

Maternity Case Management (MCM)

A Public Health Nurse Home Visiting Program

Reduced Early Preterm Births for High Risk Pregnant Women

MCM is provided in many settings by different types of providers. These results reflect outcomes for the public health nurse home visiting program which operates out of local health departments with support from the state public health division.

Medicaid and MCM

There were 68,833 live Medicaid births from 2009 to 2012, excluding twins and births with unknown gestational age. Ten percent of women with a Medicaid-paid birth received MCM. Significantly more MCM clients were younger than 18 years old, lower income, Hispanic, Asian, Black/African American and Native American compared to pregnant Medicaid clients who did not receive MCM.

Study

Because MCM served a higher risk group, a matched sample of Medicaid clients who did not receive MCM was selected to control for sociodemographic differences. Clients were matched by pregnancy year, age, race, ethnicity, poverty, Medicaid enrollment length and urban or rural county. There were 5,405 MCM and 5,405 non-MCM study participants.

Results

MCM clients received an average of six MCM visits and had significantly higher rates of medical risk during pregnancy including mental health diagnoses, tobacco use, alcohol and drug abuse, but had the same risk for diabetes and hypertension.

Results indicated that **MCM visits reduced early preterm delivery* five percent per visit or 31 percent for clients** with five or more visits, controlling for adequate prenatal care, sociodemographic and medical risk factors.

MCM Potential Medicaid Cost Savings

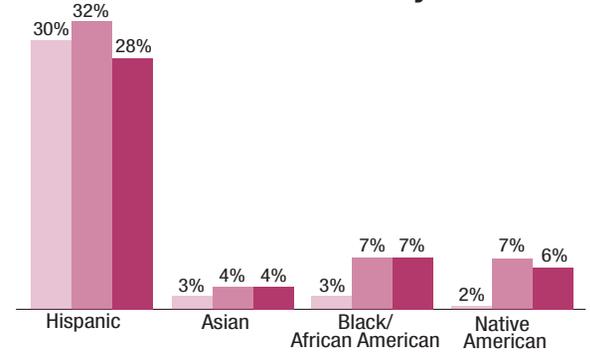
MCM clients had fewer early preterm deliveries and their early preterm infants spent 10% fewer days in the NICU than preterm infants of Medicaid clients who did not receive MCM. The Institute of Medicine estimates the national average cost of a preterm birth is \$51,000 or \$3,000 per day in the NICU according to the Agency for Healthcare Research and Quality. The estimates suggest the potential for substantial Medicaid savings.

Maternity Case Management
971-673-0252

Information provided by:
Oregon Health Authority:
Department of Medical Assistance Programs
Maternal and Child Health

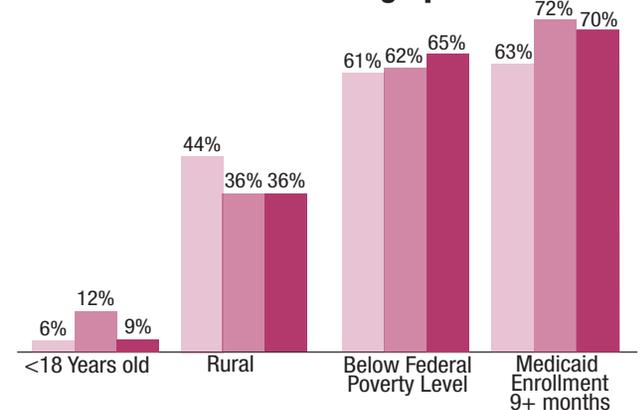
■ All Medicaid Births
■ MCM Study Group
■ Non-MCM Study Group

Race and Ethnicity



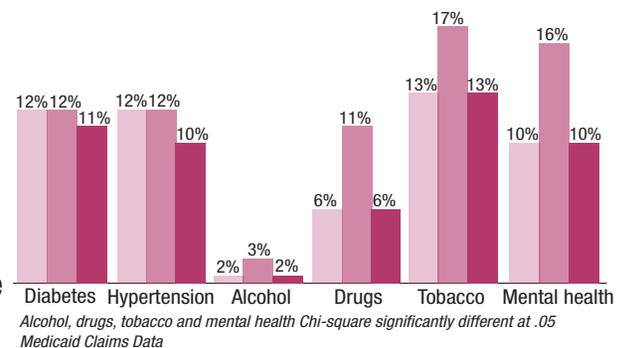
Chi-square significantly different at .05 for All Medicaid births and MCM Study Group

Other Sociodemographics



Chi-square significantly different at .05 for All Medicaid births and MCM Study Group

Medical Risk Factor

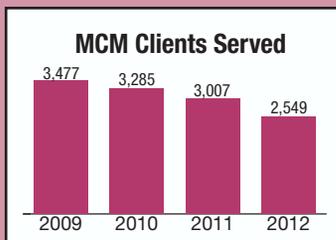


Alcohol, drugs, tobacco and mental health Chi-square significantly different at .05 Medicaid Claims Data

Note: A technical report provides detailed description of the research and analysis methods

At a glance:

Oregon Medicaid clients who received public health nurse home visits through MCM were less likely to deliver early preterm than Medicaid clients who did not receive these services.



*Early Preterm: Less than 35 weeks gestation

