



NC Department of Health and Human Services
NC Perinatal Systems of Care

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NC IOM Task Force Meeting
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Opportunity to Improve Perinatal Health

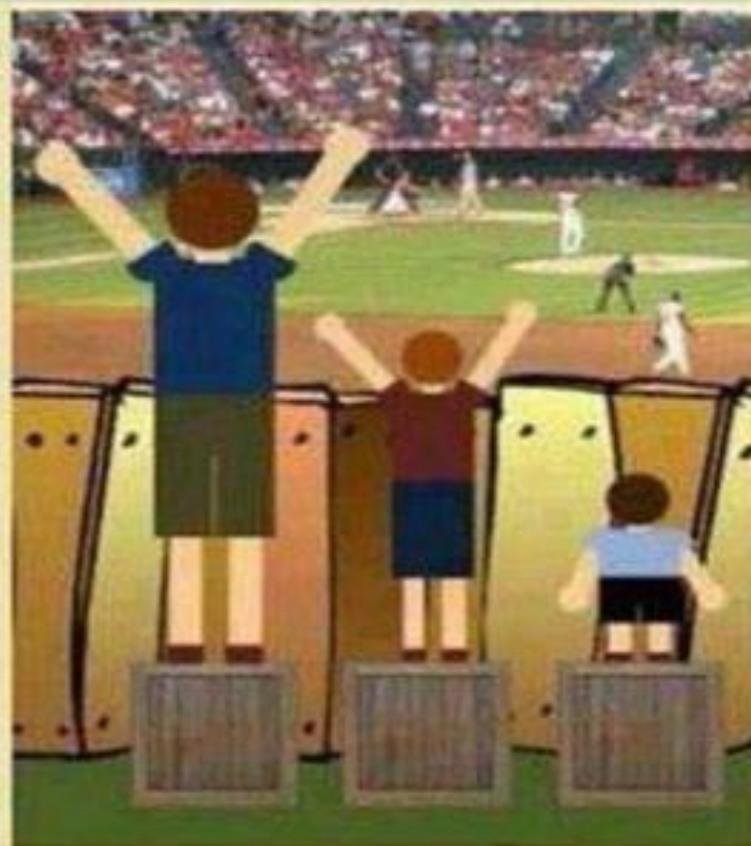
- **NC struggles with high infant mortality rates**
 - Most infant deaths within the first 28 days of life
 - Leading cause of death related to prematurity and low birth weight
 - Maternal complications and perinatal conditions a significant factor
- **Unacceptably high disparities**
 - African-American infants die at more than twice the rate of white infants

Opportunity to Improve Perinatal Health

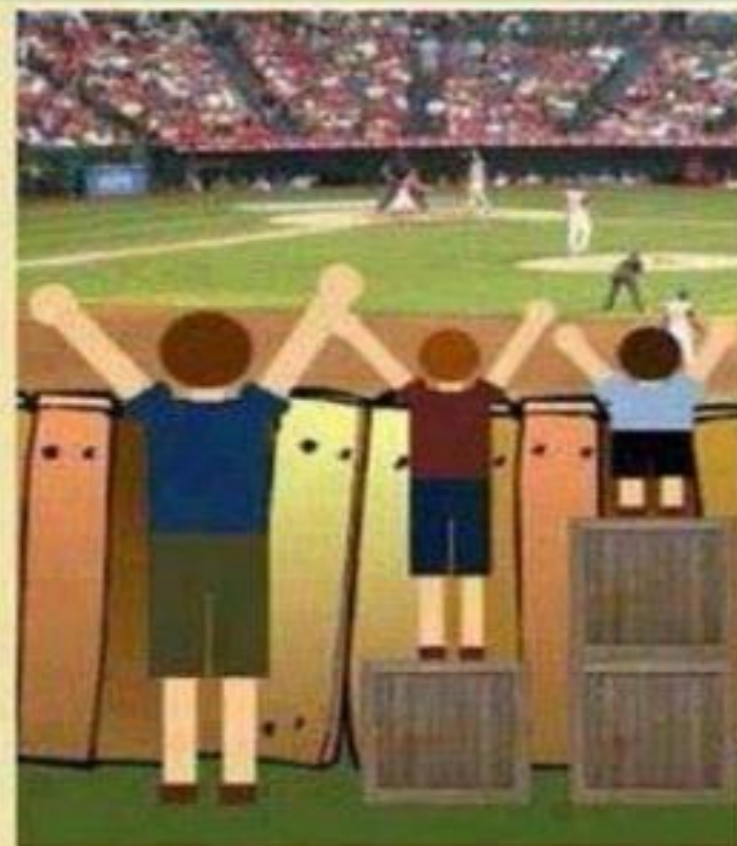
- **Need to address health throughout the life course for healthy mothers and babies**
- **Essential that we focus on underlying determinants of health and health equity**
 - **Everyone should have an equal opportunity to health despite economic situation, geographic area, personal and institutional discrimination, prospects for quality education and housing, safe environments, access to health care, etc**

