



Presentation to the House Committee on Public Health: Better Birth Outcomes

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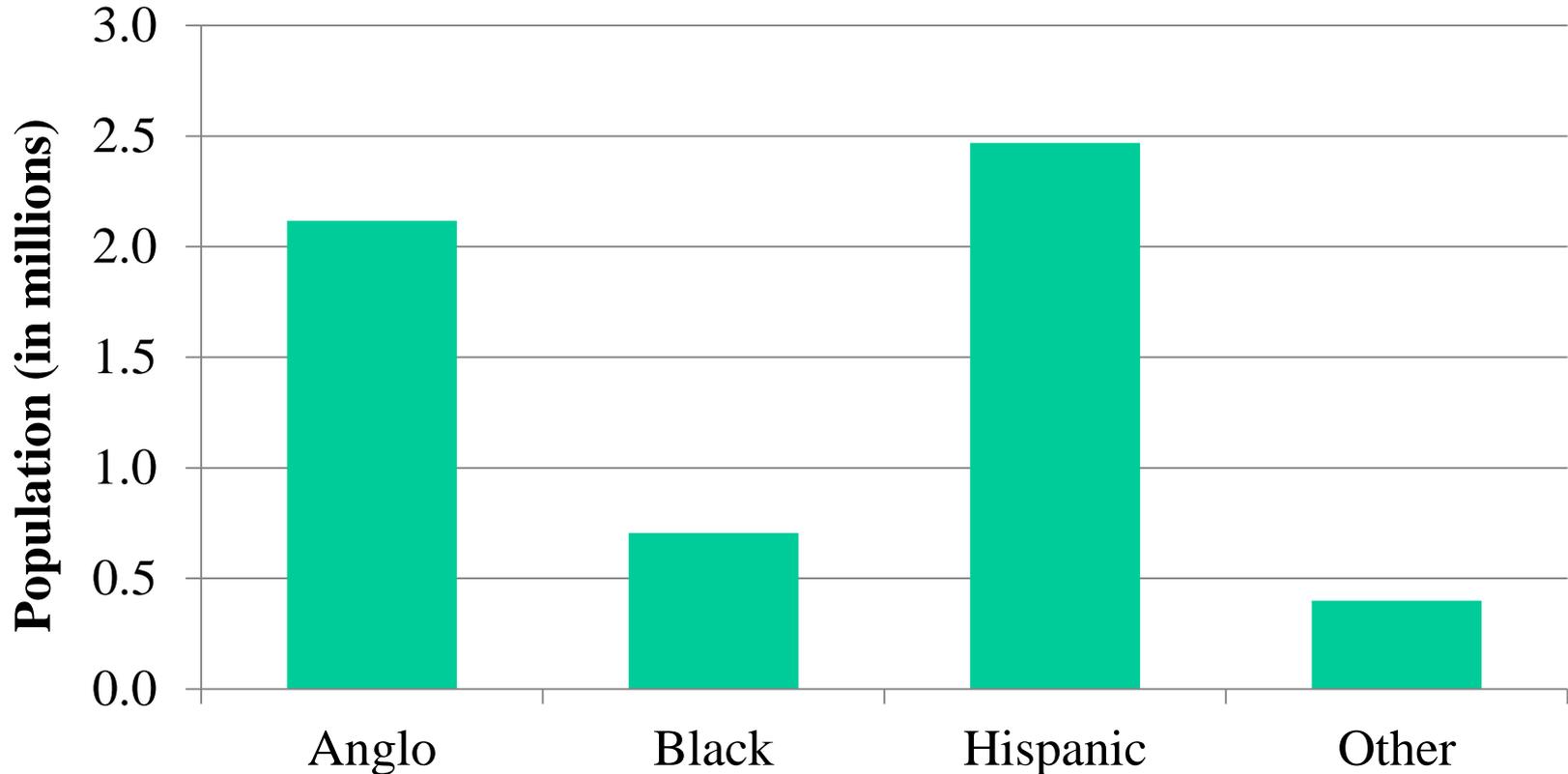
Presentation Overview

- Overview of Women's Health, Birth Outcomes, and Maternal Risk Factors
- Programs and Initiatives:
 - Someday Starts Now
 - Healthy Texas Women
 - Long Acting Reversible Contraceptives
 - Pregnancy Medical Home Pilot
 - Perinatal and Postpartum Depression
 - Neonatal Abstinence Syndrome and Maternal Mortality and Morbidity Task Force
 - Perinatal Advisory Council
 - Neonatal Intensive Care Unit Collaborative
 - Lactation Support Initiatives
 - Healthy Texas Babies/Collaborative
- Future Goals and Next Steps

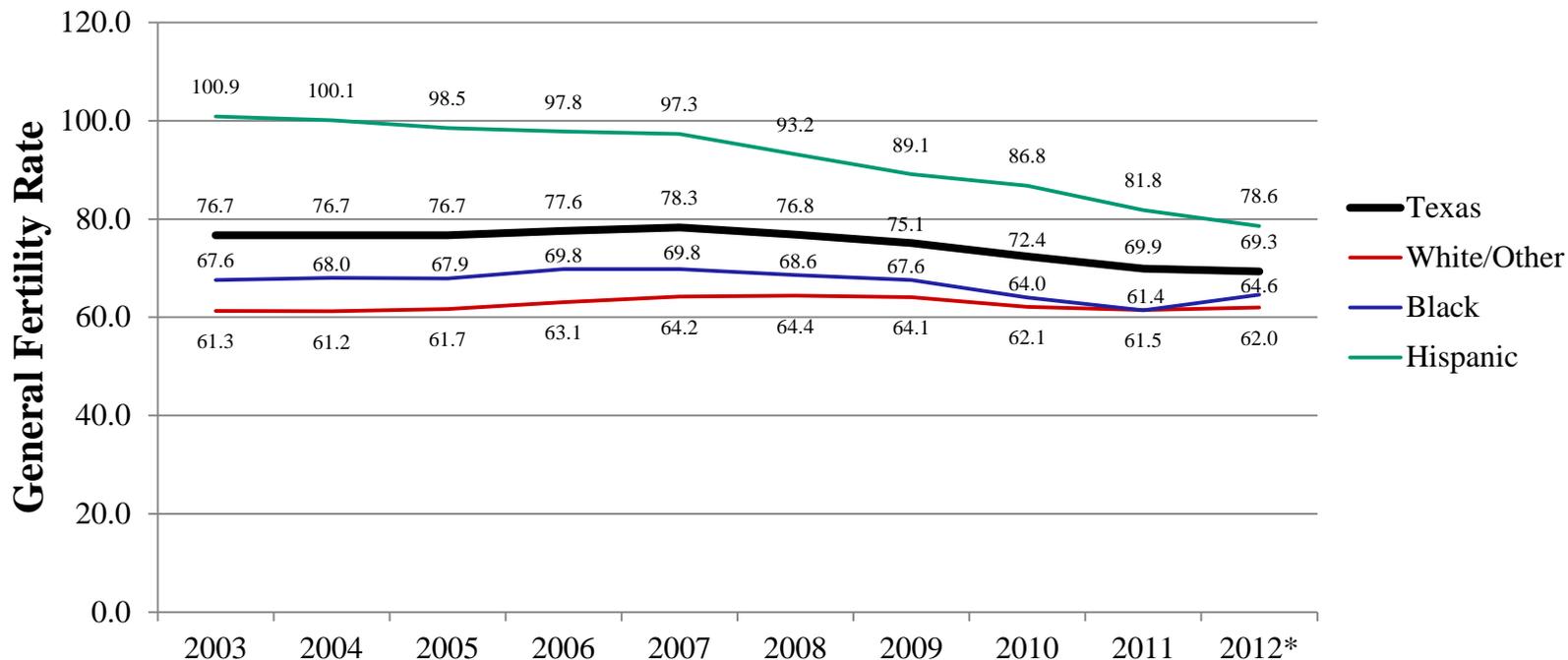
Women's Health in Texas

- Texas is experiencing substantial population growth
 - Between 2000 and 2013, Texas added 1.2 million more residents, more than any other state, and grew by 4.8%, compared to 2.2% growth for the entire country
 - In 2014, 42% of women (5.7 million) are of childbearing age
- Access to health care among women in Texas
 - In 2014, 78% of women 19-64 years had health insurance coverage

