Engaging Stakeholders in Statewide Perinatal Care System Development

Premier Public Health Conference –
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Michigan Department Of Community Health
• I have no conflict of interest to disclose.
• I do not have any relevant financial relationships with any commercial interests
Brief Presentation Description

Systems thinking and the engagement of a collaborative team of diverse stakeholders are the keys to success in building a statewide perinatal coordinated system. This presentation will describe three areas of perinatal system development which demonstrate a collaborative framework: (1) NICU follow-up programing; (2) Northern Michigan Perinatal Integration Model of Care and (3) Certificate of Need Special Care Nurseries Project.
Conference Objective

Recognize how partnerships, coalitions and broad disciplinary approaches can be used to solve public health challenges.
Presentation Objectives

At the end of the presentation, participants can

1. State two examples of how the State of Michigan used a collaborate approach in the perinatal coordinated system development.

2. Describe two public health competencies used in the development of a statewide perinatal coordinated system.
PUBLIC HEALTH CHALLENGES

Infant Mortality
Maternal Mortality
**Public Health Challenge**

Infant mortality is a critical indicator of the overall health & welfare of Michiganders. It is a priority of Governor Snyder and part of the state Dashboard.

**Trend of infant mortality, 2003-2013**

- **2013 Infant Mortality Rate:** 6.6
  - The lowest reported in Michigan

*Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics*

*Prepared by: MDCH MCH Epidemiology Unit*
Infant Mortality in Michigan is a Public Health Crisis

- 783 Michigan babies died in 2012
- Michigan ranked 37th/50 among states for infant mortality overall, 2010
- MI ranked 31st/35 [46/50] nationally for African American infant mortality, 2010
- Detroit ranked 50th/50 nationally among cities compared to U.S.
- #1 cause of infant mortality is Low Birth Weight/ Prematurity

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1 Kids Count Data Center, Annie E. Casey Foundation
2 15 states not ranked; NCHS reporting standard not met
Infant Mortality Disparity

Infant Mortality Rates
Three-Year Moving Averages
Michigan 2000-2012

Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics
Prepared by: MDCH MCH Epidemiology Unit
Public Health Challenge

Maternal mortality is a critical indicator of the overall health and welfare of Michiganders.

Healthy People 2020 Objective  MICH-5:
Reduce the rate of maternal mortality

- U.S. 2007 Baseline: 12.7 maternal deaths/100,000 live births
- Michigan: 25.6 pregnancy-related maternal deaths/100,00 live births
- Healthy People 2020 U.S. Target: 11.4/100,00 live births

References:
Centers for Disease Control and Prevention, National Center for Health Statistics; Retrieved 2-10-11, from http://hrc.nwlc.org/status-indicators/maternal-mortality-rate-100000
Maternal Mortality Disparity

US & MI Pregnancy-Related Mortality by Race-Ethnicity
Per 100,000 live births, 1999-2010

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>NH White</th>
<th>NH African American</th>
<th>Rate Difference</th>
<th>Rate Ratio</th>
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<tbody>
<tr>
<td>Michigan</td>
<td>22.2</td>
<td>16.6</td>
<td>50.8</td>
<td>34.3</td>
<td>3.1</td>
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<tr>
<td>United States</td>
<td>15.6</td>
<td>11.5</td>
<td>35.8</td>
<td>24.3</td>
<td>3.1</td>
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</table>

Michigan Pregnancy-Related Mortality in compared to other states
- NH African American: 3rd Highest (tied with New Jersey)
- Overall Pregnancy-Related: 8th Highest
- NH White: 11th Highest
- Racial Disparity: 15th Highest

The maternal mortality outcomes for African American and Native American populations represent persistent and unexplained elevated rates/ratios across all income and education levels in Michigan and the US.

