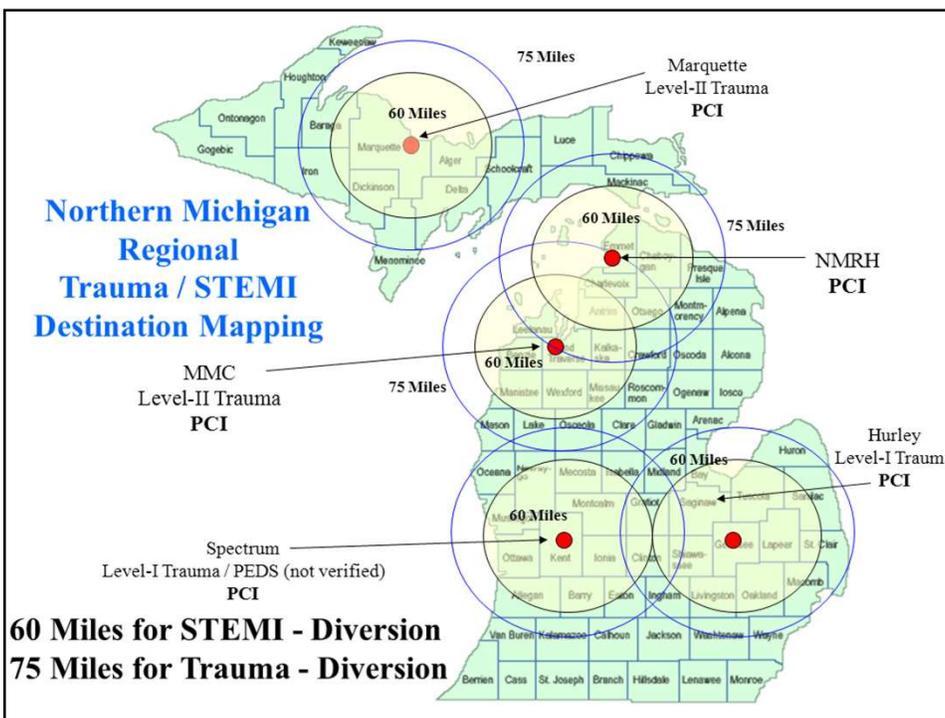
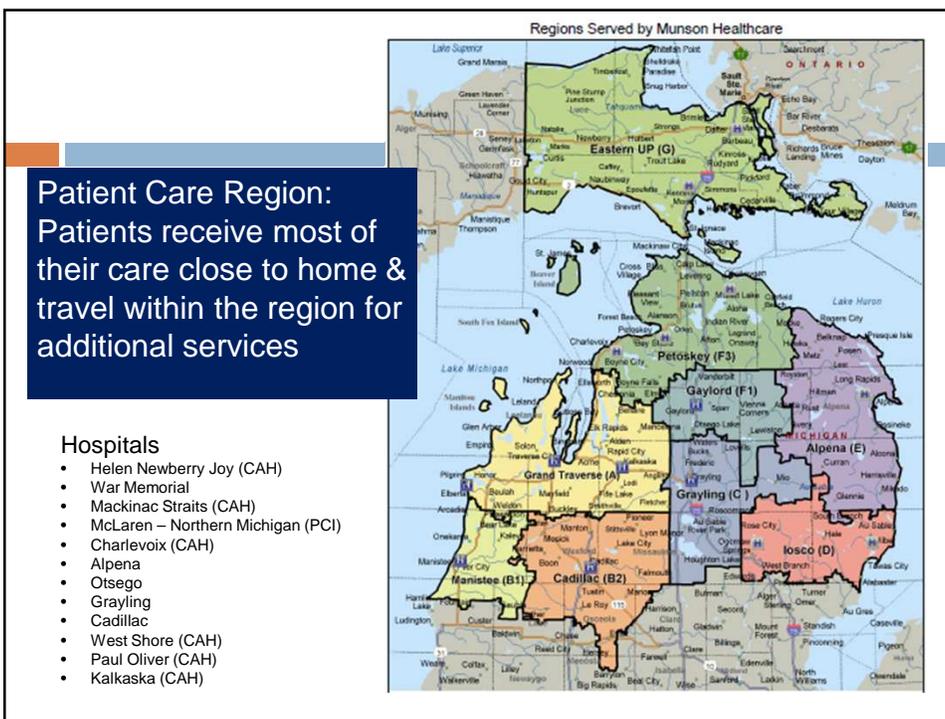


