Women & Infants Hospital

Partnering with Parents, The Medical Home, and Community Providers to Improve Transition Services for High-Risk Preterm Infants in Rhode Island

Betty Vohr MD Director
Melinda Caskey MD Co-Director

Women's Health Council of RI

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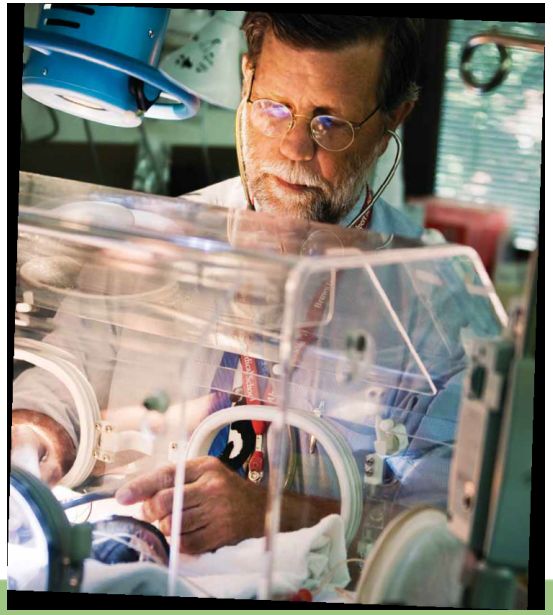

The Problem

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- There are major concerns about ↑ health care costs in the United States.
- 1 million PT births/year in the US with costs of $26 billion/year.
- 50% of extreme PT infants are rehospitalized in the first 18 months after discharge from the NICU.
- In addition to health care costs, there are emotional costs to families , setbacks in growth and development, and long term morbidities.

The Babies

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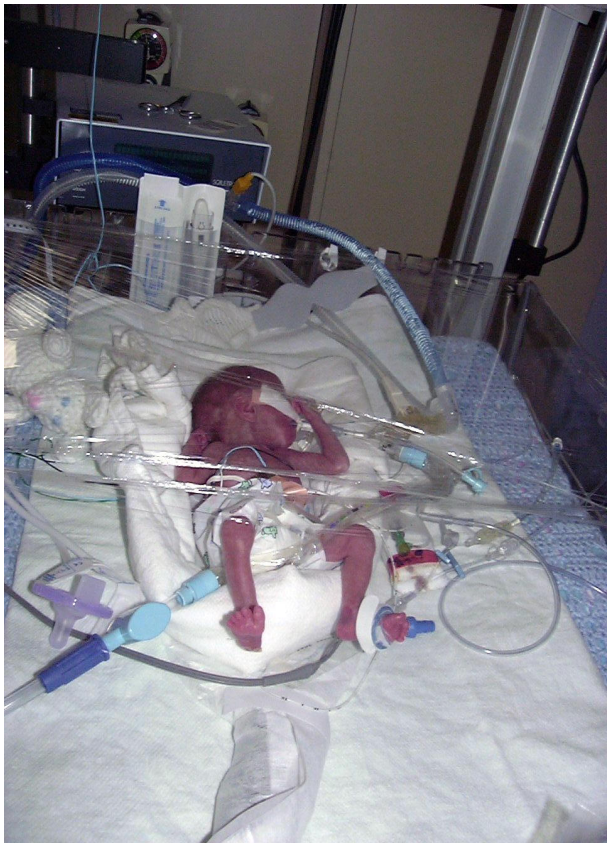
- Over the past decade, modern neonatal intensive care has resulted in dramatic improvements in the survival of premature and extremely low birth weight infants.

- These Very preterm infants weigh between 13 ounces and 2 lbs 8 ounces at birth and remain in the NICU for months after birth.



The Needs

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- NICU "graduates" may go home with many special health care needs: oxygen, monitors, ventilators, special medications and formulas, and suction equipment
- A high percent of mothers have significant social and environmental stresses and suffer from depression.
- These are families at double jeopardy
- Primary care providers may need additional support/ training in caring for these vulnerable families.

A Solution

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Comprehensive Family Centered Transition Care

The Formation of: Transition Home Plus

Intervention Components

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- Achieve comprehensive family centered coordinated care by partnering with the Medical Home and all stake holders.
- Provide Home Visits by Experience NICU Nurse Practitioners
- Manage early medical care; confirm medications, formulas etc.
- Connect families to needed consultants, Early Intervention and block nursing
- Provide resources to assist with housing, heat, hot water, gas, etc. to address environmental and social needs
- Address maternal mental health, stress and anxiety issues

The Results: Hospitalization Public Insurance N=154 (Early Human Development 2011)

