

Leveraging Public Health and Health Care in Prenatal-to-Age-Three Policy

Anna Strong, MPH, MPS

Arkansas Children's

September 26, 2019



HOSPITALS • RESEARCH • FOUNDATION

The Magic** of Multi-Sector Work



** (and Frustrations)

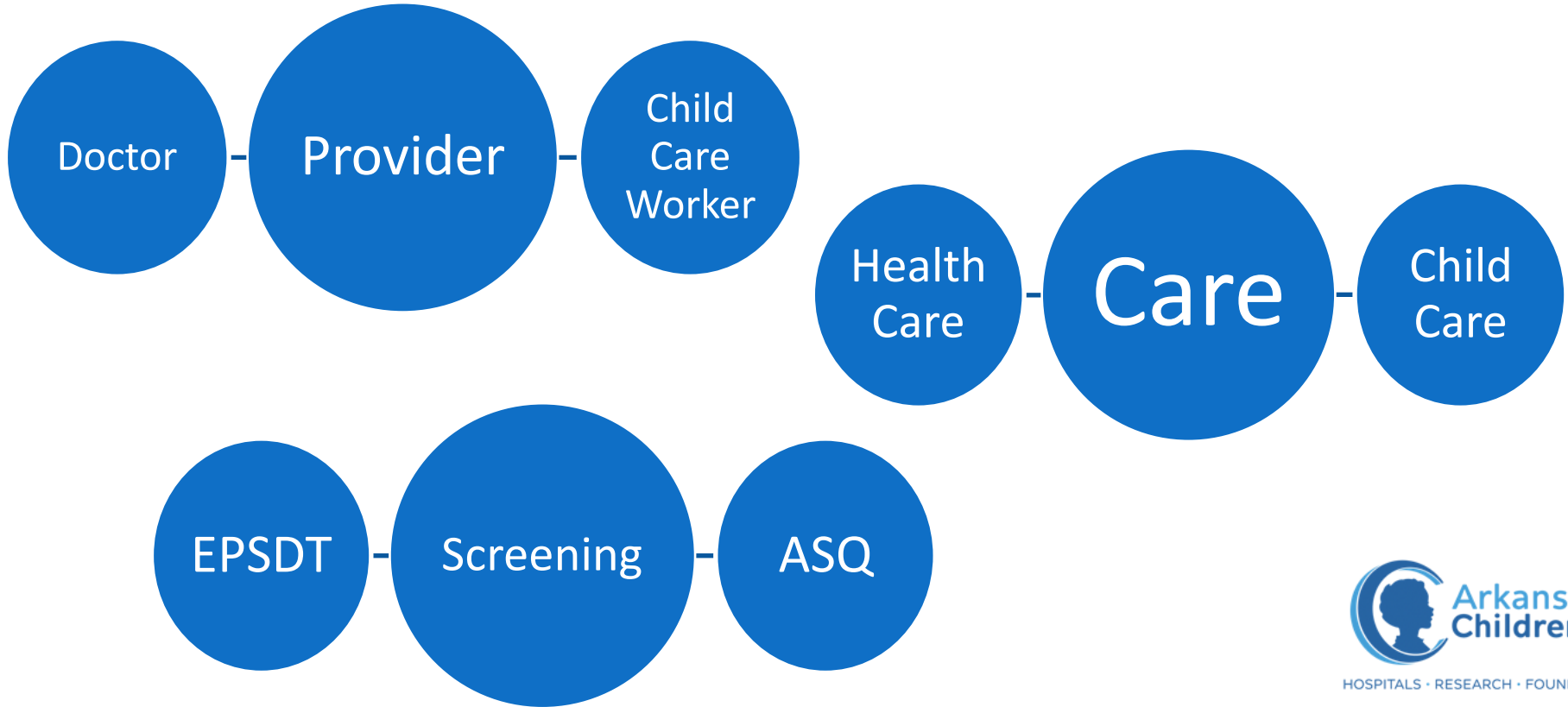


Early Conversations

- “Can y’all explain what PDG means (again)?”
- “What’s that acronym for well-child visits again, E, S, P.....?” “Do you mean EPSDT?”
- “Give me the high-level overview of Part C one more time, thanks.”



