



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Texas Fetal Infant Morbidity Review Boards: Lessons Learned

Amanda Reich, MPH

Congenital Syphilis Coordinator
Texas Department of State Health Services
November 14, 2018

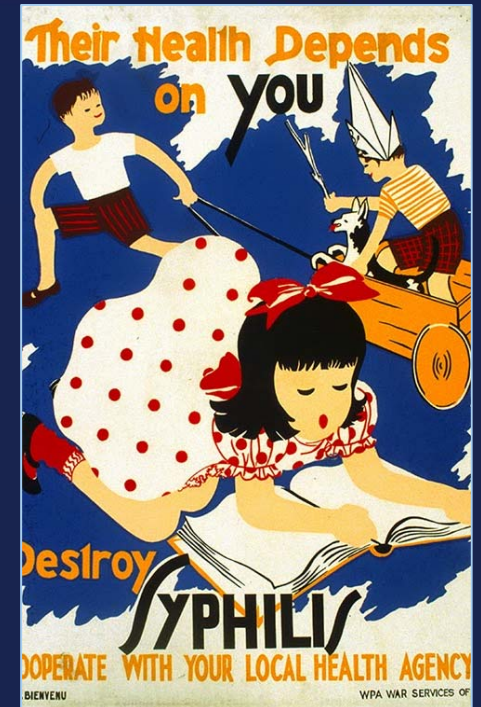
Case Review Boards



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- Thoroughly examine probable or confirmed congenital syphilis cases or syphilitic stillbirths
- Involve subject matter experts from community and STD Program
- Identify missed opportunities for congenital syphilis prevention, including:
 - Missed opportunities for disease intervention
 - Barriers to seeking prenatal care
 - Lack of provider adherence to testing/treatment guidelines



Starting Out

FIMR in Houston, Harris County

- In 2007 Harris County started a “Perinatal HIV Taskforce”
 - Quarterly meetings comprised of various agencies, organizations, and healthcare professionals
 - Speakers address topics that help address issues faced by women living with HIV
- In 2012 Perinatal Taskforce members decided to pursue a FIMR team to better understand the underlying issues leading to perinatal HIV transmission



TEXAS
Health and Human Services

Texas Department of State
Health Services

Starting Out

FIMR in Houston, Harris County

- IRB application
 - After being rejected twice, it was approved under quality improvement research
- Learn from peers
 - Members attended CityMatCH seminars supporting FIMR-HIV establishment and attended FIMR meetings in other sites
- Decision was made to include congenital syphilis due to the high rates in Texas



TEXAS
Health and Human Services

Texas Department of State
Health Services



TEXAS

Health and Human Services

Texas Department of State
Health Services

Setting Up: Decisions

- Core Team
 - Team Lead
 - Co-Lead
 - Coordinator
 - Case Identifier
 - Data Abstractor
 - Maternal Interviewer(s)
 - Case Presenter(s)
 - Meeting Facilitator(s)/
Moderator(s)
- Integrated FIMR
- Contracted with Harris Health System and Baylor College of Medicine
- Review both perinatal HIV and congenital syphilis cases
- Meet quarterly
- Utilization of CityMatCH FIMR website



TEXAS

Health and Human Services

Texas Department of State
Health Services

Implementation

Initial Plan	Current Model
Data abstractor and maternal interviewer would need to travel statewide	Start with Houston and surrounding area due to high morbidity
One person would identify cases, complete chart abstractions, and conduct maternal interviews	<ul style="list-style-type: none">• DSHS identifies cases• Data abstractor completes chart abstractions and coordinates Case Review Board and Case Action Board• Regional DIS conduct maternal interviews
Review 3 cases per meeting— 2 perinatal HIV cases & 1 CS case	Review 5–7 cases per meeting— at least 4 CS cases

Methodology

Case identification

- Initially DSHS identified all cases
 - Older cases were reviewed
- Currently DSHS works with the City of Houston Health Department for 'real time' case identification
 - Cases are reviewed within 60-90 days of report
- Identification begins with reported labs of mother and infant and data submitted on the STD-126





TEXAS
Health and Human Services

Texas Department of State
Health Services

Methodology

Chart Abstractions

- DSHS notifies Data Abstractor about cases to be reviewed at upcoming meeting
- Data Abstractor requests medical charts for both mother and infant to complete abstractions for review
- Data Abstractor prepares case summaries for FIMR meetings

