

Medicaid Initiatives to Improve Maternal and Infant Health

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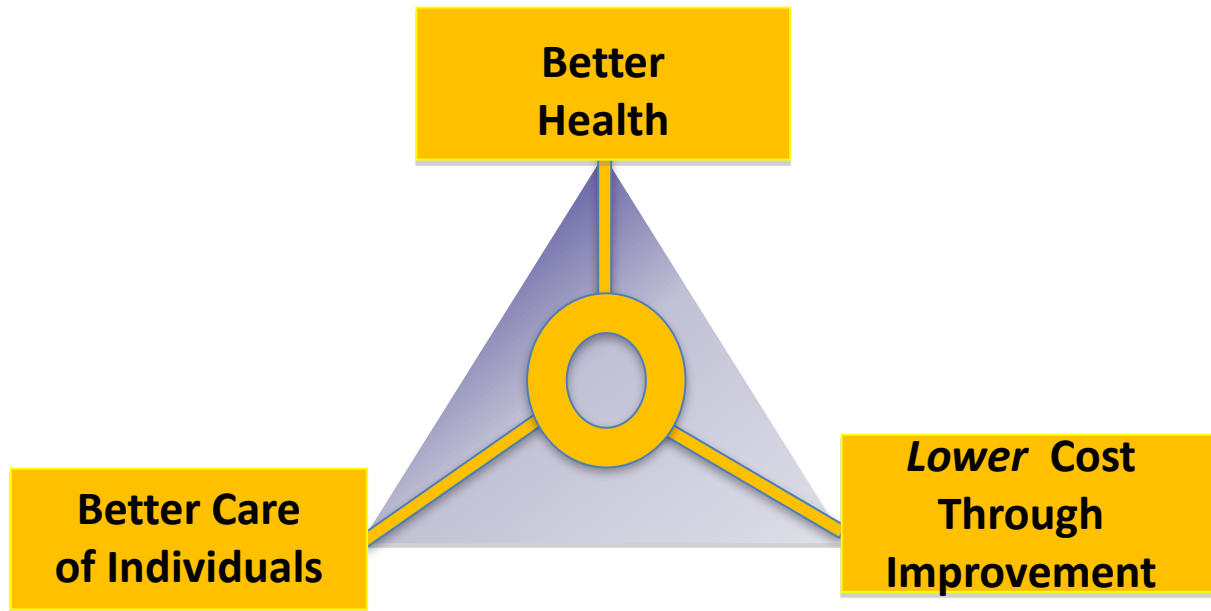
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Secretary's Advisory Committee on Infant Mortality

Aug 2, 2011



CMS Aims: Coverage as Pathway to Better Care, Better Health, Lower Costs



Medicaid/CHIP's Role in achieving the “Three Part Aim”

- Source of Health Insurance Coverage
 - Low-income children
 - Low-income adults
- Assistance to elderly and disabled Medicare Beneficiaries
- Long term care services and supports
- Revenue for health care system and safety-net providers
- Revenue to support states in providing coverage to residents

