

A Hawaii Case Study on Interconception Care for Women on Quest/Medicaid

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Today's Presentation

- Overview of Study
- What the data indicates
- Policy Process
- Program implications

Study Purpose

To determine if Hawaii women on QUEST/Medicaid had increased adverse outcomes during/post-pregnancy, compared to women with other forms of health insurance in Hawaii.

Interconception Care

...An essential component of Preconception Care

Preconception Care:

- ~Interventions to identify/modify medical, behavioral, and social risks to a woman's health or pregnancy outcome--- through prevention and management
- ~Emphasizes factors requiring action/intervention before conception or early in pregnancy to have maximal impact
- ~Includes care before a first pregnancy or between pregnancies (Interconception Care)

Source: CDC. *Recommendations to Improve Preconception Health*. 2006.

Clinical Content of Preconception Care: Areas & Specific Topics

Health promotion: Family planning and the Reproductive Life Plan, physical activity, weight status, nutrient intake, folate, immunizations, substance use, sexually transmitted infections

Immunizations: Human papillomavirus, hepatitis B, varicella, measles, mumps & rubella, influenza, dTaP

Infectious diseases: HIV, hepatitis C, tuberculosis, toxoplasmosis, cytomegalovirus, listeriosis, parvovirus, malaria, gonorrhea, chlamydia, syphilis, herpes simplex virus, asymptomatic bacteriuria, periodontal disease, bacterial vaginosis, group B streptococcus

Medical conditions: Diabetes, thyroid, phenylketonuria, seizures, hypertension, rheumatoid arthritis, lupus, renal disease, cardiovascular disease, thrombophilia, asthma

Psychiatric conditions: Depression/anxiety, bipolar disease, schizophrenia

Parental exposures: Alcohol, tobacco, illicit substances

Family and genetic history: All individuals, ethnicity-based, family history, personal history

Nutrition: Dietary supplements, vitamin A, folic acid, multivitamins, vitamin D, calcium, iron, essential fatty acids, iodine, underweight, overweight, eating disorders

Environmental exposures: Mercury, lead, soil/water hazards, workplace exposures, household exposures

Psychosocial risks: Inadequate financial resources, access to care, physical/sexual abuse

Medications: Prescription, over-the-counter, dietary supplements

Reproductive history: Prior preterm birth, prior C-section, prior miscarriage, prior stillbirth, uterine anomalies

Special populations: Women with disabilities, immigrant/refugee populations, cancer survivors

Men: Preparation for fatherhood, supportive relationships, exposures, genetic history

Rationale for Study

- QUEST/Medicaid is a crucial source of health coverage for low-income pregnant women and their infants.
- Previous research suggests that two months of interconception care is an inadequate amount of time for post-delivery care, which can contribute significantly to adverse health outcomes.

Background

- 1.23 million Hawaii residents statewide
- Health-Insured: 92% (includes Medicaid)*
- Females, ages 15-44 years: 251,695**
- 2004: Preconception/Interconception Care (PCC/ICC) concepts introduced & discussed nationally & in Hawaii
- 2007: PCC/ICC integrated into perinatal service contracts with Hawaii State Dept. of Health RFPs for 2007-2011

*Hawaii Health Survey, Office of Health Status Monitoring, Hawaii DOH. 2004

**US Census Bureau, Population Division. provisional estimates for 2007 (May 1, 2008)

Methods

- Analyzed 2004-2006 data from the Pregnancy, Risk, Assessment, and Monitoring System (PRAMS), an on-going population-based surveillance system that collects self-reported information on maternal behaviors and experiences before, during, and after the birth of a live infant
- Women on QUEST/Medicaid were compared to those on other forms of health insurance for differences in risk factors and other health outcomes

PRAMS Program Goal:

To reduce infant mortality and prevent low birth weight

PRAMS Objectives:

- To collect population-based data of high scientific quality on topics relating to pregnancy and early infancy.
- To conduct data analyses in order to increase understanding of maternal behaviors and experiences during pregnancy and early infancy, and their relationship to health outcomes.
- To translate results from analyses into useable information for planning and evaluation of public health programs and policy.
- To build state capacity for collecting, analyzing, and translating data to address relevant maternal and infant health issues.

