

FIMR's Value Added

findings from the
Nationwide Evaluation
of
Fetal and Infant Mortality Review (FIMR)
Programs

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Some Basics About the Study

- Cross sectional observational study
- 1996-2000
- 193 communities, sampled by geographic areas, and by population density
- Identified presence of a FIMR, and/or Perinatal System Initiative (PSI)
- Guided by a Technical Advisory Group
- Funded by the Maternal and Child Health Bureau, HRSA, DHHS (Grant U93MC00101)

Key Study Participants

- State MCH Directors
- Local Public Health Officials
- FIMR Directors/Coordinators
- Perinatal Initiative Directors/Coordinators
- FIMR Colleagues in Case Study Communities

Context for the Evaluation

- FIMR as an evolving practice
- Identifying FIMR attributes and roles
-- unique and shared
- Core Public Health Functions:
Essential MCH Services (EMCHS)
- Examining systems initiatives

Study Questions

- What is the impact of FIMR on improving community resources/service systems available to women, infants and their families?
- What are the key factors contributing to the effectiveness of FIMR?
- What are the implications of FIMR for MCH practice?

Telephone Survey Content

- Essential MCH Services (EMCHS)-LHD, PSI, FIMR
- Organization of perinatal health services in community
- Community coalitions and interaction
- Implementation of:
 - Recommendations (FIMR)
 - Objectives (PSI)
- Four “most important” recommendations and recommendations for 10 pre-identified topic areas

FIMR Recommendations: Perinatal Health Topic Areas

- Sudden infant death syndrome
- Prenatal screening and care
- Bereavement support
- Preterm labor
- Complex social and medical needs of women at high risk

Strategies for Implementing Recommendations

- 65% Program: Focus on group or subpopulation and/or a set of activities
- 27% Practice: Focus on interventions directed at individuals
- 4% Policy: Focus on populations, including legislation, regulation, financing and budget initiatives, governmental guidelines
- 5% none/unable to classify

Implementing Recommendations

- Implemented: 75%
 - Identified action strategies initiated.
- In process: 22%
 - Efforts to initiate in progress.
- Not implemented: 4%
 - Attempts to implement never initiated or were unsuccessful.

Analysis of LHD Interview Data

Comparisons of communities

- FIMR vs No FIMR
- PSI vs No PSI
- Both FIMR and PSI vs either
- Adjusted for geographic area

LHD Findings: FIMR vs No FIMR

6 EMCHS more likely to be reported by LHD officials in FIMR communities

- Data assessment and analyses
- Client access to services
- Quality assurance and improvement
- Community partnerships and mobilization
- Policy related to perinatal or reproductive health
- Enhancement of the health care workforce

LHD Findings: PSI vs No PSI

Same 6 EMCHS as for FIMR

*...but specific activities measuring the
EMCHS sometimes differed between them*

Significant Relations of FIMR Programs and PSI with LHD Conduct of EMCHS

		FIMR Unique Relations	PSI Unique Relations	Common Relations	Synergistic Relations
Data Assessment and Analysis					
Collected data about:	Pregnant women	--	--	--	--
	Infants	X	--	--	--
Analyzed data about:	Pregnant women	--	--	X	--
	Infants	--	--	X	--
Client database for:	Pregnant women	X	--	--	--
	Infants	X	--	--	--
Needs assessment for:	Pregnant women	--	X	--	X
	Infants	--	X	--	X

Significant Relations of FIMR Programs and PSI with LHD Conduct of EMCHS

	FIMR Unique Relations	PSI Unique Relations	Common Relations	Synergistic Relations
Client Access to Services				
Tracking system for high risk infants	X	--	--	--
Common risk assessment for pregnant women	X	--	--	--
Promoted increased services for uninsured pregnant women	--	X	--	--

