

Commission on Infant Mortality
State Programs that Address Infant Mortality

| Clinical or Systemic Initiatives | | | | | | | | |
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| Title | Description | Administering Agency | Timeline | Location | Funding Source(s) | Funding Distribution | Performance Metrics/ Program Evaluation | Program Utilization |
| First Steps for Healthy Babies (breastfeeding initiative) (Website: http://www.odh.ohio.gov/ohiofirststeps) | A program launched by ODH and the Ohio Hospital Association to encourage hospitals to promote and support breastfeeding by new mothers. Using the "Kangaroo Care Training Program" (birth skin-to-skin training), ODH staff trains obstetrical staff at all birthing hospitals in one of the evidence-based "steps" to support breastfeeding. | ODH | Started in 2015; is ongoing | All Ohio birthing hospitals | Federal (Maternal and Child Health Block Grant); \$1,206,771 was distributed in SFY 2015 | Funds are not distributed as grants; the recognition program is facilitated by ODH staff and the Ohio Chronic Disease Collaborative Breastfeeding Workgroup. | Hospitals that apply for program recognition provide data and information about their policies and procedures. Hospitals that receive training submit quantitative data regarding (1) policy development and implementation, (2) birth skin to skin, and (3) breastfeeding initiation and exclusivity rates. | <u>State fiscal year (SFY) 2016</u> : 50 patients <u>SFY 2017</u> : 50 patients |

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| Gestational Diabetes Collaborative (Website: http://www.healthy.ohio.gov/diabetes/programs/gdmc.aspx) | Through a competitive process, ODH was selected to participate in this national collaborative that focuses on (1) improving the provision of preventive healthcare in Ohio in accordance with national guidelines, (2) increasing public knowledge about gestational diabetes and how to reduce risks for the disease and access to preventive care, and (3) improving the understanding of the epidemiology of gestational diabetes in Ohio by increasing the availability, use, and dissemination of public health data. | ODH | Started in 2010; is ongoing | Statewide (the Collaborative has worked with outpatient clinics statewide). In SFY 2016, the work will be focused in the counties with Ohio Institute for Equity in Birth Outcomes (OEI) teams (Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark, and Summit). | Federal (Maternal and Child Health Block Grant and one-time Children's Health Insurance Program Reauthorization Act (CHIPRA) funds); \$366,284 was distributed in SFY 2015 | N/A | Five measures are used: (1) <i>Timeliness of Prenatal Gestational Diabetes Screening</i> : Screening at pilot sites increased to an average of 95.16% (from 86.84%) of women prior to 28 weeks gestation. (2) <i>GDM Education: percentage of pregnant women diagnosed with GDM that were scheduled for a 30-minute follow-up appointment within 4 weeks to discuss GDM</i> . Pilot sites demonstrated an increase to 100% (from 60%-80%) regarding compliance. (3) <i>Health and Wellness Education: percentage of pregnant women diagnosed with GDM that received prenatal education on benefits or risks concerning nutrition/weight gain, exercise, tobacco, postpartum family planning, and breastfeeding</i> . (4) <i>Type II Diabetes Mellitus (T2DM) Education</i> : percentage of pregnant women diagnosed with GDM that received prenatal education on benefits or risks concerning the risk for and impact of T2DM, and T2DM screen 0-12 weeks post-delivery. (5) <i>Postpartum Care</i> : (a) <i>percentage of women diagnosed with GDM during the prenatal period who attended their postpartum care visit on or between 21 and 56 days after delivery</i> and (b) <i>percentage of women diagnosed with GDM during the prenatal period who had an oral glucose tolerance test on or between 0 and 12 weeks after delivery</i> . 67% of women returned for their postpartum visit, whereas an estimated 45% of women enrolled in Medicaid (2010) returned for that visit. | This is an infrastructure-based initiative designed to enhance health care and systems of care, not provide direct services. One hundred ninety-five (195) women with GDM delivered during the data collection period for Wave 1. |

