Obstetrical Pay For Performance

Preliminary Member Analysis

Community Health Network of Connecticut, Inc.

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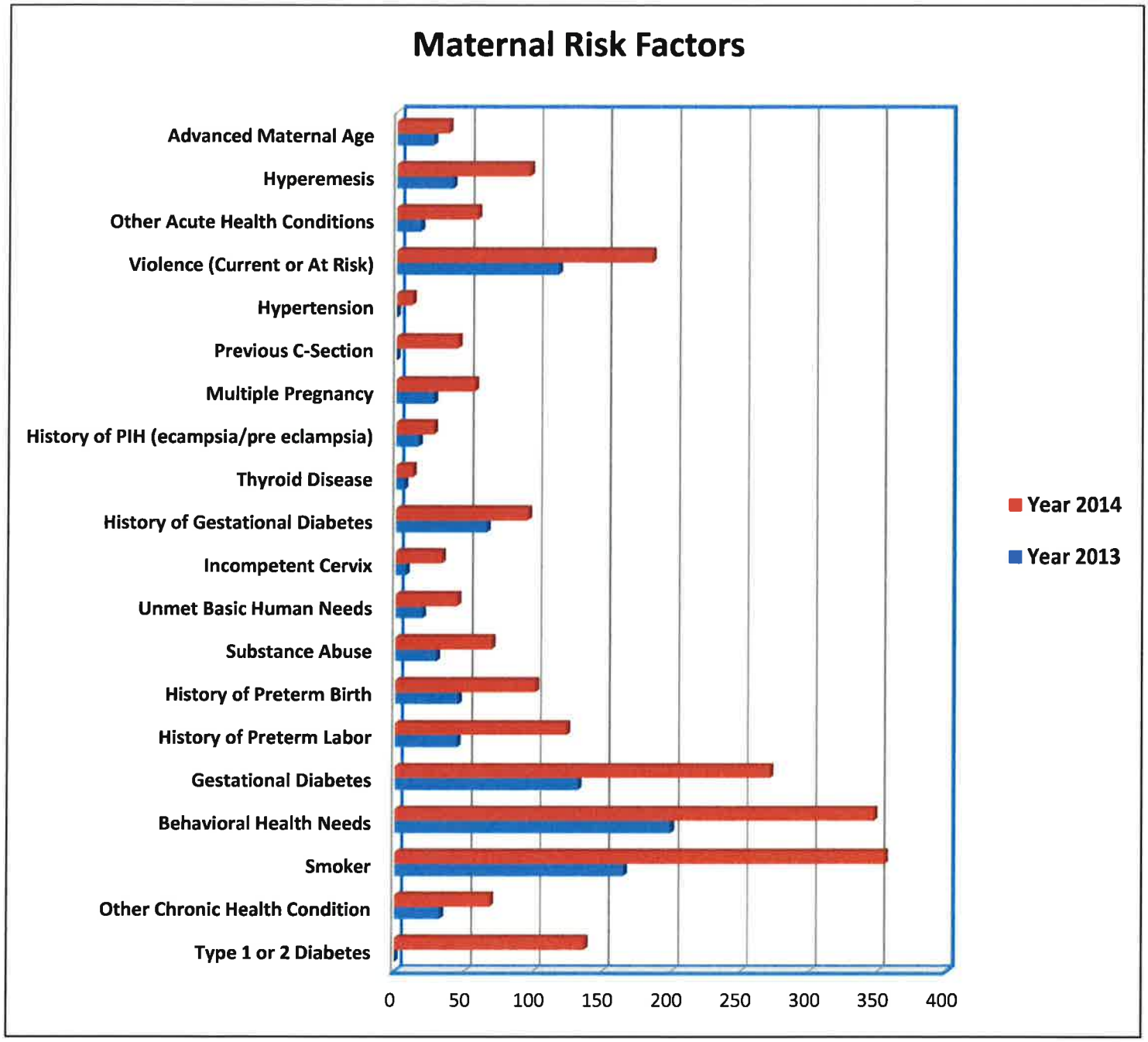
Note:

Data Source: Provider completed online OB notifications.

