

Collaborative Improvement & Innovation Network Interconception Care

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ICC-Medicaid COIN Aim

- To modify Medicaid policies and procedures in 5-8 Southern states by December 2013 in order to improve access to and financing of postpartum visits and ICC care case management for women who have experienced a Medicaid financed birth that resulted in an adverse pregnancy outcome

Strategy: Increase Use of Interconception Care (ICC) for Women in Medicaid

- To reduce the impact of chronic disease and other reproductive health risk factors.
- To improve the outcome of any subsequent pregnancies.
- To enhance fulfillment of a women's reproductive plan and successful use of birth control to optimally space pregnancies

Changes Needed

- **Changes to Federal CMS and other rules and policies to assist states.**
- **Providers enabled through policies and incentivized through payment structures to change their attitudes and practices.**
- **Women empowered and supported to seek interconception care to improve their health status.**

Challenges

- 50-70% of women who have a Medicaid financed birth lose coverage at 60 days postpartum.
- Currently, even women with identified risks and continuing coverage do not receive appropriate services
- Care is not focused on reproductive health and birth spacing – almost half of all pregnancies in the U.S. are unintended
- Like chronic disease management, this requires intensive, tailored case management

Core Approaches

- **Interconception care waivers to serve an expanded eligibility group**
- **Use of strategies such as primary care case management, medical home**
- **Medicaid targeted case management or administrative case management**
- **Enhancing use or design of postpartum visit**

ICC & Medicaid COIN Measures

States to measure the:

- Percentage of target women who receive (have Medicaid billing for) a postpartum visit by December 2013.
- Number/percentage of women enrolled in ICC waiver and/or served in the ICC project by December 2013.

Medicaid ICC Project Pathways

- Waiver eligibility or current eligible women
- Define criteria to qualify for enhanced services
 - Adverse pregnancy outcome: Fetal/infant mortality; Low birthweight / very low birthweight / preterm birth
 - Maternal risks: Hypertension, Diabetes, Depression/mood disorders
- Select strategy for case management
- Determine health care delivery system opportunities

Changing Provider Practice

- Tools for practice change (e.g., screening tools, postpartum visit design)
- Recruiting and training providers
- Motivating practice change
- Using a team or collaborative approach, including case management
- Quality improvement projects

Where & When to Connect High Risk Women?

- Ideally should begin prior to discharge from delivery hospital
- Gateway should be through postpartum visit
- May begin in pediatric care visit

Louisiana's ICC Initiative: Built On Existing 1115 Waiver

The Greater New Orleans Community Health Connection (GNOCHC):

- 1115 Medicaid Demonstration Waiver for primary and behavioral health care in Hurricane Katrina affected Greater New Orleans area
- Adults ages 19-64 below 200% Federal Poverty Level (FPL)
- Effective October 1, 2010 – December 31, 2013

GNOCHC Waiver Adds ICC Case Management Services

- Approved June 2012 - Women with qualifying pregnancy outcome on or after January 1, 2011:
 - Low birth weight, under 2,500 grams
 - Preterm birth, less than 37 weeks gestation
 - Infant death
 - Fetal death > 20 weeks gestation
- Must meet the eligibility criteria for both the GNOCHC Demonstration and the Family Planning Waiver

Inter-conception Care in Medicaid

State Team Plans as of March 2103

Aim: Modify Medicaid policies and procedures in 5-8 Southern states by December 2013 in order to improve access to and financing of postpartum visits and inter-conception care case management for women who have experienced a Medicaid financed birth that resulted in an adverse pregnancy outcome.

ICC COIN States will measure the:

- Percentage of target women who receive a postpartum visit will increase from X to x by December 2013.
- Percentage of women who receive Medicaid financed family planning visits [inside or outside of family planning waivers] will increase from X to x by December 2013.

The number/percentage of women enrolled in ICC waiver and/or served in an interconception care project by December 2013.

Primary Driver	Strategies	AL	FL	GA*	KY	LA*	MS	NC	OK	SC
Leadership at the Federal, State and Local Level	• Identify and engage leaders/stakeholders/champions and mentors at all levels	X	X					X		
	• Mobilize existing perinatal collaborative in state	X	X							
Capability and Capacity for Comprehensive Systems	• Train Medicaid providers in coverage and reimbursement for post-partum care; revise manuals, as needed							X		
	• Develop and distribute new clinical tools related to postpartum visit and case management (e.g. screening)	X		X		X		X	X	
	• Systems coordination / integration (e.g., referral patterns, safety net, Healthy Start)	X	X			X		X		
Changes and Enhancements in Financial and Other Policies/Payments	• Select approach to address reproductive and chronic disease risk factors:								In consideration 3/11/2013 ?	
	A. Postpartum visit		X	X			X	X		X
	B. Case management/targeted case management	X		X		X	X		X	
	C. Screening and risk assessment	X	X				X		X	
	D. Addressing chronic disease and associated risk factors by an integrated care		X			X	X			

Primary Driver	Strategies	AL	FL	GA*	KY	LA*	MS	NC	OK	SC
	approach									
	<ul style="list-style-type: none"> Use incentives for Medicaid providers and health plans to provide postpartum visits or interconception care 							X		X
	<ul style="list-style-type: none"> Use the option for "medical/health home for individuals with chronic conditions/mental health conditions." 		X							
	<ul style="list-style-type: none"> Build upon an existing family planning waiver or state plan amendment to add interconception care services 	X								
	<ul style="list-style-type: none"> Use integrated care models, which include (but are not limited to) medical/health homes, ACOs, ACO-like models, and other arrangements that emphasize person-centered, continuous, coordinated and comprehensive care? 	X	X			X			X	
	<ul style="list-style-type: none"> Build upon existing contracts with Medicaid managed care plans, primary care case management providers, or community care networks. 	X	X	X				X		X
	<ul style="list-style-type: none"> Focus on providers who serve high concentrations of women in the Medicaid program (e.g., federally qualified health centers, high poverty areas, hospital outpatient clinics. 	X		X		X	X	X		
Community Engagement	<ul style="list-style-type: none"> Secure community involvement through advisory groups, community forums, etc. to include/prioritize the family and community voice . 					X				
	<ul style="list-style-type: none"> Identify and engage community partners (e.g., perinatal collaboratives) for enhanced collaboration/coordination. 	X	X			X		X	X	

Primary Driver	Strategies	AL	FL	GA*	KY	LA*	MS	NC	OK	SC
Public Awareness	<ul style="list-style-type: none"> Develop/adapt strategy messages and distribute through public education and social media (e.g., post-partum visits, family planning/inter-conception care) 		X			X			X	
	<ul style="list-style-type: none"> Coordinate consistent messaging at the Federal, state and community level 		X		X					
Data Collection, Monitoring and Innovation	<ul style="list-style-type: none"> Identify Medicaid data elements and acquire data for Benchmarking 	X			X		X	X	X	X
	Use new or existing quality improvement projects (e.g., learning collaboratives, pilot demonstrations) for providers and plans	X	X	X		X		X	X	X
	Identify best practices /innovations		X					X		

*Mentor states with IGC 1115 universes

ICC-Medicaid Collaborative

Improvement & Innovation Network

Ultimate Goal

- Women have chronic conditions and reproductive health risks that could be reduced by modified health access and care models.
- Reduce repeat adverse pregnancy outcomes among Medicaid beneficiaries that are costly in human and fiscal terms.
- Improve delivery structures and provider capacity to provide interconception care
- Utilize evidence-based strategies that are available and implement via policy and practice.



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