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| <p>Progesterone Quality Improvement Project</p> <p><i>(Section 285.20 of Am. Sub. H.B. 59 of the 130th G.A.; Section 289.20 of Am. Sub. H.B. 64 of the 131st G.A.)</i></p> <p><i>(Websites: https://www.opqc.net/projects/progesterone; http://grc.osu.edu/medicaidpartnerships/progesteronequalityimprovement/)</i></p> | <p>A project designed to decrease (from 10.6% to 9.75%) the rate of preterm births <37 weeks and births <32 weeks from 2.1% to 1.9% by increasing the number of high-risk pregnant Medicaid recipients receiving progesterone therapy. The key drivers of this project are consistent and early recognition of prior preterm birth, adoption of a cervical length ultrasound screening protocol, expediting progesterone supplementation, and using patient-centered medication management.</p> | <p>ODH and ODM</p> | <p>Started 7/1/13; currently planned to continue to 6/30/17</p> | <p>The program operates in 23 outpatient clinics in these OEI locations: Summit County (2 sites), Stark County (1 site), Columbus (8 sites), Cuyahoga County (4 sites), Montgomery County (2 sites), Lucas County (1 site), Mahoning County (1 site), and 4 sites that are not in the OEI locations: 2 in Hamilton County, 1 in Brown County, and 1 in Wood County. This project anticipates adding 15-20 outpatient sites during SFYs 2016 and 2017.</p> | <p>\$280,073 in state GRF was distributed in SFY 2015 from ODH funds. \$5.0 million in Medicaid funds is available in the current biennium.</p> | <p>Funds are distributed on a competitive basis to entities capable of implementing statewide quality improvement initiatives.</p> | <p>The Ohio Perinatal Quality Collaborative (OPQC) collects a variety of data on the following forms the OPQC has developed: (1) Progesterone Candidate Form, (2) In-patient Progesterone Data Collection Form, (3) Outpatient Monthly Site Profile, and (4) a form relating to barriers to efficient administration of progesterone to prevent premature births. Each participating site enters this data on the OPQC website. Data is collected monthly.</p> <p>The SFY 2015 Final Annual Report is available here: http://cim.legislature.ohio.gov/Assets/Files/progesterone-report-fy-2015.pdf</p> | <p>In 11/2015, 322 infants were born to mothers who received progesterone during pregnancy.</p> <p>The following percentages of pregnant Medicaid recipients experiencing a high-risk pregnancy received progesterone:</p> <p><u>SFY 2012</u>: 9%</p> <p><u>SFY 2013</u>: 10%</p> <p><u>SFY 2014</u>: 11%</p> |

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| Improve Neonatal Intensive Care Unit (NICU) Discharge Planning (Website: http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=r9zAtxebJpM%3d&tabid=120) | Fosters collaboration between Medicaid managed care plans and NICUs. To date, the plans and NICUs have completed regional plans that identify potential barriers to care for infants who transition from NICUs to their homes and have harnessed IT systems for the purpose of standardizing communications between NICUs and the plans. Next steps include a more formal collaboration with OPQC for the purpose of standardizing appropriate home services for the highest need infants, taking into consideration factors related to family, social, and health. | ODM | Started 11/2012; is ongoing | Statewide (at all children's hospital NICUs) | Not specified | N/A | ODM reported that no specific performance metrics exist, as this program is designed to enhance systems of care. | N/A |

