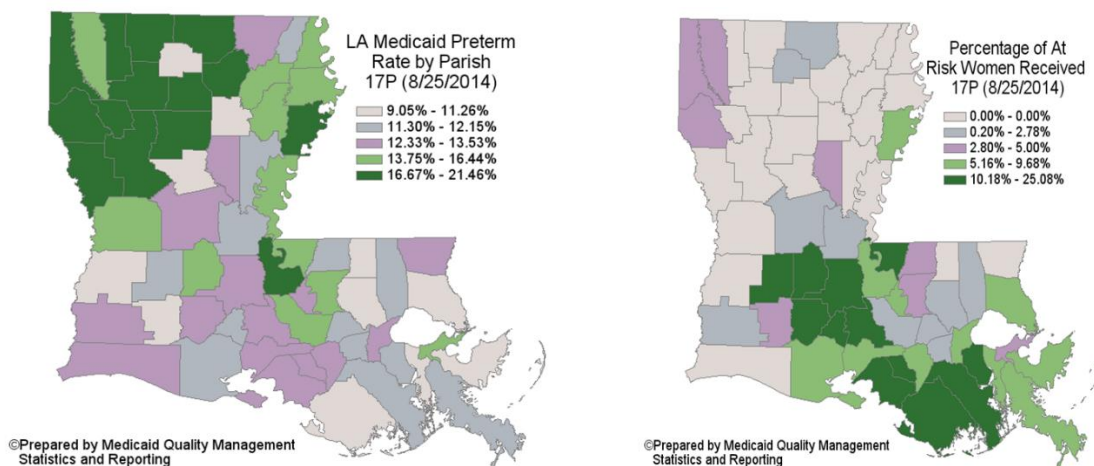


Louisiana Public Health and Medicaid Team Up to Increase 17P Access and Reduce Preterm Birth Rate
To remove barriers that physicians face in ordering and administering 17P, Louisiana has merged its vital records with Medicaid data to share with Medicaid managed care plans, and created a pay-for-performance measure to encourage these plans to significantly increase the percent of eligible women getting 17P.

Progesterone is a natural hormone that plays a key role in conception and in maintaining pregnancy. Synthetic progesterone treatments can help prevent preterm birth in women who have had a prior preterm birth.¹ 17-alpha-hydroxyprogesterone (17P), an injectable form of progesterone, has been proven effective in preventing preterm birth. Preterm birth is the leading cause of infant mortality, and a leading contributor to pregnancy costs in the United States.² The Society for Maternal and Fetal Medicine³ and the American College of Obstetricians and Gynecologists⁴ recommend using 17P for women with a history of spontaneous preterm birth. However, in Louisiana, just 5 percent of women who are eligible for 17P receive the drug (see state maps below).



Rebekah Gee, MD, MPH, MS, Medicaid Medical Director, Louisiana, 2015

Two challenges to providing progesterone have been that (1) Medicaid managed care plans do not receive the pregnancy history of patients early enough to encourage use of 17P, and (2) women may enter prenatal care too late for appropriate initiation, given that FDA indicates 17P beginning between weeks 16 and 20 of gestation. Louisiana has traditionally relied on vital records to document premature births, but there was a three month lag-time in the transmission of this data, creating missed opportunities to identify eligible women. Additionally, not all pharmacies have access to 17P, so even when women are identified in time and appropriately prescribed the treatment, they may not be able to access to it.

With these supply-chain issues and difficulties identifying women eligible for 17P, the Louisiana Department of Health and Hospitals (LDHH) decided to take a multipronged approach to increasing women's access to the drug. LDHH now gives Medicaid managed care plans data on history of prior preterm birth at the time of enrollment into Medicaid—allowing for immediate case management of high-risk individuals. By allowing managed care plans access to linked vital records and Medicaid data,

and creating a state-wide pay-for-performance data measure, Louisiana is demonstrating leadership on this important public health issue.

Steps Taken:

