

Birth Outcomes Initiative



DEPARTMENT OF HEALTH
AND HOSPITALS

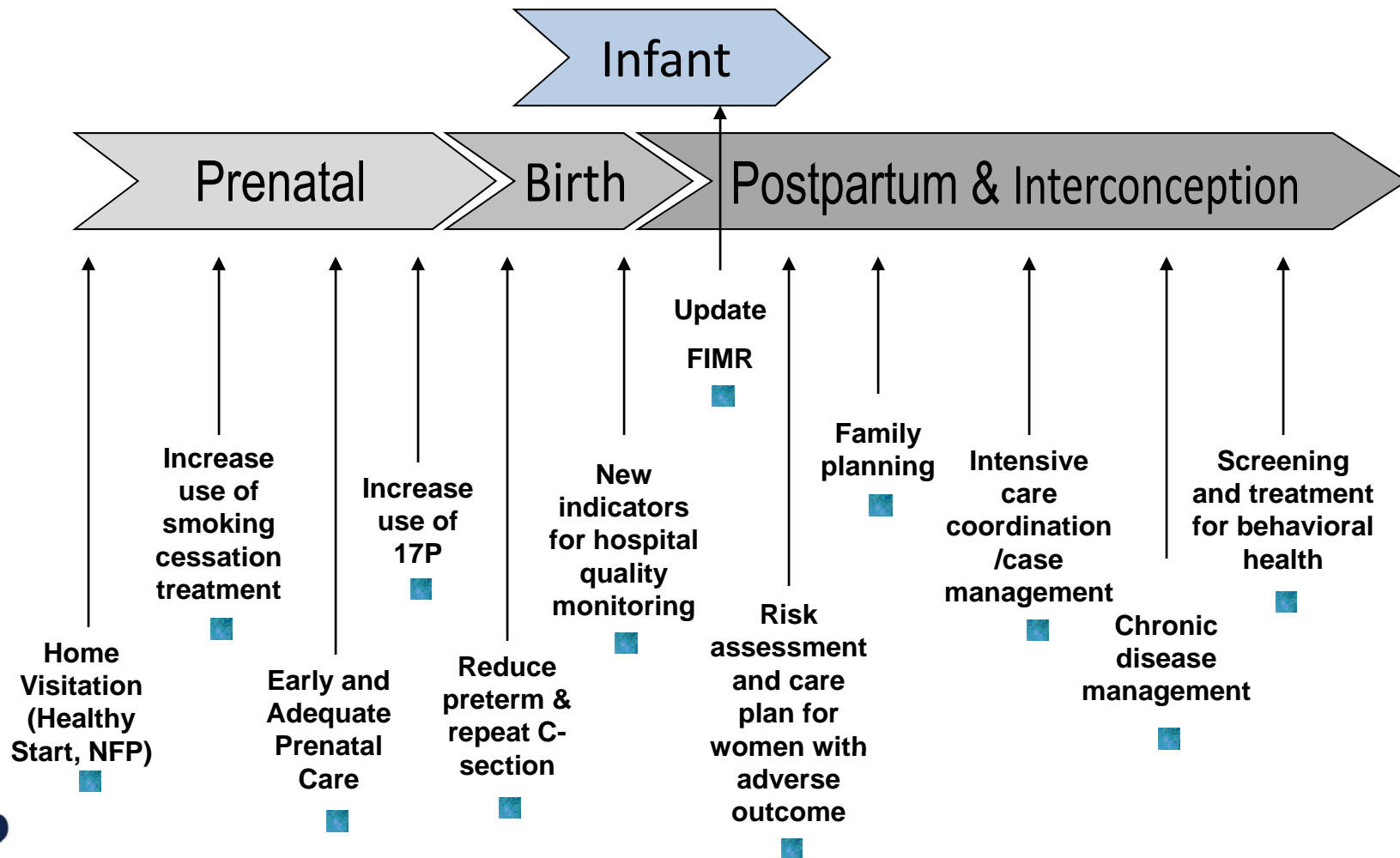
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Louisiana Rankings

Indicator	US	Louisiana	Rank
Infant Mortality (IMR)/1000 births	6.69	9.92	49
Pre-term birth/%	12.8	16.4	47
Low Birth Weight/%	8.3	11.4	49
Very Low Birth Weight/%	1.5	2.1	49
Teen birth rate (15-19)/per 1000 population	41.9	53.9	40
1 st trimester prenatal care entry/%	--	87.0	4 of 32

Source: Louisiana Vital Statistics

Interventions to Improve Birth Outcomes



Medicaid Paid Deliveries (2007)

Race	Medicaid	Total Births	%
White	20256	37672	53.8
Black	23164	25698	90.1
Other	1761	2693	65.4
All races	45181	66063	68.4

In Louisiana, Medicaid pays for almost 70% of all births; the second highest Medicaid birth rate in the Nation.



