Improving Birth Outcomes Through Regional Perinatal Quality Collaboratives

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Michigan Department of Health and Human Services
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Objective

• Describe innovative approaches to engage communities in investing in public health transformation
• Who is in the audience?
  • Nurses?
  • Physicians?
  • Local public health?
  • Medicaid health plans?
  • Community members?
  • Others?
• In 2017, there were ______ number of infant deaths.

A. 458
B. 692
C. 762
• In 2017, there were ______ number of infant deaths.

C. 762
• The pregnancy-related mortality rate in 2016 was:

A. 17.5 per 100,000 live births
B. 14.1 per 100,000 live births
C. 22.0 per 100,000 live births
• The pregnancy-related mortality rate in 2016 was:

B. 14.1 per 100,000 live births
• In 2017, babies born to Black, non-Hispanic women were more than twice as likely to die before their first birthday than babies born to White, non-Hispanic women.

A. True
B. False
• In 2017, babies born to Black, non-Hispanic women were more than twice as likely to die before their first birthday than babies born to White, non-Hispanic women

A. True

14.0 and 5.0 per 1,000 live births, respectively
• Who has heard of the Regional Perinatal Quality Collaboratives?
Setting the Stage
Infant Mortality Rate, Michigan, 2010-2017
(rate per 1,000 live births)

<table>
<thead>
<tr>
<th>Year</th>
<th># Live Births</th>
<th># Infant Death</th>
<th>IMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>114,717</td>
<td>817</td>
<td>7.1</td>
</tr>
<tr>
<td>2011</td>
<td>114,159</td>
<td>749</td>
<td>6.6</td>
</tr>
<tr>
<td>2012</td>
<td>112,708</td>
<td>783</td>
<td>6.9</td>
</tr>
<tr>
<td>2013</td>
<td>113,732</td>
<td>799</td>
<td>7.0</td>
</tr>
<tr>
<td>2014</td>
<td>114,460</td>
<td>773</td>
<td>6.8</td>
</tr>
<tr>
<td>2015</td>
<td>113,211</td>
<td>770</td>
<td>6.8</td>
</tr>
<tr>
<td>2016</td>
<td>113,374</td>
<td>747</td>
<td>6.6</td>
</tr>
<tr>
<td>2017</td>
<td>111,507</td>
<td>762</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

Data source: Michigan resident live birth files and infant mortality files, Division for Vital Records and Health Statistics, MDHHS
Infant Mortality Rates by Maternal Race/Ethnicity, Michigan, 2013-2017 (rate per 1,000 live births)

Average Infant Mortality Rate by Maternal Race/Ethnicity, Michigan, 2013-2017

<table>
<thead>
<tr>
<th>Maternal Race/Ethnicity</th>
<th># Live Births</th>
<th># Infant Death</th>
<th>IMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>386,629</td>
<td>1,984</td>
<td>5.1</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>103,749</td>
<td>1,350</td>
<td>13.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>38,554</td>
<td>278</td>
<td>7.2</td>
</tr>
<tr>
<td>American Indian</td>
<td>2,122</td>
<td>12</td>
<td>5.7</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>20,044</td>
<td>84</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

Data source: Michigan resident live birth files and infant mortality files, Division for Vital Records and Health Statistics, MDHHS
Low Birthweight, Michigan, 2000-2017

Percent Low Birthweight (Birthweight < 2,500 Grams), Michigan, 2010-2017

<table>
<thead>
<tr>
<th>Year</th>
<th># Live Births</th>
<th># LBW</th>
<th>LBW %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>114,717</td>
<td>9,678</td>
<td>8.4</td>
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<tr>
<td>2011</td>
<td>114,159</td>
<td>9,576</td>
<td>8.4</td>
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<tr>
<td>2012</td>
<td>112,708</td>
<td>9,535</td>
<td>8.5</td>
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<tr>
<td>2013</td>
<td>113,732</td>
<td>9,397</td>
<td>8.3</td>
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<tr>
<td>2014</td>
<td>114,460</td>
<td>9,592</td>
<td>8.4</td>
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<tr>
<td>2015</td>
<td>113,211</td>
<td>9,611</td>
<td>8.5</td>
</tr>
<tr>
<td>2016</td>
<td>113,374</td>
<td>9,708</td>
<td>8.6</td>
</tr>
<tr>
<td>2017</td>
<td>111,507</td>
<td>9,846</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Low birthweight rate is defined as number of births with baby birthweight < 2,500 grams per 100 live births.

Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS
Low Birthweight by Maternal Race/Ethnicity, Michigan, 2013-2017

Average Percent Low Birthweight (Birthweight < 2,500 Grams) by Maternal Race/Ethnicity, Michigan, 2013-2017

<table>
<thead>
<tr>
<th>Maternal Race/Ethnicity</th>
<th># Live Births</th>
<th># LBW</th>
<th>LBW %</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>386,629</td>
<td>27,168</td>
<td>7.0</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>103,749</td>
<td>14,837</td>
<td>14.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>38,554</td>
<td>2,815</td>
<td>7.3</td>
</tr>
<tr>
<td>American Indian</td>
<td>2,122</td>
<td>168</td>
<td>7.9</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>20,044</td>
<td>1,808</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Low birthweight rate is defined as number of births with baby birthweight < 2,500 grams per 100 live births.

Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS
Preterm Birth, Michigan, 2010-2017

Percent Preterm Birth (Estimated Gestational Age < 37 Weeks), Michigan, 2010-2017

Preterm birth rate is defined as number of births delivered before 37 completed weeks of gestation per 100 live births. Gestational age is based on the obstetric estimate of gestation.

<table>
<thead>
<tr>
<th>Year</th>
<th># Live Births</th>
<th># PTB</th>
<th>PTB %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>114,717</td>
<td>11,696</td>
<td>10.2</td>
</tr>
<tr>
<td>2011</td>
<td>114,159</td>
<td>11,378</td>
<td>10.0</td>
</tr>
<tr>
<td>2012</td>
<td>112,708</td>
<td>11,338</td>
<td>10.1</td>
</tr>
<tr>
<td>2013</td>
<td>113,732</td>
<td>11,069</td>
<td>9.7</td>
</tr>
<tr>
<td>2014</td>
<td>114,460</td>
<td>11,136</td>
<td>9.7</td>
</tr>
<tr>
<td>2015</td>
<td>113,211</td>
<td>11,136</td>
<td>9.8</td>
</tr>
<tr>
<td>2016</td>
<td>113,374</td>
<td>11,490</td>
<td>10.1</td>
</tr>
<tr>
<td>2017</td>
<td>111,507</td>
<td>11,406</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS
Preterm Birth by Maternal Race/Ethnicity, Michigan, 2013-2017

Average Percent Preterm Birth ( Estimated Gestational Age < 37 Weeks) by Maternal Race/Ethnicity, Michigan, 2013-2017

<table>
<thead>
<tr>
<th>Maternal Race/Ethnicity</th>
<th># Live Births</th>
<th># PTB</th>
<th>PTB %</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>386,629</td>
<td>34,558</td>
<td>8.9</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>103,749</td>
<td>14,709</td>
<td>14.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>38,554</td>
<td>3,522</td>
<td>9.1</td>
</tr>
<tr>
<td>American Indian</td>
<td>2,122</td>
<td>231</td>
<td>10.9</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>20,044</td>
<td>1,723</td>
<td>8.6</td>
</tr>
</tbody>
</table>

Preterm birth rate is defined as number of births delivered before 37 completed weeks of gestation per 100 live births. Gestational age is based on the obstetric estimate of gestation.

Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS
• Between 2010 and 2017 there were **1,136 sleep-related infant deaths** in Michigan.

• The three-year moving average for sleep-related infant death decreased in 2015-2017, after having experienced an increasing trend for several years.

• Between 2010 and 2016 White infants experience lower sleep-related infant death rates as compared to Black infants and American Indian/Alaska Native infants.