Clarity in Language



We didn't have a map

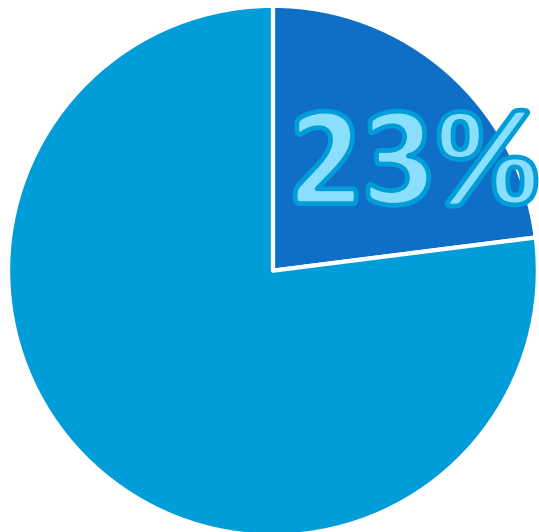


Multi-Sector Collaboration = Reach

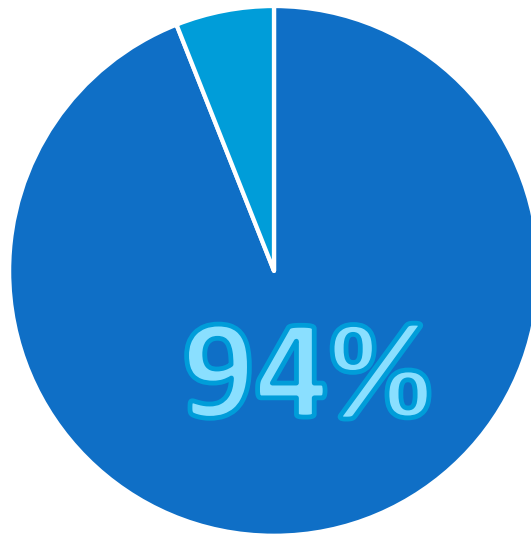
Child Care Slots 0-2

Medicaid Well-Child Visit, <1

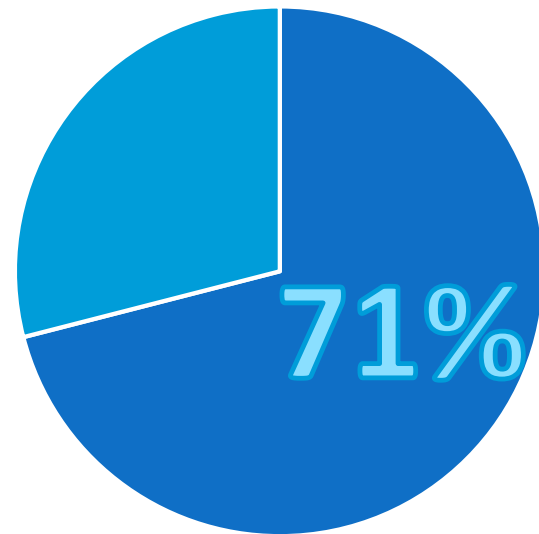
Medicaid Well-Child Visit, 1-2



■ Licensed Child Care ■ Elsewhere



■ EPSDT ■ No EPSDT



■ EPSDT ■ No EPSDT

Three Ways to Engage Health

- Topic-Specific Collaboration
- Coalition Collaboration
- Hospital Community Benefit



Topic-Specific Collaboration

- AR Safe Sleep CollN
- ACEs
- AR Home Visiting Network
- Developmental Screenings and Services**
- Child Care Quality Rating System
- Maternal and Infant Mortality Commissions



Topic-Specific Resources

- Maternal Child Health Block Grant
- American/State Public Health Association
- Association of State and Territorial Health Officials

Health Coalitions

- Who are your local health coalitions?



- How can Pritzker work fit into the (broad) definition of health?



Coalition Collaboration

- Collective Impact work needs diversity, so invite each other to your table!

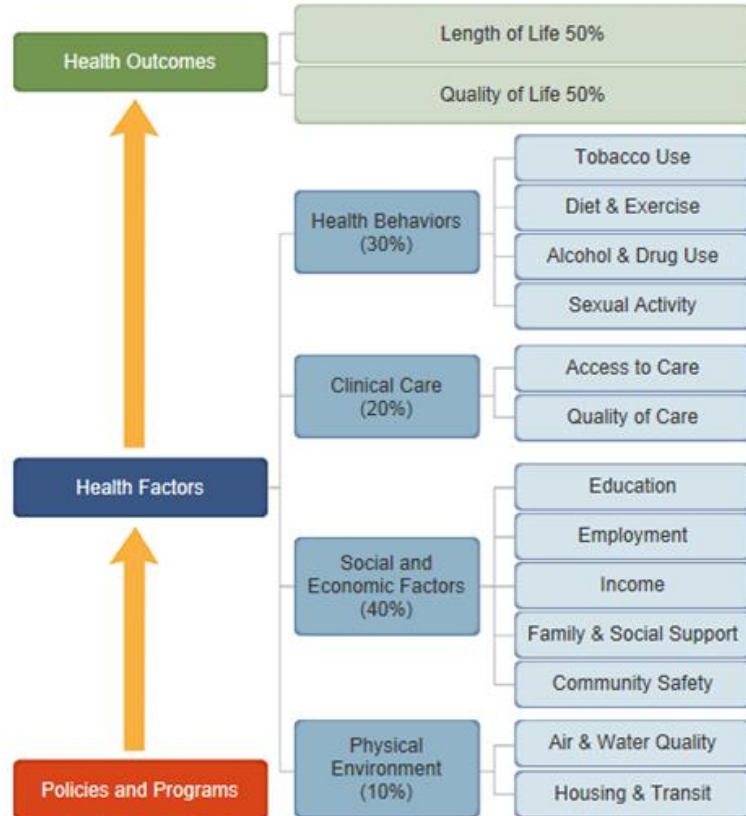


Hospital Community Benefit

- Community Benefit = Operational budget investments made by nonprofit hospitals to improve community health, remain tax-exempt
 - Community Health Needs Assessments
 - Community Health Implementation Strategies
 - Timing, be at the table



Hospital Community Benefit



County Health Rankings model © 2014 UWPIII

Value-Based Care is pushing health systems to partner to impact health outcomes.

