Collaboration between the New Mexico Birth Defects Prevention and Surveillance Program and Children’s Medical Services

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Birth Defects Prevention and Surveillance System Program

TERMINOLOGY

• Children’s Medical Services (CMS)
  • CMS is the Title V, Maternal Child Health program for Children and Youth with Special Health Care needs
  • In NM, housed in the Family Health Bureau at DOH
• Birth Defects Prevention and Surveillance Program (BD Program)
• CMS Community Services Coordinator (CSC)
• Health Educator (HE)

LEGAL AUTHORITY

A. Department of Health is authorized to “investigate, control and abate the causes of disease, especially epidemics, sources of mortality and morbidity” and “establish programs and adopt regulations to prevent infant mortality, birth defects and morbidity.”

B. Department of Health is authorized “to receive protected health information without patient authorization for purposes of public health surveillance, investigation and interventions and as otherwise required by law.”

1NMSA 1978 Section 24-1-3C
2NMSA 1978 24-1-4F
3NMAC Code 7.4.3.3H1
4HIPAA 1996
WHAT DOES IT MEAN?

• For Birth Defects Surveillance
  • The BD Program authorized to collect protected health information without patient authorization
  • The BD Program is able to review medical records to ensure completeness and quality of reporting
    • We receive hospital discharge data and medical records (upon request)
  • Only birth defects identified through hospitalization or prenatal records can be passed on to CMS due to Statutory restrictions.

PRIOR TO COLLABORATION

Children’s Medical Services
• CMS worked with Children with Special Healthcare Needs from Birth through age 21
  • ~50% of children born with a BD referred to CMS by hospitals
    • Each hospital had its own system for referring children

Birth Defects Prevention and Surveillance System
• Passive Surveillance
  • 12 Core Birth Defects
    • Followed from Birth through age 4
  • No Health Educator

THE BIG BANG

• 2016 BD Program received CDC funding in relation to Zika Virus and Microcephaly Surveillance
• Funding used to hire CSC with CMS and HE with DOH
• Expanded Surveillance to be an Active/Passive system and include all BDs
RESULTS-DATA

2017 Birth Cohort
- 23,708 New Mexico Births
- 3,464 referrals made from the BD Surveillance program
- 2,756 (~80%) qualified for and/or needed services
- 50% of the referrals already receiving at least 1 service
  - Early Intervention and WIC primarily

2018 Birth Cohort
- 21,711 New Mexico Births
- 4,338 referrals made from the BD Surveillance program
- 3,881 (~89%) qualified for and/or needed services
- 50% of the referrals already receiving at least 1 service
  - Early Intervention and WIC primarily

CHILDREN’S MEDICAL SERVICES
COMMUNITY SERVICES
COORDINATOR

Susan Merrill, LCSW
CSC one-woman team
Makes all the calls/connections between families referred from BD Program and Services
RESULTS-COMMUNITY IMPACT

- Zika Funding Obtained Late 2016
- CSC Started

- HE and CSC Attended 15 Community Events
- HE Created 7 New Materials

- HE Started in January
- HE and CSC Attended 15 Community Events
- HE Created Mix of 6 Prevention Materials and Resource Directories

- Evaluation of NAS Materials with Providers
- HE and CSC Plan to Attend Minimum 8 Community Events
- HE Currently Working on 4 Different New Materials

RESULTS OF COLLABORATION

- More Children and Families are Receiving Services
- Increase from 50% of Children Born with a Birth Defect to 89%
- Data Reporting is More Accurate, Timely, and Encompasses All Birth Defects and NAS/NOWS Cases
- Potential Trends in Previously Unfollowed Birth Defects Can Be Identified
  - Identifying Trends Will Help Inform the Health Educator of the Vital Materials Needed in the Community
- DOH in Better Position to Monitor and Contribute to National Surveillance Efforts Should New Exposures Be Identified
- DOH is Now Maintaining an Active Presence in the Community

ACKNOWLEDGMENTS

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- Children’s Medical Services
THANK YOU

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