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**ODJFS Takes the Lead in Ohio's Neonatal Outcome Improvement Project**

Premature birth and conditions linked to prematurity are the leading causes of death among infants in the U.S., and are very expensive conditions to treat for the Ohio Medicaid program. To address infant mortality concerns in the state, the Ohio Department of Job and Family Services (ODJFS) will host the Medicaid Transformation Grant-Neonatal Project on Sept. 3 and 4 at the Columbus Marriott Northwest in Dublin.

This meeting, funded by a federal grant from the Centers for Medicare and Medicaid Services, will be an initial discussion of how the state can attempt to turn around infant mortality and morbidity. Currently, Ohio ranks 35<sup>th</sup> in the nation for the number of infants who die from low birth weight or premature birth. CMS chose to award the grant because ODJFS proposed forming a partnership with state and national experts, including neonatal intensive care unit (NICU) practitioners and hospitals.

“By reducing the number of infants who need treatment in Ohio NICUs, we will be able to reduce costs to Ohio Medicaid and more importantly save the lives of thousands of Ohio infants,” said ODJFS Director Helen Jones-Kelley. “Ultimately, our goal is to focus on reducing the financial and emotional toll on Ohio families from prolonged hospital stays because of the loss of a child.”

ODJFS' partners include the Ohio Department of Health, the University of Cincinnati, the National Initiative for Children's Healthcare Quality, and the Ohio Perinatal Quality Collaborative (OPQC), which is comprised of clinical specialists, newborn intensive care hospitals, representatives of the state's regional perinatal clinics, and volunteer families at risk of having preterm infants. This partnership will work together to reduce the number of preterm births and improve neonatal outcomes for enrollees in the Ohio Medicaid program by creating common accepted protocols and using clinical best practices.

The focus will be on the clinical advances for low birth-weight babies, but also on ways to ensure that Ohio's infants thrive and eventually live healthy lives. The discussion topics will include decreasing rates and disparities of prematurity and infant mortality over time, decreasing overall Medicaid costs for premature and low birth-weight infants, and enhancing parents' experience of their infant care. The project's direction, availability of statewide and local resources, and improvements in service delivery for 21 of Ohio's hospitals with NICUs will also be reviewed.

