Improving birth outcomes
The value of a consumer-centric approach in the Medicaid population

Health care for the general population is complex and costly enough, never mind Medicaid. Consider these daunting statistics for the general population:

<table>
<thead>
<tr>
<th>General population statistics</th>
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<td><strong>114%</strong></td>
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<td><strong>50–75%</strong></td>
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<td><strong>50%</strong></td>
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<td><strong>50%</strong></td>
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<td><strong>1 in 12</strong></td>
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Factor in the increased challenges of serving the Medicaid population, which is generally sicker with more behavioral issues and psychosocial barriers than the commercial population, and the complexities and costs rise exponentially. Especially for Medicaid mothers, who experience a higher percentage of adverse newborn outcomes than mothers in the commercial population. They are more likely to have a preterm or low birth weight infant, and their pregnancies are more likely to result in an admission to the neonatal intensive care unit (NICU).

A study by the March of Dimes found that:

- The costs for a healthy baby from birth to their first birthday average $4,551; for a preterm baby, the costs average $49,033
- Medical costs for both the mother and preterm infant are four times higher than for a mother and healthy infant

**A new approach to improving birth outcomes**

Historically, health care has focused on provider services — a transactional model based on fee for service. Now, health care delivery is adopting a consumer-centric approach that puts the patient in the middle and aligns services around that individual’s mental, physical and social needs.

This consumer-centric approach can be particularly effective for pregnant women on Medicaid. Consider a patient’s day-to-day challenges and the barriers to getting care — from lack of transportation and financial resources, to limited education.
Improving birth outcomes

Whole-person care focuses on how physical, mental and social elements are interconnected to maintain health. This new model of putting the consumer — or patient — at the center respects and responds to individual preferences, needs and values. The model is aligned with the delivery system to strengthen the provider-to-patient relationship.

The approach relies on enhanced analytics and consumer engagement strategies to engage payers, providers and patients to maximize health and economic outcomes.

The data and analytics foundation

Improving birth outcomes begins with identifying individuals who are most likely to benefit from the services. Key factors to enable that identification are:

- Medical claims
- Pharmacy data
- Lab results
- Health risk assessments
- Biometric data
- Nurse triage
- Physician referrals

Health plans may want to consider leveraging data and analytics to drive total population monitoring to create “holistic” member profiles. By combining several segmentation and predictive modeling tools, health plans would be able to identify the needs of consumers, including pregnant women or those who may become pregnant.

This data would enable earlier identification and engagement of a high-risk Medicaid mother closer to the time a change in her health is experienced, resulting in a greater likelihood that she would take steps to address the health issue. This ability to “right time” engagement is particularly important in a pregnancy in which early prenatal care could make a significant difference in the baby’s well-being.

Local, face-to-face care coordination drives effective member engagement

Data integration and identification provide the opportunity for local care coordinators to effectively work together to engage the member and create meaningful, individualized care plans.

From preconception to the first year of life, there are key opportunities to make a difference in the health of a woman and her child.

Modern, member-centric approaches to care rely on face-to-face local coordination to collaborate with doctors, members, care givers and community resources.

In turn, members have access to a single, trusted partner in their community — not just someone on the phone scheduling a provider appointment. Care teams, in collaboration with providers and point of care data, proactively identify critical health complications and recommend treatment before additional damage to a member’s health occurs. This proactive approach is a key advantage over traditional telephonic/call center models.
Key touchpoints to improve outcomes and HEDIS® scores

These coordinated touchpoints align with HEDIS measures to track prenatal and postpartum care (see figure 1). The following program actions can help to increase HEDIS scores in these areas:

- Promote early and regular prenatal care
- Promote a postpartum provider visit within 21–56 days of delivery
- Capture of the date first prenatal visit
  - If there was not a first visit, encourage the patient to keep or make appointment and educate the patient about the importance of doing so
- Use a risk assessment summary with patients and providers, noting prenatal visits, and listing recommended steps, including postpartum provider visit
- Use an outcome assessment to capture completion or scheduling of postpartum visit, and encourage the patient to continue making appointments

In summary

A member-centric approach, driven through local care coordination, yields improved quality outcomes by removing barriers to health, and guiding members to make more informed decisions and actively participate in their wellness and treatment programs. This approach achieves the following results:

- Reduces utilization and medical costs
- Increases member satisfaction with the health plan
- Improves member health
- Improve Stars, HEDIS and risk-adjustment outcomes

While this idea of a local, face-to-face approach is not new, the challenge is to build it so it can be scaled cost effectively. Fortunately, the programs can be standardized through integration and coordination of existing resources in the community with only a minimal portion requiring customization. This makes the approach not only effective, but also highly affordable.
Executive summary

Why Optum
Through our advanced integrated data and local care programs, Optum can assist your organization in identifying the optimum ways and times to deliver prenatal through postpartum care to help improve birth outcomes in your Medicaid population and increase your organization’s HEDIS scores.

About Optum
Optum® is an information and technology-enabled health services business platform serving the broad health care marketplace, including care providers, plan sponsors, life sciences companies and consumers.

Optum can help you determine the best strategies to improve birth outcomes, particularly in the Medicaid population.

Email: empower@optum.com
Phone: 1-800-765-6807
Visit: optum.com


National Comparison Data was obtained specifically for Medicaid and Commercial/Tricare/HMO payors, from an analysis conducted by the National Perinatal Information Center. Hospital discharge records representing 168,727 inborn infant admissions during 2012 were aggregated by hospitals, states and/or regions so that specific individuals or establishments could not be identified. Participating hospitals represent a weighted sample in an effort to best represent a national population of births.