Medicaid in New York: Fostering Equity During a Time of Crisis

United Hospital Fund Annual Medicaid Conference
GoToWebinar Live Webcast
July 15, 2020

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Advancing Equity in Maternal Health

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Maternal Health Equity in New York City

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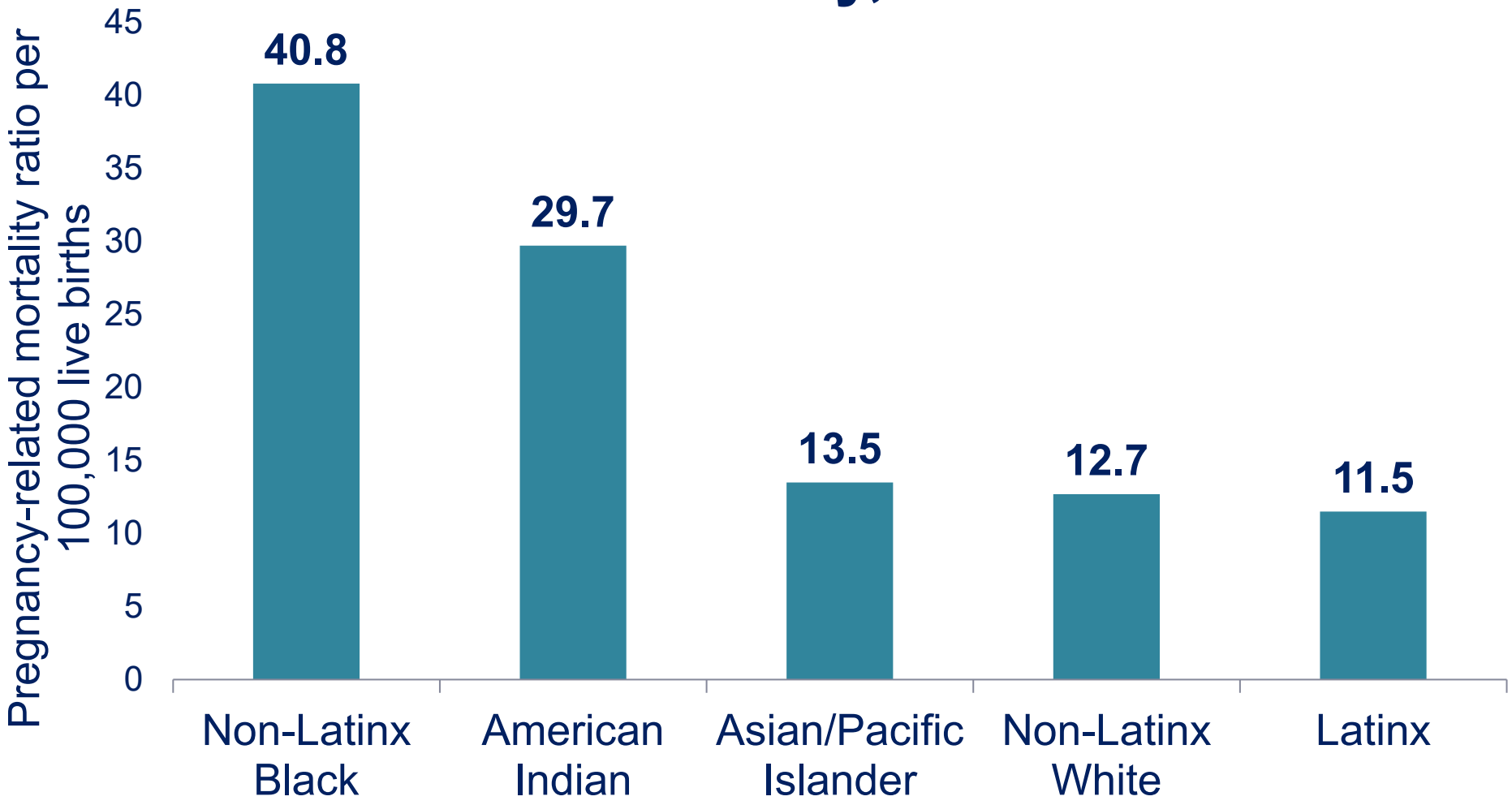
Director, Blavatnik Family Women's Health Research Institute
Icahn School of Medicine at Mount Sinai

