Case Study:
My Healthy Baby (June 2019-Current)

BACKGROUND

"My Healthy Baby" is a maternal health outreach program designed to reduce infant mortality rates in the State of Indiana. The program began in 2019 and currently works to identify Medicaid-eligible women as early in pregnancy as possible and connect them with a home-visiting Maternal Health program in their county. The program's eventual goal is for every pregnant woman in Indiana to have access to personalized guidance and support during and beyond pregnancy.

"My Healthy Baby" is a joint effort involving the Indiana Department of Health (IDOH), Family and Social Services Administration, (FSSA) and Department of Child Services (DCS). The program was developed in response to Indiana House bill 1007, which was enacted to improve the physical and behavioral health of Indiana residents. The bill specifically called for the establishment of a perinatal navigator program for the purposes of engaging pregnant women in early prenatal care and providing referrals for wraparound services and home visiting programs in the local community.

The legislation also required the development of a set of metrics measuring the impact of the program and the effectiveness of agency grant recipients.

PROBLEM

While the State had the health and medical knowledge to develop the program, it needed help to manage the logistics of the program. netlogx had previously assisted the State by providing project management support for moving the NeuroDiagnostic Institute and Advanced Treatment Center (NDI) from one location to a new building. As part of this project, netlogx managed the inventory of thousands of assets, procured multiple types of upgraded equipment, and coordinated patient moves to the new building. This complex project was finished on time and on budget. Because of netlogx' success in managing this complicated project, the State turned to netlogx for assistance in implementing and managing the new "My Healthy Baby" program.

SOLUTION

netlogx applied Project Management Book of Knowledge (PMBOK) principles to the challenge of starting the "My Health Baby" program. As the Project Manager for the project, netlogx created a Project Management Plan (PMP), including roles and responsibilities for government employees and contractors; a schedule of activities, including milestones and deliverables; and a schedule for reporting project progress to government officials.

SOLUTION (Continued)

netlogx assisted the State in rolling out the program, beginning in the Indiana counties with the highest rates of infant mortality. At the project's inception, netlogx scheduled and coordinated meetings with the approximately fifty (50) agencies across the state providing home visits to pregnant women. The goal of the meetings was to understand the types of services provided and the criteria each organization had for serving clients. Working collaboratively with the agencies, netlogx used the information gathered to create an algorithm for referring clients to the service. netlogx continues to monitor the algorithms to ensure we are honoring the criteria developed.

In the next phase of the project, netlogx coordinated a series of "road shows," where Dr. Kris Box, then Indiana State Health Commissioner, educated medical professionals about the program. Working with the Indiana Hospital Association, we identified appropriate hospitals and asked them to host educational sessions. We then collaborated with the hospitals to identify the appropriate personnel and invited them to attend. Our team was responsible for coordinating the invitation/RSVP process and coordinating the logistics of the presentations. In addition to educating medical providers about the services, we also used the meetings to gather information about perceived barriers to participation and ideas that could improve the program.

On the same day as the outreach to medical providers, we coordinated a more general meeting for participants such as local politicians, community leaders/activists, and everyday citizens.

NOTE: During the pandemic, we continued the rollout of the program by conducting virtual instead of in-person meetings. Many of the Home Visiting programs also switched to telehealth, instead of in-person visits. The promotional materials were updated to include people wearing masks.

RESULTS

- The project provided services to more than 1,100 clients in FY 2022
- The program expanded to include all counties in Indiana, as of May 2023

CONTINUING ENDEAVORS

- Creating a method for sharing data with local home visiting programs
- Implementing a "Closed Loop" Referral System, so the initial referring agency receives information about program outcomes
- Expanding outreach programs to include texting
- Establishing automated email campaigns to reach pregnant women
- Creating additional outreach/promotion of programs/marketing campaign
- Assisting home health agencies secure sustainable funding through Medicaid
- Implementing financial management protocols