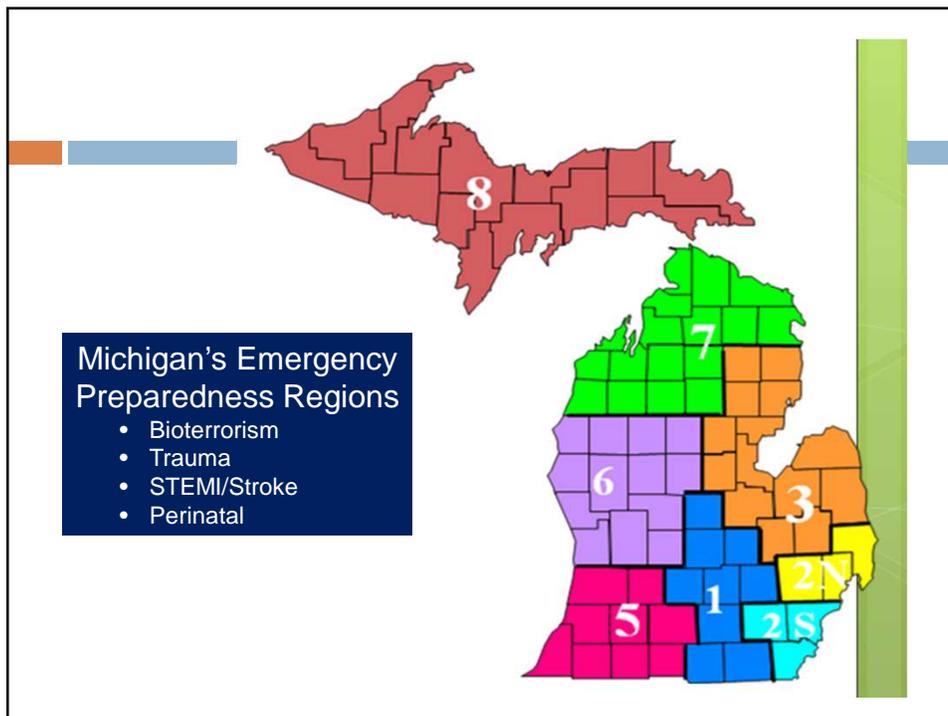
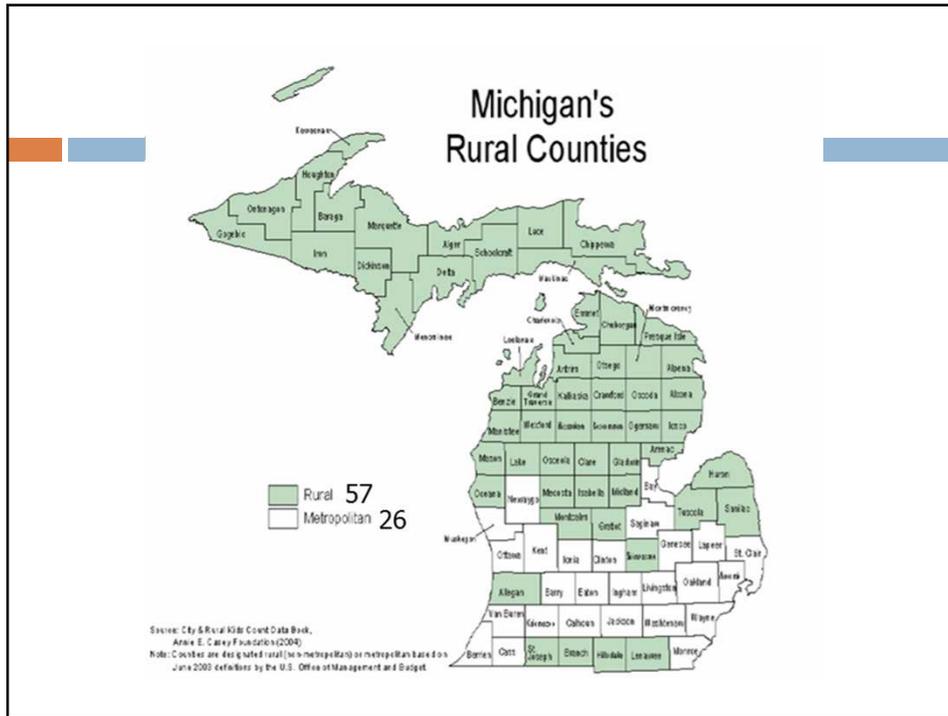
Perinatal Planning in Northern Lower Michigan

