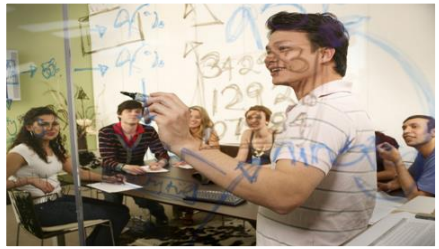
Strong Start:
Improving Birth Outcomes



March 08, 2012

The Innovation Center

The purpose of the Center is to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and CHIP…while preserving or enhancing the quality of care furnished.

- **Our Charge:** Identify, Test, Evaluate, Scale
- **Resources:** $10 billion funding for FY2011 through 2019
- **Opportunity to "scale up":** The HHS Secretary has the authority to expand successful models to the national level

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Measures of Success

Better health care: Improving patients' experience of care within the Institute of Medicine's 6 domains of quality: *Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency,* and *Equity.*

Better health: Keeping patients well so they can do what they want to do. Increasing the overall health of populations: addressing behavioral risk factors; focusing on preventive care.

Lower costs: Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries.

Partnership between Innovation Center and Center for Medicaid and CHIP Services

- The Center for Medicaid and CHIP Services provides health coverage for nearly 60 million Americans and finances about two of every five births in this country

- Strong Start is a collaboration between the Innovation Center and CMCS

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Strong Start Initiative: Two Strategies to Improve Birth Outcomes

This one *"Strong Start"* initiative has two different but related strategies:

1. ***Reducing Early Elective Deliveries***

   A test of a nationwide public-private partnership and awareness campaign to spread the adoption of best practices that can reduce the rate of early elective deliveries before 39 weeks for all populations

2. ***Delivering Enhanced Prenatal Care***

   A ***funding opportunity*** for providers, States and other applicants to test the effectiveness of specific enhanced prenatal care approaches to reduce pre-term births in women covered by Medicaid

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Strategy 1: Reducing Early Elective Deliveries Problem Statement

- Critical brain and lung development occurs between 37 – 39 weeks.
- Despite 20 years of advocacy, EEDs still account for up to 15% of all deliveries
- Poor outcomes drive high cost
  - One commercial payer reports 7% of NICU admissions due to elective delivery
  - Regional health system reports 9% NICU admissions for women at 37 wks vs. 3% of at 39 wks.
  - National hospital chain - 7% of EED at 37 weeks had a NICU admission with ALOS of 4.5 days

Table 4: Timing of Elective Repeat Cesarean Delivery at Term and Neonatal Outcomes (MFM Network)

Outcome	37+0 to 37+6 weeks		38+0 to 38+6 weeks		39 Completed Weeks N=6512 (%) (Reference)
	N=834 %	Odds Ratio*	N=3909 %	Odds Ratio*	
Any adverse outcome or death	15.3%	2.1	11.0%	1.5	8.0%
Adverse respiratory outcome (overall)	8.2%	2.5	5.5%	1.7	3.4%
Respiratory Distress Syndrome (RDS)	3.7%	4.2	1.9%	2.1	0.9%
Transient Tachypnea of the Newborn (TTN)	4.8%	1.8	3.9%	1.5	2.7%
Admission to NICU	12.8%	2.3	8.1%	1.5	5.9%
Newborn sepsis (suspected or proven)	7.0%	2.9	4.0%	1.7	2.5%
Treated hypoglycemia	2.4%	3.3	0.9%	*1.3 (NS)	0.7%
CPR or ventilation in first 24 hours	1.9%	—	0.9%	—	0.4%
Hospitalization ≥5 days	9.1%	2.7	5.7%	1.8	3.6%

*All Odds Ratios are significant except "NS" (Not Significant).
Adapted from: Tita, A. et al. Timing of elective cesarean delivery at term and neonatal outcomes. The New England Journal of Medicine, 2009. 360: p. 111-20.