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| Improve Treatment for Neonatal Abstinence Syndrome (Website: http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=r9zAtxebJpM%3d&tabid=120) | Initially supported six children's hospitals with the study and standardization of best treatment practices for neonatal abstinence syndrome (NAS). The project aims to disseminate improved protocols at all Ohio maternity and newborn units. To date, 55 level II and level III hospitals are participating sites. | ODM | Initial study done during SFYs 2012 and 2013; current effort is from 1/14/14 until 6/30/17. | Initial study involved only the state's children's hospitals; current effort includes 55 level II and III hospitals. | The initial study was funded by the Governor's Office (\$1 million). The current effort is funded by the Medicaid Technical Assistance and Policy Program (MEDTAPP) using federal financial participation (FFP), GRF from ODM, and Ohio State University matching funds. | Not specified | The goal of this program is to improve treatment for infants with NAS, and thereby reduce the length of stay for these infants by 20%. For participating hospitals, the length of opiate treatment decreased from 16.3 to 14 days, while the length of stay decreased from 20.6 to 18.5 days. | <u>SFY 2015</u> : 2,312 infants |
| Catheter Care Maintenance Bundle (Part of the Perinatal Quality Improvement Project) (Website: https://www.opqc.net/) | A project that focuses on increasing compliance with the Catheter Care Maintenance Bundle (for the purpose of reducing hospital-acquired infections). | ODH | Started in 2013; planned to continue through 2017 | In hospitals statewide, including the state's major metropolitan areas (Akron, Cincinnati, Cleveland, Columbus, Dayton, and Toledo) | State (GRF); \$445,628 was distributed in SFY 2015 for the entire Perinatal Quality Improvement Project | Through a competitive process, funds are distributed to entities with a capacity to achieve statewide quality improvement goals. | Evaluations are conducted quarterly. The metric used for the Catheter Care Maintenance Bundle is whether the compliance rate is above 90%. On 1/8/16, ODH staff reported that the compliance rate remains above 90%, and that the hospital-acquired infection rate in infants born at 22-29 weeks decreased in the past year and is currently 8.5% of all births. | This is an infrastructure-based initiative designed to enhance health care and systems of care, not provide direct services. Therefore, program utilization information is unavailable. |

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| Promote Human Milk (Part of the Perinatal Quality Improvement Project) (Website: https://opqc.net/projects/human%20milk) | Supports the feeding of human milk within the first three days of life to infants with a gestational age of 22-29 weeks at participating NICUs. | ODM and ODH | Started 6/17/11; is ongoing, although task order expires 6/30/17; program is in "sustain mode" | Statewide at participating NICUs | State (GRF); \$445,628 was distributed in SFY 2015 for the entire Perinatal Quality Improvement Project | Not specified | Preterm infants at 22-29 weeks of gestation begin human milk within 72 hours over 80% of the time and more than 95% of infants receive over 100 ml/kg/day of human milk by 21 days of life to reduce late onset bloodstream infections for the preterm population. | Not specified |
| Reduce Scheduled Deliveries Prior to 39 Weeks (Part of the Perinatal Quality Improvement Project) (Website: https://opqc.net/projects/39%20weeks%202008) | In conjunction with OPQC, supports the reduction of elective deliveries between 36-39 weeks. Effective 5/1/15, Medicaid no longer pays for early elective deliveries. | ODM and ODH | Started 2008; is ongoing | Statewide (initially, 20 maternity hospitals; now expanded to all maternity hospitals) | State (GRF); \$445,628 was distributed in SFY 2015 for the entire Perinatal Quality Improvement Project. ODM indicated that \$900,000 was allocated to this program. | Not specified | <p>According to OPQC, this project seeks to reduce the number of women between 36.0 and 38.6 weeks gestation for whom initiation of labor or caesarean section is done in absence of appropriate medical or obstetric indication. The ultimate goal is elimination of inappropriate late preterm and near term births.</p> <p>According to the Ohio Colleges of Medicine Government Resource Center (GRC), there has been a shift from 16.68% in 2008 to 5% in 2013 for nonmedically indicated scheduled deliveries. ODM estimates that approximately 8,000 births were shifted from <39 weeks to 39 weeks or later.</p> | All maternity hospitals |