Hawaii Women on Medicaid Compared to Other Health Coverage

(Based on weighted estimates & extrapolated to entire population)

- Used 2004 to 2006 PRAMS data, on 52,932 Hawaii women who recently delivered their infants
- Total number of Medicaid-insured women for 2004-2006
= 9,964 (approx. 3,320 Medicaid births/year)
- Approximately 17,000-18,000 Hawaii births/year
- Medicaid births for 2004-2007= average 5,660/year
(approx.32 % of total births---*HHIC data-2008*)

Findings: Hawaii Women on QUEST/Medicaid were found to be:

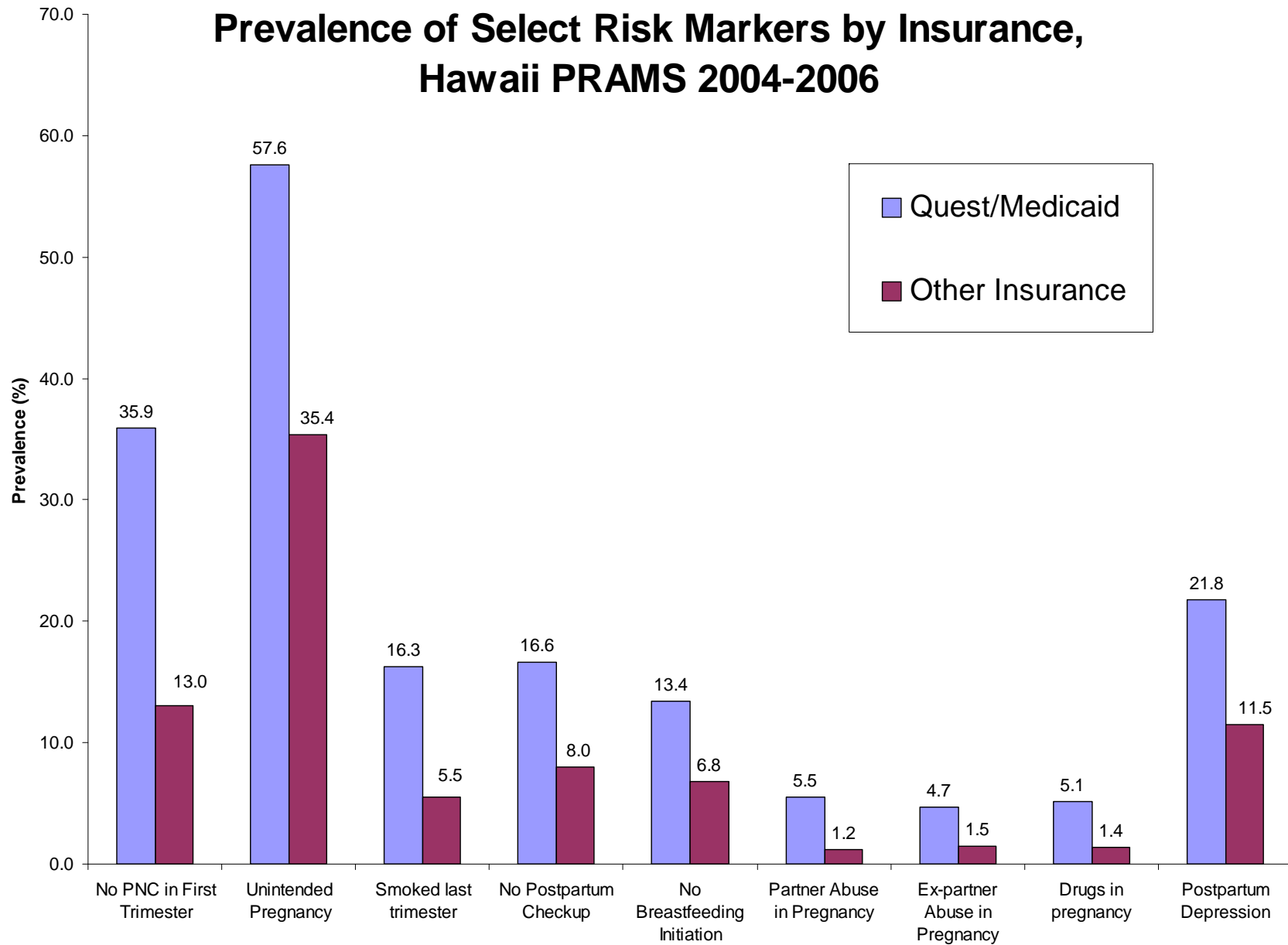
- 3 times more likely to not access prenatal care in the first trimester ($p < 0.001$)
- 1.5 times more likely to have an unintended pregnancy ($p < 0.001$)
- 3 times more likely to smoke during last trimester ($p < 0.001$)
- 3-4 times more likely to use illicit drugs during pregnancy ($p < 0.001$)

