
Pregnancy Medical Home Pilot Progress Report

**As Required By
H.B. 1605, 83rd Legislature, Regular Session, 2013
(Now codified as §531.0996, Government Code)**

**Health and Human Services Commission
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Table of Contents

EXECUTIVE SUMMARY	1
INTRODUCTION	2
BACKGROUND.....	2
H.B. 1605.....	3
HHSC SITE SELECTION PROCESS AND LIMITATIONS.....	4
HHSC CONTRACT AMENDMENT	5
THE CENTER.....	5
EVALUATION PLAN	5
RESEARCH QUESTIONS	6
PRELIMINARY DATA.....	7
PREGNANCY MEDICAL HOME PILOT OUTCOMES AND RECOMMENDATIONS	7
CONCLUSION	7

EXECUTIVE SUMMARY

In accordance with House Bill 1605, 83rd Legislature, Regular Session, 2013, (now codified as §531.0996, Government Code), the Health and Human Services Commission (HHSC) implemented a pilot program in Harris County to evaluate the effectiveness of a pregnancy medical home model for Medicaid clients. HHSC is operating the pilot program via a contract amendment with a managed care organization (MCO) participating in Medicaid. Section 531.0996 also requires HHSC to prepare and submit a report on the progress of the pregnancy medical home pilot program by January 2015 that includes, to the extent possible, recommendations as to whether the pilot program should be continued, expanded, or discontinued.

To expedite the collection of data and conduct the pilot program using existing funds, HHSC established the pilot program through a contract amendment with Texas Children's Health Plan (TCHP) effective April 1, 2014. Given the timeline for the pilot study, HHSC opted to select an existing clinic as the pilot study site. All Medicaid MCOs in Harris County were eligible to propose a clinic already operating as a pregnancy medical home to participate in the pilot program. However, TCHP is the only MCO in Harris County that was already operating a program meeting the statutory requirements of a pregnancy medical home. The Center for Children and Women (the center), operated by TCHP, was selected as the pilot study site as it met the requirements of a pregnancy medical home. TCHP is participating in program evaluation activities required by HHSC including: providing encounters data, client medical record information, and contact information for Medicaid clients and Harris County TCHP contracted prenatal care providers. HHSC has developed an evaluation plan that outlines the study design, research questions, and methods.

At the time of this report, outcomes data are not available in a form sufficiently complete to allow for final conclusions. HHSC anticipates that the pilot program must enroll and actively care for individuals for at least 24 months to capture sufficient data to determine the effectiveness of the pilot program. On or before December 31, 2016, HHSC will cease collecting new data to complete analysis and prepare a final report on the effectiveness of the pilot program, including recommendations for continued use of the model. Because the coordination of pregnancy care is within the current scope of the Uniform Managed Care Contract, discontinuation of the pilot program does not preclude a provider from continuing to offer services through a pregnancy medical home model, provided that all services offered are Medicaid covered services. HHSC will submit a final report to the legislature by September 2017.

INTRODUCTION

House Bill 1605, 83rd Legislature, Regular Session, 2013, (now codified as §531.0996, Government Code) directed the Health and Human Services Commission (HHSC) to develop and implement a pilot program in Harris County to create pregnancy medical homes that provide coordinated evidence-based maternity care management to women are recipients of medical assistance through a Medicaid managed care model. In addition, HHSC must produce a report that includes an evaluation of the pilot program's success in reducing poor birth outcomes, and recommendations as to whether the pilot program should be continued, expanded, or discontinued. HHSC selected Texas Children's Health Plan, The Center for Children and Women (the center), as the clinic site for the pilot program. Because the center began serving clients only in August 2013, HHSC started the study period in February 2014 to allow the center to be operational for approximately six months before data collection began. The study period will continue through December 2016, or until sufficient birth and maternal outcomes data is collected. This interim report provides information on the implementation of the pregnancy medical home pilot program. A final evaluation report will be submitted by September 2017 and will include an analysis of program outcomes.

BACKGROUND

Prenatal care (PNC) is important in terms of maternity care management. According to the American Congress of Obstetrics and Gynecologists:

Women are strongly advised to begin prenatal care as soon as they know they are pregnant. Prenatal care continues to be the primary way to identify problems during pregnancy, giving health providers a way to assess and manage risks for preterm labor and other threats to the health of the mother and her baby.¹

PNC is important to identify and monitor women at-risk for adverse birth outcomes, including preterm birth (less than 37 weeks known gestation²) and low birthweight (less than 2,500 grams (5.5 pounds)³). Preterm birth and low birthweight are the leading risk factors for infant mortality. As displayed in Table 1, the prevalence of these adverse birth outcomes in Texas and Harris County is higher than the Healthy People 2020 goals of 11.4 and 7.8 percent of live births for preterm birth low birthweight, respectively.⁴ The

