Title: Continuous Coverage for Women of Child Bearing Age
Submitter: Barry S. Lachman, MD, MPH
Affiliated organization: Parkland Community Health Plan
Category: Reducing barriers to care or increasing access to care

Description of the problem:
Texas has the highest mortality in the country of maternal death. Data from the Texas Department of State Health Services (DSHS) Taskforce indicates that hypertension, diabetes, and drug overdose are the three leading causes of death. Parkland Community Health Plan (PCHP), in collaboration with the Parkland Center for Clinical Innovation (PCCI), has become a national leader in predictive models. PCHP has also examined the trends in PCHP Medicaid pregnant women who are members for PCHP for NICU use. The Predictive Model for Preterm Birth developed by PCHP is twice as accurate in predicting preterm birth (PTB) of any other available model. The leading contributors to PTB risk in the PCHP Medicaid population of pregnant women are hypertension and diabetes. The number and cost of Neonatal Abstinence Syndrome (NAS) (babies withdrawing from opiates) in PCHP members has more than doubled from 2015 to 2017, while the length of stay and cost per case have remained constant. Thus, Texas and PCHP Medicaid data reflect adverse outcomes for pregnant women and their offspring with hypertension, diabetes, and opiate addiction as significant contributors. The root cause that strings these causes together is loss of coverage for over 80 percent of PCHP pregnant women 42 days after delivery. Since the entry in prenatal care for PCHP averages early second trimester (four months), PCHP and those providing prenatal care are faced with a population who because of lack of coverage present with untreated hypertension, diabetes, and opiate addiction. This is a recipe for adverse outcomes that could be avoided by continuous coverage aimed at a population at high risk. Depression is a recognized factor in predicting preterm birth doubling the risk.

Women’s Health in the Dallas Statistical Data Area (SDA)
Parkland Hospital (PHHS) is one of the top three hospitals in the U.S. for deliveries, with over 17,000 deliveries per year. The University of Texas Southwestern Medical Center (UT-Southwestern) faculty who provide physician coverage at PHHS are the editors of Williams Textbook of Obstetrics. UTSW obstetrics faculty are nationally recognized leaders in OB care and outcomes. PHHS provides state of the art innovative maternal fetal medicine clinics for high risk women including integrated behavioral health and addiction clinics. PHHS is the predominant provider of services to pregnant women in the Healthy Texas Women program. PCHP is the second largest Medicaid managed care organization in annual deliveries. PCHP, UT-Southwestern, and PHHS have a well-integrated relationship to integrate care for women of child bearing age. PHHS has a successful model under the 1115 waiver for opiate addicted women. PHHS and UT-Southwestern have implemented universal depression screening as recommended by the American College of Obstetricians and Gynecologists. PCCI is the recipient of a Centers for Medicare & Medicaid Services grant to develop an Accountable Health
Community (AHC) project that has received high marks for early implementation. PCHP is represented on the Community Advisory Board for the AHC project.

Proposed solution:
Continuous coverage for all women ages 18 to 45 up to 200 percent of the poverty level for a limited package of benefits that corresponds to the ten essential benefits in the Affordable Care Act.

Proposed Model
- Provide coverage for all women of child bearing age within PCHP;
- Carve the Women’s Health Program for PCHP members and PHHS patients into PCHP;
- Expand the 1115 PHHS Opiate Clinic and Depression Treatment programs to allow all detected women to be treated;
- Develop expanded models to allow treatment for substance abuse and depression in collaboration with Dallas MetroCare and other MHMR in the Dallas SDA for women of child bearing age; and
- Develop and implement robust outreach programs through communities including the faith-based community, other community institutions, and the PCCI Accountable Health Care Initiative to allow early engagement.

Proposed Metrics and Outcomes
- Decreased PTB rate and costs
- Decreased length of stay (LOS), LOS rate, and cost of NAS
- Earlier entry in prenatal care
- Numbers for women treated for SA and depression

Key stakeholders: None listed.

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
190.021 Funding for Pregnancy
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
190.032 Medicaid Coverage and Reform
260.075 Preventive Health Care for Texas Women

Relevant AMA policy:
Affordable Care Act Medicaid Expansion H-290.965
Preconception Care H-425.976
Improving Treatment and Diagnosis of Maternal Depression Through Screening and State-Based Care Coordination D-420.991
Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.953
Preconception Care H-425.976
Citations: None listed.