

Strong Start: Improving Birth Outcomes

Webinar 1

Centers for Medicare and Medicaid Services

February 15, 2012



The CMS Mission

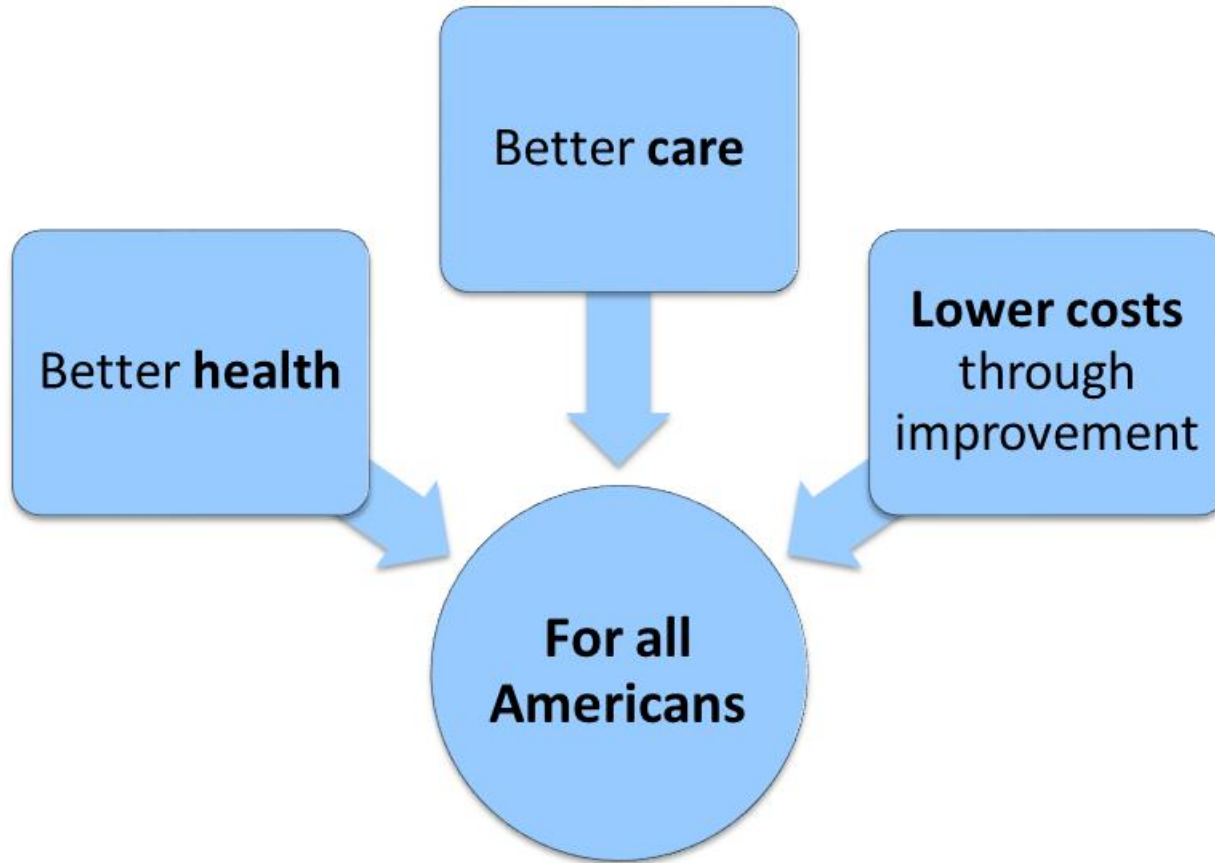
CMS is a constructive force and a trustworthy partner for the continual improvement of health and health care for all Americans.

The Innovation Center

The purpose of the Center is to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and CHIP...while preserving or enhancing the quality of care furnished.

- **Our Charge:** Identify, Test, Evaluate, Scale
- **Resources:** \$10 billion funding for FY2011 through 2019
- **Opportunity to “scale up”:** The HHS Secretary has the authority to expand successful models to the national level

The Three-Part Aim Goals



Measures of Success

Better health care: Improving patients' experience of care within the Institute of Medicine's 6 domains of quality: *Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.*

Better health: Keeping patients well so they can do what they want to do. Increasing the overall health of populations: addressing behavioral risk factors; focusing on preventive care.

