



Department of
Health Care Services 

Talking Points: Value of the CCS/CPQCC HRIF-QCI to neonatologists, families, and to California

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Value of the CCS HRIF Program

What we know:

- Extremely preterm and VLBW infants, and term infants with complex medical or surgical problems, are at high risk for neurodevelopmental and medical sequelae.
- Doyle LW, et al. *J Pediatr* 2010; Hintz SR, et al *Pediatrics* 2011; Moore T, et al. *BMJ* 2012, Shankaran S, et al. *NEJM* 2005; Marino BS, et al. *Circulation* 2012 (endorsed by AAP)

Value of the CCS HRIF Program

What we know:

- Early developmental, neurosensory, and behavioral intervention results in improved outcomes for high-risk infants - including extremely preterm and VLBW infants.
 - Aisen ML, et al. *Lancet Neurology* 2011; Brooks-Gunn J, et al, *JAMA* 1994; Koldewijn K, et al. *J Pediatr* 2010; McAnulty G, et al. *BMC Pediatrics*, 2013; McCormick MC, et al, *J Pediatr* 1993; Spittle AJ, et al, *Dev Med Child Neurol* 2012

Value of the CCS HRIF Program

What we know:

- The strength of the evidence has resulted in clinical practice guidelines for assessment, follow up and intervention programs for high risk infants.
 - AAP COFN Statement, *Pediatrics* 2008; NICHD/NINDS Statement, *Pediatrics* 2004; Oberklaid F, et al. National Health Medical Research Council (Aus), 2002; Wang CJ, et al, *Pediatrics* 2006
- But the benefits of follow up and intervention can only be realized with **appropriate and early identification referral of high-risk infants from NICUs to high risk infant follow up programs.**

Value of the CCS HRIF Program

What about more immediate value?

To neonatologists and families -

- In an era when 27-28 week survival approaches 95%, neonatologists understand that short term outcomes are *not the only outcomes of importance*.
 - We need to understand the post-discharge outcomes of our own, NICU-specific and local population.
 - We need to understand how our patients are doing in comparison to others –
 - Paradigm of “compensation for outcomes” is here – we must, at the very least, be able to report and access longer term outcomes information.
- **The CCS HRIF NICU report provides online, up to date NICU specific and statewide *longitudinal* information about long-term outcomes**

Value of the CCS HRIF Program

What about more immediate value?

To CCS and state-

- The CCS HRIF reports and database can now inform the state about high risk infants that require CCS services over time, resource needs of those children, and barriers to service access.
- Quality improvement is **NOT just for the NICU** - the opportunities for statewide quality improvement in the follow-up arena are enormous and ground-breaking.
 - Enhanced understanding of how outcomes and access to services are linked with medical, social, and regional risk factors; identify best performing sites and best practices; identify disparities; etc.
- **Likely will be able to gain efficiencies in system, potential opportunities for regionalization of services.**

Value of the CCS HRIF Program

- With continued CCS support of the HRIF program, **California will lead the nation** in understanding the full trajectory of high risk infants from before delivery through early childhood –
 - CMQCC → CPQCC → CCS HRIF QCI
- **This is a uniquely integrated continuum of information**
 - **Will allow CCS to pursue evidence-based evaluation of best care practices, implement quality of care initiatives, and provide opportunities to inform and influence public policy.**

Value of the CCS HRIF Program

- **Most importantly –**
 - We recognize that we have a deep obligation to the children and families we care for in our NICUs – *and that this responsibility continues beyond discharge.*