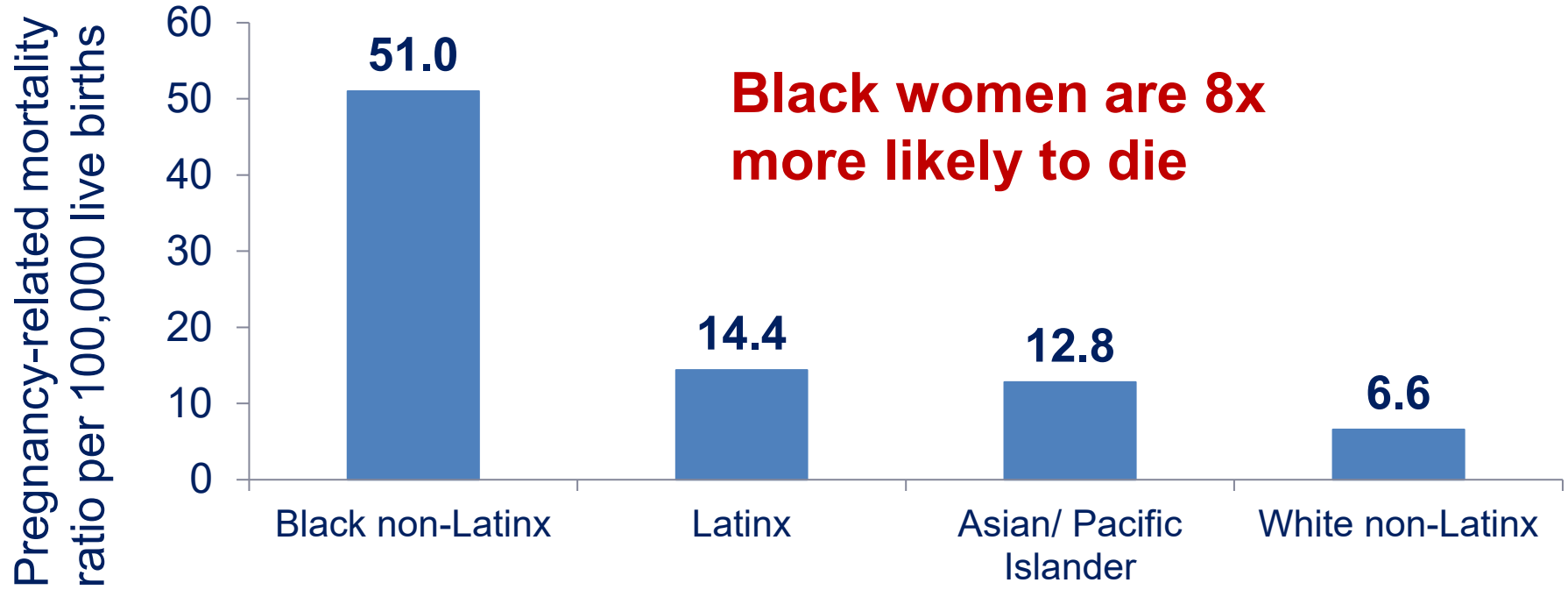
Chair Designee, Dept of Ob/Gyn, UPenn

Pregnancy-Related Mortality Ratios by Race-Ethnicity, 2007-2016



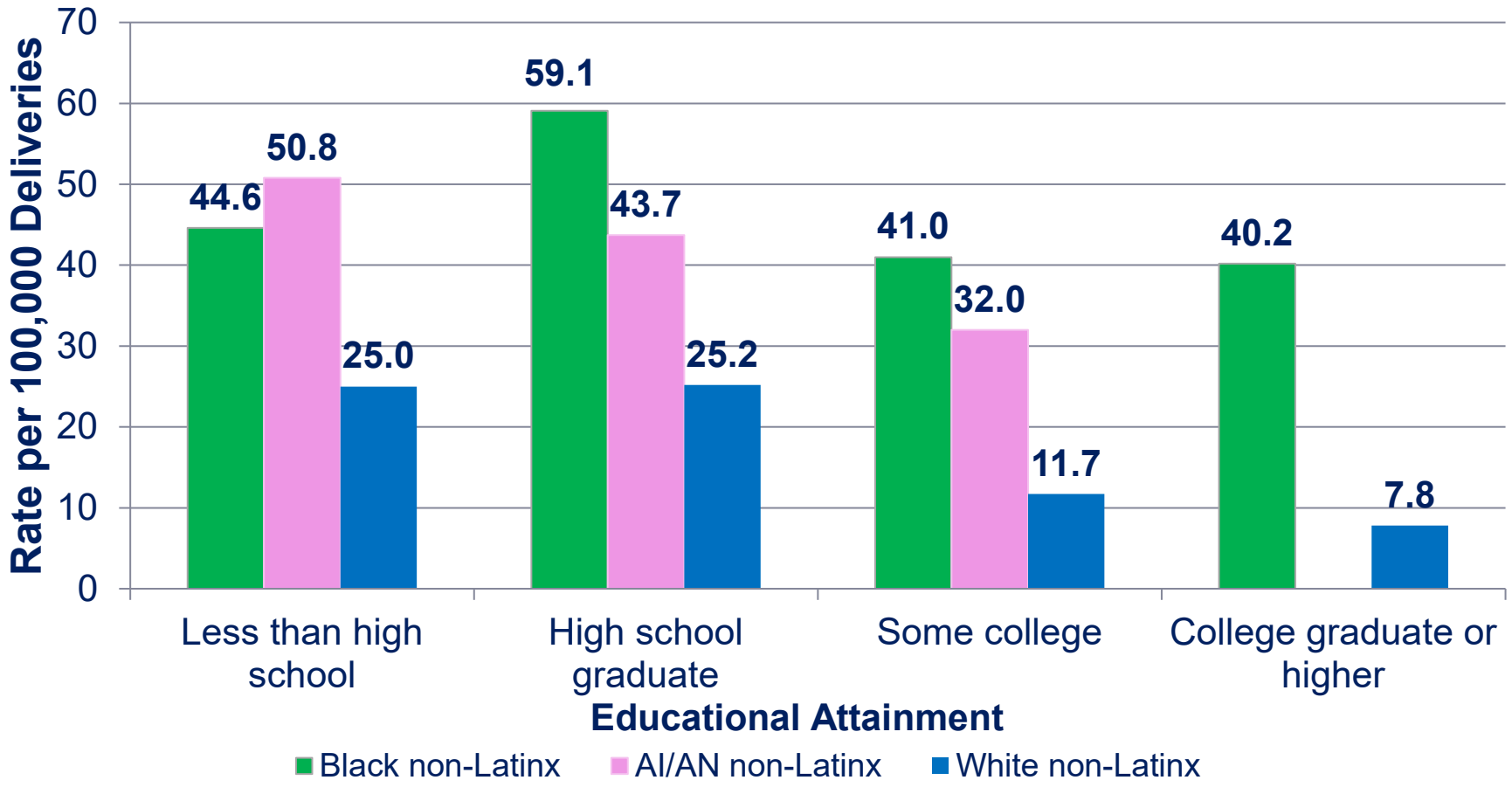
Petersen E et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. MMWR. Sept. 6, 2019. vol 68. no 35.

Disparities More Pronounced in New York City



New York City Department of Health and Mental Hygiene (2020). Pregnancy Associated Mortality in New York City, 2011-2015.