Lower costs: Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries.

Strong Start Initiative: Two Efforts to Improve Birth Outcomes

This one “*Strong Start*” initiative will have two different but related components:

1. *Reducing Early Elective Deliveries*

A test of a nationwide public-private **partnership and awareness campaign** to spread the adoption of best practices that can reduce the rate of early elective deliveries before 39 weeks for all populations

2. *Delivering Enhanced Prenatal Care*

A **funding opportunity** for providers, States and other applicants to test the effectiveness of specific enhanced prenatal care approaches to reduce pre-term births in women covered by Medicaid

I. Reducing Early Elective Deliveries

Our effort to safely **reduce early elective deliveries** will include 3 primary activities.

1. Implementing a quality improvement platform through Partnership for Patients to share best practices, and provide technical assistance to hospitals in implementing and adapting the practices and report data.
2. Creating support for change with a broad-based campaign to engage providers, patients, and the public, working with organizations such as the March of Dimes and ACOG.
3. Supporting efforts to collect performance data, measure success, and promote transparency and continuous improvement.

II. Delivering Enhanced Prenatal Care

Overview: Delivering Enhanced Prenatal Care

Cooperative Agreement funding opportunity:

- For providers, states, managed care organizations, and conveners
- To test evidence-based approaches to delivering enhanced prenatal care that improve health outcomes for mothers and infants in Medicaid

Prematurity: The Challenge

- 1 in 8 babies are born prematurely in the United States, resulting in increased risk of severe health problems and lifelong disabilities
- Medicaid currently finances approximately 40% of all births in the United States
- Compared to women with private insurance, women enrolled in Medicaid
 - Are more likely to have multiple risk factors for adverse birth outcomes
 - Have higher rates of complications, poor outcomes, and preterm birth

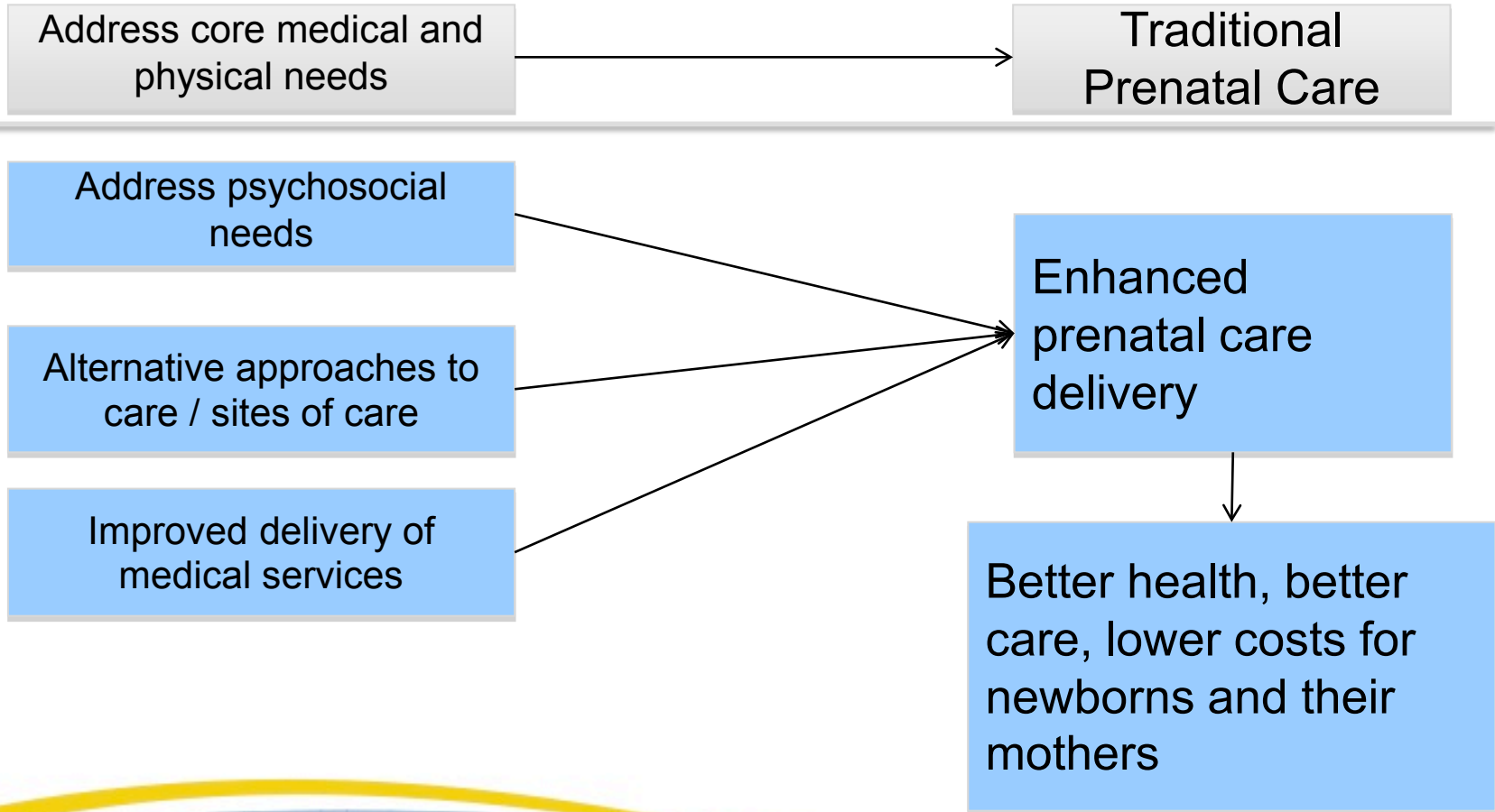
Strong Start: Enhanced Prenatal Care Delivery