Total Number of Completed Forms

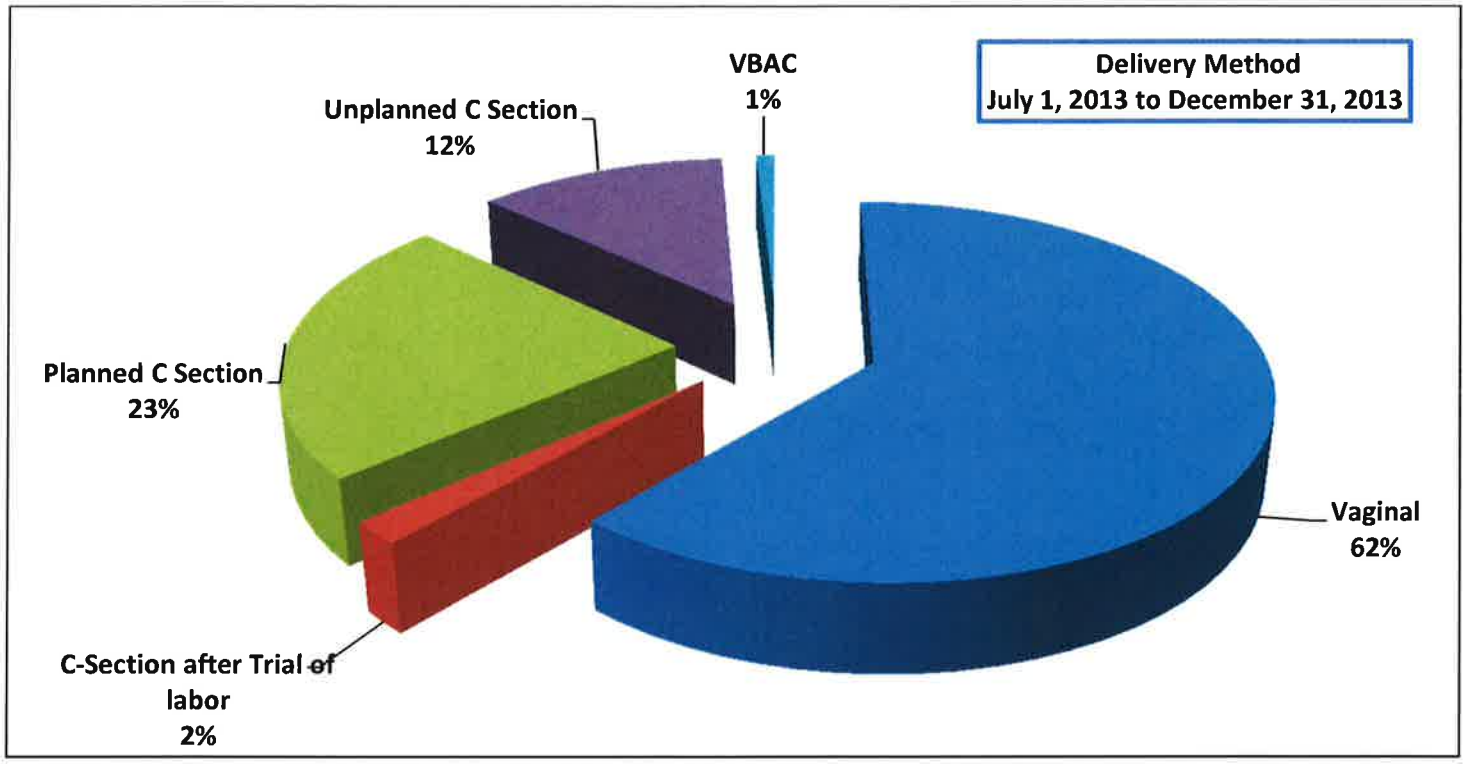
Risk Factors

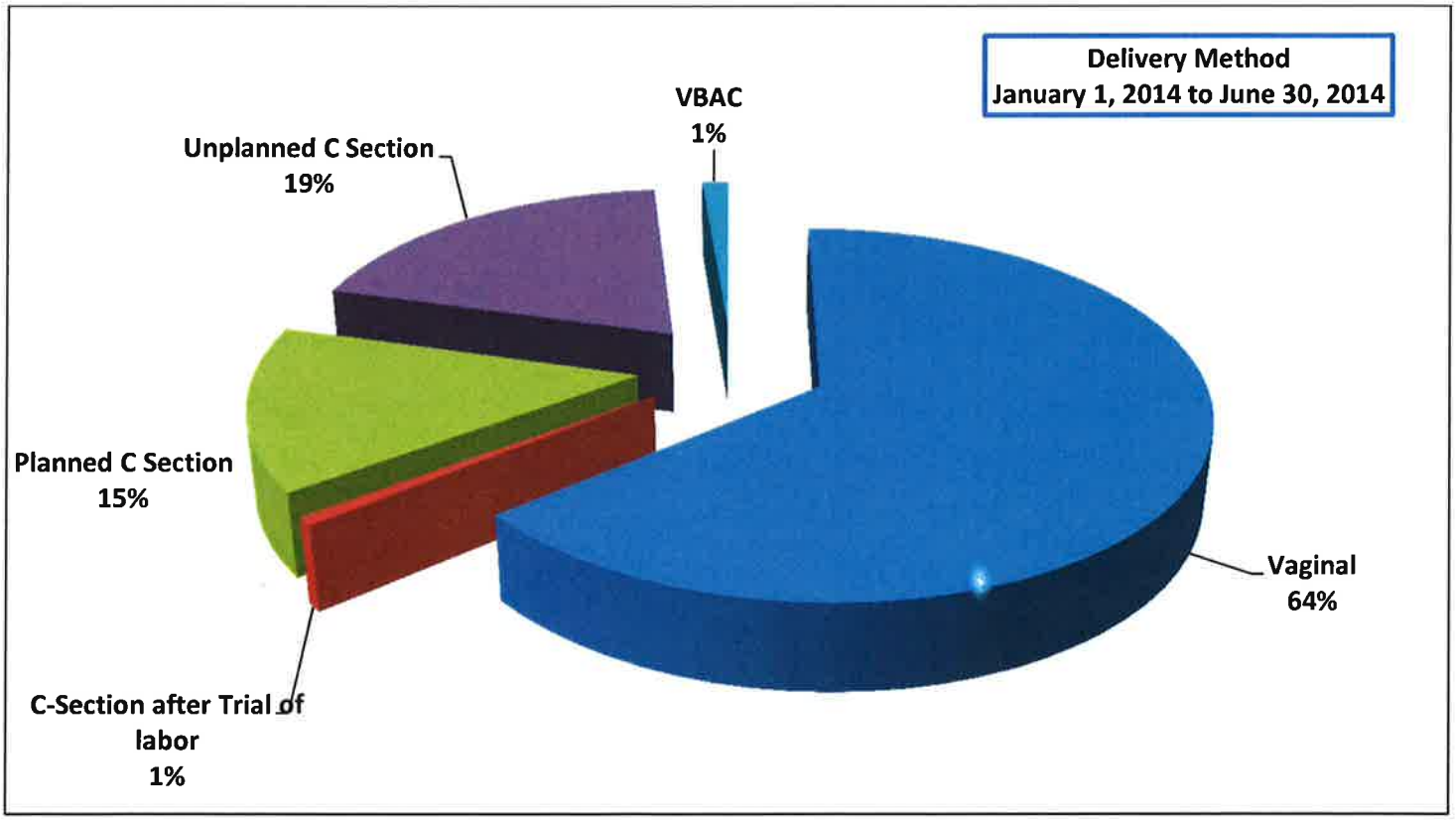


Top 5 Maternal Risk Factors;

1. Smoking
2. Behavioral Health Needs
3. Gestational Diabetes
4. Type 1 or 2 Diabetes
5. Exposure Violence (Current or At Risk)

