



Governor's Office of
Health Transformation

Better Planning for Better Health

Greg Moody, Director

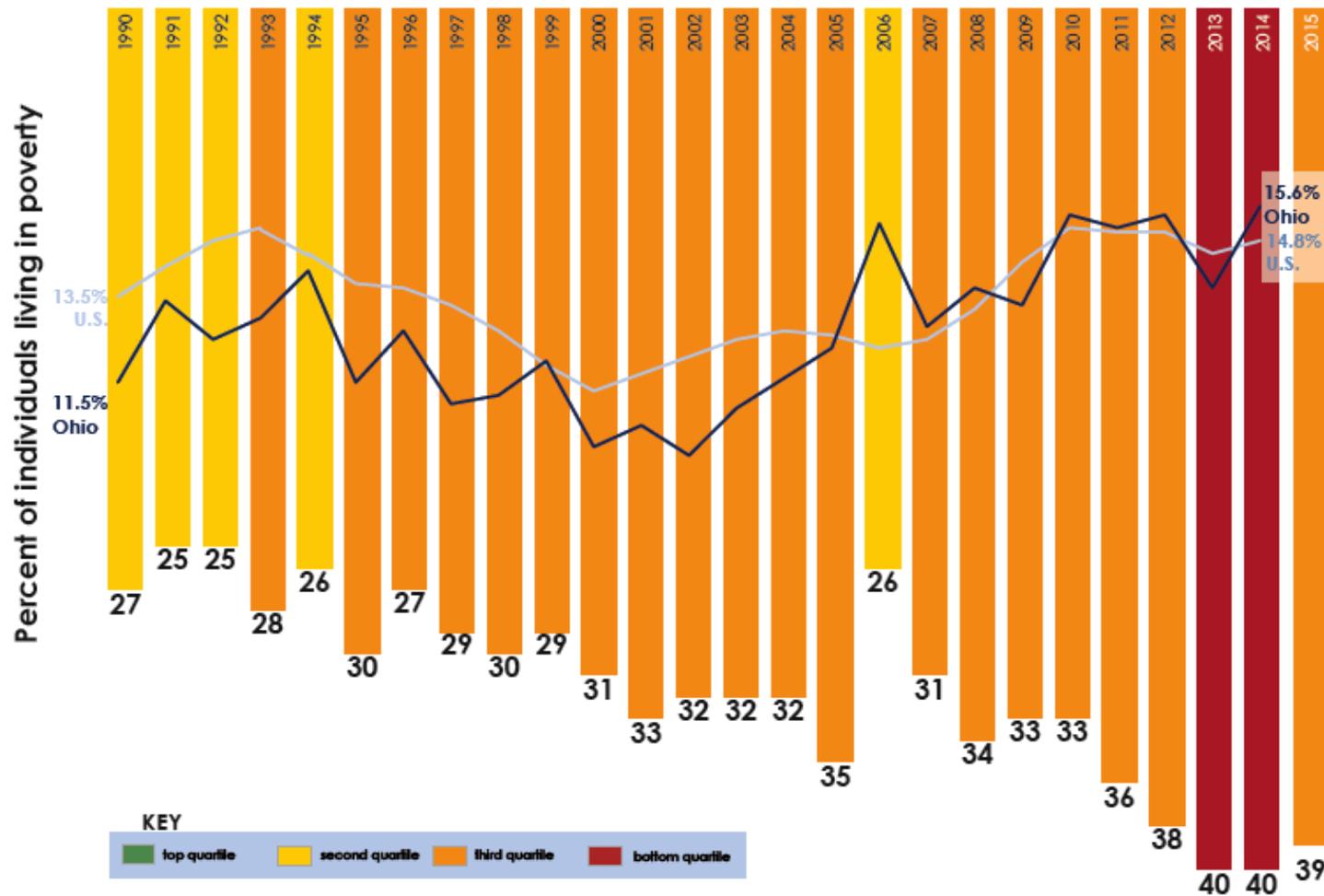
Governor's Office of Health Transformation