May 21, 2012

Topics

- What makes a health care region?
 - ▣ Those who use services – close to home
 - ▣ Common circumstances – rural vs. urban
 - ▣ Regional relationships – shared services
 - ▣ Regionalization description
- Northern Lower Michigan Perinatal Initiative
- Our thoughts on membership for regional 'Board'





Northern Lower Michigan Perinatal Planning Initiative

7

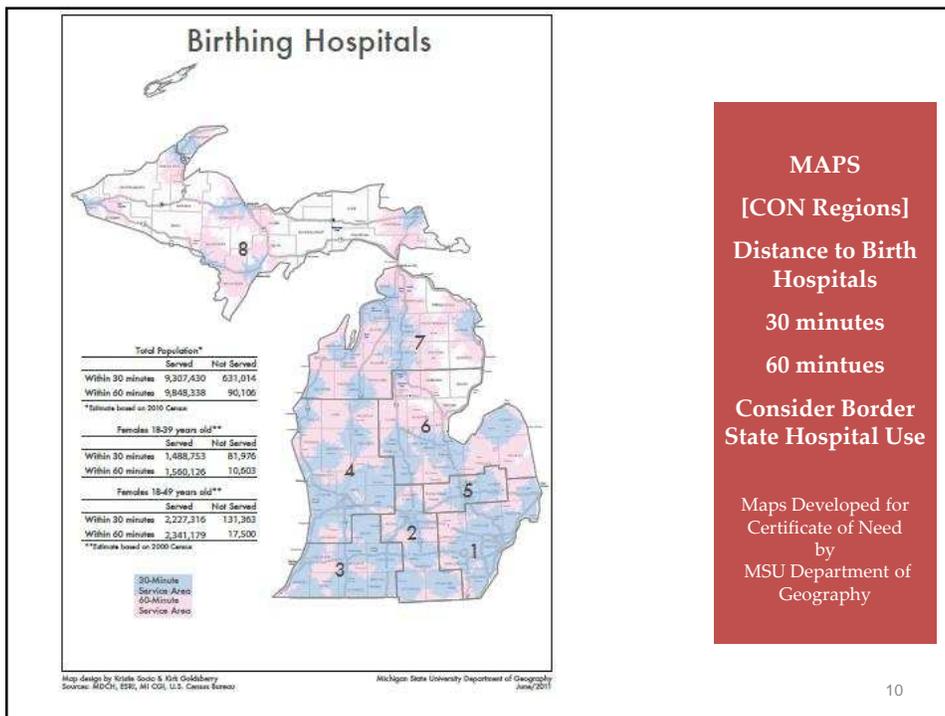
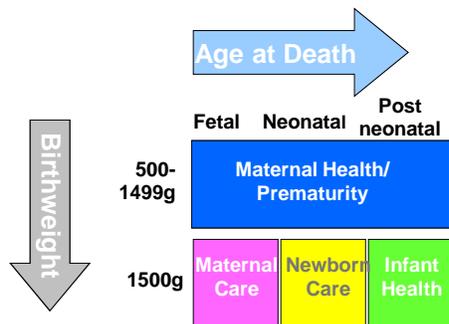
- OB/gyn services at risk
 - Low population childbirth age, recruitment difficulties, closing of hospital OB services
- White Paper – 2010
- Northern Michigan Regional Conversation on Services for Women and Children – June 2010
- Northern Michigan Regional Perinatal Planning Group established – July 2011
 - Partners include MDCH, Health Departments, hospitals, March of Dimes, Michigan Hospital Association

