SC Birth Outcomes Initiative-Update

Department of Health and Human Services
MCAC February 18, 2014

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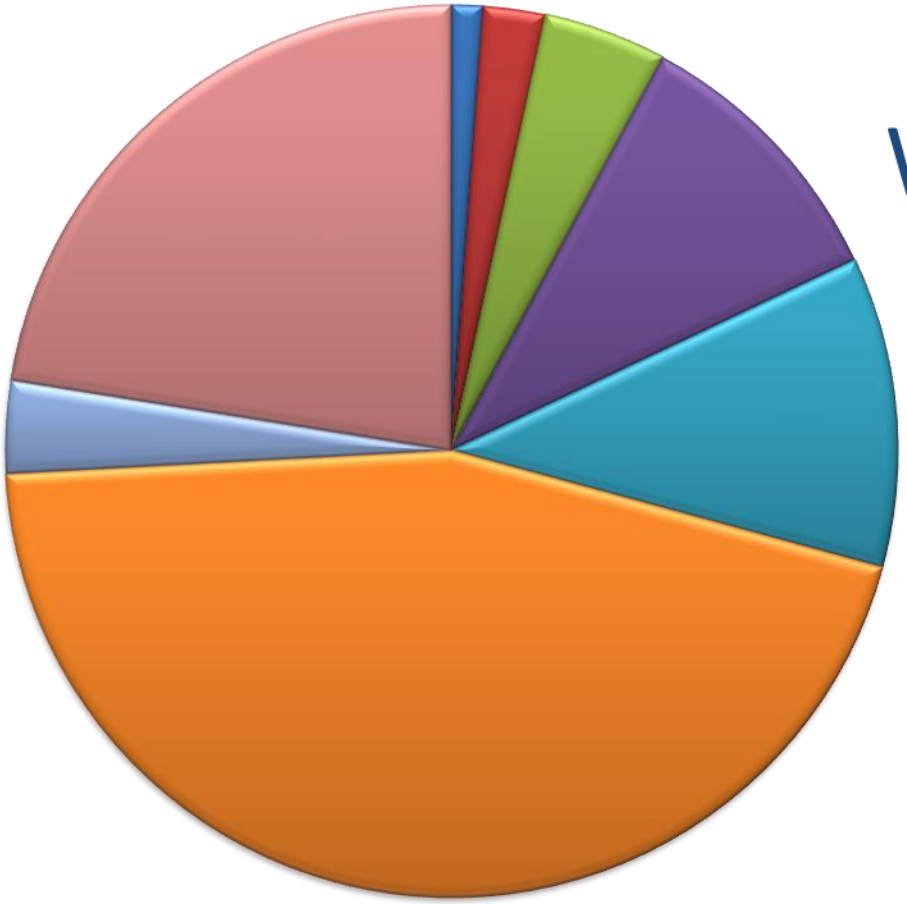
Healthy Connections