Ohio Collaborative to Prevent Infant Mortality

March 15, 2016

www.HealthTransformation.Ohio.gov

Ohio's performance on population health outcomes has declined relative to other states

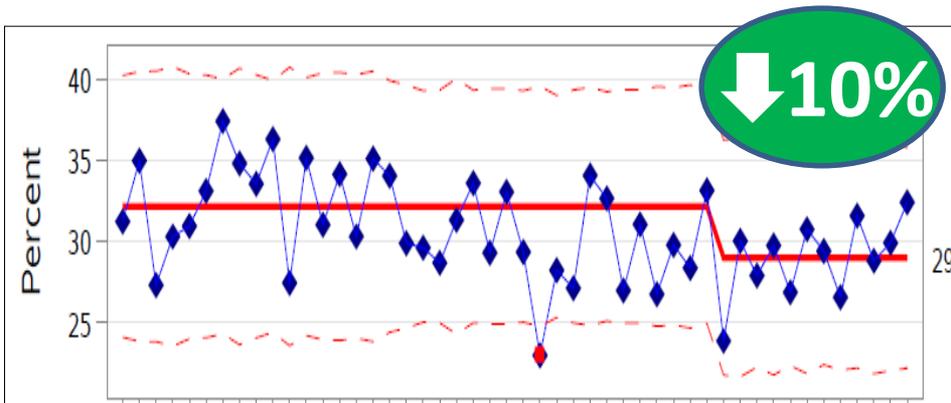


The Ohio Perinatal Quality Collaborative Progesterone Project is achieving significant reductions in preterm births

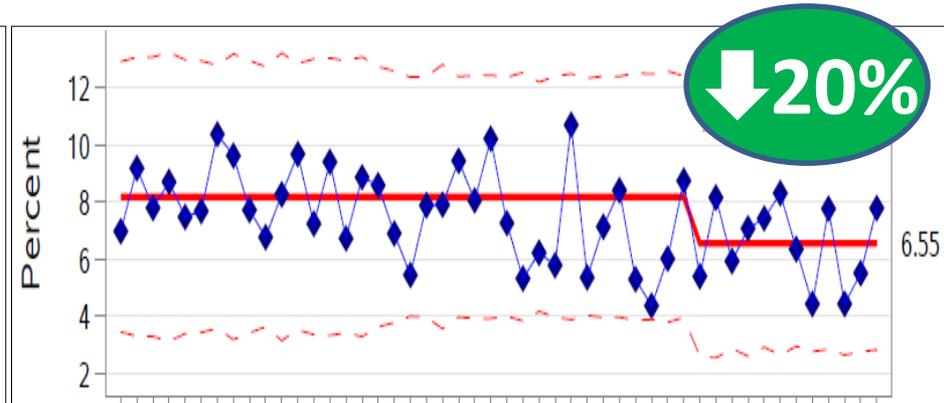
OPQC Progesterone Project participating hospitals aggregate percent births to mothers with a history of previous preterm birth

