



State Health Agency Examples: Making an Impact on Population Health

Texas Champions Healthy Babies Initiative

Overview

The Healthy Texas Babies Initiative was launched by the Texas Department of State Health Services (TXDSHS) under the leadership of Texas Health Commissioner David Lakey, MD. The initiative draws from emerging best practices nationally and recent successes of the Kentucky state health agency to reduce medically unnecessary preterm deliveries prior to 39 weeks gestation and involves multiple partners for a comprehensive approach to improving birth outcomes.

The Texas Department of State Health Services (TXDSHS) has done an in-depth analysis of birth outcomes across the state. Texas's preterm birth rate in 2009 was 13.6 percent as compared to the national rate of 12.3. Over half (55%) of all Texas births (225,000) are paid by Medicaid, totaling over \$2.2 billion per year in birth and delivery-related services for moms and infants. The hospital DRG costs for a healthy infant are estimated at \$404. Yet for a preterm infant the cost rises dramatically to \$63,124. DSHS also found that in 2007, 38.1% of single-birth inductions were performed before 39 weeks of gestation. Additionally infant mortality and prematurity rates are significantly higher among non-white Texans.

The Healthy Texas Babies Initiative involves multiple partners in a comprehensive approach to improve birth outcomes. The initiative includes a statewide network of stakeholders known as the Expert Panel who convene every six months to identify the opportunities, challenges and best practices to reduce infant mortality. Expert Panel members are representatives of community organizations, insurance companies, hospital systems, members of faith communities, clinicians and others. The Expert Panel works with members of state agencies on workgroups and committees to shape deliverables related to specific interventions.

For example, after the first meeting in January 2011, the Expert Panel established three workgroups to develop recommended interventions to improve birth outcomes at the community level, the healthcare provider perspective, and the payer perspective. For example, the workgroup that focused on payers, suggested components of a Healthy Texas Babies hospital designation to use for possible payment incentives, and developed recommended guidelines to help payers identify pregnant plan members early in order to promote healthy pregnancy behaviors. TXDSHS will work with agencies and organizations to enact policies identified by the workgroups.

A focus of the Healthy Texas Babies Initiative is to eliminate preterm deliveries prior to 39 weeks gestation when the deliveries are not medically necessary. When babies are delivered before 39 weeks gestation, the rate of infant mortality and poor birth outcomes is far greater than when babies reach full term before delivery. A key partner in this effort is the Texas Health and Human Services Commission (THHSC) which directly oversees the Medicaid program, in addition to other agencies including TXDSHS.

During the most recent state legislative session, the THHSC was directed to develop quality initiatives and implement cost cutting measures designed to reduce the number of elective or non-medically indicated induced deliveries. House Bill 1983, 82nd Regular Session, supports a reduction in elective deliveries by induction or C-section through provider education and training. In response to the legislation, beginning October 1, 2011, providers billing Medicaid for labor and delivery were required to include a modifier on claims to indicate whether deliveries were non-medically indicated and less than 39 weeks, medically-indicated and less than 39 weeks, or greater than 39 weeks. Those without a modifier and those indicating they are not medically indicated will be denied payment. Those indicating medically-indicated less than 39 weeks will be subject to audit by the Texas Office of the Inspector General.

In addition, the impact of the work will reach far beyond Texas. In October 2011, Dr. Lakey began his term as the president of the Association of State and Territorial Health Officials (ASTHO), and he has issued a challenge to the state health officials of all the states, territories and freely associated states to make healthy birth outcomes a priority. Leading up to this national challenge, Dr. Lakey worked with his colleagues in HHS Regions IV and VI to develop a regional quality-improvement project focused on decreasing infant mortality, with an initial emphasis on prematurity. ASTHO is collaborating with the Maternal and Child Health Bureau of HRSA, the Association of Maternal and Child Health Programs, the March of Dimes, and other partners to develop this national initiative to decrease infant mortality and prematurity. The integrated approach will enable state health agencies to link with federal and state MCH program leaders to strategically collaborate across programs in addressing this critical issue and in advancing evidence-based and promising practices that offer hope for real change in infant mortality rates.

Population Focus

Pregnant women and infants.

Role of State Health Agency

The Texas Department of State Health Services has provided significant leadership at the local, state, regional, and national level to draw focus on policies that can help reduce infant mortality. Early focus has been on analyzing state and national data; convening key partners to develop a strategic approach to change; engaging national experts, including leaders from HRSA, MCH Bureau, and the March of Dimes; and creating a national steering committee to advise on best and promising practices. Drawing from the experience of local state and national partners, significant policy levers for impact have been identified, including a Medicaid reimbursement mechanism that effectively reduces births prior to 39 weeks of gestation.

Key Partners

Led by the state health agency in partnership with health care providers, Medicaid agency, hospital administrators, family and community support services for pregnant women and their families, legislators and state and local chapters of the March of Dimes.

Payment Mechanism

Payment for deliveries in Texas is provided through both public and private insurance generally as a bundled payment. The Healthy Texas Babies initiative has first focused on Medicaid payments to eliminate payments for non-medically necessary preterm deliveries prior to 39 weeks. Additionally, the Texas legislature appropriated \$4.1 million in state general funds to reduce late preterm births and infant mortality rate with the goal of saving approximately \$7.2 million in Medicaid costs over 2 years. Grants will fund local coalitions of key partners to implement evidence-based interventions.

Expected Health Outcome

Texas:

- Improve birth outcomes by reducing infant mortality and prematurity
- Reduce preterm births by 8% by 2013 (from 2008 rates)

U.S.:

- Focus on improving birth outcomes as state health agencies work with state partners on health and community system changes.
- Create a unified message that builds on the best practices from around the nation and the efforts from Regions IV and VI, which can be adopted by states, U.S. territories, and freely associated states.
- Develop clear measurements to evaluate targeted outreach, progress, and return on investment.

Conclusion

State health officials and their agency leadership teams have a key role in addressing infant mortality and birth outcomes. Critical to a comprehensive approach is an understanding of the national, state and local health outcomes data; the ability to convene key partners across multiple sectors that will support best and promising practices; and a focus on implementation of policy levers that will affect population health. Success will be achieved through collaboration and the support of national, federal, and local partners and private and nonprofit entities. This priority attention on infant mortality can demonstrate how public health leadership with support for convening, planning, assessment, and implementation can quickly move from a local and state initiative to a regional and national approach to improve population health.

Reductions in infant mortality and preterm births could yield substantial cost savings. An IOM report estimated the 2005 annual societal economic cost (medical, educational, and lost productivity) associated with preterm birth in the United States was at least \$26.2 billion, or \$51,600 per infant born preterm. Cost savings are likely to benefit CMS, for example the majority of states in Regions IV and VI have more than 50 percent of births covered by Medicaid.

Related Example

In 2008 the Kentucky Department for Public Health developed a comprehensive initiative to address one of the key drivers of poor infant outcomes and costs, with a specific focus on preventable preterm births. The statewide initiative was led by Dr. William Hacker, who was commissioner at the time, and Maternal Child Health Director Dr. Ruth Ann Sheppard, who partnered with local providers, hospitals, and statewide groups including the state Medical Society, Kentucky Hospital Association, and March of Dimes. In the first two years of this initiative, Kentucky reported a decrease in preventable preterm births while saving hospital costs and potential life-threatening or lifelong disabilities for infants born before 39 weeks. The Kentucky Department of Public Health strategy includes four key components: 1) convening key partners, 2) supporting implementation of evidence based practice in the clinical and community setting, 3) providing support for patients, and 4) raising public and community awareness.

References

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Health and Human Services Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) and Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas).