

FIMR/HIV Pilot Project — Initial Findings

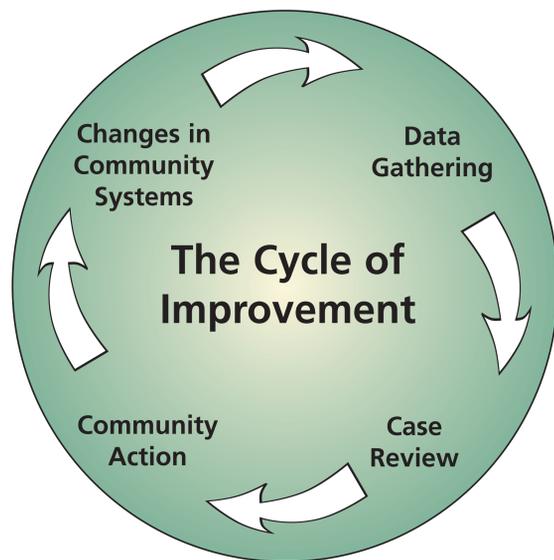
Adapting the Fetal and Infant Mortality Review (FIMR) Process to Identify and Address Missed Perinatal HIV Prevention Opportunities in Three Pilot Communities

Background and Methods

Perinatal HIV transmission is a sentinel health event

Many HIV-exposed infants become infected due to missed prevention opportunities

The FIMR Process



The FIMR/HIV process is an effective continuous quality improvement model for reducing mother-to-child HIV transmission

Data Collection

Case Identification & Selection

- HIV exposed infant/fetus ≥ 24 weeks gestation
- Cases prioritized for each community

Case Abstractions

- All available medical and case management records
- All information is de-identified

Maternal Interview

- Includes qualitative and quantitative reports

Results

Pilot Communities	Baton Rouge, Louisiana	Detroit, Michigan	Jacksonville, Florida
Key Statistics	2007 HIV Case Rates are 23.1 per 100,000 live births in Baton Rouge, while only 6.2 per 100,000 live births statewide Perinatal transmission rates continue to rise	Detroit metro area has 65% of those individuals living with HIV in Michigan, but only 45% of state's population	Jacksonville –Duval County ranks 5th statewide in reported HIV cases Statewide, 36 babies born infected with HIV during 2004-2006; 4 (11%) of these babies born in Jacksonville
Case Identification	Referrals from local labor and delivery programs Partnerships with local public health units for case recruitment	Cases identified through Perinatal Infectious Disease Clinic (PIDC) Program abstractor/interviewer introduced pilot project to women at prenatal care clinics	Cases identified through high-risk obstetrics clinic at Shands Jacksonville Medical Center
Cases Reviewed	Over 30 cases reviewed 8 CRT meetings held	28 cases reviewed 17 CRT meetings held	32 cases reviewed 12 CRT meetings held
Unique Experiences	Strengths: Past experience with FIMR and educational programs Challenges: Limited access to HIV/AIDS data	Strengths: Ability to designate full-time abstractor/interviewer who did recruitment, carried out interviews, and navigated medical records Challenges: Establishing a working Community Action Team	Strengths: Strong sense of collaboration among HIV and MCH program providers, all committed to improving their services Challenges: IRB requirements differed among partners, which became cumbersome

Positive Changes

- Baton Rouge increased consumer education by implementing CDC's One Test. Two Lives. social marketing program locally
- Detroit increased mental health services for HIV-positive women
- Jacksonville secured state funding for family planning

Keys to Success

- Importance of two-tiered system: CRT & CAT are critical components
- FIMR/HIV review process uncovers gaps and duplication in care
- Maternal Interview provides an opportunity for mothers to share powerful stories
- Confidentiality is Key!
- Must have diversity in CRT membership
- Community participation is essential to implement change

Challenges

- Lengthy and varied IRB process
- Budget and staff time constraints

Impact on MCH Programs

Using the FIMR methodology increases and strengthens the partnership between public health professionals (such as MCH and HIV), resulting in improvements to systems of care for women.

Public Health Implications

CDC is continuing to fund the FIMR/HIV process. ACOG/NFIMR and CityMatCH are continuing to provide fiscal support to FIMR/HIV sites and are developing a FIMR/HIV Learning Community & Resource Center.