Before 37 weeks gestation

Before 32 weeks gestation

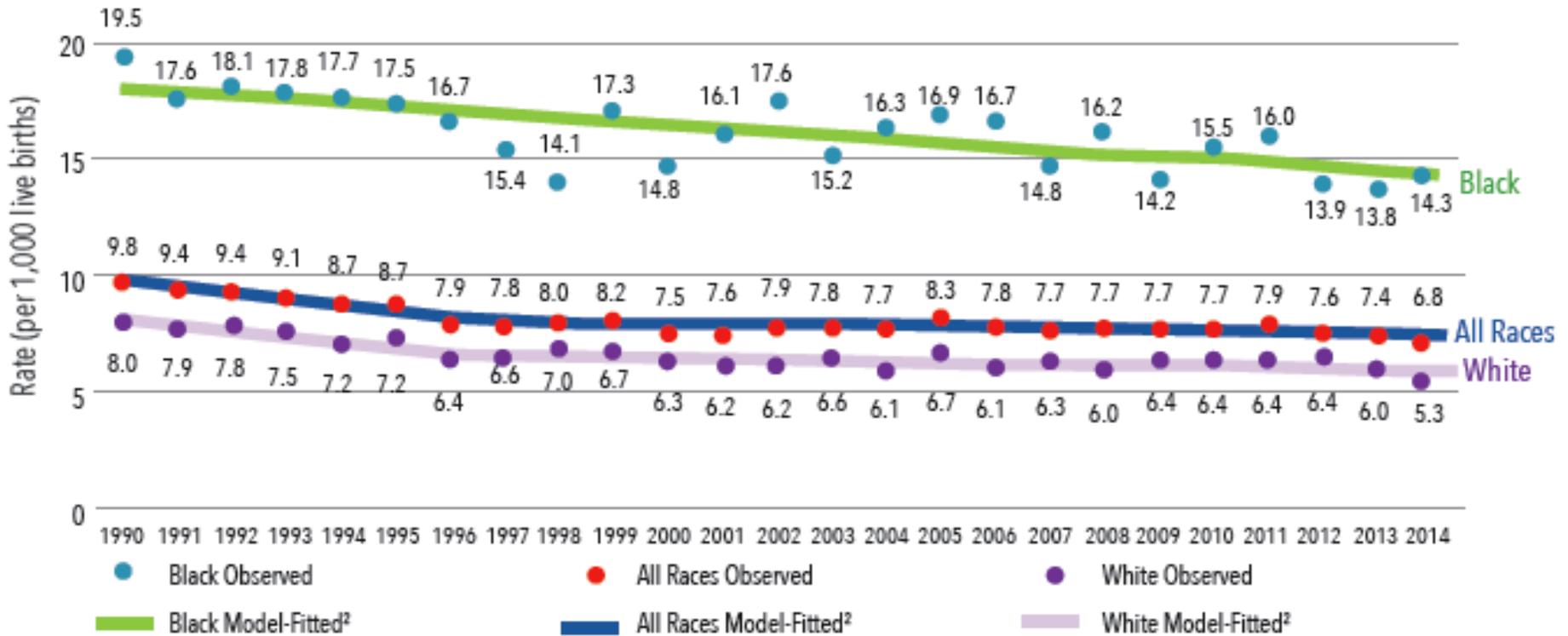


Monthly Data January 2012 – December 2015



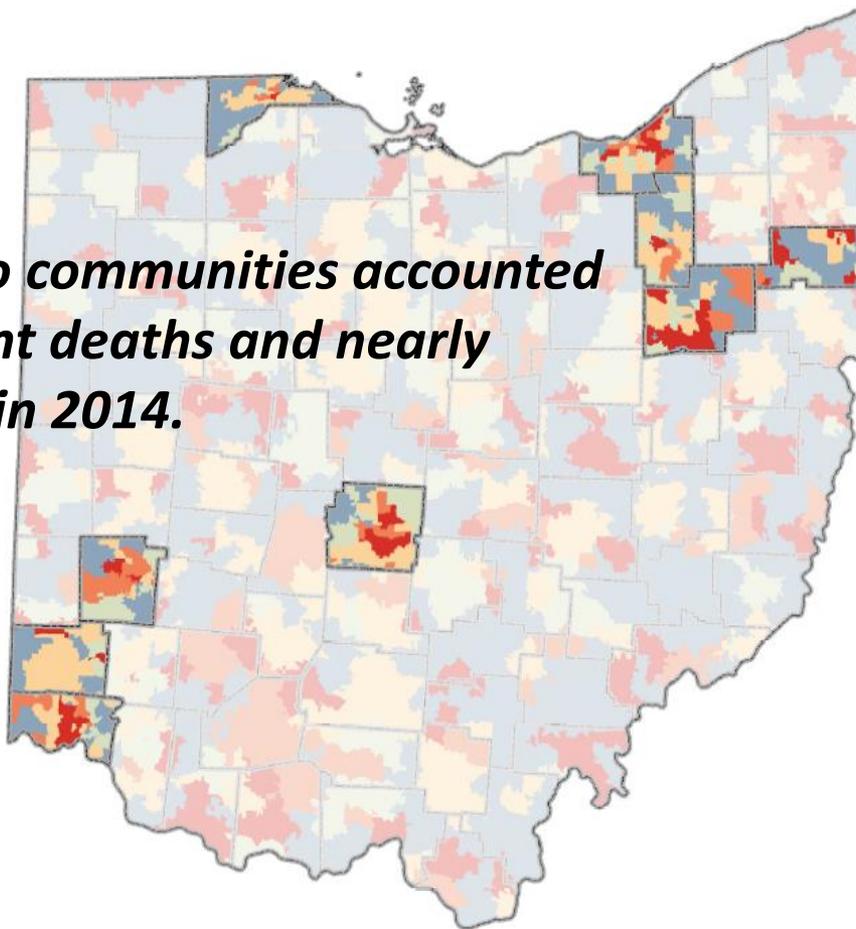
Monthly Data January 2012 – December 2015

