

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

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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)

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LEGAL AUTHORITY

A. Department of Health is authorized to **"investigate, control and abate the causes of disease, especially epidemics, sources of mortality and morbidity"**¹ and **"establish programs and adopt regulations to prevent infant mortality, birth defects and morbidity."**²

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."**^{3,4}

¹NMSA 1978 Section 24-1-3C
²NMSA 1978 24-1-4F
³NMAC Code 7.4.3.9H
⁴HIPAA 1996

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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.**

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PRIOR TO COLLABORATION

<h3>Children's Medical Services</h3> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Each hospital had its own system for referring children 	<h3>Birth Defects Prevention and Surveillance System</h3> <ul style="list-style-type: none"> • Passive Surveillance • 12 Core Birth Defects <ul style="list-style-type: none"> • Followed from Birth through age 4 • No Health Educator
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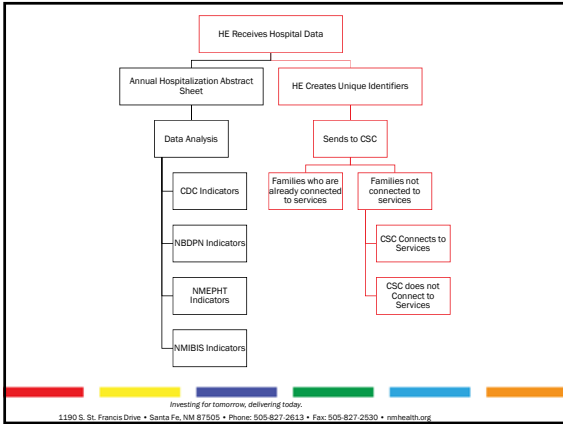
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THE BIG BANG

- 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

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RESULTS-DATA

2017 Birth Cohort

- 23,708 New Mexico Births
- 3,464 referrals made from the BD Surveillance program
 - This is all children birth through age 4 (years 2014-2017)
- 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
 - This is all children birth thru age 4 (years 2015-2018)
- 3,881 (~89%) qualified for and/or needed services
- 50% of the referrals already receiving at least 1 service
 - Early Intervention and WIC primarily

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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

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RESULTS-COMMUNITY IMPACT

- Zika Funding Obtained Late 2016
- CSC started

- HE and CSC attended 13 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

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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

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ACKNOWLEDGMENTS

- Susan Merrill, CSC
- Children's Medical Services

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THANK YOU

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