

Petition to the State Health Coordinating Council For Adjusted Needs Determination for An
Underserved Population (Mother/Baby) for Wake County, North Carolina.
2017 State Medical Facilities Plan

Petitioner Requesting Needs Determination

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Statement of the Requested Adjustment

Mother's Helper Home Healthcare, Inc. requests the approval to do an adjusted needs determination for an underserved group identified as high-risk mothers and babies scheduled for Certificate of Need Review commencing in 2018 or sooner. Our petition is specific to the need for maternal-child home health skilled nursing visits to improve the health, well-being and medical outcomes of this population. In-home healthcare visits for high risk mothers and babies are an unmet need in Wake County. If granted this adjustment, our services will not only ameliorate the lives of this population, but they will decrease the amount of Medicaid tax dollars spent to care for them. Should the council agree, we want to further request limitations on providers who might apply to be child specialty agencies in order to prevent the delay of home health services to this special needs population. Providing in-home prenatal, postpartum, lactation and medical care/teaching to high risk mothers and babies will improve positive birth outcomes while decreasing the number of high cost hospital admissions/readmissions, extended hospital stays and repeated physician visits. This, in turn, will decrease the demands on an already overburdened Medicaid system. Medicare certification is required in order to provide home health services through Blue Cross Blue Shield (BCBS), AETNA, Tricare, and Medicaid.

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Mother's Helper Home Healthcare History

For the past 20 years, Mother's Helper Home Healthcare, Inc. has provided limited specialty maternal/child services under our current NC home care license. We started in October 1995 in the Fayetteville/Ft. Bragg area and worked under non-profits such as the Armed Services YMCA and a grant from the Kathleen Price Bryan Foundation to provide in-home support for military mothers for needs including prenatal bed-rest and support for profilers who were at risk for child abuse. We became licensed in NC as a home care agency in 1997 and expanded to Raleigh in 2005. Tricare Healthnet and our agency provided the first home health lactation counseling in the nation in 1999. Mother's Helper Home Healthcare, Inc. is at its maximum operating licensure within our regulations and presently offers the following services: personal care services, home infusion, Community Alternative Program for Children (CAP-C) and private duty nursing. Our agency desires to expand our services to the underserved mother/baby population. Our agency has qualified healthcare practitioners who can provide specialized mother/baby home visits for this unmet need if granted a certificate of need.

Justification for the Proposed Adjustment

In-home skilled nursing visits for the mother-baby dyad can reduce the cost and incidence of complications related to high-risk pregnancies, medically fragile mothers/babies, substance abuse mothers and premature delivery. For example: ordering a mother to bedrest at home with a home health care agency is much more cost effective and less stressful for the mother than having to admit her to the ante partum unit in a hospital; or, ensuring proper prenatal care for a high-risk mother can prevent having to care for her baby in the NICU who has suffered complications due to her lack of prenatal care; or, assuring that the substance abuse mother receives proper intervention to promote a more healthy pregnancy and positive birth outcome. The management and evaluation of the plan of care requires a registered nurse to ensure that essential non-skilled care and all public health resources achieve their purpose.

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If home health skilled nursing visits for the high-risk mother/baby population in Wake County is not made more readily available, many adverse effects may ensue.

Potential Adverse Effects of Lack of Home Health Services:

- Non-compliance to physician's order for bed-rest
- Disruption of the family unit
- Potential abuse issues
- Preterm delivery
- Increased infant morbidity and mortality
- Postpartum Depression
- Ineffective bonding and breastfeeding
- Cost of NICU and PICU hospitalization
- Lack of education & parental involvement

- **Non-Compliance**

Non-compliance to a physician's order for bed-rest due to prenatal complications such as pregnancy induced hypertension or preterm labor can result in even more complications for the pregnant mother and/or her baby. Medical issues such as these can be more aggravated by the demands and tasks of running a home, especially for a single or unsupported mother or substance abuse mother during the prenatal period. Implementing and supporting a physician's order for a mother to be placed on bed-rest in the home would be cost effective in contrast to admission to an antepartum unit in the hospital or caring for the mother or baby who has problems secondary to non-compliance.

- **Disruption of the Family Unit**

Repeated doctors' visits and/or hospital admissions cause great disruption to the family unit. If the high-risk mother/baby receives skilled nursing care in their home, the family is able to maintain a better sense of normalcy with a less stressful environment. Even under normal circumstances, life

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can be stressful; but when a mother or baby is admitted to the hospital or has to attend numerous medical appointments, life's daily stressors become even more difficult. The need for childcare for siblings, meal preparation, housekeeping tasks, transportation, and emotional support for the mother and family are compounded. Hospital admissions and frequent medical appointments can result in a less than positive outcome for the entire family.

