Follow-up Report from the Virginia Department of Health

Presentation to Joint Commission on Health Care
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Status of a PRAMS Follow-up Survey

What is PRAMS?

- **P**regnancy **R**isk **A**ssessment **M**onitoring **S**ystem
- Initiated in 1987 by CDC to reduce infant mortality and low birthweight
- Ongoing, population-based surveillance system
  - Monitor selected maternal experiences and behaviors before, during and shortly after pregnancy
- In VA, participants randomly chosen from birth certificates for infants 2-4 months old
  - Every month we randomly sample approximately 50 mothers of LBW infants and 50 mothers of NBW infants

3

Concerns With Follow-up Survey

- Cost of new survey based on existing PRAMS sample (n≈600/yr)
  - ≈ $15,000 for mail survey only
  - ≈ $50,000 for mail survey with phone follow-up
- Response rate
  - Expect 40-50% response rate at best for a follow-up survey of 2 year olds
    - ≈ 150 children statewide who were LBW in the follow-up survey
  - >2 year follow-up not feasible
    - Loss to follow-up will be too high

4

Automatic Referrals Between VISITS and ITOTS

Background

- **V**irginia **I**nfant **S**creening and **I**nfant **T**racking **S**ystem (VISITS)
    - Birth defects registry & early hearing detection and intervention data
- **I**nfant and **T**oddler **O**nline **T**racking **S**ystem (ITOTS)
    - Part C early intervention program data
- VISITS-ITOTS Referral System Pilot
    - Summer-Fall 2003 successfully piloted electronic referrals (contact and background info) from VISITS to local Part C agency

Current Status

- VISITS II
  - New system designed by VDH/OIM
  - Will include electronic referral system for ITOTS
  - Will include birth certificate identifier in referral to allow single field linkage back to birth certificate data
  - Cannot be programmed until status of ITOTS system is known
- ITOTS
  - DMHMRSAS determined that ITOTS system needs to be enhanced or replaced
  - Cannot accept VISITS II referrals at this time

7

Next Steps

- Analysis of the cross matches of the data elements to be in the referral from VISITS II.
- Further analysis of communication issues between VISITS II (Oracle) and ITOTS (SQL Server).
- Determination if DMHMRSAS has the original process for the transfer of the information.
- Resolution between VDH and DMHMRSAS concerning the issue of a unique child identifier and determination of a method for assuring that there are no duplicate records on individual children

8

Pilot Project Linking Medicaid & Birth Certificate Data

Plan First Evaluation Pilot

- VDH will receive Medicaid eligibility/ enrollment data annually
- OFHS staff will link Medicaid data with vital records data to evaluate:
  - Services provided under the Plan First Section 1115 Family Planning Demonstration waiver
  - Perinatal health outcomes for services provided under Medicaid and FAMIS, including FAMIS MOMS.

10

Status of Linkage Project

- A test linkage was completed in August 2008 by OFHS staff
    - Used Medicaid enrollment data which had been transmitted to VDH as part of the current Interagency Agreement (IAG)
    - Determined that linkage was possible using existing fields in the databases
- The Interagency Agreement between DMAS and VDH needs to be changed to reflect the additional data elements needed
    - Revised IAG has been drafted and is currently being reviewed by both agencies
- Data linkage will start for Birth data as soon as IAG is signed
    - Births expected to be linked to Medicaid data 3 months from the time Medicaid data are received and cleaned

11

Study Outcomes of LBW/Preterm Infants That Receive Part C Services

Possible Options

- Link Part C data on children's diagnosed conditions and services to birth certificates
    - Could track selected developmental outcomes up to age 2 for LBW/preterm infants
- Make preterm/LBW field required for Part C programs so can track without linkage to births
    - Currently optional fields on intake forms

13

Concerns

- Should we be focusing just on Part C?
    - CHIP, Smart Beginnings, Home Visiting, Healthy Families, etc. also serve LBW/preterm infants
    - Develop tracking software for all programs that serve these infants?
        - e.g., Governor's Smart Beginnings grant pilot in Harrisonburg (JMU)
- VDH cannot fully track LBW/preterm infants through programs like Part C due to eligibility criteria
    - All LBW/preterm infants will not be in Part C…
    - Who is the appropriate comparison group?

14

7

Virginia Stroke Systems Task Force (VSSTF)

- **PURPOSE:**

  To establish new systems for stroke care in the Commonwealth and address improvements in current systems based on the developed stroke systems workplan.

- **PARTNERSHIP:**

  The American Heart Association/American Stroke Association is partnering with the Virginia Department of Health to ensure actions of the VSSTF are coordinated and promoted.

15

Membership

- Nominations for VSSTF members were obtained from agencies and organizations listed in the Joint Commission on Health Care (JCHC) legislation.

- Representatives were chosen in Summer 2008 by the VSSTF Steering Committee.

- Appointment is for a two-year term and will be staggered to assure continuity of plan development and implementation.

16

Meetings

- The first VSSTF meeting was held on **September 19, 2008**. **Twenty-four** of the 30 members attended.

- The agenda provided a background on the development of the VSSTF, its purpose, and the use of a systems change model to implement the stroke systems of care workplan.

- Quarterly meeting dates were set for 2009:

     January 8, April 9, July 9, and October 8.

- Assignments and communications will be sent out regularly to the membership to assure continuity of work.

17

Results

- During the first meeting discussion focused on the types of impacts which can be made through a systems change approach.

- Expected results include:
  - improved quality of patient care and reduction of long-term disabilities,
  - and consequences for patients who have suffered a stroke.

18