

## The Case for Managed Care to Support Local Nurse-Family Partnership Programs



Nurse-Family Partnership (NFP) is a program proven through extensive research to produce a wide range of positive outcomes for women living in poverty who are pregnant for the first time and their children. Those outcomes include (but are not limited to):

- improved prenatal health;
- reduction in premature and low birthweight births among high-risk sub-groups;
- reduction in child injuries and ingestions requiring emergency room and hospital admissions;
- better family planning, resulting in improved spacing between first and subsequent pregnancies; and
- fewer births in total over a 15-year time period.

Some hospitals that are currently implementing NFP are monitoring differences in NICU usage between NFP program participants and other patients with similar demographic characteristics who give birth in their hospitals, and NFP program participants are showing reduced NICU use and concomitant savings.

Because NFP nurses visit pregnant women in their homes every one to two weeks from as early in pregnancy as possible through the second year of the infant's life, the nurses can focus on health promotion in a comprehensive way, attending to all of the following based on family needs and circumstances:

- Healthy diet, nutrition and exercise on a limited budget
- Cutting down or quitting smoking and use of alcohol or other drugs
- Establishing reliable primary care, including enrolling in Medicaid and choosing a provider
- Accessing resources to help with financial needs including WIC, housing and child care
- Stress management
- Assessment for mental health, interpersonal violence or other social needs
- Education on normal gestation, labor and delivery
- Getting consistent prenatal care from a qualified healthcare provider
- Monitoring signs of high blood pressure or other pregnancy complications
- Education for newborn and infant care and development
- Breastfeeding support
- Monitoring for signs of postpartum depression
- Maintaining health insurance and access to primary care for self and child
- Education on appropriate use of primary care vs. emergency care
- Education on environmental safety for prevention of lead and other toxic exposures, physical hazards and responsible parental supervision
- Life planning regarding education, employment, family planning and social support.

Because of the nurse's caring and stable relationship with a family over time, program participants experience NFP as a valuable support that is associated with the community-based health organization that hosts the program. Over time, many NFP agencies find that the majority of their referrals come from women who have participated in the program already and recommend it to their friends, relatives and neighbors. In addition, the NFP National Service Office provides marketing, media and client recruitment resources to help community leaders make the program and its funders more visible.

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Since caseloads for nurse home visitors are necessarily capped at 25 families per full-time nurse, the program costs approximately \$5,000 per family per year, with most families participating for about 18 months. NFP programs are frequently operated by local public health departments, hospitals, clinics and other community-based organizations, and they are funded through many sources. To find out where existing NFP programs are located, visit [www.nursefamilypartnership.org/Locations](http://www.nursefamilypartnership.org/Locations).

Economic analyses of the outcomes for mothers and children who participate in NFP have consistently shown significant cost-savings, estimated at up to \$5.70 per \$1 invested. A portion of those savings accrue directly to health care institutions and Medicaid.

**Partnering with Nurse-Family Partnership can help managed care organizations (MCOs):**

- meet the complex needs of low income mothers and their children while reducing costs of care for these members over the long run;
- deliver existing prenatal care, child health and care coordination/case management benefits;
- improve EPSDT reporting;
- reduce churning for Medicaid members;
- improve HEDIS and other quality metrics reporting;
- reduce unnecessary emergency room use and hospitalizations due to early childhood accidents and poisonings;
- give plans a competitive edge with respect to marketing to potential members; and
- foster a positive reputation for the company's commitment to the communities it serves.

**There are many opportunities for MCOs to partner with Nurse Family Partnership.**

- MCOs may wish to financially support the development of new or existing NFP home visiting programs in the communities they serve.
- MCOs may wish to encourage their own network providers to become NFP providers.
- MCOs may contract with existing NFP providers to offer NFP home visiting services as a new plan benefit.
- MCOs may wish to contract with NFP providers to help achieve compliance with requirements regarding current plan benefits such as EPSDT, prenatal care and prenatal care-related services, and case management services.
- MCOs may wish to contract with NFP providers to assist plan members in maintaining current eligibility for publicly funded insurance programs.
- MCOs may wish to have linkage agreements with NFP providers to ensure continuity of care and up-to-date patient information when plan members are referred to NFP for home visiting services.

An anticipated influx of federal funding for evidence-based home visiting for young, low-income families will help many states expand these programs. The Affordable Care Act includes a new Maternal, Infant and Early Childhood Home Visiting Program that provides \$1.5B over five years in grants to states, territories and tribal organizations. Grants will be administered by a state agency appointed by the governor, often the same agency managing Title V maternal and child health programs, in collaboration with the agency responsible for child welfare. More information about

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this federal grant opportunity for states and tribes can be found at  
[www.nursefamilypartnership.org/public-policy/federal-hv-funding-guidance](http://www.nursefamilypartnership.org/public-policy/federal-hv-funding-guidance).

As states submit their final plans for use of these funds later this Spring, they will determine which home visiting programs they will fund and in which communities. Nurse-Family Partnership is one of the best-qualified home visiting programs under the law, and more than 30 states have already indicated that they plan to include NFP in their plans. Managed care organizations serving Medicaid-eligible women and children may be interested in providing local matching funds to bring the program to their communities through partner community agencies, MCOs may also be interested in having a provider or clinic apply to operate the program under such a state grant, augmented by funds from within the plan's preventive services program, marketing department, or an affiliated philanthropy.

The advantages of supporting Nurse-Family Partnership programs are clear: improved health, lower costs, more appropriate use of primary care, more stable member enrollment in Medicaid and a health plan, and positive community image. For more information about how you can get involved, contact:

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