Maternity Management for Medicaid Mothers-to-be: High Risk Pregnancy Pilot

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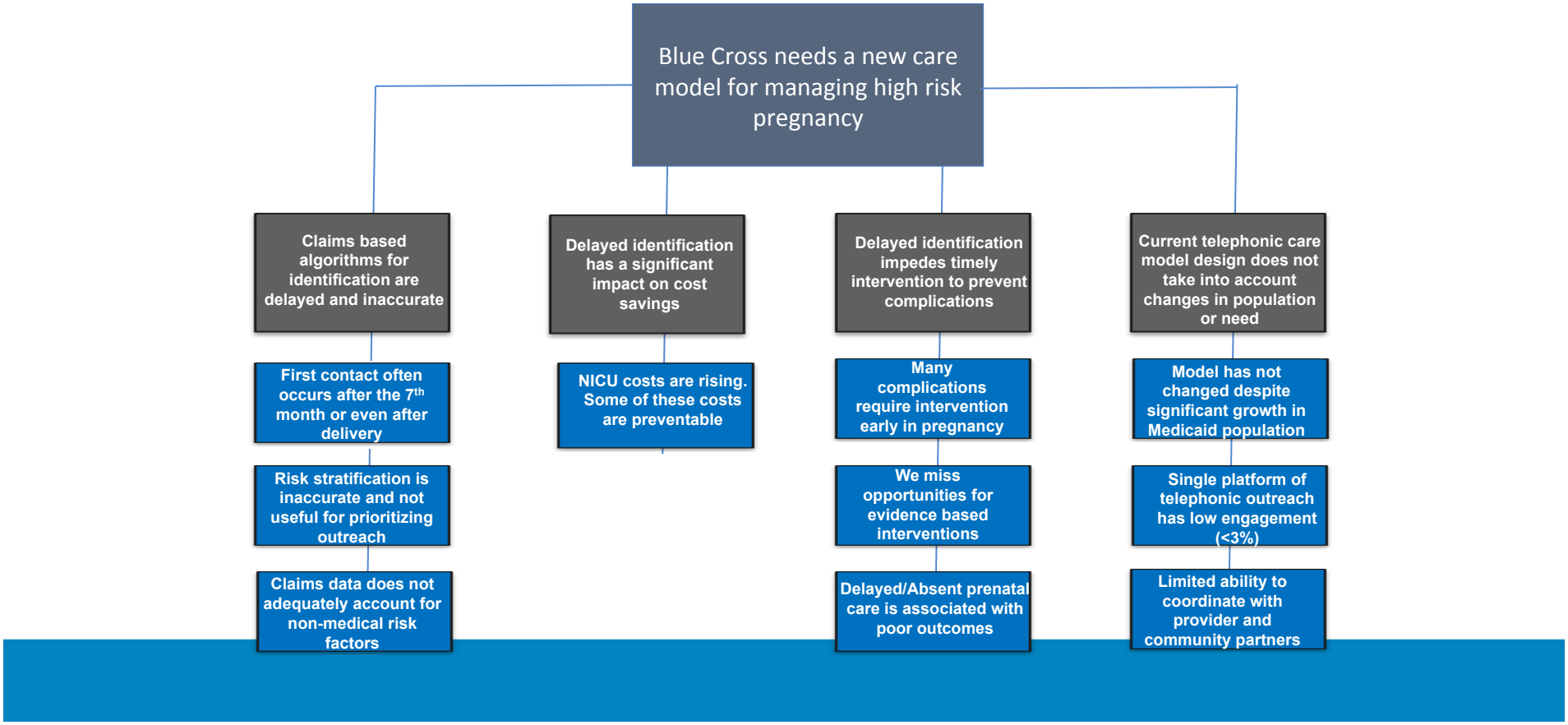
BlueCross BlueShield Minnesota

The problem


Blue Cross needs a new care model for managing high risk pregnancy
Claims based algorithms for identification are delayed and inaccurate
First contact often occurs after the 7th month or even after delivery
Risk stratification is inaccurate and not useful for prioritizing outreach
Claims data does not adequately account for non-medical risk factors
Delayed identification has a significant impact on cost savings
NICU costs are rising. Some of these costs are preventable
Delayed identification impedes timely intervention to prevent complications
Many complications require intervention early in pregnancy
We miss opportunities for evidence based interventions
Delayed/Absent prenatal care is associated with poor outcomes
Current telephonic care model design does not take into account changes in population or need
Model has not changed despite significant growth in Medicaid population
Single platform of telephonic outreach has low engagement (<3%)
Limited ability to coordinate with provider and community partners

The creation of a new care model for pregnant Medicaid members

Overview:

A new engagement model based on placement of Community Health Worker(s) at Ramsey County WIC clinics. The CHWs are employed by Livio- a mobile clinic, and will provide a means of identifying and engaging pregnant members outside of claims based algorithms.

