



**Department
of Health**

Public Health Committee report:

**Progress Report on PHHPC Recommendations re:
Maternal Mortality from February, 2016**

Public Health and Health Planning Council

April 6, 2017

Public Health Committee

Prevention Agenda: Reducing Maternal Mortality particular focus

- Public Health Committee Recommended:
 - Raise attention to importance of pregnancy intendedness and preconception care
 - Integrate women's health into all DOH Payment and Delivery System Reform Initiatives
- Enhance DOH Maternal Mortality Review Process

Overview of presentation

Implementation focuses on:

- Enhancement of Existing Maternal Mortality Review Process
- Partnership for Maternal Health Campaign
- Perinatal Regionalization
- Delivery System Reform
 - Maternity Bundle

Enhancing the Maternal Mortality Review Process

- NYSDOH and ACOG District II are working collaboratively to add Committee review of cases to current process
- A more complete assessment of
 - Causes of death
 - Factors leading to death
 - Preventability
 - Opportunities for intervention
- Translate trends and issues to action
 - Collaborate to develop Issue Briefs, Grand Rounds
 - Quality improvement projects
 - Working collaboratively with partners (NYSDOH, ACOG, GNYHA, HANYS, RPCs)
 - Issue maternal mortality report

Maternal Mortality Review in New York State

Partnership for Maternal Health (PMH)

- Multi-stakeholders came together to address the increasing rates of maternal mortality
- **The New York Partnership for Maternal Health:**
 - New York State Department of Health
 - American Congress of Obstetricians and Gynecologists District II,
 - New York City Department of Health and Mental Hygiene
 - Healthcare Association of NYS
 - Greater NY Hospital Association
 - New York Academy of Medicine
- **Goal:** promote equity in maternal health outcomes within at-risk populations, to reduce ethnic and economic disparities, and preventable maternal mortality and morbidity in NYS.

Commissioner Zucker's Letter on Preconception Health

September 9, 2016 Dr. Zucker sent a Dear Colleague letter recognizing preconception health as key to improving maternal health:

- Recognized the formation of the New York State Partnership for Maternal Health
- Asked all clinicians to initiate conversations with all female patients of reproductive age the one essential question: *“Would you like to become pregnant within the next year?”*
- Identified resources to support their practice- “Before and Beyond” CME-accredited educational modules developed by the National Preconception Health and Health Care Initiative

PMH – Next steps

Expand partners

- Primary Care Providers
- Emergency Room Providers
- Specialists
- Licensed Midwives
- Nurses

Include other DOH initiatives

- Health Homes
- Delivery System Reform Incentive Payment (DSRIP) Program
- Advanced Primary Care (APC)

Multi-prong education campaign

- Develop education pieces with PMH for stakeholder email lists/newsletters
- Design material for medical offices on pregnancy intendedness and contraception
- Create webinar for continuing education credits on preconception targeting primary care providers

Perinatal Regionalization is a comprehensive, coordinated geographically structured system of care organized around a series of Regional Perinatal Centers (RPCs), each supporting and providing clinical expertise, education and quality improvement to a group of affiliate hospitals.

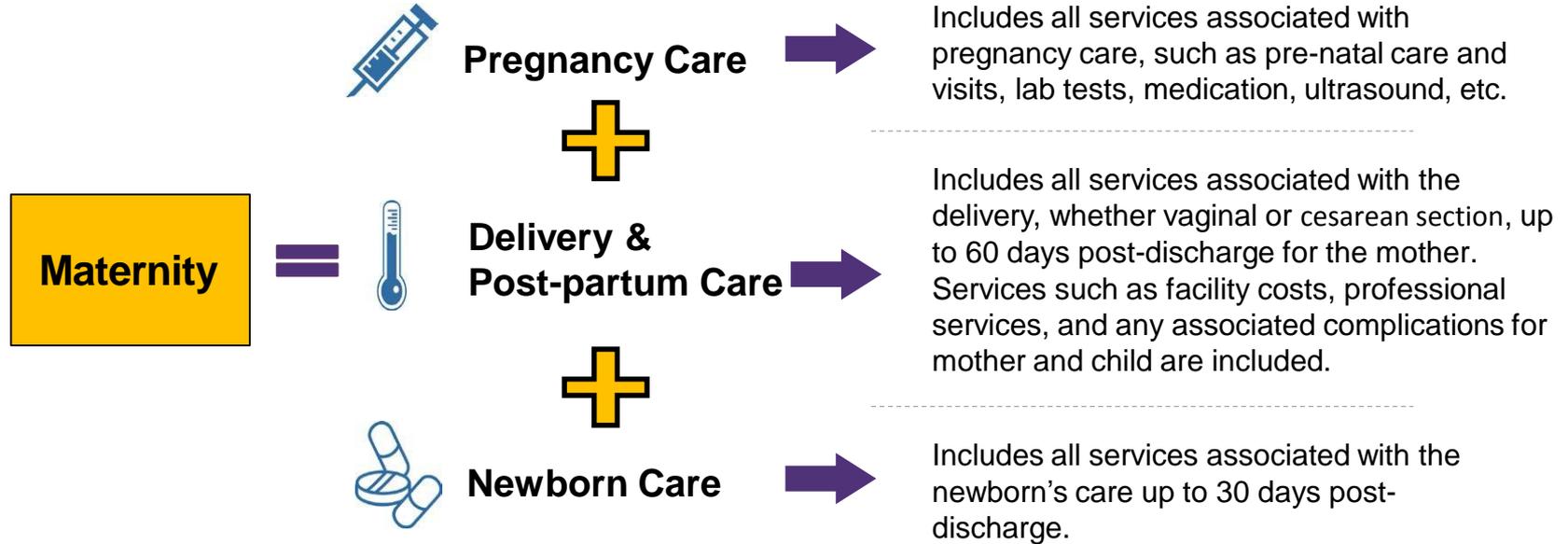
Redesignation Process

- Review and Update perinatal hospital standards, with increased emphasis on maternal health
- Convene expert workgroup to assist with review and to finalize standards
- Produce recommendations for revisions of 10 NYCRR Section 405.21 Perinatal Services and Part 721 Perinatal Regionalization