• Between 2010 and 2016 Hispanic and non-Hispanic infants experienced similar sleep-related infant death rates.
Maternal Mortality (per 100,000 live births)

- Maternal deaths include deaths that occur during pregnancy, at delivery or within one year of pregnancy.
- Total maternal mortality includes both pregnancy-associated mortality (unrelated to the pregnancy) and pregnancy-related mortality (related to or aggravated by the pregnancy).
- Between 2011 and 2015, there were 339 maternal deaths, including pregnancy-associated and pregnancy-related deaths.
- Maternal mortality rate for 2011-2015 is 59.7 per 100,000 live births.
In 1970s and 1980s, Michigan was a national leader in regionalization of perinatal systems

Over time the perinatal system faded

Between 2005 and 2009 efforts were made to strengthen the waning system

In 2011, Prosperity Regions 2&3 initiated Perinatal Care System efforts

• Driven by closure of birthing hospitals in these regions
Regional Perinatal Quality Collaborative Timeline

• 2015: MDHHS funds Regions 2 & 3 as a Regional Perinatal Quality Collaborative (RPQC)
• 2016: Regions 4 and 10 initiate RPQCs
• 2017: Regions 1 and 8 initiate RPQCs
• 2018: Region 5 initiates an RPQC
• 2019: Region 6 initiates RPQC
• 2019: Regions 7 and 9 initiate RPQCs
What is a Regional Perinatal Quality Collaborative?

Not the CDC’s Perinatal Quality Collaboratives (PQC)

- 13 states participate in this initiative
- The CDC PQC are clinically focused

Michigan’s Regional Perinatal Quality Collaboratives:

- Defined by prosperity region
- Cross-sector, diverse membership
- Fiduciaries and funding sources
- Structure to fit the Region’s unique culture and dynamics
  - Leadership structure
  - Frequency of RPQC meetings
  - Type and number of quality improvement projects
Role of Regional Perinatal Quality Collaboratives (RPQCs)

• RPQCs are tasked with:
  • **Engaging families!!!**
  • Convening diverse stakeholders
    • Fostering relationships and networking opportunities
  • Efforts to improve maternal and infant health
    • Data driven
    • Utilize evidence-based and promising practices
    • Quality improvement methodology
    • Start small and then spread through region; share with other RPQCs
Regional Perinatal Quality Collaborative Efforts
Regions 2&3
Regions 2&3 – Northern Lower Michigan

- **Fiduciary:** Munson Health Care

- **Efforts include:**
  - High Touch, High Tech (HT2) electronic screening tool implementation
  - Increasing capacity of Medication Assisted Treatment (MAT) providers
  - SCRIPT implementation within Maternal Infant Health Program (MIHP)
  - Expanding Healthy Futures home visiting program
  - Leadership involvement in long-active reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety (hypertension and hemorrhage)

Source: MDHHS, Division of Vital Records and Health Statistics
Regions 2&3 – Northern Lower Michigan

- Fiduciary: Munson Health Care
- Efforts include:
  - **High Touch, High Tech (HT2) electronic screening tool implementation**
    - Neonatal abstinence syndrome (NAS) rates 3rd and 4th highest regions in 2017
    - Percentage of pregnant women smoking in 2017 range from 12% to 44%
  - Increasing capacity of Medication Assisted Treatment (MAT) providers
  - SCRIPT implementation within Maternal Infant Health Program (MIHP)
  - Expanding Healthy Futures home visiting program
  - Leadership involvement in long-active reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety (hypertension and hemorrhage)

Source: MDHHS, Division of Vital Records and Health Statistics
High Touch, High Tech
Overview

• Electronic screening tool that includes a brief intervention and option to share results with provider for linkage to resources/referrals
  • Dr. Steven Ondersma of Wayne State University and Dr. Maria Muzik of the University of Michigan
  • Screening questions can be modified to a specific clinic – main questions related to substance use (including alcohol and tobacco) and depression
  • Original model had Infant Mental Health Specialist part-time in clinic, but rural areas have concerns related to access and having resources available
    • Looking now toward tele-behavioral health
    • Referrals to resources
    • 1 clinic has peer recovery coach available to patients
High Touch, High Tech (HT2) Data

