

# Secretary's Advisory Committee on Infant Mortality

March 8, 2012

## ***“Healthy Babies Initiatives”***

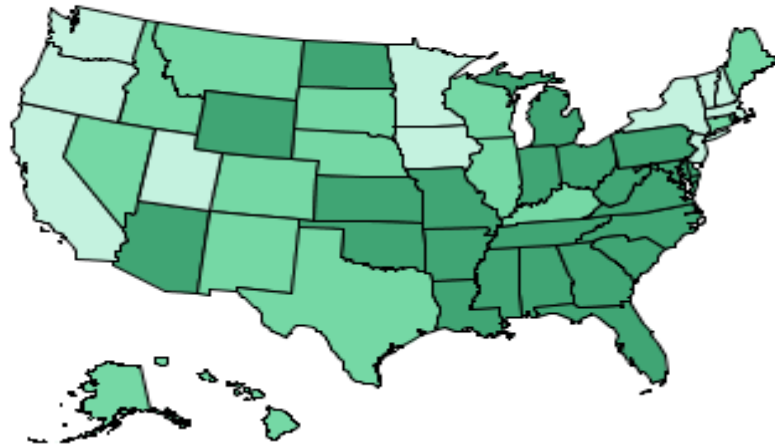
*David Lakey, M.D.  
Commissioner*

*Texas Department of State Health Services*

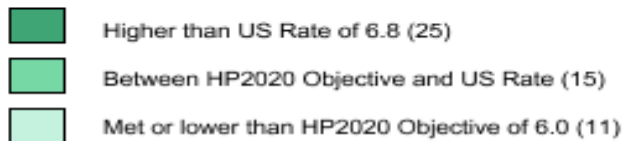


# Infant Mortality

2008



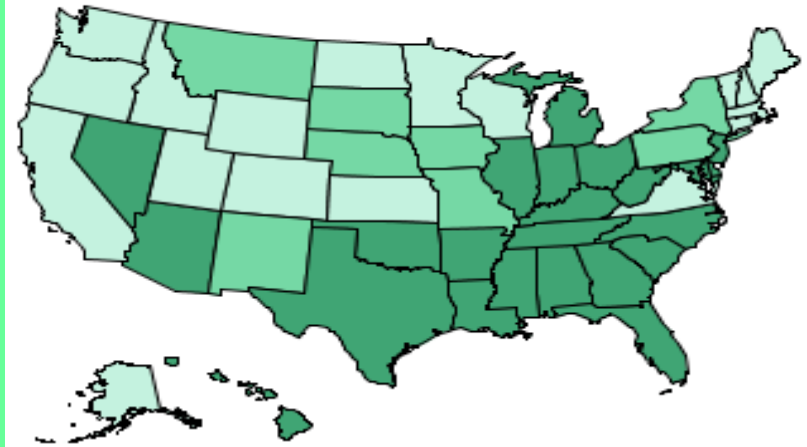
## Rate per 1,000 live births



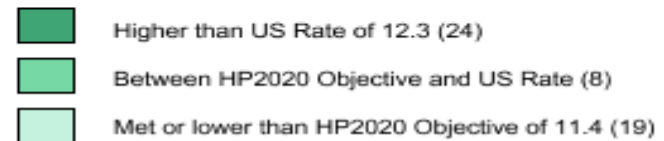
© 2011 March of Dimes Foundation.  
All rights reserved.

# Preterm Births

2008



## Percent of live births



© 2011 March of Dimes Foundation.  
All rights reserved.

# Medicaid Costs

- **>55% of all Texas births paid by Medicaid**
- **\$2.2 billion per year in birth and delivery-related services for moms and infants through first year**
  - ~70% of Medicaid costs for hospitalized newborns tied to billing codes for prematurity
- **Infant care costs growing by ~10% per year**
  - 50% are attributable to extremely preterm infants
- **Newborn costs (Labor and Delivery)**
  - Extreme Preterm infant: \$63,124
  - Term infant: \$404

