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

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

Northern Michigan Health Department Representation
7 HD’s involved in serving 5% of the population of Michigan
No OB residency programs to provide services to the Medicaid population; all Medicaid births managed by physicians in private or hospital-supported practices.

**Northern Michigan Obstetrics Market (and Medicaid Percentage)**

- MMC = 1,656 Discharges
- MANA = 626 Discharges
- ARMC = 376 Discharges
- MIHC = 378 Discharges
- MIHC = 245 Discharges
- SJT = 266 Discharges
- OMR = 233 Discharges
- CAM = 216 Discharges
- WMIC = 138 Discharges

*Medicaid % reflects patients with zip codes within 21 county region.

Source: MHA Database

**Northern Lower Michigan's Infant Mortality is High**

<table>
<thead>
<tr>
<th>County</th>
<th>Infant Mortality Rate 2005-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>13.6</td>
</tr>
<tr>
<td>Wexford</td>
<td>7.8</td>
</tr>
<tr>
<td>Roscommon</td>
<td>7.6</td>
</tr>
<tr>
<td>Benzie</td>
<td>7.4</td>
</tr>
<tr>
<td>Grand Traverse</td>
<td>6.8</td>
</tr>
<tr>
<td>Iosco</td>
<td>6.6</td>
</tr>
<tr>
<td>Otsego</td>
<td>6.5</td>
</tr>
<tr>
<td>Alpena</td>
<td>6.1</td>
</tr>
<tr>
<td>Antrim</td>
<td>6.0</td>
</tr>
<tr>
<td>Michigan non-racially diverse</td>
<td>5.4</td>
</tr>
<tr>
<td>Charlevoix</td>
<td>5.3</td>
</tr>
<tr>
<td>Emmet</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**Michigan's Disparity Ratio**


**Michigan Health Risk Assessment**

- Leelanau: 3
- Grand Traverse: 7
- Emmet: 9
- Missaukee: 12
- Charlevoix: 18
- Presque Isle: 34
- Manistee: 60
- Cheboygan: 40
- Antrim: 48
- Benzie: 32
- Alpena: 33
- Iosco: 57
- Otsego: 56
- Crawford: 61
- Ogemaw: 66
- Wexford: 67
- Montmorency: 68
- Kalkaska: 71
- Oscoda: 72
- Roscommon: 73
- 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.

**Challenges - Distance**

- 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.

Source: Sontheimer Don MD MBA, Halverson Larry MD, Bell, Laird MD APRN, Ellis Mark MD MSPH, Willbanks Pamela Ruting DO, Impact of Discontinued Obstetrical Services in Rural Missouri: 1990-2002, National Rural Health Association, Winter 2008
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

Michigan Obstetrics Residencies

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