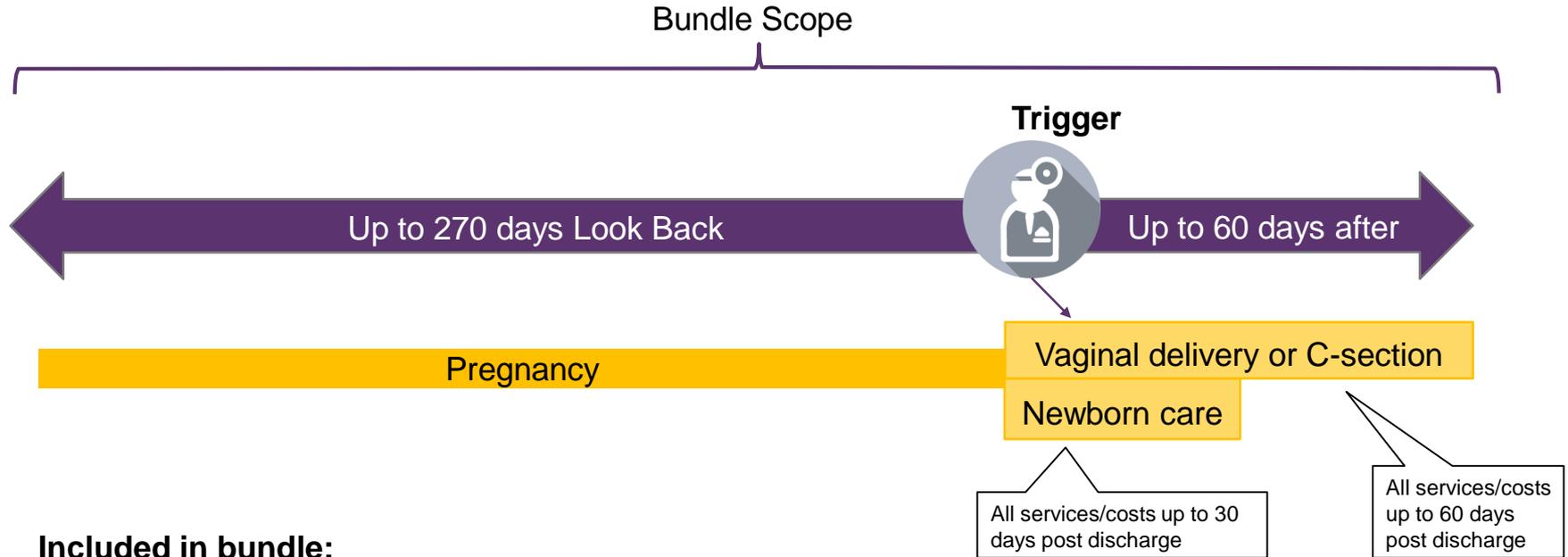
Redesignation Process

- Webinar for hospitals on revised criteria and process
- Electronic survey of all birthing hospitals related to new standards
- Clinical review of surveys for compliance
- Multidisciplinary teams will conduct onsite reviews of:
 - All RPCs and Level III perinatal hospitals
 - All hospitals requesting higher level designation
 - 20% of Level II and I perinatal hospitals
 - Birthing Centers- Hospital and Mid-wife administered
- Final Report to DOH with recommendations and approval

Maternity Care



Maternity Bundle Example



Included in bundle:

- Both low risk and high risk pregnancies with severity markers
- **For the mother:** all related services for delivery including post discharge period (60 days post discharge) and entire prenatal care period (270 days prior to delivery)
- **For the infant:** initial delivery stay and all services/costs up to 30 days post discharge.

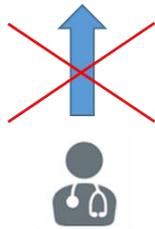
The maternity care episodes include all services (inpatient services, outpatient services, ancillary, laboratory, radiology, pharmacy and professional billing services) related to the care of the pregnancy, delivery and newborn, starting from the initial Obstetrical visit.

Pregnancy Episode (PREGN)

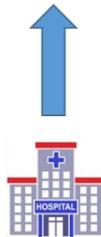
Look Back



Initial OB visit.



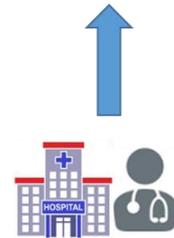
Doctor visit for a broken bone (e.g. a sports injury) unrelated to the pregnancy.



ER Visits and inpatient admissions related to pregnancy episode.



Prescription medicine to treat an unrelated flu.



Inpatient admission caused by a urinary tract infection.

Questions & Discussion