# Possible Points for Intervention

**Maternal  
Health/  
Prematurity**



**Preconception Health  
Health Behaviors  
Perinatal Care**

**Maternal  
Care**



**Prenatal Care  
High Risk Referral  
Obstetric Care**

**Newborn  
Care**



**Perinatal Management  
Neonatal Care  
Pediatric Surgery**

**Infant  
Health**

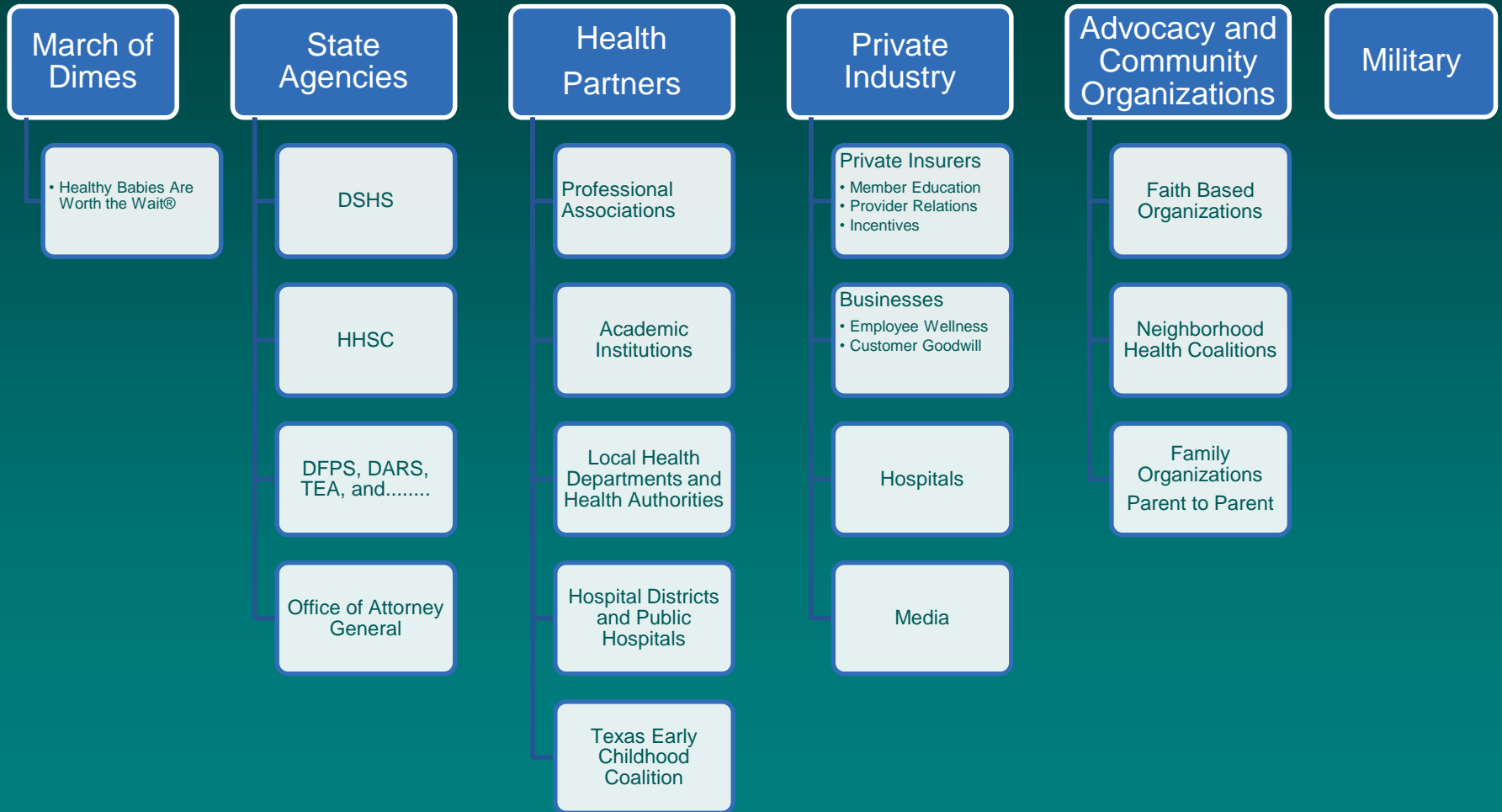


**Safe Sleep  
Breast Feeding  
Injury Prevention**

# Healthy Texas Babies

- **Healthy Texas Babies (HTB) is an initiative to decrease infant mortality in Texas**
- **Goals of Healthy Texas Babies Initiative:**
  - Provide local partnerships and coalitions with major roles in shaping programs in their communities
  - Use evidence-based interventions
  - Decrease preterm birth rate by 8% over 2 years
  - Save ~ \$7.2 million in Medicaid costs over 2 years

