Measuring Birth Outcomes Using Administrative Data

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DC DHCF Mission

The mission of the Department of Health Care Finance is to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

District of Columbia Medicaid Program

- Largest insurance program in the District
  - 200,000 Medicaid beneficiaries (1 in 3 District residents)
  - Annual cost around $2 billion (70 percent Federal)
  - Nearly 70 percent of beneficiaries in one of two managed care plans
- The following beneficiaries must enroll in Managed Care:
  - TANF and TANF-related recipients
  - Children's Health Insurance Participants (CHIP)
  - Parents and caregivers who are not Medicare eligible (under age 65)
  - Pregnant woman
  - Childless Adults

Managed Care Contract Requirements

- C.13 Continuous Quality Improvement and Performance Improvement
- C.13.1.7 Contractor shall incorporate into its CQI program and CQI plan all applicable DHCF initiatives. . . . .

Criteria for Selection of Priority DHCF Initiatives

- Appropriateness of the health issue (i.e., evidence that the problem areas are significant for Medicaid enrollees)
- Strength of the Evidence – Ability to Improve Health
- Ease of measuring improvement (improvements can be measured via administrative data or other existing data collection efforts without requiring special data collection)
- Potential Partners/Other Considerations
- Nominations solicited from stakeholders

Birth Outcomes as a High Priority

- Appropriateness/Significance
  - 15.9 percent of District babies born preterm
  - 11.2 percent low birth weight in District
  - Infant mortality rate (2002-04) 60 percent higher than national average
  - From 2001 to 2006:
    - 37 children diagnosed with HIV - all perinatally acquired
    - 19 children diagnosed with AIDS – 74 percent perinatally acquired
- Strength of the Evidence - Ability to Improve Health:
  - Strong evidence of effectiveness of medical and psychosocial interventions to improve birth outcomes

Need for a Measure of Birth Outcomes

- “You can’t improve what you can’t measure”
- Need for a measure that:
  - Measures multiple adverse birth outcomes;
    - Low birth weight
    - Prematurity
    - Fetal loss
    - Infant mortality rate
    - Perinatal transmission of HIV
  - Is obtainable from existing data
  - Is reliable
  - Is valid and able to be validated
- “When necessity is the mother of invention, expect labor pains”

Review of CY 2011 Birth Outcomes Measure Specifications

(Please refer to handout for this session)

DHCF Perinatal Collaborative

Interventions:

- Plan-specific and across-plan interventions
- Standard uniform risk screening tool used by all three plans (see handout)
- More aggressive follow-up of moms with risk factors.

DHCF Perinatal Collaborative – Adverse Perinatal Outcomes

	Health Plan A 2008 (baseline)	Health Plan A 2009	Health Plan A 2010	Health Plan B 2008 (baseline)	Health Plan B 2009	Health Plan B 2010	Health Plan C 2008 (baseline)	Health Plan C 2009	Health Plan C 2010	2008 Cumulative Total (baseline)	2009 Cumulative Total	2010 Cumulative Total
Net Pregnancies	3,663	2,068	2,477	44	67	82	190	432	762	3,897	2,567	3,321
Adverse Events												
Miscarriages or fetal loss	342	114	29	3	11	15	46	68	123	391	193	167
weight<2500grams	28	0	68	31	67	25	0	31	16	59	98	109
32 weeks or less	11	0	1	4	13	24	1	0	8	16	13	33
Pregnancies for which outcome is unknown	0	50	113	0	0	0	0	0	0	0	50	113
No maternal HIV testing	3,098	1,350	1,304	24	14	21	74	132	317	3,196	1,496	1,642
Adverse Perinatal Outcomes Rate	50.10%	29.22%	25.64%	22.22%	36.97%	25.15%	6.64%	10.32%	17.39%	32.83%	23.14%	23.15%
Adverse Perinatal Outcomes Per 1,000	501	292	256	222	370	252	66	103	174	328	231	232

Questions