Delivery Method

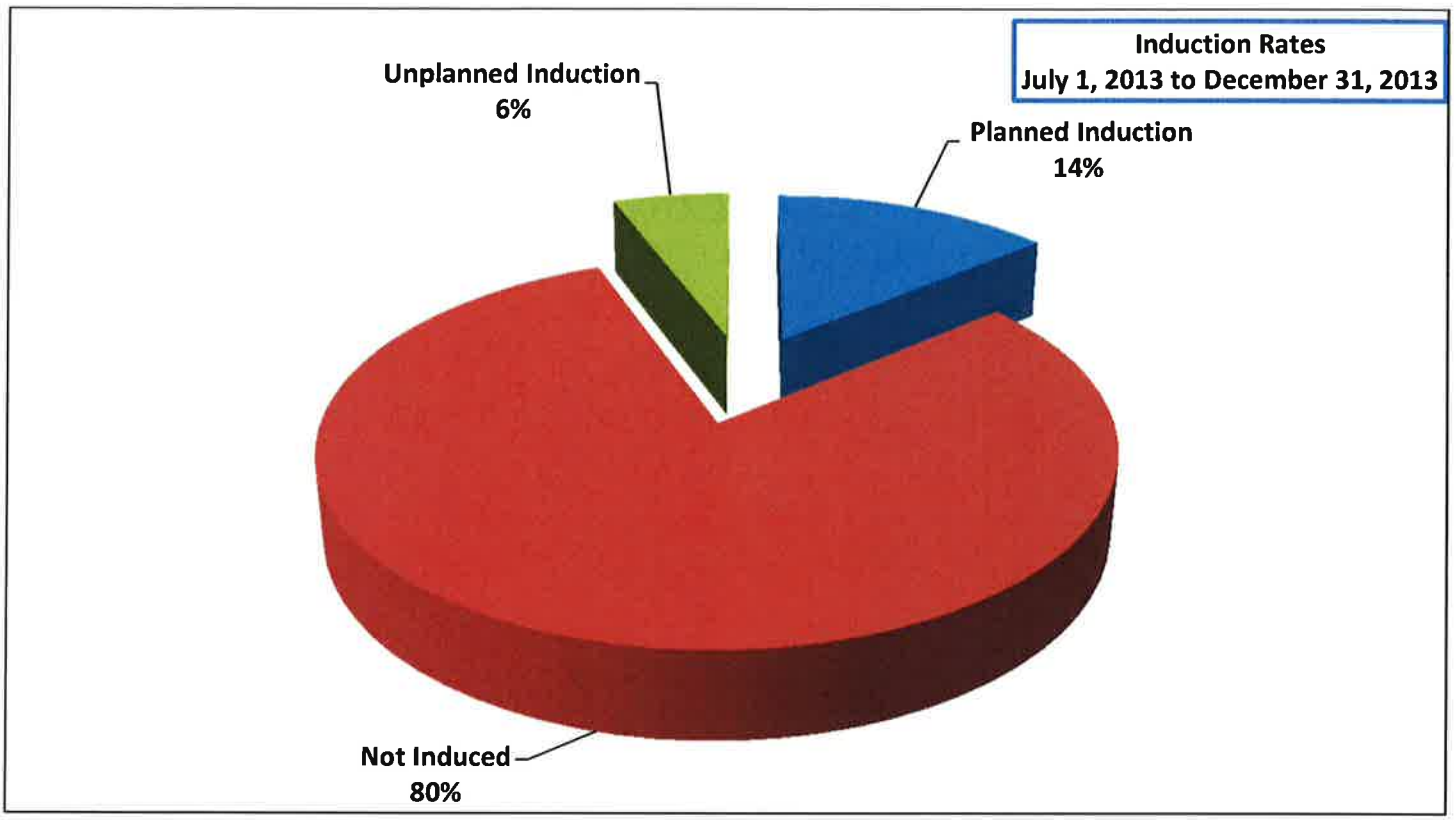


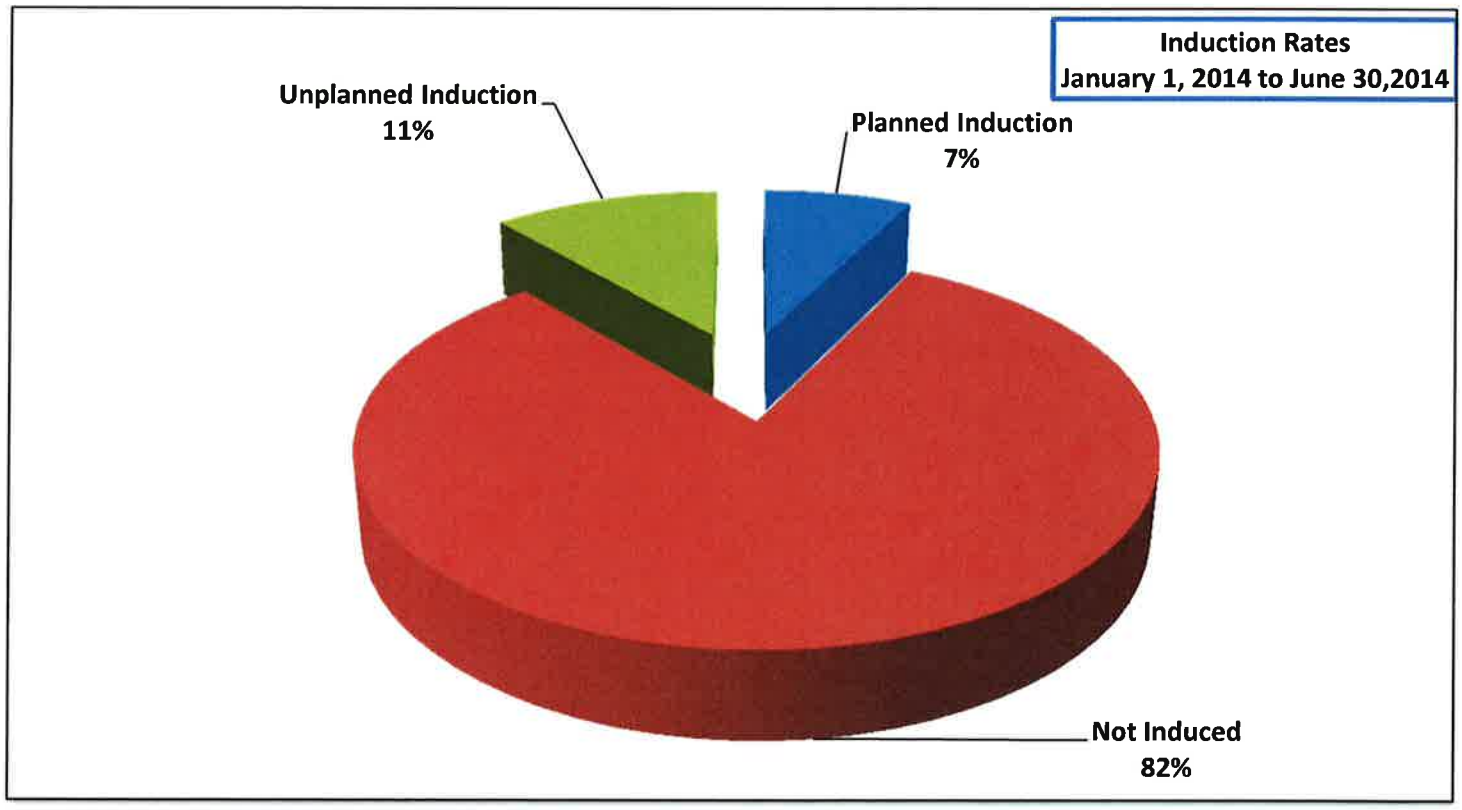


Unplanned Cesarean Birth	Panned Cesarean Birth	Caesarean Birth after a Trial of Labor
• 6% increase in year 2014	• 8 % decrease in year 2014	•1 % decrease in year 2014