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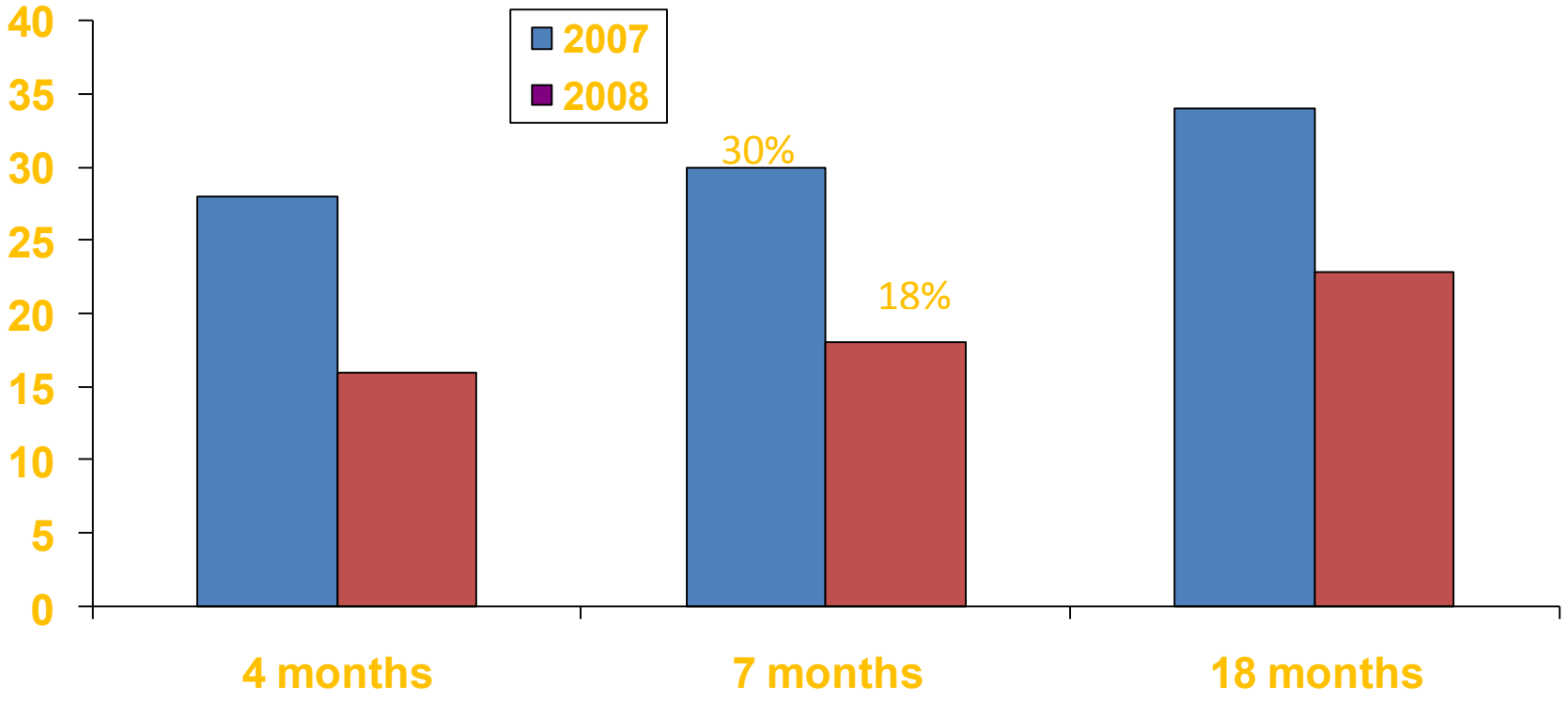

NICHD NRN for 2007 53% of 1098 infants < 1000 grams hospitalized <18m

Maternal Risk Factors: Mothers with complex social & environmental stress have more barriers and challenges in caring for their high risk infants.

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	2010	2011	2012
N	89	100	76
Maternal age < 20	11.2%	17%	10.5%
Siblings in home	58.4%	64%	59.2%
DCYF Involved	20.2%	24%	30%
Foster Care/Facts House	5.6%	7%	3.9%
Mental Health Issues	40.4%	51.5%	65.7%
Domestic Violence	6.7%	24.2%	25%
Substance Abuse	19.1%	18.2%	23.7%
Single Parent	43.7%	42%	32.4%

What have we learned?

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- Families with complex social/environmental risk in conjunction with infant morbidity are at greatest risk of infant rehospitalization.
- Increased support & education can reduce infant hospitalizations.
- Maternal mental health problems are common in this population of mothers and need to be addressed.

CMS Innovation Challenge Grant:
Partnering with Parents, the Medical Home and Community Providers

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- CMMS under the DHHS offered an initiative for proposals of compelling "new models" of delivery/payment improvements for Medicare, Medicaid and Children's Health Insurance Program enrollees that hold promise of delivering the three-part aim of better health, better health care and lower costs.