Population of Women of Childbearing Age (15-44) in Texas by Race/Ethnicity, 2014



2003 to 2012* Texas General Fertility Rates** by Race/Ethnicity

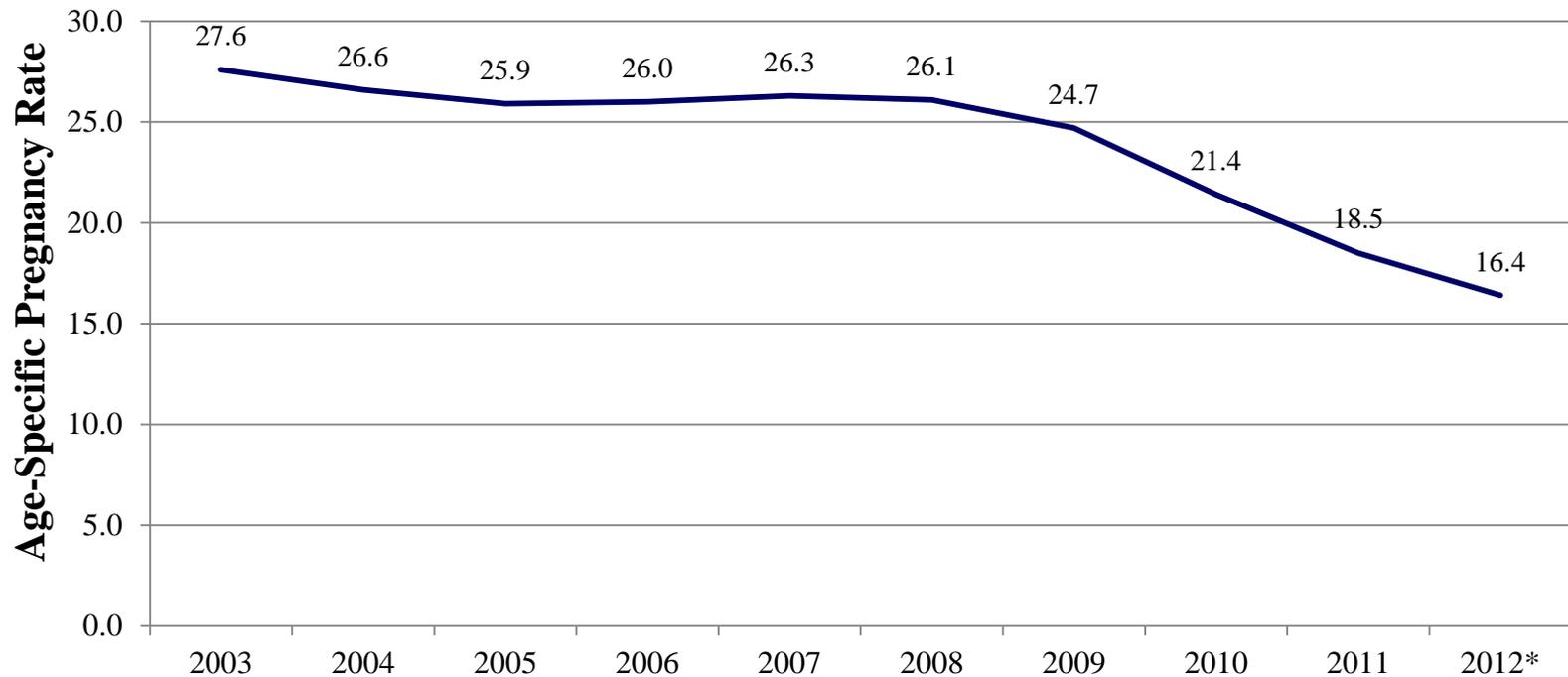


*2003-2011 rates are final using population estimates, 2012 rates are preliminary using population projections

**Number of live births per 1,000 women ages 15-44.

Data Source: Texas Department of State Health Services, Center for Health Statistics

2003 to 2012* Texas Teen Pregnancy Rates** (Ages 13-17)



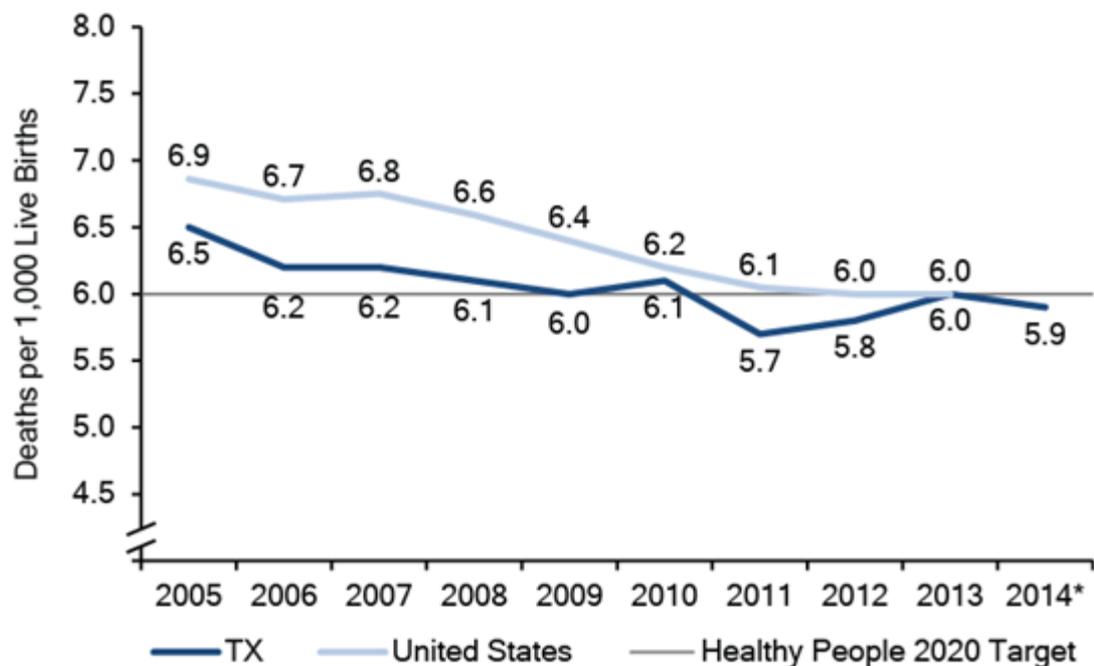
*2003-2011 rates are final using population estimates; 2012 rates are preliminary using population projections

**Number of pregnancies (live births, fetal deaths, and induced abortions) per 1,000 women ages 13-17.

Data Source: Texas Department of State Health Services, Center for Health Statistics

Infant Mortality in Texas and U.S.

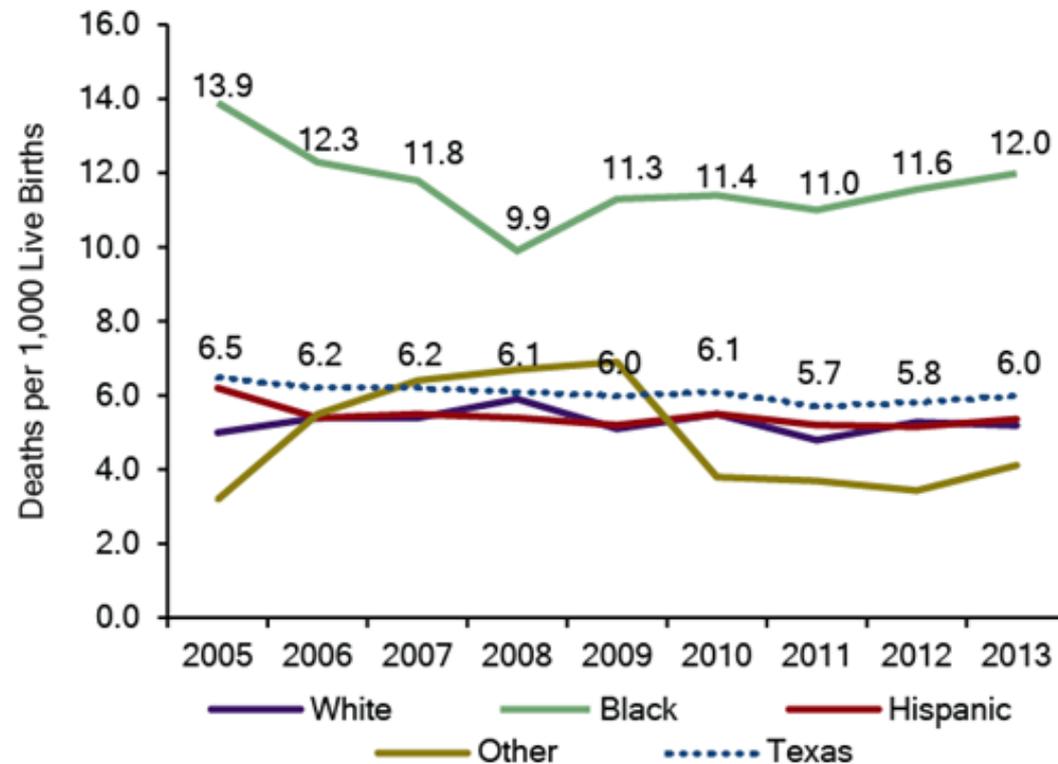
Infant Mortality Rate in Texas and The United States, 2005-2014