Goal:

Improve the health of moms and babies by reducing the impact of preventable complications during pregnancy and decreasing the rate of pre-term deliveries and low birthweight (LBW) babies

Key Strategies:

Earlier identification of pregnancy

Improved Risk Stratification

Addressing social determinants of health and providing new ways to help members navigate available health care and community resources during their pregnancy journey.

Nicole

- 25 years old; one child with special needs
- Unstable housing
- Inconsistent prenatal care
- Wonders how she will take care of a new baby with everything else on her plate

CHW: Tracy

MATERNITY PILOT

After her WIC visit, Nicole agrees to a consultation with a community health worker (CHW).

Nicole completes a brief questionnaire on the iPad kiosk at the WIC clinic.

Noting that Nicole is due in 4 months, and has questions about stable housing, Tracy contacts Nicole.

Tracy meets with Nicole at her son's preschool center the next day.

Nicole and Tracy get to know each other and work together to contact social services about new housing options. They also connect with Nicole's financial worker to report her pregnancy. They make a plan to meet the following week.

Tracy meets Nicole at a pharmacy near her new apartment. Nicole fills the prescription for prenatal vitamins she got at her appointment last week. Tracy helps Nicole set up a daily reminder on her phone. They also discuss a referral to public health nurse, who can connect Nicole with programs for her current pregnancy AND her older son.

Tracy texts a reminder of Nicole's prenatal appointment scheduled the next day

Tracy and Nicole meet. Nicole is getting ready to move to a new apartment, closer to her son's preschool. They discuss getting Nicole's new home ready for a baby. They also find a nearby clinic and schedule Nicole's first prenatal visit.

Public Health meets with Nicole in her new apartment. They enroll Nicole in the Nurse Family Partnership Program, provide Nicole with resources for her older son, and provide Nicole a car seat through Blue Plus's car seat program

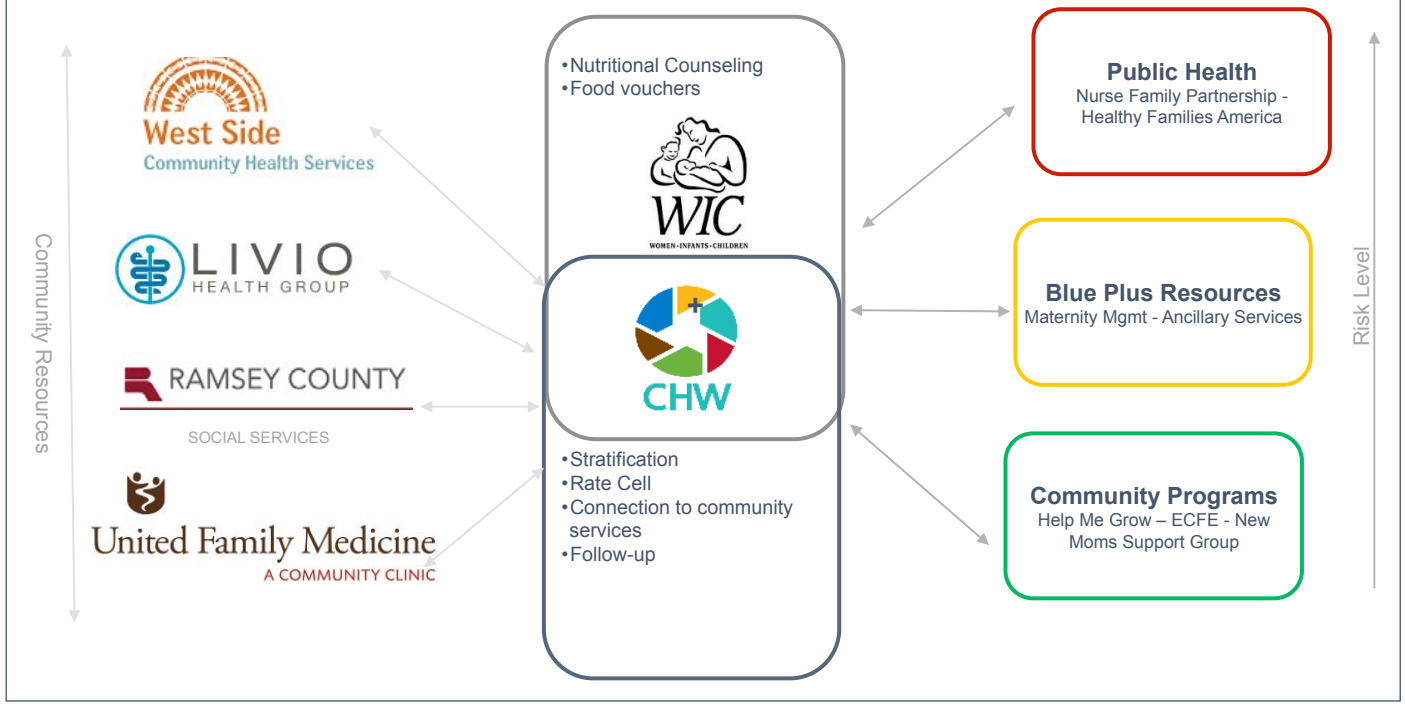
The CHW continues to check in with Nicole periodically. Tracy connects Nicole with a doula for her upcoming birth.

