Office of Health Transformation

Reduce Infant Mortality

Background:

Infant deaths – when a baby who is born alive dies within the first year of life – account for 63 percent of all childhood deaths in Ohio. The three leading causes of infant death are preterm births (47 percent), birth defects (14 percent), and sleep-related deaths (15 percent). Some risk factors, such as smoking, increase the risk of all three leading causes of infant death. There are many non-medical factors that correlate to poor infant health outcomes, including race, poverty, poor nutrition, and education.

Over the past five years, the State of Ohio initiated an unprecedented package of reforms to improve overall health system performance for pregnant women and infants and reduce infant mortality. Last year, fewer babies died in Ohio than in any year since the state began registering deaths in 1939, and the state's overall infant mortality rate decreased from 7.4 deaths per 1,000 births to 6.8 in 2014. However, the rate of black babies dying before their first birthday is double the state rate and increased from 13.8 deaths per 1,000 births in 2013 to 14.3 in 2014.

In response to this disparity, Governor Kasich instructed the Ohio Departments of Health and Medicaid to surge resources into neighborhoods most at risk for poor birth outcomes. The budget enacted in June 2015 supports this strategy with funding to focus resources on the most at-risk neighborhoods, strengthen ongoing initiatives to reduce infant mortality statewide, and improve overall health system performance. The status of these initiatives is described below.

Focus Resources Where the Need is Greatest

- ***Extend Medicaid coverage to all low-income women.*** Access to health care before conception and between pregnancies significantly reduces the likelihood of poor birth outcomes. Improving a mother's health is best done before she gets pregnant, when it is easier to control diabetes, high blood pressure, and other chronic conditions. Governor Kasich's decision to extend Medicaid coverage to more low-income Ohioans resulted in more than 300,000 previously uninsured women gaining access to health coverage. These women are enrolled in health plans that assess their health risk and coordinate their care. The health plans are paid in part based on how well they drive better birth outcomes and encourage appropriate postpartum visits and family planning.

- ***Provide enhanced care management for every woman in high-risk neighborhoods.*** Ohio Medicaid managed care plans now require enhanced care management services for both pregnant and non-pregnant women in the most high-risk neighborhoods as a strategy to improve health status and future birth outcomes. The Ohio Department of Health (ODH) is using vital statistics data to pinpoint specific "hot spot" neighborhoods

that have the poorest birth outcomes in the state as measured by preterm birth and low-birth weight babies. Using this data, Ohio Medicaid directed its health plans to automatically connect pregnant women and infants in these neighborhoods to enhanced care management services. The cost of this initiative is included in the rate currently paid to health plans and has no impact on the budget.

- ***Support leaders in high-risk neighborhoods to improve birth outcomes.*** In 2013, ODH partnered with CityMatCH to launch the Ohio Institute for Equity in Birth Outcomes. OEI convenes community leaders to improve overall birth outcomes and reduce racial and ethnic disparities in infant mortality. Nine OEI communities – Butler, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit counties – account for 89 percent of the state's black infant deaths and 47 percent of white infant deaths. Each community is collaborating with The Paul J. Aicher Foundation and Everyday Democracy to bring people together to identify action steps and prioritize resources. ODH is supporting OEI community engagement ($145,000 in 2016) and setting aside Child and Family Health Services grant funding ($900,000 in 2016) for OEI priorities, including Centering Pregnancy programs, perinatal case management, increasing birth spacing through long-acting reversible contraceptives, and safe sleep programs. ODH also is providing epidemiological capacity to the nine OEI communities to increase analytical capacity and evaluation of infant mortality data ($1 million in SFY 2016).

