

Healthy North Carolina 2020

EVIDENCE BASED STRATEGIES

FOCUS AREA	Maternal & Infant Health
OBJECTIVE	2. Reduce the infant mortality rate

EBS PROGRAM DESCRIPTION	<p><u>Pregnancy Care Management</u> Population Management for all pregnant Medicaid recipients. Local public health nurses and/or social workers provide care management for pregnant Medicaid recipients in every N.C. county who have one or more priority risk factors for preterm birth and other poor birth outcomes. Services include coordination of care with Pregnancy Medical Home clinical prenatal care providers and other care management interventions to promote optimal maternal and infant health.</p>
--------------------------------	--

EBS LEVEL <i>CDC Ranking</i>	Promising
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	<p>Case Management Society of America, (revised, 2010). <i>Standards of Practice for Case Management</i>. Little Rock, Arkansas.</p> <p>Gray CL, <i>The Pregnancy Medical Home: use of the power of the Medicaid program to improve the standard of care across North Carolina</i>. NC Med J. 2011 May-Jun;72(3): 232</p>

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	<p>Pregnant Medicaid recipients with one or more priority risk factors: history of preterm birth (<37 weeks); history of low birth weight (<2500g); multiple gestation; fetal complications; chronic conditions which may complicate pregnancy (e.g., diabetes, hypertension, asthma, mental illness, HIV, seizure disorder, renal disease, systemic lupus erythematosus); unsafe living environment (e.g., homelessness, inadequate housing, family violence, sexual abuse/coercion); substance use; tobacco use; missing two or more prenatal appointments without rescheduling; unanticipated hospital utilization; provider request for care management. Pregnancy Care Management services may also be provided to Medicaid patients with other risk factors, identified through prenatal care provider or community agency referral, provided the agency capacity is also fully meeting the care management needs of the priority patient population. It is also possible to provide pregnancy care management services to uninsured pregnant women, but alternative funding sources such as Maternal Child Health Block grant must be utilized.</p>
Intervention Setting	<p>Interventions are provided in the best location for the patient including: home, community, and health care provider offices. Contacts between the patient and the pregnancy care manager can also occur by phone.</p>

Key Measures	<p>The following measures reflect fundamental Pregnancy Care Management performance expectations. Additional quality improvement measures will be implemented on an ongoing basis to support achievement of program goals. While these measures will serve as indicators of performance, care management providers are expected to focus efforts on realizing the aims of improved care, improved birth outcomes and reduced costs for the Target Population.</p> <ol style="list-style-type: none"> 1. Increase the proportion of pregnant Medicaid beneficiaries with pregnancy risk screening form entered into CMIS. 2. Increase the proportion of pregnant Medicaid beneficiaries meeting CCNC priority criteria based on risk-screening data who are contacted by a Pregnancy Care Manager. 3. Increase the proportion of pregnant Medicaid beneficiaries meeting CCNC priority criteria based on risk-screening data who receive pregnancy care management assessment. 4. Increase the postpartum visit rate for Medicaid beneficiaries who were receiving pregnancy care management services at the time of their delivery. <p>The overall model seeks to improve birth outcomes, including rates of preterm birth and low birthweight births.</p>
Cost	Program cost varies by local agency expenditure structures (salary/fringe, training, start-up expenses, etc.).
Time to Implement	<p><u>Organization</u>: Program model can be implemented following assimilation of the program manual content.</p> <p><u>Patient/Client</u>: Patient contact can begin immediately. Patient contacts are driven by patient level of need.</p>
Difficulty to Implement <i>Resource Intensity</i>	High
ROI <i>if known</i>	

PROGRAM CONTACT INFORMATION	
Organization	DPH
Contact Person	S. Vienna Barger, MSPH, MSW, CPH
Email / Telephone	vienna.barger@dhhs.nc.gov , 704-660-1322
Web Site	whb.ncpublichealth.com/provPart/pubmanbro.htm www.communitycarenc.org/emerging-initiatives/pregnancy-home/

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	S. Vienna Barger, vienna.barger@dhhs.nc.gov , 704-660-1322
Funding – Yes/No Specific group? Other limitations?	
Funding Contact	Phyllis Johnson, Phyllis.c.johnson@dhhs.nc.gov , 919-707-5715

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	Union County Health Department in partnership with Community Care Plan of Greater Mecklenburg (CCPGM) Lisa Tucker, OB Coordinator for CCPGM Cell: 704-582-2185 lisa.tucker@carolinashealthcare.org
#2 – Organization Name / Contact Information	Johnston County Health Department in partnership with Community Care of Wake/Johnston Counties (CCWJC) Elizabeth “Betty” Mazzeo, OB Coordinator for CCWJC O: 919-365-9961 C: 919-333-5234 emazzeo@wakedocs.org
#3 – Organization Name / Contact Information	Rowan County Health Department in partnership with Community Care of Southern Piedmont (CCSP) Linda Whitley, OB Coordinator for CCSP Office: 704-262-1091 lindawhitley@ccofsp.com

OTHER COMMENTS / NOTES
NC-DPH support funded through Medicaid administrative matching with FFP Agreement between Division of Public Health and Division of Medical Assistance. Maternal Child Health Block Grant funding utilized to provide pregnancy care management services to uninsured pregnant women.