Pregnancy-Related Mortality Ratios by Educational Attainment, 2006-2017



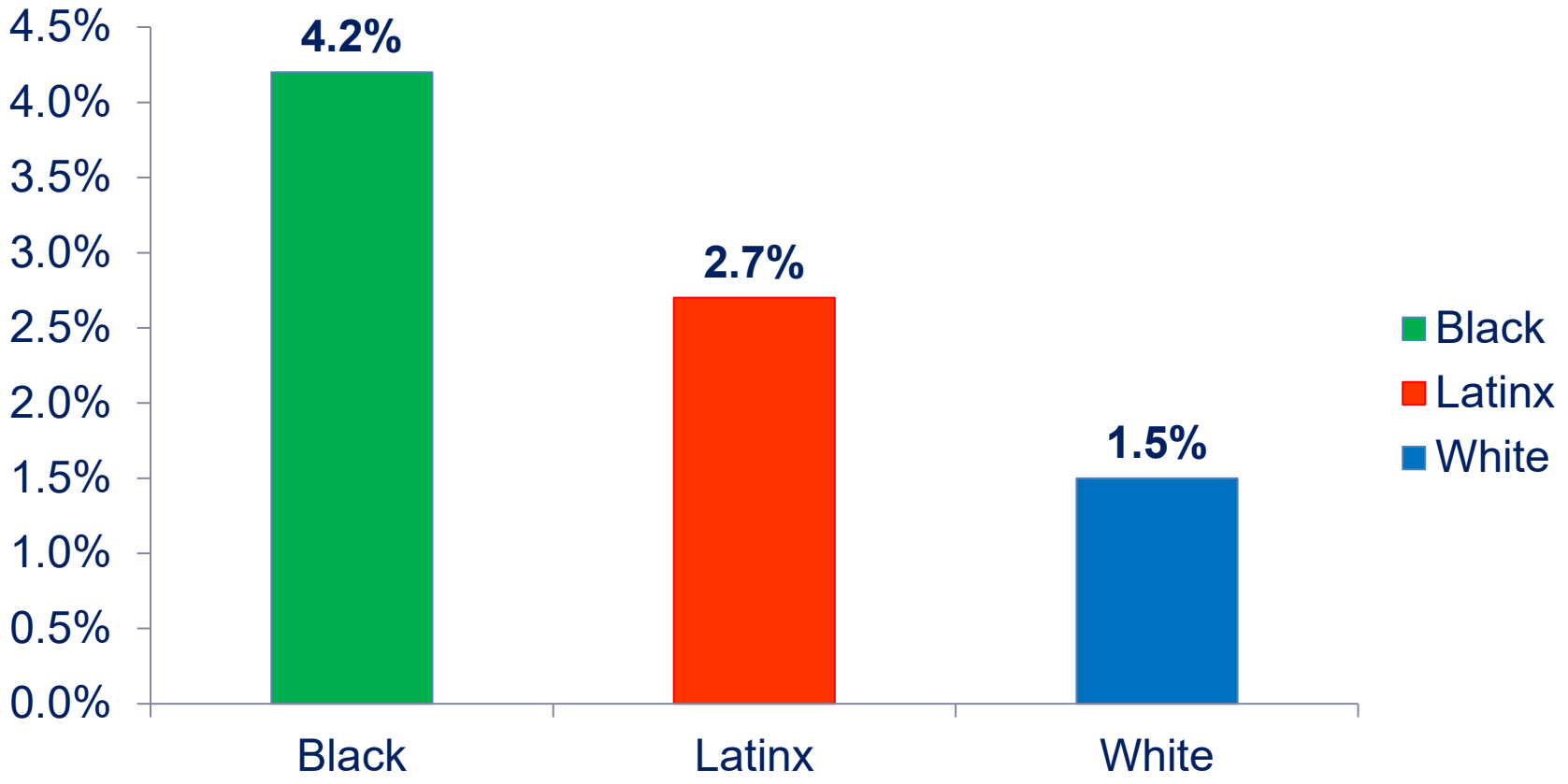
Source: Petersen E et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. MMWR. Sept. 6, 2019. vol 68. no 35.

Severe Maternal Morbidity (SMM)

- For every maternal death, 100 women experience severe maternal morbidity
- Life-threatening diagnosis or life-saving procedure
  - organ failure (e.g. renal, liver), shock, amniotic embolism, eclampsia, septicemia, cardiac events
  - ventilation, transfusion, hysterectomy
- Rates are increasing

Callaghan. Obstet Gynecol 2012;120:1029-36.

Severe Maternal Morbidity Rates in New York City

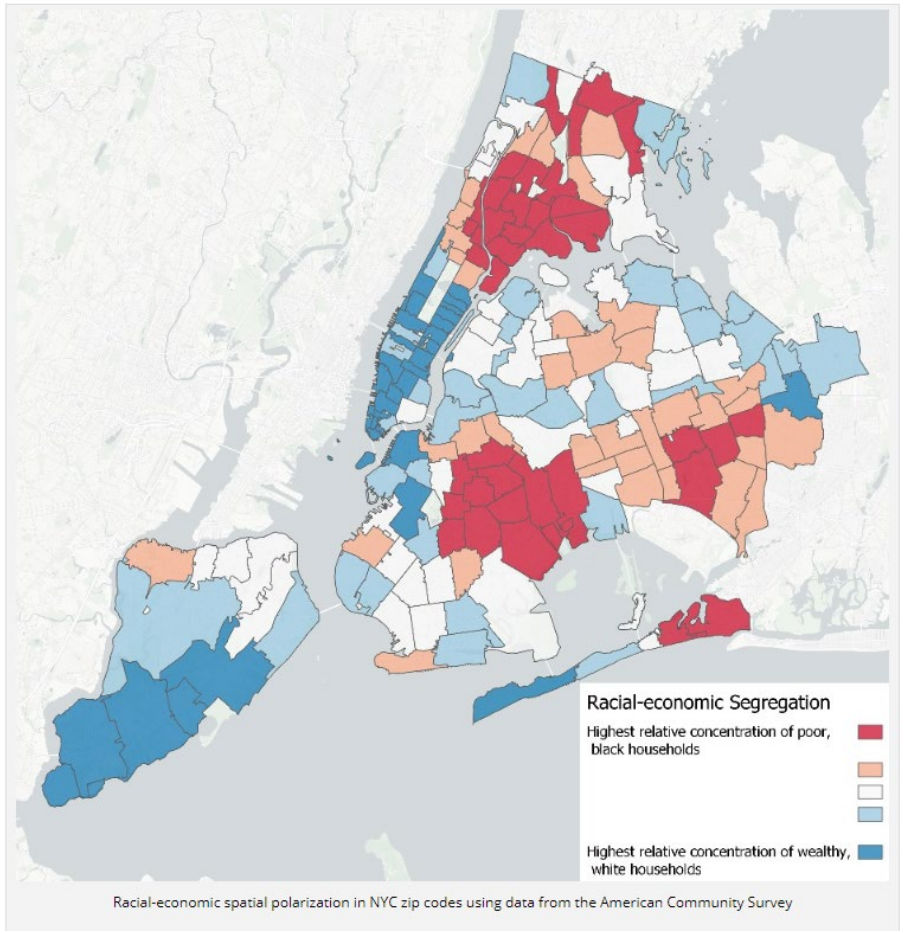


Howell Am J Obstet Gynecol. 2016 Aug;215(2):143-52; Howell. Obstet Gynecol. 2017 Feb;129(2):285-294.