  Ohio Medicaid is investing $26.8 million over two years through its five Medicaid managed care plans to support work in the nine OEI communities. Starting in August 2015, Ohio Medicaid joined representatives from the five Medicaid managed care plans for a series of meetings in the OEI communities. The meetings involved a number of entities and participants, including local grassroots organizations, faith-based leaders, hospital system and federally qualified health center (FQHC) leadership, as well as community organizations and advocates who are impacted by infant mortality. Participants in each community were encouraged to collaborate and submit proposals for funding in two areas: increasing awareness of the issue of infant mortality through community engagement opportunities, and improving care coordination among the many agencies that provide care for women and infants at risk. To date, Ohio Medicaid has discussed funding proposals with entities in Cuyahoga, Franklin, Hamilton, Lucas, and Summit counties. Decisions about project funding will occur Spring 2016, with $13.4 million disbursed by June 30, 2016 and another $13.4 million by June 30, 2017.

- ***Align population health planning priorities.*** Ohio's performance on population health outcomes has declined relative to other states over the past two decades, and Ohio has significant disparities for many health outcomes by race, income and geography. Part of the challenge is the lack of coordination across ten state-level health improvement plans, 110 local health district plans, and 170 hospital community assessments/plans. In September 2015, the Governor's Office of Health Transformation (OHT) and the Health Policy Institute of Ohio (HPIO) convened representatives of local health districts, hospitals and state agencies to discuss options to better align population health

priorities across these jurisdictions. HPIO translated these options into specific recommendations to improve state-level health assessments and plans, align local population health planning activities, and incorporate population health priorities into the same performance measures that health plans use to reward provider performance. OHT and ODH are working together to implement the HPIO recommendations in 2016.

Strengthen Ongoing Initiatives

- ***Eliminate payments for medically unnecessary scheduled deliveries.*** In 2007, ODH and Ohio Medicaid created the Ohio Perinatal Quality Collaborative (OPQC). This group is committed to reducing preterm births and improving outcomes of preterm newborns through evidence-based practices and data-driven strategies. From 2008-2010, OPQC worked with 20 Ohio maternity hospitals to prevent unnecessary scheduled early deliveries between 36 and 39 weeks and, based on the success of that early work, expanded to all maternity hospitals. These efforts resulted in a decrease of over 30,000 early scheduled deliveries, prevention of as many as 950 Neonatal Intensive Care Unit admissions, and an estimated cost savings of $19 million. Based on the success of the OPQC activities, Medicaid revised its reimbursement rules to deny payment to providers for early scheduled deliveries, unless maternal and/or fetal conditions indicate medical necessity. Funding for OPQC in SFY 2016 totals $537,430.

- ***Improve the administration of Progesterone for at-risk mothers*.** Progesterone treatment (called 17P) has the potential to significantly reduce the incidence of preterm birth, and specifically to reduce the number of infants born before 32 weeks when rates of infant mortality are highest. Ohio Medicaid estimates that currently less than 20 percent of high-risk women enrolled in Medicaid that are eligible for 17P are receiving it. Ohio Medicaid initiated a Progesterone Quality Improvement project to increase the number of eligible high-risk pregnant women receiving 17P. OPQC recruited 23 outpatient clinics to participate in the Progesterone Project, 21 of which are located in OEI communities. Preliminary data indicates a 20 percent reduction in births less than 32 weeks gestation and a 10 percent reduction in births less than 37 weeks gestation for babies born to mothers with a history of previous preterm birth. Funding for Progesterone Prematurity Prevention in SFY 2016 totals $360,145.

- ***Provide Maternal Opiate Medical Support.*** Ohio is experiencing an epidemic of prescription and other addictive drug utilization, including during pregnancy. The Maternal Opiate Medical Support (MOMS) Project is a public-private collaboration to identify and implement promising treatment practices for opioid dependent pregnant mothers eligible for or enrolled in Medicaid during and after pregnancy. The goals are to improve maternal and fetal health outcomes, improve family stability, and reduce costs of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program by providing treatment to pregnant mothers with opiate issues during and after pregnancy through a Maternity Care Home (MCH). The MCH model is a team-based care delivery model that

emphasizes care coordination and wrap-around services engaging expecting mothers in a combination of counseling, medication assisted treatment, and case management. Funding for the MOMS Project in SFY 2016 totals $981,519.

