Case Study: Wisconsin's Obstetric Medical Home Program Promotes Improved Birth Outcomes

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Introduction

State Medicaid agencies' role in financing nearly half of all births in the United States[1] has led to increased state interest and investment in innovative maternal care that improves birth outcomes and reduces overall health care costs. One promising delivery system reform effort is the use of medical homes to coordinate and provide high-quality perinatal care. Several states, including North Carolina,[2] Texas,[3] and Wisconsin, have implemented maternity- and pregnancy-focused medical homes as a part of larger efforts to increase health care access, coordination, and quality for pregnant women.

Wisconsin's Medicaid Obstetric Medical Home program:

- Improved the rate of postpartum care visits from 61.4 percent in 2013 to 85.5 percent in 2015; and
- Increased delivery of timely postpartum care and behavioral health care among enrolled women.

The following case study highlights Wisconsin Medicaid's strategic approach to improve health services for pregnant women through its Obstetric Medical Home program (OBMH). The initiative seeks to reduce racial and ethnic disparities, provide coordinated, high-quality, and patient-centered care, and improve birth outcomes for high-risk pregnant women. This case study is a companion to two other case studies on Tennessee and Oklahoma, and a 50-state environmental scan of state Medicaid performance measures, improvement projects, and incentives promoting women's health services.

Background

In 2015, the infant mortality rate in Wisconsin was 5.7 infant deaths per 1,000 live births and the infant mortality rate for black infants was almost double that of white or Hispanic infants in both Wisconsin[4] and the United States.[5] Racial disparities exist not only for infant mortality, but also for poor birth outcomes, such as low birth weight and preterm births, nationally.[6]

Medicaid financed 64 percent of all births in Wisconsin in 2014. Care coordination and prenatal care services for low-income women have been found to improve outcomes while reducing Medicaid costs for newborn medical care.[7, 8, 9] Health care before, during, and after pregnancy positively impacts a mother's health and reduces complications for both mother and infant.[10]

Wisconsin is an active member of the Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN), led by the National Institute for Children's Health Quality (NICHQ) and supported by the Maternal and Child Health Bureau (MCHB) within the Health Resources and Services Administration (HRSA). IM CoIIN promotes state efforts to prevent and reduce infant mortality and eliminate disparities in birth outcomes.

The maternity medical home is an evidence-based prenatal care model utilized by several states participating in the Centers for Medicare & Medicaid Services' Strong Start for Mothers and Newborns Initiative.[11] Implementation of the maternity medical home has resulted in improved health outcomes, such as reducing rates of low birth weight, Neonatal Intensive Care Unit (NICU) admissions, maternal smoking, and unnecessary emergency department visits.[12]

Fast Facts

- 2015 Infant mortality rate in Wisconsin: 5.7 deaths per 1,000 births
- 2015 Infant mortality rate in the US: 6.0 deaths per 1,000 births[13]
- Medicaid financed 64 percent of all Wisconsin births in 2014[14] (67,119 births)[15]
- In 2016, there were 66,982 births in Wisconsin

Overview of Wisconsin's Obstetric Medical Home Program

Wisconsin's OBMH program targets high-risk pregnant women and focuses on reducing birth disparities through effective, comprehensive, coordinated, and quality maternity care.[16] The goal of the OBMH program is to provide holistic care that addresses all of a pregnant patient's health needs, including chronic health conditions, behavioral health conditions, and psychosocial issues, such as domestic violence and unstable living conditions.[17] The OBMH pilot was initially piloted in Wisconsin's southeastern counties from 2011 to 2013, and expanded to additional counties in 2014.

To be enrolled in the OBMH, members must be in their first 16 weeks of pregnancy and must meet one or more of the following criteria:

- Be homeless
- Be younger than 18
- Be African American
- Have a pre-existing chronic health condition
- Have a prior poor birth outcome (e.g., low birth weight, preterm birth, neonatal death, or stillbirth)

Enrolled members are required to attend a minimum of 10 prenatal visits and a postpartum visit within 60 days of a live birth.

The Wisconsin Department of Health Services (the state Medicaid agency) contracts with Health Maintenance Organizations (HMOs), also referred to as managed care organizations in other states. The HMOs contract with medical home sites to provide OBMH services. Medical home sites can be a clinic or a network of clinics that provide services to pregnant women, and they must provide comprehensive care that meets members' diverse health needs during the pregnancy and postpartum period.[18] Medical home sites must designate an obstetric (OB) practitioner to serve as the main provider during the member's pregnancy.[19] This designated provider is responsible for leading the care team, serving as the point of entry for new issues that arise during pregnancy, and managing a spectrum of health needs to ensure a healthy birth outcome.[20] The care team also includes a care coordinator and primary care provider (PCP).