Vaginal Birth	VBAC
• 2% increase in year 2014	• No change in year 2014

Inductions

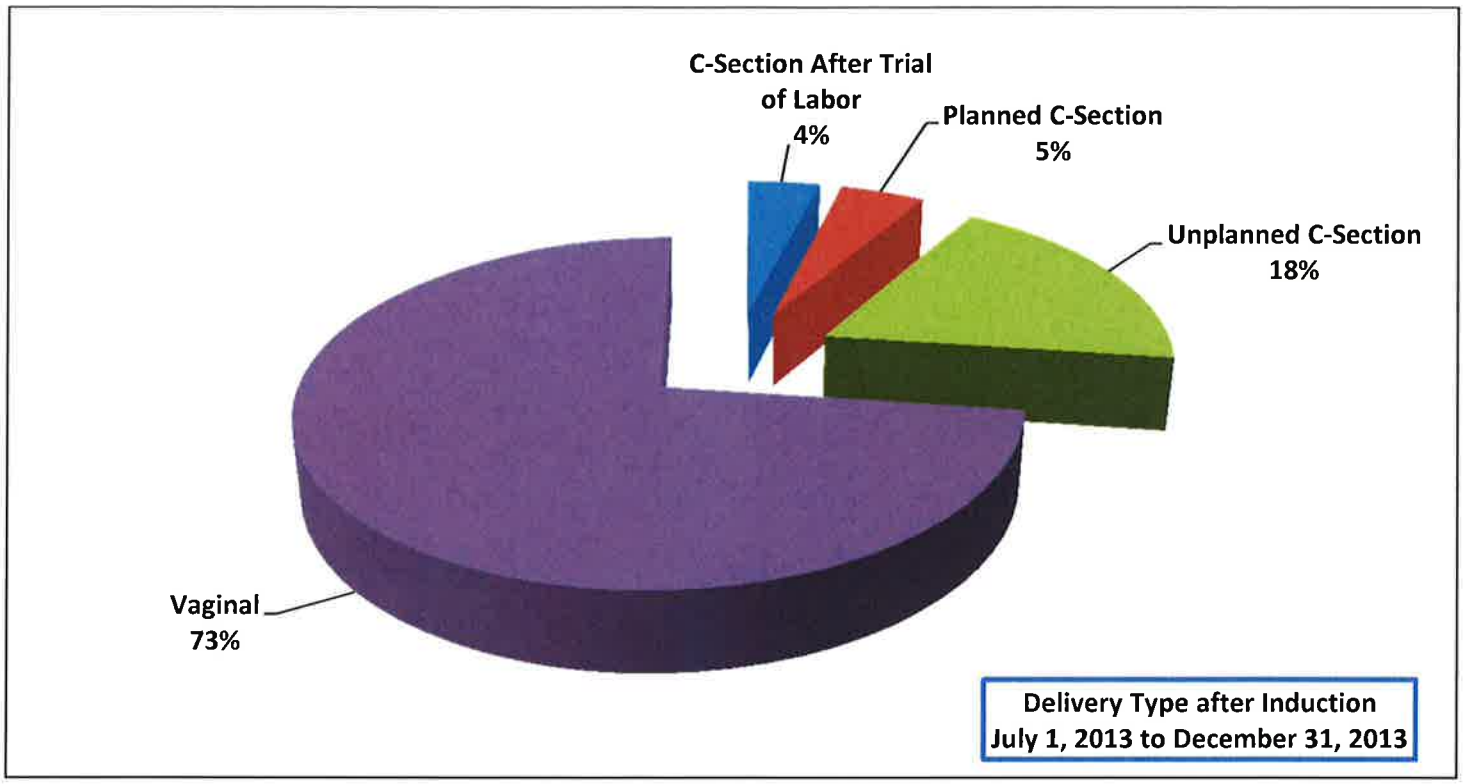


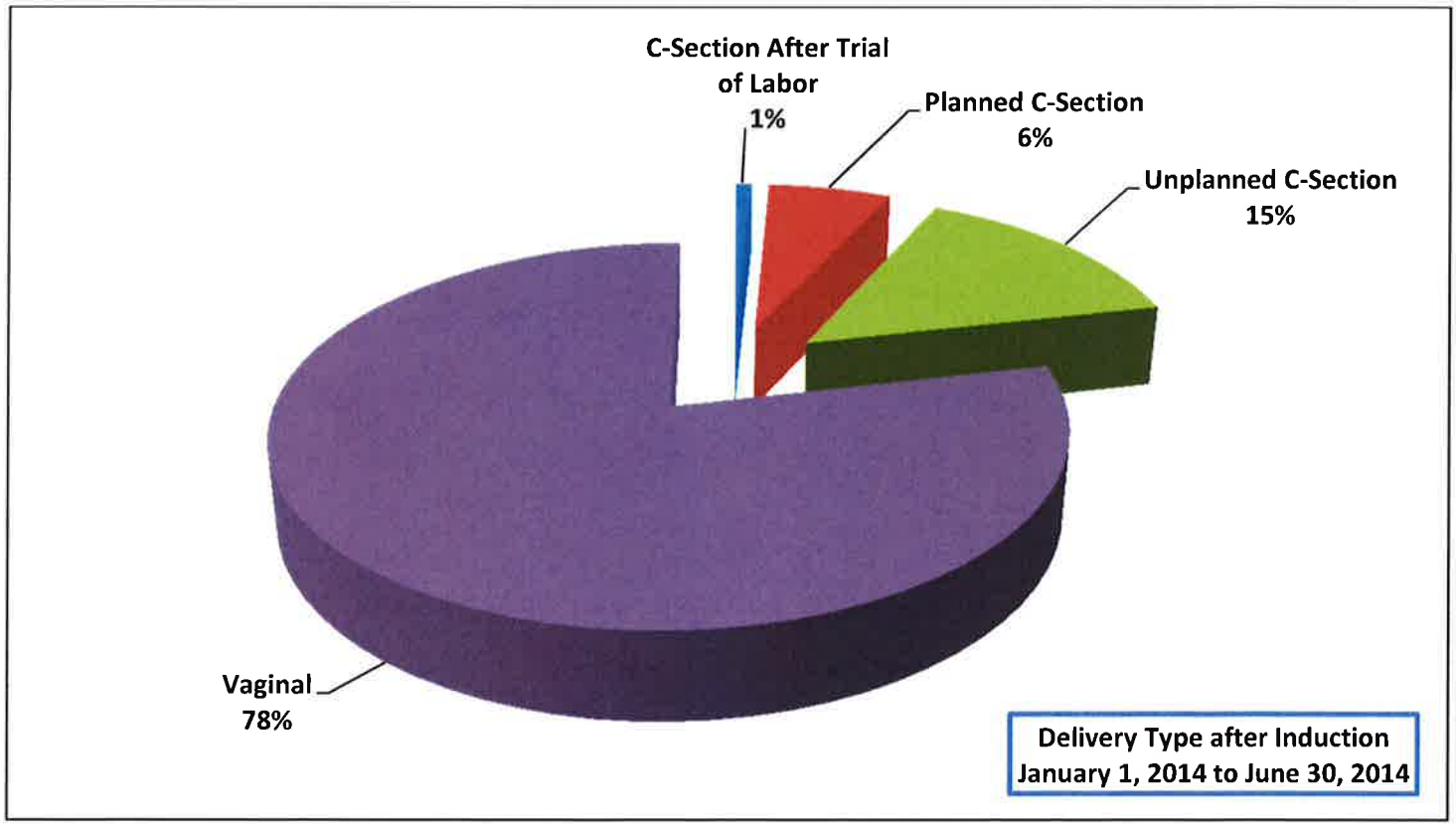


Overall Induction rates deceased by 2 %in year 2014, from 20% in 2013 to 18% in 2014.

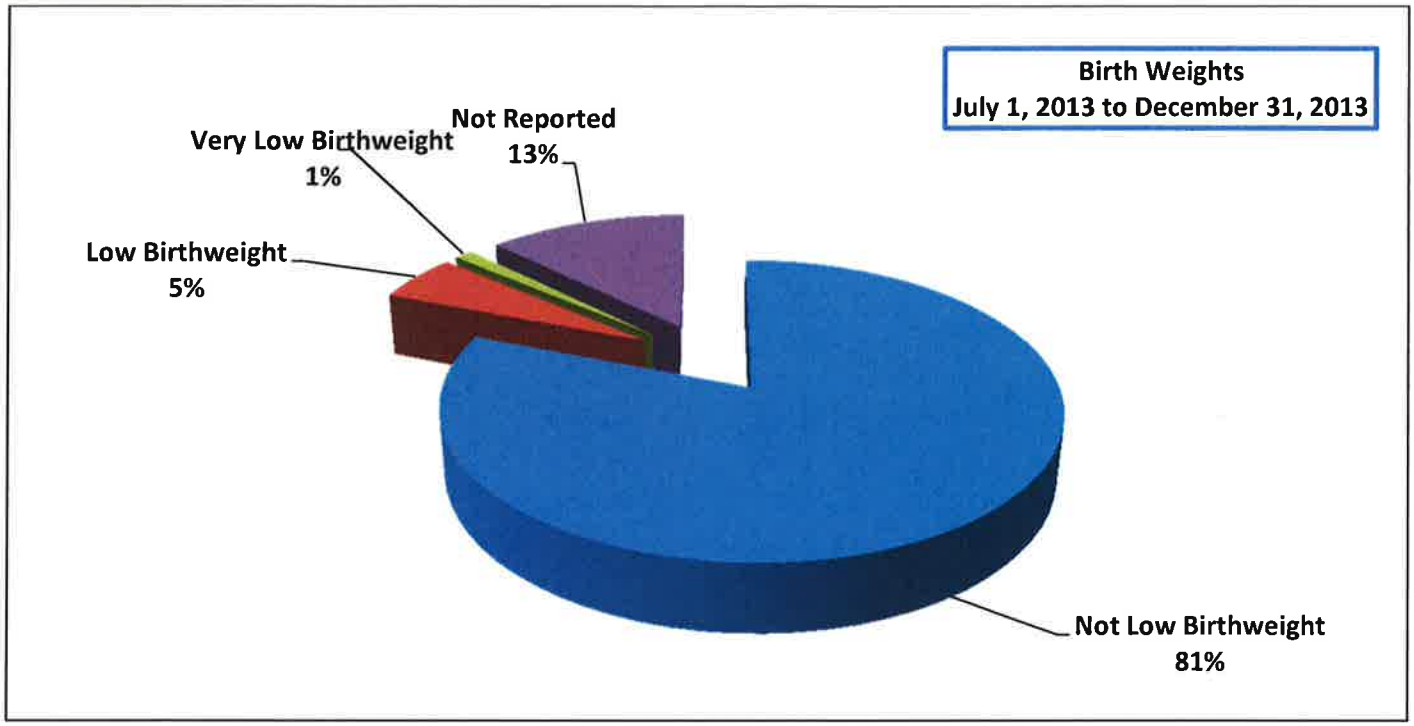
- Planned inductions decreased by 7% in year 2014.