PUBLIC HEALTH COMPETENCIES FRAMEWORK
Core Public Health Functions: Assessment, Assurance & Policy Development

Ten Essential Services

Core Competencies for Public Health Professionals

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills
Policy Development/Program Planning Skills

- Develops options for policies, programs and services
- Recommends policies, programs and services for implementation
- Implements policies, programs and services
- Evaluates policies, programs and services
- Implements strategies for continuous quality improvement

Communication Skills

1. Solicits input from individuals and organizations for improving the health of a community

2. Conveys data and information to professionals and the public using a variety of approaches [IM WEBSITE]

3. Communicates the role of governmental public health, health care, and other partners in improving the health of a community
Infant Mortality

Keeping babies alive is one of Michigan's highest priorities. Infant mortality, the rate at which babies born alive die before reaching their first birthday, is a significant public health problem in our state. For every 1,000 babies born in Michigan, almost 7 die by age one. Infant mortality rates are much higher for certain racial and ethnic groups. The infant mortality rate for African American and American Indian babies is more than twice that of Caucasians. Causes of infant mortality include serious birth defects, preterm birth before 37 weeks gestation, Sudden Infant Death Syndrome (SIDS), maternal pregnancy complications, and injuries.

Because infant mortality is so important, it is one measure selected by Governor Rick Snyder to gauge the health of Michigan's population. Infant mortality is publicly monitored on Michigan's performance dashboards, which were implemented by Governor Snyder to provide a quick assessment of the state's performance in key areas such as public health. To view the Infant Mortality Dashboard, click HERE.
Leadership and Systems Thinking Skills

1. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national & global levels.

2. Collaborates with individuals and organizations in developing a vision for a healthy community.

3. Analyzes internal & external facilitators and barriers that may affect delivery of Essential Public Health Services (QI tools, root cause analysis).
MILLION DOLLAR PAUSE
STATEWIDE PERINATAL CARE SYSTEM DEVELOPMENT
Background/History

- 2009 Appropriations required convening group to restore regional perinatal system of care
- Formed 3 workgroups with stakeholders across the state
- Created report- *Perinatal Regionalization: Implications for Michigan*
  - Eighteen recommendations in the report
2011 Summit: A Call to Action to Reduce Infant Mortality in Michigan

- Stakeholders contributed
- Infant Mortality Reduction Plan developed in 2012
  - One of the eight strategies is to implement a regional perinatal system
Defining Perinatal Care System

- **Perinatal period** is defined as the time beginning before conception and continuing through the first year of life. (March of Dimes, TIOP II, 1993)

- **Perinatal Care System** is defined as a sustainable community integrated health care system of people, institutions and local resources for women and infants that promotes healthy birth outcomes and babies who survive and thrive.
Live Births by County
Preliminary 2013

Key – Number of Births

< 100

100-500

500-1,000

1,001-5,000

> 8,000

< 100
BIRTH HOSPITALS BY PROSPERITY REGIONS

Key – Hospitals by CON
- OB (Birthing) Hospitals
- OB (Birthing)/NICU Hospitals

Numbers represent State of Michigan Prosperity Regions
Perinatal care system within Life Course Perspective

PERINATAL LIFECOURSE PERIODS

Before & Between Pregnancy  →  Pregnancy  →  Childbirth  →  Neonatal  →  Postpartum  →  Infancy
Michigan’s Perinatal Care System within Lifecourse Context

- **Perinatal Care System**
  - Preconception & Interconception Care
  - Prenatal Care
    - Birth Hospitals
      - Level I
      - Level II (Special Care Nursery)
      - Level III (NICU)
      - Level IV (NICU)
  - Linkage Community Health Resources
    - Primary Care/Medical Homes
    - Developmental Assessment Programs
    - CSHCS and/or Home Visitation
    - Other relevant community care & support resources
  - Address Social Determinants of Health
    - Transportation
    - Access to healthy food
    - Education
    - Housing
    - Employment
    - Family economics

- **Payer Policy**
- **Provider Payment**
- **Inter-facility Transport**
- **Care Coordination**
  - Point in time
  - Over time
- **Surveillance-Analytics Monitoring**
- **Health Connect 360**
- **Workforce/Provider Training**
- **System Protocols (Common screening elements)**
- **Certificate of Need (CON) & Licensing**
- **Universal Outcome Indicators & Metrics**
- **Certificate of Need (CON) & Licensing**
- **Certificate of Need (CON) & Licensing**

- **Quality Assurance and Quality Improvement (Data, Evaluation)**
Perinatal Care System Committee Structure