Mothers and Children in Medicaid

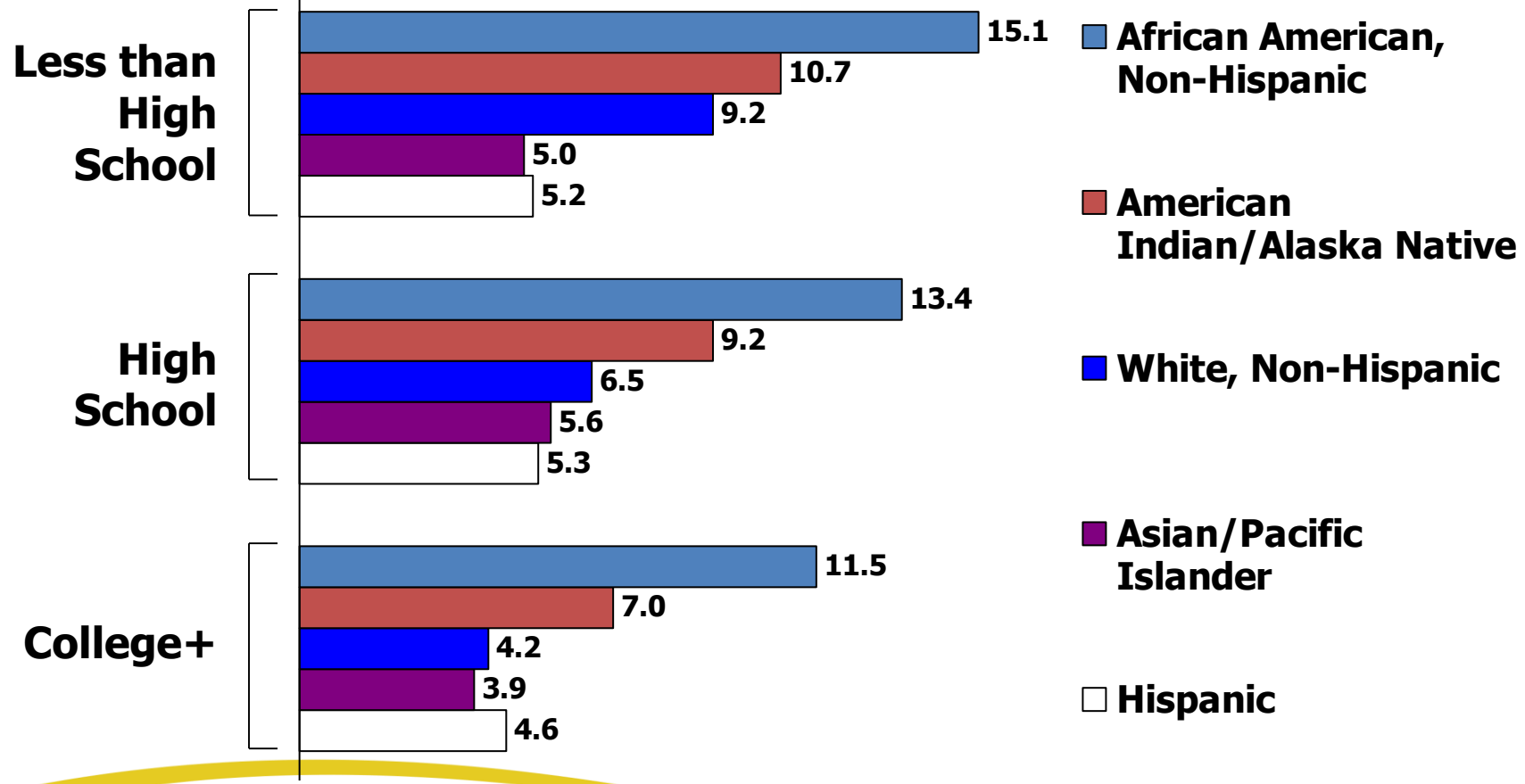
- At least 2 of 3 adult women covered by Medicaid are in their reproductive yrs
- Medicaid covers 4 of 10 births and approximately 2 of 3 publically-funded family planning services, including
 - Prenatal and post-partum care
 - Gynecological services
 - Testing and treatment of sexually transmitted diseases
- Medicaid/CHIP cover about 37% of all children under age 18
- Medicaid/CHIP cover 60% of children in families with income below 200% of poverty



The Challenge & Opportunity

Infant Mortality Rates for Mothers Age 20+, by Race/Ethnicity and Education, 2001-2003

Infant deaths per 1,000 live births:

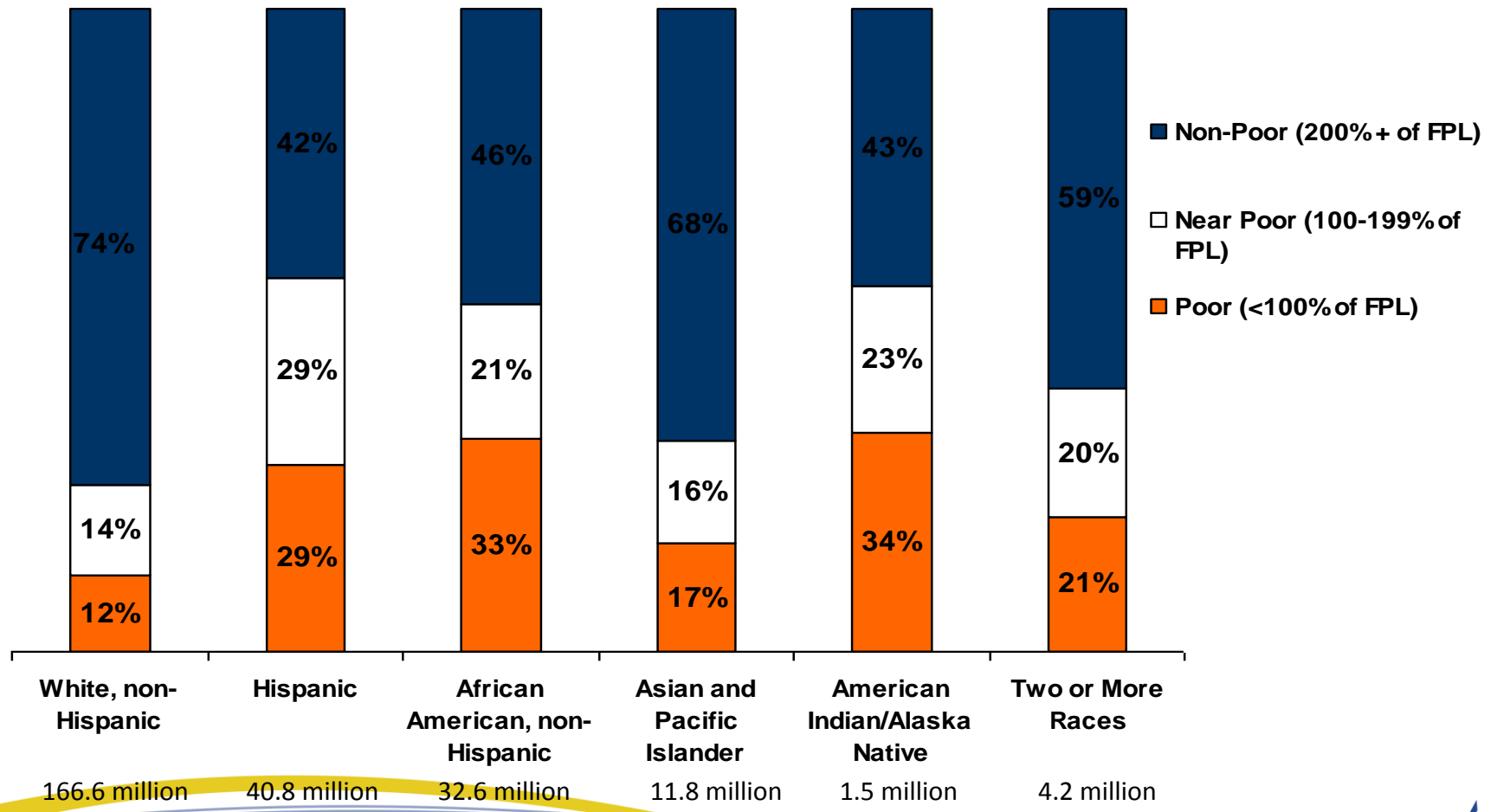


SOURCE: Kaiser Family Foundation, based on Health, United States, 2006, Table 20, using data from the National Center for Health Statistics, National Vital Statistics System, National Linked Birth/Infant Death Data.



