Improving the Health of Mothers and Infants in Medicaid and CHIP: Investing in the Future of Our Nation

October 7, 2014

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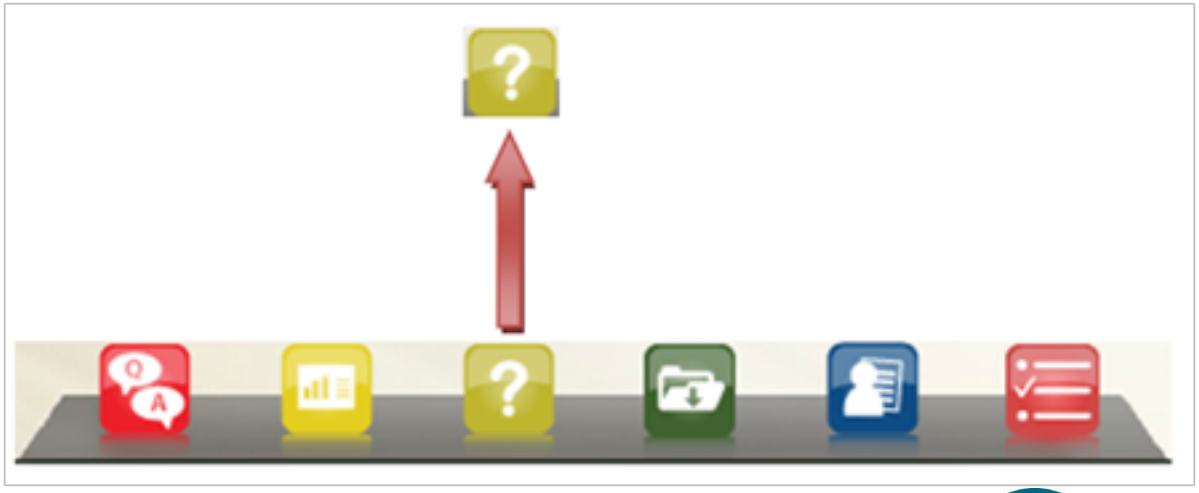

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Improving the Health of Mothers and Infants in Medicaid and CHIP: Investing in the Future of Our Nation

October 7, 2014
2:00-3:15pm ET

JudyAnn Bigby, Mathematica Policy Research

Eliot Fishman, CMCS

Mary Applegate, Ohio Medicaid

Lekisha Daniel-Robinson, CMCS

Kai Tao, Illinois Medicaid

Kate Berrien, Community Care of North Carolina

Elena Cromeyer, Northern Manhattan Perinatal Partnership, Inc.

Dana Rey, National Committee for Quality Assurance

Lorrie Gavin, CDC, Division of Reproductive Health

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Improving the Health of Mothers and Infants in Medicaid and CHIP

- Welcome and Introduction
- Challenges and Opportunities in Medicaid and CHIP
- Maternal and Infant Health Initiative: Supporting States
- Adopting and Spreading Best Practices: Experiences in Illinois, North Carolina, and New York
- Tracking Progress Through Existing and Developmental Measures
- Questions and Answers
- Moving Forward

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Welcome and Introduction: The Quality Imperative for Medicaid and CHIP

Eliot Fishman, PhD
Director, Children and Adults Health Programs Group Center for Medicaid and CHIP Services (CMCS)

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Challenges and Opportunities in Medicaid and CHIP

Mary S. Applegate, MD, FAAP, FACP
Medical Director
Ohio Department of Medicaid

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Improving Maternal and Infant Health Outcomes in Medicaid and CHIP

- Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid and CHIP
  - Convened by CMCS contractor in June 2012
  - Co-chaired by Mary Applegate, MD & James Martin, MD FACOG
  - Identified strategies to improve birth outcomes
  - Established a goal of developing 4-5 strategies to improve outcomes using Medicaid levers
- Guiding principles
  - Provide better maternal and infant care
  - Improve birth outcomes
  - Reduce the cost of care for mothers and infants

