BUSINESS CASE FOR BABY-FRIENDLY HOSPITAL DESIGNATION

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OBJECTIVE

Discuss the impact on hospitals of achieving Baby-Friendly hospital designation
Percent of live births occurring at facilities designated as "baby friendly" by the Baby Friendly Hospital Initiative - 2017

### Percent of Births in Baby-Friendly Hospitals by Region

<table>
<thead>
<tr>
<th>USBC Region</th>
<th>2016(%)</th>
<th>2017(%)</th>
<th>Births in BF Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUNTAIN PLAINS</td>
<td>9%</td>
<td>12%</td>
<td>(42,000)</td>
</tr>
<tr>
<td>MID ATLANTIC</td>
<td>12%</td>
<td>19%</td>
<td>(89,000)</td>
</tr>
<tr>
<td>SOUTHWEST</td>
<td>16%</td>
<td>17%</td>
<td>(96,000)</td>
</tr>
<tr>
<td>SOUTHEAST</td>
<td>15%</td>
<td>19%</td>
<td>(154,000)</td>
</tr>
<tr>
<td>MIDWEST</td>
<td>18%</td>
<td>21%</td>
<td>(129,000)</td>
</tr>
<tr>
<td>NORTHEAST</td>
<td>22%</td>
<td>24%</td>
<td>(94,000)</td>
</tr>
<tr>
<td>WEST</td>
<td>29%</td>
<td>33%</td>
<td>(263,000)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22%</strong></td>
<td></td>
<td><strong>(867,000)</strong></td>
</tr>
</tbody>
</table>
Baby-Friendly USA Fee Schedule for 4D Pathway

This fee schedule applies only for facilities entering the D2: Development Phase of the 4-D Pathway between July 1, 2017 and June 30, 2018.

<table>
<thead>
<tr>
<th>PHASE</th>
<th>HOSPITALS</th>
<th>FREE STANDING BIRTH CENTERS &amp; HOSPITALS WITH FEWER THAN 500 BIRTHS PER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Development</td>
<td>$3,900</td>
<td>$3,100</td>
</tr>
<tr>
<td>Dissemination</td>
<td>$4,200</td>
<td>$3,300</td>
</tr>
<tr>
<td>Designation</td>
<td>$4,500</td>
<td>$3,500</td>
</tr>
</tbody>
</table>

NOTE: There is an annual fee for Designated Facilities.
Support from Becoming Baby-Friendly in Oklahoma

- **Financial**
  - Reimbursements
    - $500 for Discovery Phase
    - $3,000 each per remaining 3 phases
- **Educational**
  - Free on-site staff training covering skills
  - 15 Hour online training at $30/staff member
- **Technical**
  - Website resources, webinars
  - Onsite mock surveys with written report
  - Review of policies, data collection, documentation
  - Help with formula cost calculations
## Cost of Designation Process for Oklahoma Hospitals

<table>
<thead>
<tr>
<th></th>
<th>&lt;500 Births/Year</th>
<th>500+ Births/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFUSA Fee Total</td>
<td>$9,900</td>
<td>$12,600</td>
</tr>
<tr>
<td>BBFOK Reimbursements</td>
<td>-$9,500</td>
<td>-$9,500</td>
</tr>
<tr>
<td><strong>TOTAL INITIAL COST</strong></td>
<td><strong>$400</strong></td>
<td><strong>$3,100</strong></td>
</tr>
<tr>
<td><strong>STAFF EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Hour MD Education</td>
<td>Free online modules</td>
<td></td>
</tr>
<tr>
<td>20 Hour Training Options</td>
<td>$100/ staff</td>
<td></td>
</tr>
<tr>
<td>BBFOK Training Options</td>
<td>$30/ staff</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION COST FOR 50 STAFF</strong></td>
<td><strong>$1,500 - $5,000</strong></td>
<td></td>
</tr>
<tr>
<td>Equipment costs</td>
<td>variable</td>
<td></td>
</tr>
</tbody>
</table>
DESIGNATION IS NOT THE END OF THE ROAD
• ASSIGNED QI PROJECTS ON SPECIFIC STEPS YEARS 1-3
  • ANNUAL FEE: $1350
  • YEARS 4-5 = RE-DESIGNATION PREPARATION (DISSEMINATION/DESIGNATION PHASES)
    • ANNUAL FEE: $2,875
    • YEAR 5 = ON SITE ASSESSMENT, COST INCLUDED IN FEES FOR YEARS 4-5

Continued BBFOK Support with Staff training, technical assistance
Baby-Friendly Maintenance of Designation Fees

- **Total cost for Maintenance:**
  - $12,500 over 5 years
  - or $2,500 average yearly cost

- **Why the fee??**
  - Baby-Friendly USA receives no government funding to maintain a high quality national designation program

  - BFUSA Re-Designation fees cover costs of:
    - Policy reviews, Fair Market Price Code Compliance Verification Form Reviews, a Readiness Assessment Interview (RAI), RAI feedback, and an on-site assessment.
    - Includes salary for on-site assessors
Hospital Accreditation Costs (required for Medicare payments)

- The average fee for 3 years: $33,000 - $46,000.00.
- Annual fees not known
- Onsite survey every 3 years

- DNV = Det Norske Veritas
  - “the Norwegian Truth”
  - Approved in 2008
- Annual fee: $23,100.

Blue Cross & Blue Shield of Mississippi Supports Baby-Friendly Hospital Designation for All Delivering Network Hospitals

As part of our continuing Maternity Care Quality Model which encourages and reinforces best practice guidelines and patient-centered care, Blue Cross & Blue Shield of Mississippi will require all delivering Network Hospitals across the state to gain Baby-Friendly designation as part of criteria for achieving Blue Distinction for maternity care.

The Hospital VBP Program is designed to make:
- The quality of care better for hospital patients.
- Hospital stays a better experience for patients.

How does the program work?
- We pay participating hospitals for inpatient acute care services based on the quality of care they provide, not the quantity of services they provide, in a given performance period.

In 2017, CMS increased or decreased payments to hospitals by 2%
Central Medicaid/Medicare Services
Hospital Value Based Program

The Hospital VBP Program encourages hospitals to improve the quality and safety of acute inpatient care for Medicare beneficiaries and all patients by:

- Eliminating or reducing **adverse events** (healthcare errors resulting in patient harm).
- Adopting **evidence-based care standards** and protocols that make the best outcomes for the most patients.
- Changing **hospital processes** to make patients’ care experiences better.
- Increasing **care transparency** for consumers.
- Recognizing **hospitals that give high-quality care at a lower cost** to Medicare.
**RESULTS**

**Rates of Neonatal Hyperbilirubinemia and Phototherapy Before and After BFHI Implementation**

- **2011 (n=1098)**
  - All Newborns: 17.5%
  - Late Preterm: 6.8%
  - Exclusively Breastfed: 7.5%
  - Received phototherapy: 6.8%

- **2013 (n=1303)**
  - All Newborns: 16.5%
  - Late Preterm: 7.5%
  - Exclusively Breastfed: 5.3%
  - Received phototherapy: 5.3%

**Additional Hospital Days for Hyperbilirubinemia**

<table>
<thead>
<tr>
<th></th>
<th>Jul-Sept 2011</th>
<th>Jul-Sept 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of newborns with extended length of stay during birth hospitalization</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Number of newborns readmitted for hyperbilirubinemia within 7 days of discharge</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

*After implementation of the BFHI, rates of hyperbilirubinemia declined 11% overall, 9% in late preterm infants, and 25.7% in exclusively breastfed infants. Rates of phototherapy use declined from 3.9% to 1.2% overall, from 8.5% to 4.6% in late preterm infants, and from 6.7% to 0.4% of those exclusively breastfed. (p < 0.01 by Chi-square calculation for all comparisons)*
CONCLUSIONS

Along with a dramatic rise in exclusive breastfeeding rates, implementation of the BFHI was associated with a significant decrease in neonatal hyperbilirubinemia and phototherapy use.

The greatest impact on jaundice rates was demonstrated in exclusively breastfed infants.

Breastfeeding Support in the Medi-Cal Program: A Large Return on a Small Investment

- The Medi-Cal program could realize savings between $405,000 to $940,000 per 100,000 women by providing breastfeeding services and support.

- Increasing breastfeeding rates to an ideal scenario of full breastfeeding to six months and partial breastfeeding to at least one year, as recommended by the American Academy of Pediatrics and other major medical organizations, would save $1.6 million per 100,000 women annually.

Produced by the California WIC Association and the California Breastfeeding Coalition 2017
Breastfeeding Support in the Medi-Cal Program: A Large Return on a Small Investment

“As a point of reference,
- if total per-enrollee expenditures for a Medi-Cal enrollee were $430 per month, or $5,160 per year,
- approximately $1.16 per member per year may be attributed to this benefit.”

Produced by the California WIC Association and the California Breastfeeding Coalition 2017
How effective is breastfeeding support? Does it have any impact?