Broadening Understanding of Factors Contributing to Poor Maternal and Infant Health Outcomes: The People, Places, and Services

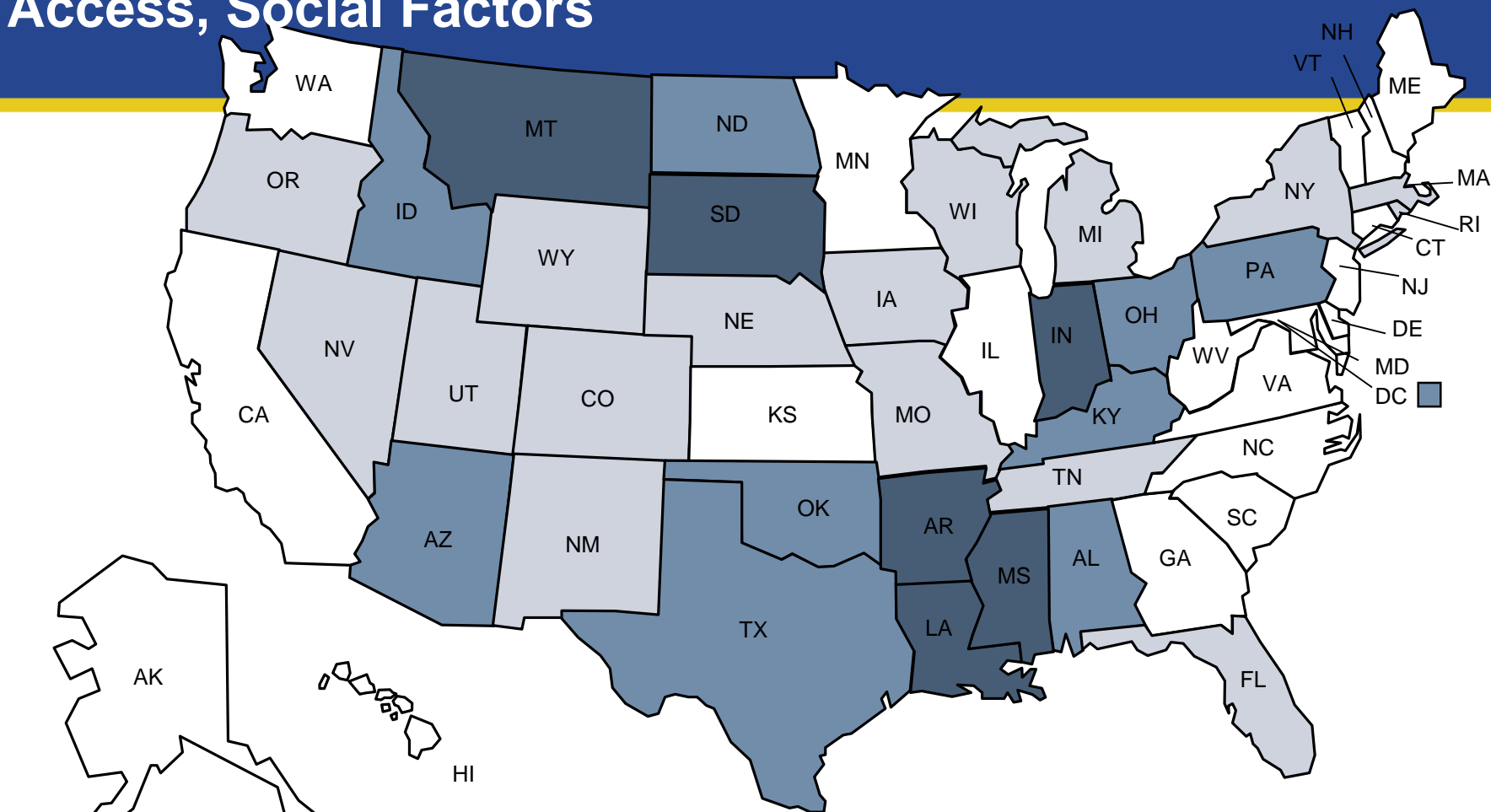
Income, Race/Ethnicity, Neighborhoods Shape Patterns of Health: Nonelderly Population



NOTES: Individuals who reported more than one race group were categorized as "two or more races." Nonelderly includes individuals < age 65.
 FPL= Federal Poverty Level. The FPL for a family of four in 2005 was \$19,971.
 DATA: March 2006 Current Population Survey.
 SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates.