Elective deliveries at 39 weeks are not an issue, this initiative is only about limiting elective deliveries prior to 39 weeks

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Reducing Early Elective Deliveries: Improvement Opportunity

- Providers have demonstrated potential for dramatic improvement in EED's
  - *National hospital chain: 10% to < 3% over 2 years*
  - *Regional Health System: 27% to 0% in 2 years*
  - *State (coalition of 20 hospitals): 25% to 5% in 2 years*
  - *Regional Health System: 28 to 3% in 2 years (reduced to less than 10% in 6 months)*
- All showed dramatic decrease in Inductions, C-Sections and NICU admissions

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Reducing Early Elective Deliveries: Objectives and Activities

Objective	Activities
Promote Awareness	• Broad-based awareness effort • Partner with advocacy and professional organizations
Rapidly Spread Best Practices	• Support identification / spread of best practices • Directly support 3800+ hospitals already participating in the Partnership for Patients
Promote Transparency	• Promote transparency and continuous improvement • Support efforts to collect and publicly report EED data

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Strong Start Strategy 2:

Delivering Enhanced Prenatal Care

Strategy 2: Delivering Enhanced Prenatal Care Overview

Cooperative Agreement funding opportunity:

- For providers, states, managed care organizations, and conveners
- To test evidence-based approaches to delivering enhanced prenatal care that improve health outcomes for mothers and infants in Medicaid
  - Specifically interested in reducing prematurity

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Delivering Enhanced Prenatal Care: Problem Statement

- 1 in 8 babies are born prematurely in the United States,
  - Increased risk of severe health problems and lifelong disabilities
- Medicaid currently finances approximately 40% of all US births
- Compared to women with private insurance, women enrolled in Medicaid
  - Are more likely to have multiple risk factors for adverse birth outcomes
  - Have higher rates of complications, poor outcomes, and preterm birth
- Institute of Medicine estimates that complications from prematurity costs nation $26 billion each year

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Delivering Enhanced Prenatal Care: Objective

- **Purpose:** Achieve better care, improved health, and reduced costs for high-risk pregnant Medicaid beneficiaries and their newborns
  - Increase gestational age of neonates to improve outcomes
  - Decrease the anticipated total costs of medical care for mothers and infants over the first year of life
- **Focus:** Impacts of non-medical prenatal interventions provided in addition to evidence-based clinical care, to reduce rates of preterm births for at-risk women

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Delivering Enhanced Prenatal Care: Improvement Opportunity

- Enhanced Prenatal Care Models have been shown in small studies to improve outcomes
- Common elements of Enhanced Prenatal Care Models with demonstrated efficacy include:
  - Focus on high risk Medicaid populations
  - Address psycho-social needs
  - Provide augmented approaches to care
  - Improve the delivery of clinical services

