Increasing the Percentage of VLBW Infants Delivered in Appropriate Facilities

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VLBW Deliveries at Level III Hospitals, 1997-2007

Percent of 500-1499 Gram Infants Delivered at Level III Hospitals

Year

Percent

1997 1999 2001 2003 2005 2007

White
Black
Total
Objective
How measured?

**Numerator:** Number of infants with a birth weight of less than 1,500 grams born at a Level III Facility

**Denominator:** Total number of infants born with birth weight of less than 1,500 grams
Definition of Facilities

• TN Hospitals self-designate level of care

• **Level III:**
  - “Capacity to manage the most complex and severe maternal and neonatal illnesses by virtue of their equipment, perinatal staff and on-site availability of pediatric sub-specialists”

• Service level definitions underway
Reaching the goal of 90%?

- 5 Regional Centers provide:
  - Specialty care to high risk women and infants
  - 24 hour consultation to providers in geographic area
  - Education and training for health care providers
  - Maternal and neonatal transport
Reaching the goal of 90%?

• Five Regional Perinatal Centers
  • MED – Memphis
  • Vanderbilt – Nashville
  • Erlanger/ TC Thompson – Chattanooga
  • UT Medical Center – Knoxville
  • Johnson City Medical Center – Johnson City
Funding

- $4,546,000 total
- 50/50 State/TennCare match
- Distributed between the 5 centers
- Flat funded since ~1989
Other Efforts

• 2008 - Tennessee Initiative for Perinatal Quality Care (TIPQC) [http://www.tipqc.org/](http://www.tipqc.org/)
  – Engage providers across perinatal spectrum in statewide, evidence-based and data-driven quality improvement projects
  – >170 MDs, RNs, advocates, payers, hospital administrators, government leaders, and families
    • Projects
      – Increase VLBW temps at NICU admission
      – Increase breastfeeding rates
      – Reduce elective deliveries <39 weeks

• Perinatal Advisory Committee
  – Consult with the Department of Health for revision of protocol and nurse educational guidelines
Other efforts

• Home Visiting Programs (GOCCC& DOH)
  – Categorical funding
    • Child Health & Development – birth to 6 years
    • Healthy Start – at risk 1st time mothers
    • Help Us Grow Successfully – pregnant women & infants to 6 years

• Governor’s Office of Children’s Care Coordination (GOCCCS)
  • Centering Pregnancy
  • Gap-filling PNC Clinic Services
  • Project IMPACT
  • Community Voice
Challenges

• Fiscal
  – TennCare caps & service reductions pending
    • John B Consent Decree
  – CoverKids cap Nov. 30, 2009
  – Daniel’s Decision – HIV/AIDS TennCare disenrollment
  – HDAP cap pending
  – CHAD & HUGS funded this year with ARRA
  – Regionalization funded this year with ARRA
  – Governor’s Office of Children’s Care Coordination ($20 million)
    • Infant Mortality
      – FIMR
      – Prenatal tobacco cessation
      – PNC & Centering Pregnancy
      – Home Visiting
      – SIDS Prevention
    – Loss of state match = loss of federal funding

• Data – facility self-designation, consistent coding
Partners

• Traditional
  • TennCare MCOs
  • Medical Centers/Clinics
  • TIPQC
  • WIC

• Non-traditional
  • Chronic Disease Prevention Programs & Associations
  • Gold Sneaker
  • Gaining Early Awareness & Readiness for Undergraduate Programs (GEAR UP)