- Systematic review and meta-analysis:
  - 27 randomized controlled trials
  - Reported EBF until 6 months
  - 36,051 mothers enrolled
- Effectiveness of interventions
  - Overall significant: OR = 2.77 (95% CI: 1.81-3.76)

How effective is breastfeeding support? Does it have any impact?

- Subgroup analyses of interventions:
  - BFHI: $\text{OR}=5.21$ (95% CI: 2.15–12.61)
  - Combined intervention: OR=3.56 (95% CI: 1.74–7.26)
  - Professional provider led: OR=2.76 (95% CI: 1.76–4.33)
  - Protocol for provider training: OR=2.87 (95% CI: 1.89–4.37)
  - Implemented pre- and postnatal: $\text{OR}=3.32$ (95% CI: 1.83–6.03)
Benefits of Baby-Friendly Designation

Patient Satisfaction

80% of mothers breastfed and 15% of live births occur at Baby-Friendly designated hospitals in Oklahoma.
- Leaving the hospital exclusively breastfeeding increases maternal satisfaction.

Quality Indicators

1 bottle of formula can alter Joint Commission data.
- Improve Joint Commission Core measures of exclusive breast milk feeding.

https://www.colorado.gov/pacific/sites/default/files/PF_BF_HospitalAdmin-flyer.pdf
Benefits of Baby-Friendly Designation

HQIP program
(Hospital Quality Incentive Payment)

$90 million
was available for incentive payments for 2016/17.
- Medicaid incentive payments offset Baby-Friendly implementation costs.

Cost Savings

$18.5 billion saved
in maternal and child health care costs annually.²
- Formula costs are overestimated by 19-40%.³ Baby-Friendly is cost-neutral after implementation.
Are Baby-Friendly Practices Safe??

- Recent reports of:
  - Sudden Unexpected Postnatal Collapse
  - Infant falls
Sudden Unexpected Postnatal Collapse of the Newborn (Nursing for Women’s Health 2016)

- **Possible Risk Factors:**
  - Primiparous mother
  - First breastfeeding
  - Newborn in prone position
  - Mother in supine position during skin-to-skin contact
  - Lack of surveillance by health care staff
  - Parental distraction, such as with smartphones
  - Maternal opiate analgesia/regional/general anesthesia within 8 hours of event
  - Magnesium sulfate administration during labor
  - Maternal overweight status (body mass index >25 kg/m2)
  - Maternal and/or newborn fatigue
Sudden Unexpected Postnatal Collapse of the Newborn

Nursing for Women’s Health 2016

**BOX 3**

**NURSING MEASURES TO DECREASE RISK OF SUPC**

Promote the use of professional labor support to decrease use of intrapartum medications and shorten labor.

Elevate the head of woman’s bed to 35° to 80°.

Assess neonate positioning, including angle of head and visibility of nares at frequent intervals after birth.

Educate parents about neonatal behaviors and safety measures, such as **delaying use of smartphones.**

Provide **continuous surveillance throughout first 2 hours after birth.**

Sources: Becher, Bhushan, and Lyon (2012); Colson (2014); Davanzo et al. (2015); Herlenius and Kuhn (2013); Hodnett et al. (2012); Ludington-Hoe and Morgan (2014); Pejovic and Herlenius (2013); Poets, Steinfeldt, and Poets (2011).
Figure 1. Reasons Newborns Fell While under Family Care, July 2004 through December 2013, as Reported to the Pennsylvania Patient Safety Authority (N = 272)

- Family member fell asleep in bed or chair: 150 (55.1%)
- Newborn slipped out of arms while family member was lying, sitting, or standing: 74 (27.2%)
- Newborn rolled out of hospital bed or isolette: 10 (3.7%)
- Family member dropped newborn while transferring: 8 (3.0%)
- Newborn rolled off family member’s lap: 15 (5.5%)
- Unknown: 15 (5.5%)
Protecting Our Littlest Patients: A Newborn Falls Prevention Strategy (2013 AWHONN National Convention)

PROBLEM: 7 newborn falls in 7 months

METHODS: Formed committee, created policy and education tools

RESULTS: 0 falls in time period since implementation
Protecting Our Littlest Patients: A Newborn Falls Prevention Strategy (2013 AWHONN National Convention)

INTerventions:

- staff training and assessment
- parent education
- transport of newborns
- placement of newborns for sleeping
- review of maternal medications
- assessment of environment and mother’s level of consciousness
- prevention of falls during newborn feedings