- 4 clinics in Regions 2&3 have implemented HT2, looking to expand to additional clinics in FY20

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Number of women at OB intake screened</th>
<th>Number of pregnant women that screened positive for substance use</th>
<th>Number of pregnant women received brief intervention</th>
<th>Number of pregnant women referred for treatment and counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic A</td>
<td>74 (98.6%)</td>
<td>37 (50%)</td>
<td>16 (43.2%)</td>
<td>7 (3 already in treatment, 3 declined)</td>
</tr>
<tr>
<td>Clinic B</td>
<td>63 (100%)</td>
<td>44 (69.8%)</td>
<td>32 (72.7%)</td>
<td>19 (12 declined, 4 already in treatment)</td>
</tr>
<tr>
<td>Clinic C</td>
<td>113</td>
<td>48 (42.9%)</td>
<td>16 (33.3%)</td>
<td>Not reported</td>
</tr>
</tbody>
</table>
Regions 2&3 – Northern Lower Michigan

- Fiduciary: Munson Health Care
- Efforts include:
  - *High Touch, High Tech (HT2)* electronic screening tool implementation
  - **Increasing capacity of Medication Assisted Treatment (MAT) providers**
  - SCRIPT implementation within Maternal Infant Health Program (MIHP)
  - Expanding Healthy Futures home visiting program
  - Leadership involvement in long-acting reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety bundles (hypertension and hemorrhage)
Increasing capacity of Medication Assisted Treatment (MAT) providers

- Now 9 additional providers trained in Medication Assisted Treatment (MAT)
- Able to provide MAT to pregnant/postpartum women
- Implemented at the 2 Traverse City clinics that are participating in HT2
- 1 clinic also has peer recovery coach available
Regions 2&3 – Northern Lower Michigan

• Fiduciary: Munson Health Care
• Efforts include:
  • *High Touch, High Tech (HT2)* electronic screening tool implementation
  • Increasing capacity of Medication Assisted Treatment (MAT) providers
  • **SCRIPT implementation within Maternal Infant Health Program (MIHP)**
    • Percentage of pregnant women smoking in 2017 range from 12% to 44%
  • Expanding Healthy Futures home visiting program
  • Leadership involvement in long-acting reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety bundles (hypertension and hemorrhage)
Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) in Northern Michigan

- What is SCRIPT?
  - Staff from all local health departments in the two regions received SCRIPT training

- Desire to pair SCRIPT with Maternal Infant Health Program (MIHP)
  - Piloting at 2 sites
  - 44 pregnant women in MIHP identified as using tobacco
  - 33 of those women completed the SCRIPT assessment
  - 9 have enrolled
  - 3 have reduced or quit smoking

- Continuous quality improvement
Regions 2&3 – Northern Lower Michigan

• Fiduciary: Munson Health Care
• Efforts include:
  • *High Touch, High Tech (HT2)* electronic screening tool implementation
  • Increasing capacity of Medication Assisted Treatment (MAT) providers
  • SCRIPT implementation within Maternal Infant Health Program (MIHP)
• **Expanding Healthy Futures home visiting program**
  • Leadership involvement in long-acting reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety bundles (hypertension and hemorrhage)
Expanding Healthy Futures home visiting program

• Munson Medical Center based program that provides follow-up from LHD nurse post-birth and connects mom/family to needed resources
• Looking to expand within, and outside, the Munson Health System
  • Otsego Memorial Hospital and OB office
Regions 2&3 – Northern Lower Michigan

• Fiduciary: Munson Health Care

• Efforts include:
  • *High Touch, High Tech (HT2)* electronic screening tool implementation
  • Increasing capacity of Medication Assisted Treatment (MAT) providers
  • SCRIPT implementation within Maternal Infant Health Program (MIHP)
  • Expanding Healthy Futures home visiting program

• Leadership involvement long-acting reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety bundles (hypertension and hemorrhage)
Region 1
Region 1 – Upper Peninsula

