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

Ashlyn Christianson, MS
Public Health Manager, Government Market Solutions
August 22, 2017
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

NICU costs are rising. Some of these costs are preventable

Delayed/Absent prenatal care is associated with poor outcomes

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

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.

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 texts a reminder of Nicole’s prenatal appointment scheduled the next day.

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.

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.
PILOT IN RAMSEY COUNTY
Livio managed CHW working amongst 7 WIC locations in Ramsey Co

- Nutritional Counseling
- Food vouchers
- Stratification
- Rate Cell
- Connection to community services
- Follow-up

Public Health
Nurse Family Partnership - Healthy Families America

Blue Plus Resources
Maternity Mgmt - Ancillary Services

Community Programs
Help Me Grow – ECFE - New Moms Support Group

Community Resources
West Side Community Health Services
Livio Health Group
Ramsey County
United Family Medicine
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!

Contact:

Ashlyn Christianson, MS
Public Health Manager | Government Programs
Ashlyn.Christianson@bluecrossmn.com