

Maternal and Infant Health and Infant Mortality Reduction

Using Improvement Science to Improve Population Health in Hamilton, County Ohio

IHI's Triple Aim Prototyping Phase II

Team Update

November, 2008

Improving Care at the Population Level

Population = all women of child bearing age
and all children less than age 1 year
independent of source of payment
and independent of pattern of utilization

Total Cohort Accountability

Individual Accountability and Shared Responsibility



Aim 1 - Outcomes (monthly reports representing 900 births)

Reduce cause-specific death rates to < national average by 2013

Reduce cause-related risks, eg prematurity (need specific aim)

Aim 2 - Experiences of care

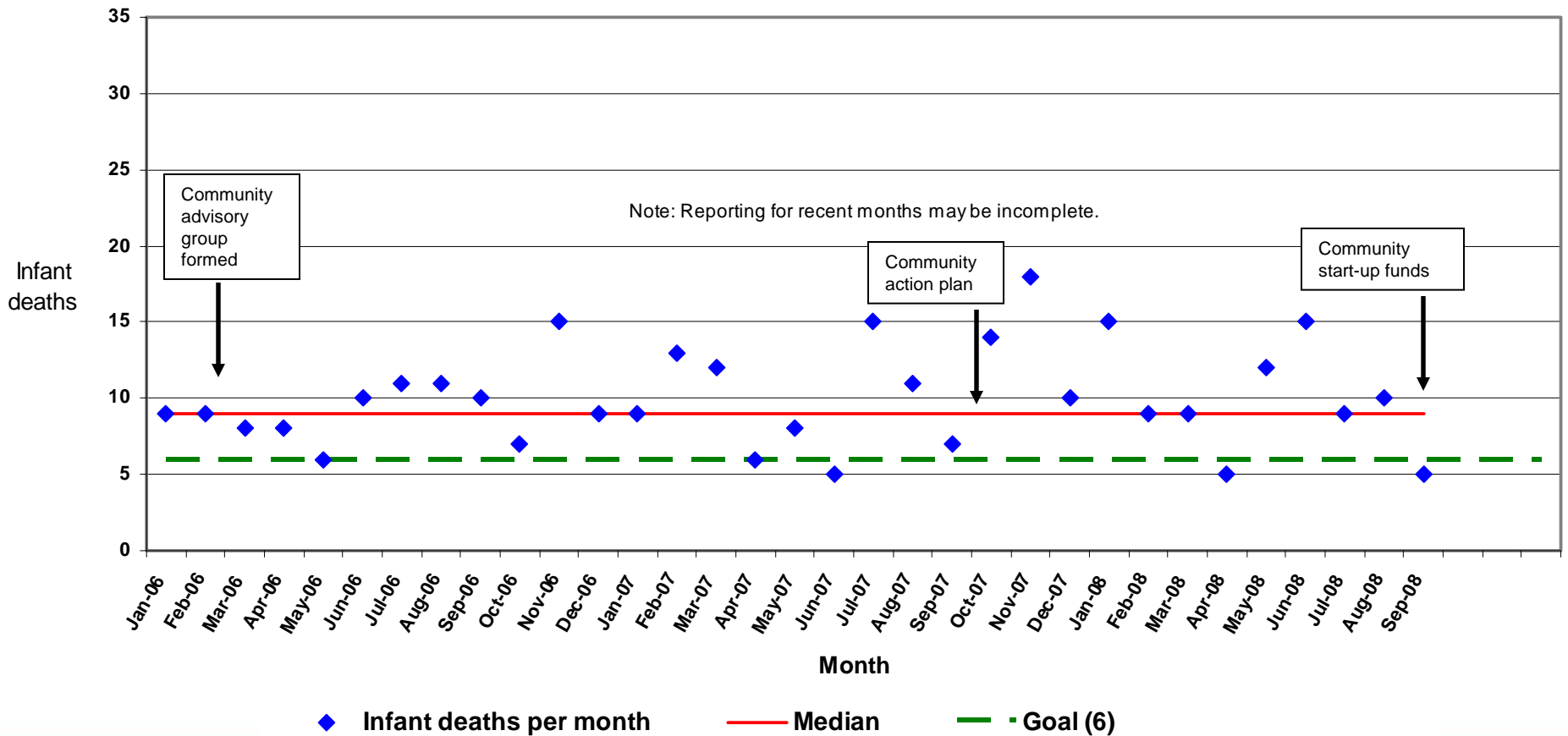
Improve population “satisfaction with overall health care” and “satisfaction with quality of health care” to 70% by **2010**