¹ Martin, James (2012, February 21). *Facts are important: Prenatal care is important to healthy pregnancies*. Retrieved from: <http://www.acog.org/~media/Departments/Government%20Relations%20and%20Outreach/20120221FactsAreImportant.pdf?dmc=1&ts=20131030T1644058088>

² *Texas health data* (2014, September 17). Retrieved from <http://soupfin.tdh.state.tx.us/>

³ *Ibid.*

⁴ *HealthyPeople.gov: Data* (2014, July 8). Retrieved from: <http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-9.1&anchor=93911>

overall state and county rates are only slightly above the 2020 national targets. There was a slight decrease in preterm birth in 2012, but low birth weight remained fairly steady from 2005 through 2012, and there are disparities according to race/ethnicity with African Americans in Texas and Harris County experiencing rates of preterm birth and low birthweight of approximately 18 and 14 percent, respectively.⁵

Table 1. Prevalence of Adverse Birth Outcomes

	Texas 2005-2010⁶	Harris County, Texas 2005-2010⁷	Healthy People 2020 Goal
Preterm birth (<37 weeks known gestation)	13.3%	13.4%	11.4%
Low birthweight (<2,500 grams or 5.5 pounds)	8.4%	8.8%	7.8%

H.B. 1605

In an effort to improve prenatal care and reduce adverse birth outcomes in Texas, H.B. 1605, directed HHSC to "develop and implement a pilot program in Harris County to create pregnancy medical homes that provide coordinated evidence-based maternity care management to women who reside in the pilot program area and are recipients of medical assistance through a Medicaid managed care model." The Agency for Healthcare Research and Quality (AHRQ) provides a list of characteristics a medical home should possess, including "accessible, coordinated, continuous, comprehensive, and patient-centered care."⁸

According to H.B. 1605, the pregnancy medical home for this pilot study must:

- Provide coordinated evidence-based maternity care management to Medicaid clients in the pilot program area;
- Form a maternity care management team that includes in a single location:
 - Obstetricians,
 - Gynecologists,
 - Family physicians or primary care providers,
 - Physician assistants,

⁵ *Texas health data* (2014, September 17). Retrieved from <http://soupfin.tdh.state.tx.us/>

⁶ *Ibid.*

⁷ *Ibid.*

⁸ McMorrow, S., Christensen, A., Natzke, B., DeVers, K., & Peters, R. (2013, May). *How are states and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?* Retrieved from: <http://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/highlight02.html>

- Certified nurse midwives,
- Advanced practice registered nurses, and
- Social workers.
- Conduct a risk-classification assessment for each pilot program participant upon entry into the program to determine whether her pregnancy is high- or low-risk;
- Establish an individual pregnancy care plan for each participant (based on the risk assessment); and
- Follow the participant throughout her pregnancy in order to reduce poor birth outcomes.

Additionally, the legislation mandated that the pilot program be evaluated in terms of its success in reducing poor birth outcomes and for HHSC to provide recommendations regarding continuation, expansion, or discontinuation of the pilot program based on the results.

HHSC Site Selection Process and Limitations

To expedite the collection of data and operate the pilot program using existing funds, HHSC sought to operate the pilot program through a contract amendment with one or more Medicaid managed care organizations (MCOs) already under contract. Medicaid MCOs have the authority to create a pregnancy medical home under the care coordination provisions in their contract. A separate request for proposals was not needed to implement the pilot program.

HHSC reached out to all MCOs participating in the STAR program in Harris County to assess their interest in the pilot program. For the pilot selection, HHSC required that the MCOs have established contracts with a provider already operating a program that meets the statutory requirements of a pregnancy medical home. Texas Children’s Health Plan (TCHP) was the only MCO with a current partnership with a provider group, The Center for Children and Women (the center) in Houston that met the requirements of a pregnancy medical home as mandated by H.B. 1605.

Limitations

At the time of the selection, some MCOs indicated that they may be able to partner with academic institutions where providers were already co-located. These MCOs indicated a screening process could be put into place to determine if an individual’s pregnancy was high or low risk, but were unable to identify a partner that they were confident could develop a pilot program that met all of the H.B. 1605 requirements. As a result, participation from other MCOs was restricted due to the timeframes needed for the MCOs to establish provider relationships.

HHSC Contract Amendment

To implement the pilot program, HHSC executed a contract amendment with TCHP requiring the plan to act as a broker in implementing the pilot program and to provide HHSC with all necessary data and any necessary administrative support for the evaluation of the program's success in reducing poor birth outcomes. The contract amendment with TCHP was effective on April 1, 2014.

