

Maternal and child service coordination in NC during a period of changing Medicaid policies

Rebecca Wells & Dorothy Cilenti

North Carolina Institute for Public Health
Gillings School of Global Public Health
University of North Carolina, Chapel Hill



2



Aims of the **North Carolina Public Health Practice-Based Research Network (NC PBRN):**

- Identify key practice-focused research questions
- Conduct collaborative research projects
- Share the results to improve public health systems and services

Members of the PBRN:

- Central North Carolina Partnership for Public Health.
- UNC-Gillings School of Global Public Health
- NC Institute for Public Health

- Alamance
- Caswell
- Chatham
- Durham
- Guilford
- Orange
- Person
- Rockingham
- Wake





Study Team Members:

UNC

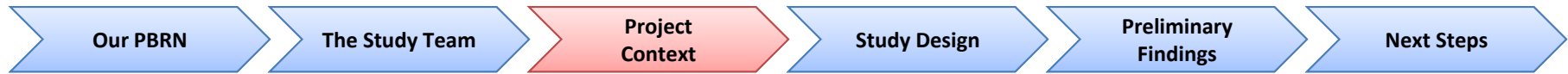
- Rebecca Wells, PhD
- Dorothy Cilenti, DrPH
- Hye-Chung Kum, PhD
- Shirley Richards
- Ravi Goyal, MS
- Matthew Schnupp, RN, BSN

NC State Center for Health Statistics

- Timothy Whitmire PhD

Orange County Health Department

- Rosemary Summers, DrPH



Context: Maternal and child service coordination

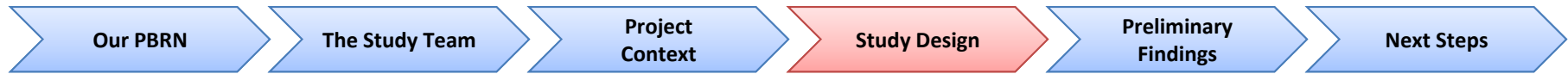
- 10/2009, Medicaid reimbursement cut by 19%
- 7/2010, maternal outreach workers no longer reimbursed
- 3/2011, medical homes model initiated

Objectives:

- To consider how recent public health case management restructuring has affected case management, and what health department factors moderate these effects.

Outcome:

- A better understanding of how case management services have changed due to ongoing financial and structural changes in maternal and child programs, and what health department strategies will best sustain services in this context.



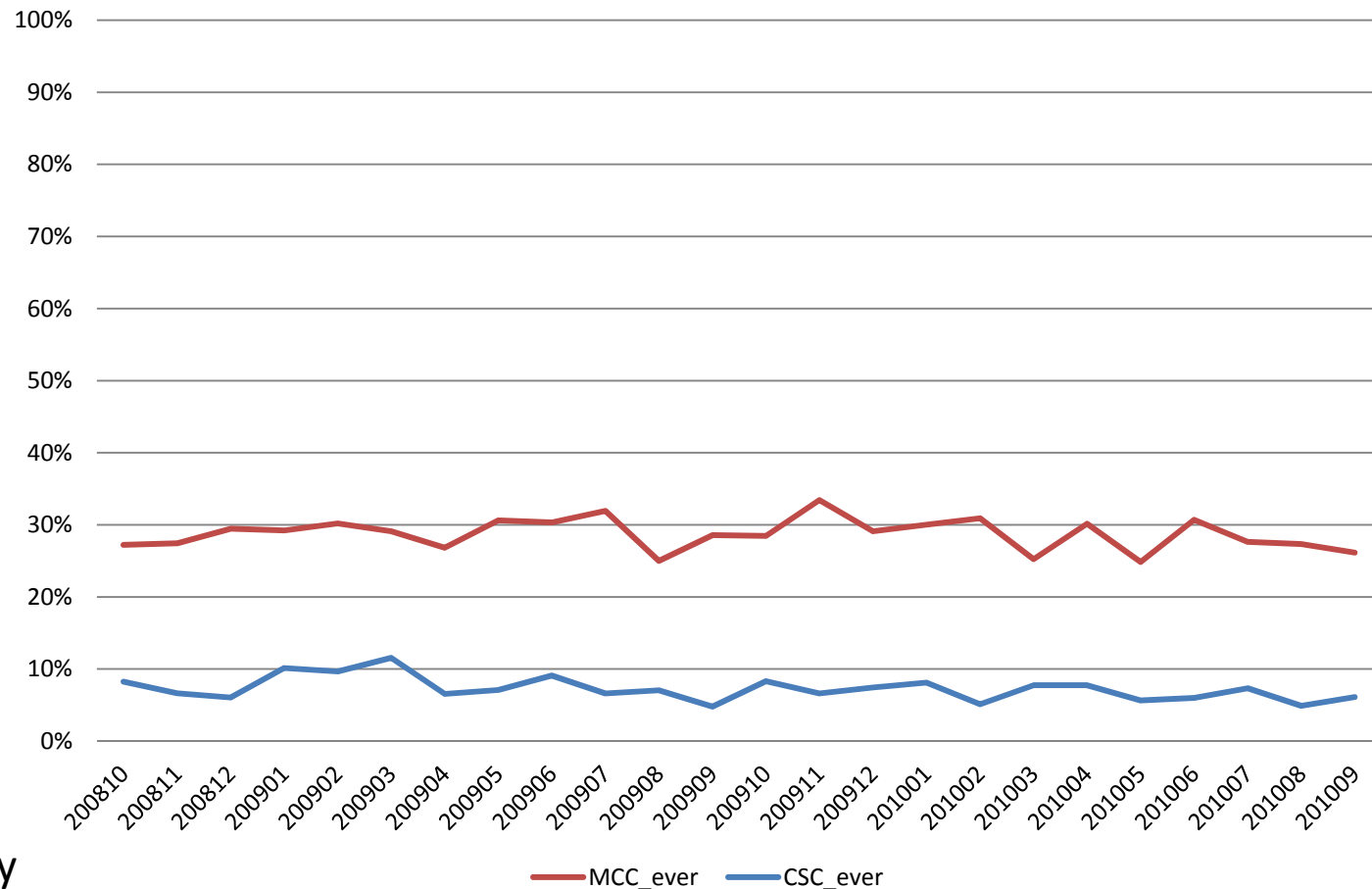
Conducted Using a Multi-Method Study Design:

