PRESumptive Eligibility As A Policy Avenue To Improve Birth Outcomes In Mississippi

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OUTLINE

• The issue of preterm birth
• Evidence-based interventions to prevent preterm birth
• Purpose
• Methods
• Mississippi data
• Summary of findings
• Next steps
2017 PREMATURE BIRTH REPORT CARD
PRETERM BIRTH RATES AND GRADES BY STATE

Preterm birth rates are based on obstetric estimate of gestational age.
Babies born early often have lifelong health problems such as:

- **intellectual disabilities**
- **vision and hearing loss**
- **feeding difficulties**
- **cerebral palsy**
- **respiratory distress syndrome**
- **largest contributor to infant death**
DISPARITIES IN PREMATURITY

Women of color are up to 50 percent more likely to give birth prematurely.

Preterm birth rates by maternal race/ethnicity, U.S.

- Asian / Pacific Islander: 8.5%
- White: 8.9%
- Hispanic: 9.1%
- American Indian / Alaska Native: 10.5%
- Black: 13.3%

Premature/preterm is less than 37 weeks of gestation. Preterm birth rate is defined as the percentage of live births born preterm. Maternal rate based on “bridged” race; race categories exclude Hispanics.
Prepared by March of Dimes Perinatal Data Center, February 2018.
AVERAGE EXPENSE TO EMPLOYER NEWBORN CARE

Costs per infant include all employer payments for newborn medical care during the first year of life.
INTERVENTIONS TO PREVENT PREMATURITY
and improve the health of moms and babies

1. Optimize birth spacing, interconception care, and pregnancy intentionality
2. Use low-dose aspirin to prevent preeclampsia
3. Provide access to progesterone shots for women with a previous preterm birth and vaginal progesterone and cerclage for short cervix
4. Utilize group prenatal care
5. Eliminate non-medically indicated early elective deliveries (inductions and c-sections)
6. Expand smoking cessation interventions
7. Reduce multiple births conceived through assisted reproductive technology
WHAT IS PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN (PEPW)?

Presumptive Eligibility for Pregnant Women (PEPW) is a process that offers temporary coverage of prenatal care services to pregnant women while their Medicaid applications are pending. The goal of the PEPW program is to offer health care to women early in their pregnancies, so they stay healthy and have healthy babies.

HOW WOULD ENACTING THIS POLICY ADVANCE THE STATE?

Getting early and regular prenatal care improves the chances of a healthy pregnancy. PEPW might allow women—especially those considered high risk—to receive interventions earlier on in their pregnancy, thus having a positive impact on their birth outcome. Adverse birth outcomes, such as preterm births, cost the state millions of dollars and could be prevented with early intervention.
PURPOSE

This study seeks to address two questions:

1) Are there benefits to preterm birth rates from early enrollment?

2) Would presumptive eligibility facilitate early enrollment?

Presumptive eligibility facilitates early entry into medical care while Medicaid coverage is pending. If women, particularly those at high risk to experience a preterm birth, could see a provider early on in their pregnancy and the provider be reassured they would receive payment for providing care, it could potentially help to reduce preterm birth rates.
METHODS

• Review of relevant Mississippi data

• Systematic literature review
  ✓ Searched key words (including presumptive eligibility, early Medicaid enrollment, and preterm birth) using the University of Mississippi (UM) Library Database, limited to peer reviewed journal articles
  ✓ The search produced 231 search results with 170 seemingly relevant articles
  ✓ Through initial screening, 47 peer reviewed articles have been selected as the literature base being more systematically explored

• National state-level comparison study (in design stage)
PRETERM BIRTHS IN MS

<table>
<thead>
<tr>
<th>Birth Outcomes from 2012-2016</th>
<th>White Mothers</th>
<th>Black Mothers</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm (&lt; 37 weeks gestation) births per 100 live births</td>
<td>11.7</td>
<td>17.0</td>
<td>13.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(26,765 preterm births)</td>
</tr>
</tbody>
</table>

*Total includes all racial categories, not just white and black.
## Prenatal Care in MS

<table>
<thead>
<tr>
<th>Pregnancy Care from 2012-2016</th>
<th>White Mothers</th>
<th>Black Mothers</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Prenatal Care in First Trimester</td>
<td>18.1</td>
<td>28.6</td>
<td>22.6</td>
</tr>
</tbody>
</table>

Total includes all racial categories, not just white and black.


(43,549 births without prenatal care in the first trimester)
MEDICAID COSTS OF PRETERM BIRTHS IN MS

Approximately 64 percent of Mississippi births were covered by Medicaid in 2014 (Smith et al., 2016).*

The costs to Medicaid for preterm births in Mississippi are noteworthy.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Early Preterm Birth</th>
<th>Late Preterm Birth</th>
<th>Full Term Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs for Mothers</td>
<td>$13,878</td>
<td>$13,445</td>
<td>$9,601</td>
</tr>
<tr>
<td>Costs for Infants</td>
<td>$90,015</td>
<td>$15,942</td>
<td>$5,348</td>
</tr>
<tr>
<td>Total</td>
<td>$103,893</td>
<td>$29,387</td>
<td>$14,949</td>
</tr>
</tbody>
</table>

Source: Mississippi Division of Medicaid. (Sept. 21, 2017). Report to the Medical Care Advisory Committee. Table reformatted by the University of Mississippi Center for Population Studies. Numbers are rounded to the nearest whole dollar.

PRELIMINARY LITERATURE FINDINGS

• Much of the existing literature regarding presumptive eligibility is dated
• There are studies specifically focused on presumptive eligibility as a policy mechanism
• Others address improvements in processes, case management and services, and Medicaid expansion more generally
• Across many of the studies, we see:
  ✓ Increase early/earlier access to care for a variety of patient groups
  ✓ Some evidence of improved health outcomes
  ✓ Unanswered in much of the published literature is the conceptual link between increased access to prenatal care and the outcomes of interest
  ✓ Providing more efficient access to care is important, but broader social determinants of health still matter
PRELIMINARY LITERATURE FINDINGS

• Often used datasets for the empirical studies include PRAMS, Medicaid, and linked birth certificate and vital records data, along with some specific case management files analyses.

• Although informative, there are some challenges, including years that data are available, states they are available from, and restrictions to access.

• While linked individual/family level data are important, broader population impact questions need attention as well.
**NEXT STEPS – METHODS**

- **National state-level comparison study** (in design stage)
  - Compare states that provide presumptive eligibility to those that do not using prenatal care utilization and birth outcomes as population indicators
  - Difference in difference: Conduct a time 1 (pre broad-based implementation of presumptive eligibility) to time 2 (post implementation) comparison on relevant outcomes, starting with: prenatal care utilization, preterm birth rates, low birthweight rates, and racial disparities
  - Control for percent of births covered by Medicaid, poverty rates, income inequality, and racial composition
PRESumptive eligibility (pe) for pregnancies

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