• Fiduciary: Upper Peninsula Health Care Solutions

• Efforts include:
  • Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
  • Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
  • *High Touch, High Tech* (HT2) electronic screening tool implementation
  • Universal home visiting workgroup
  • Health equity and stigma reduction
Region 1 – Upper Peninsula

- Fiduciary: Upper Peninsula Health Care Solutions
- Efforts include:
  - Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
  - Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
  - *High Touch, High Tech (HT2)* electronic screening tool implementation
  - Universal home visiting workgroup
  - Health equity and stigma reduction
Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital

- “Pilot” Hospital
- Policies, procedures and process
- Share best practices with birthing hospitals in the UP
Region 1 – Upper Peninsula

• Fiduciary: Upper Peninsula Health Care Solutions

• Efforts include:
  • Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
  • **Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics**
    • Percentage of women reporting smoking in pregnancy in 2017 ranges from 11% - 47%
    • 2013-2015: 31.2% smoking in pregnancy for Region 1
  • *High Touch, High Tech (HT2)* electronic screening tool implementation
  • Universal home visiting workgroup
  • Health equity and stigma reduction

Source: MDHHS, Division of Vital Records and Health Statistics
Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) in the U.P.

- 7 agencies throughout the U.P. trained in SCRIPT
- Half are currently participating in implementation
- Through August, the agencies have identified 39 pregnant women using tobacco
  - 13 have agreed to participate in SCRIPT
  - 2 women have reduced smoking by greater than 50% and 1 woman has quit completely
- Additional outcomes/overcoming challenges
Region 1 – Upper Peninsula

• Fiduciary: Upper Peninsula Health Care Solutions

• Efforts include:
  • Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
  • Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics

• **High Touch, High Tech (HT2) electronic screening tool implementation**
  • In 2017, had the highest neonatal abstinence syndrome (NAS) rates of any prosperity region in the State
  • High smoking rates (as stated earlier)

• Universal home visiting workgroup
• Health equity and stigma reduction
Region 1 – Upper Peninsula

• Fiduciary: Upper Peninsula Health Care Solutions

• Efforts include:
  • Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
  • Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
  • *High Touch, High Tech (HT2)* electronic screening tool implementation

• Universal home visiting workgroup

• Health equity and stigma reduction
Universal home visiting workgroup

- Initiated as result of grant for Systems Level Approach to NAS
- Working to develop universal referral protocol
- Connecting all women to home visiting programs
  - Further referral to substance use resources as needed
Region 1 – Upper Peninsula

• Fiduciary: Upper Peninsula Health Care Solutions

• Efforts include:
  • Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
  • Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
  • *High Touch, High Tech (HT2)* electronic screening tool implementation
  • Universal home visiting workgroup

• **Health equity and stigma reduction**
Health equity and stigma reduction

- Neonatal Abstinence Syndrome (NAS) quality improvement efforts in collaboration with MPHI
- Trainings and workshops
  - NAS education and stigma reduction
  - Treatment of Opioid Use Disorder
  - Serving Native American Families
  - MI AIM Safety Bundle Training
Region 10
Region 10 – Southeast Michigan

- Fiduciary: Greater Detroit Area Health Coalition
- Efforts include:
  - Increasing referrals and enrollment in home visiting programs
  - Diversity, equity and inclusion
  - Diverse Regional Perinatal Quality Collaborative (RPQC) membership
Region 10 – Southeast Michigan

- Fiduciary: Greater Detroit Area Health Coalition
- Efforts include:
  - Increasing referrals and enrollment in home visiting programs (Healthy Baby @ Home)
  - Diversity, equity and inclusion
  - Diverse Regional Perinatal Quality Collaborative (RPQC) membership
Healthy Baby @ Home

• To address low enrollment in home visiting programs

• Partnered with Maternal Infant Health Program (MIHP) agencies and prenatal care clinic(s)
  • 2 MIHP agencies alternate being present in prenatal care clinic
    • 3rd agency works with an additional prenatal care clinic
  • Provides patients an opportunity to connect with someone from the agency and creates a ‘warm hand-off’
  • Opportunity to connect patient to resources at that time