Community Benefit Examples

- Excel by Eight data and evaluation
- Statewide outreach on safe sleep, lactation consultant training
- Braided funding for Family Connects



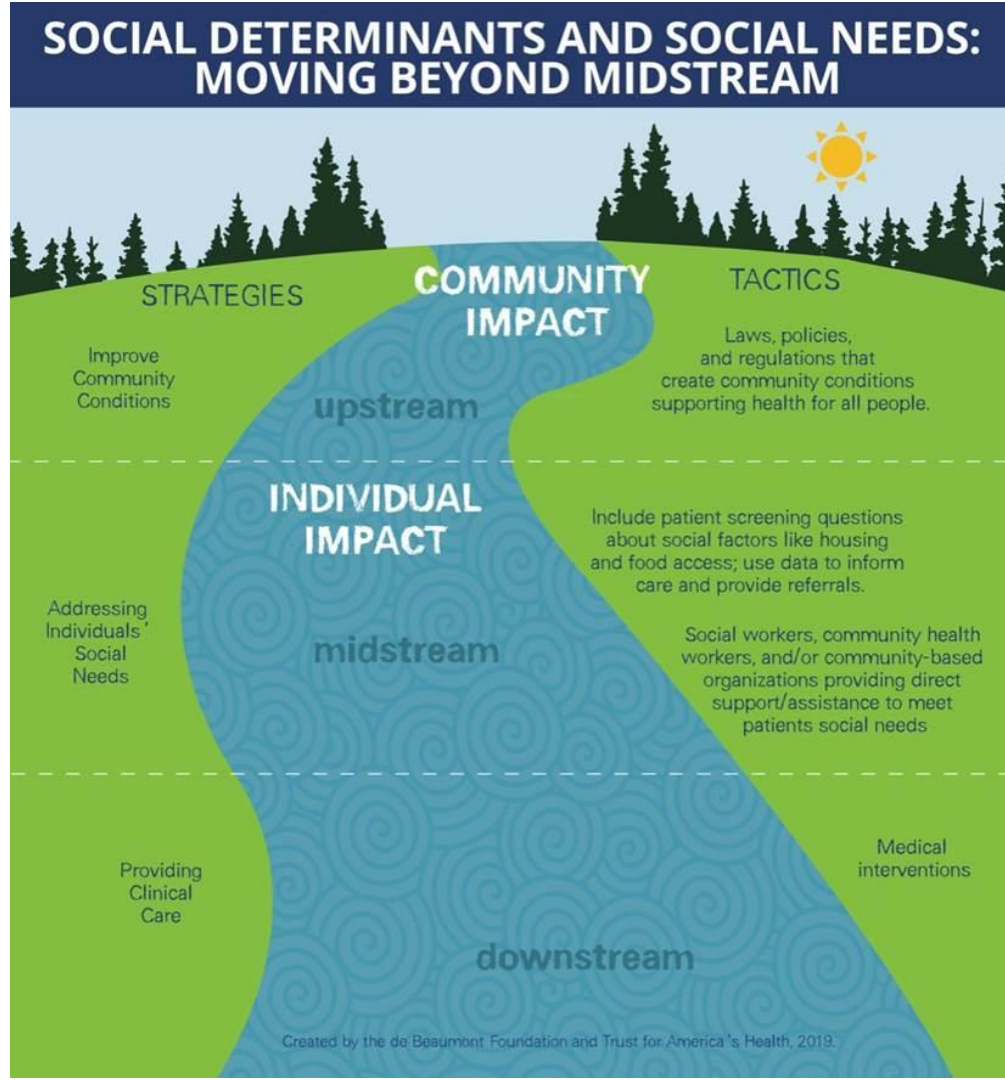
Community Benefit Transparency



HOSPITALS • RESEARCH • FOUNDATION

Forming Upstream– Downstream Partnerships

Castrucci, Auerbach. 1/16/19. Health Affairs Blog.
<https://www.healthaffairs.org/doi/10.1377/hblog20190115.234942/full/>



When communities are fully plugged in to a grid of resources, children's development outcomes improve. Resources such as good learning opportunities, healthy food, physical and mental health services, safe housing, and supportive relationships help children reach their full potential. An unreliable or patchy flow of resources to the grid can result in a range of child development problems that can have long-lasting consequences for children's health and well-being. Creating a reliable grid, one in which **all families and communities** are equally plugged in, will help to ensure that **all children** have what they need to thrive.



We've Formalized Our Collaboration!

Thanks!

