referral to MIHP



Recommendations

Based on the work done in FY19, the SEMPQIC leadership team has created a list of recommendations for future work. They include the following ideas:

Health Equity

1. SEMPQIC must continue to keep the discussion of social determinants of health, implicit bias, and health equity at the forefront of each meeting agenda with a call to action for every member. Resources for agencies with plans to strengthen their staff capacity related to social determinants of health, implicit bias and health equity will be shared with SEMPQIC membership and maintained on the SEMPQIC website.

Healthy Baby @ Home

1. Replicate the model with other clinical partners and identified MIHP agencies to provide an environment of referrals, case finding and communication cycle.
2. A MIHP/perinatal service provider coordinator be provided by MDHHS to facilitate organizational negotiations and troubleshoot process barriers and challenges. Working in much the same way as SEMPQIC consultants have the past two years to develop the *HB@H* service model, to connect home visiting agencies to perinatal provider sites, using the *HB@H* model as a guiding template.
3. Technical support concerning implicit bias and community engagement be a required component of the *HB@H* model and developmental experience be provided to home visiting staff and perinatal providers.
4. SEMPQIC should develop a white paper that documents the *HB@H* service model and captures past performance.
5. Explore the potential to replicate the *HB@H* service model in Oakland County based on previous request from a perinatal provider.
6. Examine the potential to duplicate the service for a specific population of babies born with Neonatal Abstinence Syndrome (NAS) and pregnant women addicted to opioids in Macomb County in FY 2019-20.