Learning Collaborative: Improving Quality and Access to Care in Maternal and Child Health

Baltimore, MD
May 22-24, 2017

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Health Resources and Services Administration
U.S. Department of Health and Human Services
Project UC4MC28038

Partner Organizations

AMCHP  Association of Maternal and Child Health Programs
ASTHO  Association of State and Territorial Health Officials
AAP  American Academy of Pediatrics
NASHP  National Academy for State Health Policy
NCSL  National Conference of State Legislatures
NGA  National Governors Association
AIM: Alliance for Innovation in Maternal and Child Health

Focus areas:
- Continuity of coverage and care for pregnant women and children
- Improve systems of care for children & youth with special health care needs
- Bright Futures (guidelines) for all children
Meeting Goals

- To share best practices in improving quality and access to care in maternal and child health (MCH), especially in three focus areas:
  - continuity of coverage and care;
  - improving systems of care for children and youth with special health care needs (CYSHCN); and
  - implementing Bright Futures guidelines as a standard of care for all children.

- To convene state teams of key health policymakers to learn about state strategies for improving quality and access to care in MCH.

- To give state teams the opportunity to discuss and identify priorities related to improving quality and access to care in MCH.

- To facilitate development of collaborative action plans related to each state team’s identified priorities, which will include outlines of next steps and implementation timelines.

Legislators Are Generalists

Dozens of major topics: A to Z

- Agriculture
- Corrections
- Education
- Health
- Housing
- Human Services
- Labor
- Transportation
- Zoning . . .
Health Issues by the Dozens

“Going through all this information we have here is kind of like trying to drink from a fire hydrant.”
Former CO Rep. Mark Paschall

“My seatmate told me this was a bad bill. I was going to vote no on it until I realized it was my own bill.”
Former CO Sen. Ray Powers
Health Policy Decisions Remain Among Top State Issues

- On average, about **30%** of state budgets are allocated to health services.
- The largest share goes to Medicaid, which accounts for about **75%** of health spending.

### Births Financed by Medicaid

<table>
<thead>
<tr>
<th>Location</th>
<th>Births Financed By Medicaid</th>
<th>Total Births</th>
<th>Percent Financed By Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>1,790,324</td>
<td>3,978,497</td>
<td>45%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>26,054</td>
<td>38,886</td>
<td>67%</td>
</tr>
<tr>
<td>Georgia</td>
<td>70,958</td>
<td>131,404</td>
<td>54%</td>
</tr>
<tr>
<td>Maryland</td>
<td>32,391</td>
<td>73,616</td>
<td>44%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>24,572</td>
<td>38,394</td>
<td>64%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>44,110</td>
<td>81,685</td>
<td>54%</td>
</tr>
<tr>
<td>Texas</td>
<td>217,954</td>
<td>403,618</td>
<td>54%</td>
</tr>
<tr>
<td>Virginia</td>
<td>32,023</td>
<td>103,303</td>
<td>31%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>9,506</td>
<td>19,805</td>
<td>48%</td>
</tr>
</tbody>
</table>
Births Financed by Medicaid

Newborn hospital costs*

<table>
<thead>
<tr>
<th>Healthy Baby</th>
<th>Low Birthweight &lt;5 lbs.</th>
<th>Very LBW &lt;3 lbs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,346</td>
<td>$114,676</td>
<td>$323,496</td>
</tr>
<tr>
<td>x 5,342 =</td>
<td>x 934 =</td>
<td></td>
</tr>
<tr>
<td>$612,599,192</td>
<td>$302,145,264</td>
<td></td>
</tr>
</tbody>
</table>

*2012: Washington State Department of Health, Dr. Maxine Hayes
**Low Birth Weight**

<table>
<thead>
<tr>
<th>National Ranking</th>
<th>Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>8.9</td>
<td>Arkansas</td>
</tr>
<tr>
<td>46</td>
<td>9.5</td>
<td>Georgia</td>
</tr>
<tr>
<td>35</td>
<td>8.6</td>
<td>Maryland</td>
</tr>
<tr>
<td>50</td>
<td>11.3</td>
<td>Mississippi</td>
</tr>
<tr>
<td>44</td>
<td>9.0</td>
<td>Tennessee</td>
</tr>
<tr>
<td>32</td>
<td>8.2</td>
<td>Texas</td>
</tr>
<tr>
<td>23</td>
<td>7.9</td>
<td>Virginia</td>
</tr>
<tr>
<td>45</td>
<td>9.1</td>
<td>West Virginia</td>
</tr>
</tbody>
</table>