- Anna Strong, MPH, MPS
- 501-626-5777
- strongac@archildrens.org
- astrong@aap.net

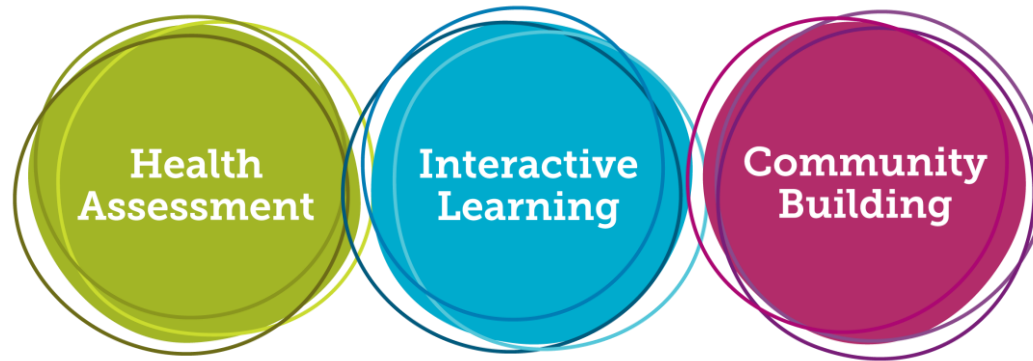


Leveraging the
Public and Private
Health Sectors
to Advance
Your PN-3 Agenda:
CenteringPregnancy

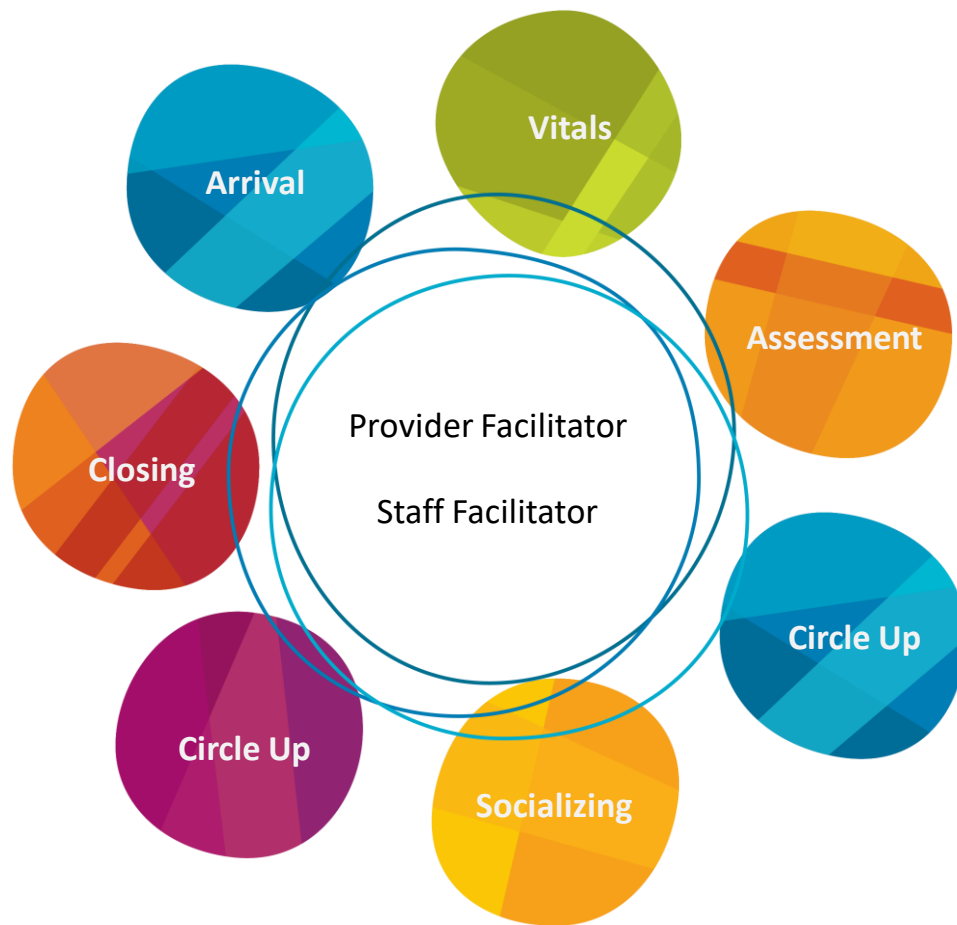
Angie Truesdale, CEO
Centering Healthcare Institute