Findings: Hawaii Women on QUEST/Medicaid were found to be:

- 2 times more likely to suffer post-partum depression (p<0.001)
- 10% more likely to have a low-birthweight (p=0.008) or premature infant (p=0.002)
- 2 times less likely to have post-partum examinations (p<0.001) or to initiate breastfeeding (p<0.0001)

.....than women on other forms of health insurance.

Prevalence of Select Risk Markers by Insurance, Hawaii PRAMS 2004-2006



Policy Implications/Timeline

- **July 2007:** Expanding PCC/ICC discussed as a MCH policy goal at PRAMS Hawaii Steering Committee meeting
- **Fall 2007:** PRAMS data relating to ICC reviewed and analyzed for significance
- **Oct. 2007:** Hawaii Women's Legislative Caucus (WLC) contacted re: potential interest in PCC/ICC issue
- **Dec. 2008:** Briefing held on PCC/ICC issue. Hawaii Women's Legislative Caucus agreed to place issue in 2008 State Women's Caucus legislative package

Policy Implications/Timeline

- **Jan. 2008:** Bills relating to PCC/ICC introduced in House & Senate
(HB 2761 was 1 of 4 bills introduced)
- **Jan.-April 2008:** Hearings on HB 2761 & other proposed ICC bills held in House & Senate Committees
(House and Senate Health, House Finance and Senate Ways & Means)
- **May 2008:** HB 2761 passes Hawaii State Legislature

H.B. 2761, CD1: “Relating to Women’s Health”

Required the Hawaii Department of Human Services to apply to the federal Centers for Medicare and Medicaid Services to extend post-partum and interconception care, from eight weeks to at least six months, for women who participate in the Hawaii Medicaid program.

Support for HB 2671

- Hawaii Women's Legislative Caucus
- Other Legislators
- Community Health and Human Services organizations
(i.e.- March of Dimes, Hawaiian health & other community orgs.)
- MCH Program-Office of PH Studies-UHM
- Individual advocates for Women & MCH

Opposition to HB 2761

- DHS & Administration, citing concerns re: costs

Governors Message 903:

“This bill is objectionable due to its potential adverse fiscal impacts. Women enrolled in the State's QUEST program already receive approximately two months of post-partum and interconception care after pregnancy ends. Any expansion of these benefits will require prior approval from the federal Centers for Medicare and Medicaid Services and, if approved, the appropriation of State funds. Adding expanded services to the QUEST program will increase overall costs. It would not be prudent to seek an expansion of this program given recent Council on Revenues' economic projections and existing budget restrictions.”

Current Status of HB 2761

- State Legislature overrode Governor's veto of HB 2761 on July 9, 2008
- DHHS Medicaid Waiver approval was requested & denied
- Discussions with QUEST/Medicaid Division of the Hawaii State Dept. of Human Services as the lead on QUEST/Medicaid interventions with this population, are ongoing
- Lesson learned: PRAMS data is a very effective tool for identifying MCH policy and program issues/needs

Conclusions

- Women on QUEST/Medicaid appear to be at greater risk for adverse perinatal health outcomes, both during and following pregnancy.
- The study's findings resulted in the introduction of bills to extend interconception care for women on QUEST/Medicaid in the 2008 Hawaii State Legislature.
- Policy-makers responded favorably to public health proposals with PRAMS data as evidence.

Conclusions

- Ongoing public policy discussion is occurring regarding this important women's health issue.
- More work needs to be done to develop better interconception care services for Hawaii's women on Medicaid.
- PRAMS data analysis/evidence has helped to increase public policy discussion in Hawaii of this important MCH issue.

Resources

- *Recommendations to Improve Preconception Health, A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care, MMWR, (2006), 55(RR06);1-23*
- *Maternal & Child Health Journal, (2006), 10(5), S1-S206, Preconception Care: Science, Practice, Challenges and Opportunities*
- *Preconception Care Journal Supplements, (2008) American Journal of Obstetrics and Gynecology, Volume 199, Issue 6, Supplement 2, Pages S1-S383.*

Mahalo!