- **Quantitative:**
 - NC local health departments (n=85): previously collected national survey, state performance, and financial data + 2011 local health department survey
 - Individuals served (n=8,000 mother-infant pairs): Medicaid eligibility and claims data for random sample of infants born between 10/2008 and 9/2010
- **Qualitative:**
 - Case study (n=4 health depts)
 - Re-focused to examine implementation of 2011 shift to medical homes





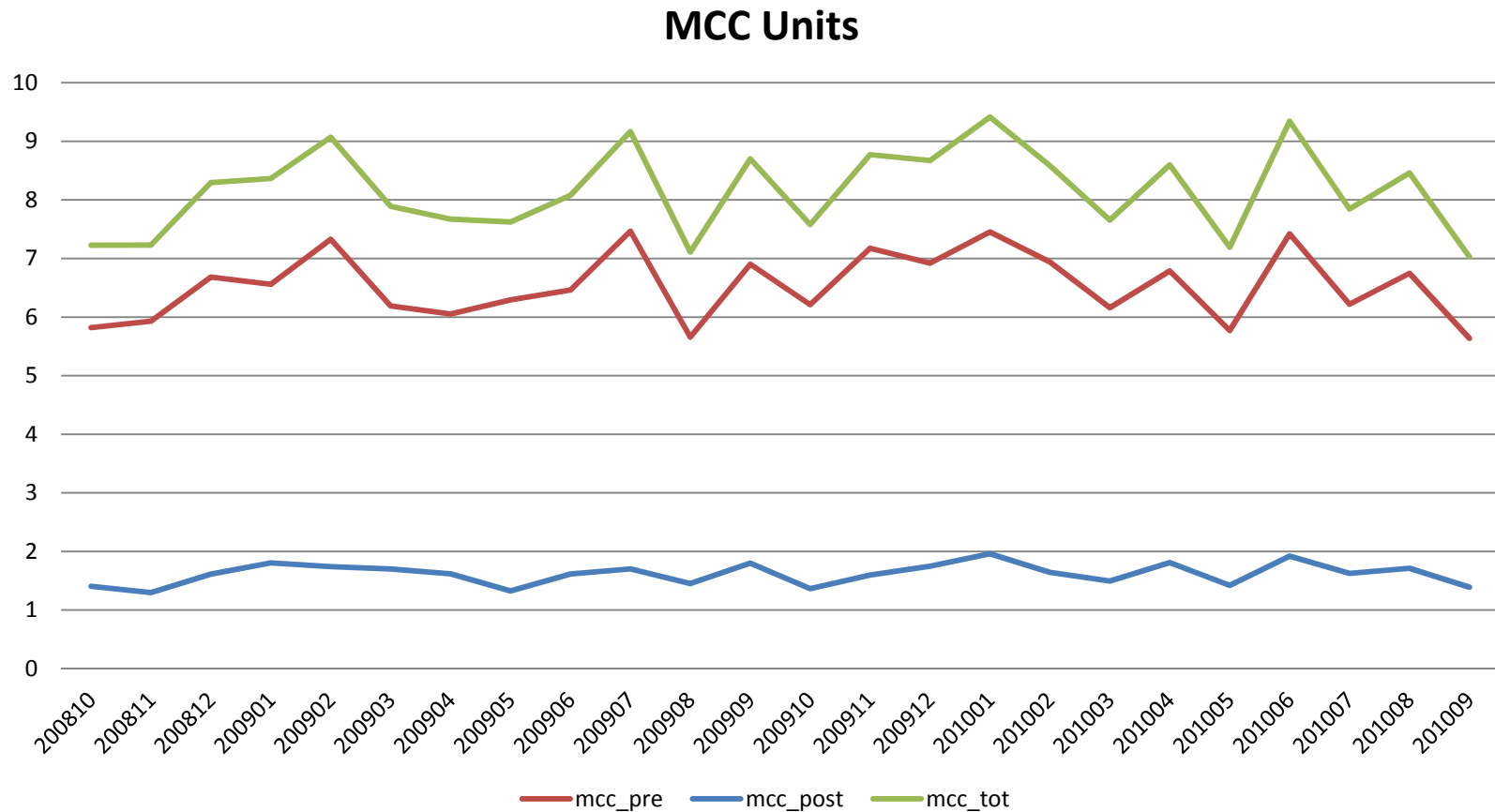
Medicaid claims data: Proportions of mothers and infants enrolled in care coordination before and after reimbursement cuts