*2014 Texas and United States data are preliminary
 Source: 2005-2014 Texas Birth & Death Files,
 National Center for Health Statistics
 Prepared by: Office of Program Decision Support
 Sept 2015

Ethnic Disparities in Infant Mortality

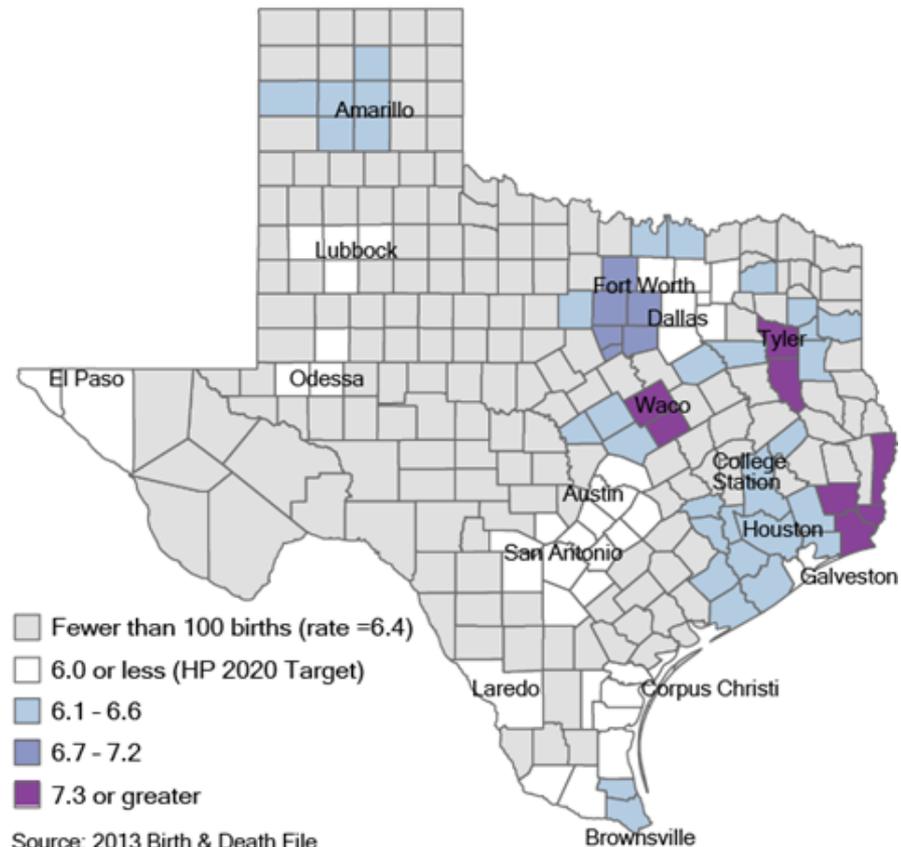
Infant Mortality Rate in Texas by Race/Ethnicity, 2005-2013



Source: 2005-2013 Birth & Death Files
Prepared by: Office of Program Decision Support
Sept 2015

Geographic Disparities in Infant Mortality

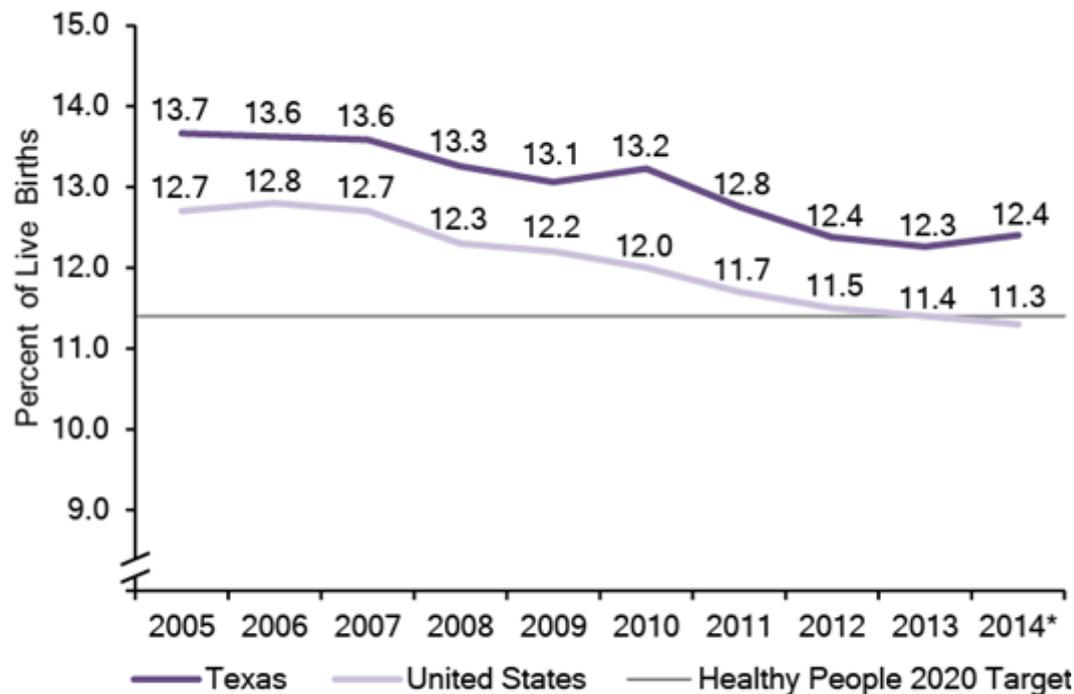
Infant Mortality Rate per 1,000 Live Births by
Select Communities, 2013



Source: 2013 Birth & Death File
Prepared by the Office of Program Decision Support
Sept 2015

Preterm Births in Texas and U.S.

Percent of Live Births Born Preterm (less than 37 weeks) in Texas and United States Using Combined Estimate of Gestation, 2005-2014



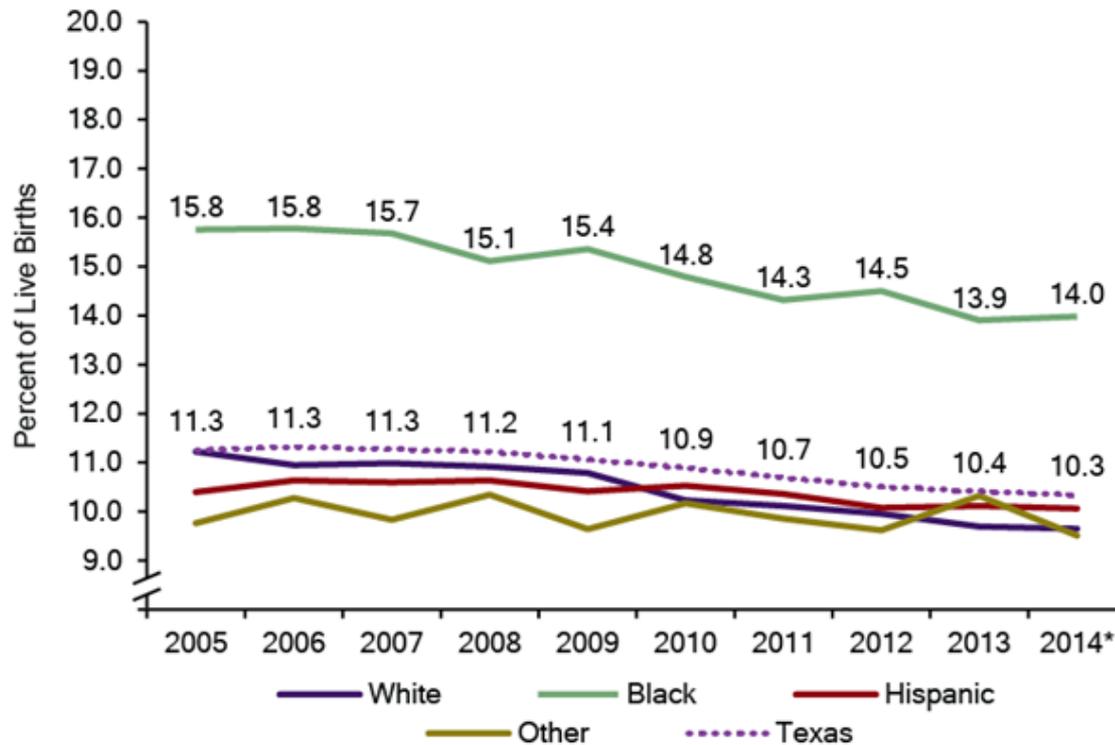
*2014 Texas and United States data are preliminary