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Six Action Areas

1. Reduce unintended pregnancy and improve birth spacing by increasing contraceptive access and utilization
2. Expand and enhance breastfeeding
3. Reduce preterm birth and adverse pregnancy outcomes
4. Unbundle global maternity services and payment
   - Use value-based purchasing bundles with performance measures tied to quality and cost
   - Promote regionalization
5. Drive early and regular adolescent and adult well care
6. Develop population-based perinatal data systems

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Maternal and Infant Health Initiative: Supporting States

Lekisha Daniel-Robinson, MSPH
Coordinator, CMCS Maternal and Infant Health Initiative

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Improving the Health of Mothers and Infants in Medicaid and CHIP: Initiative Goals

- Building on the input of the Expert Panel, CMCS developed a multi-pronged strategy to achieve two goals over a 3-year period in 20 states:
  1. Increase by 10 percentage points the rate of postpartum visits among women in Medicaid and CHIP
  2. Increase by 15 percentage points the use of effective contraception among women enrolled in Medicaid and CHIP

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Initiative Strategies

- Engage states, providers, and beneficiaries
- Leverage federal partnerships
- Strengthen technical assistance
- Measure quality and improve performance

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Adopting and Spreading Best Practices: Experiences in Illinois, North Carolina, and New York

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Family Planning Tools and Connections

Kai Tao, ND, MPH, CNM
Senior Policy Advisor to the Director,
Illinois Healthcare and Family Services

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Medicaid and Pregnancy

- Background on Illinois Medicaid
  - Enrollment as of 9/1/14: ~ 3.1 M
  - About 1 million girls and women on Medicaid are of childbearing age (ages 13 to 49)
  - Medicaid pays for 94 percent of teen pregnancies and 54 percent of all pregnancies
  - Family planning waiver ends 12/31/2014
- Illinois Family Planning Action Plan goal: Increase access to family planning services for women and men in the Medicaid program by providing comprehensive and continuous coverage to ensure that every pregnancy is a planned pregnancy

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Steps to Get Here…..

- Conducted informal needs assessment: Multiple meetings/phone calls with family planning providers and academic family planning fellowships (2/14-5/14)
- Invited statewide stakeholders and national pharmaceutical industry to share their concerns with HFS Executive Team (early 6/14)
- Issued first informational notice (end of 6/14): Guidance for providers regarding comprehensive reproductive health services
  - Counseling and education on all FDA-approved contraceptives, from most effective to less effective
  - Evidence-based point-of-service reminders
- Convened Contraceptive Equity Summit: Strong collaboration with academic department and MCH association (8/14)
- Presented draft Illinois Family Planning Action Plan (IFPAP) at Summit followed by public comment period (ended 9/15/14)

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Illinois Family Planning Action Plan: Policy and Payment Changes

- Increase reimbursement rate for insertion/removal of LARCs
- Allow Evaluation/Management visit on the same day as LARC insertion or removal
- Allow fee-for-service billing for Federally Qualified Health Centers and Rural Health Centers for transcervical sterilization device
- Increase vasectomy reimbursement rate
- Increase medical dispensing fee add-on for certain 340B birth control methods

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Steps to Continue…..

- Issue Informational Notice after public comments detailing changes as a result of IFPAP (10/14)
- Implement changes and ongoing monitoring system with managed care and care coordination entities (contract reviews, audit tools with EQRO)
- Convene feedback forum: Religious Objections/Free Choice of Provider
- Conduct data collection/evaluation
- Work with sister agencies to educate consumers/clients
- Conduct provider/staff training webinar about how to integrate comprehensive family planning into primary care (~12/14)
- Work with pharmaceutical company to provide sufficient long-acting reversible contraceptives (LARC) devices, employing a technological solution for streamlined auto replenishing (~1/15)

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Postpartum Care in North Carolina's Pregnancy Medical Home Program

Kate Berrien, RN, BSN, MS
Pregnancy Medical Home Project Manager, Community Care of North Carolina

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Postpartum Care in the Pregnancy Medical Home Program