Better Birth Outcomes



Birth Outcomes Priorities

- Care Coordination and Preconception Health
- Patient Safety and Quality of Care
- Women's Behavioral Health
- Data and Measurement



Care Coordination

- **Description:** *To reduce Louisiana's low birth weight rates; number of unintended pregnancies and Medicaid costs and increase child spacing intervals by providing interconception care for women with a prior poor birth outcome.*
- **Plan to get to completion:**
 - Begin program in Greater New Orleans area through opportunity of the GNOCHC waiver
 - Expand program to high risk women statewide
 - Create data linkages to track eligibility, process and health indicators
 - Implement enrollment, outreach and expansion strategies
- **Barriers to success:**
 - Lack of HMO penetration in Louisiana makes immediate statewide implementation challenging
 - Currently, women are eligible for Medicaid only if they are very poor. The majority of women (73%) lose coverage 60 days after they deliver their baby
- **What's working well:**
 - Waiver timing and evidence based strategy with evaluation component
 - Opportunity for expansion with Medicaid reform statewide



Patient Safety and Quality of Care

Goal: Safe and Effective Care

Safe: avoiding injuries to patients

Effective: providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit

IOM *Crossing the Quality Chasm* 2001



Patient Safety and Quality of Care

- **Description:** *To create a culture of continuous quality improvement and safety in Louisiana's birthing hospitals.*
- **Plan to get to completion:**
 - State tour of Birth Outcomes where letters of support for policy change are signed and hospitals receive invitation for and join IHI collaborative
 - LAMMICO giving a 10% reduction in malpractice rates with physician participation
 - March of Dimes/DHH Statewide patient and community education effort.
- **Barriers to success:**
 - Very few hospitals currently participating in IHI
- **What's working well:**
 - Almost all hospitals with deliveries over 1,000 per year have agreed to participate during our meetings
 - Louisiana will be the first state with a STATEWIDE policy in the nation at a time when this problem has national recognition
 - Linkages from DHH to Quality Forum, Hospital Association, Insurers and Providers
 - March of Dimes/Healthy Babies are Worth the Wait Partnership



IHI

- An independent not-for profit-organization based in Cambridge, Massachusetts, IHI focuses on motivating and building the will for change; identifying and testing new models of care in partnership with both patients and health care professionals; and ensuring the broadest possible adoption of best practices and effective innovations.
- Long history as a trusted source for innovation and collaboration



IHI

- The Perinatal Improvement Community provides results-focused improvement opportunities
- Participants start with in-depth diagnostic and goal-setting processes and identify initial areas of focus
 - 39 weeks
 - Decreased c-section rates
- Teams engage in rapid testing of changes that have been shown to improve care, adapting them to their own settings, and constantly measuring the outcomes.



Behavioral Health

- **Description:** *Institute statewide comprehensive behavioral health screening and brief intervention for pregnant women in Medicaid*
- **Plan to get to completion:**
 - Medicaid needs to activate payment codes (Potentially emergency rule)
 - Provider outreach and education on the new screening tool
 - Data system/registry for high risk women
- **Barriers to success:**
 - Lack of comprehensive electronic records systems
 - Network of available providers for intervention
- **What's working well**
 - Coordination with Medicaid on provider reimbursement system
 - Partnership with Louisiana's Tobacco Control Program