CREATING HEALTH EQUITY

Inputs may need to be different to achieve equal outcomes



This is Equality



This is Equity

Data to come...

- Data is critical and helps tell the story
- Allows for informed decision-making and strategic planning
- Understanding the data and its limitations are key
- Many times need more data
- Not the focus of this presentation, but coming up next...



"Miss Peterson, may I go home? I can't assimilate any more data today."

Drivers of perinatal health and perinatal systems are complex...



What we do know

- **Unintended pregnancies result in poorer birth outcomes**
- **Healthy women tend to have healthier pregnancies**
- **Preconception health is crucial, followed by optimal prenatal care**
- **Appropriate level of care is critical**
- **Community involvement is necessary**
- **We have to consider the non-medical drivers of health**

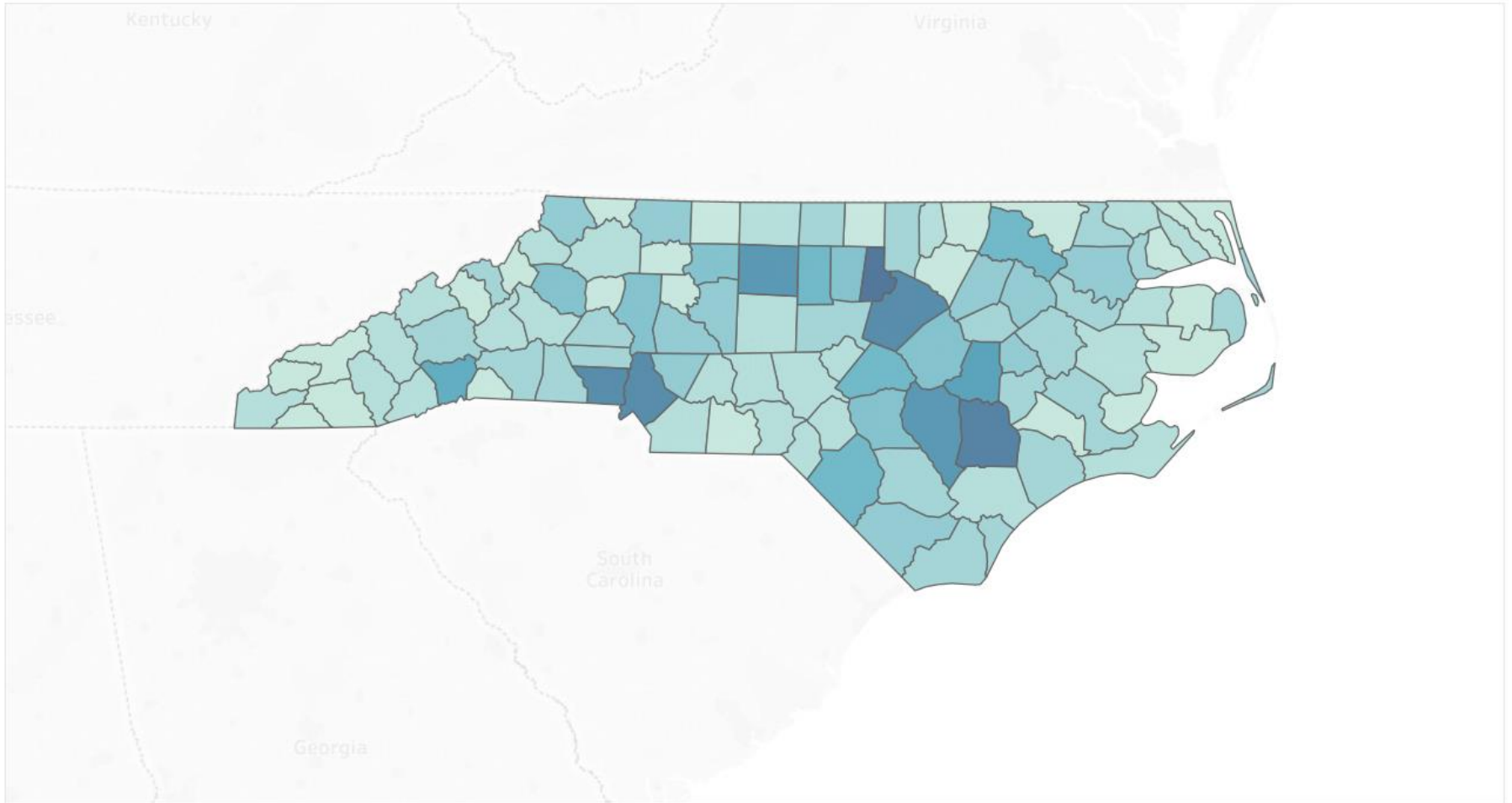


Medicaid Transformation...