• MIHP agencies also work with Neonatal Intensive Care Unit (NICU) and Special Care Nursery staff at local hospital
  • Connect families to services and enroll in home visiting program
Healthy Baby @ Home: Data

Percent of women enrolled in home visiting at prenatal clinics

- October 2018: 90%
- November 2018: 90%
- December 2018: 90%
- January 2019: 80%
- February 2019: 70%
- March 2019: 60%
- April 2019: 50%
- May 2019: 40%
- June 2019: 30%
- July 2019: 20%
- August 2019: 10%
- September 2019: 10%
Healthy Baby @ Home: Data
Region 10 – Southeast Michigan

• Fiduciary: Greater Detroit Area Health Coalition
• Efforts include:
  • Increasing referrals and enrollment in home visiting programs
  • Diversity, equity and inclusion
    • Diverse Regional Perinatal Quality Collaborative (RPQC) membership
Diversity, equity and inclusion

• Working with partner agencies to ensure policies and procedures are equitable

• Maternal Infant Health Program (MIHP) staff and clinical partners participating in quality improvement (QI) project received implicit bias training and engaging communities
Region 10 – Southeast Michigan

• Fiduciary: Greater Detroit Area Health Coalition
• Efforts include:
  • Increasing referrals and enrollment in home visiting programs
  • Diversity, equity and inclusion
• Diverse Regional Perinatal Quality Collaborative (RPQC) membership
Diverse Regional Perinatal Quality Collaborative (RPQC) membership

- Community based organizations
  - Focus: HOPE
- Health Systems
- Local public health
- Medicaid health plans
- Home visiting agencies
- Mental health agencies
Region 6
Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
  - *High Touch, High Tech (HT2)* electronic screening
  - Expanding Regional Perinatal Quality Collaborative (RPQC) membership
  - Innovative
  - Potential efforts in fiscal year 2020 (FY20)
Region 6 – Thumb Area

• Fiduciary: Tuscola County Health Department
• Efforts include:
  • **High Touch, High Tech (HT2) electronic screening**
    • 2017 Percentage of pregnant women smoking: 18-25%
    • 2nd highest treated neonatal abstinence syndrome (NAS) rate in 2017
  • Expanding Regional Perinatal Quality Collaborative (RPQC) membership
  • Innovative
  • Potential efforts in fiscal year 2020 (FY20)
High Touch, High Tech (HT2) in Region 6

- Partnered with Federally Qualified Health Center (FQHC) in Bay City
  - In-house licensed master of social work (LMSW)
- June-August 2019 data
  - 118 (96.7%) pregnant women completed the screening
  - 75 (63.6%) women screened positive and/or were eligible for brief intervention on iPad
  - 53 (70.7%) received the brief intervention
  - Majority of positive screens were for tobacco, alcohol, marijuana and depression
Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
  - *High Touch, High Tech (HT2)* electronic screening
  - **Expanding Regional Perinatal Quality Collaborative (RPQC) membership**
  - Innovative
  - Potential efforts in fiscal year 2020 (FY20)
Expanding Regional Perinatal Quality Collaborative (RPQC) membership

- Excellent participation of families
- Every local health department (LHD) is actively participating
- Working to add diverse, cross-sector members
Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
  - *High Touch, High Tech (HT2)* electronic screening
  - Expanding Regional Perinatal Quality Collaborative (RPQC)
- **Innovative**
  - Use of technology for meeting attendance
  - Potential efforts in fiscal year 2020 (FY20)
Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
  - *High Touch, High Tech (HT2)* electronic screening
  - Expanding Regional Perinatal Quality Collaborative (RPQC)
  - Innovative
- **Potential efforts in fiscal year 2020 (FY20)**
Potential efforts in fiscal year 2020 (FY20)

• Michigan Alliance for Innovation for Maternal Health (AIM) safety bundle implementation
  • Obstetric Care for Women with Opioid Use Disorder (OUD)
• Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation
Aligning Efforts
Michigan Department of Health and Human Services (MDHHS)

Community Stakeholders and Local Public Health

Regional Perinatal Quality Collaboratives (RPQCs)

Mother Infant Health and Equity Collaborative (MIHEC)

