

Questions  
*Physicians*  
Frequently Ask...

*About Participation in the  
Fetal and Infant Mortality  
Review Process*

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Prepared by the National Fetal and Infant Mortality Review Program (NFIMR) - a collaborative effort between the American College of Obstetricians and Gynecologists and the Maternal and Child Health Bureau, Health Resources and Services Administration.

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## How Does FIMR Work?

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The FIMR process begins when a fetal or infant death is identified. FIMR staff collect data about the death and the services the woman and her family receive from a variety of sources—such as the death certificate, physician and hospital records - along with those from home visits, WIC and additional social service records. Trained professionals, usually experienced public health nurses, interview the mother to record her experience of the support services available to her and the care received during the prenatal, labor and delivery and postnatal periods. Where necessary, the interviewer also refers the family to appropriate support and community resources.

The case is then de-identified and summarized to assure the confidentiality of patients, providers and health care facilities. The case summary is presented to a Case Review Team (CRT). This team represents a broad range of professionals as well as public and private agencies that provide services and resources for women, infants and families. In its review of cases, the CRT identifies health system and community factors that may have contributed to the death, and makes recommendations for community change.

Findings and recommendations from the CRT then are presented to a Community Action Team (CAT). The CAT consists of members who are in a position to direct change at the community level. The CAT implements interventions designed to address the problems identified by the CRT.

## What Role Do Physicians Play In The FIMR Process?

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Physicians play an essential role in the FIMR process and the overall success of the whole FIMR program. When a FIMR program is started in the community, the participation of physicians ensures that the program has support and legitimacy in the medical and health community. Physician participation can open doors in hospitals, health departments and other institutions. Obstetricians, pediatricians, neonatologists, perinatologists, pathologists and others can play a vital role in the ongoing case review team deliberations by interpreting medical information, explaining medical issues to other team members, and identifying needed improvements and changes.

*“It is important to have the support of physicians in the community. This will help to open doors and the initial response from hospitals and other physicians may not be so antagonistic. To convince physicians to become involved in FIMR efforts, I remind them that infant mortality reduction lies at the essence of obstetrics, as it does in pediatrics.”*

Joe Marshall,  
MD, FACOG

Physicians are well respected in every community and are community leaders. Thus, physicians also will be very influential in implementing FIMR actions later on.

### What About Confidentiality Of Medical Chart Information?

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Confidentiality is key to FIMR. At every step in the process, the local FIMR process is designed to maximize confidentiality:

- All abstracted medical and related records and the maternal interview are stored in locked files;
- All identifiers (i.e., the patient's name, the provider's name, hospital or clinic sites) are deleted from the abstracted records and the maternal interview before the CRT review;
- The case summary is anonymous;
- All case review team members sign a pledge of confidentiality which prohibits them from discussing review specifics outside the team meetings; and
- Case review team meetings are closed to the public and minutes of their meetings are to be kept confidential and stored in locked files.

*“FIMR is the most fulfilling, interesting, satisfying, frustrating and important work that I have engaged in. Beyond selfish self growth, I firmly believe and have seen the changes in health care delivery that have been directly influenced by our team.”*

John E. Wright,  
MD, FAAP

### What About The Time Commitment?

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The FIMR case review team meetings are held every month and last about two hours. Generally FIMR programs try to accommodate physicians' timetables by:

- Holding early mornings, late afternoons or evenings meetings - whichever is most convenient for physician members;
- Scheduling meetings far in advance;
- Having meetings on regular days, such as the first Monday of the month, to avoid conflicts with other regular meetings; and/or
- Serving food, when the budget allows, when meetings take place during mealtimes.

### Isn't FIMR Duplicating Existing Hospital Or Physician Peer Reviews?

No. Hospital peer review committees are composed of personnel from that facility who provide patient health care. They examine actual medical records with identifiers in place to determine the adequacy of the management of the case and/or the individual physicians who have privileges at the hospital. In these reviews, information about family circumstances or psychosocial issues impacting maternal health are usually not a part of the review.

In contrast, FIMR examines cases from all hospitals in the community. FIMR reviews are confidential and materials are de-identified before they are reviewed. The names of providers, hospitals and other institutions are removed from the case. FIMR team members take a pledge of confidentiality.

The FIMR case review team never sees the actual medical record. Instead, FIMR staff abstracts a standardized set of information for each case. An interview with the mother is conducted to discover psychosocial and economic issues and barriers to care affecting the family during pregnancy and in the first year of the child's life. Then, staff develops a de-identified case summary of both medical information and the home interview for the team to review.