Ohio Infant Mortality Rates by Race



Ohio has significant disparities for many health outcomes by race, income and geography

Neighborhoods in nine Ohio communities accounted for 89 percent of black infant deaths and nearly half of white infant deaths in 2014.



Ohio's 2016 priorities to reduce infant mortality

Focus resources where the need is greatest

- Provide Medicaid coverage for all low-income Ohioans, including 300,000+ previously uninsured women
- Provide enhanced care management for every woman in high-risk neighborhoods (cost absorbed by the Medicaid health plans)
- Support nine Ohio Institute for Equity in Birth Outcomes (OEI) communities (\$145,000 for community engagement, \$900,000 in Child and Family Health Services grant set-asides, and \$1 million for epidemiological and infant mortality data analysis)
- Invest \$26.8 million over two years through Medicaid health plans to support projects in OEI communities – to date Medicaid has announced four projects in Summit County totaling \$1.6 million



Ohio's 2016 priorities to reduce infant mortality

Strengthen Ongoing Initiatives

- Support OPQC activities to reduce preterm births (\$537,000)
- Support Progesterone Prematurity Prevention (\$360,000)
- Provide Maternal Opiate Medical (MOMS) support (\$982,000)
- Expand access to “Centering Pregnancy” peer support (\$900,000)
- Expand the Pathways Community HUB model (\$2 million)
- Partner with hospitals to promote safe sleep (\$555,000)
- Fund strategies to reduce maternal smoking (\$867,000)
- Conduct infant and maternal death reviews (\$240,000)
- Invest in research to reduce infant mortality (\$3 million)