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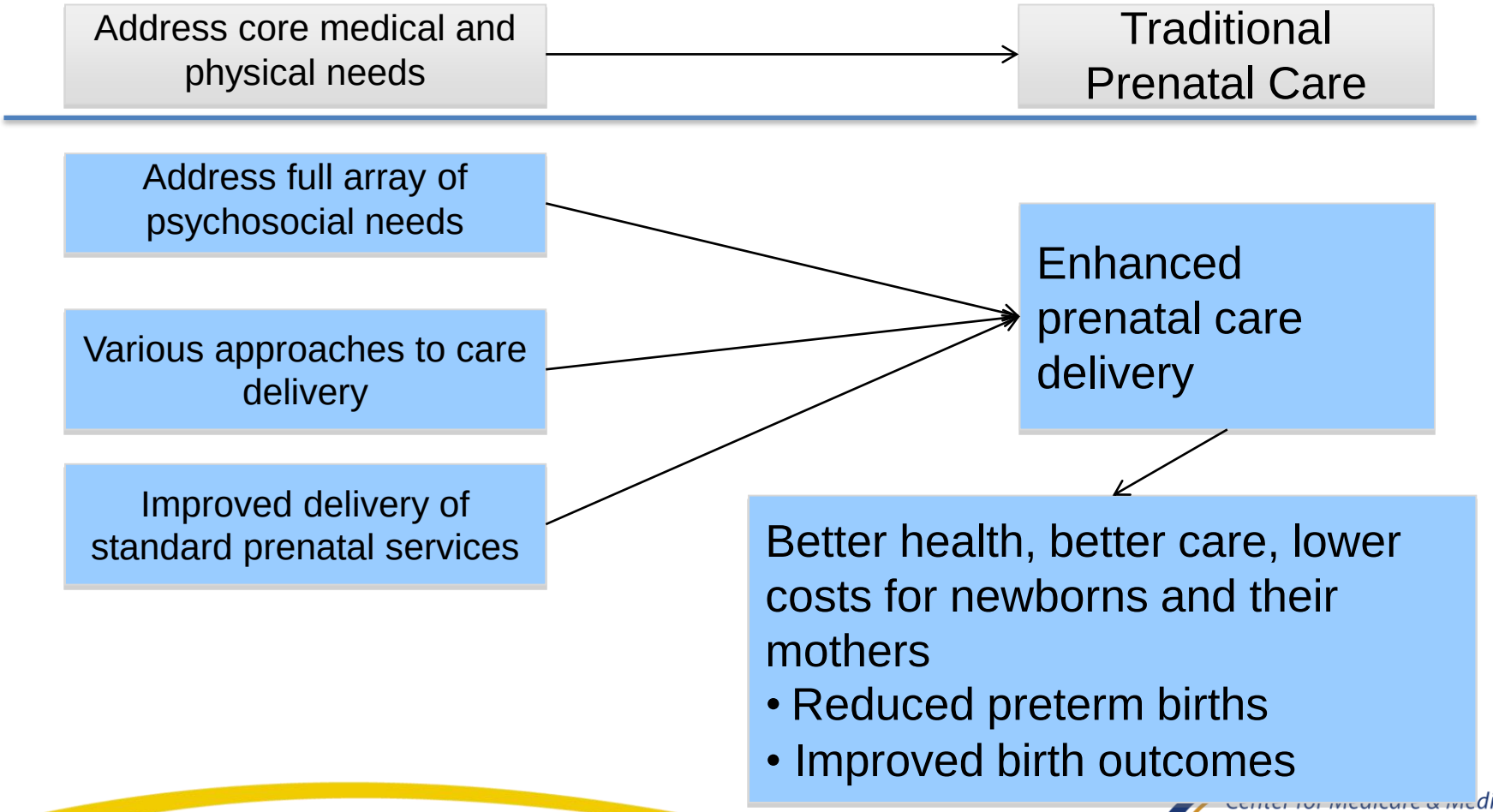
Improving Prenatal Outcomes: Achieving our Aim



Approaches to Evidence-based Enhanced Prenatal Care

One model: "*Enhanced Prenatal Care*"

- Various evidence-based approaches:

1. Enhanced Prenatal Care through Centering/Group Care
2. Enhanced Prenatal Care at Birth Centers
3. Enhanced Prenatal Care at Maternity Care Homes

Additional approach – Enhanced prenatal care through home visits – will be coordinated with HRSA/ACF

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Delivering Enhanced Prenatal Care: Initiative Description

Enhanced Prenatal Care – all approaches will share common elements including case management, counseling and psychosocial support . All approaches will be delivered in additional to quality, standard prenatal care.

1. Enhanced Prenatal Care through Centering/Group Care – Group prenatal care that incorporates peer-to-peer support in facilitated setting for three components: health assessment, education and support.

2. Enhanced Prenatal Care at Birth Centers – Comprehensive prenatal care facilitated by midwives and teams of health professionals including peer counselors and doulas. Focus includes building relationships with patients.

