NORTHERN MICHIGAN PERINATAL ISSUES – CREATING AN INTEGRATED AND COORDINATED NETWORK ACROSS 21 COUNTIES

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Purpose and Design

Perinatal Regionalization 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 structure of care and results in:

- Reduced infant mortality
- Reduced low birth-weight babies
- Appropriate prenatal care for moms, and
- Reduced costs

The scope of concern: the four Perinatal Periods Of Risk (PPOR).
Perinatal Periods Of Risk: An Approach to Infant Mortality

- Fetal
- Neonatal
- Post neonatal

Age at Death

Maternal Health/ Prematurity

500-1499g

Maternal Care
Newborn Care
Infant Health

1500g

Birthweight
Perinatal Initiative Team (Est. 2011)

- Health Departments
- Hospitals
- Michigan Council on Maternal and Child Health
- March of Dimes
- Michigan Department of Community Health
- Michigan Health and Hospital Association
- Michigan Primary Care Association
- Physicians
Northern Michigan is Uniquely Rural

21 counties:
- >11,000 square miles
- population of <500,000
- 5,000 births per year
- One NICU unit
- Nine OB hospitals

All rural; no urban adjacent or within
Northern Michigan Health Department Representation
7 HD’s involved in serving 5% of the population of Michigan
Northern Michigan Obstetrics Market (and Medicaid Percentage)

July 2011 – June 2012:
Size of OB Market and Medicaid Mix

MMC – 1,956 Discharges
M-NM – 626 Discharges
ARMC – 376 Discharges
MHG – 376 Discharges
MHC – 246 Discharges
SJT – 286 Discharges
OMH – 273 Discharges
CAH – 218 Discharges
WSMC – 138 Discharges

*medicaid % reflects patients with zip codes within 21 county region
Source: MHA Database

* Counties with no prenatal care providers

No OB residency programs to provide services to the Medicaid population; all Medicaid births managed by physicians in private or hospital-supported practices.
Northern Lower Michigan’s Infant Mortality is High

Infant Mortality Rate 2005-2009
5 Year Average

- Crawford – 13.6
- Wexford – 7.8
- Roscommon – 7.6
- Benzie – 7.4
- Grand Traverse – 6.8
- Iosco – 6.6
- Otsego – 6.5
- Manistee – 6.2
- Alpena – 6.1
- Antrim – 6.0

**Michigan non-racially diverse** – 5.4
- Charlevoix – 5.3
- Emmet – 4.0
Michigan’s Disparity Ratio

Michigan Health Risk Assessment

Leelanau: 2
Grand Traverse: 7
Emmet: 9
Missaukee: 12
Charlevoix: 18
Presque Isle: 34
Cheboygan: 40
Antrim: 48
Benzie: 52
Alpena: 53
Iosco: 54
Otsego: 57
Manistee: 60
Crawford: 61
Ogemaw: 66
Wexford: 67
Montmorency: 68
Kalkaska: 71
Oscoda: 72
Roscommon: 75
Alcona: 78
Rural Perinatal Service Characteristics

- Small population of childbirth age
  - Low critical mass to maintain necessary support structure
    - Physician call
    - Workforce skill set
    - Social, mental health, substance abuse services

- Transportation time & costs are a problem for service providers and patients

- More than half of the perinatal patients are only temporarily insured (e.g. Medicaid is payer), leading to dis-continuous care.
There are 9 hospitals with OB within the 21 counties; this creates travel out of county for prenatal and delivery for women in 12 counties.

Where rural OB services closed, the rate of low birth weight (lbw) infants was found to rise significantly in that first year after closure*

Challenges – No OB Residency Programs

- In any given OB physician practice in this 21 counties, the Medicaid patient population runs from 45% - 75%
  - All Medicaid OB cases managed by private practices

- In the urban areas Medicaid OB tends to be managed by OB residency programs
There are no OB residency programs in our 21 counties nor in any adjacent counties.
What’s Been Done – Phase I

- Commissioned a White Paper on Women and Children’s Health Issues in our area, Spring 2010
- Held a Summit, June 2010
- At the request of the North Central Council of the Michigan Health and Hospital Association (MHA) convened a Regional Perinatal Initiative Planning Group
- Work closely with the Michigan Department of Community Health so the regional initiative will be well-integrated with any State plans/requirements
What’s Been Done – Phase I

- Identified mission and goals and conceptual model for ‘perinatal’ (PPOR)
- Identified trackable metrics and 21-county outcomes for infant mortality and perinatal health
- Established a work plan related to the 7 recommendations from the Summit
Where We Are - Phase II

- 21-county Fetal Infant Mortality Review
- Health Departments involved in a Cross-Jurisdictional Sharing learning Collaborative
- Regional Access to Care initiative
  - Engaging Medicaid Services Administration, physicians, and Medicaid HMO payers in the conversation on streamlining services
- Physicians continuing with ‘shared care’ arrangements
Where We Are – Phase II

- Addressing prenatal smoking as part of the Community Health Needs Assessment action plans
- Adding services and staff for additional NICU follow up
- Teleconnected Maternal Fetal Medicine Clinic between Cadillac and Spectrum Health
- Summit planning for 2014
Questions?