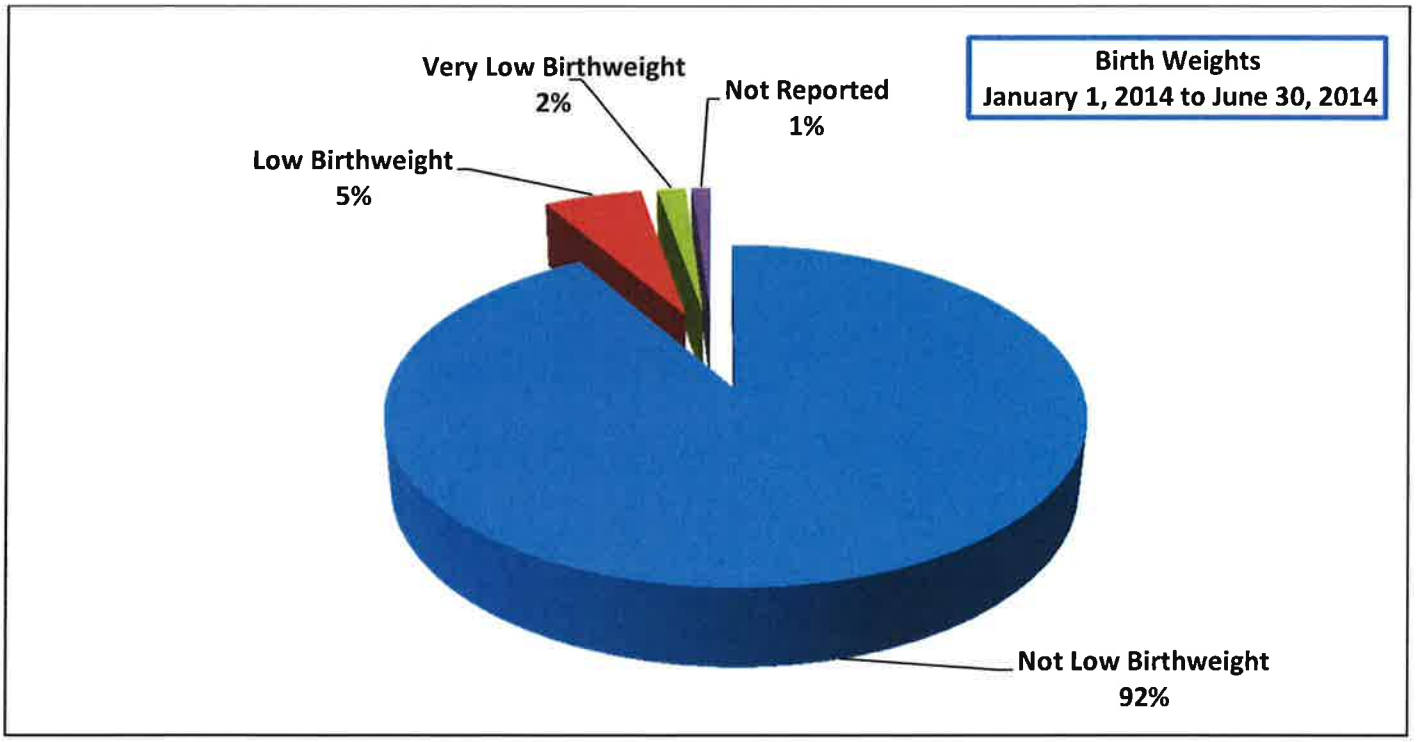
Delivery Type after Induction





Birth Weight



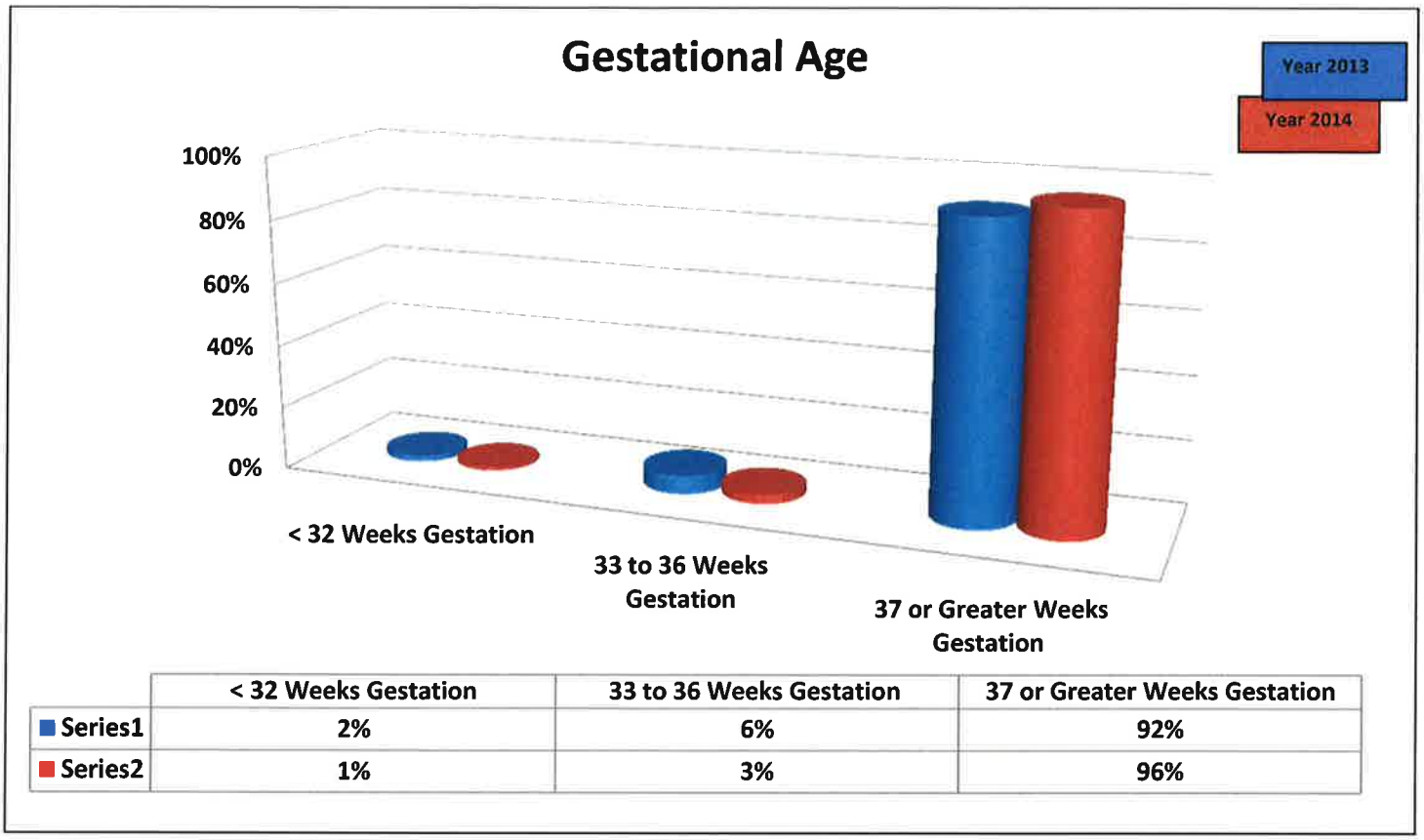


Birth Weight Categories

- Not low birth weight is greater than or equal to 2500 grams (5 1/2 pounds).
- Low birth weight is less than 2500 grams (5 1/2 pounds). c
- Very low birth weight is less than 1500 grams (3 1/3 pounds). c

- Overall the percentage of infants born with a birth weight greater or equal to 5.5 pounds increased by 11% in year 2014.

Gestational Age



	< 32 Weeks Gestation	33 to 36 Weeks Gestation	37 or Greater Weeks Gestation
Series1	2%	6%	92%
Series2	1%	3%	96%

Preterm birth is defined as a live birth before 37 completed weeks gestation. Some other classifications of preterm births include late preterm (34-36 weeks), moderately preterm (32-36 weeks) and very preterm (<32 weeks).

The percentage of births occurring 37 weeks or greater increased by 4% in year 2014, from 92% in year 2013 to 96% in year 2014.

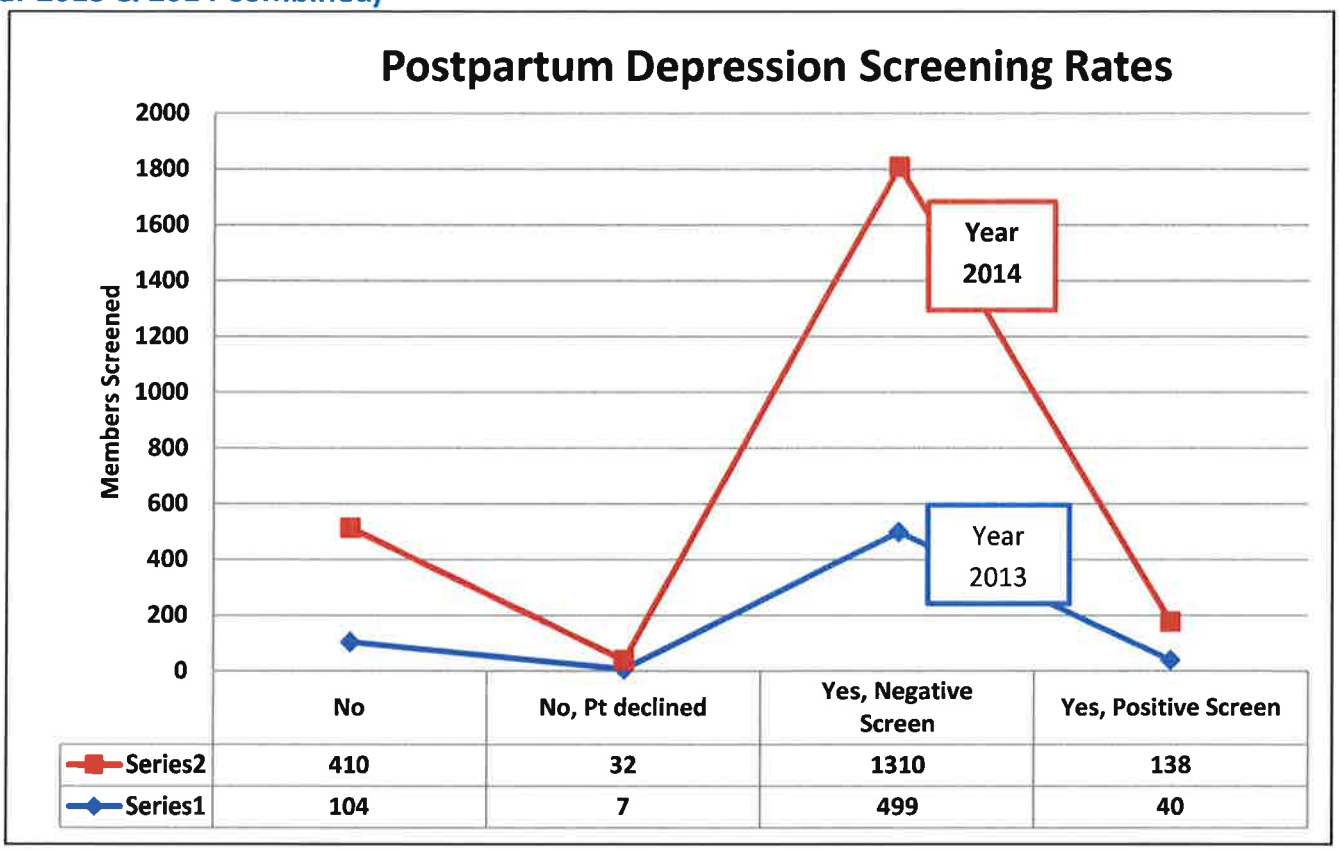
IMPACT

In 2007, the Institute of Medicine reported that the cost associated with premature birth in the United States was $26.2 billion each year. Some of the associated costs include:

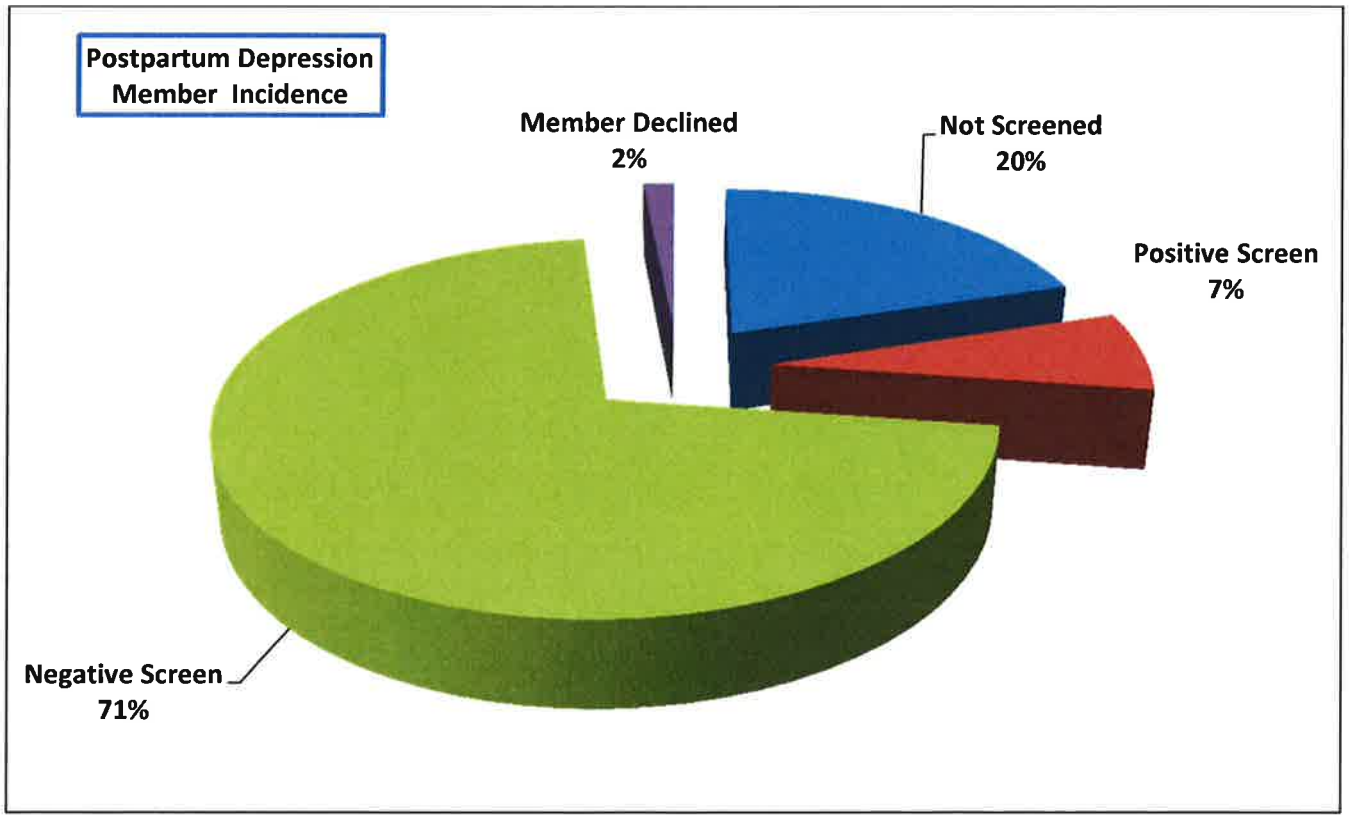
- $16.9 billion in medical and health care costs for the baby
- $1.9 billion in labor and delivery costs for mom

Postpartum Depression Screening

(Year 2013 & 2014 Combined)

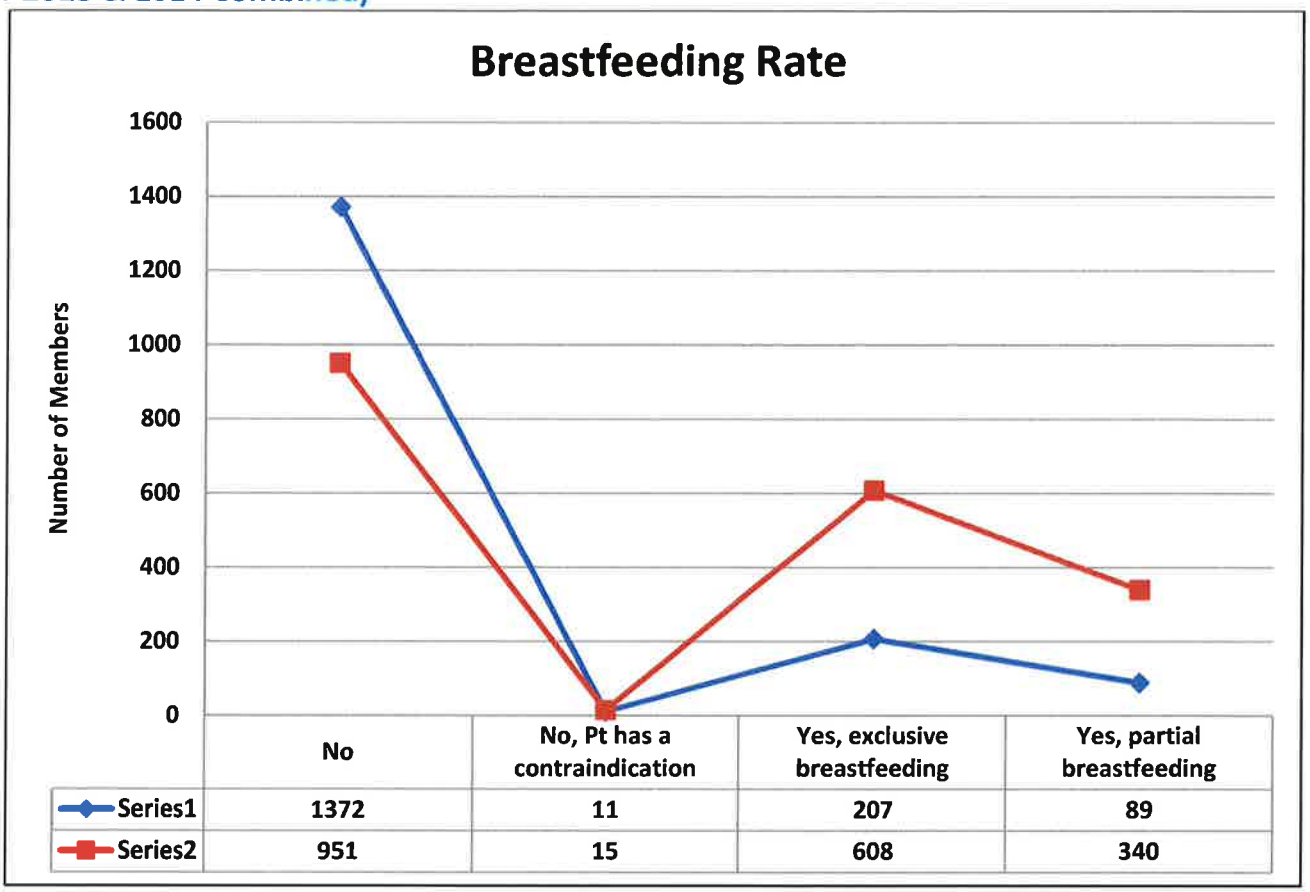


	No	No, Pt declined	Yes, Negative Screen	Yes, Positive Screen
Series2	410	32	1310	138
Series1	104	7	499	40

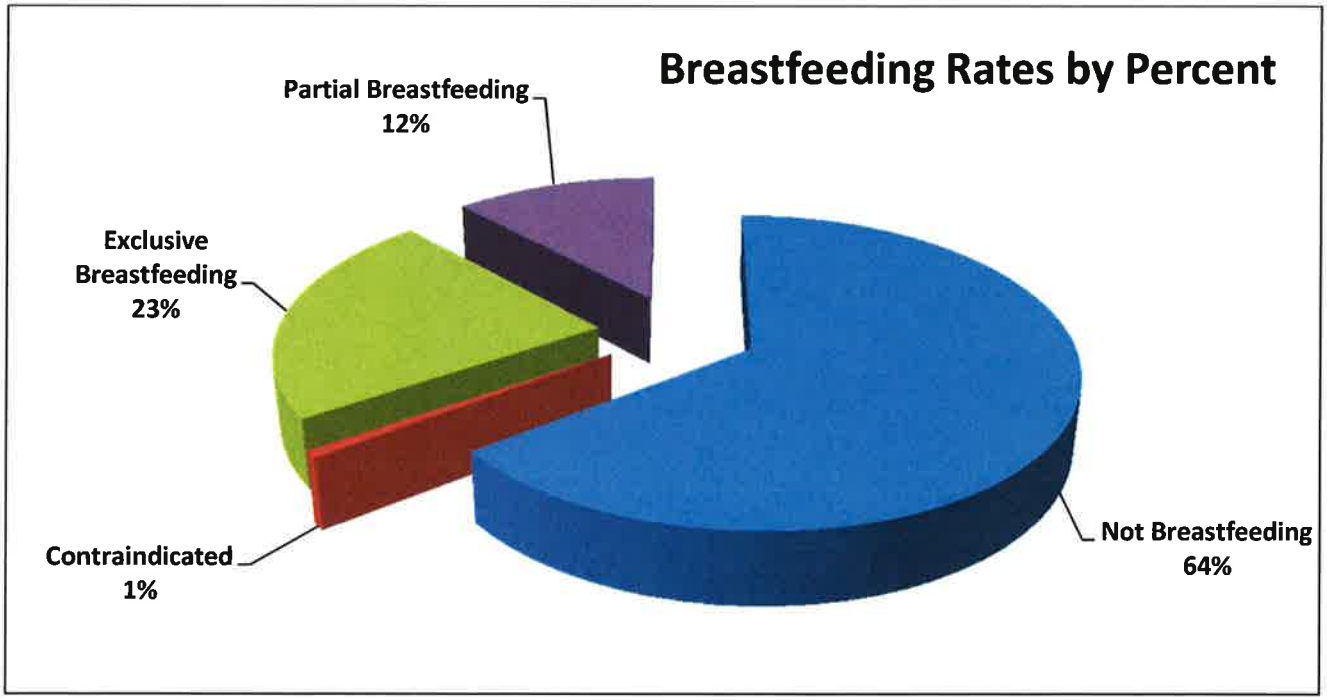


Breastfeeding

(Year 2013 & 2014 Combined)