Core Components of Centering







Patient Benefits

No waiting, no lines

Prescheduled appointments

Up to 10x more time with healthcare team

Chance to meet and share with others with the same questions and needs

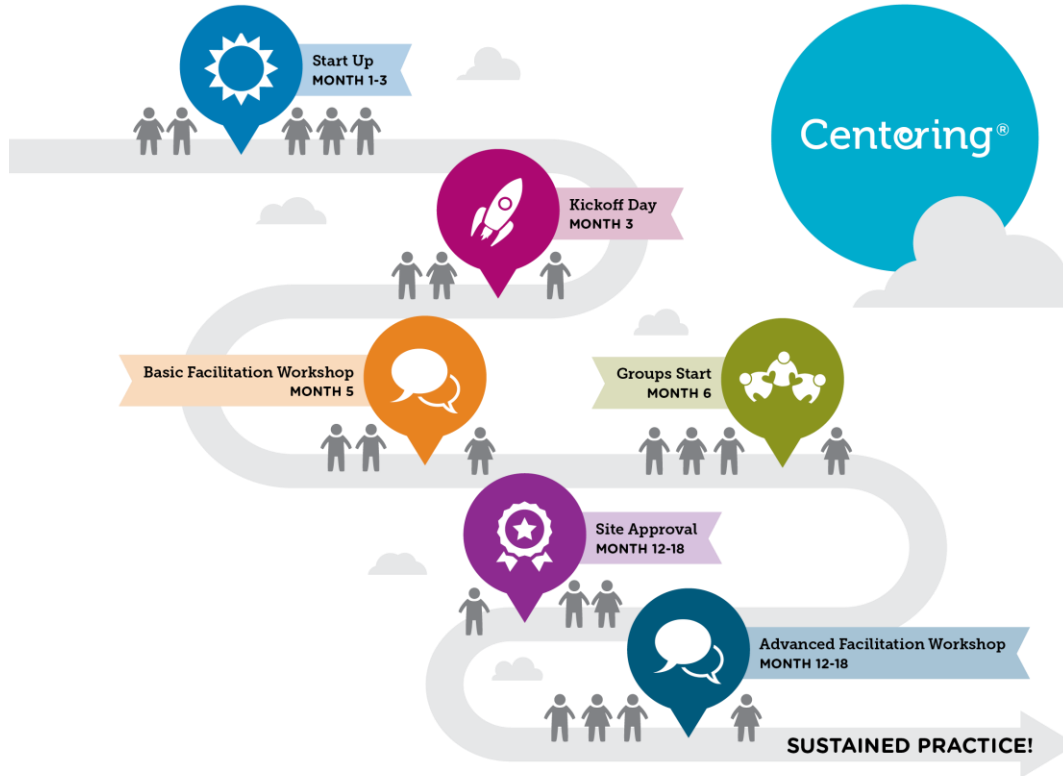
Centering time is 100% productive

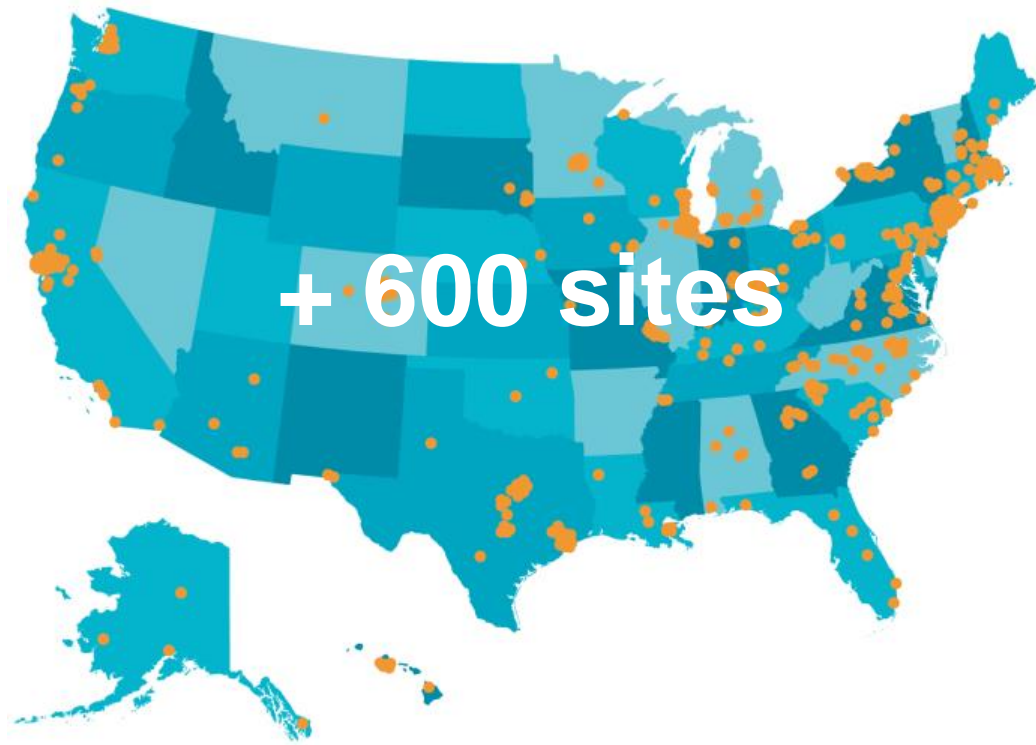
Sessions are informative and fun

Snacks!



Centering Implementation Pathway





+ 600 sites

National Outcomes and Impact

- 33%

Matched cohort study
Ickovics, et al 2007

A multi-site randomized control study of 1,047 women found a 33% reduction in risk of preterm births in Centering patients compared to those receiving only individualized prenatal care. The reduction among African Americans was even higher at 41%.