Source: 2005-2014 Texas Birth Files,
National Center for Health Statistics

Prepared by: Office of Program Decision Support
Sept 2015

Ethnic Disparities in Preterm Births

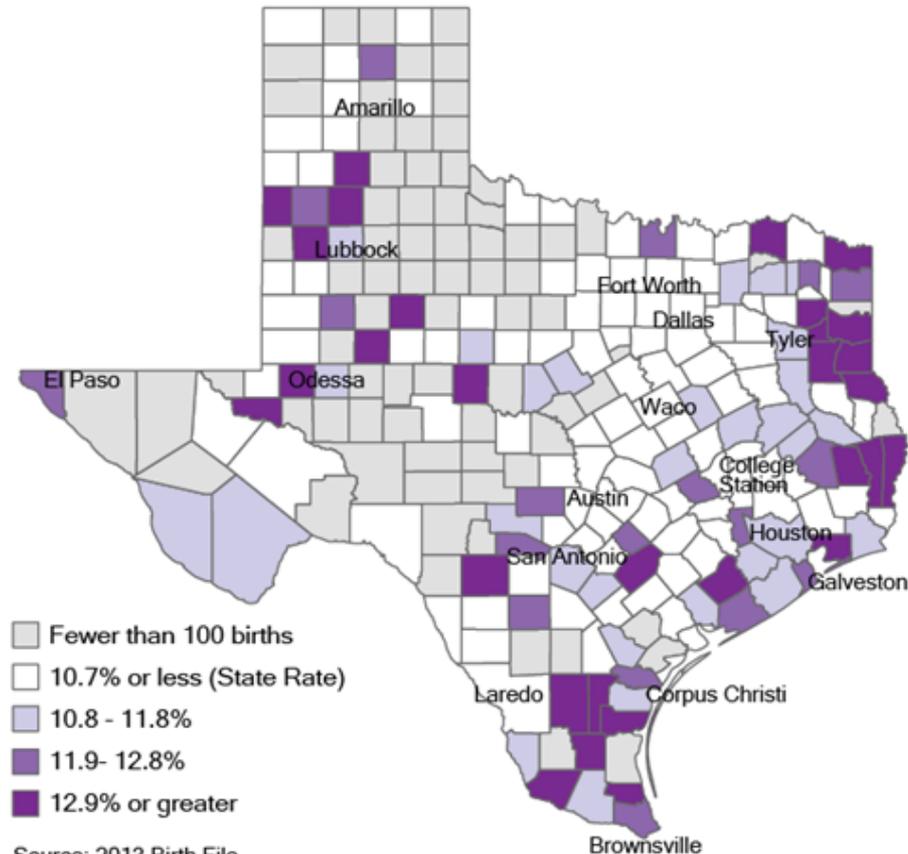
Percent of Live Births Born Preterm (less than 37 weeks) in Texas by Race/Ethnicity Using Obstetric Estimate of Gestation, 2005-2014



*2014 Texas data are preliminary
 Source: 2005-2014 Texas Birth Files
 Prepared by: Office of Program Decision Support
 Sept 2015

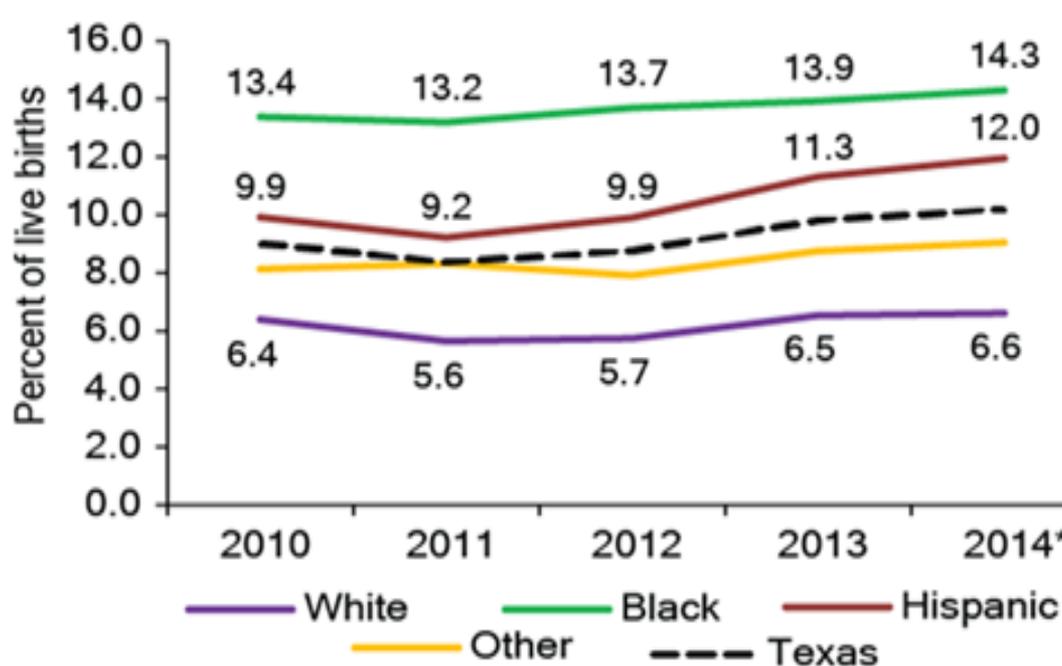
Geographic Disparities in Preterm Births

Percent of Live Births that Were Preterm (less than 37 weeks)
Using Obstetric Estimate of Gestation, 2013



Source: 2013 Birth File
Prepared by the Office of Program Decision Support
Sept 2015

Women who never received care or received care for the first-time within 8 weeks of giving birth by race/ethnicity, 2009-2014