- **Purpose:** Achieve better care, improved health, and reduced costs for high-risk pregnant Medicaid beneficiaries and their newborns
 - Increase gestational age of neonates to improve outcomes
 - Decrease the anticipated total costs of medical care over the first year of life
- **Focus:** Impacts of non-medical prenatal interventions provided in addition to evidence-based medical care, to reduce rates of preterm births for at-risk women

Delivering Enhanced Prenatal Care Improvement Opportunity

- Enhanced Prenatal Care Models have been shown in small studies to improve outcomes
- Common elements of Enhanced Prenatal Care Models with some evidence of efficacy include:
 - Focus on high risk Medicaid populations
 - Address psycho-social needs
 - Provide augmented approaches to care
 - Improve the delivery of medical services

Achieving our aim: Improving Prenatal Outcomes



Three Approaches to Evidence-based Enhanced Prenatal Care

One model: “Enhanced Prenatal Care”

Three approaches:

1. Enhanced Prenatal Care through Centering/Group Care
2. Enhanced Prenatal Care at Birth Centers
3. Enhanced Prenatal Care at Maternity Care Homes

1. Enhanced Prenatal Care through Centering/Group Care

- Group prenatal care that incorporates peer-to-peer support in facilitated setting for three components: health assessment, education, support
 - Pregnant women, with similar gestational age, receive care from health care providers in group settings
 - Participants meet with care providers and a cohort of pregnant women for a series of extended, longer appointments throughout pregnancy

2. Enhanced Prenatal Care at Birth Centers

- Comprehensive prenatal care facilitated by licensed practitioners, midwives and teams of health professionals including peer counselors and doulas
 - Provide a full range of health and social services including prenatal clinical care, and support through labor, delivery and postpartum care
 - Include intensive case management, referral services, counseling and psychosocial support services in addition to traditional prenatal care

3. Enhanced Prenatal Care at Maternity Care Homes

- Enhanced prenatal care including psychosocial support, education and health promotion delivered in practices described as maternity medical homes
 - Include clinical aspects of prenatal care; as well as services addressing behavioral, psychological, and social factors that a mother may face during a pregnancy
 - Provided by both licensed and unlicensed professionals, as appropriate
 - Applicants must describe how they intend to provide the following elements of care: access and continuity, care coordination, and enhanced content

Eligible Applicants

1. State Medicaid Agencies
 2. Providers of obstetric care (provider groups and/or affiliated providers and facilities)
 3. Managed care organizations (MCOs)
 4. Conveners in partnership with other applicants. The convener may be a direct applicant, or may convene and support other organizations to become applicants
- Non-provider applicants must partner with providers
 - Non-State applicants must partner with States

