

Odessa Regional Medical Center Odessa, TX

Deborah Chester, MBA
DSRIP Coordinator

DSRIP Project 3.6

IT-8.12: Pre-Term Birth Rate

- Percentage of births delivered pre-term
 - Denominator – All live births
 - Numerator – Singleton live births <37 gestational weeks
- Category 1 project tie-in (Area 1.9, Option 2)
 - Expand Maternal-Fetal Medicine program to include Gestational Diabetes (GDM) component

Gestational Diabetes (GDM):

Carbohydrate intolerance resulting in hyperglycemia of variable severity with onset or first recognition during pregnancy (World Health Organization)

The Statistics ...

Texas and Diabetes 2002 – 2012*

- Diabetes has increased among general population almost 50%
 - Among child-bearing age women almost 40%
 - Growing health concern for pediatric population
 - All increases directly correlated to increase in obesity rates
- Gestational Diabetes estimated to be 50% more common than reported (5%)
 - 9% Medicaid patients Dx with Gestational Diabetes
 - 4.1% Medicaid patients Dx with Pre-Gestational Diabetes
 - 11.1% CHIP patients Dx with Gestational and Pre-Gestational Diabetes

* Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs. Texas Health and Human Services Commission, August 2014

The Statistics ...

Texas and Diabetes 2002 – 2012*

- 53.8% of all Texas pregnancies paid for by Medicaid in 2012
- Length of Stay after delivery vs. non-Gestational/Pre-Gestational Diabetes patients
 - Extra ½ day for Gestational Diabetes patients
 - Extra 1–½ day for Pre-Gestational Diabetes patients
- Infants born to Gestational and Pre-Gestational Diabetes patients admitted to NICU 12.5% of the time
- Estimated excess cost to Medicaid \$17.5M (Gestational Diabetes); \$38M (Pre-Gestational Diabetes)

* Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs. Texas Health and Human Services Commission, August 2014

The Statistics ...

Texas and Diabetes 2002 – 2012*

Increased risks to infant

- Macrosomia
- Respiratory distress
- Neonatal hypoglycemia
- Intracranial hemorrhage
- Shoulder dystocia
- Predisposition to obesity
- Development of insulin resistance and Type II Diabetes

The Statistics ...

Texas and Diabetes 2002 – 2012*

Increased risks to Gestational and Pre-Gestational Diabetes patient

- Pre-term gestation delivery (<37 weeks)
- Delivery by C-Section
- Hypertension and/or Pre-eclampsia
- Retaining Type II Diabetes (5% - 10%)
- Developing Type II Diabetes within 20 years (60%)
- Developing Metabolic Syndrome (MetS)
- Developing Cardiovascular Disease

The Data ...

- DY3 Baseline – 50.71% MLIU

- Numerator – 337

- Denominator – 2584

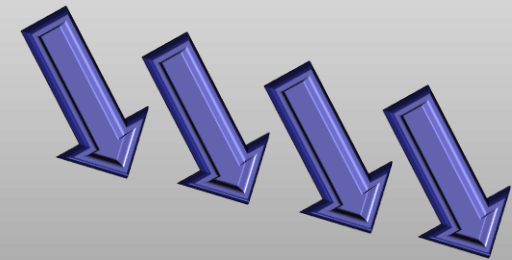
Pre-term deliveries (<37 wks)

13.04%

- DY4 PY1 – 55.40% MLIU

- Numerator – 317

- Denominator – 2676



11.85%

The Players ...

Regional Perinatal Center

- Specialize in high-risk pregnancies
- 2 locations: Midland and Odessa
 - Board Certified OB/GYN Physicians with Maternal-Fetal Medicine Specialty, Ultrasonographers, Nurses, Genetic Counselor
- State-of-the-art equipment and methods, previously not available outside DFW/Houston area before
- Collaborating with OB/GYN's in Permian Basin Region (up to 22 counties)

The Players ...

Community Health Center at ORMC

- Gestational Diabetes Self-Management Education Program
 - Education and Behavior Modification
- Certified Diabetes Educator, Registered Nurse, Registered Dietician
- Complimentary Community Screens: Glucose, A1c, Lipid Panel, TSH
- Community Speaking Engagements
- Diabetes and Gestational Diabetes Self-Management Education, Dietician programs
 - Group, Individual, Inpatient, Provider Offices

The Players ...

Odessa Regional Medical Center

- 225 bed hospital; Regional Leader in Maternity Care
- Level III NICU, 49 beds (First NICU in Permian Basin – 1975)
- Antepartum Unit supported by Regional Perinatal Center Physicians
- Board Certified Neonatologist's and Neonatal Nurse Practitioner's on-site 24 hours a day
- Maternal and Neonatal Transport Team
- NICU Tele-med collaborative with Dallas Children's Medical Center
- "Best Hospital" (2012-2016) Odessa American Readers Choice
- "Best Employer 100+ Emp" (2016) Odessa American Readers Choice

The Purpose ...

- Identify those with Gestational and Pre-Gestational Diabetes and Diabetes Mellitus.
- Provide patient-directed education to the patient, family and community using evidence-based tools and resources.
- Empower the patient, family and community to take ownership of their disease through behavior modification; and impact diabetes growth in our community.