Source: America's Health Rankings: [http://www.americashealthrankings.org/explore/2017-annual-report/metrics/birthweight](http://www.americashealthrankings.org/explore/2017-annual-report/metrics/birthweight)

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**The Cost of Care**

**AVG. MEDICAL COST FOR BIRTHS (FIG. 1)**

- **Premature Baby:** $54,194
- **Healthy Baby:** $4,389

Source: Adapted from March of Dimes, Premature Birth: The Financial Impact on Business

* Costs per infant include all employer payments for newborn medical care during the first year of life.
Opportunities

- Think outside the box
  - What is government’s role?
  - Private sector?
  - Individuals?
  - Other partners?
- Feel empowered to contribute
- Learn from each other
- Have FUN!

Maternal and Child Health Learning Collaborative Timeline of Activities

- Kick-Off Meeting and Launch of Learning Collaborative: May 22-24, 2017
- States Submit Learning Collaborative Final Strategic Action Plan and Date of In-State Workshop to Facilitator June 20, 2017
- In-state technical assistance (TA) visits
- Facilitators work with states to finalize action plans and provide feedback as needed
- States check in on progress with Facilitator and NCSL prior to 2018 legislative session
- Evaluate ongoing TA needs
- Planning/Design Phase
- Implementation Phase
- Evaluation Phase

Post- September is Pending Funding

Ongoing TA

Plenary Sessions

- Progress and Opportunities for States to Improve Quality Access to Care in Maternal and Child Health (MCH)
- Setting the Stage: Current Considerations for State Policymaking Around Maternal and Child Health
- State Strategies for Increasing Continuity of Coverage and Care for Pregnant Women and Children
- Improving Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN)
- Implementing Bright Futures for All Children
- Return on Investment: Preventive Health Initiatives to Help States Achieve Their Goals
- Opportunities for Family Engagement in Policy Decision-Making
- Team Reports

Team Meetings

**Today**

4:00 - 4:45 pm
Get to know each other better and identify your priorities

**Tuesday**

8:15 - 9:30 am
Identify challenges and unmet needs related to continuity of care

11:05 am - 12:20 pm
Identify challenges and unmet needs related to children and youth with special health care needs (CYSHCN)

4:15 - 5:30 pm
Identify challenges and unmet needs related to Bright Futures

**Wednesday**

10:00 - 11:30 am
States finalize action plans and plan for follow-up activities

11:30 am - 1:00 pm
Teams Report
Opportunities to ...

- Participate in dialogue and strategic planning with other key decision-makers
- Share your expertise
- Learn from others’ expertise
- Build relationships

Team Benefits

What was the most useful aspect of the meeting? Comments from past participants...

- "Learning from other states. Excellent speakers - all timely subjects, much to think about and move forward."
- "The opportunity to meet as a state group and as an "intent" group to network, brainstorm, dialogue, etc."
- "Recognizing the need for developing a process to further strategic planning for health care."
- "It allowed our state delegation to list, discuss/debate and develop plans to work on specific (targeted) goals, considering the politics of our state and with our fiscal restraints and resources."
Success Story Examples

- **American Samoa** partnered with community health centers, Medicaid, and the department of public works to purchase vans to extend their non-emergency medical transportation program to pregnant women.
- **Kansas** expanded its newborn screening program.
- **Kentucky** team members conducted their own Children and Youth with Special Health Care Needs Kentucky Health Summit back home.
- **South Dakota** leveraged new immunization requirements for middle school entry to improve adolescent preventive visit rates, and realigned resources in the Dept. of Health to hire an adolescent health coordinator to oversee ongoing efforts.
- **Wyoming** sponsored a half-day educational program for legislators about early childhood investments, “pay for success” programs, and Medicaid coverage for school-based services, especially for children with special health care needs.

Expect Follow Up
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