

OVERVIEW OF PERINATAL REGIONALIZATION (2009 – 2012)

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Infant Mortality Reduction

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Performance Key:

- ↑ Performance improving
- Performance staying about the same
- ↓ Performance declining

Click on the links in the table below for more detail.

Access to Health Care		
	Prior	Current Progress
Uninsured adults	11.7%	12.7% ↓
Primary care physicians (per 100,000 population)	114.2	115.2 ↑
Veterans enrolled in Veterans Administration health care	26.5%	30.1% ↑

Health Indicators		
	Prior	Current Progress
Average life expectancy at birth -- Leading causes of death	77.3	77.4 ↑
Preventable hospital stays (per 100 Medicare enrollees)	74.0	73.4 ↑
Infant mortality (per 1000 births)	7.6	7.7 ↓
Accidental Suicide and self-inflicted injury	5,788	5,483 ↓



Health Behaviors		
	Prior	Current Progress
Obesity in the population (adult)	30.3%	31.7% ↓
Obesity in the population (high schoolers)	12.4%	11.9% ↑
Sufficient adult physical activity	50.7%	52.0% ↑
Adequate daily consumption of fruits and vegetables	21.3%	22.6% ↑
Routine checkups in past year	67.8%	69.1% ↑
Recent dental visits	76.0%	72.5% ↓
Childhood immunizations	90.6%	92.7% ↑

Infant Mortality Reduction Campaign in Michigan

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Targeted evidence based strategies to reduce and prevent infant mortality:

- Improve preconception health and reduce unintended pregnancies
- Expand home-visiting programs
- Restore the regionalization of Perinatal services
- Promote statewide adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation
- Encourage statewide adoption of progesterone treatment for women identified as high-risk for preterm delivery
- Promote safe sleep practices to prevent accidental suffocation
- Reduce unintended pregnancies

2009 Appropriations Bill

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Right
Patient

Right Place

Right Time

- The Michigan Legislature asked the Department of Community Health: "Convene appropriate stakeholders to determine the efficacy and impact of restoring a statewide coordinated regional perinatal system in Michigan."
- Three workgroups were convened by the Department in 2009.
- *Perinatal Regionalization: Implications for Michigan* presented to legislature April 1, 2009

Guidelines

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- The Michigan Perinatal Level of Care Guidelines are based on AAP/ACOG Level of Care Guidelines modified to reflect Michigan's standards.
 - Level I
 - Level II A, Level II B
 - Level III A, Level III B, Level III C
- The Guidelines provide a framework to define and evaluate the level of perinatal care delivered by hospitals.
- Eighteen recommendations in the report
- *Perinatal Regionalization: Implications for Michigan Available:*
http://www.michigan.gov/documents/mdch/1116_04_01_09_274917_7.pdf

Next Steps - 2010

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- Follow up with professional groups to familiarize them with the Guidelines and get feedback.
- Invite hospitals with NICUs to do a self-assessment of their services and capacity in relation to the Guidelines.
 - Survey Tool – 2010
- Work with EMS to develop/coordinate designation of regions, transfer protocols and triage criteria.

Next steps - 2011

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- Working collaboratively to provide time dependent emergencies in a regionalized perspective
 - EMS/Trauma/Stroke/STEMI/Perinatal/Pediatrics
 - EMS/Trauma to open their administrative rules to include Stroke/STEMI/Perinatal as it applies to time dependent emergencies
 - September 12, 2011 Stakeholder meeting – Perinatal Regionalization Systems of Care Task Force Meeting
 - Administrative Rules – Proposed seven workgroups. Five workgroups have been meeting during the fall and winter

2011 - 2012

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- Convened Five Workgroups
 - WG #1 Designation-Verification-Certification
 - WG #2 Transport-Triage-Destination
 - WG #3 Quality Improvement – Data – Evaluation
 - WG #4 Education-Training and Communication
 - WG #5 NICU follow up
- Remaining two workgroups will begin later
 - WG #6 Maternal follow up
 - WG #7 Preconception/Interconception and prenatal care

Statewide Perinatal Coordinated System and Regionalization of Emergency Care in Michigan

(includes EMS/Trauma, Stroke, STEMI, Perinatal, Pediatric)

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Statewide Perinatal Coordinated System of Care

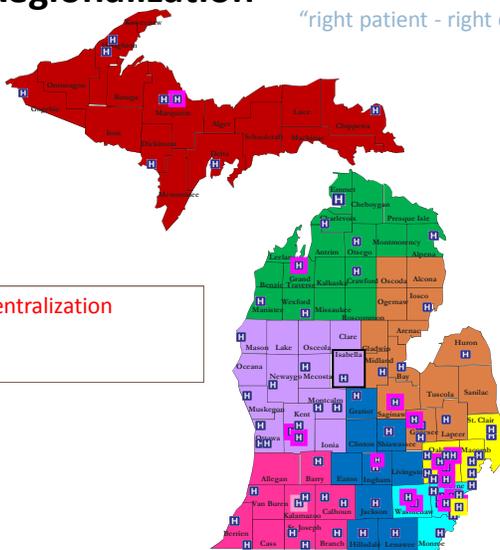
- Preconception/Interconception
- Prenatal Care – Maternal Medical Home
- Levels of Care – Hospitals
- Transport/Triage/Destination
- Education and Training
- Communication
- Data
- Quality Improvement
- Maternal and NICU follow up

Coordination of Emergency Care In Michigan

- EMS/Trauma
- Administrative Rules

Time Dependent Emergencies in MI & Perinatal Regionalization

“right patient - right care - right time.”