Ohio is aligning public health and coverage strategies

Public Health

Health Coverage

State

State Health Improvement Plan

State Innovation Model Population Health Plan

Example:
Reduce
Infant
Mortality

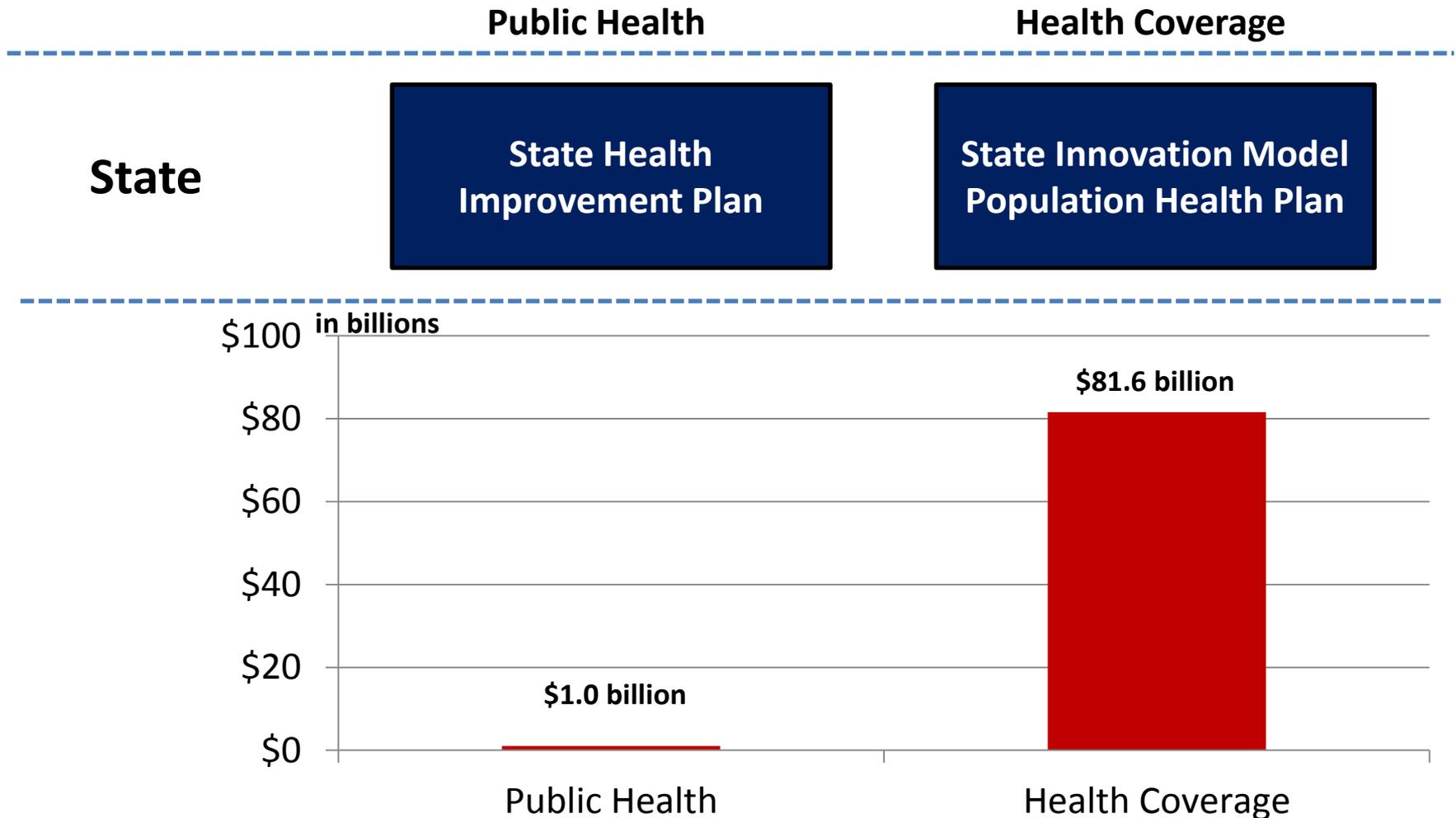
Use vital statistics to identify at-risk women
Align maternal and child health programs
Promote safe sleep, folic acid, etc.
Discourage smoking, etc.

