Emerging Trends In Maternal and Child Health

A Presentation To The CT Health Intern Academy
July 24, 2012

Amy D. Gagliardi, MA, IBCLC, RLC
Community Health Center. Inc. (CHCI)
Overview

- History of Medicaid and Woman’s Health Coverage
- History of the CT Medicaid Council
- Charge of the Woman’s Health Committee
- Problem: Low Birth Weight/Preterm Birth
- Solution: Pay for Performance Maternity Home Initiative
Our Vision: Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes, as well as building healthy communities.

CHC Inc. Profile:
• Founding Year - 1972
• Primary Care Hubs – 13
• No. of Service Locations - 218
• Licensed SBHC locations – 24
• Organization Staff – 500
• Providers (all) - 170

Innovations
• Meaningful Use Stage 1
• Integrated primary care disciplines
• Fully integrated EHR
• Patient portal and HIE
• Extensive school-based care system
• “Wherever You Are” Health Care
• Centering Pregnancy model
• Residency training for nurse practitioners
• New residency training for psychologists

Three Foundational Pillars
Clinical Excellence
Research & Development
Training the Next Generation
Our Model of Care

- PCMH (NCQA Level 3)
- Advanced access scheduling
- “Planned Care” and the Chronic Care Model
- Integrated behavioral health services
- Comprehensive dentistry/oral health
- Clinical dashboards
- Expanded hours and 24/7 coverage
- Comprehensive HIV/AIDS & Hep C care
- Formal research program
- Residency training for nurse practitioners
- Post-Doctoral Psychology Residency
- “Wherever You Are” Model

CHC Patient Profile

- Patients who consider CHC their health care home: 130,000
- Health care visits: 410,000 per year

Top Chronic Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>Obesity/Overweight</td>
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<tr>
<td>Diabetes</td>
<td>Chronic Pain</td>
</tr>
<tr>
<td>Asthma</td>
<td>Depression</td>
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Care Delivery

Medical Care & Ancillary Services
Dental Care
Behavioral Health Care
Prenatal Services

CHC Patient Demographics

- 90.80% 200% or...
- 22% Uninsured
- 64.8% Medicaid
- 42% Under age 65
- 6% Over age 65
- 65% Racial or...

7/23/2012
Medicaid History

Centers for Medicare & Medicaid Services (CMS)
(https://www.cms.gov/history/)

• **1965:** Medicare and Medicaid were enacted as Title XVIII and Title XIX of the Social Security Act, extending health coverage to almost all Americans aged 65 or older (e.g., those receiving retirement benefits from Social Security or the Railroad Retirement Board), and providing health care services to low-income children deprived of parental support, their caretaker relatives, the elderly, the blind, and individuals with disabilities. Seniors were the population group most likely to be living in poverty; about half had insurance coverage.

• **1986:** Medicaid coverage for pregnant women and infants (up to 1 year of age) to 100 percent of the Federal Poverty Level (FPL) was established as a state option.

• **1988:** Medicaid coverage for pregnant women and infants to 100 percent FPL was mandated

• **1997:** Balanced Budget Act of 1997 (BBA)—State Children's Insurance Program (SCHIP) was created
Medicaid Council History

The Connecticut Medicaid Medical Assistance Program Oversight Council is submitted to the General Assembly as required under CGS 17b-28.

- The Medicaid Care Management Oversight Council is a collaborative body established by the General Assembly in 1994 to advise the Department of Social Services (DSS) on the development and implementation of Connecticut’s Medicaid Managed Care Program (HUSKY A)
- In 1998, the State Children’s Health Insurance Program (SCHIP, HUSKY B)
- In 2006 the managed care portion of the State General Assistance (SAGA) program (17b-28b) that has since become the new Medicaid expansion group
- Legislation 2011 revised 17b-28 to include Council oversight of the Medicaid fee-for-service health services. The statue charges the Council with monitoring and advising DSS on matters including, but not limited to, program planning and implementation, eligibility standards, benefits, health care access and quality measures.
- The Council consists of legislators, consumers, advocates, health care providers, representatives from the ASO and state agencies.
- The Council currently has five working subcommittees: Consumer Access, Quality Assurance, Aged, Blind and Disabled, Person-Centered Medical Home, Women’s Health
Women’s Health Sub-Committee

Mission: All women are healthy and have the opportunity to achieve a productive life, which may include pregnancy and parenting. The Subcommittee will focus on strategies, which include but are not limited to evidence-based interventions before, during and after pregnancy. Additionally, the Subcommittee will address established woman and child health indicators and associated outcome measures in consideration of woman's health across the life span.