2nd Annual BOI Symposium review

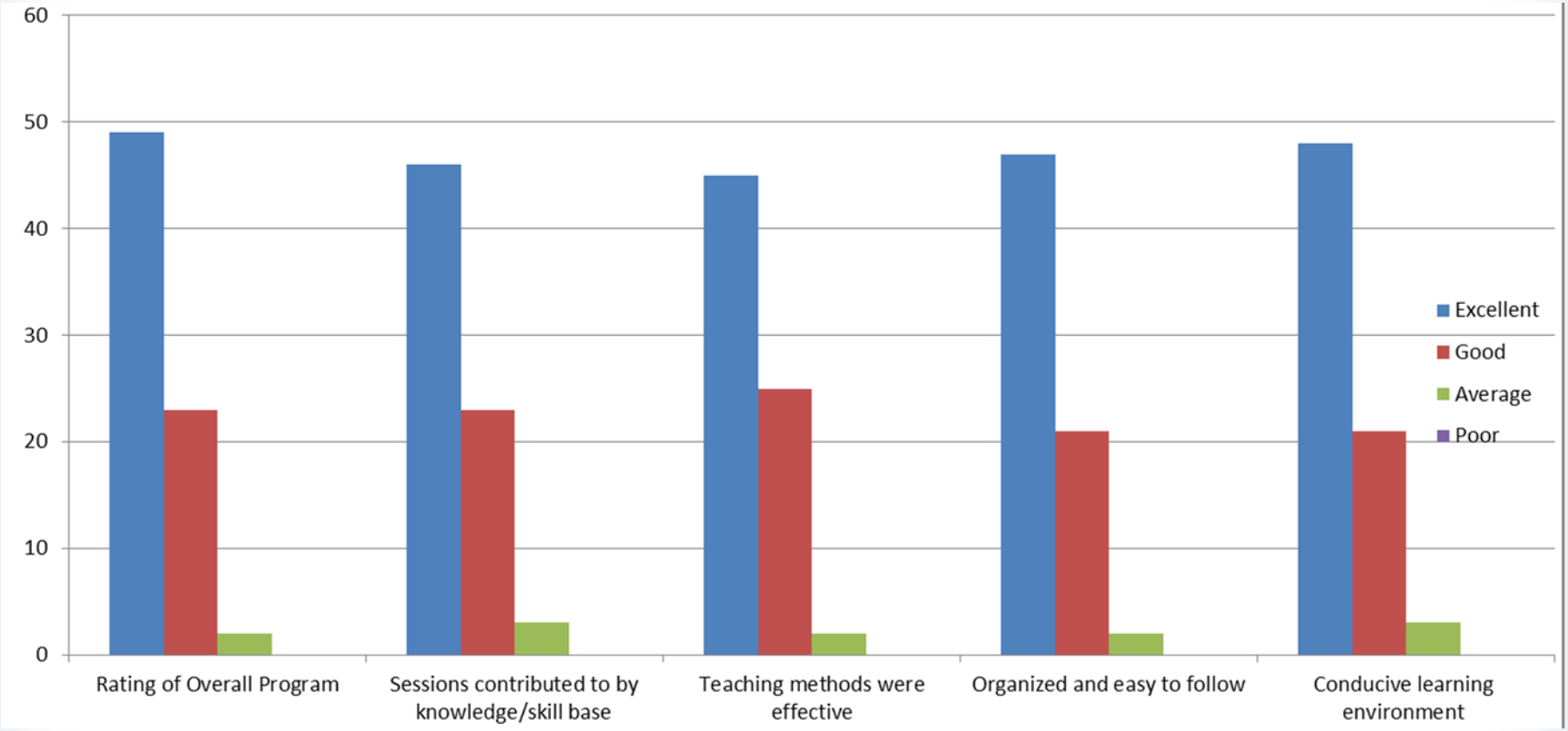


WHO ATTENDED?

- Compliance & Risk Management
- Health Policy Maker
- Patient Advocate
- Hospital & Medical Leadership
- Physician
- Nurse
- Quality Improvement & Patient Safety
- Other

Healthy Connections

SYMPOSIUM RATINGS OVERALL



Healthy Connections

SC Birth Outcomes Initiative

- CPR case study released in November 2013 on 39 week initiative.
- Received request from 20 states from across the nation
- LARCs
- Centering Pregnancy
- Statewide Milk Bank?
- Baby Friendly 4 (7-10)
- SBIRT

SC Birth Outcomes Initiative cont.

Neonatal Abstinence Syndrome (NAS)

- SCDHHS and Dr. Jenny Hudson at GHS entering in a contract agreement to address the management of NAS in the Level I nursery
- GHS has 8 years of experience using palliative methadone therapy to Level I newborns at highest risk for NAS
- Her clinical model has resulted in the length of stay from 8-10 days (half of the U.S. average of 16.4)

Proviso 33.34 Section E(2):

OB/GYN & Telemedicine

"The department shall develop a program to leverage the use of teaching hospitals to provide rural physician coverage, expand the use of Telemedicine, and ensure targeted placement and support of OB/GYN services in at least four (4) counties with a demonstrated lack of adequate OB/GYN resources by July 1, 2014."

What We Know…

- No OB/GYN practices or delivering hospitals located within any of the four counties
- Average distance to closest OB/GYN practice:
  - Allendale – **36.6 mi.**
  - Bamberg – **18.5 mi.**
  - Barnwell – **22 mi.**
  - Hampton – **25.9 mi.**
- 600 Medicaid births (approx. 876 total births) for residents of these four counties in CY 2012
- All referred to Hospitals in Orangeburg, Aiken, Augusta, Walterboro, Columbia, Charleston, or Beaufort for delivery

What We Have Learned…

Forum Themes / Stakeholder feedback:

- Local service option vs. transplant from outside area
- Additional services from any provider type are beneficial
- Increased patient education
- Enhanced coordination of care
- Communication lacking (providers, patients, administration, and case management)
- Telemedicine to enhance patient care
- Medicaid transportation (outreach completed 12/13)

Telemedicine

- Primary use of Telemedicine for local triage and identification of risk level
- Patients identified as high-risk referred to MUSC/USC MFM (Maternal Fetal Medicine) specialists
- Patients identified as low-risk able to follow current referral pattern for delivering physician

FP/JUA Model

1. FPs to provide prenatal services without increase in malpractice costs via Joint Underwriting Association waiver (late January)

2. Partner with Low Country Healthy Start for case management, care coordination, and patient outreach and education services

3. Primary use of Telemedicine in FP office for determination of risk level

4. Education update for FPs to be developed and administered by MUSC/USC prior to FPs providing services