# Healthy Texas Babies



# Texas Legislative Actions (2011)

- **Legislature appropriated \$4.1 million in General Revenue funds to DSHS to fund the Healthy Texas Babies Initiative**
- **Legislature passed three related perinatal health bills**
  - HB 1983 – Develop quality initiatives and implement cost-cutting measures to reduce elective inductions and c-sections before the 39th week in Medicaid
  - HB 824 – Creates an outreach campaign to promote fathers' involvement with their children before birth
  - HB 2636 – Creates a council to study neonatal intensive care units to develop standards and recommendations for Medicaid reimbursement

# ASTHO Presidential Challenge

Improve birth outcomes by reducing infant mortality and prematurity in the United States

## Objectives:

- Focus on improving birth outcomes as SHOs and state leadership teams work with state partners on health and community system changes
- Create a unified message that builds on the best practices from around the nation
- Develop clear measurements to evaluate targeted outreach, progress, and return on investment

## S.M.A.R.T. Challenge:

- Reduce preterm births by 8% by 2014



# One Roadmap to Reducing Prematurity by 8% by 2014

- **Reduce non-medically indicated elective inductions and cesarean sections prior to 39 weeks gestation.**
  - Reduction of 25,000 PTB
- **Ensure universal access to 17P for eligible women.**
  - Reduction of 10,000 PTB
- **Eliminate the incidence of higher order multiples due to assistive reproductive technologies, 97 percent of whom are born preterm**
  - Reduction of 2,300 PTB
- **Reduce rates of smoking among pregnant women by 10 percent.**
  - Reduction of 1,300 PTB

# HRSA Region IV & VI Summit on Infant Mortality

- **January 12-13, 2012**
- **7 member State Teams**
  - **State Health Officials, MCH Directors and other MCH experts, State Medicaid Officials, March of Dimes, Hospitals, Legislative and Governor's Office senior staff**
- **Federal partners – HRSA, CMS, CDC**
- **Regional Goals and State Strategies**

# Regional Strategies to Reduce IM & Prematurity

- **Implement state policy change to eliminate elective inductions and c sections prior to 39 weeks gestation**
  - Hospital Policies
  - Payment – Medicaid (Waivers)
  - Individual, Provider Education
- **Improve access to care for all women of reproductive age, including 17-P as clinically indicated**
- **Develop and implement a regional campaign to address the following aspects of women's health:**
  - Life Course Health – preconception / pregnancy / inter-conception
  - Smoking cessation, especially for pregnant women
  - Chronic conditions – obesity and diabetes
  - Influenza immunizations for pregnant women
- **Safe Sleep**

# Since the Summit

- **State Teams are continuing their work**
- **Meeting together to develop and implement next steps**
  - Alabama, Georgia, Kentucky, Texas
- **State Summit In the Works – Oklahoma**
- **Sharing practical tools like economic impact calculation formulas, hospital policies, legislative language**

# ASTHO Current Activities

- **Current Committees**
  - Steering Committee
  - Data and Best Practices/Policy Committees
  - Communication and Marketing Committee
- **Strong Collaboration**
  - HRSA, AMCHP, March of Dimes, Leap Frog, National Association of Medicaid Directors, AHA, Secretaries Advisory Committee on Infant Mortality, CDC, CMS

# ASTHO Website

- **ASTHO website with matrix of current emerging, promising and best practices will be available soon**
  - **Facilitating use of a menu of strategies for varying levels of intervention linked to concrete implementation steps and detailed resource information**
- **Other resources will include case studies and commentary from state leaders**
  - **Guide, create or strengthen state partnerships and fine-tune current programs**
- **The ASTHO site will also link to tool kits on best practices created by AMCHP and March of Dimes**

**Thank You!**