Structural Racism Shaping Disadvantage

Structural Racism and Coronavirus in NYC—What Will be the Toll on Maternal Health Equity?

May 8, 2020 | BFWHRI, Diversity and Inclusion, Women's Health |



Racial-economic spatial polarization in NYC zip codes using data from the American Community Survey

SMM >2x for women living in poor Black neighborhoods in NYC

Janevic T. Health Affairs. 2020

https://health.mountsinai.org/blog/structural-racism-and-coronavirus-in-nyc-what-will-be-the-toll-on-maternal-health-equity/

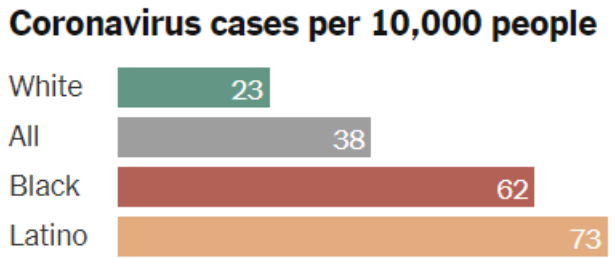
The New York Times

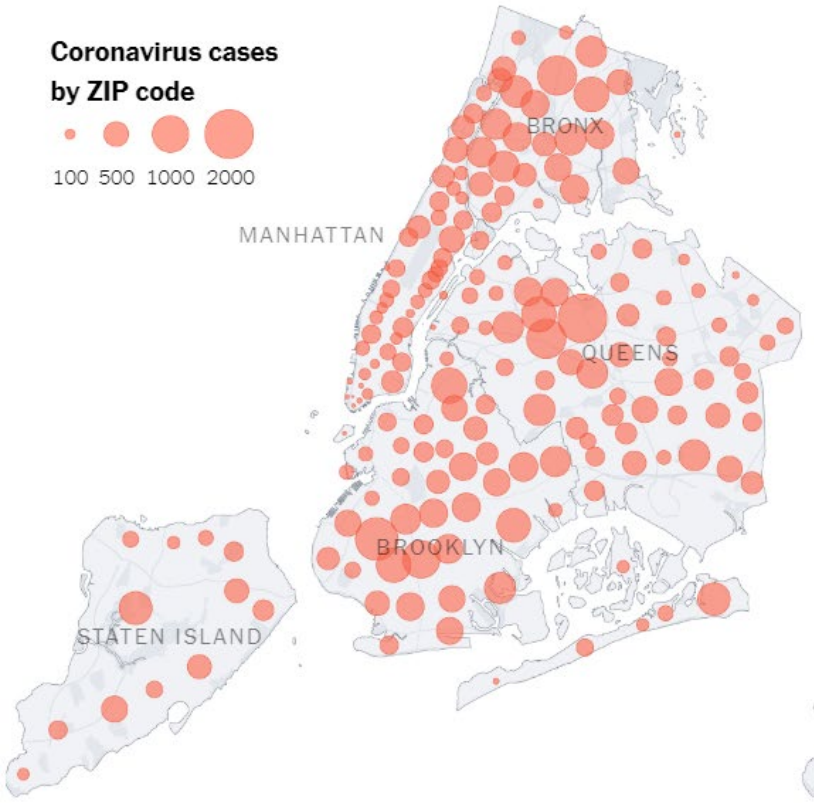
Virus Is Twice as Deadly for Black and Latino People Than Whites in N.Y.C.