Preliminary statistics



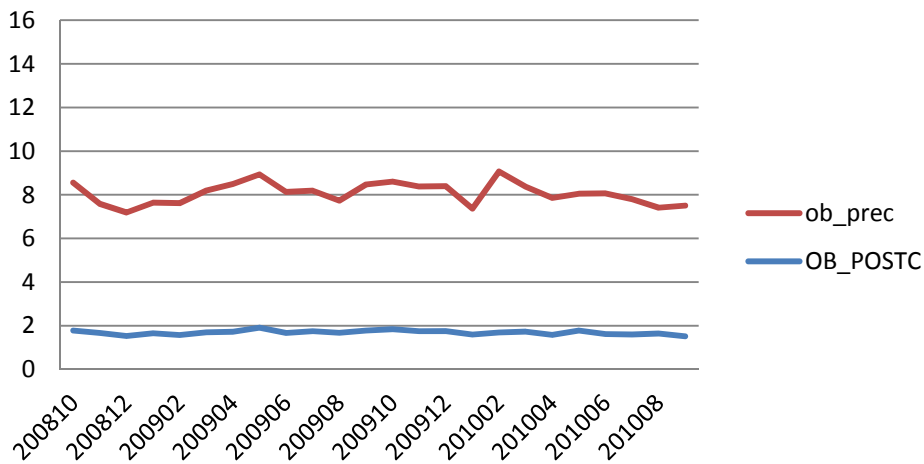
Medicaid claims data: Did health departments provide less Maternity Care Coordination after reimbursement cuts to pregnant women?



