SEMPQIC Coalition Meeting

April 16, 2019
Welcome

Alethia Carr, RD, MBA, VDA
Health Connect
Meeting Objective

The purpose of this meeting is to you and your organization into actionable strategies around equity, as well as to provide an update on the Healthy Baby at Home quality improvement project. During this meeting we will review the FIMR update and work together to define actionable steps to implementing these recommendations. In addition to this, we will be joined by MDHHS and they will provide us with an update on the Mother Infant Health and Equity Improvement Plan including their process for reviewing input and plans to incorporate this input into the new plan. In discussing equity in action, we invite you to share your organization’s policies, procedures, trainings, etc. regarding equity and implicit bias.
MIHEIP Update

Kenyetta Jackson, MPH, MDHHS
Vision

Zero preventable deaths
Zero health disparities
Key Objectives

- Explicitly address inequities
- Align public and private sector work
- Integrate interventions across the maternal infant dyad
Together, Saving Lives
The data tells the story

Health inequities

Three-Year Average Infant Mortality Rate per 1,000 Live Births by Maternal Race/Ethnicity, Michigan, 2010-2017

Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

Data source: Michigan resident live birth files, and infant mortality files, Division for Vital Records and Health Statistics, MDHHS
The data tells the story

Maternal mortality

From 2011-2015, Michigan’s pregnancy-related mortality rate was **11.6 maternal deaths per 100,000 live births**.

In 2016, approximately 80 women in Michigan died during pregnancy, at delivery, or within a year after the end of her pregnancy.

A recent analysis by the Michigan Maternal Mortality Surveillance (MMMS) Committee determined that **44%** of pregnancy-related deaths were **preventable**.
The data tells the story

Infant mortality

In 2017, more than 760 babies in Michigan did not live to their first birthday.

Michigan’s infant mortality rate overall (6.8 infant deaths per 1,000 live births) was higher than the nation’s rate (5.9 infant deaths per 1,000 live births).

The state has not yet met the Healthy People 2020 target of 6.0 infant deaths per 1,000 live births.
Strategic Focus Areas

- Reducing disparities
- Addressing the primary causes of preventable maternal deaths
- Addressing the primary causes of preventable infant deaths
Connecting with Communities

- Town Hall Meetings
- Ambassador Program
- Regional Perinatal Quality Collaboratives
Call to Action for Health Equity

Four action steps starting in Year 1 and moving down the road towards Year 3

- **Data**-informed interventions
- Addressing systemic inequities
- Inclusive decision-making
- Continued Stakeholder engagement and feedback from families

*Mother Infant Health & Equity Improvement Plan*
Im­prove­ment Plan Update

• Public Com­ment Per­iod opened, orig­i­nal­ly from 2/25/19–3/11/19

• Maternal and In­fant Health Sum­mit
  • Lansing, Michi­gan 3/12-13/2019
  • Large focus on com­mu­nity and clin­i­cal aspects of in­pro­ving mother infant health treat­ing mother and in­fant as a dyad
  • Health equi­ty, so­cial jus­tice, and col­lab­o­ra­tive work were at the fore­front of dis­cus­sions
  • Public com­ment per­iod ex­tended for about two more weeks
Public Comment Results

• Public comment period extended for about two more weeks
  • Respondents were multi-sector
    • Infant mortality
    • Program recommendations
    • Equity
    • Nearly 75 areas of comment

• SEMPQIC Response
  • Observations
  • Recommendations for editing
SEMPQIC Response

- Preconception health and wholistic view of women’s health over their lifecourse
- Ambassadors program
- Systematic racism and systems change
- PDSA and Population Health Model
- More specific regional/geographic data on all areas that contribute to IM by race
- Nine goals and content in the prior Infant Mortality Reduction Plan
- Expand Stakeholder network
Follow Up

• SME Meetings
  • Infant Mortality
  • Equity
• The plan is now being edited with the first round of edits due at the end of April
Follow Up

• Regional Data Meetings
  • All collaboratives will have a special meeting in June, mostly members
  • Sharing of regional data to support Improvement Plan implementation
  • Regional leadership may participate in planning
  • SEMPQIC proposed date: June 18, 2019 (Coalition Meeting Scheduled)

• Thoughts?
Follow Up

• Town Hall Meetings
  • August and September 2019
  • Three meetings: Macomb, Oakland, and Wayne County located
  • Community input on implementation
  • Dates to be determined
Improvement Plan Timeline