- **Potential Abuse / Neglect**

If a mother has a less than optimal relationship, whether married or single, with coexisting factors such as partner abuse, substance abuse, child abuse, or financial restraints, then pregnancy complications for the mother and untoward effects on siblings will be greatly increased resulting more often in a negative outcome for the mother-baby dyad. If a mother has other children with no family support, then the stresses of an inpatient admission increases the adverse effects on the mother's health potentiating the likelihood of a preterm delivery.

- **Preterm Delivery**

According to the CDC, preterm birth affects 1 out of 10 infants born in the United States, and preterm births occurring before 32 weeks is the greatest contributor to infant death. Infants born prematurely suffer from breathing problems, feeding difficulties, cerebral palsy, developmental delay, vision problems, and hearing impairments (CDC, 2015). Preterm deliveries can result in a multitude of problems such as infant morbidity, mortality, loss of the envisioned birth, extended hospital stays in the NICU or PICU and separation of the mother-baby dyad intensifying a negative bonding and breastfeeding experience.

- **Postpartum Depression**

Mothers having lost their dream of the perfect birth experience consequently go through the grieving process - sometimes successfully, but other times not so successfully. This emotional experience can sometimes result in post-delivery psychological therapy related to a traumatic birth

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and the depression a mother experiences. The literature more than addresses the issue of postpartum depression and if left untreated, that it can lead to postpartum psychosis. Postpartum psychosis can result in the death of the mother, siblings and/or infant.

- **Ineffective bonding and breastfeeding**

Lack of a positive bonding experience and the inability or barriers to breastfeeding are more common among high-risk mothers and their babies. Medical issues of either the mother or infant can greatly contribute to ineffective bonding and the failure of breastfeeding success. When a mother is able to initiate skin-to-skin within the first hour after birth, “The Golden Hour”, hormones that influence bonding called the “love hormones” are released which bring a mother and baby together in an positive bonding relationship which is unbreakable and provides the infant with protective factors and natural nourishment; but, when an infant is born preterm or has medical complications from a traumatic birth this bonding and breastfeeding is hindered or does not occur. If a mother does not breastfeed skin-to-skin the “love hormones” are not released, and the “Golden Hour” does not occur; the infant is denied the protective factors and nourishment the infant so desperately needs to grow and develop. Thus, the likelihood of these barriers occurring can put into motion a cascade of adverse effects for the mother and the infant.

Lactation counseling in the home as a skilled nursing visit decreases the burden on mothers to look for childcare for their existing siblings in order to attend an inpatient visit. Having to leave their home/other children can deter a mother’s commitment to successful breastfeeding, as many people do not like revisit hospitals and clinics. The information retained from lactation consultants in the hospitals is limited due to limited time and increased distractions.

An obstetrician typically sees a mother at 6 weeks postpartum. Most pediatricians’ offices do not have a specialty lactation nurse. The Affordable Care Act (ACA) mandates that every pregnant mother is eligible, at no cost, to lactation counseling and an electric breast pump. At this time, WIC is the only governmental resource available for outpatient services. WIC stipulates that they

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will issue a breast pump after four weeks of exclusive breastfeeding; however the ACA does not require this delay. Tricare Healthnet reimburses our agency for lactation counseling as a skilled nursing visit. They also reimburse breast pumps prior to delivery as the ACA does not have a wait time. Lactation counseling can be vital for most mothers to learn how to utilize both natural nursing and breast pumps in order to store breast milk for their babies prior to reentering the work force.

Mother's Helper has Masters prepared nurses with IBCLC certification who will work with mothers and infants in a one-on-one relationship to improve the bonding of the mother-baby dyad to achieve and sustain successful breastfeeding.

- **Cost of NICU / PICU Admissions**

Many high-risk infants require NICU care after birth. According to (Park, 2015), a NICU inpatient stay can cost \$10,000 per day depending on the level of care. According to the NCBI, the cost of a NICU stay can range from \$1800 to \$2,500 per night. Mother's Helper Home Healthcare, Inc. can provide in-home care to identify and prevent medical complications thereby decreasing the staggering cost of NICU hospitalizations. The cost of NICU hospitalizations continues to rise: the percentage of increase in payments from 2012 to 2016 for inpatient NICU stays at local Wake County Hospitals are as follows (Virginia R. Niehaus, JD, MPH, DMA, Policy and Regulatory Affairs, DHHS – see attachment):

Duke University Medical Center: 78.91%

Wake Medical Center: 99.47%

Rex Hospital: 99.0%

University of NC Hospital: 45.61%

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- **Cost of High-Risk Pregnancies Inpatient Stays**