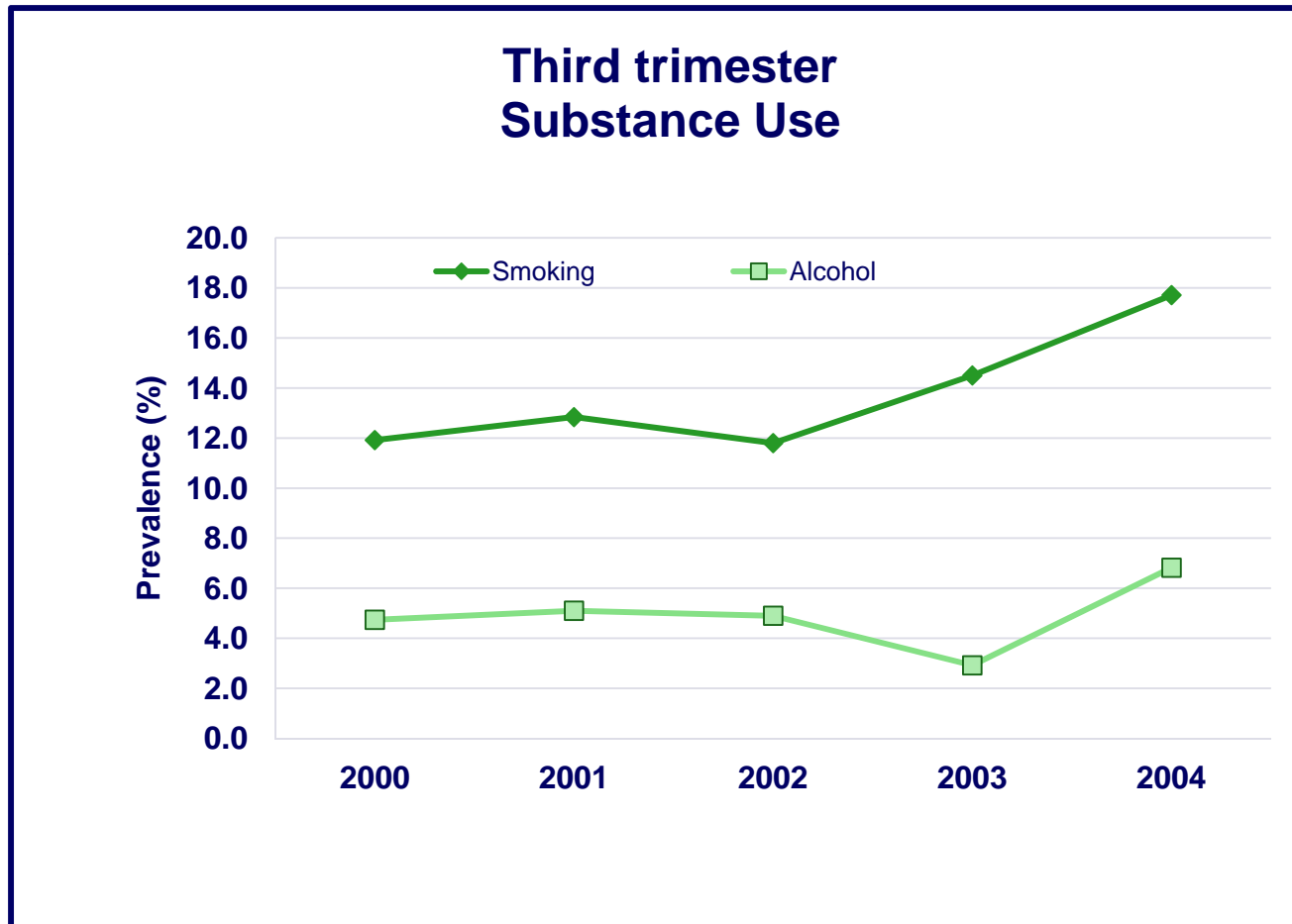
Smoking

- Smoking is an important determinant of health status and a major contributor to prematurity and low birthweight. In Louisiana in 2009, 22.1% of women ages 18-44 reported smoking, compared to 19.6% overall in the U.S.
- Smoking during the last trimester of pregnancy increased from 11.8% in 2002 to 12.6% in 2007

Citation: March of Dimes. PERINATAL DATA SNAPSHOTS: Louisiana Maternal and Infant Health Overview
http://www.marchofdimes.com/peristats/pdflib/999/pds_22_all.pdf



Increases in third trimester substance abuse



Data and Measurement

- **Description:** *Identify data elements needed to show success on birth outcomes as well as solutions for barriers to collecting them*
- **Plan to get to completion**
 - Report card and registry must be created and populated by data from hospitals
 - Meaningful use plan for Quality Forum and birth outcomes measures to be drafted
- **Barriers to success**
 - Lack of national (JCAHO) quality measures in perinatal care lead us to create our own and sometimes more difficult to validate, measures and lack of comprehensive hospital discharge database
 - Building registry in a short amount of time
- **What's working well**
 - LEERS Birth Certificate Data system is able to provide needed measure to identify preterm births
 - DHH leadership are experts in Data systems; DHH is in the midst of a data transformation that is informing the birth outcomes process



Preconception Behaviors

Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?

During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or prenatal vitamin?

	Year	Counseled %	Vitamin Use		
			Every day %	4-6 days/wk %	1-3 days/wk %
All Races	2004	24.2	23.4	5.1	7.1
	2007	24.5	22.9	5.0	7.8
White	2004	29.1	27.7	6.2	6.5
	2007	24.8	24.0	5.6	7.8
Black	2004	16.2	16.3	3.4	8.4
	2007	24.3	21.6	3.6	8.0