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| Use Vital Statistics to Identify At-risk Women (Website: http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=r9zAtxebJpM%3d&tabid=120) | Ensures that Medicaid managed care plans receive, and use, vital statistics information for the purpose of identifying women of child-bearing age who are at risk for poor birth outcomes. Efforts are underway to provide Women, Infants, and Children (WIC) program sites with vital statistics information to harness opportunities to impact outcomes for at-risk women. | ODM | Enhanced maternal care requirements were added to the Medicaid provider agreement that became effective 7/1/13. Links to vital statistics information were provided to the Medicaid managed care plans beginning 4/2014; information continues to be provided on a monthly basis. | Statewide (all 88 counties) | Not specified | Not specified | Not specified | All Medicaid managed care plans receive and use the vital statistics information. |
| Provide Antenatal Corticosteroids (Perinatal Quality Improvement Project) (Website: https://www.opqc.net/projects/OB-ANCS) | With OPQC and maternity hospitals, ensures that women at risk of delivering between 24-34 weeks gestation receive antenatal corticosteroids (ANCS). | ODM and ODH | Started 6/17/11; is ongoing | Statewide at 19 charter sites | State (GRF); \$445,628 was distributed in SFY 2015 for the entire Perinatal Quality Improvement Project | N/A | According to OPQC, the goal is to increase the percentage of women between 24.0 and 33.6 weeks who receive ANCS. Ultimately, it is hoped that at least 90% of eligible women would receive ANCS. | According to OPQC, as of 12/2014, approximately 86% of births to eligible women between 24 and 33 weeks gestation received ANCS. |

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| Fetal Alcohol Spectrum Disorder (FASD) Steering Committee | Aims to, among other things: increase the availability of services for those affected by FASD and parents and other caregivers; increase awareness regarding the risks associated with alcohol use during pregnancy; provide education and training related to FASD; adopt FASD screening tools/protocols; and create and implement a data system to track FASD risk factors, prevalence, and incidence. | OMHAS | Began in 2004 with a federal grant; while the grant period has concluded, the Steering Committee is in the process of reconvening. | Statewide (community at large, parents, and caregivers) | None (previously, federal funds were available) | N/A | According to OMHAS, the initial federal grant had an evaluation component. However, specifics on the components were not provided. | There were up to 30 members on the Committee initially; as it is revamping, the Committee will decide how many members it needs to have. |

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| Maternal Opiate Medical Support (MOMS) | Improve fetal outcomes, improve family stability, and reduce the costs of neonatal abstinence syndrome to the Medicaid program by providing treatment (including medication-assisted treatment) to pregnant mothers during and after pregnancy. | OMHAS | 4/2014-6/2016 (pilot program) | There are four providers in the state (located in Cuyahoga, Hamilton, Athens, and Franklin counties). | State (Health Transformation Innovation Funds) – distributed through OMHAS Fund 1490. | Applications for the pilot program were accepted from OMHAS-certified providers. | <p>GRC monitors and provides data each month on specific statistics. Some of the data provided includes: number of active women enrolled; number of total women enrolled; percentage of women enrolled during first and second trimesters; percentage of women enrolled prior to 13 weeks gestation; percentage of women who received all STD screens by 36 weeks gestation; percentage of women receiving medication-assisted treatment; percentage who received alcohol and other drug individual treatment, group counseling, and case management; and percentage who were assessed for stable housing and offered housing services.</p> <p>Latest data report available here: http://cim.legislature.ohio.gov/Assets/Files/moms-report-2015.pdf</p> | As of 6/24/15, 164 women were enrolled. Of these, 116 were active. |