OEI
counties

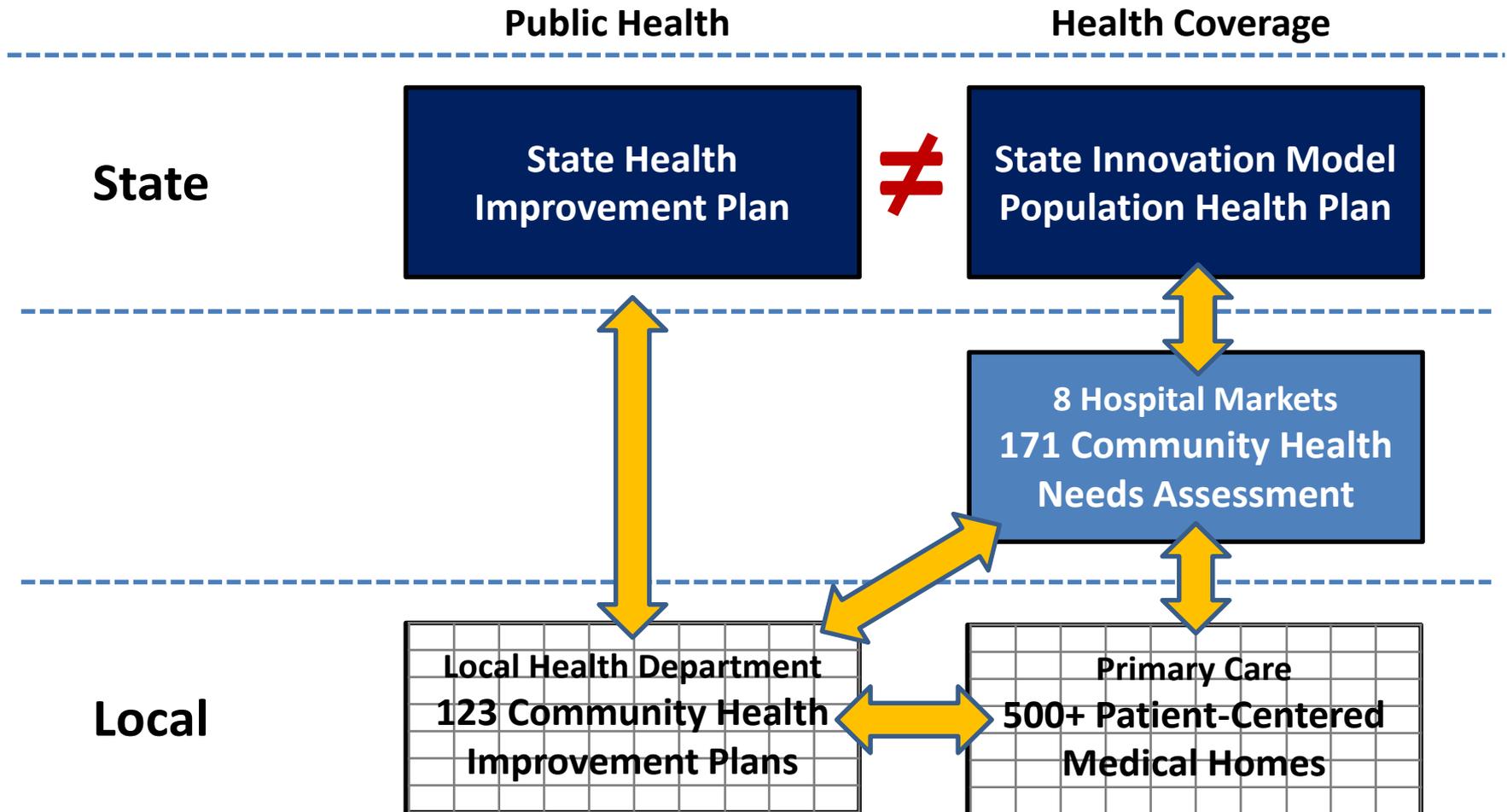
Require enhanced care management
Extend Medicaid to cover more women
Financially reward improved infant health
Reduce scheduled deliveries prior to 39 wks

- Identify at-risk neighborhoods
- Enhance care management for every woman in those neighborhoods
- Plans directly engage leaders in at-risk communities
- Surge resources to greatest need