**INFANT MORTALITY**

1. **Perinatal Level of Care (LOC) Guidelines**
   - Priority 1

2. **NICU Follow-up**
   - Priority 2

3. **LOC Implementation**
   - Priority 3

4. **Quality Improvement/Evaluation**
   - Priority 5

5. **Education/Training**
   - Priority 6

6. **Perinatal Service System**
   - Priority 4

**KEY**
- Currently working
- Being formed
- Not yet in place
- Committee work completed
MILLION DOLLAR PAUSE
COLLABORATIVE ENGAGEMENT OF KEY STAKEHOLDERS IN PERINATAL CARE SYSTEM DEVELOPMENT USING PUBLIC HEALTH COMPETENCIES

- Certificate of Need Special Care Nurseries Project
- NICU follow-up program
- Northern Michigan Perinatal Integration Model of Care
## Stakeholders in Perinatal Care System Development

<table>
<thead>
<tr>
<th>Local Health Departments</th>
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<tbody>
<tr>
<td><strong>Birth Hospitals</strong></td>
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<tr>
<td>Level I</td>
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<tr>
<td>Level II - Special Care Nursery</td>
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<tr>
<td>Level III &amp; Level IV – Neonatal Intensive Care Unit</td>
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<tr>
<td><strong>Providers</strong></td>
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<tr>
<td>Obstetricians, Neonatology, Nurse Practitioners</td>
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<td>Nurse Managers, Discharge Planners, Educators</td>
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<td><strong>Payers</strong></td>
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<td>Blue Cross &amp; Blue Shield of Michigan</td>
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<td>Medicaid</td>
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<td><strong>Health Plans</strong></td>
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<td>McLaren Health Plan</td>
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<td>Meridian Health Plan</td>
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<td><strong>Family Representation</strong></td>
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<td><strong>State Departments</strong></td>
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<td>Michigan Department of Education</td>
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<td>Early On</td>
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<td>Michigan Department of Human Services</td>
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<td><strong>Professional Organizations – Michigan</strong></td>
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<td>American Congress of Obstetricians and Gynecologists, Michigan-American Academy of Pediatrics, Michigan State Medical Society</td>
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<tr>
<td><strong>Community Organizations</strong></td>
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<tr>
<td>Maternal Infant Health Program (MIHP) Agencies</td>
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<tr>
<td>March of Dimes</td>
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<td>Children’s Healthcare Access Program (CHAP)</td>
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<td>Federally Qualified Health Centers (FQHC)</td>
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<td><strong>Provider Organizations</strong></td>
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<td>Michigan Health &amp; Hospital Association</td>
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<td>Michigan Association of Health Plans</td>
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<td>Michigan Primary Care Association</td>
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<td><strong>Universities</strong></td>
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<td>Wayne State University</td>
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<td>University of Michigan</td>
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<td>Michigan State University</td>
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<td>Institute for Health Policy/Michigan State University</td>
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<td><strong>Advocacy Organizations</strong></td>
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<td>Michigan Council of Maternal Child Health</td>
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<td>Michigan Association of Infant Mental Health</td>
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<td><strong>Michigan Department of Community Health</strong></td>
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<td>Public Health Administration</td>
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<tr>
<td>Chief Medical Executive</td>
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<tr>
<td>Bureau of Family, Maternal and Child Health</td>
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<td>Division of Family and Community Health</td>
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<td>Bureau of Disease Control, Prevention &amp; Epidemiology</td>
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<td>Division of Children’s Special Health Care System</td>
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<td>Certificate of Need Evaluation</td>
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<td>Mental Health Services for Children &amp; Families</td>
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CERTIFICATE OF NEED SPECIAL CARE NURSERIES PROJECT
Issues

- There has been NO regulation for Level II hospitals or Special Care Nurseries in the state.
- Wide variation in level of care provided in Level II.
- Regulation will:
  - Provide a level of safety and quality for infants in Michigan
  - Provide consistency and a level of standardization based on national standards
Why regulate?

- Literature and evidence indicate that states with a regionalized and coordinated perinatal system of care better assure that pregnant women and babies are more likely to deliver in an appropriate hospital setting and receive appropriate services to meet their needs.