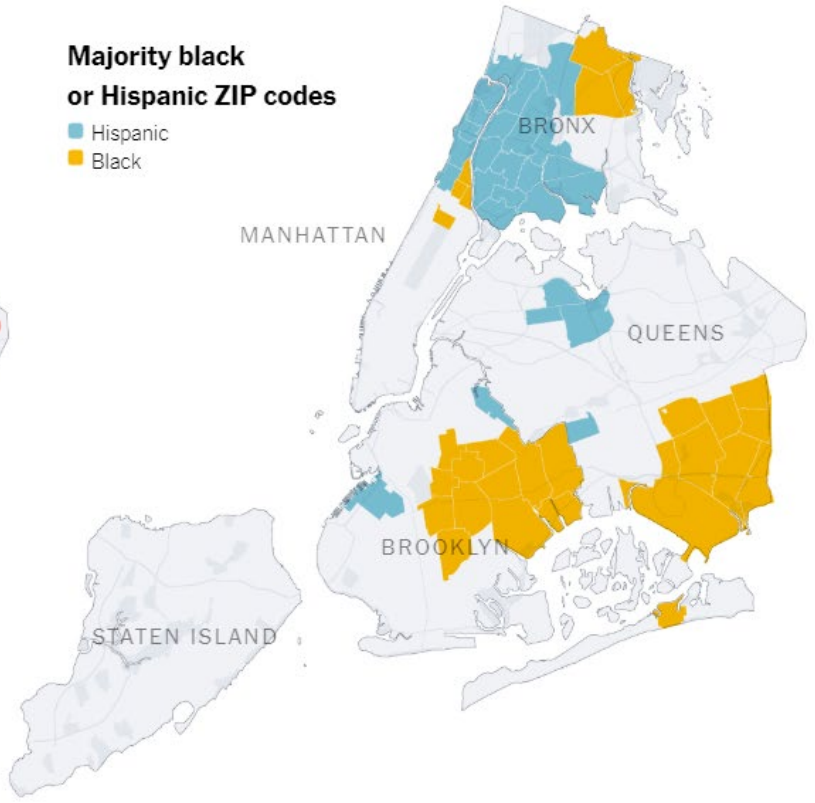
April 8, 2020

The New York Times

July 5, 2020

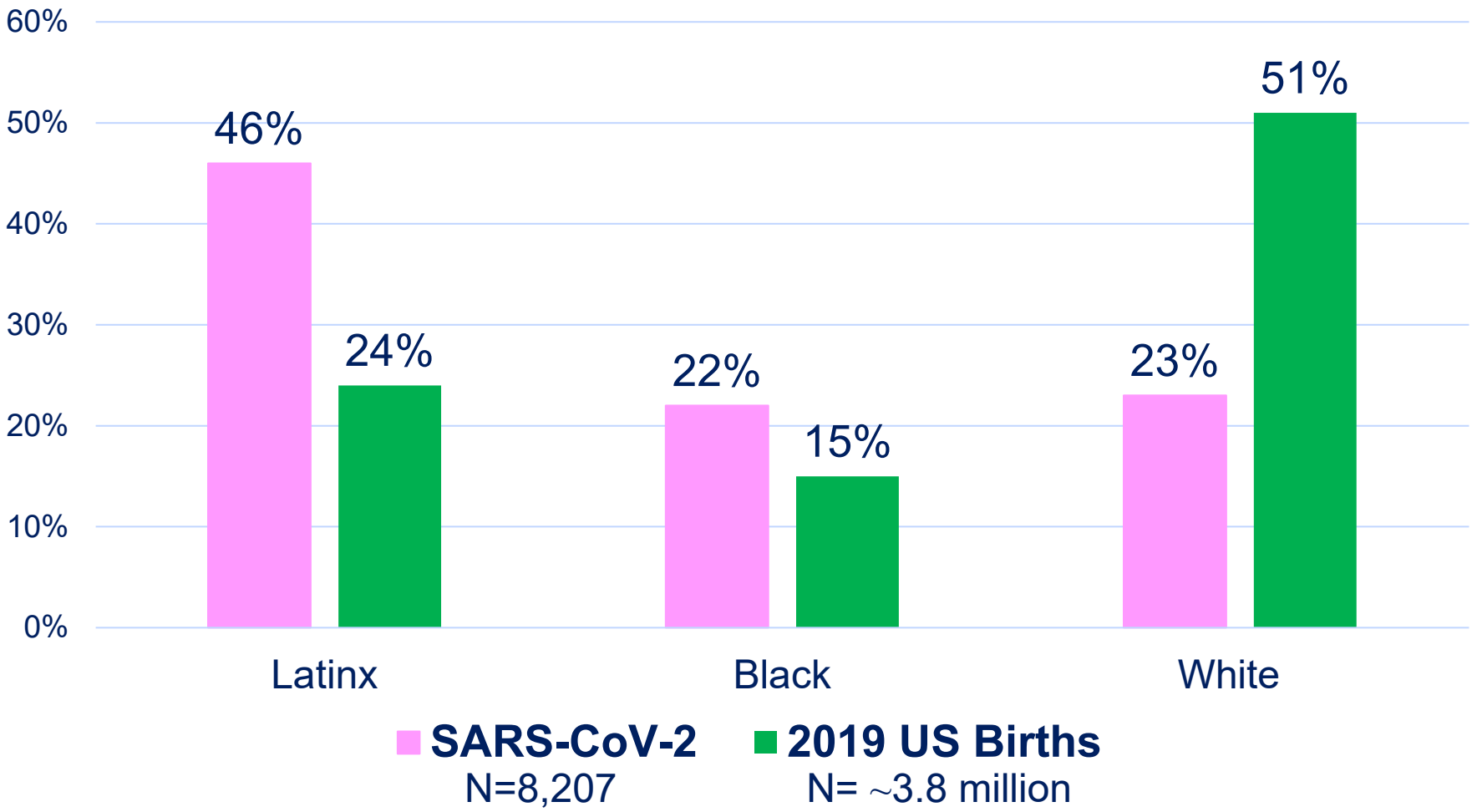






Sources: New York City Department of Health and Mental Hygiene; U.S. Census Bureau; socialexplorer.com • By The New York Times

Covid-19 and Maternal Health Disparities: SARS-CoV-2 Infection During Pregnancy



CDC MMWR Weekly / Vol. 69 / No. 25; US Data, Jan 22–June 7, 2020;

Racism & Discrimination

Patient Factors
- Socio-demographics: age, education, poverty, insurance, marital status, employment, language, literacy, disability
- Knowledge, beliefs, health behaviors
- Psychosocial: stress, weathering, social support

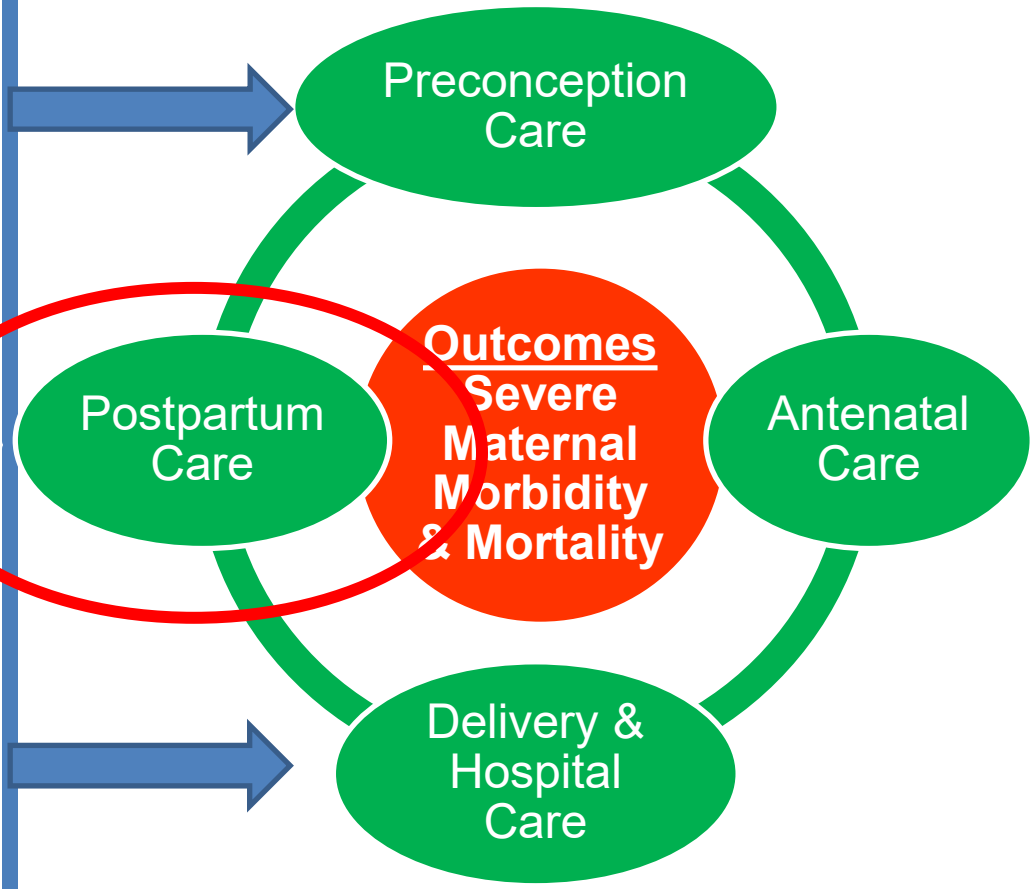
Community/ Neighborhood
- Community, social network
- Neighborhood: crime, poverty, built environment, housing