Nicole's baby is born. Tracy provides education and encouragement regarding breastfeeding and child spacing. Tracy helps schedule Nicole's post-natal visit and baby's first check. They also contact Nicole's financial worker to enroll the baby on a health plan.

KEY: Assessment · Resource connection · Community/Provider Referral · Education

PILOT IN RAMSEY COUNTY

Livio managed CHW working amongst 7 WIC locations in Ramsey Co



Lessons learned

- Community Health Worker
  - DHS takes 120 days to credential, not able to bill for services during this time
  - Emerging profession- inexperience in medical field, resource intensive for needed oversight, additional training/professional development
  - Low reimbursement rates- CHWs may not be worth the extra staff time for oversight
- WIC
  - Limited in: Staffing, resources, space, WiFi capability
  - Staff buy-in crucial to pilot success
  - Safe place for individuals, word spreads through community
- Public Health
  - Requested training in Cultural Competency
  - Best home visiting outcomes in the state
- Livio- mobile clinic
  - Start-up provider, many “kinks” to work out
- Pregnant Woman / members
  - Most who go to WIC have no insurance
  - Low literacy levels
  - Trust needs to be built with systems

Potential barriers to better health outcomes

- Inconsistent insurance coverage, “churn”
  - Impacts continuity of care
- MN Dept. Human Services rules
  - Health plans cannot text members to remind them that coverage is about to lapse
  - Health plans cannot collaborate with social service financial workers to get members into correct rate cell
    - Correct rate cell means zero co-pays for member, and additional access to pre-natal services
- Clinic policies
  - Many have policy not to see pregnant women before 9 weeks for in-take

Success stories

- Capacity building between participating agencies
  - WIC- can focus on nutrition education while CHW focuses on social determinants and pregnancy education
  - Livio- more clients and increased staffing capacity
  - Public Health- increased referrals into evidence based home visiting programs
  - Blue Cross- healthier, happier members, lowered costs of low-birth weight babies, preemies, NICU
- Building trust and learning to navigate the system for individuals
- Individual's needs are being met
  - Members are unaware of benefits
  - Many have needs outside of pregnancy that need to be resolved before the pregnancy can be addressed

Risks to expansion

- County and local public health offices are unique and have different structures, politics, and operations.
- Given heterogeneity of public health, how can we adapt model so “there’s something in it” for everyone?
- Model works best in larger counties with higher rates of pregnancy, how could a CHW be cross trained for other community needs beyond pregnancy?
- Willingness of Livio or another provider organization to implement pilot on large scale.
- Reimbursement rates for CHWs may not make implementation fully self-sustaining, creating need for subsidization from Blue Plus

Thank you!

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