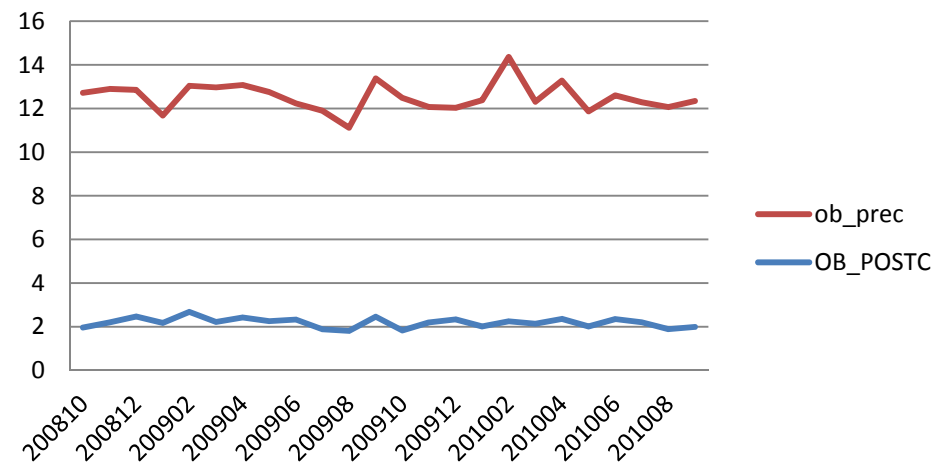


Medicaid claims data: How do Maternity Care Coordination participants compare to other pregnant women?

Number of OB visits-non MCC



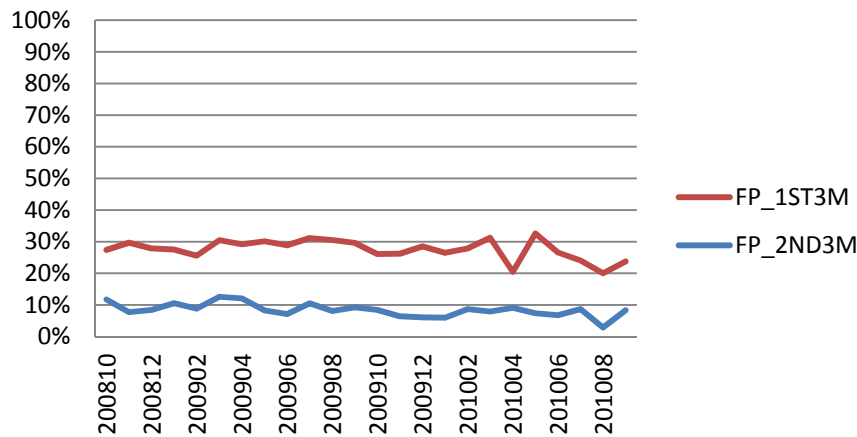
Number of OB visits - MCC



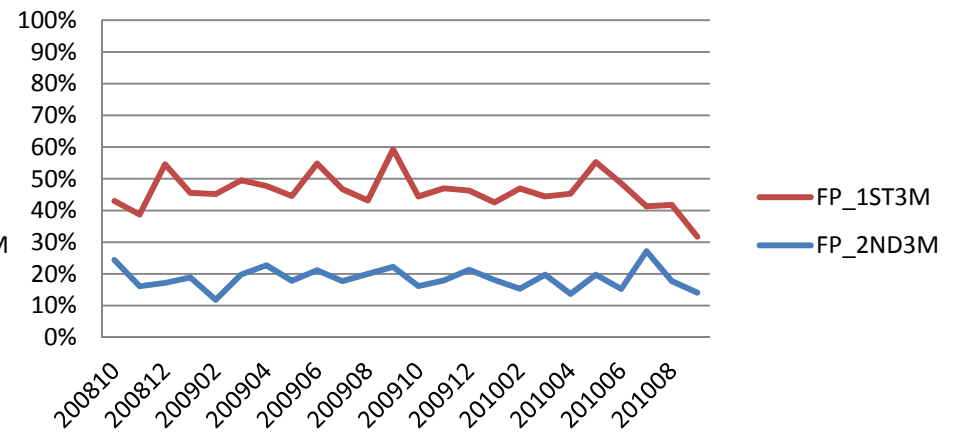


Medicaid claims data: How do Maternity Care Coordination participants compare to other women?