Eligibility Facts

- Applicants can propose to implement more than one option but only one option can occur at an individual practice
- Each applicant should have the capacity to serve at least 500 pregnant women with Medicaid coverage who are at-risk for having a preterm birth each year
 - Encourage smaller providers to join with other similar practices

Monitoring and Evaluation

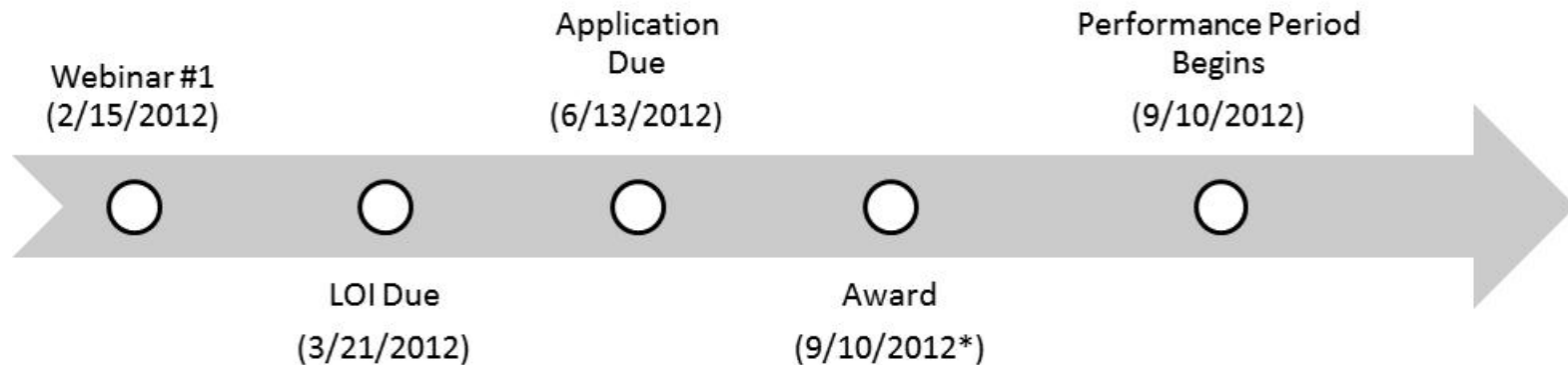
Awardees will be expected to collect and report quarterly data:

- Measures aimed to assess the improvement of care for women during pregnancy, delivery, and post-partum
- Health system utilization
- Birth certificate information and vital statistics
- State partners are required to link data from vital statistics on gestational age to the Medicaid data set

Funding

- In each model, Strong Start will provide funding for the delivery of enhanced prenatal services offered in addition to traditional prenatal care
- Strong Start will provide funding for services not currently covered by state Medicaid program
- Funding will be available for selected start-up activities
- Funding will be available for States for data collection and distribution

Award Timeline



- All application materials and more information can be found on the website, <http://innovations.cms.gov/>
- **Mandatory** Letter of Intent due date: March 21, 2012 by 5:00 pm EDT
- Application due date: June 13, 2012, by 5:00 pm EDT
- Additional Learning Sessions will be scheduled (dates TBD)

**Anticipated. Date Subject to Change.*

Award Timeline

- CMS will award, through a competitive process, a set of renewable one year cooperative agreements to eligible applicants for up to three years to support the intervention
- Additional funds for evaluation will be granted for one year following the performance period

Program Reach

- This funding opportunity will award cooperative agreements to test the ability of these 3 approaches to improve outcomes in 90,000 pregnancies over 3 years - 30,000 for each approach

Next Steps

- All questions submitted to StrongStart@cms.hhs.gov are being compiled into a comprehensive FAQ
- FAQ will be updated and posted to the Innovation Center website at <http://www.innovation.cms.gov>
- Additional webinars will be scheduled
 - Will focus on additional information on one of the specific approaches to prenatal care being tested in this initiative

Questions?

Additional information is available on our website:

<http://innovation.cms.gov/>

For further questions, please email:

StrongStart@cms.hhs.gov