**...and how we look at a changing structure and system to
find the opportunities to buy health**

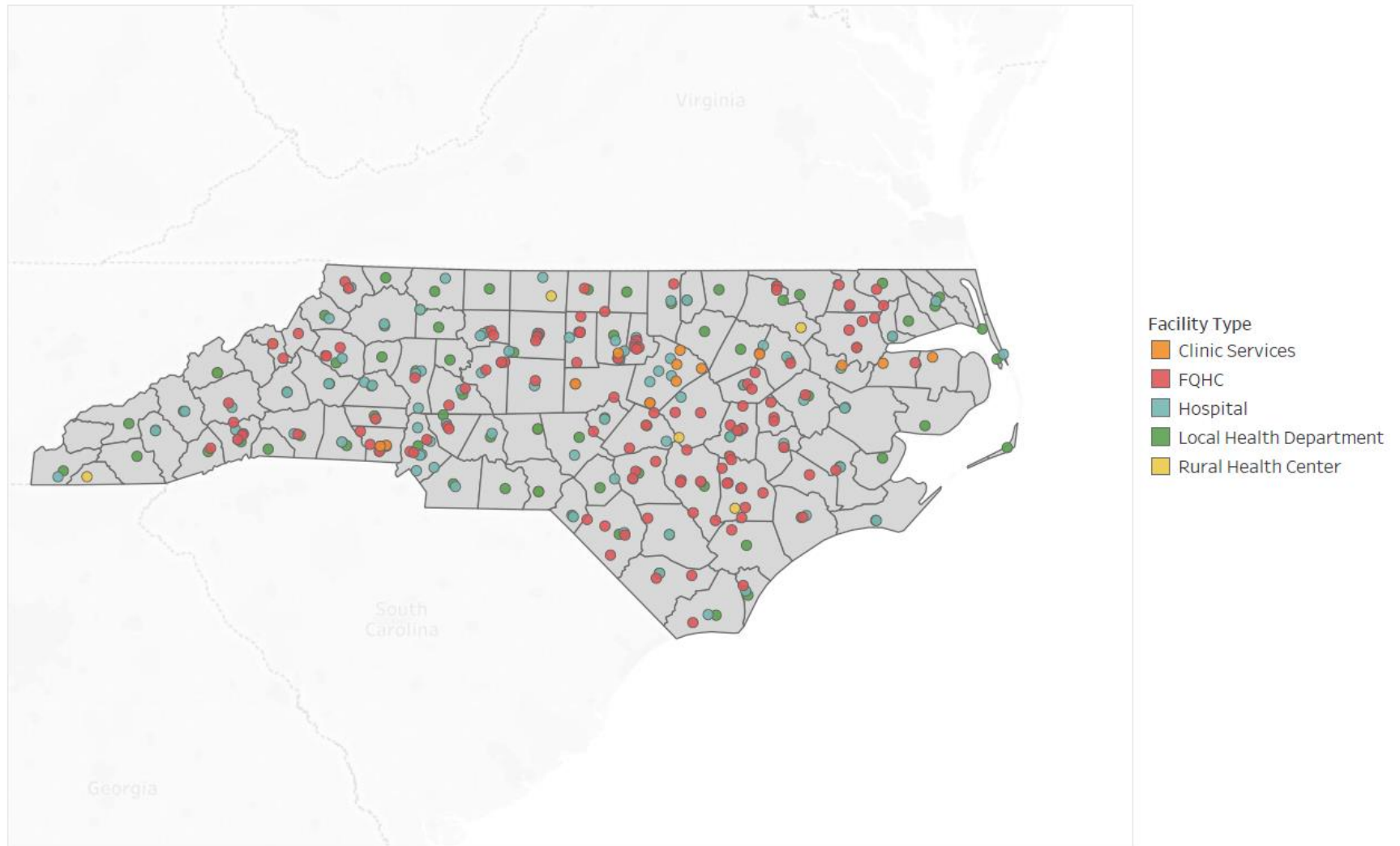
Availability of Maternal Care in NC

Number of Sites Offering Maternal Care/OB Services Per County



Availability of Maternal Care in NC

Sites Offering Maternal Care and OB Services in North Carolina



Addressing Perinatal Health in NC

- **Multiple programs and initiatives to improve perinatal health in NC**
- **DHHS and its partners are in the midst of five-year NC Perinatal Health Strategic Plan launched in March 2016**
 - **Focus on infant mortality, maternal health, maternal morbidity, and the health of men & women of childbearing age**
 - **More to come this afternoon...**

Addressing Perinatal Health in NC

- In 2016, a Maternal Mortality Review Committee was formed with nine appointed members, as well as other subject matter experts