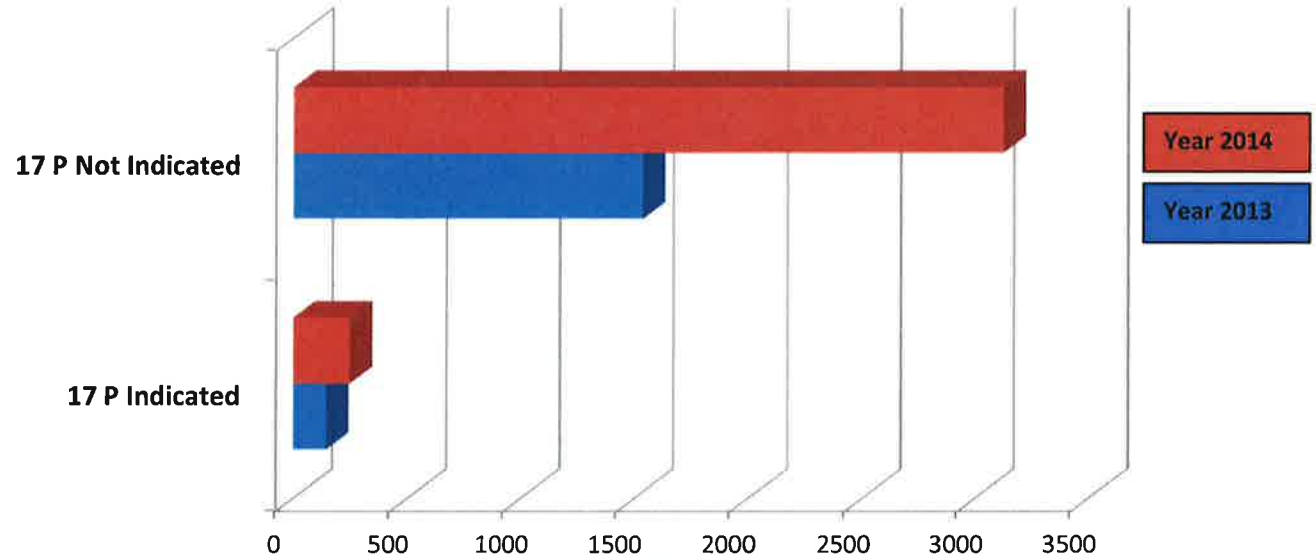


	No	No, Pt has a contraindication	Yes, exclusive breastfeeding	Yes, partial breastfeeding
Series1	1372	11	207	89
Series2	951	15	608	340



17-Hydroxyprogesterone Caproate

Potential Candidates

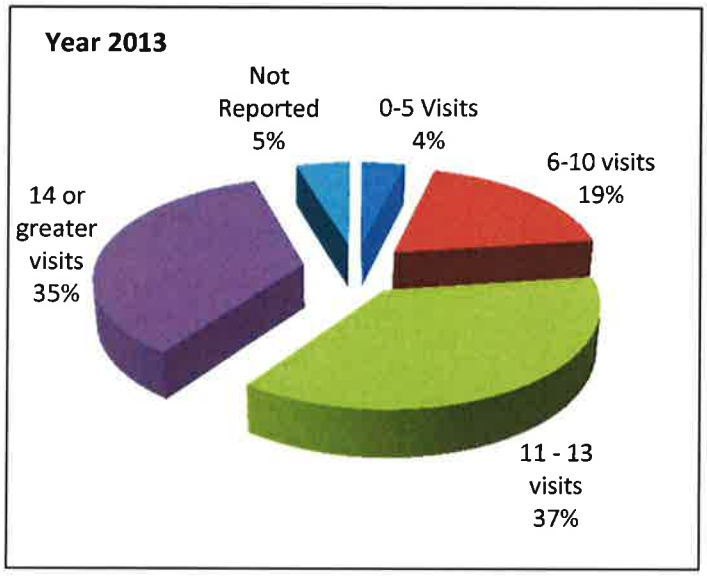


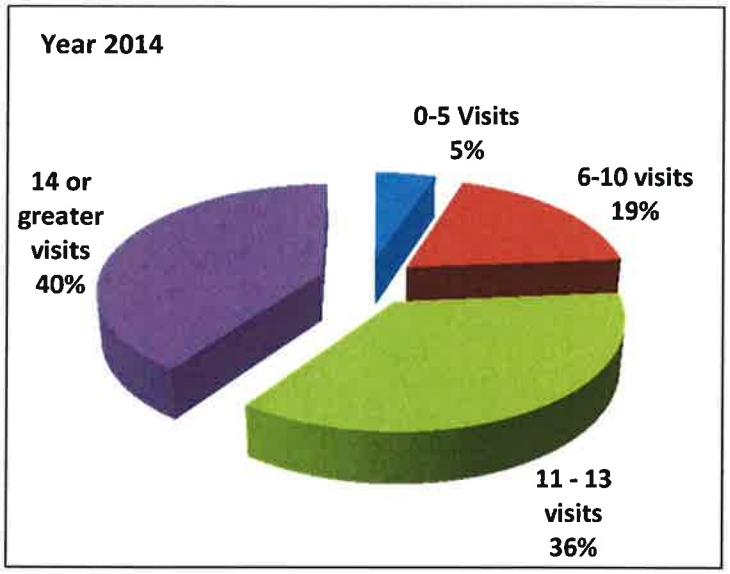
	17 P Indicated	17 P Not Indicated
Series2	250	3125
Series1	148	1539

The pathophysiological events that trigger preterm delivery are for the most part not known, but a history of spontaneous preterm delivery is one of the strongest risk factors for preterm birth in a subsequent pregnancy (Meis 1999).

Limitation of use: While there are many risk factors for preterm birth, safety and efficacy of 17-Hydroxyprogesterone Caproate has been demonstrated only in women with a prior spontaneous singleton preterm birth. It is not intended for use in women with multiple gestations or other risk factors for preterm birth.