Gestational Diabetes:

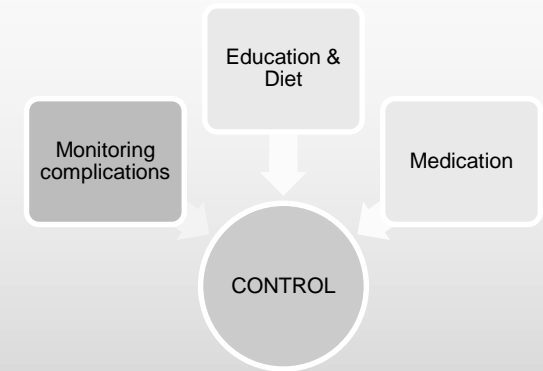
A program to educate and monitor patients; therefore, improving fetal outcomes.

Rationale

- ❖ It is estimated that 5% of pregnancies will be affected by gestational diabetes.
- ❖ Gestational diabetes places women at a greater risk for pregnancy complications including preeclampsia, prematurity, macrosomia (birth weight > 8 lbs 13 oz), neonate respiratory difficulties, neonate hypoglycemia, birth injury, and still birth.
- ❖ With proper diet, medication, and monitoring complications, gestational diabetes can be controlled.

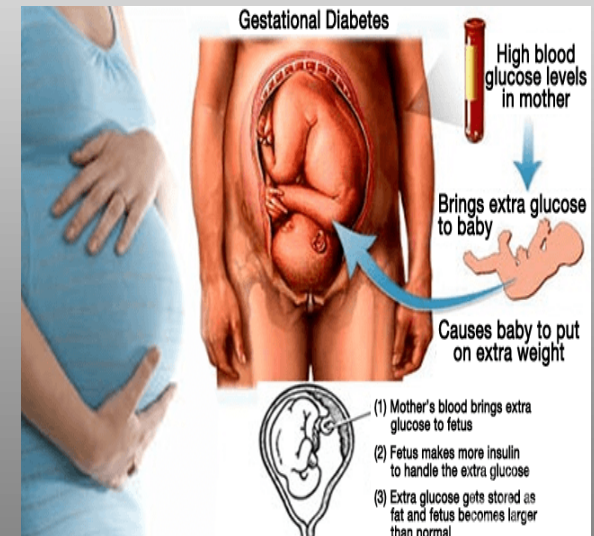
Methods

- ❖ Routine GDM screen by OB at 28 weeks, unless early testing is indicated (GTT)
- ❖ Timely referrals for one-on-one individualized education
- ❖ Distribution of supplies for all payor sources
- ❖ Screening with Hemoglobin A1c
- ❖ Early intervention to maximize glycemic control
- ❖ Follow up consults as clinically indicated.



Goals

- ❖ Identify and educate gestational diabetics in a timely manner
- ❖ Increase compliance with personalized follow up
- ❖ Decrease maternal and fetal morbidity
- ❖ Improve Hemoglobin A1c to < 7%



The Process ...

Identify:

- Screen pregnant women for Gestational Diabetes (24wk – 30wk gestation)
 - GTT; A1c; medical history; obstetrical history; family history
- Frequent diabetes screenings in community and health fairs
- Diabetes screens at childbirth classes with Gestational Diabetes education
- Screenings include assessment on BMI and Blood Pressure, with follow-up education and materials for “abnormal” results.

The Process ...

Provide:

- Patient-Directed Education to encourage ownership through participation.
- Material from evidence-based resources (AADE, TDC, ACOG, etc)
- Varied delivery system (Printed material, video, tracker, apps, etc)
- Individualized hands-on Glucometer and Insulin training
- Complimentary education session(s) with CDE/RN/RD
- Quick access to Gestational Diabetes Self-Management appointment (Within 1 business day)
- Education to adolescents on obesity and diabetes

The Process ...

Empower:

- Patient, Family and Community action through knowledge
- Self-Care Behavior (American Association Diabetes Educators)
 - Healthy Eating
 - Being Active
 - Monitoring / Controlling
 - Taking Medication
 - Problem Solving
 - Reducing Risks / Avoiding Complications
 - Healthy Coping / Staying Positive

Key Elements ...

- Collaboration with Patient, Providers, Educators and Services
- Patient provides glucose-monitoring information weekly
- Gestational Diabetes Self-Management appointment in 1 business day
- Inpatient services to ORMC High-Risk Antepartum Unit
- Remove barriers
 - Gestational Diabetes Self-Management Lifestyle Sessions – Complimentary
 - Registered Dietician Sessions – Complimentary
 - High-risk Perinatal Center available locally (travel to Dallas/Houston no longer necessary)

Key Elements ...

- ORMC – specializing in high-risk Labor and Delivery services locally
- Screening and Prevention
 - Complimentary screenings: Glucose, A1c, Lipid Panel, TSH, BMI, Blood Pressure
 - Follow-up on abnormal results by a Physician and with printed material via mail
 - Complimentary educational sessions (Diabetes, Nutrition)
 - Involvement in community groups (First Five Luncheons, etc)

Questions?

Community
Health Center

At Odessa Regional Medical Center