- Goal to improve maternal health outcomes and identify potential preventable and contributing factors of maternal mortality across all levels of care, including patient/family, community, provider, facility, and system factors
 - Includes more targeted focus behavioral health and social determinants of health along with clinical data

Addressing Perinatal Health in NC

- **Early childhood is a DHHS priority**
- **Draft NC Early Childhood Action Plan was released and is in development pending feedback**
 - **Opportunity to align and augment efforts**
 - **Goal focused on decreasing disparities in infant mortality**
 - **Part of a continuum with assumption that we need healthy women, men and families to have healthy infants and children**



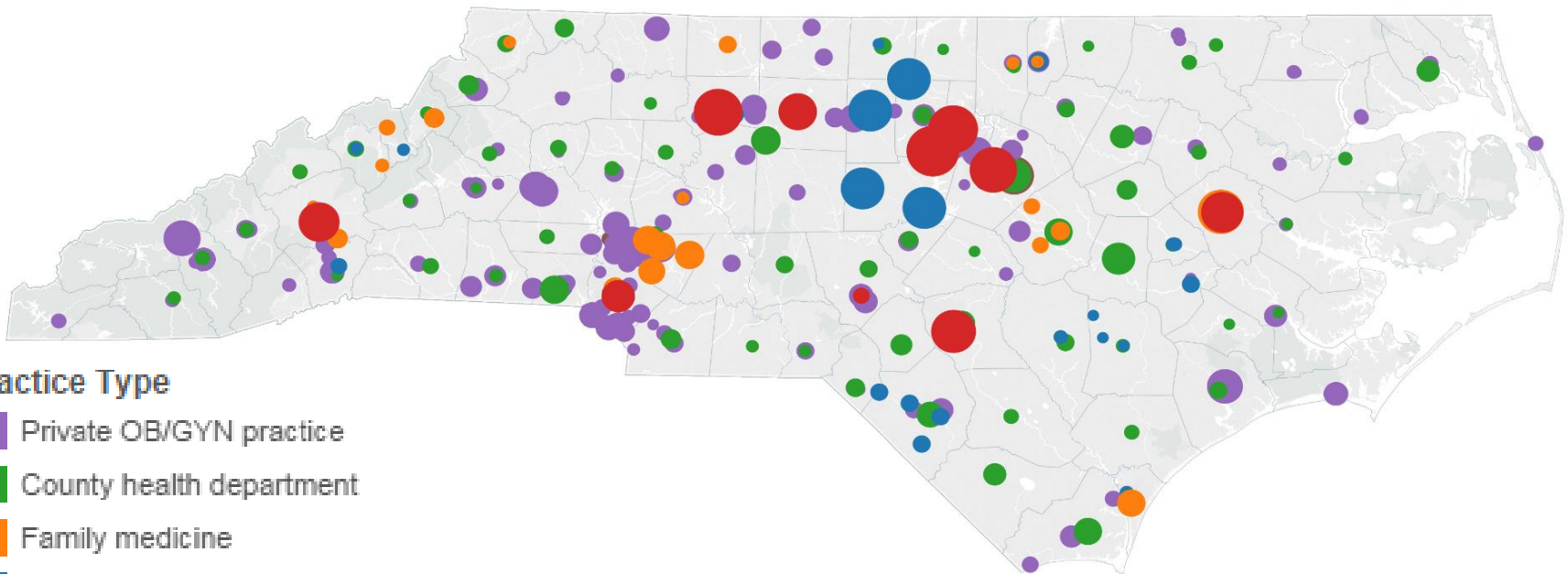
All North Carolina children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.