Aim 3 – Cost *per capita*

Reduce **annual**, inflation-adjusted, Medicaid spending *per capita* 7% (from \$8565 to \$7979)



Hamilton County Infant Deaths,
January 2006 to September 2008



Women ages 18-45
Hamilton County 2005 (survey self-report)

No health insurance	13%
Currently or sometime in last year uninsured	27%
Medicaid health insurance	27%
Health status neither excellent nor very good	46%
Satisfied with <u>overall health care</u>	
Neither excellent nor very good	53%
Satisfied with <u>quality of health care</u>	
Neither very nor fairly satisfied	17%

RESULTS: Cost *per capita*

For Hamilton County women with Medicaid insurance at least 11/12 months in 2007

3,770 births

\$7656 – \$7,837 is 95% CI for *per capita* spending for mother’s prenatal and 1 month of mother’s postnatal care

\$29,205,000 Total spending for maternity care

	Actual 2007	2008	2009
Targets	\$7647	\$7979	\$8219
Expected		\$8565	\$9593
Savings		\$586	\$1374
CuSum		\$2,209,000	\$5,180,000

Changes that we are implementing for the population

Measurement

- ✓ Monthly death count, rolling IM rate and prematurity rate
- ✓ FIMR monthly case review

Care

- ✓
- ✓



FOR BABY'S SAKE

6

■ Grace Lin with her son, Elijah

THE CHALLENGE: THE RATE OF INFANT MORTALITY IN THE CINCINNATI AREA IS SHOCKINGLY HIGH. WE'RE WORKING WITH COMMUNITY PARTNERS TO CHANGE THAT STARK REALITY.

FOR BABY'S SAKE

Health Care and Civic Leaders Join Forces to Prevent Infant Deaths

Grace Lin is moving forward with her life. She has a new baby, Elijah, now 1½ years old. She has gone back to work as a technical sales specialist.

But the pain of losing her first baby is just under the surface. She cries as she talks about Jacob's short life, all of it lived in the unnatural setting of a hospital intensive care unit.

Through Jacob's two months in the hospital, Grace continued to believe she would be able to bring him home, but the day came when she and her husband, Peter, realized that Jacob was dying. In his final hours, she kissed him and told him, "If you're tired, it's OK to let go. You have done a lot already."

Far from their family in Taiwan, Grace and Peter found a support system in the caregivers at Cincinnati Children's, who treated them with kindness and cared for Jacob as lovingly as their own child. "The love I

felt from the nurses, doctors and staff helped me go through those difficult days," Grace says. "Words can't describe how much we appreciated each of them."

Mixed with her deep sadness are sweet memories of her love for her baby. "I didn't see him as a baby with a lot of problems. I saw him as a gift from God. Everyone united because of him. While we were so busy in finding the best treatment to save his life, he taught us how to love and give."

Jacob's legacy to his mother: a wound not yet healed, wisdom beyond her years.



From the newly formed FIMR subcommittee of the
Hamilton County OH Child Fatality Review Committee Nov 2008

Guiding Principles & Values

“We regard the loss of an infant as a consequential event for the mother and family. We acknowledge that **sharing the stories** of women and infants whose losses represent infant mortality in Hamilton County holds meaning that goes beyond instructing system changes in the community.

.....We commit to **respecting and openly listening** to each other. We recognize that innovative strategies are essential to create change that will result in lowering the infant mortality rate. We value different perspectives and creativity in constructing effective and sustainable solutions.”

Infrastructure for change and measurement

- ✓ Community will
- ✓ Funded Office of Maternal/Infant Health and Infant Mortality Reduction
- ✓ Fetal Infant Mortality Review Infrastructure
- ✓ Monthly measurement capability

How do we move from building infrastructure to changing care and outcomes?