- In 2011, Community Care of North Carolina (CCNC) launched the Pregnancy Medical Home (PMH) to improve quality of care and outcomes and reduce costs in the pregnant Medicaid population.
  - More than 85 percent of maternity providers participate in the PMH program
  - 57,000 births/year (48%) are to women with Medicaid during pregnancy
- Incentives include a $150 payment for the postpartum visit if completed within 60 days of delivery
  - Division of Medical Assistance activated a unique billing code to improve ability to measure the postpartum visit rate
  - More than 50 percent of maternity care is billed with a global fee, with no data on whether the postpartum visit took place
  - Overall postpartum visit rate in 2012 was just under 50 percent based on paid claims for postpartum incentives (20 percent of practices not using the PP incentive code at that time)

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Postpartum Visit Predictors (Preliminary Data)

- Using postpartum visit incentive data for births through early 2013, identified variables associated with non-adherence to the postpartum visit
- Based on analysis of a sample of 28,400 pregnancies; representative of pregnant Medicaid population
- Local health department (LHD) patients were excluded from analysis as LHDs were not eligible to bill for postpartum incentives during this time period

Variable	Odds ratio for missing PP visit
LBW infant	1.18
Preterm infant	1.21
Maternal age 19-34 Maternal age 35+	1.36 1.38
Non-Hispanic Black	1.20
2nd trimester PNC 3rd trimester PNC	1.39 1.97
Non-Medicaid for Pregnant Women coverage	1.32
Multiparity	1.06
Diabetes (non-GDM)	1.37

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Postpartum Visit Improvements

- PMH postpartum incentive appears to be driving the scheduling of earlier postpartum visits to allow more time for outreach if the patient does not keep the first appointment
  - Postpartum visits scheduled at 3-4 weeks
  - Engagement of pregnancy care manager to promote adherence to postpartum visit
- Improved use of standardized screening tools for depression screening (PMH requirement)
- Best practices emerging around how to promote adherence to postpartum visit (schedule before discharge, use phone reminders, address transportation barriers)

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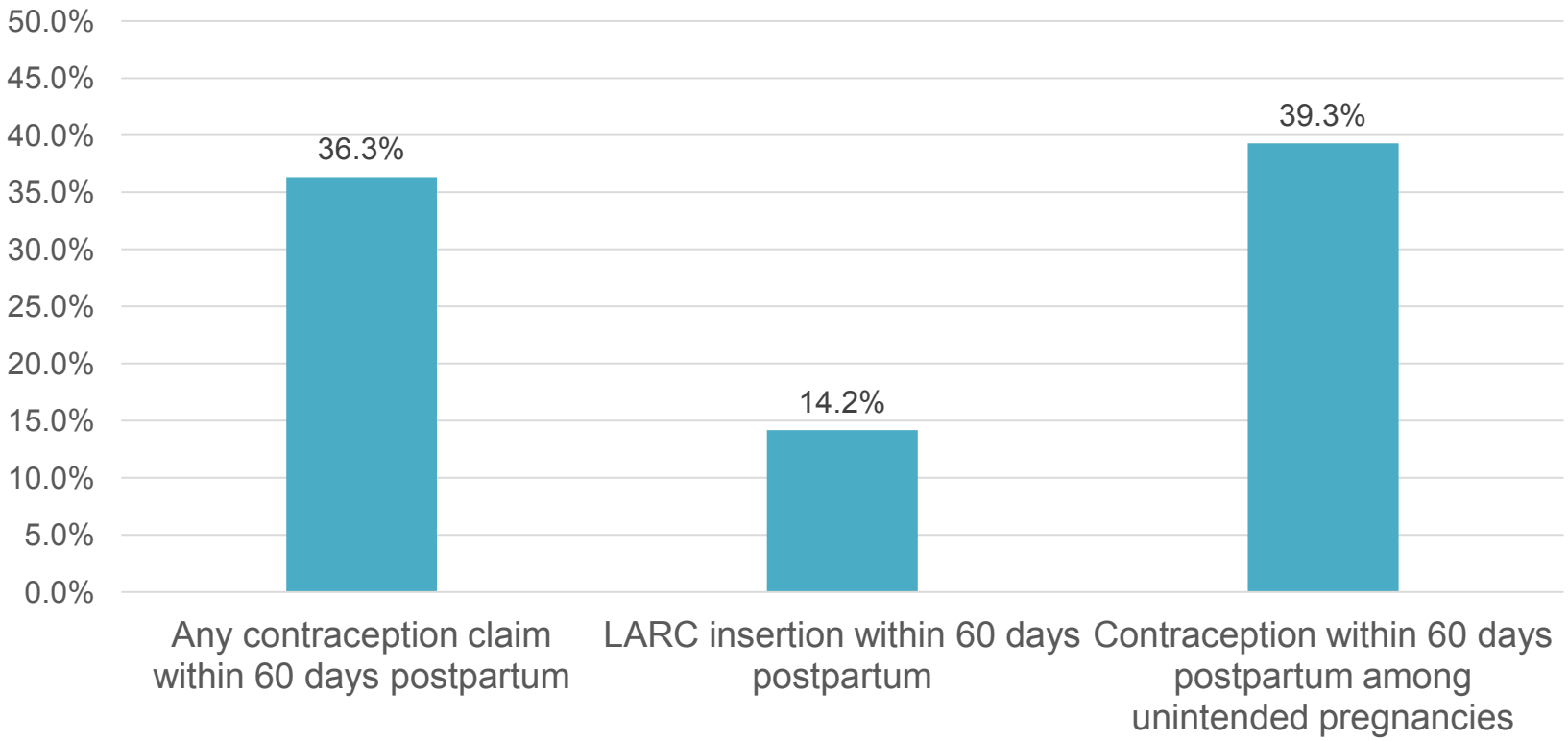
Postpartum Contraception: North Carolina