- ***Expand access to peer support programs for expecting mothers.*** "Centering Pregnancy" is an evidence-based health care delivery model that integrates maternal health care assessment, education, and support. ODH and the Ohio Association of Community Health Centers established a Centering Pregnancy model of care in two urban and two rural settings. The four projects are located in communities that are at high risk for poor infant health outcomes. Funding for Centering Pregnancy in SFY 2016 totals $900,000.

- ***Support the Pathways Community HUB Model*.** Ohio has three non-profit, community-based "HUBs" that use certified community health workers to identify women at risk and connect them to health care and other social services using a prescribed "pregnancy pathway." The model has been endorsed by several federal agencies, including the Agency for Healthcare Research and Quality, the Center for Medicare and Medicaid Services, the Center for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institute of Medicine. The Ohio Commission on Minority Health plans to invest $2 million (SFY 2016-2017) to expand the Pathways Community Hub Model. The funding will expand three existing HUBs (in Lucas, Hamilton, and Richland counties) and provide support to replicate and implement three new HUBs (in Mahoning, Franklin, and Summit counties).

- ***Partner with hospitals to educate parents about safe sleep for their infant*.** The Ohio Hospital Association and ODH have been working together to educate Ohioans about infant safe sleep, and recently launched the *Safe Sleep is Good4Baby* statewide initiative to draw attention to the importance of safe sleep in the hospital and at home. This initiative focuses on modeling safe sleep practices in the hospital, educating parents and families, and advocating and educating community members. As a result, new moms and dads now receive a safe sleep kit prior to leaving the hospital, including education materials to protect their newborn and a book called *Sleep Baby Safe and Snug*. Funding for safe sleep kits in SFY 2016 totals $555,457.

- ***Focus evidence-based strategies to reduce maternal smoking.*** Smoking during pregnancy accounts for 20 to 30 percent of low-birth weight babies, up to 14 percent of preterm deliveries, and about 10 percent of all infant deaths. The state's Perinatal Smoking Cessation Project enables prenatal care providers who work with women of reproductive age, including pregnant women, to have the tools, training, and technical assistance needed to treat smokers effectively. Funding for Prenatal Smoking Cessation in SFY 2016 totals $866,639. In addition, ODH received a $1 million in state tobacco funding for *Moms Quit for Two*, a program that expands existing *Baby & Me Tobacco Free* programs in high risk areas.

- ***Conduct infant and maternal death reviews.*** The statewide Fetal Infant Mortality Review (FIMR) initiative is a multi-disciplinary, community-based process that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce them. ODH implemented FIMR programs in eight of nine OEI local communities. Funding for FIMR in SFY 2016 totals $240,000.

  Ohio established the Pregnancy Associated Mortality Review (PAMR) system to ensure that all maternal deaths are identified and preventive actions are developed. This includes the death of a woman from any cause while she is pregnant or within one year of pregnancy. Nationally, Ohio's PAMR Program is one of six programs participating in the Every Mother Initiative (EMI), an Action Learning Collaborative funded by Merck for Mothers and operated by the Association of Maternal and Child Health Programs.

  In cases of sudden, unexpected infant deaths (SUID), accurate determination of the cause of death requires a review of the child's health history, complete autopsy, and investigation of the scene. To improve consistent scene investigations throughout Ohio, ODH launched regional training for coroners, medical examiners and law enforcement to implement the Centers for Disease Control SUID investigation protocol. Funding for implementing SUID protocols in SFY 2016 totals $10,000.

- ***Invest in research to reduce infant mortality.*** The Governor's Office of Health Transformation working with the Ohio Department of Medicaid, Health, and Higher Education is sponsoring a $3 million Infant Mortality Research Partnership with Ohio's Universities through the Ohio Colleges of Medicine Government Resource Center. The focus of the research will include: systems dynamic modeling of the impact of improved access to care, safe sleep, and progesterone on infant mortality; predictive modeling for infant mortality; spatial GIS modeling for identifying high-risk communities; and evaluation of the impact of home visiting programs.

updated March 2016