Clinician Factors
- Knowledge, experience, implicit bias, cultural competence, communi-cation

System Factors
- Access to high quality care, transportation, structural racism, policy

Health status: comorbidities (e.g. HTN, DM, obesity, depression); Pregnancy complications

Figure 1: Pathways to Racial and Ethnic Disparities in Severe Maternal Morbidity & Mortality



Adapted from Howell EA. Clin Obstet Gynecol. 2018 Jun;61(2):387-399

Icahn School of Medicine at Mount Sinai

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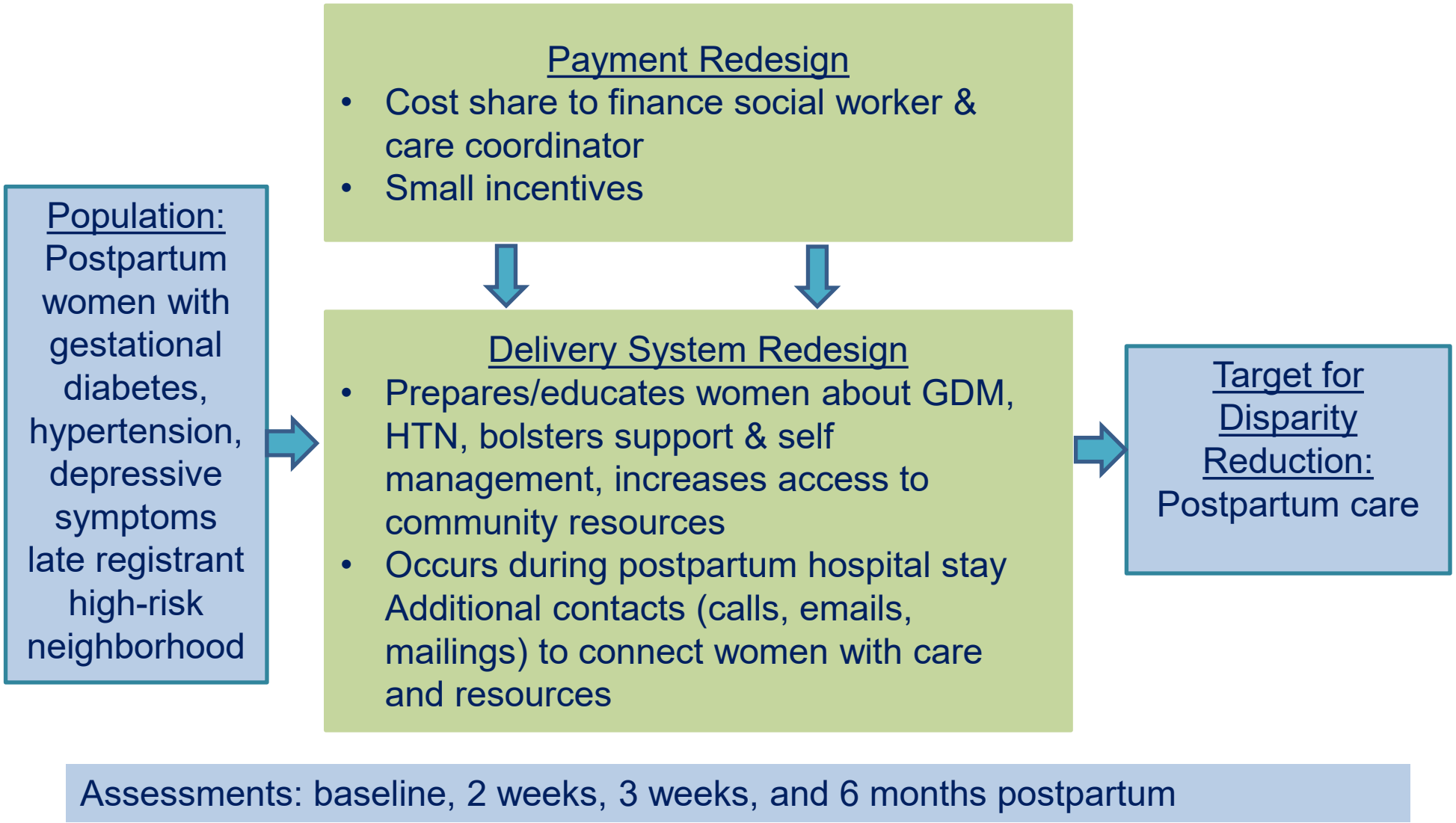
Partnership to Reduce Disparities in High Risk Postpartum Care

- Combined delivery system reform with payment reform to improve quality and reduce disparities in high risk postpartum care
- Funded by RWJF
- Partnered with a Medicaid payer
- Primary aim was to increase rates of timely postpartum visits among high risk obstetrical patients
- Utilized evidence-based intervention

Elements of Delivery and Payment Redesign



Wendy Wilcox, MD, MPH, MBA, FACOG

Chair, OBGYN

NYC H+H/Kings County

Clinical Director,

NYC H+H Maternal Mortality Reduction Project

NYC HEALTH+ HOSPITALS

Maternal Medical Home

for patients who are ‘At-risk’ during pregnancy or Postpartum

Pre-COVID-19

- Increased screening for clinical, psychosocial and environmental factors which can increase risk during pregnancy
- Improves outreach to patients and facilitates patient engagement
- Improves specialty referrals and care navigation
- Improves support and BH referrals
- Improved referral network to specialty care and community services

During COVID-19

- Improved patient outreach
- IMPROVED patient navigation (esp. with televisits)
- Extra layer for postpartum discharges
- COVID+ surveillance and tracking