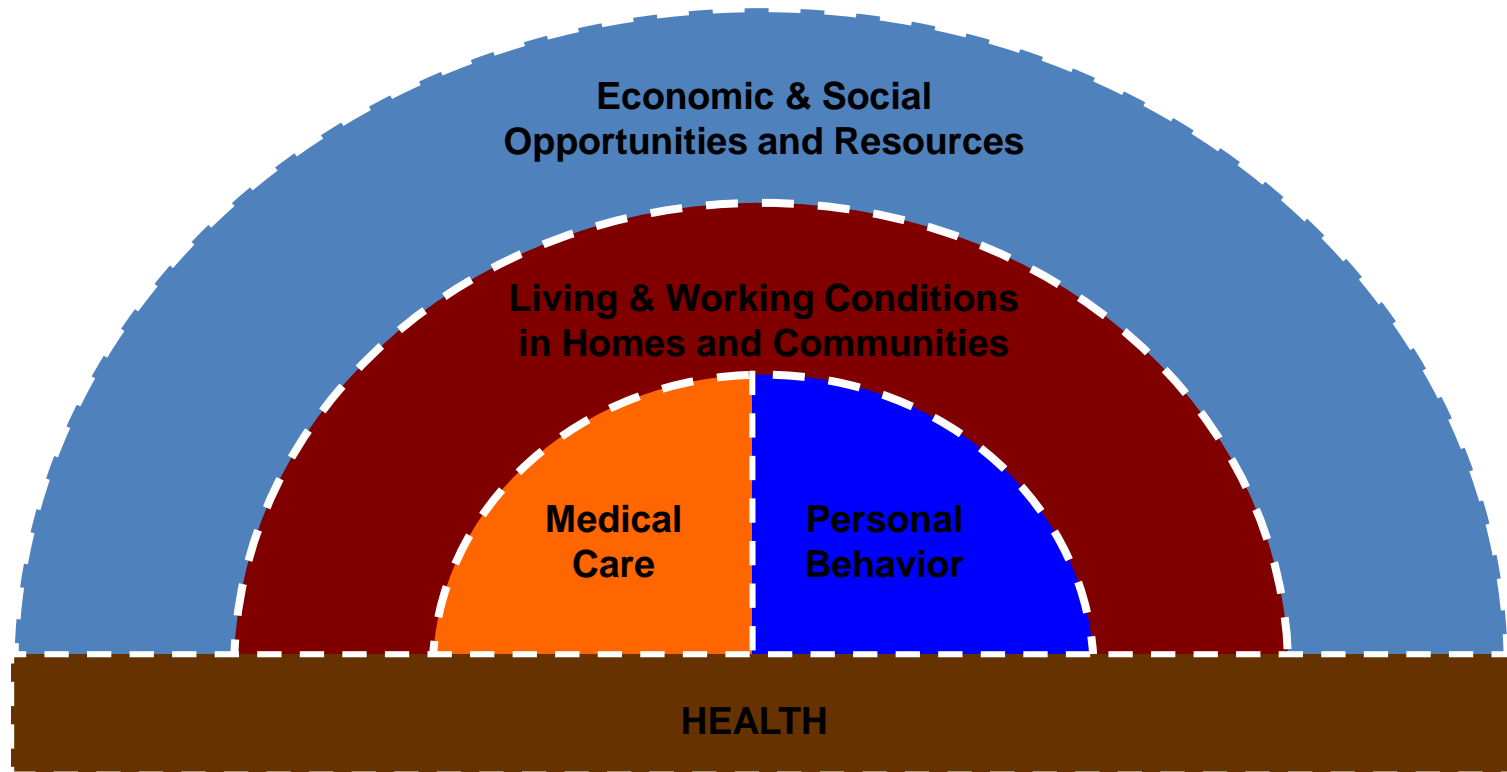


Place Shapes Patterns of Health: Summary of Women's Worse-than-Average Dimension Scores on Health, Access, Social Factors



- Worse than Average on 0 Dimensions (19 states)
- Worse than Average on 1 Dimension (16 states)
- Worse than Average on 2 Dimensions (9 states and DC)
- Worse than Average on 3 Dimensions (6 states)

What Else Influences Health and Health Care Disparities?



CMS Efforts Underway to Improve Maternal and Infant Health: CMCS & CMMI

Neonatal Outcomes Improvement Project

3 Pilot States – Arkansas, North Carolina, Ohio

- AR telemedicine outreach program (TOUCH), decrease in inappropriate deliveries of VLBW and early-gestational age babies in TOUCH sites by 5%, \$10K savings per transport
- NC showed a 43% decrease in the rate of elective preterm deliveries, NICU admissions and newborn complications; 75 % reduction in NICU catheter infections in participating hospitals
- OH reduced the number of statewide pre-term births by 8,256; decreased NICU admissions by ~200

Perinatal Outcomes Symposium, June 2011: Where Are We? Where Can We Go?

- **Profile of Interventions to Improve Perinatal Outcomes**
 - Ascension Healthcare Case Study
 - Nurse Family Partnership
 - Healthy Start Program & Freestanding Birth Centers
- **Key Components of an Agenda to Advance Perinatal Outcomes**
 - Primary preventive strategies
 - Preconception/interconception care
 - Link data sets across systems
 - Women and children's accountable care homes
 - Engage communities

Webinars

- **Patient Safety in Neonatal Intensive Care Unit - *May 2011***
 - Joe McCannon (Senior Advisor to CMS Administrator)
 - Mary Applegate, MD (OH Medicaid Medical Director)

