



Rural Resilience:

Lessons from the Center for Medicare and Medicaid Innovation Strong Start for Mothers and Newborns

Diana R Jolles PhD CNM Frontier Nursing University

Rural Resilience and Healthcare Redesign

Cross Cutting Problem

- Surge Capacity
- Effective Care
- Workforce
- Payment structure

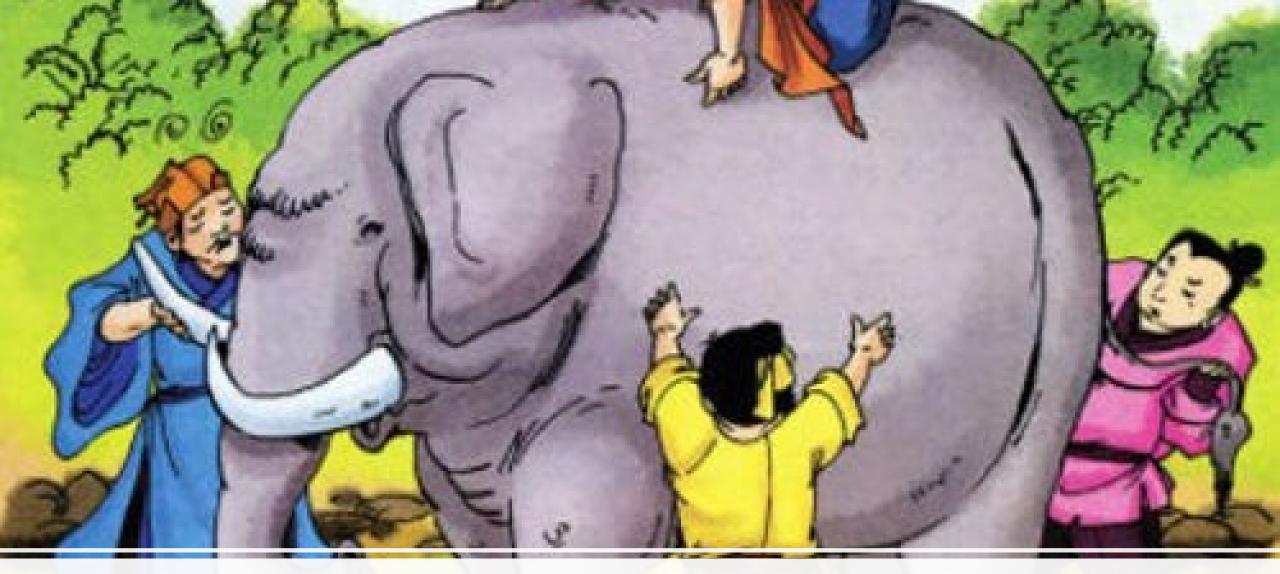
National Quality Levers

- Innovation and diffusion
- Public Reporting, Measurement and Feedback
- Certification, accreditation, regulation
- Payment





Surge Capacity



Regionalization of Care





Workforce



Results from the Center for Medicare and Medicaid Innovation Strong Start for Mothers and Newborns Project

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AABC Strong Start Enrollment

45 birth centers in 19 states

AK.

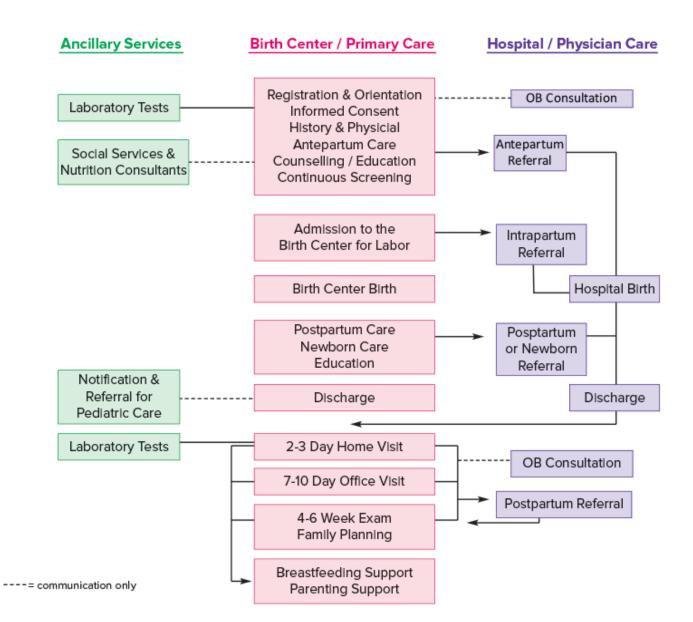
All women with Medicaid/CHIP

- 8389 women enrolled
- 6007 Other Medicaid mothers
- Total 14,396 Med recipients
 in BC care
- 6007 Strong Start newborns
- 3611 Other Medicaid newborns
- Total 9818 infants with Medicaid/CHIP coverage



The Birth Center

Primary Care in an Integrated Health Care System





Strong Start Births By Location

BIRTH LOCATION (N=6424)	Number	Percent
Hospital	3374	52.52%
Birth Center	2797	43.54%
Planned Home	176	2.74%
Enroute or Unplanned Home	77	1.20%