Aimee Smith, DO

Clinical Director of Maternal Medicine

The Institute for Family Health

IMPLICIT Leadership Council

- **Maternal Health Advocates**
  - Track all pregnant patients and assist them with insurance, community programs and referrals
  - Assist with scheduling prenatal, postpartum, and newborn visits
  - Provide individual counseling and education regarding prenatal health, birth, contraception, and newborn care
  - Co-facilitate Centering Pregnancy and Centering Parenting groups
- **IMPLICIT Interconception Care** – Provide screening for all mothers at well child visits up to 2 years old, whether or not they are our patients, for:
  - Depression
  - Smoking
  - Family planning and birth spacing
  - Multivitamin with folic acid use

Ngozi Moses
Executive Director
Brooklyn Perinatal Network, Inc.
Convener, Brooklyn Coalition for Health Equity for Women and Families

PATHWAYS COMMUNITY HUB MODEL

Background:

- Method for "community-owned" restructuring of human services to integrate with healthcare within a shared, equity driven framework
- CBOs are convened within a network and coordinated by a central HUB
- HUB facilitates referrals, oversees CHW training, manages quality and negotiates contracts from health payers and other funders
- HUB data informs population health planning for the targeted community

Model involves:

- HUB administers outcome-based contracts with multiple payers for the CBO network
- CHWs in each CBO use the Pathways Health Risk Screening Tool to identify the comprehensive array of interrelated risk factors (Pathways) for each member of a family
- Payment is based on the CHW's performance mitigating the risks (closing the Pathways)
- National certification center ensures fidelity to the model

In one HUB in Michigan in one year:

- 2,545 medical referrals
- 97 BH connections to care
- 568 medical home connections
- 224 housing referrals
- Over 8,003 successful connections to address SDOH needs

Evidence: Quality and Cost Effectiveness

- **60% reduction in low birth weight**
- Cost savings of $5.59 for every $1 spent on the model for high risk maternal population
- 236% ROI found in Ohio HUB

Advancing Equity in Maternal Health: Additional Slides

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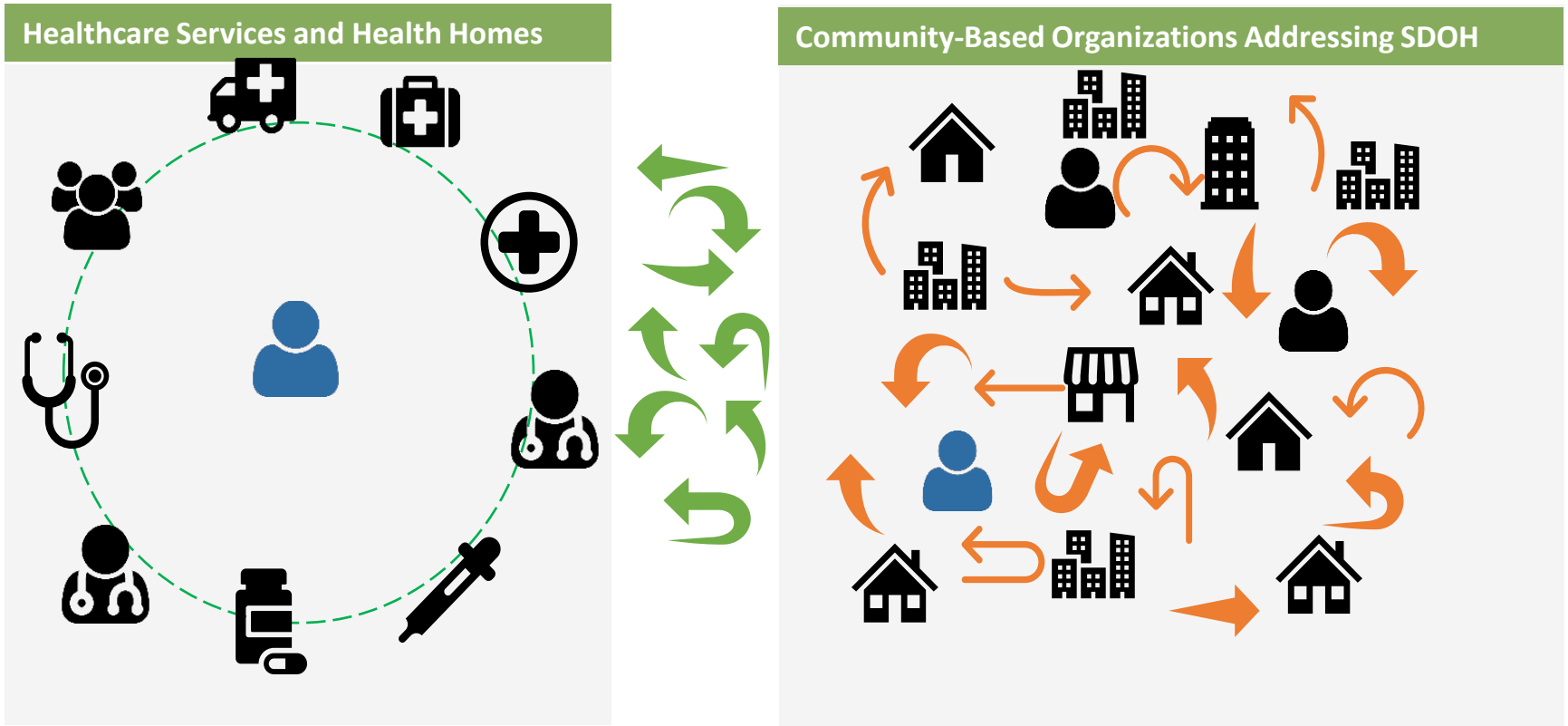
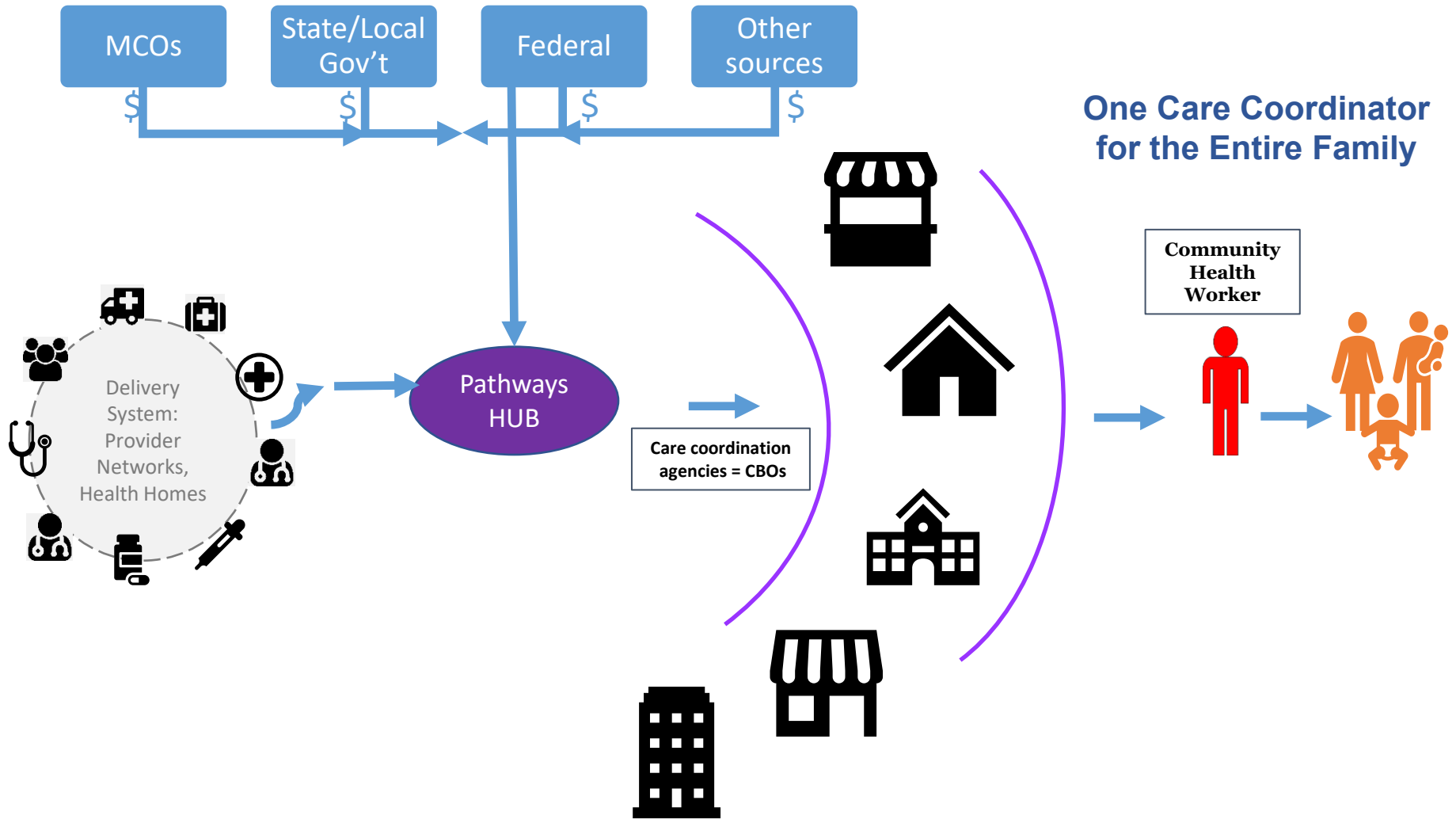
FAMILIES ARE FALLING THROUGH THE CRACKS