Significant Relations of FIMR Programs and PSI with LHD Conduct of EMCHS

		FIMR Unique Relations	PSI Unique Relations	Common Relations	Synergistic Relations
Policy Development					
Reported on progress in meeting local health goals for:	Pregnant women	--	--	X	X
	Infants	--	--	--	X
Involved elected offices, consumers and agencies on health plans for:	Pregnant women	--	X	--	--
	Infants	--	X	--	--
Presented data to local political leaders about:	Pregnant women	--	--	--	--
	Infants	--	--	--	X
Produced plan about health needs of:	Pregnant women	X	--	--	--
	Infants	X	--	--	--

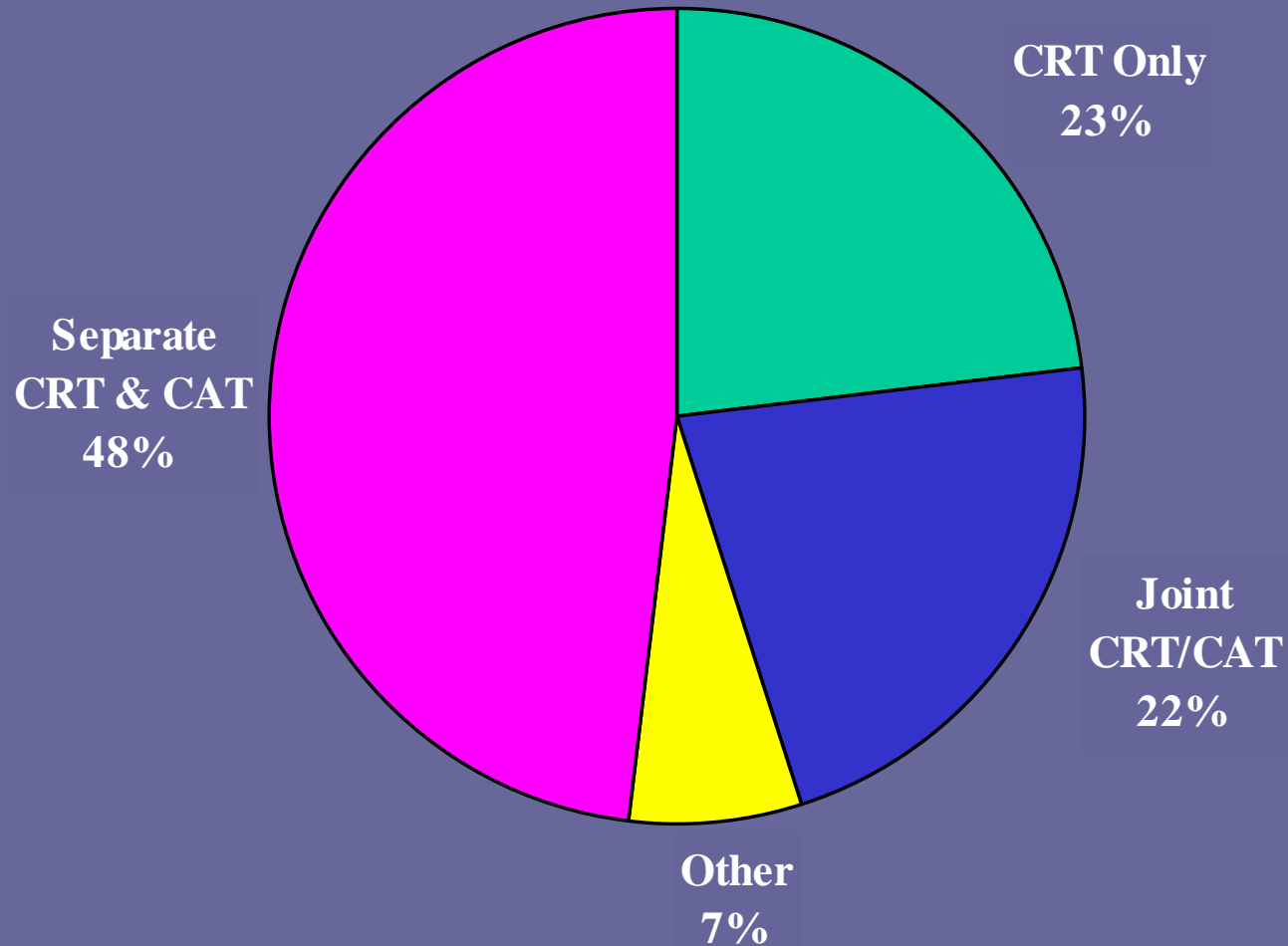
Important FIMR Characteristics

Separate CRT and CAT

- Advocacy
- Promotion of broad-based constituency
- Performance of EMCHS

FIMR Structure and Operations

Organization of FIMR Programs



FIMR Structure and Mean Number of EMCHS

	FIMR Structure	
	Two-tier	One-tier
Data Assessment and Analysis (0-8)	2.79 ^b	1.56
Community partnerships (0-8)	3.84 ^a	2.64
Quality Assurance (0-10)	4.70 ^c	2.25
Policy Development (0-11)	7.82 ^c	4.56
Inform/Educate Public (0-4)	2.79 ^b	1.56

^a p < 0.05; ^b p < 0.01; ^c p < 0.001

Case Studies: 10 FIMR Programs

- Describe FIMR features, processes, impact, community context in depth
- Broad geographic distribution
- FIMR only; FIMR and PSI
- Broad mix of community respondents

System Goals

Important role of FIMR in bringing together community members around fetal and infant deaths

- Call to action around a common cause
- Combines specialized expertise from many professionals
- Concrete activities/learning setting

Systems Components

- Systems changes related to FIMR recommendations largely focused on practices and programs
- Fill gaps in the perinatal health care system
 - Community Voices Programs

Enhance Systems Communication

Involving local elected officials

Using data to provide credence for recommendations

Involving professionals from:

- Diverse agencies
- Competing facilities
- Public and private sector

Unique Features of FIMRs vis-à-vis Other PSIs

- The case review process