Planning Group approach

8

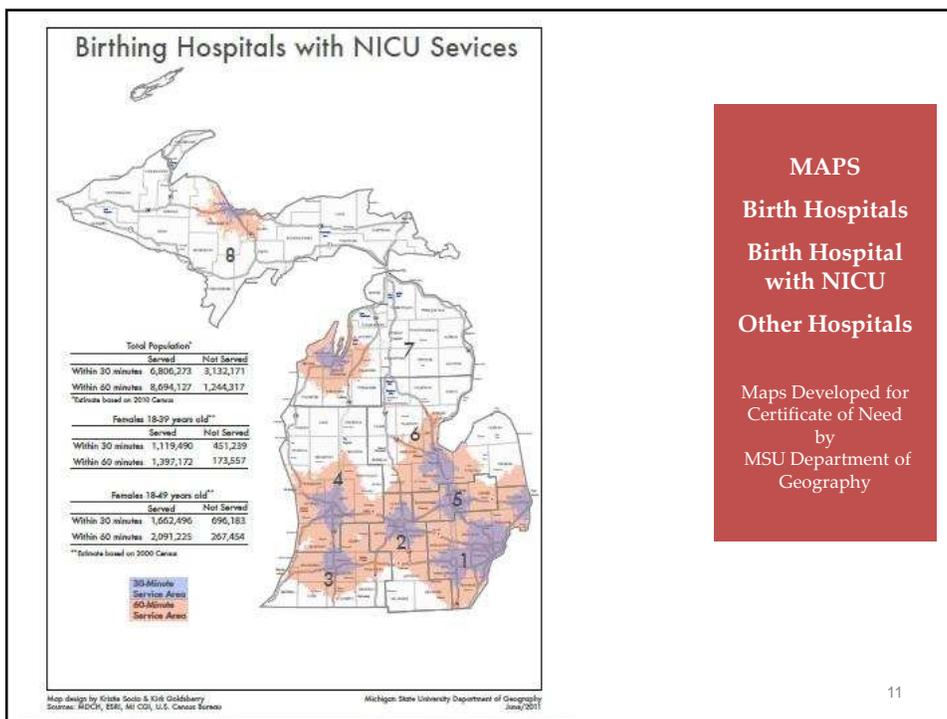
- Scope
 - 21 counties
 - Consider all Perinatal Periods of Risk
- Mission: Construct a sustainable integrated and coordinated network of care to deliver perinatal services to women and children in northern lower Michigan that builds on the existing structures of care and results in decreased infant mortality.

Conceptual Overview Perinatal Periods Of Risk: An Approach to Infant Mortality



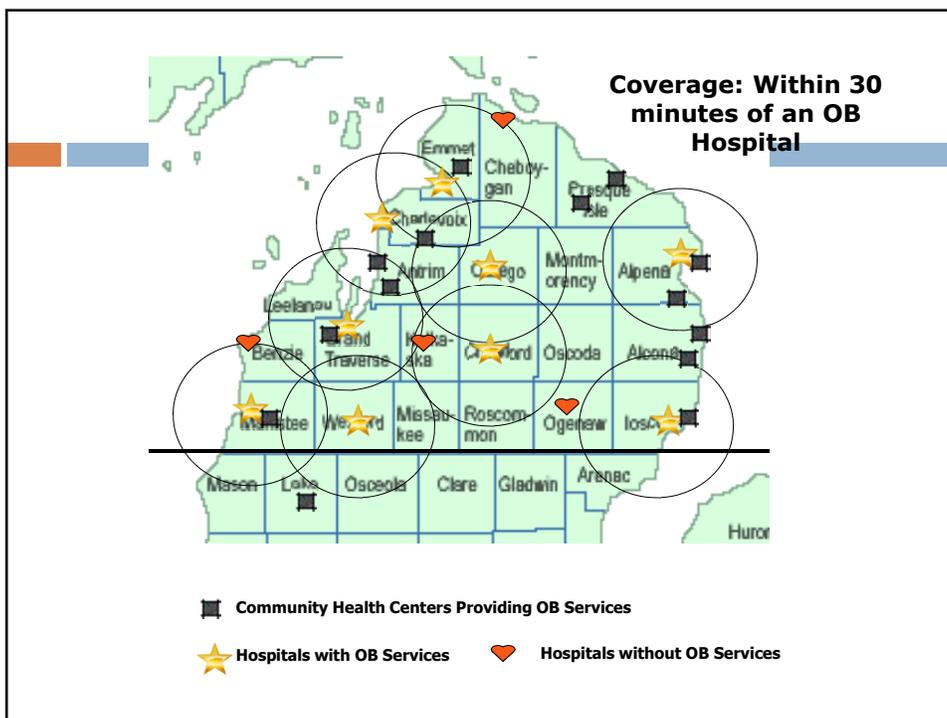
MAPS
[CON Regions]
Distance to Birth Hospitals
30 minutes
60 minutes
Consider Border State Hospital Use