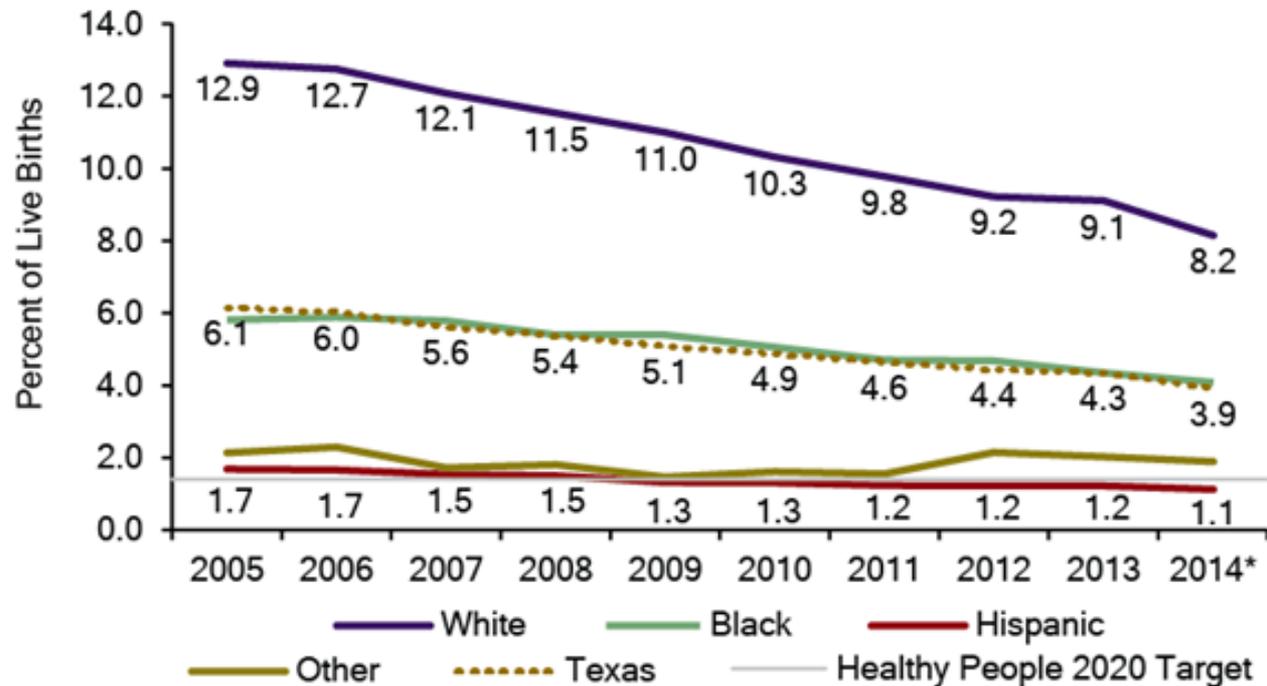
*2014 Texas data are preliminary

Source: 2010-2014 Birth Files

Prepared by: Office of Program Decision Support

Smoking During Pregnancy

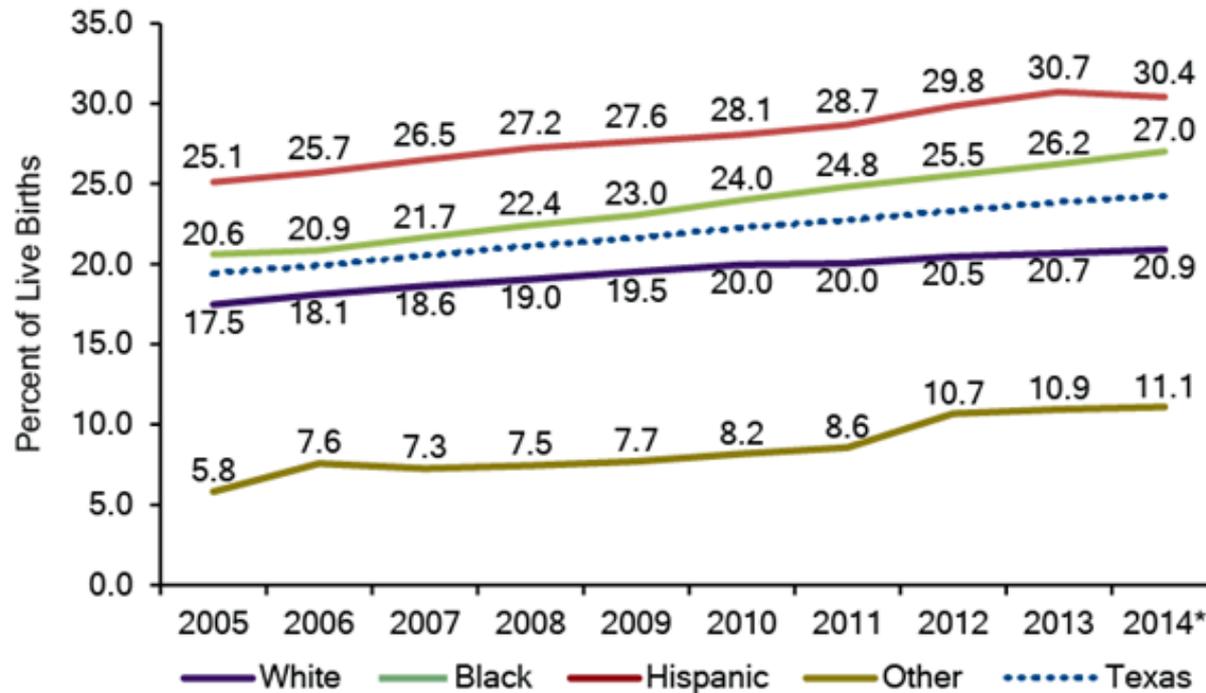
Percent of Live Births Where Mother Smoked Cigarettes During Pregnancy, 2005-2014



*2014 Texas data are preliminary
 Source: 2005-2014 Birth Files
 Prepared by: Office of Program Decision Support
 Sept 2015

Ethnic Disparities in Maternal Obesity

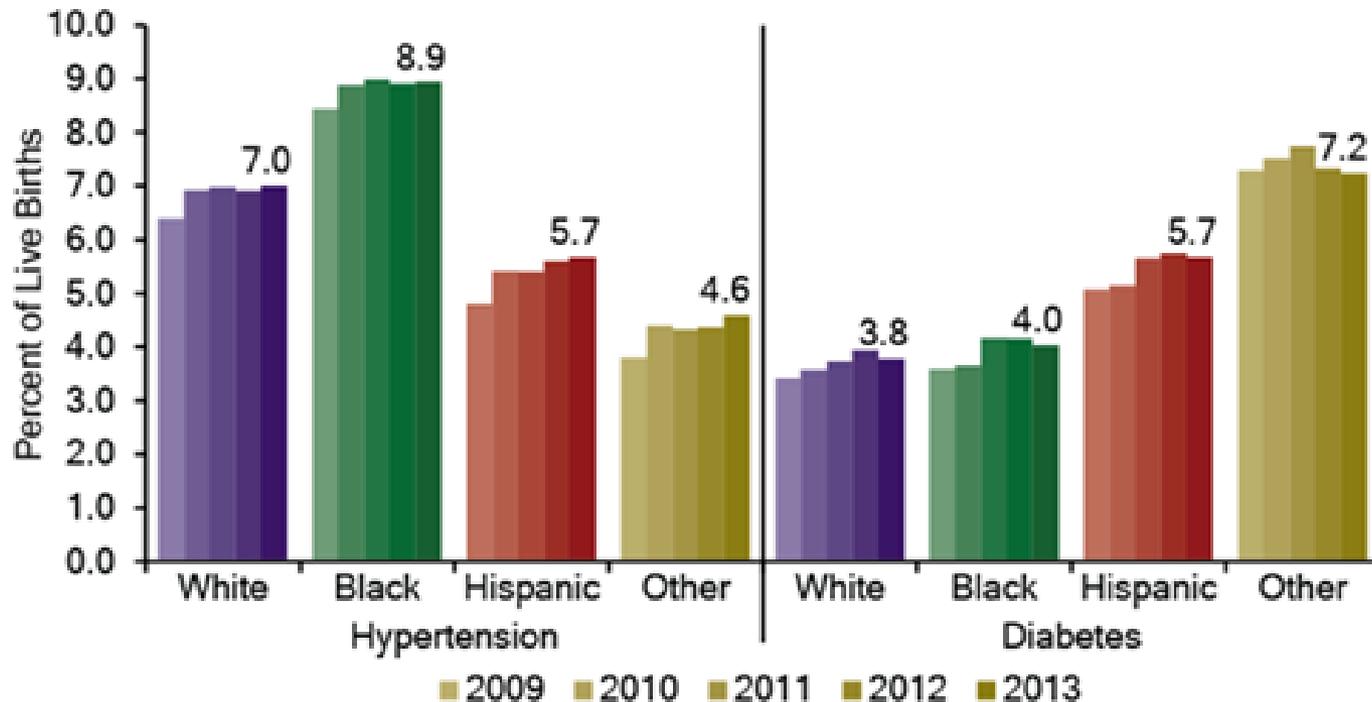
Maternal Pre-pregnancy Obesity by Race/Ethnicity, 2005-2014



*2014 Texas data are preliminary
Source: 2005-2014 Birth Files
Prepared by: Office of Program Decision Support
Sept 2015

Ethnic Disparities in Chronic Disease

Pregnant women with hypertension and/or diabetes by race/ethnicity, 2009-2013.



Data label is 2013 rate

Source: 2009-2013 Birth Files

Prepared by: Office of Program Decision Support

Medicaid Costs for Preterm Births

- Approximately 53% of all Texas births (213,253) paid by Medicaid
- Over \$3.5 billion per year for birth and delivery-related services for moms and infants in the first year of life
- Medicaid newborn average costs (first year of life):
 - Prematurity/low birth weight complications \$ 109,220
 - Full-term birth \$ 572
- In FY2015, Medicaid paid over \$402 million for newborns with prematurity and low birth weight. Care delivered in the neonatal intensive care unit (NICU) is now the costliest episode of medical care for the non-elderly population.

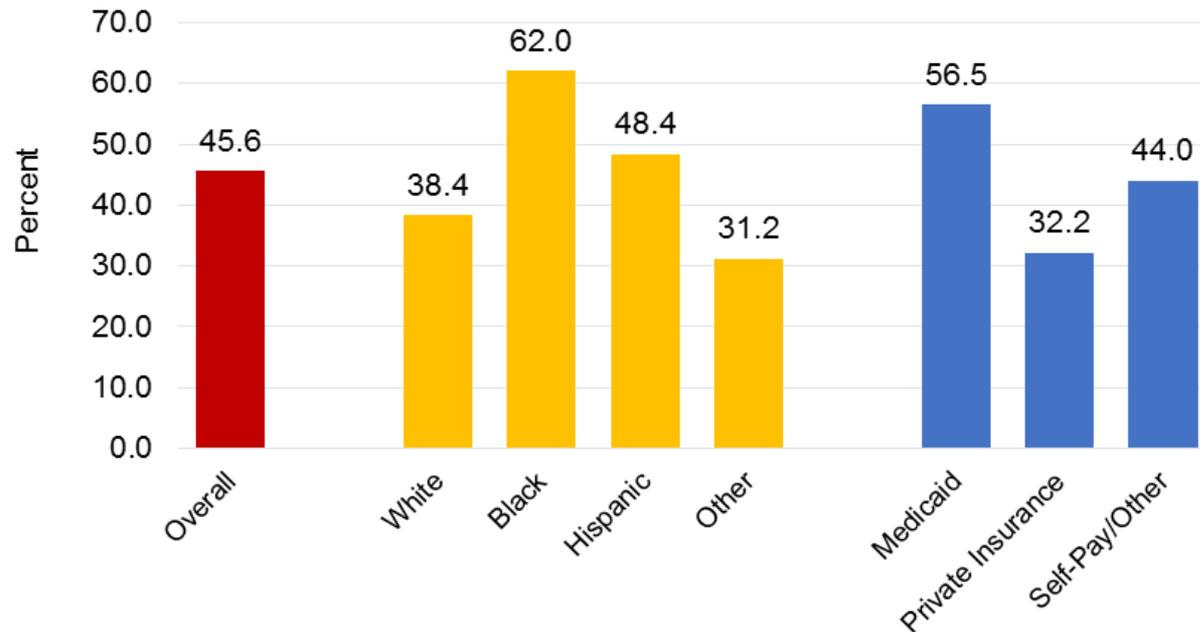
- Life Course Perspective
- Preconception and interconception care:
 - Meeting a client's health care needs that directly impact her ability to have a future, healthier pregnancy.
 - Preconception - Access to family planning services to promote health and improve birth outcomes
 - Interconception - Access to family planning services in the postpartum period has the potential to reduce unwanted pregnancies, promote better birth spacing, and improve birth outcomes.