The Center

In August 2013, TCHP opened the center, a family-centered medical home that includes, but not limited to: OB/GYNs, family physicians, physician assistants, nurse midwives, advanced practice registered nurses, and social workers. The center provides these services at a single location. The center operates as a medical home with maternity management teams for pregnant clients of the health plan, through which they may receive services beyond traditional prenatal care. Multi-disciplinary team members include care coordinators, clinical dietitians, health educators, social workers, referral clerks and an enrollment specialist. It also provides on-site pharmacy, optometry, lab tests, and dental services.

EVALUATION PLAN

HHSC worked with TCHP to develop an evaluation plan for the study. The proposed study will:

- Investigate the degree of medical “homeness” and PNC practices among clinics providing PNC to TCHP Medicaid prenatal care clients (Medical homeness describes the degree to which a medical practice exhibits the characteristics of a medical home, including "accessible, coordinated, continuous, comprehensive, and patient-centered care."⁹); and
- Compare birth and maternal outcomes, and client satisfaction among TCHP clients receiving PNC through The Center versus other clinics in Harris County, Texas.

The evaluation plan is designed to go beyond assessing the pilot program's success in terms of birth outcomes only. The research questions outlined below aim to provide a more comprehensive scope of the success of the pregnancy medical home when compared to standard prenatal care. The pilot program will be evaluated in terms of process and outcome measures. Examples of process measures include pregnancy risk assessment and individual care plans being developed for clients at the pilot study site. Examples of outcome measures include low birthweight, preterm birth, and maternal enrollment in the Texas Women's Health Program (TWHP) after the birth of her baby.

⁹ McMorrow, S., Christensen, A., Natzke, B., DeVers, K., & Peters, R. (2013, May). *How are states and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?* Retrieved from: <http://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/highlight02.html>

Research Questions

Research questions to be answered by the evaluation of the pregnancy medical home pilot program include:

1. What is the range of medical homeness among TCHP Medicaid prenatal care providers in Harris County, TX?
 - a. Determine level of medical homeness for survey respondents (by provider).
 - b. Determine prenatal care practices among survey respondents (formal pregnancy risk assessment, etc.)
2. How does the experience of PNC compare between clients of the intervention and comparison groups? Comparisons will be made in terms of:
 - a. Length of time in PNC (calculated as length of time from when the client enrolls in the Medicaid for pregnant women program to the birth of the baby),
 - b. Number of PNC visits (if available),
 - c. Percent of clients who receive a formal pregnancy risk assessment (intervention group only),
 - d. Percent of clients with an individual pregnancy care plan (intervention group only), and
 - e. Clinical practices (use and timing of 17 alpha hydroxyprogesterone, emergency department (ED) visits).
3. How do birth outcomes compare among infants born to mothers in intervention and comparison groups? Comparisons will be made in terms of:
 - a. Rate of preterm birth,
 - b. Rate of low birthweight,
 - c. Rate of Neonatal Intensive Care Unit (NICU) admissions (overall and level of severity),
 - d. Length of NICU stay, and
 - e. Rate of Cesarean-section deliveries.
4. How does postpartum care compare among mothers in intervention and comparison groups? Comparisons will be made in terms of:
 - a. Number of postpartum visits, and
 - b. Timing of postpartum visit(s).
5. How does continuity of care compare among mothers in intervention and comparison groups? Comparisons will be made in terms of:
 - a. Percent of clients who enroll in the TWHP after pregnancy.

6. To what extent does the degree of medical homeness impact birth and maternal outcomes?
7. How does client satisfaction compare among mothers in intervention and comparison groups?

Ultimately, this study aims to determine the degree to which medical homeness impacts outcomes for newborns and mothers, and will serve as the basis for recommendations regarding the expansion or discontinuation of pregnancy medical homes through Texas Medicaid MCOs.

Preliminary Data

The center became operational in August 2013. In its first year, the center established a patient panel of 470 Medicaid clients, 179 of whom gave birth. This is an insufficient number of births from which to draw conclusions regarding the success of the pilot program as compared to standard prenatal care. The study period began in February 2014 to allow the center six months to establish its operations. Data collection will continue through December 2016 or until a sufficient number of births has occurred, whichever occurs first. This methodology will better allow for conclusions to be drawn and recommendations to be made regarding the continuation, discontinuation, or expansion of the pregnancy medical home pilot study.

PREGNANCY MEDICAL HOME PILOT OUTCOMES AND RECOMMENDATIONS

HHSC anticipates that the program must be actively enrolling and caring for individuals for at least 24 months to capture sufficient data to determine the effectiveness of the program. An evaluation of the pregnancy medical home pilot's success in reducing poor birth outcomes and a recommendation as to whether the pilot program should be continued, expanded, or terminated will be included in a final report by September 1, 2017.

CONCLUSION

HHSC will continue to collect data for the evaluation of birth outcomes, and provide recommendations as to whether the program should be continued, expanded, or discontinued. A final evaluation report will be submitted by September 2017 and will include an analysis of program outcomes.