

Progress Report: Healthy Mothers and Babies (updated February 2012)

The Kasich administration is taking action to improve care coordination for at-risk mothers and children and reduce the number of low-birth-weight babies.

New Initiatives

Expand “Pathways” for Maternal and Child Health. Richland County achieved a 30 percent reduction in low-weight births in targeted populations by using a Community Pathways Model to improve care coordination for women in difficult-to-serve areas.¹ The model, which was developed by the Community Health Access Project in Richland County, coordinates care for women and children within targeted medical “pathways.” One pathway (pregnancy and postpartum) employs community health workers to identify pregnant women early in their pregnancies and then uses a simple, standard protocol—or checklist—to identify the barriers to a woman delivering a full-birth-weight infant. The model pays for performance by providing financial incentives that are tied to eliminating barriers to achieving normal-weight births, and eliminates duplication among health and human services agencies. The model has demonstrated success in Richland County (13 years), Toledo (four years) and Cincinnati (three years).

The Kasich administration’s Office of Health Transformation is investing \$350,000 and partnering with Integrated Professionals for Appalachian Children (IPAC) and the Nationwide Children’s Hospital’s Partners for Kids (PFK) network to replicate the Community Pathways Model in southeast Ohio. The impact of this program is profound for mothers and babies, and for taxpayers. Nationally, every low-weight or preterm birth costs states between \$28,000 and \$40,000 in medical care and other related costs.² In Ohio, low-weight births represent only about 10 percent of all Medicaid births but account for over 50 percent of all Medicaid birth expenditures. The Richland County Community Pathways Model saved \$3 for every \$1 invested in the first year of the program and an additional \$6 for every \$1 invested over the next three years. For more information see: [2/2/2012 Press Release](#)

Expand Access to Patient-Centered Medical Homes. Evidence is growing that patient-centered medical homes significantly improve health outcomes for individuals in their care, including pregnant women and babies. The Governor’s Office of Health Transformation and the Ohio Department of Health recently announced that Ohio will invest \$1 million to assist 50 primary health-care practices around the state transition to a patient-centered medical home (PCMH) model of care. For more information, see: <http://www.healthtransformation.ohio.gov/CurrentInitiatives/EncouragePatientCenteredMedicalHomes.aspx>

Encourage Research Collaboration. In July, Governor Kasich promised \$2 million to expand life-saving research at Ohio’s children’s hospitals. The administration is working with Ohio’s children’s hospitals to develop projects that will maximize collaboration among children’s hospitals and provide the greatest impact for Ohio’s children and families. An announcement with additional details will be coming soon.

¹ According to data recently reported to the Ohio Department of Health.

² Partnership for America’s Economic Success, “Delivering Healthier Babies and Returns” (December 2009).

Leverage Additional Federal Funds for Help Me Grow. The Help Me Grow home-visiting program serves first-time pregnant women under 200 percent of poverty, children in families in which there has been a substantiated case of child abuse, and military families. These women are at very high risk to deliver low-birth-weight babies. Families in the program receive assistance with early-childhood development, beginning early in a woman's pregnancy. Ohio will submit a state plan amendment to the federal government to allow federal funds to be used to provide intensive case management/care coordination to this high-risk population and ensure early and sustained access to health care. This will allow Ohio to serve an additional 1,000 children in the program. Ohio is also replicating statewide the Help Me Grow model used by Every Child Succeeds in Cincinnati, which has delivered excellent results in reducing the rate of low-weight births in targeted areas.

State Budget Action

Provide Accountable Care for Children. Governor Kasich's Jobs Budget (HB 153) invests \$87 million in start-up funding and encourages children's hospitals and networks of physicians to team up to create pediatric Accountable Care Organizations (ACOs), which will provide additional attention and care to the unique needs of 37,000 disabled children on Medicaid. Pediatric ACOs will hold the hospital and participating physicians responsible for the quality of care delivered to patients and provide a financial incentive back to the providers for delivering high-quality, efficient care. Nationwide Children's Hospital's Partners for Kids (PFK) network, the nation's largest pediatric ACO, is a successful model that the rest of Ohio may choose to follow. PFK coordinates the care for 290,000 (75,000 rural Appalachia and 215,000 urban) at-risk children across a 37-county coverage area. PFK has increased access to care for rural and urban children, improved quality and safety, implemented a wellness program to ensure that children with special health needs reach their full potential, and reduced preterm births and length of stay in neonatal intensive care units (NICU).

Expand Medicaid Presumptive Eligibility for Pregnant Women and Children. The Jobs Budget provides temporary Medicaid coverage so that a child or pregnant woman can receive medical care while their Medicaid application is officially processed. It also recognizes new qualified entities that may establish Medicaid eligibility. By simplifying the eligibility and enrollment processes, and including additional points of access for children and pregnant women, medical attention will be provided in the early stages of life when intervention is the most successful. The results will be improved health outcomes for children and pregnant women and reduced Medicaid expenditures.