Pregnancy Medical Home (PMH)

- **Current model through Community Care of NC (CCNC)**
- **Model pairs OBCMs with prenatal providers in managing high risk needs of pregnant women, complicated by SDH**
- **Standardized PMH Risk Screening Form**
- **Centralized documentation system**
- **Partner with public health, utilizing public health nurse consultants and medical consultant**

Pregnancy Medical Home

- 380 practices participate in the PMH program, representing >1,700 providers and more than 90% of maternity care provided to Medicaid patients
- 95 of 100 NC counties have a PMH



Practice Type

- Private OB/GYN practice
- County health department
- Family medicine
- Federally qualified health center
- Academic OB practice
- Private MFM/high-risk OB practice

Pregnancy Care Management (OBCCM)

- Strives to improve the quality of maternity care, improve birth outcomes, and reduce costs
- Engages OB providers as Pregnancy Medical Homes and local health departments as providers of Pregnancy Care Management services
- Serves pregnant women either in private provider offices, in local health department maternity clinics, hospital, community, or patient's home
- Partners include:
 - NC Division of Public Health
 - NC Division of Medical Assistance (Medicaid)
 - Community Care of North Carolina

Perinatal/Neonatal Outreach Coordination

- **Two funded regional projects in NC**
 - **UNC Center for Maternal & Infant Health**
 - **Vidant Health Foundation**
 - **Goals**
 - **Assess levels of maternal and neonatal care by using CDC Level of Care Assessment Tool (LOCATe)**
 - **Provide training and support for immediate postpartum insertion of highly effective, long-acting contraceptive methods**
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Collaborative Improvement and Innovation Network (CoIIN) Work

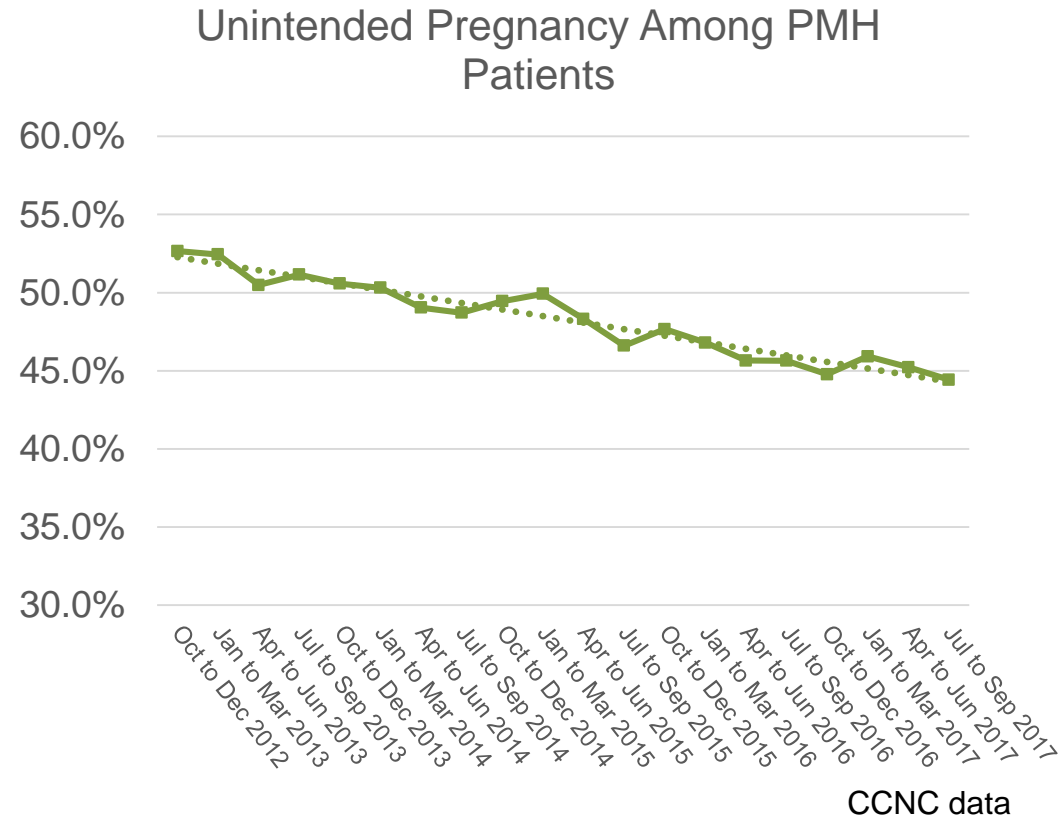
- **Social Determinants of Health CoIIN**
 - Consists of over 30 members from various statewide programs & organizations
 - Transform policies and practices that achieve health equity
 - Implement division-wide health equity foundational training
 - Use NC Health Equity Impact Assessment tool to revise or improve policies and practices
 - **Preconception Health CoIIN**
 - Improve preconception health status of women, particularly low income and women of color
 - Redesign the well-woman visit
 - Woman-centered
 - Clinician engaged
 - Community-involved approach
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Reproductive Life Planning