Receipt of contraception* in the postpartum period among Medicaid patients who received care in a PMH, 2012 deliveries



*Based on paid claims for contraceptive methods, excluding patients with a history of sterilization; LARC methods are included only if there is a paid claim for the insertion of the device. Excludes contraception administered in the hospital.

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PMH Care Pathways

- PMH Care Pathways developed by PMH physician leadership and subject matter experts provide standardized clinical guidance to PMH providers statewide (available on CCNC website)
  - Pathways for postpartum care and reproductive life planning/LARC to be released in late 2014
- Postpartum care pathway addresses timing and content of postpartum visit and transition to primary care
  - Supporting materials in development: postpartum visit checklist, guidance on billing in the postpartum period
- Reproductive life planning/LARC pathway addresses use of immediate and later postpartum LARC and ensuring receipt of well-matched contraceptive method
  - Supporting materials in development: guidance for obtaining Medicaid reimbursement for LARC and other contraceptive methods, information about family planning coverage

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Engaging the Community

Elena Cromeyer, MPH
Project Director, Northern Manhattan Perinatal Partnership

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Northern Manhattan Perinatal Partnership (NMPP)

- Not-for-profit perinatal and maternal health organization comprised of a network of public and private agencies
- Maternal & Child Health Life Course Model organization offering over 22 services and programs and includes:
  - The Maternal and Infant Community Health Collaborative (MICHC)
  - Healthy Start
  - Head Start
  - The Infant Mortality Reduction Initiative (IMRI)
  - Merck for Mothers
  - Healthy Families NY--Central Harlem
  - The HRSA -MCHB Healthy Behaviors in Women and Families Thrive! pre and interconception program
  - New York City Department of Health & Mental Hygiene Center for Health Equity to Reduce Health Disparities Community Health Worker (CHW) Initiative

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The Maternal & Child Health Life Course Organization

- NMPP promotes and incorporates the Maternal & Child Health Life Course Model—the role early life events play in shaping an individual's health trajectory—in programmatic goals and activities
- NMPP recognizes the three periods of the MCH Life Course Model: the third trimester, postpartum period, and interconception period and include the postpartum visit with risk assessment and care plan for high-risk women, family planning, well woman visits, and chronic disease management
  - Disconnect currently exists between the three periods
  - Many leading groups and advocates such as ACOG, Merck for Mothers, HRSA MCHB, and others have identified and are addressing