- Bringing together clinician and PH professionals and agencies to pursue a common cause
- Value added of FIMR on public health functions, esp. data, quality assurance
- Division of labor among teams

Congruence of FIMR and Title V Goals

- Reduction of infant mortality
- Systems of quality perinatal care
- IOM core public health functions

State Title V Program Roles and Activities in FIMR

Management Functions

For example,

- Prepare legislation to formalize mortality reviews
- Garner funds for FIMR
- Support coordination with other perinatal or review efforts

State Title V Program Roles and Activities in FIMR

Policy Functions

For example,

- Integrate FIMR into state Title V needs assessment, plans and performance measurement
- Compile FIMR findings for reports and disseminate broadly
- Use FIMR data to support legislative proposals

State Title V Program Roles and Activities in FIMR

Data/Assessment Functions

For example,

- Address IRB issues
- Provide epidemiologic staffing support to analyze and report data
- Link FIMR data with other state data sets

State Title V Program Roles and Activities in FIMR

Assurance Functions

For example,

- Assume responsibility for FIMR-recommended actions
- Sponsor an annual statewide FIMR conference
- Sponsor training for FIMR participants

Coordination of Case Reviews

Child Death/Fatality Review (CDR/CFR)

Maternal Mortality Review (MMR)

Fetal and Infant Mortality Review (FIMR)

Coordination of case reviews may...

- Lead to greater efficiencies
- Broaden reach and bolster impact
- Enhance potential for sustainability

Examples...

- Share aggregate, de-identified recommendations
- Convene joint FIMR, CFR and MMR meetings
- Partner to move recommendations to action
- Issue joint reports to policymakers, etc.
- Engage in joint media work

Relationships with State Title V Programs to Bolster FIMRs

- Training for FIMR participants
- Development of reports and dissemination of results
- Incorporation (institutionalization) of FIMR into Title V needs assessment, plans, and performance measurement