The FIMR team that reviews the case represents a broad range of medical, nursing and public health professionals, organizations and public and private agencies. The purpose of the review is to look for ways to improve services systems and resources for women, infants and families, address gaps in care and understand how psychosocial and economic issues affect outcomes.

FIMR reviews do not make judgements about medical management of a specific case. In fact, the FIMR standardized medical data set contains only the most elementary medical information. It would not be possible to make a conclusion about the medical care in the case based on that information alone.

FIMR strives to complement, not duplicate, existing professional peer reviews and institutional quality assurance programs. Thus, FIMR programs take a long range educational approach to improvement. For example, many FIMR programs conduct an annual conference for med-

*“The process that brings together diverse people to learn from the story of a family that experienced a fetal or infant loss helps awaken both commitment and creativity. The stories illustrate community needs that are clearly concrete, local and significant, while the interaction among diverse community participants generates ideas for action that might lie beyond the imagination and power of an individual provider or agency.”*

Seth Foldy, MD, FAAFP

ical professionals. These conferences focus on topics that are relevant to the FIMR program’s findings and recommendations and have included such subjects as preconceptional assessment, preterm labor, gestational diabetes, substance abuse and/or neonatal resuscitation. FIMR programs also use this training opportunity to augment knowledge about how psychosocial and economic issues are affecting outcomes, or to promote advocacy for other women’s health issues. Educational events such as these conferences foster continued physician support for FIMR findings and action agendas and can enhance the professional medical community’s knowledge.

### But, What Will Happen If The Team Reviewed A Case That Suggested Poor Medical Practice?

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FIMR programs from all around the country stress that this process does not strive to assign blame or responsibility for any infant’s death. FIMR programs are not hospital peer review programs. FIMR reviews also were not designed to analyze medical practice and do not collect the type or amount of data that would be necessary to do so.

In those rare occasions where deficiencies in medical care seem possible, FIMR programs take a broad approach. For example, FIMR might recommend that all maternity and pediatric services in the community begin or expand quality assurance and peer review processes. FIMR programs have also conducted physician educational programs in collaboration with the local medical society.

### What Do Physicians Have To Gain From Their Involvement In FIMR?

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Physicians may gain much from their involvement with FIMR. Many physicians are becoming concerned about the relationship between what happens in the office and the circumstances in the community. FIMR provides unique information about the community infrastructure and health.

Individual physicians who take part in FIMR programs also tell us that their participation has become a positive educational experience. The team meetings provide an opportunity for both personal and professional learning and growth.

Physicians who participate in FIMR reviews also describe a positive impact in medical practices. FIMR recommendations and actions may help decrease patient non-compliance with appointments and treatment regimens because of better patient education.

### How do the new HIPAA regulations and the Privacy Rule affect FIMR?

The Privacy Rule does not appear to apply directly to FIMR programs because the programs are not providers or hospitals (covered entities). However, it will impact the ability of FIMR programs to obtain protected health information. The effect of the Privacy Rule on a FIMR program depends on the specific facts and circumstances surrounding the program.

For many FIMR programs, disclosures by covered entities to the program will be for the purpose of public health activities or research. Under the Privacy Rule, covered entities may disclose protected health information for either purpose, provided that certain requirements are met. A FIMR program that does not meet the criteria for disclosures for public health or research purposes can obtain the authorization of the individual in order to obtain the necessary information.

For in-depth information about FIMR and HIPAA, write or call NFIMR to request a copy of the document, FETAL AND INFANT MORTALITY REVIEW PROGRAM: THE HIPAA PRIVACY REGULATIONS.

### Where Did The FIMR Process Originate?

In 1984, the federal Maternal and Child Health Bureau (MCHB) first proposed FIMR as a strategy to improve service systems and resources for women, infants and families. In 1990, in partnership with federal MCHB, Dr. Ezra C. Davidson, Jr., ACOG past president, launched the National FIMR Program resource center as his presidential initiative. Today, National FIMR Program continues as a partnership between ACOG and MCHB. The Program is located at ACOG headquarters in Washington, D.C. and provides training and technical assistance to new and continuing FIMR programs.

## Who Can I Contact To Discuss Physician Participation In FIMR?

The NFIMR program can link ACOG Fellows and other physicians to physician colleagues who are actively participating in local FIMR programs across the country. For more information, please contact Kathleen Buckley MSN, CNM, NFIMR Director at 202-863-1630 or [kbuckley@acog.org](mailto:kbuckley@acog.org). You may also contact Dr. Luella Klein, MD, FACOG, Vice President, Division of Women's Health Issues at ACOG at 202-863-2434.

**To learn more about the fetal and infant mortality review process, please write, fax or call:**

N A T I O N A L  
**NFIMR**  
FETAL-INFANT MORTALITY REVIEW PROGRAM

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