3. Enhanced Prenatal Care at Maternity Care Homes – Enhanced prenatal care at traditional prenatal sites expanded 1) Access and Continuity; Care Coordination and 3) Enhanced Content

– *Enhanced Prenatal Care through Home Visiting – Licensed and unlicensed health professionals provide enhanced prenatal care in patients' homes. (**Coordinating with HRSA/ACF**) Models include Nurse Family Partnership and Healthy Families America*

Delivering Enhanced Prenatal Care: Eligible Applicants

1. State Medicaid Agencies
2. Providers of obstetric care (provider groups and/or affiliated providers and facilities)
3. Managed care organizations (MCOs)
4. Conveners in partnership with other applicants. The convener may be a direct applicant, or may convene and support other organizations to become applicants

- Non-provider applicants must partner with providers
- Non-State applicants must partner with States

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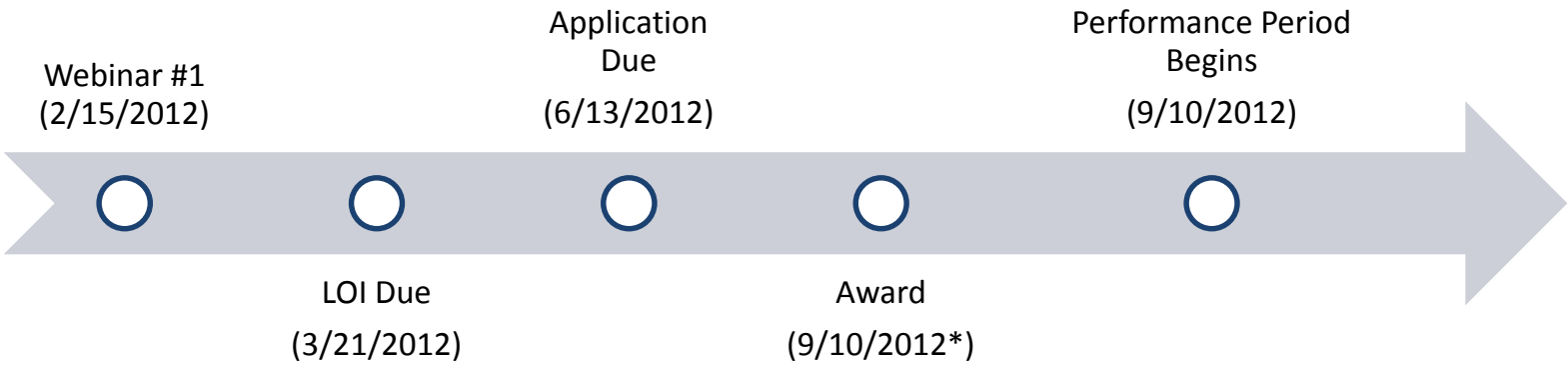
Delivering Enhanced Prenatal Care: Model Design

- To detect statistical change in prematurity
  - Need to enroll 30,000 women in each of the 3 approaches over the 3 year period of participation
- Evaluation then continues for additional year to collect medical costs of infant through first year of life
- CMMI evaluators plan to compile matched sample as control group – preferably from same state
- Similar evaluation of home visiting program will occur in collaboration with HRSA/ ACF

Delivering Enhanced Prenatal Care: Many Data Challenges

- Anticipate many challenges gathering necessary data from states
  - ***But we are up for the challenge!***
  - Building good teams as we move forward
  - Working closely with CDC – Dr. Wanda Barfield's team
  - Reaching out and coordinating with State stakeholders
- Challenges include:
  - Diversity in State data collection
  - Capacity linking clinical data with vital records
  - Helping states with resources required for these activities
  - Collecting data from managed care organizations

Delivering Enhanced Prenatal Care: Award Timeline



- All application materials and more information can be found on the website, http://innovations.cms.gov/
- **Mandatory** Letter of Intent due date: March 21, 2012 by 5:00 pm EDT
- Application due date: June 13, 2012, by 5:00 pm EDT
- Additional Learning Sessions will be scheduled (dates TBD)

**Anticipated. Date Subject to Change.*

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Questions?

Additional information available on CMMI website:
http://innovation.cms.gov/

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