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| Safe Sleep Initiatives (Ohio Chapter, American Academy of Pediatrics) <i>(Website: http://ohioaap.org/SafeSleep)</i> | This program does all of the following: --Promotes safe sleep behaviors; -- Screens and educates families on the areas of highest injury risk for children less than one year of age; --Distributes sleep sacks through the Injury Prevention Learning Collaborative; and --Provides hospitals with tools to audit sleep environments through the Education and Sleep Environment Program. | ODJFS | Ongoing (began 8/2013) | Statewide for media efforts; quality improvement work has reached many counties with physician offices and hospitals based in Butler, Cuyahoga, Delaware, Findlay, Franklin, Hamilton, Hancock, Licking, Lorain, Lucas, Mahoning, Montgomery, Muskingum, Ross, Summit, Trumbull, and Williams counties. | Federal funds in a one-time grant from the Ohio Children's Trust Fund (Fund 1980); other federal funds; and donations from various sources. | N/A | Media results are evaluated using the number of impressions made. In addition, each quality improvement program has individual goals for which data is reported on a monthly basis by participating pediatricians. For instance, pediatricians will document that they addressed at least 90% of risks families are found to have based upon screening tool responses, at least 50% of families will make at least one self-reported behavior change based on screening and discussions with pediatrician, and 90% of caregivers for patients age one and younger will leave the hospital with information on safe sleep practices. Latest data report available here: http://cim.legislature.ohio.gov/Assets/Files/safe-sleep-presentation.pdf | <u>SFY 2014</u> : 197,128 individuals <u>SFY 2015</u> : 518,381 individuals |

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| Safe Sleep Public Awareness Campaign (SSPAC) and Safe Sleep Practices Campaign (SSPC) (Website: http://www.mcoho.org/services/fcfc/infant_safe_sleep.html) | Promoted and taught safe sleep practices and the importance of these practices through a public awareness campaign and the development of infant body suits ("onesies") with safe sleep messages for SSPAC. Utilized a one-day class for new parents as part of the SSPC campaign. | ODJFS | SFY 2010-2011 for SSPAC; SFY 2009-2010 for SSPC | SSPAC is in Montgomery County; SSPC is in Perry County. | State (Ohio Children's Trust Fund (Fund 1980)); \$34,843 distributed in SFY 2011; \$44,010 distributed in SFY 2010; and \$14,250 distributed in SFY 2009 | Distributed as grants | In Montgomery County, a pre- and post-safe sleep test was completed by WIC participants in the campaign. In Perry County, the grantee evaluated program success by the following outcomes: the percentage of parents/caregivers that reported knowledge of what a safe sleep environment is for their child under age 1; the percentage of at-risk families that have access to safe sleeping information/education; and the percentage decrease in the incidence of roll-over deaths for children of parents who received safe sleep literature and education. | <u>SFY 2010</u> : 70 adults, 35 children, and 68 families served; there were 7.7 million monthly impressions via billboards <u>SFY 2011</u> : 650 adults and 650 children served |
| State Innovation Model (SIM) – Episode-based Payments for Prenatal Care (Website: http://www.healthtransformation.ohio.gov/CurrentInitiatives/ImplementEpisodeBasedPayments.aspx) | A multi-payer health care payment and service delivery payment model. Part of this model involves the development and implementation of episode-based payments for high-cost medical events, one of which is prenatal care. | ODM | The project will be implemented in stages. The performance period for Stage 1 will begin 1/1/16 and will include the perinatal episodes. | Statewide is goal | According to ODH's website, ODM was awarded from the federal government a \$3.0 million SIM model design grant on 2/21/13 and a \$75 million four-year SIM testing grant on 12/16/14. | Providers will be rewarded for delivering high-value care. | Quality metrics for the perinatal episode include the percentage of pregnant women receiving HIV tests, Group B streptococcus tests, follow-up visits 60 days after birth, a gestational diabetes screening, a hepatitis B screening, ultrasounds, and chlamydia tests. The perinatal episode also includes metrics regarding the C-section rate. A sample performance report is available here: http://cim.legislature.ohio.gov/Assets/Files/sim-report-sample.pdf | The performance period for Stage 1 began 1/1/16, so no utilization statistics are available for the prenatal care episodic payments. |