Important dates in 2019

- **April 17, 2019**: MIHEC Meeting, Detroit, Michigan
- **May 30, 2019**: Community of Practice Webinar, 11:00am-12:00pm
- **June 2019**: Data Meetings
- **August-September**: Town Hall Meetings
- **Ongoing**: Ongoing alignment and implementation
Call to Action

What you can do

01. Sign up for the newsletter

02. Participate in the Community of Practice Webinar
   - April 17, 2019

03. Attend the MIHEC
   - May 30, 2019
   - Detroit, Michigan

04. Connect with your RPQC
Kenyetta Jackson
Health Equity Specialist
Consultant to SEMPQIC

e-mail: JacksonK29@michigan.gov
Q & A
FIMR Update and Interactive Session: Actionable Steps for Implementation

Yolanda Hill-Ashford, MSW, Detroit Health Department
Healthy Baby @ Home Project Update

Iris Taylor, PhD, VDA Health Connect

Dashuna Johnson, Mothers Friend

Vanessa Hall, All My Children

Marci Simon-Burrell, Hutzel Hospital

Emily Parks, Impact Community Health
Q & A
Equity in Action:
Discussion and Workgroup

Alethia Carr, RD, MBA, VDA Health Connect

Jay Harrington-Davis, HR Lead for Physician Recruitment, HFHS
Using Research

“The fact that some of our most fragile infants are subject to unequal care is unacceptable. . . . We must do better”

*Racial Segregation and Inequality in the Neonatal Intensive Care Units Is Unacceptable*

Elizabeth A. Howell, MD, MPP: Paul L. Hebert, PhD; Jennifer Zeitlin, DSc, MA
jamapediatrics.com JAMA Pediatrics published online March 25, 2019.
Racial Segregation and Inequality in the Neonatal Intensive Care Unit for Very Low-Birth-Weight and Very Preterm Infants

Question - “What is the extent of segregation and inequality in neonatal intensive care units”?

Findings – A study of 117,982 VLBW and VPTB infants found that NICUs were segregated by race and ethnicity. Compared with white infants, black infants were concentrated at lower quality NICUS and Hispanics and Asian infants, at higher quality NICUs

Meaning – Segregation explains where infants receive care but not why black infants receive care at lower quality NICUs and Asians infants receive care at higher quality NICUs than white infants.
Investigators

Jeffrey D. Horbar, MD; Erika M. Edwards, PhD; Lucy T. Greenberg, MS; Jochen Profit, MD; David Draper, PhD; Daniel Helkey, MS; Scott A. Lorch, MD; Henry C. Lee, MD; Claran S. Phibbs, PhD; Jeannette Rogowski, PhD; Jeffrey B. Gould, MD; Glenn Firebaugh, PhD
Strengths of the article –

Use of Baby MONITOR (Measure of Neonatal Intensive Care Outcomes Research) – A hospital level composite score of NICU quality based on 9 infant level measures:

- Antenatal steroid exposure
- Hypothermia on admission
- Non-surgically induces pneumothorax
- Health care associated bacterial or fungal infection
- Chronic lung disease
- Timely retinal examination
- Discharge on breast milk
- Mortality during the birth hospitalization
- Growth velocity
Use of national data set – VON – that includes 90% of VLBW and VPTB infants born in US (117,982 infants at 743 hospitals)

VON is a voluntary worldwide community dedicated to improving quality, safety and value of perinatal and neonatal care.

Index of inequality – patient level quantitative measure of quality

Which allows consideration of several factors affecting outcomes

• Mothers receive care from facilities that treat all mothers with poor quality
• They receive worse quality of care than white mothers in the same facility
• They has health and social risks that are beyond control of the hospital

The index allows patient level examination of these issues
A Good Reference – for QI Efforts

• VON will examine other patterns in future studies.
• The IOM study found bias, stereotyping, prejudice and clinical uncertainty of providers may contribute to R/E disparities in healthcare.
• Sigurdson summarized provider and family experiences with unequal NICU care and called them – neglectful, judgmental, or systems based, targeting families rather than infants.
• Nursing role is important as well – VON found that nurse patient ratios and worse nursing work environments, higher rates of missed nursing care, and recognition for nursing excellence play roles in disparities in care.
• Effect of State policies on access and referral patterns for pregnant women and their infants, policies supporting financial reimbursement for neonatal or maternal transport; inconsistent policies for levels of NICU care - may be a barrier to monitoring, regulation and standardized care provision.
• Researchers noted that Insufficient policies governing access to and payment for high quality obstetric, perinatal and neonatal care may also play a role in quality disparities by race.
Announcements
Thank you for attending!

Next meeting: June 18

Slides and notes to follow

www.gdahc.org/SEMPQIC