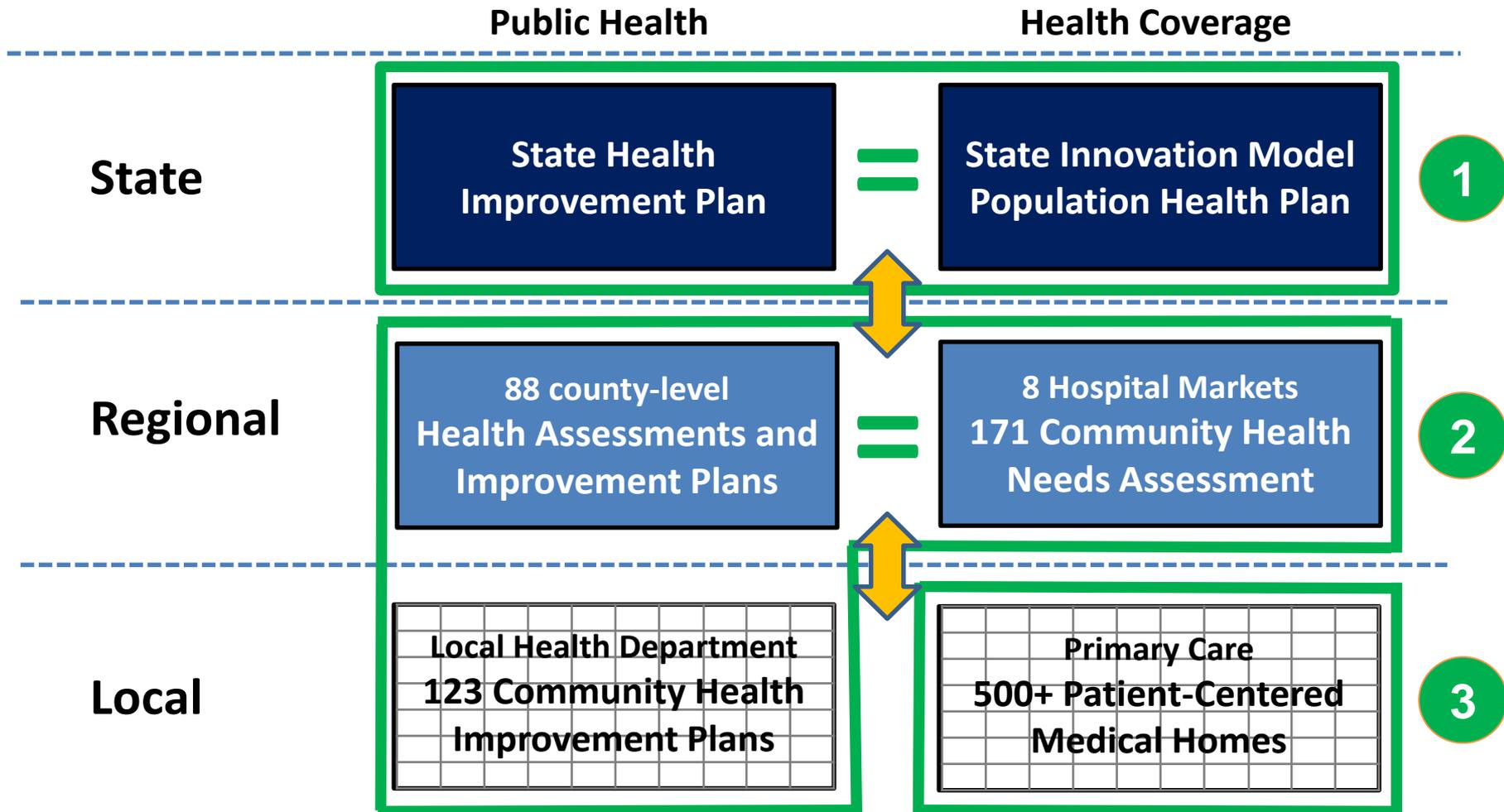
Public health strategies alone are not sufficient



However, the current system is horribly misaligned ...



Aligning Ohio's capacity to improve population health



- 1** The Office of Health Transformation (OHT) and Ohio Department of Health (ODH) will convene a state working group to implement HPIO recommendations for improving the state health assessment and updating the state health improvement plan in 2016
- 2** By June 2016, ODH will publish guidance to assist local health departments and tax-exempt hospitals collaborate on community health assessments and improvement plans, and draft legislation that requires these entities to use the same three-year planning timeline and publicly report assessments and plans
- 3** OHT will work with Medicaid managed care plans and commercial health insurance plans to adopt a statewide patient-centered medical home care delivery and payment model that incorporates population health priorities into provider performance measures



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