Someday Starts Now

- Public health awareness campaign to improve preconception health, and ultimately, birth outcomes, as part of broader Healthy Texas Babies initiative
- Websites deliver public health messaging and tools in English and Spanish to women, men, providers, and other organizations working with families:
 - Life Planning Tool — assists women with planning their reproductive future and discussing their plans with their provider
 - Birth Planning Tool — assists women in planning for the delivery of their baby and discussing her preferences with her provider
- Key message:
 - If there's a baby in your future, whether three months or ten years from now, today matters. Take control. Eat right, get regular exercise, engage your support system and do something about your stress. Because your health today matters to the baby you might have...someday.

Unintended Pregnancy

Percent of pregnancies that were reported to be unintended overall, by race/ethnicity, and by payer source, 2009-2011



Source: Pregnancy Risk Assessment Monitoring System, 2009-2011
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016

The logo consists of a pink heart shape with a white silhouette of a woman's profile facing left, integrated into the left side of the heart.

HEALTHY TEXAS WOMEN

www.healthytexaswomen.org

Program Details

Client Eligibility

- Women ages 15-44 (Ages 15-17 with parental consent)
- 200% Federal Poverty Level
- Citizen/Eligible Immigrant
- Not pregnant

Eligibility Determinations

- Client eligibility is determined by HHSC
- Clients may apply through a paper application or online
- Services delivered on a fee-for-service basis

Covered Services

- Pelvic examinations
- Contraceptive Services
- Pap tests
- Screening for hypertension, diabetes, cholesterol
- Sexually transmitted infection (STI) services
- Sterilizations
- Breast and Cervical Cancer Screenings and Diagnostic Services
- Immunizations
- Cervical Dysplasia treatment
- Other preventative services

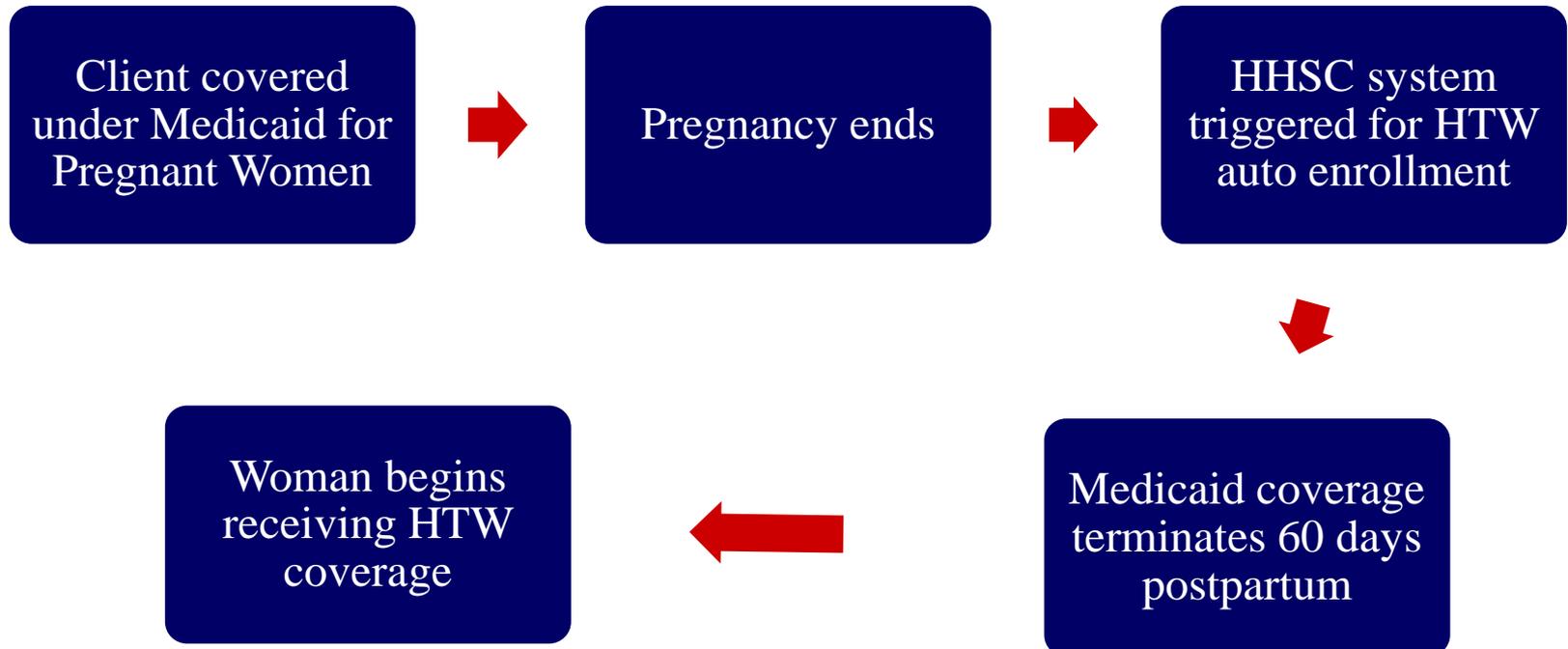
Eligibility

- Women and Men
- Age 64 or younger
- 250% of the Federal Poverty Level (FPL)
- Texas residents
- Must not be eligible for any similar program, including the HTW Fee-For-Service program
- Eligibility is determined at the point of service by family planning contractors

Covered Services

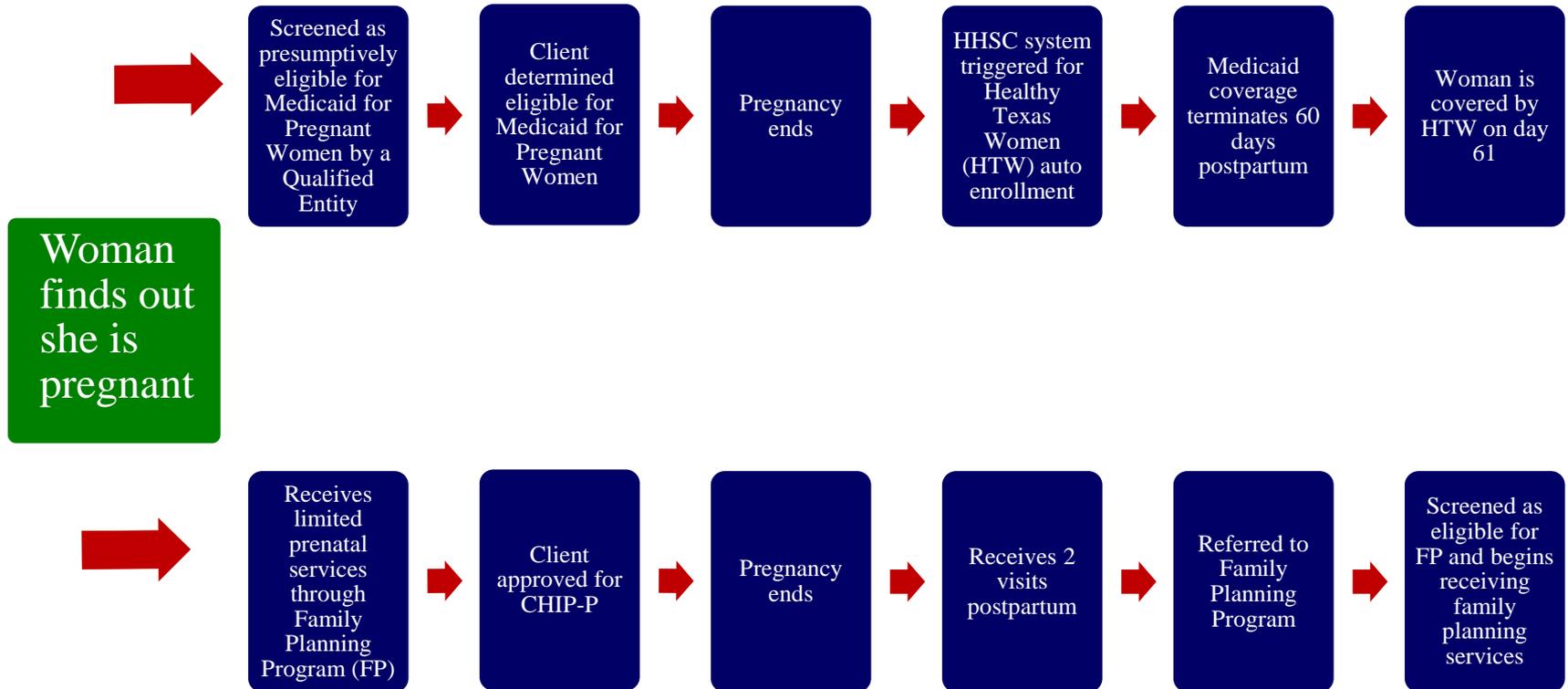
- Pelvic exam
- Contraceptive Services
- Pap tests
- Screening for hypertension, diabetes, cholesterol
- Sexually transmitted infection (STI) services
- Sterilizations
- Breast and cervical cancer screening and diagnostic services.
- Immunizations
- Prenatal Services