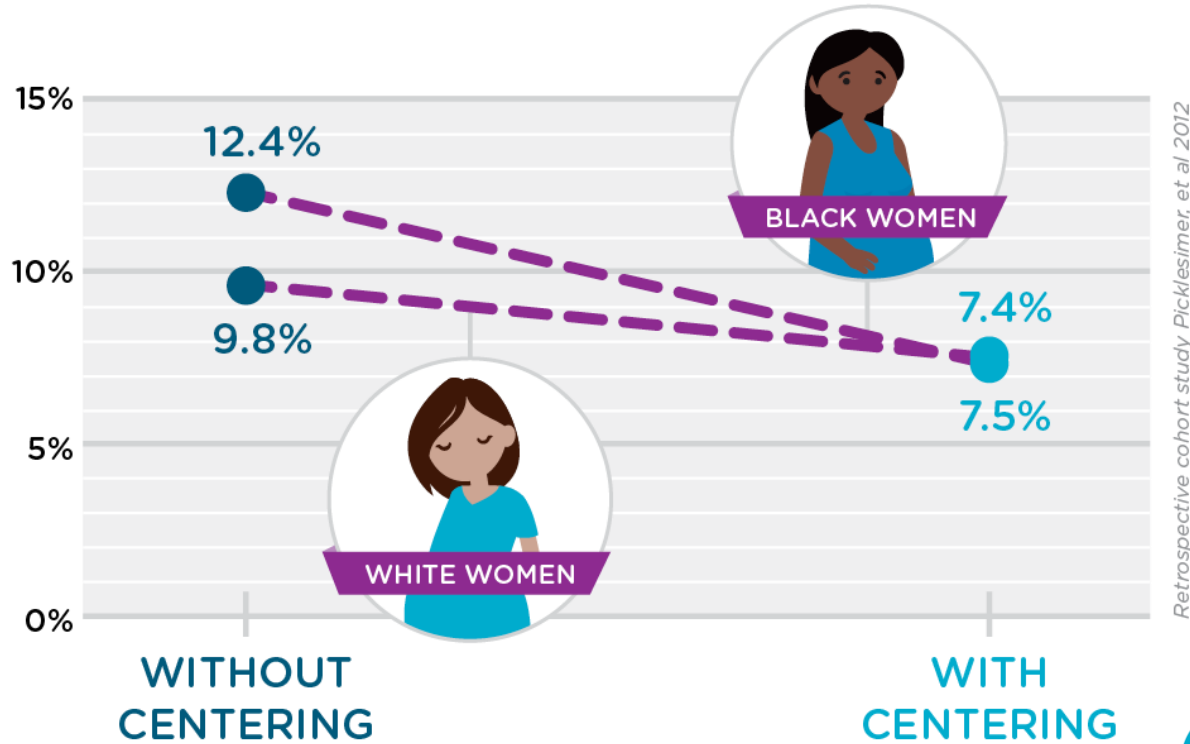
- 47%

Retrospective cohort study
Picklesimer, et al 2012

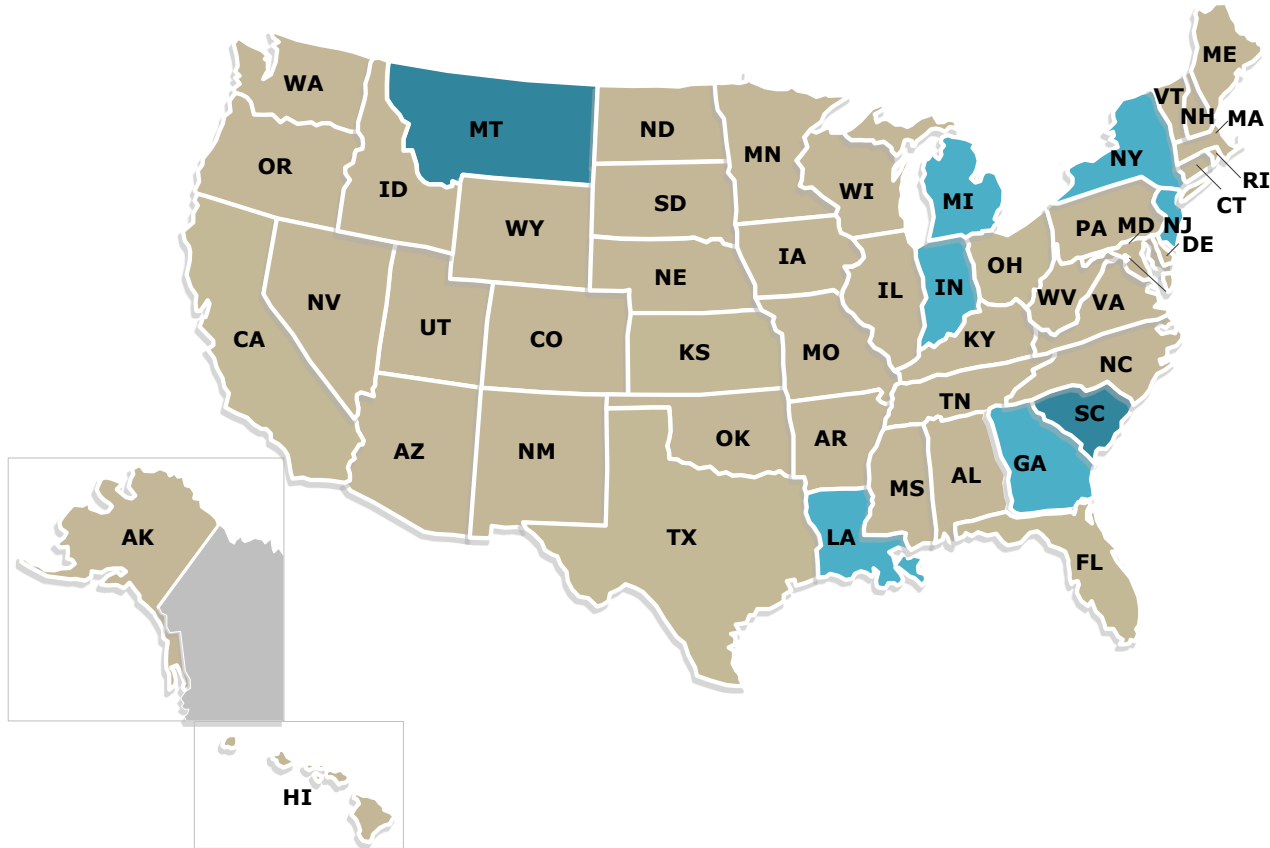
A 2012 retrospective cohort study compared 316 women in Centering to 3767 in traditional care and found a 47% reduction in risk of preterm birth in Centering patients compared to those receiving only individualized care.