- In September 2014, LDHH linked vital records data with statewide Medicaid data.
- The linked vital records and Medicaid data generate a weekly report of women who have had a previous preterm birth and therefore, are potentially eligible for 17P. This report is generated through an automated system and is able to occur due to the ability for data sharing between Medicaid and Public Health.
- This list is shared with Medicaid managed care plans. This ensures that women who are eligible for 17P are easily identified upon registering with their plan and allows plans to conduct immediate outreach. This step was taken to avoid missed opportunities for 17P administration.
- LDHH worked with Medicaid to create an injectable progesterone pay-for-performance measure for Medicaid managed care plans, the first of its kind in the nation.
- The pay-for-performance target for Louisiana's Medicaid managed care plans is to increase the percent of eligible women receiving 17P from the current 5 percent to 20 percent. This would result in approximately 600 more at-risk women receiving 17P.
- Plans have \$2.5 million at stake through the new measures, and could lose up to \$250,000 for not meeting the progesterone-specific measure.
- Louisiana is also working through a state Medicaid plan amendment to increase the price paid for compounded 17P to \$75, up from \$19, hoping to incentivize providers to order and administer the drug.
- Louisiana Medicaid covers both the name-brand, FDA-approved drug, Makena, and the compounded 17P product in both inpatient and outpatient settings and has disallowed preauthorization for any type of progesterone, eliminating a barrier for physicians in ordering the drug.
- In response to a statewide survey indicating that difficulty ordering 17P was a barrier to care, LDHH partnered with the Louisiana Hospital Association to create a website called [17P Louisiana Resource Center](#). The website is designed to streamline the ordering process for providers.
- All risk-bearing Medicaid managed care plans in the state now offer home administration of 17P, eliminating barriers to administration for women struggling with transportation or time to get to physicians' offices.
- Louisiana had partnered with the Louisiana Hospital Association to conduct provider education throughout the state to ensure that providers were aware of the state's incentives for 17P administration.

- In Louisiana, just 5 percent of women who were eligible for 17P received the drug.
- 17P is indicated for initiation between the 16th and 20th week of pregnancy, but many women do not visit their doctor until after that time, creating missed opportunities for 17P administration.

- In February 2015, Louisiana began participating in a three-year quality collaborative that will include progesterone as one of the three primary areas of focus. As part of this initiative, the state requires Medicaid managed care plans submit monthly data reports.
- Amerigroup, an insurer in Louisiana, won a Strong Start grant from the Centers for Medicare and Medicaid Services. Amerigroup subcontracted this grant to a health education center in the state, which plans to use the funds to promote [Centering Pregnancy](#), a group prenatal care education program. Louisiana sees the Centering Pregnancy program as a potential way to increase 17P acceptance among women.

Results:

- Louisiana plans to receive monthly metrics on Medicaid managed care plans' progress toward meeting the goal of increasing eligible women receiving 17P from 5 to 20 percent.
- Due to the lag time to receive Medicaid claims in Louisiana, the typical 40-week infant gestation period, and the relatively recent nature of Louisiana's 17P efforts, the impact these efforts have on preterm births cannot be established at this point.
- Louisiana's 17P efforts has led Lammico, a lead malpractice insurer in the state, to create [free continuing medical education](#) on all forms of progesterone for providers, allowing them to get 10 percent off their annual malpractice dues.
- The home administration of 17P has more than quadrupled the use of 17P in Medicaid patients.

Lessons learned:

- Medicaid is an important partner that needs to be included in every phase of the process. LDHH realized that its work began to accelerate when Medicaid was brought to the table. Additionally, many of the women who would benefit from 17P are covered through Medicaid managed care plans, so working through Medicaid is the best way to impact the largest percent of eligible women.
- State public health and Medicaid complement each other, creating opportunities for public health innovation to address unmet needs. For example, Medicaid has leverage around funding and public health has the content expertise needed enact change.
- Other partnerships, like those with the Louisiana Hospital Association and Lammico, have helped drive this work to increase administration of 17P. Collaboration with the March of Dimes local office was also significant, and likewise helped drive the March of Dimes' efforts at the national level.
- It is important to budget enough time and staff for initiatives like this. It took the state three years to get the linked vital records data registry off the ground, and took more political will and human resources than initially anticipated.
- Progesterone access is complicated by corporate behavior. Recent events have led to a decline in availability of compounded 17P, which highlights the importance of working with individual providers to make sure that they can obtain injectable progesterone to patients.
- Home administration can be a very effective means of delivery for many patients because it works around transportation barriers.

State Story



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¹ Medicaid Health Plans of America Center for Best Practices. "Preterm Birth Prevention: Evidence-Based Use of Progesterone Treatment: Issue Brief and Action Steps for Medicaid Health Plans." November 2014. Available at: http://www.mhpa.org/_upload/PTBIssueBrief111714MHPA.pdf. Accessed 1-16-2015.

² *Ibid.*

³ Society for Maternal-Fetal Medicine Publications Committee with the assistance of Vincenzo Berghella, MD. "Progesterone and preterm birth prevention: translating clinical trials data into clinical practice." *Am J Obstet Gynecol.* 2012;206:376-386. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/22542113>. Accessed 6-2-2015.

⁴ American College of Obstetricians and Gynecologists (ACOG). "ACOG practice bulletin no.130: prediction and prevention of preterm birth." *Obstet Gynecol.* 2012 Oct;120(4):964-73. Available at: http://www.mhpa.org/_upload/ACOGPracticeBulletinNo130_PredictionandPreventionofPretermBirth_Oct2012.pdf. Accessed 6-2-2015.