Automatic Enrollment Process



- CHIP Perinatal Clients
 - Clients covered under CHIP Perinatal will not be eligible for automatic enrollment into HTW
 - Once a woman's pregnancy ends, she may be eligible to receive Family Planning Program coverage for reproductive health care services
 - Clients can locate a Family Planning provider at www.HealthyTexasWomen.org

Women's Health Coverage



- Long-acting reversible contraception (LARC, such as intrauterine devices and contraceptive implants) is a safe and highly beneficial contraceptive.
 - Highly effective method of contraception
 - Highest continuation and satisfaction rates
 - Can be used by most women
 - Increased use may reduce unintended pregnancy rates
 - The American College of Obstetricians and Gynecologists (ACOG) recommends offering LARC methods as first-line contraceptive methods and supports post-partum insertion of LARC as safe, effective, and advantageous

Source: American College of Obstetricians and Gynecologists. Committee Opinion No. 539, “Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices,” October 2012.

American College of Obstetricians and Gynecologists. Practice Bulletin No. 121, “Long-Acting Reversible Contraception: Implants and Intrauterine Devices,” July 2011.

LARC Effectiveness

	INTRAUTERINE DEVICE (IUD)				IMPLANT
	Mirena	ParaGard	Skyla	Liletta	Nexplanon
Active ingredient	Hormonal (levonorgestrel)	Copper-releasing	Hormonal (levonorgestrel)	Hormonal (levonorgestrel)	Hormonal (etonogestrel)
Effective time	Up to 5 years	Up to 10 years	Up to 3 years	Up to 3 years	Up to 3 years
Failure rate	0.2%	0.8%	0.2%	0.55%	0.05%
Year method was FDA approved	2000	1984	2013	2015	2011

Initiatives for LARC

- On January 1, 2016, HHSC implemented several policy changes in an effort to increase access to and utilization of LARC in Texas Medicaid and the Texas Women’s Health Program (TWHP)
- The article “Reimbursement Methodology to Change for Long-Acting Reversible Contraception (LARC) Devices Effective January 1, 2016,” was published on December 31, 2015 on the TMHP website at www.tmhp.com

LARC Utilization Rates

Women served who received LARC (of total women receiving contraceptives)

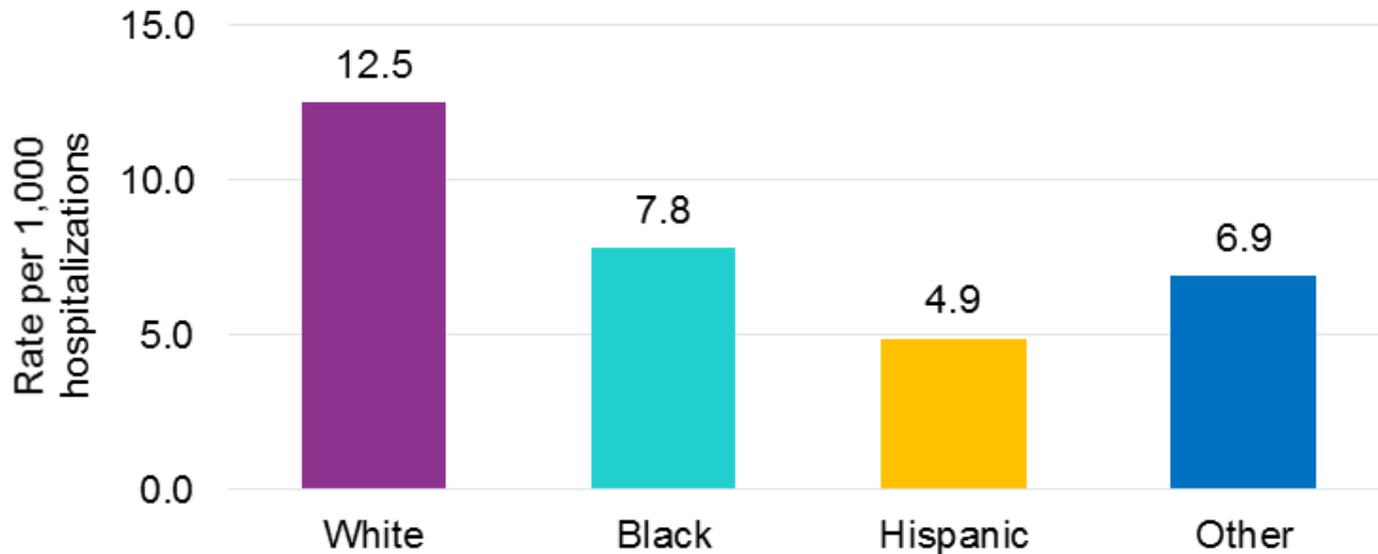
Program	FY 2012	FY 2013	FY 2014	FY 2015
Medicaid Clients	6.5% 31,094	5.9% 28,805	6.7% 31,980	7.5% 37,760
Texas Women's Health Program Clients	6.9% 5,958	7.2% 5,023	9.2% 5,316	10.8% 5,926
Family Planning Clients	5.1% 3,113	7.8% 2,798	13.8% 3,200	13.3% 2,918
Expanded Primary Health Care Clients			9.1% 5,680	12.2% 6,856

Pregnancy Medical Home Pilot

- Created by H.B. 1605 (83rd Legislature)
- The pilot creates pregnancy medical homes that provide coordinated evidence-based maternity care management to women in Harris County through a Medicaid MCO model
- Texas Children's Health Plan has a current partnership with The Center for Children and Women which oversee the pregnancy medical home pilot

- Postpartum depression affects approximately 1 in 7 Texas women every year
- May is Postpartum Awareness Month
- H.B. 2079 and Rider 54

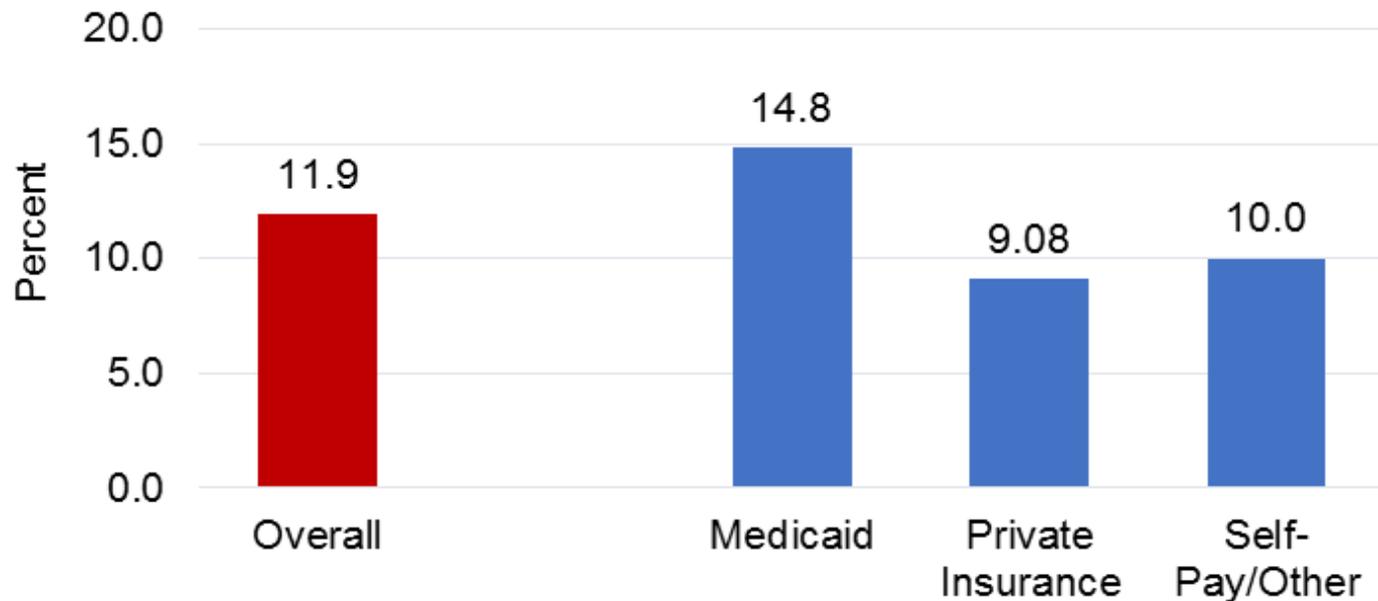
Depression during pregnancy-related hospitalization by race/ethnicity, 2012