Preterm Birth <37 Weeks By Race



Enhanced Payment Models for CenteringPregnancy



Payer Benefits

Evidence-based

Better health outcomes /HEDIS measures

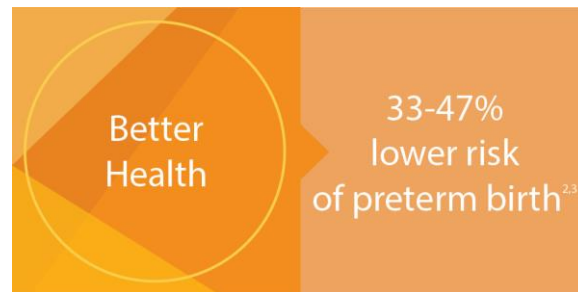
Lower costs of care

Value-based purchasing

Validated by independent 3rd parties

Meets Quadruple Aim of

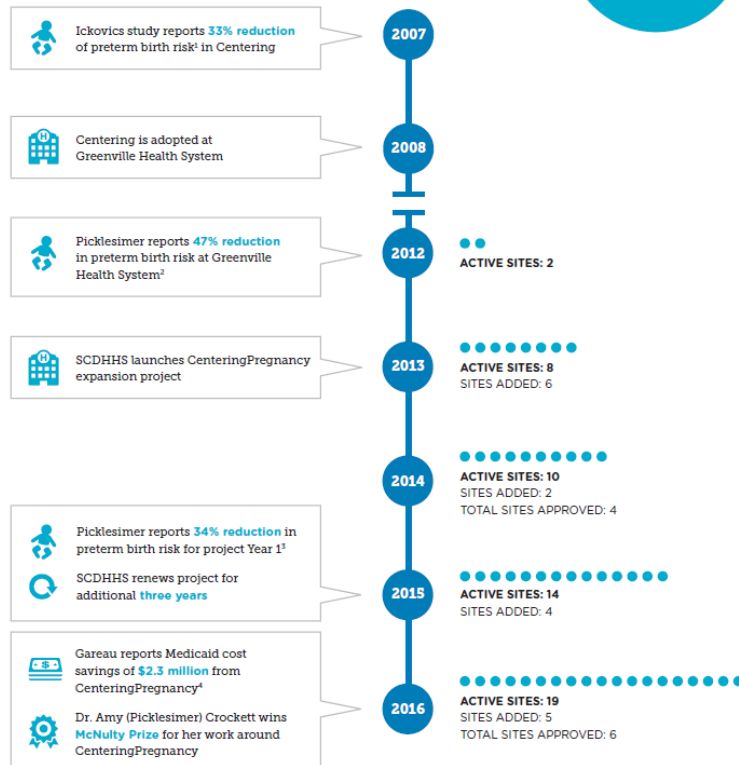
- Better health outcomes
- Better patient experience of care
- Lower costs of care
- Better provider experience of care





CenteringPregnancy® Milestones in South Carolina

Centering®
Healthcare
Institute



¹ Ickovics JR, Kershaw T, Westdahl C, Magriples U, Massey Z, Reynolds H, Rising S. (2007) Group Prenatal Care and Perinatal Outcomes: A randomized controlled trial. *Obstetrics and Gynecology* 110(2), Part 1: 330-39.

² Picklesimer A, Billings D, Hale J, Blackhurst, D, and Covington-Kolb, S. (2012) The effect of CenteringPregnancy group prenatal care on preterm birth in a low-income population. *American Journal of Obstetrics & Gynecology* Vol 206: 415. e1-7.

³ Picklesimer A, Herberlein E, Covington-Kolb S. (2015) Group Prenatal Care: Has its time come? *Clinical Obstetrics and Gynecology*, 58(2): 380-391.