Family Planning - Non MCC



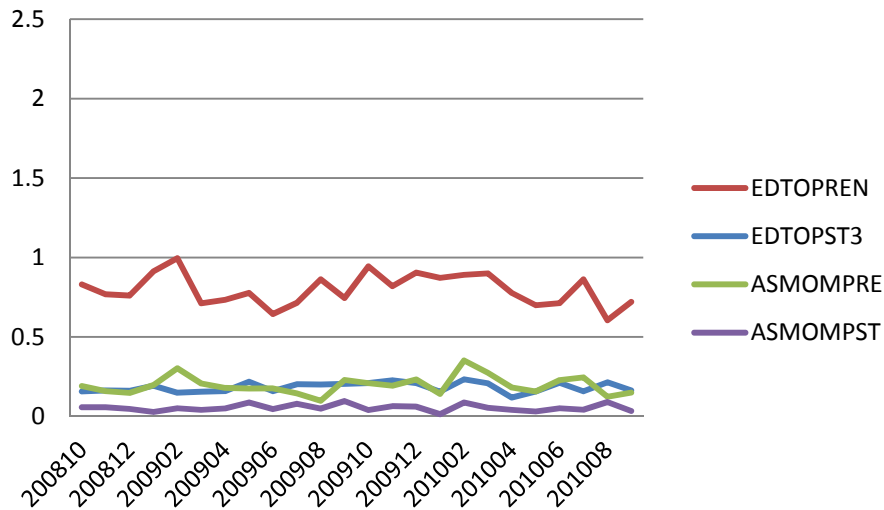
Family Planning - MCC



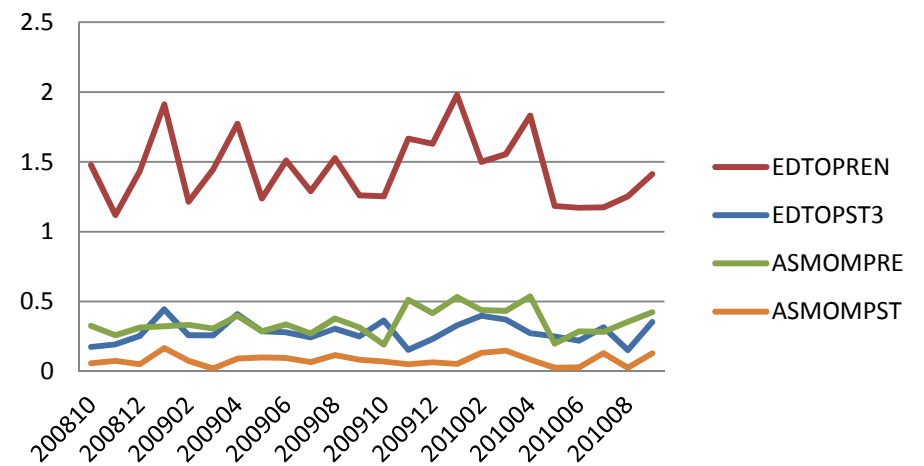


Medicaid claims data: How do Maternity Care Coordination participants compare to other women?

MOM ED- non MCC



MOM ED - MCC





Case study: As of March 2011, as part of medical homes model:

Providers now conducting most of the initial screens

Screens intended to identify women with high medical risk

Care management now capitated; tailor level of attention to individuals' needs

Designated care managers assigned to medical offices

Care managers use managed care information system

Evaluated largely on clinical and cost outcomes



Case study: **Initial impressions of medical homes actuality**

Some providers worry about mothers who do not meet new risk criteria –write in the margins

Agreement that not every pregnant woman needed care management – although our data suggest already high needs group

Significant differences in both provider and care manager implementation of medical homes model

Despite extensive state training and required planning, some front line staff still uncertain about new roles, not evaluated on implementation fidelity



Next Steps in quantitative analyses:

- Probe for differential trends in different areas (urban/rural)
- Test for change in service receipt after 10/2010 funding cuts
- Test associations between health department resources, leadership and service use and outcomes

Next steps in case study analyses:

- Using Damschroder et al.'s Consolidated Framework for Implementation Research, code health department staff and provide interviews to examine extent of implementation and factors affecting, including quality of written plans
- Analyze mothers' interviews
- Probe for why some health departments have implemented medical model more fully thus far



Additional HRSA Grant to revisit evidence base for care coordination:

- Associations between care coordination and service use and outcomes, comparing across key subgroups
 - **Marianne Hillemeier, PhD, MPH** - Pennsylvania State University
 - **Marisa Domino, PhD** - University of North Carolina at Chapel Hill
 - **Dorothy Cilenti, DrPH, MPH, MSW** – NC Institute for Public Health

RWJ methodological supplement to address endogeneity:

- Applying econometric techniques to reduce effects of potentially confounding differences between individuals who enroll in care coordination and those who do not
- **Marisa Domino, PhD** - University of North Carolina at Chapel Hill



References

1 - <http://www.north-carolina-map.org/north-carolina-map.jpg>

2 - <http://photohome.com/pictures/baby-pictures/mother-and-child-1a.jpg>

3 - <http://hirewellnow.com/blog/assets/content/jbs%20images/interviewing-pic.jpg>

4 - <http://magicshow2go.com/wp-content/uploads/2009/02/questions-250px-240x300.jpg>