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NMPP Medicaid-Funded Programmatic Activities

- Teen Age Services Act (TASA) Program for pregnant and parenting teenagers and/or at-risk teenagers who were recipients of public assistance
- MICHC program targets Medicaid-eligible women
  - Family planning is a mandated component and is 25 percent of the budget
  - Family planning activities include training for CHWs, family planning education, individual case management, and connecting women to family planning services in hospitals, clinics, and other settings
  - Peer education training addresses family planning approaches, how to negotiate with women's partners about contraception, and where to find affordable family planning services for undocumented workers
- CHW Program and MICHC health education programs for women's and maternal health
- CHW Program and MICHC women's conferences

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Potential Partnership and Policy Opportunities to Promote CMCS's Maternal and Infant Health Initiative

- Círculo de Mama (Baby Momma's Club)
- Public education campaign around New York State's expansion of Medicaid funding for LARC
- Group work, workshops, conference, and events have been better received by women of color in Harlem than individual case management
- Resource guide for postpartum health
- Dissemination of a pre- and interconception care clinical toolkit for providers
- Medicaid financing for interconception care through flexibility in Medicaid state plan amendments and waivers, such as Section1115
- Continued support for the Title X Family Planning Program, despite ACA gains in coverage
- Systems of care that prevent women and infants from falling through the cracks, which can be mitigated by implementing the MCH Life Course to the maternal and infant health framework

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Tracking Progress Through Existing and Developmental Measures

Existing Postpartum Care Measure

Dana T. Rey, MPH
Senior Health Care Analyst, NCQA

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Postpartum Care Measure Description

- The Medicaid Adult Core Set contains a measure of postpartum care
- Measure description
  - The percentage of Medicaid/CHIP deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery
  - Based on HEDIS®
  - Uses the administrative or hybrid method to calculate the measure

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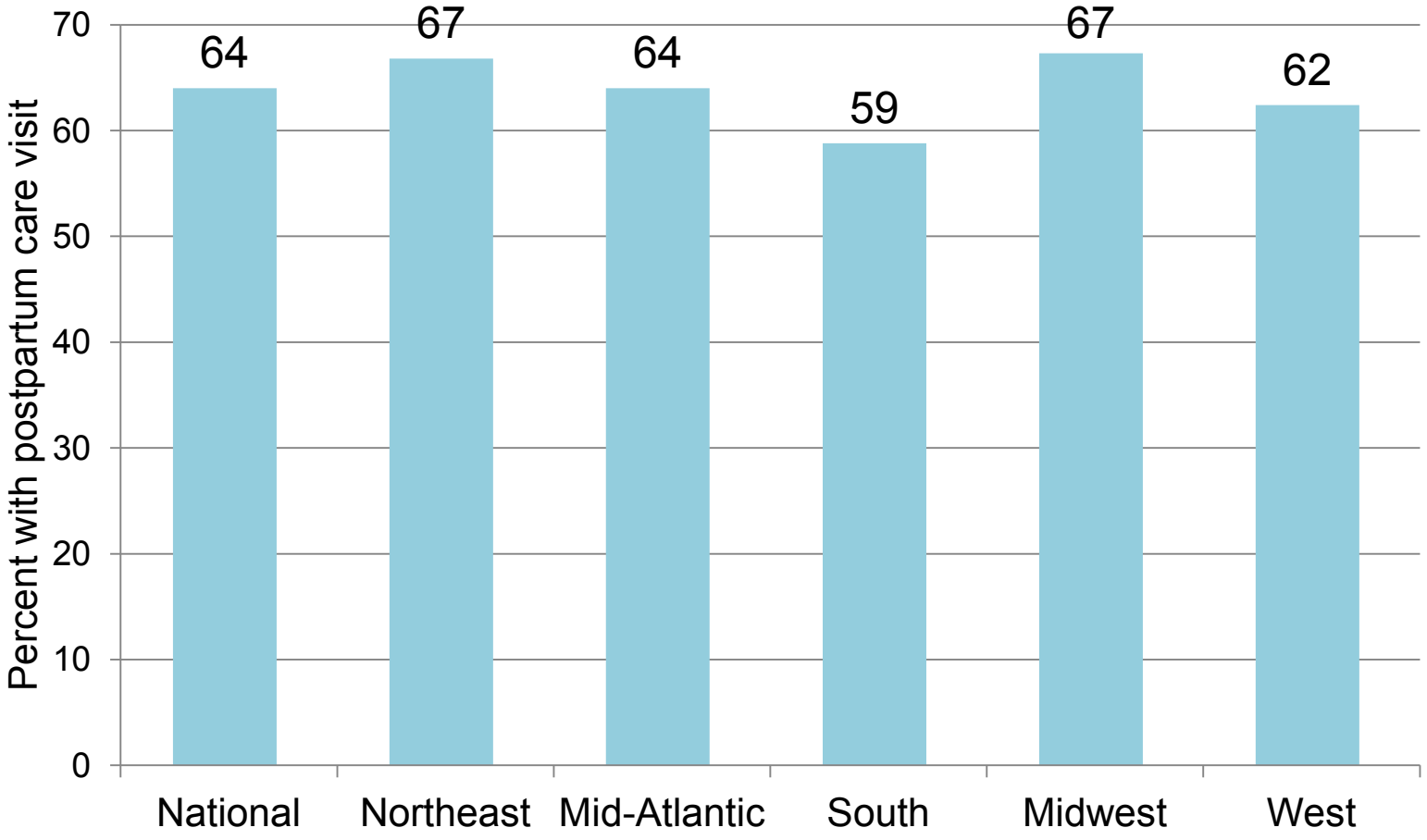
Variation in HEDIS 2013 Median Medicaid Health Plan Postpartum Care Rate, By Region