Maps Developed for Certificate of Need by MSU Department of Geography



MAPS
Birth Hospitals
Birth Hospital with NICU
Other Hospitals

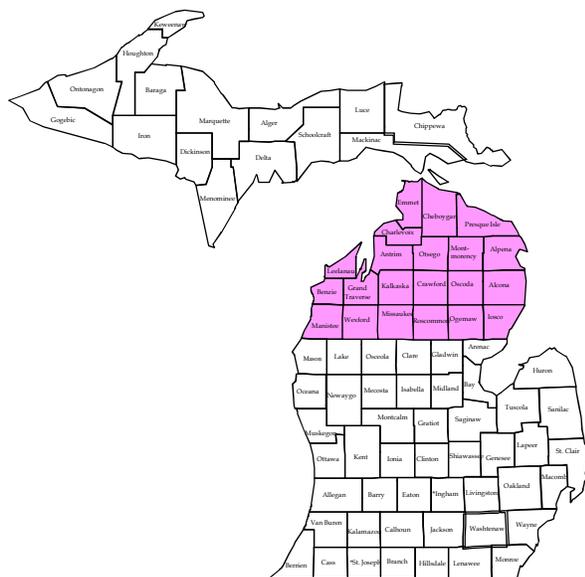
Maps Developed for
 Certificate of Need
 by
 MSU Department of
 Geography