Care coordination is an important component of the program. Care coordinators are on-site with the member's OB provider and develop a mandatory care management plan for each member participating in the program. The care coordinator's responsibilities include:[21]

- Making referrals to services, such as dental care, behavioral health care, and providing follow up;
- Assisting with social determinant needs such as housing, nutrition, and transportation;
- Providing member education;
- Working with the OB provider, PCP, and patient to develop a care plan at the initial prenatal visit and then regularly updating the plan throughout the course of the pregnancy; and
- Ensuring that members are connected to a PCP and pediatrician and communicating any health concerns about the mother or infant to the PCP.

In addition to care coordination, home visiting services are a recommended component of the OBMH. Home visiting is a strategy that provides health, social, and/or educational services that can help support new mothers, babies, and healthy child development. Home visiting services have been shown to improve maternal and child health outcomes in areas such as reduced hospitalizations,[22] increased birth spacing intervals,[23] and identification of maternal depression.[24] Care coordinators discuss the option of home visiting with members to see if home visiting is a viable and helpful option for her and her family. Care coordinators work with the home visiting agency to plan visits and ensure the services provided are reflected in the care plan.[25]

Payment Model and Quality Incentives

Through the aforementioned structure of the HMOs and medical home sites, the OBMH program has several payment mechanisms to incentivize the delivery of high-quality perinatal services to enrolled women. Providers and medical home sites receive up to a $1,000 bonus payment for every member meeting enrollment criteria. Additionally, they are eligible for a second bonus payment of up to $1,000 for each member's positive birth outcome. If the mother has a poor birth outcome, the HMO must provide the enrolled mother and infant appropriate care and services for two years post-birth.[26] Prenatal care services are expected to reduce emergency department and NICU costs, which are included in the HMO capitation rate.

HMOs participating in the OBMH and Wisconsin Medicaid utilize the OB Medical Home Registry—an online database—to track enrolled members and to determine their eligibility for bonus payments to medical home sites.[27] Additionally, data in the OB Medical Home Registry are used for monitoring and subsequent adjustments to enhance efficacy and efficiency.

HMOs have also developed an OBMH collaborative to share best practices in quality improvement and provide a forum for training and discussion with participating provider sites, which can help reduce the administrative burden on providers.

Additional Quality Improvement Activities

In addition to the OBMH, Wisconsin has a number of quality initiatives and incentives in place to promote healthy pregnancies and birth outcomes for its Medicaid beneficiaries.

- Wisconsin Medicaid releases an annual HMO Report Card that rates Medicaid HMOs in five major areas of care, including pregnancy and birth-related care.[28] Report cards can be used by new Medicaid beneficiaries to evaluate HMOs' quality of care before enrolling.
- A Pay for Performance program allows Medicaid HMOs to earn back a portion of a 2.5 percent withhold (based on the capitation rate) by meeting benchmark standards for predetermined prenatal and postpartum care measures.[29] To improve performance on these specific measures, five health plans implemented performance improvement projects[30] in fiscal year 2015-2016.[31]
- Medicaid HMOs are required to report on the "frequency of ongoing prenatal care" as a Healthcare Effectiveness Data and Information Set (HEDIS) measure, or be subject to a $10,000 penalty.[32]
- Wisconsin Medicaid operates a Hospital Pay for Performance program that requires hospitals to collect data on two perinatal performance measures — cesarean section rate and newborn screening turnaround time. If hospitals meet the statewide average target for both measures, they are eligible to receive 100 percent of a $2 million incentive payment. If hospitals only meet one performance measure, they are eligible to receive 75 percent of the $2 million incentive payment.[33] The program is funded by $5 million from a hospital assessment levy. The hospital assessment levy applies to acute care, rehabilitation, and critical access hospitals, and is matched by federal dollars.[34, 35]

Medicaid and Public Health Collaboration

The Division of Public Health (DPH) has been a long-term Medicaid partner in Wisconsin's ongoing efforts to improve birth outcomes.

- Medicaid and DPH collaborate on the OBMH design, HMO contract language, performance monitoring and training, and identifying and sharing evidence-based practices.
- Medicaid and DPH learn from each other through quarterly collaborative meetings that are primarily centered on improving access to care, best practices in maternal and infant care, provider communication, and data linking and sharing.
- Medicaid/OBMH and DPH also collaborate as part of the state's participation in the federal Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN), which is actively working to reduce infant mortality and improve birth outcomes statewide.

Current Results and Next Steps

Wisconsin Medicaid supports multiple ongoing activities that promote the health of mothers and their babies. According to External Quality Review reports, the OBMH has led to an improvement in the rate of postpartum care visits between 61.4 percent in 2013[36] and 85.5 percent in 2015.[37] Additionally, an evaluation of the 2011-2013 pilot program found that the OBMH improved the receipt of timely postpartum care and behavioral health care among enrolled women.[38] Additional data detailing outcomes and impact of the OBMH are expected as the program continues. The maternity medical home has promising results to deliver high-quality care to pregnant women and to improve health outcomes for both mothers and babies.

Endnotes

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