Strong Start Birth Attendant

BIRTH ATTENDANT – MIDWIFE (N=6424)	Number	Percent
CNM/CM	3493	54.37%
CPM/LM/DEM	652	10.15%
Total Midwife Attended Births	4145	64.52%

AABC Strong Start Outcomes

MATERNAL / INFANT HEALTH INDICATOR	AABC Strong Start	United States
Preterm Birth	4.42%	9.85% ⁱ
Low Birth Weight	3.28%	8.17% ⁱ
Very Low Birth Weight	0.67%	1.40% ⁱ
Primary Cesarean	8.56%	21.8% ⁱⁱ
Total Cesarean (includes repeat)	12.11%	31.9% ⁱ

High value care



BC Prenatal care is time intensive and relationship-based



Enhanced prenatal care includes referrals to needed resources, health education and emotional support



Midwives see fewer women per day to achieve these outcomes



Incentivizing birth center prenatal care results in savings to Medicaid



Cost savings occur in better prepared mothers, healthier breastfed babies, lower rates of cesareans and interventions

Estimated Cost Savings Analysis

Lower caesarean rates and fewer medical interventions, reductions in preterm, low birthweight births when care provided in the freestanding birth center

Estimated Medicaid savings cesareans prevented per 10,000 births \$4.35 million (facility savings only) Estimated savings reduction in preterm births and NICU admissions per 10,000 births \$24.25 million

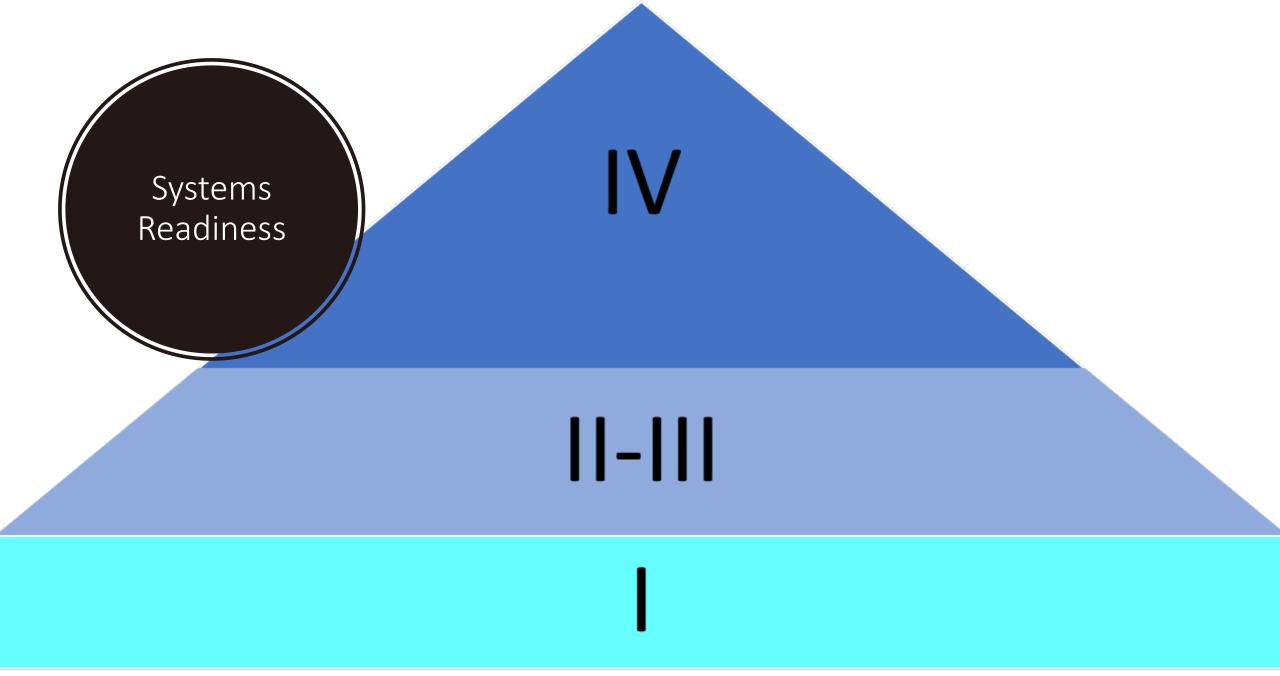
Estimated cost increase to enhanced prenatal care would be offset by savings

Client Satisfaction

- Birth centers showed highest rates of client satisfaction with both prenatal care and delivery experience, and satisfaction dropped significantly for birth experience*
 - Prenatal care at birth centers
 - 96% very satisfied or extremely satisfied
 - Delivery experience at birth centers
 - 84% very satisfied or extremely satisfied

Strong Start Data Demonstrate that Birth Center Care is High Value Care

- BC Prenatal care is time intensive and relationship-based
- Enhanced prenatal care includes referrals to needed resources, health education and emotional support
- Midwives see fewer women per day to achieve these outcomes
- Incentivizing birth center prenatal care results in savings to employers and payers
- Cost savings occur in better prepared mothers, healthier breastfed babies, lower rates of cesareans and interventions



Population Health Medical Risk Status

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