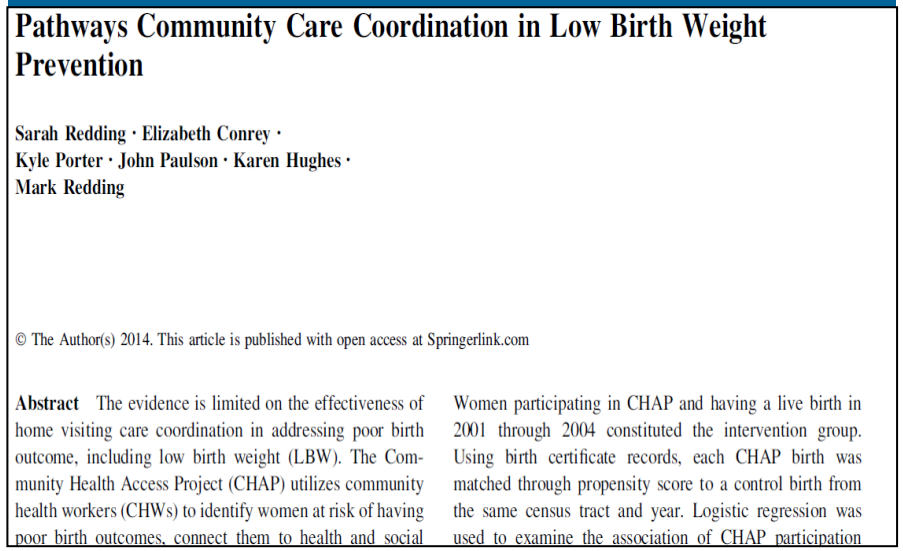


PATHWAYS HUB IN ACTION



OUTCOME IMPROVEMENT AND COST SAVINGS

Journal of Maternal and Child Health: 60% reduction in low birth weight and 500% return on investment



Pathways Community Care Coordination in Low Birth Weight Prevention

Sarah Redding · Elizabeth Conrey · Kyle Porter · John Paulson · Karen Hughes · Mark Redding

Abstract The evidence is limited on the effectiveness of home visiting care coordination in addressing poor birth outcome, including low birth weight (LBW). The Community Health Access Project (CHAP) utilizes community health workers (CHWs) to identify women at risk of having poor birth outcomes, connect them to health and social

Women participating in CHAP and having a live birth in 2001 through 2004 constituted the intervention group. Using birth certificate records, each CHAP birth was matched through propensity score to a control birth from the same census tract and year. Logistic regression was used to examine the association of CHAP participation

Centene's Buckeye Plan: Newborns born to mothers at risk for low birthweight delivery

- High risk: PMPM cost savings of $403
- Medium risk: PMPM cost savings of $252
- Low risk: PMPM cost savings of $171

94%

High risk have highest cost savings through inpatient services

$379

High risk: inpatient PMPM cost savings

PATHWAYS HUB RECOGNITION