• Initially a working group of the Quality Assurance sub-committee
• Re-established in 2008 after completing a report to Senator Harp on “Woman’s Health Before During and After Pregnancy“(1)
• Initial charge was to reduce rates of preterm and low birth weight births in Medicaid and has expanded to include the reduction of primary cesarean deliveries
Health Disparities exist related to income, race and ethnicity. Insurance status is related to health outcomes (6,7,8)

- % of women (married and unmarried) with private insurance increases with family income
- Married and unmarried wealthy women (400% FPL) are >4 times as likely to have health insurance than married/unmarried poor women
- Poor women are more likely to have Medicaid than higher income women
- Poor married women are less likely to have Medicaid than poor unmarried women with incomes < 200% FPL
- Few women with family incomes at or above 200% FPL have Medicaid (9)
Medicaid Status and Pregnancy In CT

• Pregnancy coverage for incomes up to 250%
• After losing child coverage many women have had no preventive or sick care services and have not interfaced with the wider health care system until they become pregnant
• In 2009, 38% of all births in CT were with Medicaid or fee for service coverage
• 33% of CT Medicaid women gained less than or greater than the standard recommendations for weight gain during pregnancy compared to 25% of women with private insurance (10)
Disparity in Birth Outcomes

- Poor birth outcomes and behaviors associated with these outcomes such as smoking are higher among the Medicaid population (10).
- Rates of LBW are significantly higher among Hispanic women compared to non-Hispanic White women.
- LBW rates are 2.5 times higher among non-Hispanic Black/AA women than non-Hispanic White women (12).
The Problem of Poor Birth Outcomes

• As weight and gestational age decreases, the risk for both cognitive and physical disabilities increases

• Some of these conditions are cerebral palsy, mental retardation, deafness, poor eye sight or blindness, severe, persistent respiratory disorders, and nutritional inadequacies

• Average length of hospital stay is 9 xs greater for preterm/LBW (13 days vs 1.5 days)

• Average medicals costs 10 xs greater ($ 32.325 vs $3,325)

• Preterm/LBW babies are at risk for lower cognitive test scores, behavioral problems and to be enrolled in special education classes generating additional long term costs
Prematurity/Low Birth Weight

• Some of the most common maternal risk factors for LBW and/or prematurity are:

• previous low birth weight delivery; ethnicity (Black > Hispanic > Caucasians); teenage mothers; low socioeconomic status; unmarried status; significant maternal medical conditions (e.g. pre-eclampsia, diabetes, renal disease, etc.); prenatal alcohol and/or substance abuse; maternal smoking; interpersonal violence, depression/stress and lack of early or any prenatal care
New Medicaid System Effective 1/1/12

Person-Centered Medical Home

(NCQA Certified)

(Principals developed by AAP, AAFP, ACP, AOA)

• Personal Physician
• Physician directed medical practice
• Whole person orientation
• Care is coordinated and/or integrated
• Quality and safety
• Designed for children and adult primary care (3)
Addressing the Problem Of LBW/PTB

- View Maternity Care as Primary Care (coordinate care, preventive services and assessment of medical interventions)
- Working Group of the Woman’s Health SC comprised of providers and DSS leadership
- P4P/Pregnancy Home Initiative
- Developed Process Measures related to birth outcomes
- Roll out statewide in 2012
- Goal to have process measures influence and improve birth outcome (impact)
Contact Information

Amy D. Gagliardi, MA, IBCLC, RLC
Community Health Center, Inc.
(860) 347-6971 x 3308
Amy@CHC1.com
www.chc1.com

Lily’s Kids Inc. A Non-profit Organization for Children
AmyGagliardi@lilyskidsinc.org
www.lilyskidsinc.org
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