- Healthy People 2020
  - MICH-33 Increase the proportion of very low birth weight (VLBW) infants born at level III hospitals or subspecialty perinatal centers
Level of Care (LOC) Implementation Committee

- Internal group working with Certificate of Need (CON) on NICU Bed Standards
- CON reviews standards every three years
- NICU Bed Standards incorporates special care nursery beds (SCN) (Level II)
- CON Commissioners voted to accept the language in their September 17, 2013 meeting
- CON Review Standards, effective March 3, 2014
- After January 1, 2016, all SCN services are subject to these CON Review Standards, for compliance and monitoring purposes
Level of Care Guidelines

AAP/ACOG have released NEW Perinatal Level of Care Guidelines in 2012

Level I: Basic – Well Newborn Nursery
Level II: Specialty – Special Care Nursery
Level III: Subspecialty – Neonatal Intensive Care Unit (NICU)
Level IV: Regional NICU


CON Standards for Neonatal Intensive Care Services/Beds and Special Newborn Nursing Services

Web link:

NEONATAL INTENSIVE CARE UNIT (NICU) FOLLOW-UP
NICU Follow-up Schematic

Statewide Perinatal Care System: Birth-Discharge Follow-Up Process

Admission/Birth

- Baby Born
  - Screen
    - yes: HV HUB
      - Continue/refer MIHP
        - Refer to CSHCS
    - no: NICU
      - NICU Risk Screening
        - yes: FV Consent
          - Family Visit
          - Discharge Planning DAP referral
            - Baby Discharged
      - DAP CSHCS Community Resources
        - MIHP Home Visit Program
        - Follow-up Skilled Nursing
      - HV HUB
NICU Risk Screening Workgroup

NICU Follow-up

Priority 2

NICU Discharge Planning

NICU Risk Screening

Family Visit

Discharge Planning
DAP referral

Baby Discharged
# Collaborators – NICU Risk Assessment Workgroup

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td><strong>MDCH MCH WG STAFF</strong></td>
<td>Trudy Esch, MS, RN</td>
<td>Perinatal Nurse Consultant, MDCH</td>
</tr>
<tr>
<td><strong>Neonatologist</strong></td>
<td>Kim Tekkanat, MD</td>
<td>Neonatologist, Director NICU; Director DAC St. Joseph Mercy, Ann Arbor</td>
</tr>
<tr>
<td><strong>NICU f/u Coordinator</strong></td>
<td>Karen Pawloski, BSN, RN, BCLC</td>
<td>NICU Transition &amp; Follow-up Coordinator Neurodevelopmental Pediatrics</td>
</tr>
<tr>
<td><strong>Medical Consultant</strong></td>
<td>Nina Mattarella, MD</td>
<td>CSHCS Med. Consultant MDCH</td>
</tr>
<tr>
<td><strong>NICU discharge planner</strong></td>
<td>Lourdes Murphree</td>
<td>SJMH Service Leader NICU</td>
</tr>
<tr>
<td><strong>Neonatal Nurse Practitioner/CNS</strong></td>
<td>Lori Charbonneau, MS, NNP-BC/CNS</td>
<td>NICU Covenant Healthcare</td>
</tr>
<tr>
<td><strong>Perinatal CNS</strong></td>
<td>Marilyn Maggioncalda</td>
<td>NICU CNS, Hurley Medical Center</td>
</tr>
<tr>
<td><strong>NICU Nurse Manager</strong></td>
<td>Sue Temen</td>
<td>Nurse Manager, NICU Helen DeVos Children's</td>
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<tr>
<td><strong>MIHP representative</strong></td>
<td>Lori Marta</td>
<td>Marquette County Health Dept. MIHP</td>
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<tr>
<td><strong>LPH representative</strong></td>
<td>Jenifer Murray, Deb Aldridge</td>
<td>Benzie Leelanau HO Benzie Leelanau Nsg Supervisor</td>
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<tr>
<td><strong>LHD</strong></td>
<td>Deb Aldridge</td>
<td>Benzie Leelanau Nsg Supervisor</td>
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<td><strong>CSHCS representative</strong></td>
<td>Linda Smith</td>
<td>Kent County CSHCS RN</td>
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<tr>
<td><strong>MSU IHP</strong></td>
<td>Deb Darling, RN, BSN, CCP</td>
<td>Project Manager, Quality Improvement Programs</td>
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<tr>
<td><strong>Health Plans/Payers</strong></td>
<td>Umbrin Ateequi</td>
<td>Health Policy Analyst BCBSM</td>
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<tr>
<td><strong>MHA</strong></td>
<td>Ron Hubble</td>
<td>Project Coordinator</td>
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<tr>
<td><strong>Early On</strong></td>
<td>Kelly Hurshe</td>
<td>MDE Consultant – Early On</td>
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<tr>
<td><strong>Infant Mental Health</strong></td>
<td>Joan Shirilla, MA/Med</td>
<td>IMI/Early Childhood Consultant (Traverse City)</td>
</tr>
<tr>
<td><strong>Family member</strong></td>
<td>Sylvia Driscoll</td>
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- MDCH
- Hospital NICUs
- Community MIHP
- Local Health Department
- Local CSHCS
- Payers
- Early ON
- Infant Mental Health
- Family
- MHA
- All geographic regions
NICU Risk Screening Work Group

