



State Health Agency Examples: Making an Impact on Population Health

North Carolina Establishes Pregnancy Medical Homes Initiative

Overview

The North Carolina Division of Public Health (NCDPH) has been instrumental in the creation of a new pregnancy-care model for Medicaid recipients that establishes what they call Pregnancy Medical Homes (PMHs). The PMH initiative provides essential support to pregnant women, linking community resources with health care providers to provide the best chance for healthy pregnancies, deliveries, and newborns.

The NCDH has been leading the implementation of the PMH initiative from the previous targeted case management program—full implementation is expected by April 1, 2012. The PMH model incorporates Pregnancy Care Management Services. Care managers (nurses and social workers) from local health departments are assigned to PMH practices to provide case management for high-risk pregnant Medicaid recipients in the practice. The care manager completes a comprehensive assessment on each recipient who screens as high risk for poor birth outcomes. The level of services provided to recipients is based on their needs and risk level. Care managers closely monitor high-risk pregnant women through regular contacts with the physician and patient to promote a healthy birth outcome.

To qualify for participation as a PMH, the provider must agree to the following:

- Ensure that no elective deliveries (induction and cesarean section) are performed before 39 weeks of gestation
- Offer and provide 17p (17 alpha hydroxyprogesterone) to eligible patients
- Maintain a primary cesarean section rate at or below 20 percent
- Complete a standardized risk screening on each pregnant Medicaid recipient at the first prenatal appointment
- Integrate the plan of care with the local pregnancy-care management program

Licensed qualified private physicians and public or private clinics organized for the delivery of obstetrical care can become PMH practices by signing a contract with their local Community Care of North Carolina network.

Population Focus

Pregnant and postpartum women, who are Medicaid recipients in North Carolina.

Role of State Health Agency

As a key partner in the development and implementation of the Pregnancy Medical Home the NCDPH has provided health statistics on the pregnancy outcomes, identified national standards of care and best practices, engaged and convened health care providers and local health departments, and helped develop the pregnancy risk-screening tools. NCDPH has provided leadership and oversight in the development and implementation of pregnancy-care management services. Importantly, NCDPH will continue to oversee the health impact of PMHs and coordinate with local health departments and the Women, Infant, and Children (WIC) Nutritional Supplemental Program for early identification of possible program participants and referral to PMH providers.

Key Partners

NCDPH is partnering on the initiative with the North Carolina Division of Medical Assistance (state Medicaid), local health departments, Community Care of North Carolina (CCNC), local CCNC networks, health care providers serving Medicaid pregnant women, the North Carolina Medical Society, and other physician leaders. They are also working with the state's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; local mental health agencies; local substance abuse treatment programs; UNC Center for Maternal and Infant Health; legislators; March of Dimes; Division of Social Services; local departments of social services; and the state Maternal Child Health Program including the WIC program and other home-visitation programs.

Payment Mechanism

The state Medicaid program funds the local Community Care Networks who contract with their local health departments to provide pregnancy care management services. The funding is provided using a capitated payment system of \$5.22 per member per month on the base county population of Medicaid-eligible women aged 15 to 44.

Through the state Medicaid program, Pregnancy Medical Home providers receive \$50 for completing the risk-screening tool during the recipient's initial visit and \$150 after completing the postpartum visit. PMH providers also receive an increased physician reimbursement rate for vaginal deliveries to equal the rate of reimbursement for cesarean deliveries and are exempt from obtaining prior approval on ultrasounds.

Expected Health Outcome

By the end of the state FY 2012, the initiative is expected to achieve improved birth outcomes among Medicaid recipients, with the following results:

- Decreasing the primary cesarean section rates to 20 percent or less
- Decreasing primary cesarean section rates among term patients with a singleton, vertex fetus to 16 percent or less
- Decreasing the rate of low-birth-weight and very-low-birth-weight babies by 5 percent in the first year and an additional 5 percent in the second year.

Conclusions

The North Carolina Department of Public Health has led the development of the state Pregnancy Medical Home Initiative, providing health statistics analysis, identifying national standards of care, convening essential partners, and evaluating health outcomes. The Pregnancy Medical Home provides an excellent model of a targeted, systematic approach to improving population health. Importantly this model builds on the successes of Community Care of North Carolina, providing critical linkages between clinical care and community resources. Although currently targeted at Medicaid recipients, this model could be replicated for all at-risk pregnancies with support by other payers. This is also a model of population health improvement that could be applied to other targeted high-risk individuals with diabetes, heart disease, or cancer. The payment model is structured to support optimum quality of care and funds both clinical care providers and community care managers.