3-Year Number and rates of Infant deaths per County

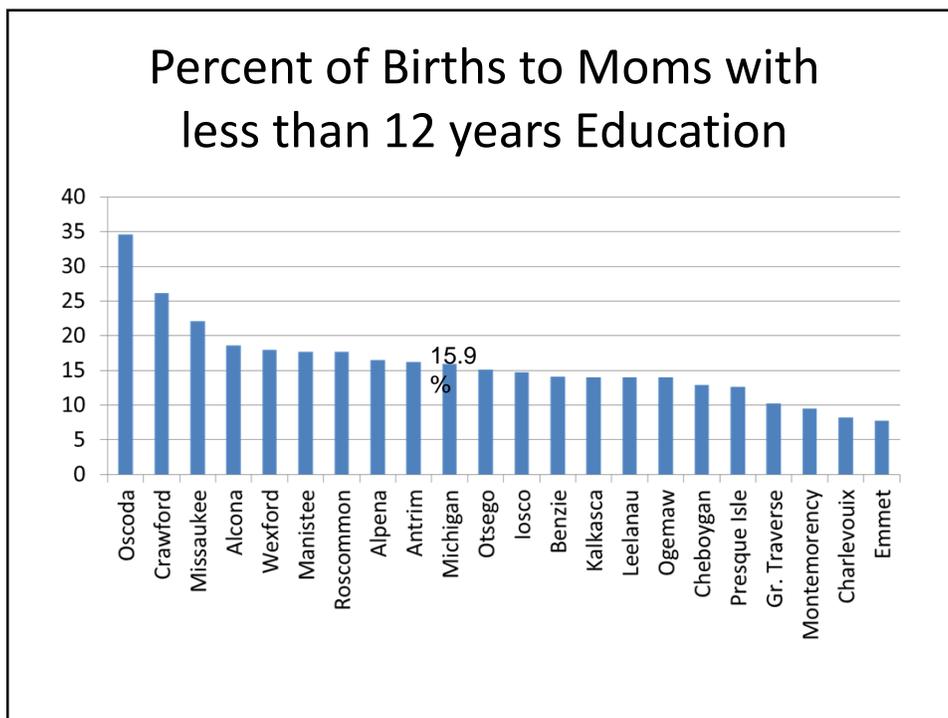
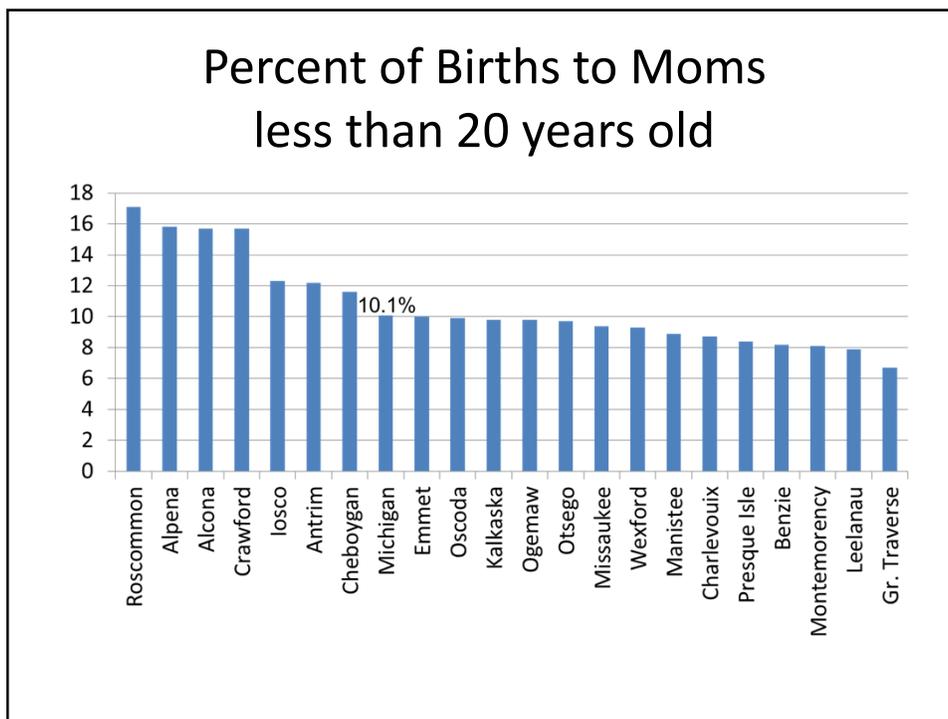
County	Average Number Births/yr	Deaths 2007 - 2010	Rate	County	Average Number Births	Death 2007-2010	Rate
Alcona	64	3	*	Leelanau	177	2	*
Alpena	295	7	5.9	Manistee	219	6	6.8
Antrim	222	9	10.1	Missaukee	172	1	*
Benzie	172	3	*	Montmorency	70	1	*
Charlevoix	253	5	*	Ogemaw	200	6	7.5
Cheboygan	243	6	6.2	Oscoda	81	3	*
Crawford	130	7	13.5	Otsego	277	9	8.1
Emmet	339	6	4.4	Presque Isle	103	5	*
GrTraverse	968	24	6.2	Roscommon	186	7	9.4
Iosco	207	8	9.6	Wexford	434	13	7.5
Kalkaska	207	3	*	134 total deaths in 21 counties			