- **Purpose:** Develop an integrated, risk-based assessment process to determine need for NICU-specific home visitation

- **Activities:**
  - Define standardized risk assessment components, particularly including social determinants of health, as related to NICU-specific follow-up needs
  - Develop guidelines for implementing within NICU discharge planning
  - Develop a monitoring and evaluation plan, include the data needed to accomplish this
Deciding on the best criteria for NICU Risk Assessment

- Workgroup reviewed all possible infant risks that should trigger a home visit. List was comprehensive and long.
- Everyone in the group completed a survey monkey to stratify risks.
- Workgroup validated the top criteria.
- Final recommendation = 16 criteria identified as most important in determining need for a home visit.
Developmental Assessment Program Workgroup
## Collaborators for DAP Workgroup

<table>
<thead>
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<th>Stakeholder</th>
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<tr>
<td><strong>Neurodevelopmental pediatrician</strong></td>
<td>Prachi Shah, MD</td>
<td>Assistant Professor, Pediatrics Center for Human Growth and Development, U/M</td>
</tr>
<tr>
<td><strong>WG Co-Chair</strong></td>
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<tr>
<td><strong>DAC nurse coordinator</strong></td>
<td>Karen Pawloski, BSN, RNC, BCLC</td>
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<tr>
<td><strong>MDCH MSA</strong></td>
<td>Carol Lowe</td>
<td>Policy Specialist, MSA, MDCH</td>
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<tr>
<td><strong>Medicaid Policy</strong></td>
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<tr>
<td><strong>MPCA</strong></td>
<td>Rebecca Ciencki, MPH</td>
<td>Chief Operating Officer MPCA</td>
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<tr>
<td><strong>Health Plans</strong></td>
<td>Cheryl Bupp</td>
<td>Medicaid Policy Director MAHP</td>
</tr>
<tr>
<td><strong>Developmental Assessment Coordinator</strong></td>
<td>Ann Iatrow, RN, MPH</td>
<td>DAC Coordinator University of Michigan</td>
</tr>
<tr>
<td><strong>Developmental Assessment Coordinator</strong></td>
<td>Heather Krueger, RNC, MSN</td>
<td>DAC Coordinator Covenant HealthCare</td>
</tr>
<tr>
<td><strong>Developmental Assessment Coordinator</strong></td>
<td>Elaine Taylor</td>
<td>Clinic Coordinators Marquette DAC</td>
</tr>
<tr>
<td><strong>NICU Nurse Manager</strong></td>
<td>LeeAnn Chadwick</td>
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<tr>
<td><strong>Director Women's and Children Health</strong></td>
<td>Connie Downing</td>
<td>Director, Women's and Children Health, Covenant HealthCare</td>
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<tr>
<td><strong>MSU IHP</strong></td>
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<tr>
<td><strong>Neonatology</strong></td>
<td>David Sciammana, MD</td>
<td>Neonatologist, Director DAC Munson Medical</td>
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<tr>
<td><strong>Neonatology</strong></td>
<td>Kim Tekkanat, MD</td>
<td>Neonatologist, Director NICU, Director DAC, St. Joseph Mercy, Ann Arbor</td>
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<tr>
<td><strong>CSHCS representation</strong></td>
<td>Chris Buczek, RN, BSN</td>
<td>CSHCS, Kent County Health Department</td>
</tr>
<tr>
<td><strong>MIHP representation</strong></td>
<td>Connie Braxton</td>
<td>Silverspoon Home Services MIHP Farmington Hills</td>
</tr>
<tr>
<td><strong>LPH</strong></td>
<td>Debra L. Lenz</td>
<td>Kalamazoo County Health Dept., Maternal &amp; Child Health Div. Manager</td>
</tr>
<tr>
<td><strong>Family member</strong></td>
<td>Barb Schinderle</td>
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<tr>
<td><strong>Early On</strong></td>
<td>Vanessa Winborne</td>
<td>Education Consultant MDCH</td>
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<td><strong>Early On</strong></td>
<td>Christy Callahan</td>
<td>Director of Innovative Projects MDCH</td>
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<td><strong>Mental Health</strong></td>
<td>Sheri Falvey</td>
<td>Director of Mental Health Services for Children and Families MDCH</td>
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<td><strong>Mental Health</strong></td>
<td>Lori Irish</td>
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NICU Follow-up Workgroup: DAP