Proposed Regions

- [Region 1](#)
- [Region 2S](#)
- [Region 2N](#)
- [Region 3](#)
- [Region 5](#)
- [Region 6](#)
- [Region 7](#)
- [Region 8](#)

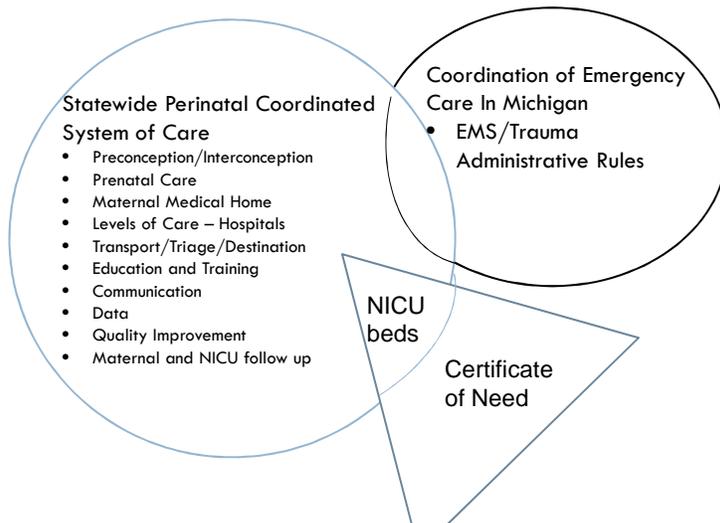
Regionalization ≠ Centralization

DRAFT

March 2012

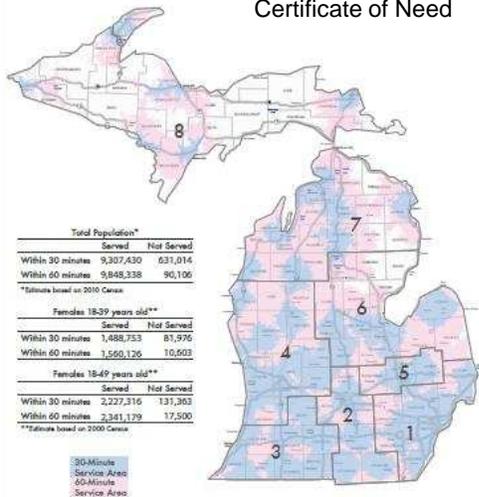
Statewide Perinatal Coordinated System Regionalization of Emergency Care in Michigan Certificate of Need HSA Planning Area

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Birthing Hospitals

HSA Planning Areas
Certificate of Need



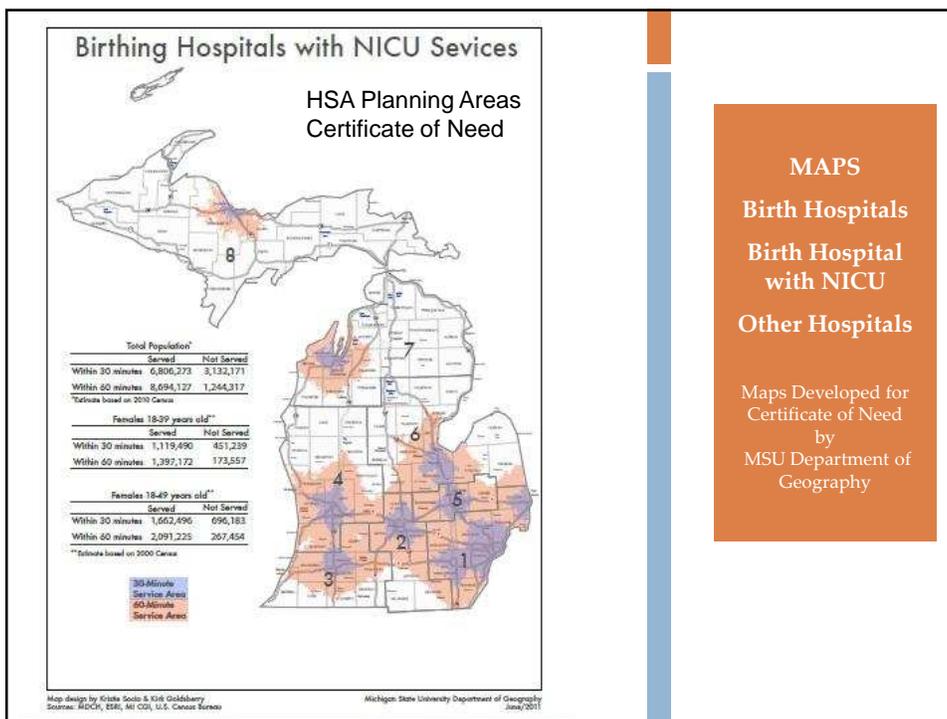
Map design by Vitale, Soles & Kirk Ordway
Source: MEDH, ESR, MI OGI, U.S. Census Bureau

Michigan State University Department of Geography
June/2011

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MAPS
[CON Regions]
Distance to Birth Hospitals
30 minutes
60 minutes
Consider Border State Hospital Use

Maps Developed for Certificate of Need by MSU Department of Geography



MAPS

Birth Hospitals
Birth Hospital
with NICU
Other Hospitals

Maps Developed for
Certificate of Need
by
MSU Department of
Geography

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Pilot Projects

Pilot Perinatal Regionalization Projects

1. NICU Follow Up Pilot Project
2. Vermont Oxford Network, Michigan Collaborative Quality Improvement
3. Northern Michigan Perinatal Integration/Regional Models of Care Project

Look forward to more collaboration!

STATEWIDE PERINATAL
COORDINATED SYSTEM

Right patient, Right Place, Right Time