The cost of inpatient stays for high-risk pregnancies in Wake County is astounding and it continues to rise: the percentage of increase in payments from 2012 to 2016 for inpatient high-risk pregnancy stays at local Wake County Hospitals are as follows (Virginia R. Niehaus, JD, MPH, DMA, Policy and Regulatory Affairs, DHHS – see attachment):

Duke University Medical Center: 97.46%

Wake Medical Center: 67.24%

Rex Hospital: 373.82%

University of NC Hospital: 53.98%

- **Education and Parental Involvement**

The education given to mothers prior to discharge after giving birth is often insufficient due to information overload and the limited opportunity for health care providers to properly assess the parent's ability to be actively involved in the care of their infant. This can definitely result in adverse events and hospital readmissions.

In addition, potential and complex issues are not being addressed in their natural environment.

Qualified in-home skilled nursing visits provide evaluation and observations for further reinforcement of the medical diagnosis, medications, new equipment, warning signs of complications and risk assessment for accidents/injuries to prevent readmissions to acute care.

Our trained professionals will provide much needed education in how to competently care for their infants. This one-on-one education in the home setting with return demonstration of needed interventions will instill confidence in the parent's ability to care for their infant in a loving and competent manner. Providing education to the parents and assessing their abilities and involvement while at home will reduce the risk for hospital readmissions; thereby, reducing the financial burden on our present Medicaid system and providing positive outcomes for our mother-infant dyads.

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Successful alternatives to not providing home health skilled nursing visits to high-risk mothers and babies in Wake County are few. Without a maternal-child home care service like ours, high-risk mothers are left to seek out and maintain proper prenatal, postpartum, lactation and possible medical care on their own during their pregnancy and beyond. This can be extremely difficult for high-risk mothers. The amount of resources and stress that is involved in scheduling and attending numerous doctor and therapy visits and acquiring medical supplies if needed can be overwhelming and infeasible for many of these mothers. Factors related to finances, transportation, support, health issues, substance abuse and childcare can inhibit these high-risk mother and babies from getting the help they need. Program eligibility for the Private Duty Nursing Program has changed to only include ventilator and tracheotomy patients, thus this option is no longer available for the special population for the high-risk mother-baby dyad. This underserved group deserves to have available and comprehensive healthcare.

Duplication of Services

The intent and spirit of this proposal is not to duplicate existing services provided by the Pregnancy Medical Home and our health departments. To our knowledge there are no existing resources to supply in-home personal care services such as ours. Our home office is located in Raleigh in Wake County. We view our agency as a vehicle to enhance any existing services and /or provide services that are non-existent in these areas for high-risk mothers and babies. In many instances, healthcare providers - nurses, social workers, case managers – in Wake County are in need of a resource like Mother’s Helper Home HealthCare Agency, Inc. to fill the gap in public health.

Basic Principles of the North Carolina State Medical Facilities Plan

Conclusion of Basic Principles

With the past 20 years of experience working with this unique and underserved population, we can offer a new public health service model for which there is a need determination in the North Carolina State

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Medical Facilities Plan. Maternal child fetal medicine across the nation could derive the necessary data collection to promote the commercialization of these services for high risk mothers and children. The excellent major hospitals in our area would have a resource to lean on, as we want to complement the existing medical care in our State.

We shall demonstrate how our specialty Registered Nurses will promote safety and quality in the delivery of health care services by assessments, evaluation and management, supervision and placement of competent trained healthcare workers at the ACHC accreditation level.

Our specialty Registered Nurses promote equitable access and maximizing healthcare value for resources expended by networking with major hospitals for their discharged mothers and babies of all backgrounds and health insurances. By acquiring a certificate of need, our agency will document its plans for providing access to services for patients with limited financial resources with funding sources by partnerships on a local, state, and Federal level.

Value would entail cutting costs and workloads of our public health organizations and hospitals. Our agency could reduce taxpayers' dollars and administrative workloads by a projected 25%.

Mother's Helper Home Healthcare shall document at accreditation standards its referral origins, diagnosis's, measure outcomes, and financial data while incorporating Safety, Quality, Access, and Value concepts.

Respectfully submitted,

Cynthia Foley

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References

CDC. (2015, December 4). *Preterm Births*. Retrieved July 25, 2016, from Reproductive Health: www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm

Park, J. L. (2015, September 24). *No more million dollar babies*. Retrieved July 25, 2016, from www.tc.umn.edu/~parkx032/CY-NICU.htm

Virginia R. Niehaus, JD, MPH, DMA, Policy and Regulatory Affairs, DHHS