OB Initiatives

Community Input

Health Plans

Maternal Infant Strategy Group (MISG)

Michigan Department of Health and Human Services (MDHHS)

Community Stakeholders and Local Public Health

Regional Perinatal Quality Collaboratives (RPQCs)

Mother Infant Health and Equity Collaborative (MIHEC)

OB Initiatives

Community Input

Health Plans

Maternal Infant Strategy Group (MISG)
Strategic Vision

Zero preventable deaths

Zero health disparities
Six Priority Areas

- Health Equity
- Healthy Girls, Women & Mothers
- Optimal Birth Spacing & Intended Pregnancies
- Full Term, Healthy Weight Babies
- Infants Safely Sleeping
- Mental, Emotional & Behavioral Well-Being

MOTHER INFANT
HEALTH & EQUITY
IMPROVEMENT PLAN
### Maternal and Infant Health Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2017 Metric</th>
<th>2023 Goal</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate/1000 live births</td>
<td>6.8</td>
<td>5.8</td>
<td>15%</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>8.8%</td>
<td>7.8%</td>
<td>11%</td>
</tr>
<tr>
<td>Preterm Birth</td>
<td>10.2%</td>
<td>9.4%</td>
<td>8%</td>
</tr>
<tr>
<td>Sleep Related Infant Death Rate/10,000 live births</td>
<td>8.9</td>
<td>7.6</td>
<td>14%</td>
</tr>
<tr>
<td>Severe Maternal Morbidity Rate/10,000 delivery hospitalizations</td>
<td>169</td>
<td>130</td>
<td>23%</td>
</tr>
<tr>
<td>Pregnancy Related Maternal Mortality Rate/100,000 live births [2016 data]</td>
<td>11.5</td>
<td>7.3</td>
<td>37%</td>
</tr>
</tbody>
</table>

* Vital Records (VR) data were used in place of data match with HP2020 goal; ** A 2022 goal of 7.3 was used in the regression model for this indicator as it is the current pregnancy-related maternal mortality rate for California and Canada.

**Methodology**

The most recent four to five year of indicator data, along with the HP2020 goal (when available), were modeled to obtain annual projections for each of the MHEIP indicators listed below. Ordinary least squares (linear) regression models were used to calculate projected annual objectives when current estimates were within an acceptable range (0.2 - 0.8) and projected estimates did not surpass 100% or in cases where numerators and denominators were not available. Log-binomial models were used to calculate projected annual estimates when current estimates were outside the acceptable range for OLS and numerators and denominators were available.
• Who has heard of the Regional Perinatal Quality Collaboratives?
Regional Perinatal Quality Collaboratives are tasked with engaging families, convening diverse, cross-section stakeholders and improving maternal and infant birth outcomes through data-driven quality improvement efforts.

A. True  
B. False
Regional Perinatal Quality Collaboratives are tasked with engaging families, convening diverse, cross-section stakeholders and improving maternal and infant birth outcomes through data-driven quality improvement efforts.

A. True
Summary

• Regional Perinatal Quality Collaboratives (RPQCs) offer an innovative and alternate model
• RPQCs have cross-sector and diverse membership
• RPQC example of networking and relationship building at its finest
• Importance of aligning efforts to improve birth outcomes and decrease disparities
MIHEIP and Regional Perinatal Quality Collaboration (RPQC) Participation

01
Sign up for the MIHEIP newsletter
Sign up at: www.Michigan.gov/MIHEIP

02
Connect with your RPQC
Contact Emily Goerge -- GoergeE@Michigan.gov

03
November 14, 2019
Attend a MIHEC Meeting
Ann Arbor, Michigan
Register: www.Michigan.gov/MIHEIP

04
March 30-31, 2020
Attend Mother Infant Health Summit
Lansing, MI
Contact Information

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MDHHS; Division of Maternal and Infant Health
GoergeE@Michigan.gov
Resources

- www.Michigan.gov/MIHEIP
- www.Michigan.gov/MCHEpi
- Michigan Community Health Information: https://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944_5326---,00.html
- Michigan AIM: www.miaim.us