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

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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
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**
Figure 2. Birth Center Model of Enhanced Prenatal Care
## Strong Start Births By Location

<table>
<thead>
<tr>
<th>BIRTH LOCATION</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>3374</td>
<td>52.52%</td>
</tr>
<tr>
<td>Birth Center</td>
<td>2797</td>
<td>43.54%</td>
</tr>
<tr>
<td>Planned Home</td>
<td>176</td>
<td>2.74%</td>
</tr>
<tr>
<td>Enroute or Unplanned Home</td>
<td>77</td>
<td>1.20%</td>
</tr>
<tr>
<td>BIRTH ATTENDANT – MIDWIFE (N=6424)</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>CNM/CM</td>
<td>3493</td>
<td>54.37%</td>
</tr>
<tr>
<td>CPM/LM/DEM</td>
<td>652</td>
<td>10.15%</td>
</tr>
<tr>
<td>Total Midwife Attended Births</td>
<td>4145</td>
<td>64.52%</td>
</tr>
</tbody>
</table>
## AABC Strong Start Outcomes

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

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ii Osterman, M., Martin, J. (2014)
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
Rural Resilience and Systems Redesign

National Quality Levers

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