OVERVIEW OF PERINATAL REGIONALIZATION
(2009 – 2012)

Alethia Carr, Director
Bureau of Family, Maternal & Child Health
Michigan Department of Community Health

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Infant Mortality Reduction

<table>
<thead>
<tr>
<th>Health Indicators</th>
<th>Prior</th>
<th>Current Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average life expectancy at birth</td>
<td>77.3</td>
<td>77.4</td>
</tr>
<tr>
<td>Leading causes of death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital deaths</td>
<td>25.9</td>
<td>23.9</td>
</tr>
<tr>
<td>Infant mortality (per 1000 births)</td>
<td>7.6</td>
<td>7.7</td>
</tr>
<tr>
<td>Teen death and suicide and self-related</td>
<td>5.9</td>
<td>5.8</td>
</tr>
</tbody>
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Health Behaviors

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Prior</th>
<th>Current Program</th>
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<tbody>
<tr>
<td>Obesity in the population (adult)</td>
<td>30.3%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Obesity in the population (high schoolers)</td>
<td>12.4%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Sufficient adult physical activity</td>
<td>50.7%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Adequate daily consumption of fruits and vegetables</td>
<td>21.3%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Clinic checkups in past year</td>
<td>67.6%</td>
<td>69.1%</td>
</tr>
<tr>
<td>Recent dental visits</td>
<td>75.0%</td>
<td>72.5%</td>
</tr>
<tr>
<td>Preventive mammograms</td>
<td>90.4%</td>
<td>89.7%</td>
</tr>
</tbody>
</table>
Infant Mortality Reduction Campaign in Michigan

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

- 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

- 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:*

Next Steps - 2010

- 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

- 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

- 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)

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

March 2012
Statewide Perinatal Coordinated System
Regionalization of Emergency Care in Michigan
Certificate of Need HSA Planning Area

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

NICU beds
Certificate of Need

Birthing Hospitals
HSA Planning Areas Certificate of Need

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

14
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