⁴ Gareau, S., López-De Fede, A., Loudermilk, B. L., Cummings, T. H., Hardin, J. W., Picklesimer, A. H., ... & Covington-Kolb, S. (2016). Group Prenatal Care Results in Medicaid Savings with Better Outcomes: A Propensity Score Analysis of CenteringPregnancy Participation in South Carolina. *Maternal and child health journal*, 1-10.

Published Outcomes from South Carolina

Preterm Birth Rate

36% reduction (p 0.05)

Average direct medical cost savings = \$22,667

Low Birth Weight Rate

44% reduction (p 0.05)

Average direct medical cost savings = \$29,627

NICU Admission Rate

28% reduction (p 0.05)

Average direct medical cost savings = \$27,249

Overall savings = \$3,989,214

n = 1262, \$3,161 per patient in Centering

Group Prenatal Care Results in Medicaid Savings with Better Outcomes: A Propensity Score Analysis of CenteringPregnancy Participation in South Carolina Sarah Gareau, et al, 2016



New Jersey Centering Expansion: 2019

**THE BURKE
FOUNDATION**

The Nicholson  Foundation

Changing Systems, Changing Lives

The **HENRY & MARILYN
TAUB Foundation**

NJHealth
New Jersey Department of Health

New Jersey
LEGISLATURE 

- Support for Centering Implementation in 5 clinical sites
- CHI staff in-state to support and expand further
- Enacted law to set stage for enhanced reimbursement

Centering
Healthcare
Institute

North Carolina Expansion Opportunities

North Carolina's Transformation to Medicaid Managed Care

The North Carolina Department of Health and Human Services is dedicated to improving the health and well-being of all North Carolinians. In support of this goal, the Medicaid and NC Health Choice programs will transition to Medicaid Managed Care in 2020--the most significant change to the NC Medicaid program in over 40 years. To read more, click on a box below.

[NC Medicaid Managed Care Design and Policy](#)

Section 1115 waiver application, program design and policy papers

[Requests for Proposal and Requests for Information](#)

NC Medicaid Managed Care procurement documents

[More Information](#)

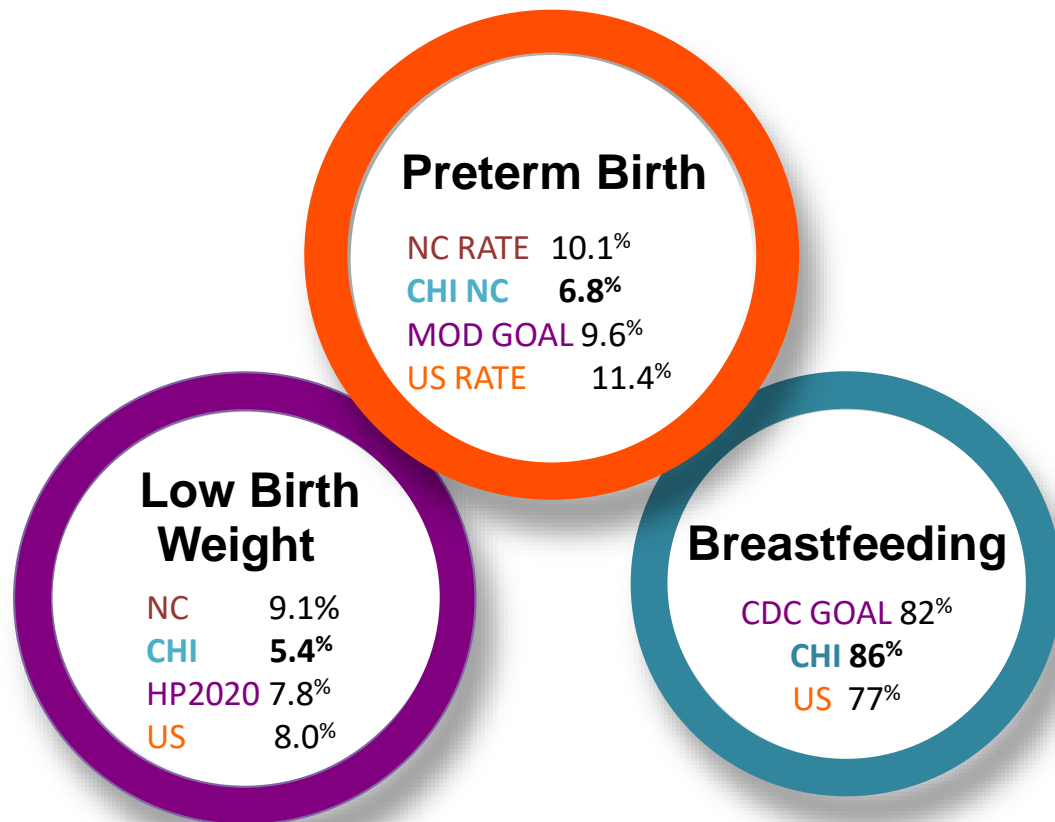
NC Medicaid Managed Care public notices, webinars, press releases, session laws and other general information

[Submit a Comment](#)

Feedback is welcome and encouraged



NC Centering Pregnancy Outcomes



CenteringCounts 2016-2019, March of Dimes Peristats, 2014-16, CDC, HP2020