 		Case #: HO-07-18-31
Case Summary		
Sex of the Infant:	Male (deceased)	
Congenital Classification:	No case Confirmed case Syphilitic stillbirth Probable, no sx Probable with sx	
HIV Status of the Infant:	Negative for infection	
Mother:	20 y/o (currently), Caucasian female	
Mother's Syphilis Stage:	Early latent	
Mother's HIV Status/Dx:	Negative for HIV-1 infection	
Reproductive History:	G2P1 (currently)	
Prenatal Care:	None	
Substance Use:	None	
Delivery:	Spontaneous vaginal	
Syphilis Treatment:	100 mg Doxycycline	
ART Use:	N/A	
FIMR/HIV Priority:	N/A	
FIMR/Syphilis Priority:	Highest	
Estimate of the percentage of relevant information available for review of case: <input checked="" type="checkbox"/> 0 – 25% Minimal information available <input type="checkbox"/> 25 – 50% Major gaps in information available <input type="checkbox"/> 50 – 75% Minor gaps in information available <input type="checkbox"/> 75 – 100% Substantially complete information available		
1a) Was a maternal interview for this case obtained?	Yes	<input checked="" type="radio"/> NO
1b) Was the prior to pregnancy care record reviewed?	Yes	<input checked="" type="radio"/> NO
1c) Was the prenatal care record reviewed? N/A	Yes	<input checked="" type="radio"/> NO
1d) Was the intrapartum hospitalization record reviewed?	Yes	<input checked="" type="radio"/> NO



TEXAS
Health and Human Services
Texas Department of State
Health Services

Case Review Board Membership



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- Healthcare practitioners
 - Physicians, nurses, social workers
- Representatives from local systems of care
 - Hospitals, Community based organizations, Federally Qualified Health Centers
- Other organizations that work with syphilis case-patients
 - Local Criminal Justice System, Medicaid, Maternal Child Health, local Ryan White Planning Council, Local Syphilis Elimination Task Force
- STD Program Staff
 - DIS, surveillance, leadership, and epidemiological staff from the local and regional health departments

Case Review Board Meetings

- Review various times that mother may have touched care:
 - Pre-pregnancy healthcare
 - Prenatal care
 - Labor and delivery
 - Newborn hospitalization
 - Postnatal care
 - Pediatric follow-up care
- Identify systemic issues or barriers through the above time-points.
 - Mental health
 - Housing
 - Substance use
 - Medicaid transportation
 - Involvement with corrections
 - Domestic/intimate partner violence
 - Electronic Health Record alerts
 - Lab communication



TEXAS

Health and Human Services

Texas Department of State
Health Services

Case Action Board



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- Began in 2017
 - Initially separate from Case Review Board (CRB)
 - 8 subcommittees that focused on the missed opportunities or barriers identified by the CRB
- Decided to merge with CRB since many of the members were the same



Case Action Board

Follow-up Outcomes

- Meeting with hospital administrators to improve ELR systems accessibility for providers
- DSHS Medicaid partners developed guidance that allows women *and* their other dependent children to access Medicaid transportation (to pre- and post-partum visits)
- Ongoing provider education
 - Data-to-Care referrals for women living with HIV
 - Adequate syphilis treatment
 - Bicillin treatment intervals
 - Third trimester testing laws for syphilis



TEXAS
Health and Human Services

Texas Department of State
Health Services

Moving Forward

San Antonio, Bexar County

- New FIMR established this year with CS supplemental funding
- San Antonio Metropolitan Health District chosen due to historically high rates of CS

Successes:

- Able to identify cases quicker since they are the reporting entity
- SAMHD houses the coordinator, data abstractor, maternal interviewer, and case presenter

Challenges:

- DSHS process for the execution of a contract amendment took time
- Limitations on what/how money could be spent once received
- Need to dedicate a FTE to coordinate the work



TEXAS

Health and Human Services

Texas Department of State
Health Services

Other Approaches to CS Case Review Boards

CS Supplement Program Area	Integrated with FIMR* or HIV?	Current CS Review Coverage
California	No	2 counties
Chicago	Yes, State FIMR	1 city
Florida	No	5 counties
Georgia	No	Entire state (1 review board)
Los Angeles County	No	1 county
Louisiana	No	Entire state (9 review boards)
Maryland/Baltimore	Yes, City FIMR	1 city
Ohio	No	1 county

*FIMR = Fetal Infant Morbidity Review



TEXAS

Health and Human Services

Texas Department of State
Health Services

Lessons Learned from Other Jurisdictions

- If the case volume is high, consider adopting a tiered-approach – internal review of all cases with STD program staff and an external review of a proportion of cases with key stakeholders
- Include local stakeholders in the case review to assist with disseminating case review findings to interested community partners
- Review all CS cases – even those that presented at delivery without any prenatal care
- Reviewing cases is only half the battle – establish a protocol for following-up on action items
- Case preparation/abstraction may be time-consuming; if finances permit, consider outsourcing this part of the activity to a trusted group or partner organization
- Telling CS case stories can move people to action



TEXAS
Health and Human Services

Texas Department of State
Health Services



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Acknowledgements

- Harris Health System
- Baylor College of Medicine
- San Antonio Metropolitan Health District

<p>CONGENITAL SYPHILIS IS:</p> 	 <p>INCREASING IN THE UNITED STATES</p>
<p>A SOURCE OF MAJOR HEALTH PROBLEMS, EVEN DEATH</p> 	 <p>PREVENTABLE</p>



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Thank you

Amanda Reich, MPH

Amanda.Reich@dshs.texas.gov

512-298-8825