Ohio Healthcare Information Technology Day: Reducing Infant Mortality

Barbara R. Sears, Director
Ohio Department of Medicaid
April 5, 2017
Our Mission

Providing accessible and cost effective health care coverage for Ohioans by promoting personal responsibility and choice through transformative and coordinated quality care.
Our Vision

We are dedicated to being a national leader in health care coverage innovation that improves the lives of Ohioans and strengthens families.
Ohio Medicaid

• Medicaid is Ohio’s largest health payer.

• Over 96,000 hospitals, nursing homes and other providers deliver services for over 3 million individuals insured by Medicaid.

• Over 86% of Medicaid enrollees are served by the five statewide managed care plans (MCPs)
Executive Budget: Reduce Infant Mortality

• Continue to invest $26.8 million over the biennium to support the work of Medicaid MCPs to help new moms and moms-to-be have successful pregnancies and healthy children beyond their first year of life
  » Increasing home visiting nurse availability in at-risk neighborhoods
  » Enhancing capacity of Centering Pregnancy care
  » Hiring additional community health workers
  » Introducing fatherhood projects including boot camps for dads
  » Providing additional training for assessment and referral in at-risk neighborhoods
  » Providing transportation services for pregnant mothers
Enhanced Maternal Care Services

• Using data to expediently identify and intervene with women at high risk of poor birth outcomes;

• Geographically targeting birth outcome improvement efforts in areas of the state with the highest infant mortality rates;

• Integrating Quality Improvement (QI) science methods to more reliably drive improvements;

• Integrating eligibility and MCP specific information with mobile technology to connect to care;
Enhanced Maternal Care Services

• The MCPs are expected to provide additional support for high-risk pregnant women in priority communities by using a variety of culturally competent community-based services, including:
  » Community workers
  » Centering
  » Home visiting
  » Maternity care homes

• There are four risk indicator levels to determine the level of enhanced maternal care services
  » For example: All women receive a yearly reproductive health visit, but women with chronic conditions receive at least two additional visits per year and women with the highest risk level could receive weekly visits
Community Infant Mortality Efforts
Ohio Progesterone Program

• Preterm birth accounts for over 46% of infant deaths in Ohio

• Ohio Medicaid takes progestogen to scale with OPQC through our MCPs to improve birth outcomes

• February 2017 study showed a 20% reduction in preterm births before 32 weeks of gestation in Ohio, especially in women on Medicaid and in African American women.
Pregnancy Risk Assessment and Notification System (PRAF 2.0)

**Progesterone-related system changes**

- Develop system
- Get everyone into the system
- Identify risk
- Provide enhanced services
- Improve communication
- Build trust

**Online Form Simultaneously**

- Notifies the counties
- Notifies managed care plans
- Serves as prescription
- Serves as Home Health referral

*Future applications (e.g. MAT) to be determined.*
Data Dashboards

• Ohio Medicaid is committed to technology and innovation
• Technology plays an important roles in the infant mortality solution
• Data feedback is an important aspect of improving care
• Ohio Medicaid is creating data dashboards to show quarterly progress in an intuitive color-coded manner
Pre-Term Birth Percentages (2012-2015)
Pre-Term Birth Percentages (2012-2015)
Pre-Term Birth Percentages by Zip Code (2012-2015)
Franklin County Pre-Term Birth Percentages Zip Code Comparison
OEI Pre-Term Birth Percentages by Race (2012-2015)

- African American
- Caucasian
Pre-Term Birth Percentages by MCP (2012-2015)

- Molina
- CareSource
- Buckeye
- United
- Paramount