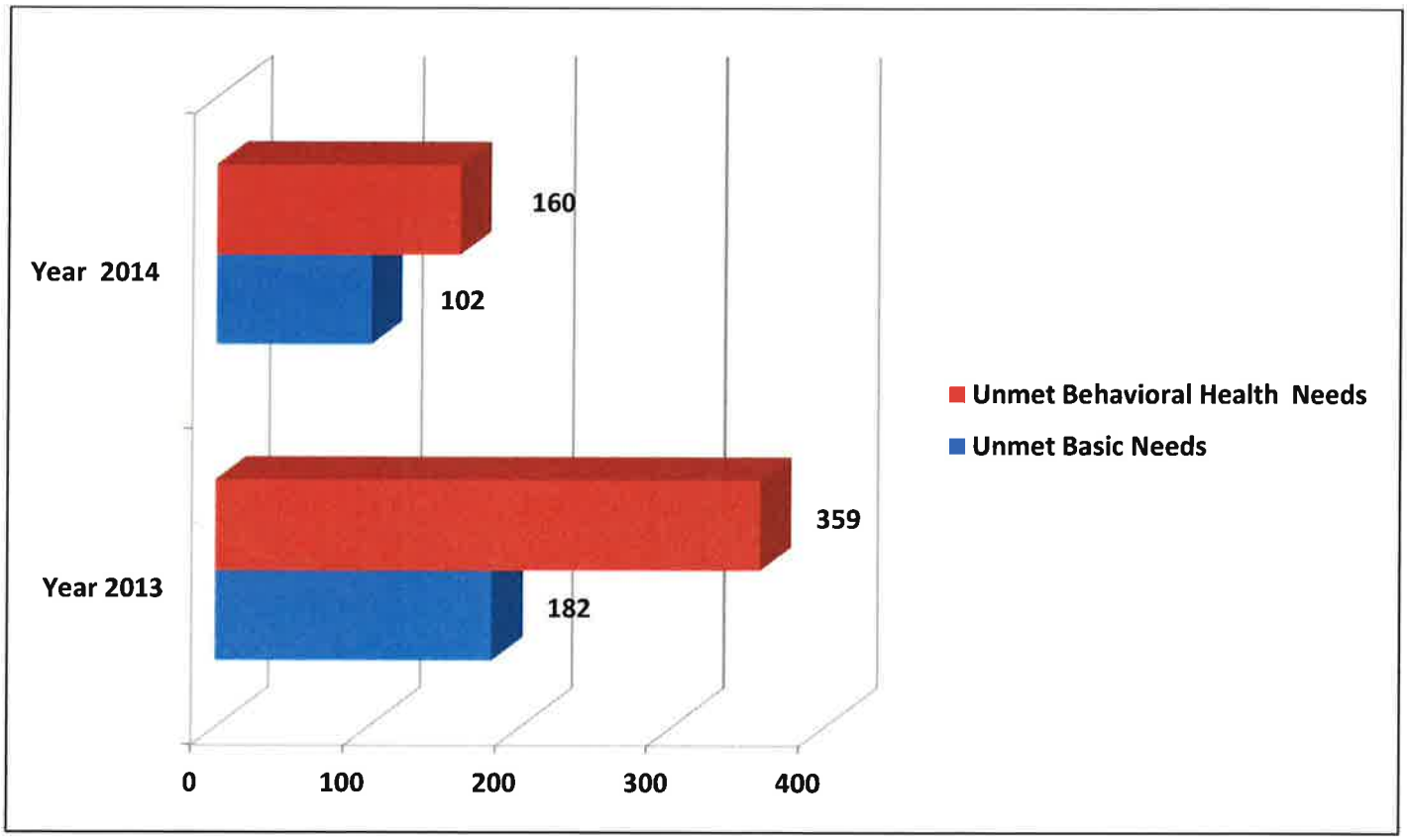
Completed Perinatal Provider Visits





ACOG recommends that women with an uncomplicated pregnancy receive visits every 4 weeks for the first 28 weeks of pregnancy, every 2–3 weeks until 36 weeks of pregnancy, and weekly thereafter

Members with Unmet Needs



Below is an insightful study that utilized many aspects of this OB Pay for Performance initiative, specifically the use of an OB form that identifies and stratifies high risk members, Intensive Care Management and linkage to needed community resources:

Am J Manag Care. 2005 Mar;11(3):166-72.

Reduction in neonatal intensive care unit admission rates in a Medicaid managed care program.

Stankaitis JA[1], Brill HR, Walker DM.

Author information

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Abstract

BACKGROUND:

Neonatal intensive care unit admission rates are an important birth outcome indicator for Medicaid managed care organizations.

OBJECTIVES:

To reduce neonatal intensive care unit admission rates by at least 15% and to maintain that reduction through implementation of a quality improvement program.

STUDY DESIGN:

The organization performed a longitudinal population-based review of its birth outcomes from 1997 through 2003, focusing on neonatal intensive care unit admission rates. The return-on-investment evaluation reflected attributable incremental program costs and resultant savings.

METHODS:

Interventions included enhanced identification and stratification of high-risk women with the use of a health risk assessment form; outreach through nursing care coordination offering home visits, transportation, support services, social work services, and connection with other community-based organizations; and implementation of a strong informatics structure.

RESULTS:

Neonatal intensive care unit admission rates decreased from 107.6 per 1000 births in 1998 to 56.7 per 1000 births in 2003. The return on investment from the incremental program enhancements was just over dollars 2 per dollars 1 expended.

CONCLUSION:

A program that identifies its high-risk pregnant enrollees in a timely fashion, provides outreach using a strong nursing care coordination and social work emphasis, and has an enhanced informatics structure can significantly affect birth outcomes for a Medicaid managed care population.

Community Health Network of Connecticut, Inc.

Intensive Care Management Program

PERINATAL PROGRAM

Healthy Beginnings

MSAPE0009-0612

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Intensive Care Management
Healthy Beginnings

- Scope of Healthy Beginnings Program:
  - URAC Accredited
  - Provides Care Coordination and Collaboration to high risk Members
  - Uses a person & family centered approach and empowers Member in Self Management
  - Hybrid Model with Face to Face
  - Partners with providers to facilitate a smooth transition of care
- Promotes wellness and preventive care

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Intensive Care Management
Healthy Beginnings

- Proactive model with focus on minimizing the risk of pregnancy related complications
- Low risk coaching to facilitate early identification of risk w/intervention to reduce risk
- Provides referrals to support services, such as:
  WIC/SNAP/Transportation/Community Support Services/ CTBHP/ CTDHP
- Member centered, evidenced based education for prenatal, post partum, breastfeeding, well baby care, & NICU babies
- Appointment reminder calls to assist with timely entry into prenatal care and post partum care

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Healthy Beginnings Program Goals

- Improving:
  - Adherence to recommended prenatal care, applicable screenings, labs, and preventive services
  - Self-Care including healthy eating, smoking cessation, reducing risk and healthy coping
  - Coordination of Care
- Minimizing:
  - Healthcare disparities
- Facilitating:
  - Enrollment in WIC (Women, Infants and Children), and Nurturing Families as appropriate
- Decreasing:
  - Incidence of pre-term births
- Increasing:
  - Timeliness of prenatal care:
  - Timeliness of postpartum care:
  - Percentage of deliveries that had at least 81% of expected visits based on weeks gestation at time of enrollment in HUSKY Health Program.

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P2

How are these Services Provided? Regionalized Care Team- Nurse Driven

- Multidisciplinary care teams cover all 5 regions of Connecticut
  - Registered Nurse
  - Advanced Practice Registered Nurse (Family and Pediatric)
  - Certified Child Birth Educator
  - Certified Diabetic Educator
  - Certified Wound Care Nurse
  - Medical Social Worker & Social Services Coordinator
  - Human Services Specialist
  - Registered Dietician
  - Care Coordinator
  - Pharmacist
  - Medical Director

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P1

SICM Perinatal Outreach

- Increased outreach efforts to enroll the largest amount of Perinatal HUSKY Members in the state of CT
- Multiple calls and interventions to assist with timely entry into perinatal care
- Assist with reducing barriers to attending perinatal appointments
- Goal of improvement in birth outcomes for mom and baby

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Barriers to Care in HB Members

- Knowledge deficit related to:
  - Importance of prenatal/postpartum care
  - Importance of adhering to the recommending number of prenatal visits
  - Timeliness of prenatal/postpartum care
- Unstable living arrangements
- Higher potential for unmet basic human needs
- Cultural and/or language barriers to healthcare
- Lack of reliable transportation
- Lack of understanding/awareness of prenatal/postpartum depression

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SICM Perinatal Outreach

- The live-person (non-automated) reminder calls reflect SICMs commitment to building a relationship with members
- Provides an opportunity for SICM to be preemptive
- Addresses possible barriers that may prevent a member from attending their appointments
- Increases adherence to perinatal and postpartum appointments and to improve overall perinatal health outcomes

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Care Plan Goals for a High-Risk Pregnant Member

Ms. J-B. is a 21 year old with a high-risk pregnancy related to persistent nausea, vomiting and epigastric pain. Of note she is French Creole

ICM collaborated with the member and provider, providing culturally sensitive care, to identify the steps that would lead to delivery of a healthy newborn. The member's goals included:

- ❑ Understanding the importance of keeping all routine perinatal appointments
- ❑ Awareness of triggers that may worsen hyperemesis
- ❑ Accessibility to translation services when attending MD appointments
- ❑ Utilization of LogistiCare for transportation to perinatal appointments
- ❑ Recognizing the potential dangers of ingestion of non food items
- ❑ Change to chewable Prenatal Vitamin (less nausea, easier to digest)
- ❑ Delivery of well baby within 1-2 weeks of her estimated due date without complications

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Care Plan Goals Met for a High-Risk Pregnant Member

- Successful Member Outcomes:
  - ❑ Maintained a healthy pregnancy
  - ❑ Achieved normal vaginal delivery of full term newborn
  - ❑ Adequate weight gain
  - ❑ Access to nutrient rich food for maternal and fetal development
  - ❑ Understanding of importance of post-partum care and maintaining follow up appointment
  - ❑ Knowledgeable regarding how to access ICM, Nurse Advice Line, and LogistiCare for future needs after graduation from ICM

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