Source: Center for Health Statistics, Hospital Inpatient Discharge File, 2012
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016

Postpartum Depression

Percent of postpartum depression reported by recent Texas mothers overall and by payer source, 2009-2011

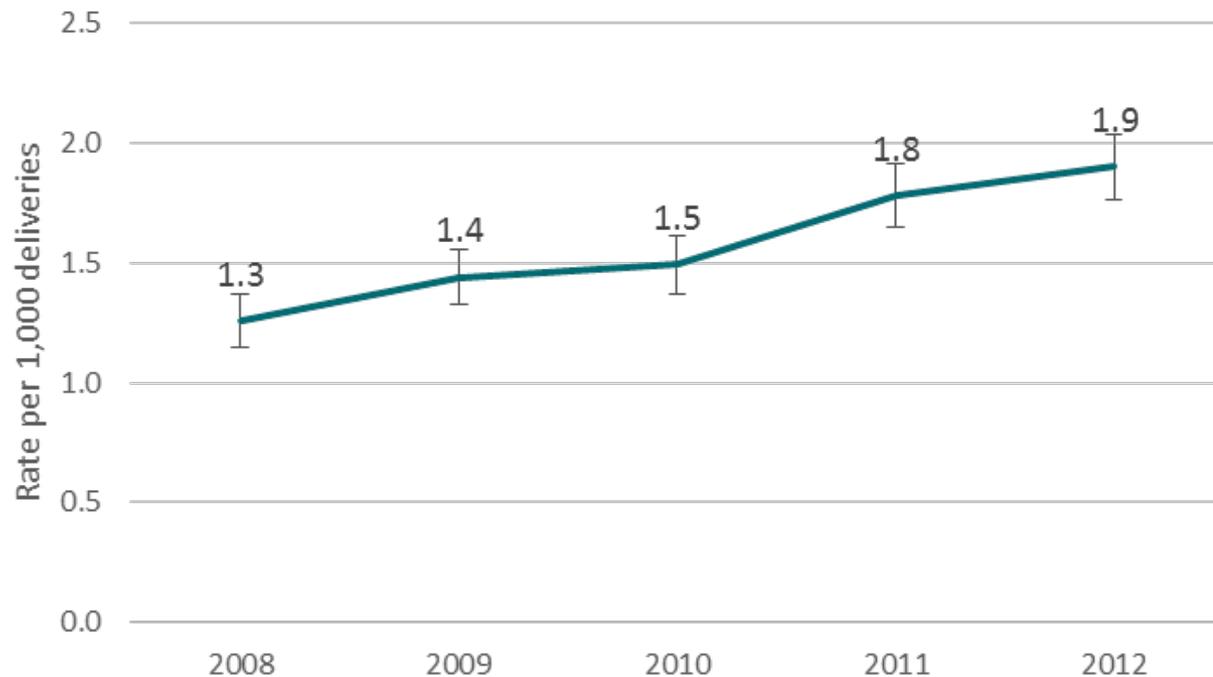


Source: Pregnancy Risk Assessment Monitoring System, 2009-2011
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016

Neonatal Abstinence Syndrome

Syndrome

Five year trend of Neonatal Abstinence Syndrome hospitalizations, 2008-2012



Source: CHS Hospital Inpatient Discharge Public Use Data Files, 2008-2012
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016

Neonatal Abstinence Syndrome Prevention Pilot

- Enhanced screening and outreach to women of childbearing age:
 - Engage high risk populations through street outreach efforts
- Increase availability of intervention and treatment:
 - Increase the number of women served through existing Pregnant and Postpartum Intervention (PPI) programs
 - Opioid Substitution Therapy slots
 - Case Management for pregnant and postpartum women
- Implementation of specialized programs to reduce severity of NAS:
 - Support of one residential treatment pilot program for pregnant women using opioids across the state in need of stabilization and specialized services
 - Expand the Mommies Program in the 5 counties with highest incidence and cost of NAS

Maternal Mortality and Morbidity Task Force

- **Charges:**
 - Review maternal death cases
 - Study statewide trends in pregnancy-related deaths and severe maternal morbidity
 - Make recommendations
- **Findings:**
 - Mental health (perinatal/post-partum depression) and substance use disorders (opioid abuse/Neonatal Abstinence Syndrome) play a significant role in maternal death and contribute to severe maternal morbidity
 - Repeated missed opportunities to screen for and refer women to treatment for mental health and substance use disorders
 - A majority of maternal deaths occur later than 60 days after delivery
- **Recommendations:**
 - Increase screening for, and referral to, behavioral health services
 - Increase access to health services during the year after delivery and throughout the interconception period to improve continuity of care, enable effective care transitions, promote safe birth spacing, reduce maternal morbidity, and reduce the cost of care in the Medicaid program

- The Perinatal Advisory Council (PAC), created by HB 15 of the 83rd Texas Legislature, develops and recommends criteria for designating levels of neonatal and maternal care, including specifying the minimum requirements to qualify for each level designation, and recommends ways to improve neonatal and maternal outcomes. The PAC will be abolished on Sept. 1, 2025.
- Three areas of study and recommendations:
 - Neonatal levels of care criteria
 - Maternal levels of care
 - Designation of centers of excellence for fetal diagnosis and therapy

- This project is the first large-scale evaluation of medical care for an entire newborn cohort
- Partners:
 - HHSC & DSHS
 - University of Florida iCHP
 - University of Texas Health Science Center at Houston
 - Dartmouth Institute

- Breastfeeding

- 53.8 percent of mothers who ever breastfed reported in 2013 that they did not breastfeed for as long as they wanted
- 7.7 percent of live births in 2015 occurred in an accredited Baby Friendly Hospital that provides recommended care for lactating mothers and their newborns
- 2,250 Texas Mother-Friendly Worksites as of March 2016

- Health System

- Hospital initiatives (e.g., Texas Ten Step, texastenstep.org)
- Continuity and skilled support initiatives (e.g., Texas Statewide Lactation Support Hotline, 1-800-514-6667)

- Community

- Employer initiatives (e.g., Texas Mother-Friendly Worksite Program)
- Environmental and social support initiatives (e.g., Every Ounce Counts, <http://www.breastmilkcounts.com/>)

- Fosters coordinated efforts by stakeholders to improve the health of babies in Texas
- Five program components:
 - 1) Someday Starts Now
 - 2) Professional Education
 - 3) Support of Local Perinatal Coalitions
 - 4) Preconception Peer Educator Training
 - 5) Support of the Texas Collaborative for Healthy Mothers and Babies

Texas Collaborative for Healthy Mothers and Babies

- Advance health care quality and patient safety for all Texas mothers and babies by collaborating with health and community stakeholders to develop quality improvement initiatives, advance data-driven best practices, and promote education and training
- Includes representatives from academic institutions, government agencies, hospital systems, insurance companies, health care providers, community advocates and coalitions
- Goals:
 - Reduce preterm birth and infant mortality
 - Reduce disparities in the health outcomes of mothers and babies
 - Reduce maternal mortality and severe maternal morbidity
 - Improve the health outcomes of mothers and babies
 - Increase the involvement of fathers / families
 - Improve women's health throughout the life cycle

- Maternal and Child Health as core DSHS public health:
 - Reducing obesity across the lifespan
 - Decreasing the use of tobacco
 - Increasing behavioral health screening and prevention
 - Growing the exclusive practice of breastfeeding
- Increasing access to women's health and family planning services throughout the state:
 - New women's health programs
 - Outreach
 - Provider training