- Intended pregnancies = better birth outcomes
- Emphasis on increasing access to contraception/ LARCs
 - LARC Reimbursement
 - Immediate postpartum LARC insertion
 - Provider education/training, including same-day access
 - Consumer education and support
 - Partnership with substance use treatment programs to promote access without coercion
 - Statewide stakeholder group
- NC involved in ASTHO Increasing Access to Contraception and CDC 6|18 Initiative

Reproductive Life Planning

- New DRGs for IPP LARC created and effective October 1, 2017
- Rate methodology successfully changed for all Physicians Drug Program contraceptives (includes injectables, implants and IUDs)
 - Outreach continues to increase awareness
 - Allows rate increases up to market (retroactive July 1, 2017)
 - Provides for future rate changes as costs change (WAC + 6)



Preconception Health

- **Preconception Health Campaign**
 - In partnership with March of Dimes:
 - Preconception health education to health care providers, lay health advisors and consumers
 - State multivitamin distribution program
 - Promotora (health-promoter) program - preconception health education for Spanish-speaking women/men
- **Preconception Peer Educator Program**
 - In partnership with Office of Minority Health Resource Center
 - Students trained in preconception health education share information on college campuses and in the surrounding community
- **Preconception Health Summits**

Other Perinatal Programs

- **Evidence-Based Programs in Counties with Highest Infant Mortality Rates (26 counties)**
 - LARC, Nurse Family Partnership, Safe Sleep, 17P, Centering Pregnancy
 - **Improving Community Outcomes for MCH (13 counties)**
 - LARC, Breastfeeding, Tobacco Prevention and Cessation, Family Connects, Triple P
 - **NC Baby Love Plus**
 - **Healthy Beginnings**
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Other Perinatal Programs

- **17-P Program (preterm births)**
 - **March of Dimes**
 - **Maternal Health Clinical Services, including ECU High Risk Maternity Clinic**
 - **Teen Pregnancy Prevention Initiatives**
 - **Perinatal Substance Use**
 - **Safe Sleep**
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Other Perinatal Programs

- **Continued statewide quality improvement work through our partners**
 - **Perinatal Quality Collaborative of NC**
 - **AIM safety bundles**

Perinatal Systems of Care

- **NC Hospital Licensure**
 - Neonatal rules in place but not updated per most recent AAP guidance
 - No maternal rules in place
- **Currently working with hospitals to use the CDC Levels of Care Assessment Tool (LOCATe)**
 - LOCATe not designed for regulation or designation

Opportunities for Perinatal Systems of Care

- **Align levels of neonatal and maternity care with guidelines from the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM)**
- **Use uniform designations, with standardized definitions for levels of maternal and neonatal care**
- **Assess disparities in access to risk-appropriate care, service gaps and other barriers/challenges**
- **Support all birthing facilities through structured collaboration**
- **Improve maternal and infant morbidity and mortality**

Questions?