- **Purpose:** Define core elements/functions of developmental assessment program for **statewide consistency** and continuing quality improvement.

- Move from Developmental Assessment Clinic to Developmental Assessment Program

- **Activities: Develop:**
  1. Identification of best practices
  2. Care plan core elements
  3. Involved Professional Staff
  4. Role of Parents / Caregivers in the Process
  5. Criteria for referral
  6. Referral process
  7. Discharge Criteria
  8. Linkage / Collaboration
NORTHERN MI PERINATAL INTEGRATION MODEL OF CARE
Northern Michigan Perinatal Integration / Regional Model of Care Project

- North Central Council, Munson leadership in collaboration with stakeholders
  - Local hospitals in the northern Lower Peninsula
  - 7 health departments
  - March of Dimes
  - Michigan Hospital Association
  - physicians
  - Michigan Primary Care Association
  - Michigan Department of Community health

- Scope is 21 counties in northern Lower Michigan

- 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
Northern Michigan Perinatal Integration / Regional Model of Care Project

- Scope = 21 Counties
Northern Michigan Perinatal Integration / Regional Model of Care Project

Phase I work
(July 2011 – June 2012)

- Understanding Regional characteristics of 21 counties – review of data and PPOR analysis of 21 counties, Affinity exercise
- Expanded membership of the leadership team
- Relationship to State regionalization initiative

Phase II
(July 2012-2013)

Work from the project will be concentrated on three regional initiatives

1. Regional FIMR for 21 counties
2. Expansion of Healthy Futures – home visiting type of services
3. Regional access to prenatal care
Northern Michigan Perinatal Integration / Regional Models of Care Project

Phase III
(2014)

In addition to three regional initiatives

1. Cross Jurisdictional Sharing
   a) 6 local health departments
   b) Northern Michigan Public Health Alliance

2. Access to High Risk Care/Maternal Fetal Medicine through telemedicine

3. Birth Hospital Planning Mini-grants collaboration
Project: High Risk Maternal/Fetal Medicine Telemedicine Clinic

**Purpose:** to extend sustainable access to high risk maternal/fetal medicine care via telemedicine in Cadillac (Region II) and Alpena (Region III)

**Process:**
- Cadillac & Alpena areas have no access to subspecialty care/maternal fetal medicine providers; Spectrum MFM is 100 miles away from Cadillac; Munson MFM is 125 miles away from Alpena
- Telemedicine provides virtual meeting with patients in the Cadillac or Alpena clinic and MFM provider out of Spectrum in Grand Rapids or Munson Medical
- Real time appointment with access to obstetric equipment/ultrasound through encrypted process
Projects: Birthing Hospital Mini-grants

**Purpose:** Birthing hospitals implementation of linkages to Children’s Special Health Care Services (CSHCS) and the Maternal Infant Health Program (MIHP) programs \*(if family not previously enrolled in an evidence-based home visiting program)*, based on the positive health outcomes as the result of families being enrolled in evidence-based home visiting services.

