

New York State Perinatal Health



Promising Practices to Improve
Birth Outcomes: What We Can
Learn from New York

October 26, 2009

Focus of Presentation

- ❑ Community-Based Regional Perinatal Networks
- ❑ Comprehensive system of regionalized perinatal hospital care
- ❑ Statewide Perinatal Data System
- ❑ Regional Perinatal Forums

Perinatal Networks

- ❑ Perinatal networks were implemented to improve the perinatal services system in targeted communities.
- ❑ Networks:
 - Facilitate access to prenatal care for hard-to-reach women
 - Promote healthy behaviors related to pregnancy
 - Identify and address community specific problems that may lead to poor birth outcomes, including service gaps
 - Maximize utilization of perinatal health resources in targeted areas

Perinatal Networks

- ❑ 16 perinatal networks
- ❑ Target a region ranging in size from several health districts in NYC to large multi-county regions in rural upstate areas
- ❑ Engage in coalition building, outreach and education to high risk populations, provider education and infrastructure development to improve perinatal outcomes
- ❑ Establish local consortia of HHS providers

Network Activities

- Promote Access and Use of Prenatal Care
 - Promote early entry to prenatal care.
 - Facilitate access to and maximize utilization of prenatal care resources.
 - Identify and address gaps in services.

Network Activities

□ Perinatal Depression

- Build capacity of local perinatal providers to screen for perinatal depression.
- Assess existing local referral resources.
- Promote referral of women who screen positive to community resources for further mental health assessment.
- Conduct local media campaign to increase awareness and reduce stigma.

Network Activities

□ Preconception Health

- Promoting healthy behaviors.
- Integrating preconception health messages into existing strategies.
- Strategic planning to develop community and systems level strategies.
- Adopting a life course strategy to eliminate racial disparities in birth outcomes.

Network Activities

- H1N1 Response Related to Pregnant Women
 - Assess local capacity for responding to H1N1.
 - Promote provider registration to vaccinate.
 - Increase consumer awareness.
 - Assist in organizing the local response to H1N1.

Perinatal Regionalization

- ❑ Significant changes in hospital capabilities (more neonatologists, technical and clinical advances) and impact of managed care necessitated systematic review
- ❑ 1985 to 1990, research began to underscore importance of regionalization in improvement of outcomes in mothers and neonates,
- ❑ Through efforts lead by DFH, BWH in conjunction with OHSM, standards and regulations developed and redesignation of all 156 obstetrical hospitals completed

Perinatal Regionalization

- ❑ Perinatal regionalization is an organized system of care centered around a Regional Perinatal Center (RPC) affiliated with lower levels of hospitals in a network

- ❑ Hospitals designated as one of 4 levels based upon ability to provide care
 - Level 1 – normal low risk mothers and newborns
 - Levels 2 – moderate risk mothers and newborns (must have specialty care/NICU)
 - Level 3 - high risk mothers and newborns (subspecialty care/NICU)
 - RPC – highest risk mothers and newborns (subspecialty care/NICU), also provide consultation and support, maternal and newborn transport, education and quality of care in affiliated hospitals.

- ❑ System ensures that mothers **and** neonates have timely access to the appropriate level of care.

RPC Quality Improvement Role

- ❑ RPCs required by regulation to assume oversight of QI in their network
- ❑ Department contracts with RPCs to perform this function (award range from \$100,000 to \$400,000 based upon affiliates and births)
- ❑ Affiliation agreements worked out between affiliates and RPCs within general guidelines, including specifics of QI oversight which includes:
 - Care consultation
 - Site visits/training/grand rounds to affiliates on topics of interest
 - Participation in QI committee
 - Review of sentinel events –maternal and newborn fatalities, morbidity other than natural course of disease or illness, nosocomial infections, newborn high risk procedures
 - Review of hospital data
 - Recommendation on ways to improve care in affiliates

Statewide Perinatal Data System (SPDS)

- ❑ Internet based data submission and retrieval system.
- ❑ Originally designed to provide near-real time information for hospitals for quality improvement.
- ❑ Now used for vital records (birth registration) reporting and Medicaid newborn enrollment, as well as surveillance and quality improvement
- ❑ Modularized approach; current modules completed include core which includes VS and QI elements and NICU module
- ❑ Hospitals have access to case specific, identifiable information of patients within their own facility
- ❑ RPCs have access to de-identified data from their affiliate hospitals to provide quality of care oversight and consultations in their regions
- ❑ Implemented upstate on 1/1/04; NYC implemented system on 1/08

Other Quality Improvement Efforts

- Quality Improvement Grants Provided to RPCs
 - Improving perinatal outcomes through a reduction of elective deliveries prior to 39 weeks of gestation
 - NICU benchmarking to Reduce Nosocomial and PICC Infection rates.

- Collaboration with NICHQ and Regional Perinatal Care Centers
 - Establish capability within NYS for ongoing quality improvement/transformation of healthcare
 - Implement evidence-based healthcare system change interventions in ob and neonatal services

Perinatal Forums

- ❑ Designed to integrate hospital and community perspectives
- ❑ Initiated in 2003 as component of perinatal regionalization efforts
- ❑ Co-chaired by Regional Perinatal Network and Regional Perinatal Center
- ❑ 12 regional forums in every region and most boroughs of NYC and a NYC-wide forum

Regional Perinatal Forum (Con't)

- ❑ Develop regional action plans for improving care in communities served by network/RPC
- ❑ Meet 2 to 4 times per year
- ❑ Structure includes a steering committee or advisory board and subcommittees or workgroups which meet periodically
- ❑ Involves diverse stakeholders from both hospital and community-based sectors.

Examples of Forum Activities

- ❑ Efforts to reduce c-section rates and reducing the rate of late preterm birth
- ❑ Promotion of perinatal depression screening
- ❑ Develop collaborative networks to improve breastfeeding rates
- ❑ Establishment of a community specific web based network to improve care coordination

Forum Activities (Con't)

- ❑ Reduce waiting time for receiving benefit care under PCAP.
- ❑ Promote postpartum follow-up care.
- ❑ Integrate preconception health strategies.
- ❑ Eliminate barriers and health disparities.