



Perinatal Summit Action Plan Six Month Update

Recommendation #1 Build Upon and Strengthen Comprehensive Perinatal Services for All Women

The workgroup for Recommendation #1 Comprehensive Perinatal Service for All Women has been active in the first 6 months of the implementation phase. Early during this period, the group outlined the components of the State's Comprehensive Perinatal Services Program (CPSP) and compiled a list of CPSP providers in Los Angeles County. The workgroup conducted a literature search reviewing comprehensive perinatal services, minimum service requirements, barriers under various models, and the effects of the care model on outcomes. They also identified Quality Care measures used by health plans to assist with evaluation of comprehensive perinatal care models. It was determined that health plans all use required HEDIS measures, which address utilization issues rather than quality of care issues.

In addition, one of the main objectives of this recommendation is the development and implementation of a care quality framework for improving perinatal care. The LA Best Babies Network, in partnership with the National Initiative for Children's Healthcare Quality, launched the Healthy Births Care Quality Collaborative (HBCQC). The collaborative includes 10 sites, seven community clinics, two private practice, and one hospital-based practice site. The participating sites are all approved CPSP providers. The HBCQC is incorporating evidence-based practices and provides ongoing meetings to collectively share the strategies and progress. The LA Best Babies Network developed a quality framework for ambulatory perinatal care and launched a data registry for the practice sites to regularly assess their progress. The third learning session will host a leadership meeting to discuss the "Business Case for Care Quality Improvement".

The workgroup for Recommendation #1 will continue to meet regularly in 2007.

Recommendation #2 Assure every eligible newborn is enrolled in Medi-Cal before leaving the hospital

A workgroup was convened to implement the recommendation that every newborn born to a woman on Medi-Cal should be enrolled in Medi-Cal before leaving the delivery hospital. In the first 6 months of the implementation phase partners from the County of Los Angeles Public Health Department (PHD), Maternal, Child, and Adolescent Health (MCAH) Programs and Maternal and Child Health Access (MCHA) developed materials





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and contacted key hospitals about the Newborn Enrollment Project. In the initial interviews it was clear that those hospitals being considered for the pilot project do not view newborn enrollment as a problem, largely assuming that either clinics are enrolling babies or the parents know to call their caseworkers. Lack of staffing also deterred some hospitals from preparing enrollment forms.

The workgroup researched ways of obtaining baseline enrollment numbers for hospitals, to determine the current level of enrollment and subsequent impact of the Newborn Enrollment Project. There are some questions about whether it is possible to link all Medi-Cal births in hospitals to enrollment status or method of enrollment. We are able to identify which hospitals are submitting referral forms and increasing enrollment during the project by tracking faxes submitted to the Department of Public Social Services (DPSS).

The workgroup will meet by conference call in January to determine whether the group would like to use the data sources available (tracking enrollment forms) and whether to start the pilot project with self selected hospitals or those targeted as high yield. The workgroup will also consider the issue of examining enrollment in private or other insurance plans.

Recommendation #3 Integrate Perinatal Resources into the 2-1-1 system

The 2-1-1 system, formerly Info Line, provides information and referrals to over 28,000 programs from 4,000 health and human services agencies. A workgroup was convened to implement the integration of perinatal resources into the 2-1-1 system.

Nancy Fareed, the new Director of Public Affairs for First 5 LA and Eleanor Long, who recently joined the Maternal, Child, and Adolescent Health (MCAH) Programs have joined the 2-1-1 workgroup. Eleanor will serve as the MCAH staff person for the group.

As part of the Healthy Births Initiative, the Best Babies Collaborative incorporated their resources into the 2-1-1 system and LA Best Babies network staff will coordinate between the Healthy Birth Learning Collaborative and 2-1-1 to incorporate their resources as well. There is some concern that services are difficult to access through 2-1-1. Staff from MCAH will evaluate the ability to find and access perinatal services through 2-1-1. The workgroup will continue to meet in the New Year and new workgroup lead, Eleanor Long will contact the group members to schedule a meeting.





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Recommendation #4 Promote Risk Appropriate Perinatal Care

This recommendation is being addressed on four fronts: Process, Data, Best Practice Models and Quality Improvement. With the assistance of a grant from the March of Dimes, this issue is being addressed statewide as well as in Los Angeles County. As part of the process approach, we have established a Medical Advisory Panel comprised of specialists from throughout the state whose role it is to direct the search for standards, model policies and procedures and successful statewide systems of care. Secondly, a Technical Advisory Panel will be identified to guide the implementation of the recommendations. Thirdly, we have recruited the California Children's Services, Maternal Child Health and Genetic Disease Branch as partners along with experts representing multi-disciplinary, geographic and corporate organizations.

The workgroup has processed background data into a database identifying hospital specific data looking at very low birthweight delivery rates by level of care designation of each delivering facility. A second database was developed looking at congenital anomalies identified prenatally requiring Level III or tertiary levels of care for the newborn and where the babies are actually born. The workgroup has compiled state and national Best Practice Models for risk appropriate care and has established linkages with maternal transport system operators in California. The workgroup has also compiled National Perinatal Association data on Perinatal Regionalization legislation, Maternal and Neonatal Levels of Care and Statutory Regulations.

Significant progress has been made in the area of Quality Improvement through the integration of a Maternal Risk Appropriate Care indicator into the mandatory 2007 CHART reporting requirements and Maternal Risk Appropriate Care materials into the Regional Cooperation Agreements. There is also a plan to educate all California Children's Services designated NICU's in California in the first quarter of 2007. The workgroup will continue to meet regularly in 2007.

Recommendation #5 Support Every Woman to Have a Reproductive Life Plan

Recommendation #5 involves promoting the importance of and need for pre/interconception Care and exploring financing option for interconception care for high risk women. The workgroup for this recommendation meets quarterly through the Advisory Board Policy Committee of the LA Best Babies Network. The workgroup is





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very active promoting pre/interconception care and financing at both the state and federal levels, participating on the Preconception Care Council for California and the CDC workgroup for preconception care. Workgroup members accepted invitations to speak in plenary sessions on pre/interconception Care at the March of Dimes Conference in January 2007, the AMCHP Conference in March 2007 and at workshops for other national meetings. Los Angeles County was selected to be one of three participating sites of the CityMatCH Preconception Care Public Health Collaborative. The 3 designated locations invited to participate include – Los Angeles, Hartford, CT and Nashville, TN. This will provide an opportunity to learn how other sites address challenges in their pre/interconception care efforts.

Another component of the recommendation is to enhance the capacity of providers to prepare women “at- risk” for a health problem to reduce the risk in subsequent pregnancies. As part of the Healthy Births Initiative the Best Babies Collaboratives have been active implementing the five core approaches: interconception care, case management, health education and health messaging, and support services to reduce disparities in birth outcomes in specific geographic areas. The areas were selected based on high perinatal indices.

The workgroup will continue to promote health messaging on pre/interconception care in 2007 with providers and consumers. The workgroup will also continue to meet quarterly with the first meeting scheduled for February 28, 2007.