**Funding Amount:** 32 birthing hospitals ($10,000 maximum funding amount per hospital)

**Time Frame:** July 1st-September 30th, 2014

**Geographical Area:** All Birthing Hospitals in Michigan

**Evaluation:** Work plan outcomes from each participating MI birthing hospital
# Northern MI Mini-Grant Collaborators

## 21-County Region Birthing Hospitals: Prosperity Regions 2 and 3

<table>
<thead>
<tr>
<th>Birthing Hospital</th>
<th>Primary Counties</th>
<th>Primary Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlevoix Area Hospital</td>
<td>Charlevoix</td>
<td>HDNWM</td>
</tr>
<tr>
<td>Otsego Memorial Hospital (OMH)</td>
<td>Otsego</td>
<td>HDNWM</td>
</tr>
<tr>
<td></td>
<td>Montmorency</td>
<td>DHD4</td>
</tr>
<tr>
<td></td>
<td>Antrim</td>
<td></td>
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<tr>
<td></td>
<td>Cheboygan</td>
<td></td>
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<tr>
<td>Munson Medical Center (MMC)</td>
<td>GT, Benzie,</td>
<td>GTCHD</td>
</tr>
<tr>
<td></td>
<td>Leelanau,</td>
<td>BLDHD</td>
</tr>
<tr>
<td></td>
<td>Kalkaska,</td>
<td>DHD10</td>
</tr>
<tr>
<td></td>
<td>Antrim</td>
<td>HDNWM</td>
</tr>
<tr>
<td>Mercy Cadillac</td>
<td>Wexford</td>
<td>DHD10</td>
</tr>
<tr>
<td></td>
<td>Missaukee</td>
<td></td>
</tr>
<tr>
<td>Mercy Grayling</td>
<td>Crawford</td>
<td>DHD10</td>
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<tr>
<td></td>
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<td>HDNWM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DHD2</td>
</tr>
<tr>
<td>West Shore</td>
<td>Manistee</td>
<td>DHD10</td>
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<tr>
<td></td>
<td>Benzie</td>
<td>BLDHD</td>
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<tr>
<td>McLaren Northern MI</td>
<td>Emmet</td>
<td>HDNWM</td>
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<tr>
<td>Alpena Medical Center</td>
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<td>DHD4</td>
</tr>
<tr>
<td>Tawas St. Joseph's</td>
<td>Ogemaw</td>
<td>DHD2</td>
</tr>
<tr>
<td></td>
<td>losco</td>
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<tr>
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<td>Oscoda</td>
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<tr>
<td></td>
<td>Alcona</td>
<td></td>
</tr>
</tbody>
</table>

## 21-County Region Health Departments: Prosperity Regions 2 and 3

<table>
<thead>
<tr>
<th>Health Department</th>
<th>Counties Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Health Dept. #2</td>
<td>Alcona, Iosco, Ogemaw, Oscoda</td>
</tr>
<tr>
<td>District Health Dept. #4</td>
<td>Cheboygan, Alpena, Presque Isle, Montmorency</td>
</tr>
<tr>
<td>Health Dept. of Northwest MI</td>
<td>Antrim, Emmet, Charlevoix, Otsego</td>
</tr>
<tr>
<td>Benzie Leelanau District Health Dept.</td>
<td>Benzie, Leelanau</td>
</tr>
<tr>
<td>Grand Traverse County Health Dept.</td>
<td>Benzie, Leelanau</td>
</tr>
<tr>
<td>District Health Dept. #10</td>
<td>Kalkaska, Crawford, Manistee, Wexford, Missaukee, Roscommon</td>
</tr>
</tbody>
</table>

**Perinatal Regionalization Lead:** Kathy Garthe  
**Project Coordinator:** Jenifer Murray  
**Other Members:** Lynette Biery (MSU)
HEALTHY MOTHERS, BABIES & FAMILIES are the foundation of creating a HEALTHIER MICHIGAN
MILLION DOLLAR PAUSE
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