Source: NCQA HEDIS 2013 Health Plan Database.

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Context for CMCS's Maternal and Infant Health Initiative

- Maternal and Infant Health Initiative goal: Increase by 10 percentage points the rate of postpartum visits among women in Medicaid and CHIP
- Room for improvement in Medicaid/CHIP
  - Medicaid health plan benchmark (median): 64 percent
  - Commercial health plan benchmark (median): 82 percent
- Challenges of collecting the measure
  - Use of global fees for maternity care
  - Use of administrative versus hybrid method

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Developmental Measures for Tracking Use of Contraceptive Services

Lorrie Gavin, MPH, PhD
CDC's Division of Reproductive Health
Office of Population Affairs

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Two Objectives

- Describe two clinical performance measures for contraceptive services (developmental)
- Discuss plans for supporting use of the measures in Medicaid programs over the coming year

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High Priority

- Healthy People 2020 objectives
  - FP-1: Increase the proportion of pregnancies that are intended
  - FP-5: Reduce the proportion of pregnancies conceived within 18 months of a previous birth
  - FP-8: Reduce pregnancies among adolescent females
- National Prevention Strategy
- President and CDC Director have identified teen pregnancy as a national health priority

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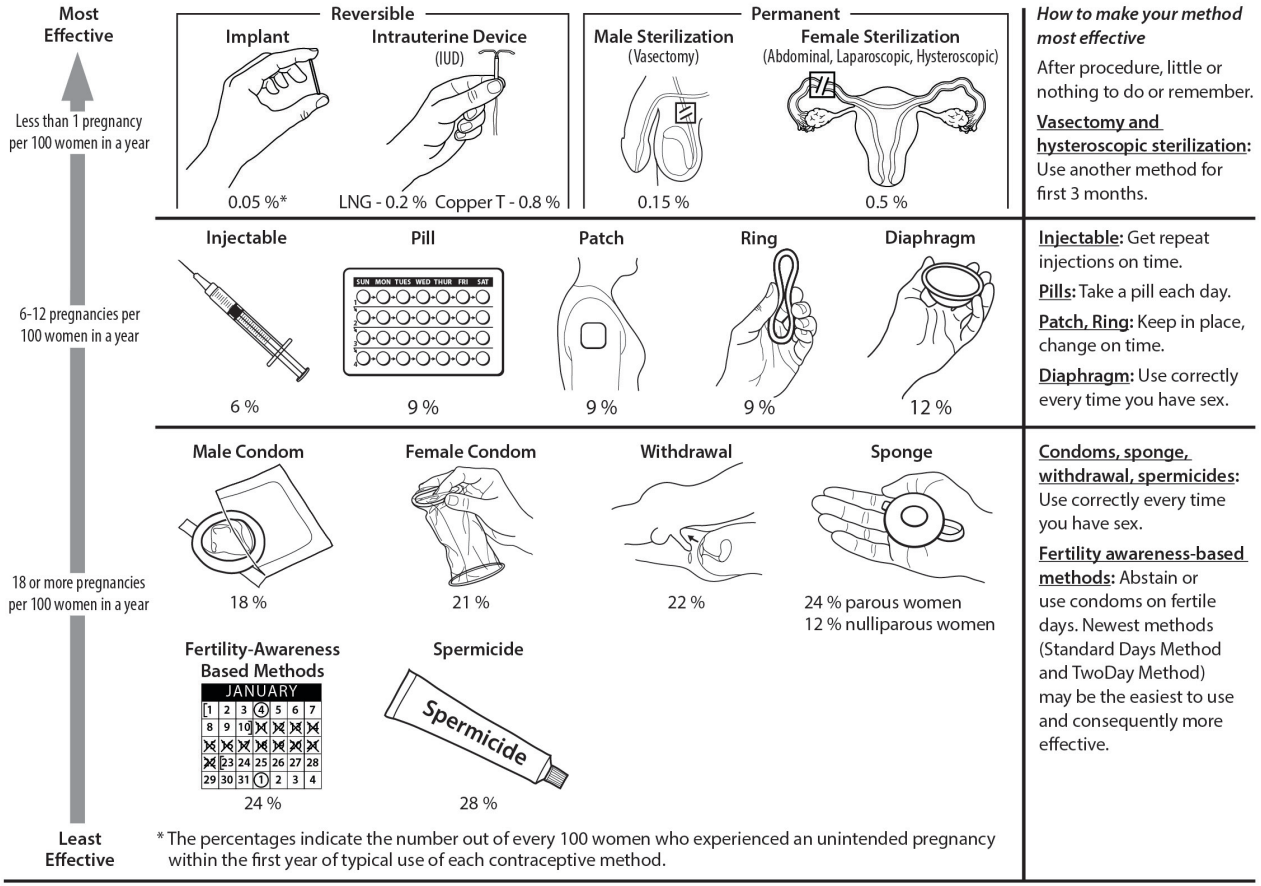
Performance Measures for Contraceptive Services

- Proportion of female clients ages 15 to 44 at risk of unintended pregnancy, that adopt or continue use of:
  1. the most effective or moderately effective FDA-approved methods of contraception
  2. an FDA-approved, long-acting reversible method of contraception (LARC)



CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, *temporary* method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from WHO's Family Planning: A Global Handbook for Providers (2001) and Trussell et al (2011).

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Approach

- Use existing claims data to identify type of contraceptive method used
- Use National Survey of Family Growth (NSFG) estimates to identify the proportion of continuously enrolled Medicaid clients who are at risk of unintended pregnancy

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Plans for Supporting Use of the Measure

- Webinar on November 5, 2014 to provide detailed description of the measure
  - Illustrate how it is computed using data from Iowa Medicaid
- Over the first year of use
  - Ongoing support to state Medicaid programs as they apply the measure
  - Invited discussions about each state's experience using the measure (optional)
  - Possible refinements based on states' experiences

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Moving Forward

Lekisha Daniel-Robinson, MSPH
Coordinator, CMCS Maternal and Infant Health Initiative

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Maternal and Infant Health Initiative: Moving Forward

- Improving Postpartum Care Action Learning Series
- Planned funding opportunity
- Quarterly quality improvement webinar series
- Tools and best practices
- Save the Date: November 5th webinar on developmental contraceptive service measure (2-3:30 PM ET)

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