



Evidence-Based Home Visiting and Nurse-Family Partnership: A Critical Component to Achieving the “Triple Aim” for At-Risk Women and Children

February 22, 2013

What it is: Nurse-Family Partnership (NFP) is an evidence-based, community health home visiting program for first-time, low-income moms and their babies with over 30 years of randomized controlled-trial research proving its effectiveness. Through ongoing home visits from registered nurses, NFP clients receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, NFP Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children – and themselves.

How Home Visiting Can Impact Health Outcomes:

- Nurse home visiting programs are a long-standing, well known prevention strategy used by states and communities to improve the health and well-being of women, children and families, particularly those who are at risk.
- NFP is a cost-effective prevention program that stands on the weight and power of over thirty years of scientific evidence demonstrating its effectiveness in helping to improve the health and well-being of low income, first time mothers and their children. NFP's primary goals are to improve birth outcomes, child health and development and parental economic self-sufficiency.
- Results from one or more randomized controlled trials demonstrates that NFP can result in:
 - 35% fewer cases of pregnancy-induced hypertension;
 - 79% reduction in preterm delivery among women who smoke;
 - Fewer subsequent births on Medicaid
 - 31% reduction in very closely spaced (<6 months) subsequent pregnancies;
 - 39% fewer health care encounters for injuries or ingestions in the first two years of life among mothers with low psychological resources;
 - 48% reduction in state-verified reports of child abuse and neglect by child age 15;
 - 56% reduction in emergency room visits for accidents and poisoning at age 2;
 - 50% reduction in language delays by child age 21 months; and
 - 67% reduction in behavioral and emotional problems at child age 6. (to name a few)
- NFP is cost effective. Independent studies have also confirmed that NFP saves scarce public resources.
 - Rand Corporation found that for every \$1 invested in NFP to serve high risk families, communities can see up to \$5.70 in return due to savings in social, medical and criminal justice expenditures.

The Case for Integrating Home Visiting in to a Coordinated Care Organization Model:

In Oregon, we believe that NFP can help Coordinated Care Organizations with :

- Compliance with perinatal care standards;
- Care coordination /care management for first-time pregnant women and their children ;

- Ongoing health and psychosocial assessments throughout the duration of the intervention;
- Anticipatory guidance and preventive services based on need;
- Early identification of problems and swift intervention;
- Referral to and coordination of other care and services as needed; and
- Timely patient-centered communication and information exchange.

As with new CCOs, evidence -based home visiting programs like NFP measure, monitor and analyze metrics and use such data to drive improvements. NFP monitors many of the same quality and outcome measures that CCOs will be accountable for including those used prescribed by HEDIS, CHIPRA and NCQA's criteria for Patient Centered Medical Homes.

Quality Measures	NFP/MIECHV	HEDIS	CHIPRA	NCQA-PCMH
ED utilization	X		X	X
Access to primary care	X	X	X	X
Access to behavioral/mental health	X	X	X	
Developmental screening	X		X	
Well child visits in first 15 months	X	X	X	
Birth weight < 2500 grams	X		X	
Preterm Births <39 weeks	X		X	
Timeliness and frequency of prenatal care	X	X	X	
Postpartum care	X		X	
Immunization status	X	X	X	
Depression screening	X		X	
Lead screening	X			
BMI Assessment	X	X	X	
Connection to community resources	X		X	X
Culturally/linguistically appropriate care	X			X

From this important perspective, it is evident that priorities for evidence-based home visiting program are well aligned with those of the new CCOS, making us natural partners going forward.

We think that the potential benefits of partnering with evidence based home visiting programs like NFP would include:

- Improved access to home visiting services for plan members;
- Improved outcomes for plan members
- Reductions in risk factors that lead to chronic conditions;
- Reductions in costs due to ED visits;
- Better patient compliance with medical provider's instructions;
- Improvements in HEDIS and other quality metrics;
- Improved opportunities to take advantage of pay for performance and other quality incentives;
- Less member churning;
- Competitive advantage in the market place.

Strategies for Taking NFP to Scale Within Medicaid and Health Care Reform:

- Statewide Strategies:
 - Include Medicaid coverage and reimbursement for evidence- based MCH home visiting services as part of Oregon Health Plan's Benefit Package
 - Develop policies that support integration of evidence based MCH home- visiting programs within new CCOs;
 - Create incentives for CCOs to contract with evidence- based MCH home visiting programs to provide services to those who might benefit most from them;
 - Evaluate the effectiveness of evidence- based home visiting services in improving maternal and child health outcomes and the experience of care as well as cost offsets to Medicaid over time.
- Community-level Strategies:
 - Work with local CCO's to integrate NFP in to continuum of maternal and child health services