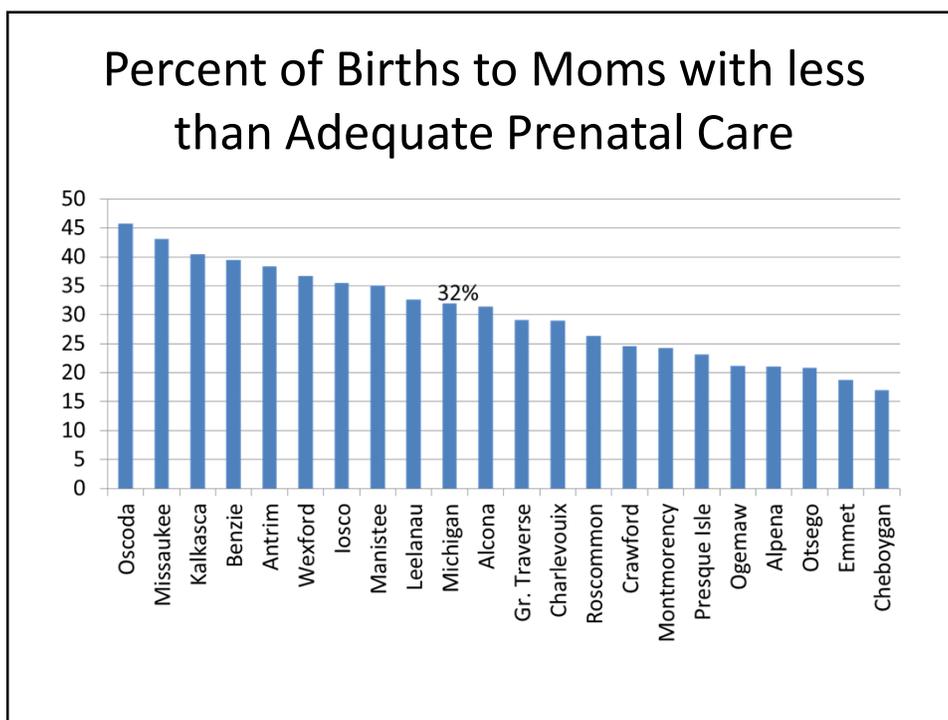
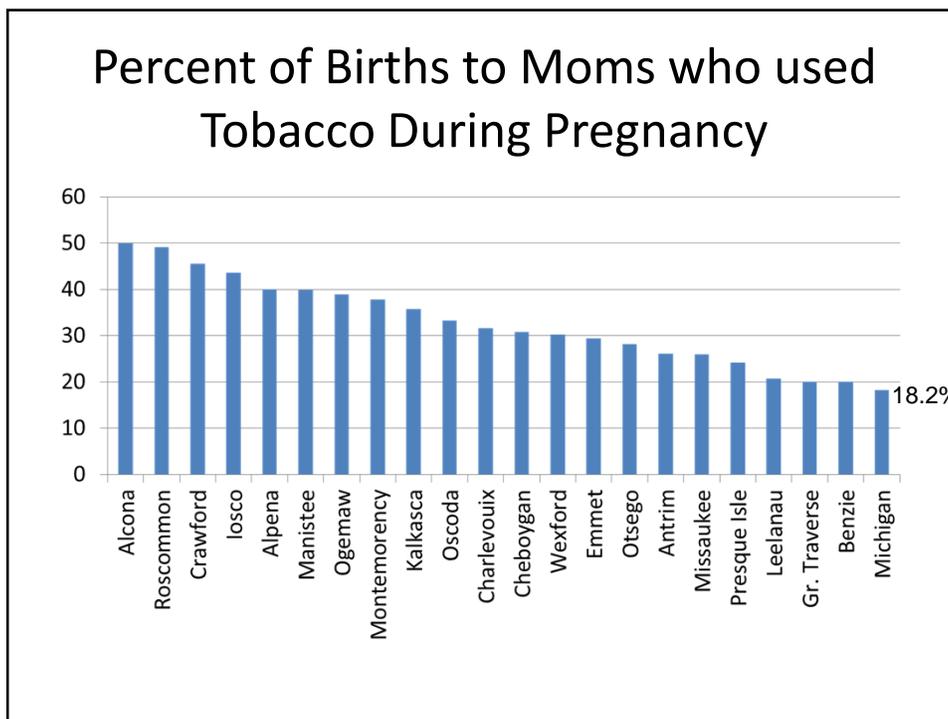
Michigan's Northern Counties Infant Mortality Analysis



IM rate 2005 - 2009
5 year average

1. Crawford – 13.6
2. Wexford – 7.8
3. Roscommon – 7.6
4. Benzie – 7.4
5. Grand Traverse – 6.8
6. Iosco – 6.6
7. Otsego - 6.5
8. Manistee – 6.2
9. Alpena – 6.1
10. Antrim – 6.0
11. Charlevoix – 5.3
12. Emmet - 4.0





Where we are now...

19

- Planning a regional FIMR process
- Connecting stakeholders & programs that might be networked across north region
- Preparing to 'marry' Northern lower Michigan perinatal initiative and State regionalization

Thoughts on Regional 'Board' Structure for Rural

20

- Infant deaths are related to 4 phases
 - ▣ Maternal health, perinatal health & services, safe delivery, care & services in 1st year of life
- The population to be served preventively & proactively is easily identifiable
- Right time, right place exists across a wide range of services and over a long period of time
- The majority of services to this population occur in the non-hospital, non-EMS world

Therefore, We Propose

21

- The Regional Perinatal Network Board should consist of:
 - MCA Representation (3)
 - Medical providers of OB &/or neonatology services (3)
 - Health Department Representation (3)
 - Medicaid Services Representation (1)

22

QUESTIONS?