- **Improving Birth Outcomes in Medicaid: Healthy Babies, Lower Costs - *July 2011***
 - Jeffrey Schiff, MD (MN Medicaid Medical Director)
 - Scott Burns, MD, FAAP (March of Dimes Foundation Senior VP)

New Ideas: Testing of Promising Practices

- Testing of interventions and/or new models of care that address medical and social factors that contribute to prematurity-related poor birth outcomes, including new or not widely used approaches to:
 - maternity care
 - support systems
 - payment strategies

New Ideas: Seeking to Align Payment with Evidence-Based Maternity Care

- Offer financial incentives to State Medicaid agencies to use with providers (e.g. health plans, hospitals, etc) that achieve improvements on a national set of **performance measures** for maternal and infant health (CMS currently has 6 measures)
- Create opportunities for States to implement new payment models for **interventions that show promise in bridging multiple determinants** of pregnancy outcome (e.g., medical care, social services, nutrition)
- Reward **high-performing providers and facilities** through risk-adjusted bundled payment that reflects a focus on comprehensive maternity care
- Encourage States to include maternity care performance measures in Medicaid **managed care contracts**

Medicaid/CHIP Partners in Improving Maternal & Infant Health

Collaboration

- with States
- within CMS (CMMI, OCSQ, OMH, OCIO)
- with other HHS agencies (AHRQ, HRSA, CDC)
- outside Government (Providers, Advocacy Groups, Professional Associations)

How Should CMS Target Its Resources to Improve Maternal & Infant Health?

Submit your ideas to:

- MedicaidMeetings@cms.hhs.gov
- Subject line: Improving Perinatal Outcomes