- Our proposal was one of 26 selected for the first round of funding out of 3,000 applications received

Multidisciplinary Team working with families, the PCP and Community Partners

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- Physicians
- Nurse Practitioners
- Social workers
- Parent Consultants
- Psychologists
- Nurtritionists
- Bilingual staff
- Data Analyst
- Data Entry

Aims of Innovation Grant

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- Provide improved coordinated care for the mother and her infant and achieve cross-pollination of skills and services by expanding partnerships with Medicaid and other insurance providers, parents, parent consultants, primary care providers, Nurse Practitioners, Visiting Nurses, EI, Early Head Start and Rhode Island Quality Institute
- Expand the THP program from 100 to 800 babies per year
- ↓ the number of ER visits and rehospitalizations in 1st 3 months
- Improve the health of mother and baby outcomes
- ↓ total health care costs for PTs by 25%.
- Provide workforce development opportunities for new and existing service providers in RI

Community Partners

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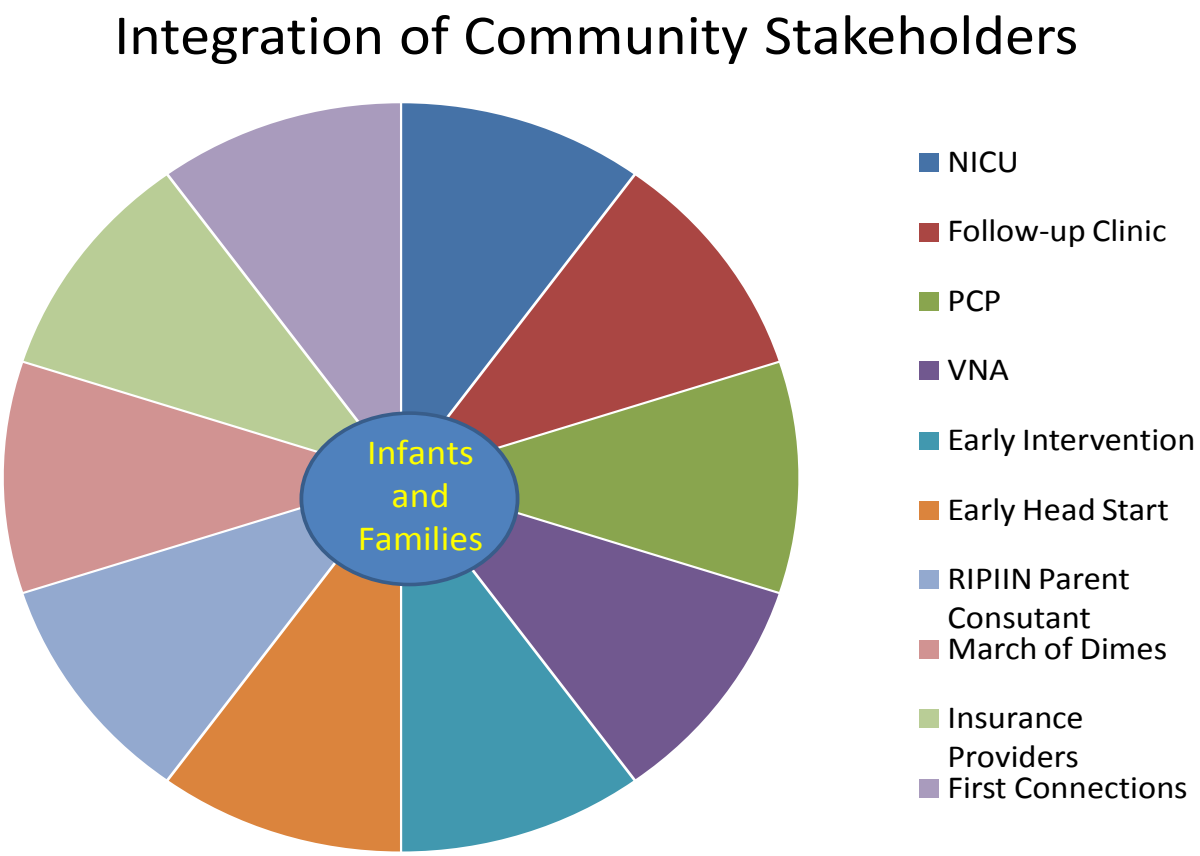
Professional development workshops with reciprocal shared learning; curriculum development.

Develop enhanced partnerships which include parents as partners.



Cost Savings

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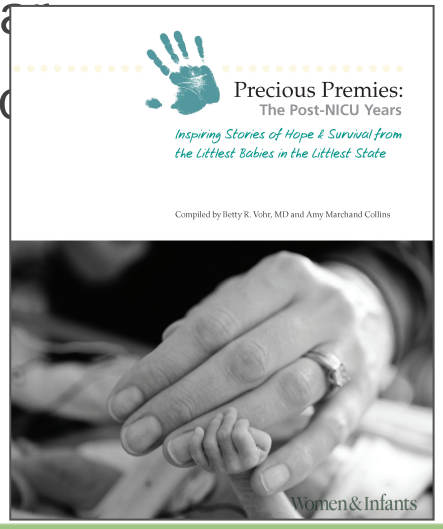
- We project that expanding the Transition Home Model of care to all preterm infants in Rhode Island has the potential to
- Increase the number of healthy mothers with healthy babies
- save:
  - Up to $1.2 million in rehospitalization costs/yea
  - Total savings of $3.7 million over a 3 year perio



It is our family stories that inspire us to do more.