

Healthier Moms and Babies

Provider Relations and Education



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

OUR PARTNERSHIP WITH
YOU IN PROMOTING QUALITY
MATERNITY HEALTH

LOWERING HEALTH
DISPARITIES AMONG SOUTH
CAROLINA NEWBORNS



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Our Partnership With You in Promoting Quality Maternity Health

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan were created with a vision to give the average citizen access to health care.

While most families have healthy childbirths, poor birth outcomes are emotionally devastating for many families. One of the most important factors in improving birth outcomes is prenatal care that is consistent, effective and engaging. This also requires commitment and collaboration among the health care community and expectant mothers.

Through joint efforts with the South Carolina Department of Health and Human Services (SCDHHS) and other organizations, we have aligned incentives and programs to support healthy pregnancies and reduce health disparities.

Within this publication, we will explain our maternity managed care programs, inform you of helpful tools to engage your patients and provide you with resources to integrate your patient care with our services. We will also share articles about the Birth Outcomes Initiative (BOI), using Screening Brief Intervention and Referral to Treatment (SBIRT) in your practice, benefits of Centering Pregnancy and more.

BlueCross and BlueChoice HealthPlan offer maternity managed care programs you can incorporate as part of your patients' overall health. We include these programs as part of your patients' health insurance benefit with the purpose of supporting a healthy lifestyle. We've shared program details explaining what makes these programs ideal for obstetricians and gynecologists to encourage their patients – our members – to use.



Working Together to Encourage Overall Maternity Health

- The **Coming Attractions** Maternity Management Program is the comprehensive maternity and infant program for the State Health Plan. It manages mothers' care throughout their pregnancies and postpartum care. It also manages infants under age 1 who need special care. The program provides free educational materials and personalized nursing support through telephone counseling sessions.
- The BlueCross **Maternity Care** program helps expectant mothers understand the changes of pregnancy and prepare for parenthood. The program provides one-on-one support from a registered obstetrical nurse, trimester-specific information, breast feeding information and tailored education for management of pregnancy-related conditions.
- The BlueChoice® maternity program, **Great Expectations® Maternity**, helps expectant mothers take steps toward healthier pregnancies. The program focuses on educating expectant mothers about the management of pregnancy and pregnancy-related conditions and providing expert guidance and support through an assigned registered obstetrical nurse. It provides tailored education to empower members with tools, resources and information to improve the member's understanding of pregnancy and the birth process while promoting improved birth outcomes.
- The **Blue OptionSM Maternity** program, available to Blue Option members, is a free, comprehensive program offered to our expectant mothers to help them take the right steps toward having a healthy baby. The program provides resources to promote healthy pregnancies and improve optimal birth outcomes through support and guidance to members from highly trained, experienced obstetrical nurses. It also offers targeted educational materials. We automatically enroll members in the program when a primary care physician or obstetrician sends in a maternity notification of pregnancy form.
- The **Your NavigatorSM Maternity** program, available to BlueEssentialsSM members, is an educational program for members who are pregnant and who want to learn more about having a healthy baby. It provides educational materials, support and monitoring throughout a member's pregnancy and postpartum period. We automatically enroll members in the program at no charge when a primary care physician or obstetrician sends in a notification of pregnancy.

Members participating in the **BlueCross Maternity Care, Great Expectations Maternity, Blue Option Maternity** and the **Your Navigator Maternity** programs can enroll by calling our maternity management area toll free at 855-838-5897. Office hours are Monday-Thursday from 8:30 a.m.-8 p.m. and Friday from 8:30 a.m.-5 p.m. After hours, they can leave a message. We will return calls on the next business day.

State Health Plan members who wish to participate in the **Coming Attractions** Maternity Management Program **must notify Medi-Call during the first trimester of pregnancy**. Medi-Call's phone numbers are 803-699-3337 (Greater Columbia area) and 800-925-9724 (toll-free outside the Columbia area). Members can also enroll online through the personal health record's maternity screening program.

Did You Know?

We send members an invitation to join BlueChoice's **Great Expectations Maternity** program when we receive a maternity authorization from you.

Companion Benefit Alternatives (CBA) has an online tool – Beating the Blues™ – that is an effective, clinically proven treatment for stress, depression and anxiety.

The Federal Employee Program also offers a maternity management program to its members. Members can enroll by completing a health assessment questionnaire online at www.fepblue.org/maternity.

Lend Your Support to the BOI

By now, you may have heard about our work with SCDHHS to improve health outcomes for newborns throughout the state's population. You may already know the core objectives of this initiative are to:

1. End elective inductions for non-medically indicated deliveries before 39 weeks.
2. Reduce the average length of stay in neonatal intensive care units (NICUs) and pediatric intensive care units (PICUs).
3. Lower health disparities among newborns.
4. Make 17P – the health compound that helps prevent pre-term births – available to all at-risk expectant women without difficulty.
5. Implement a universal screening and referral tool for physicians to screen pregnant women for tobacco use, substance abuse, alcohol, depression and domestic violence.

What does this mean for your practice? Here you can find how to turn a statewide initiative into a fully adopted realization for your staff and patients.

Ending Elective Inductions for Deliveries After 39 Weeks or Less

According to the American Congress of Obstetricians and Gynecologists (ACOG), health care professionals recommend that unless there is a valid health reason or labor starts on its own, delivery should not occur before at least 39 weeks. ACOG is an independent organization that provides health information on behalf of BlueCross and BlueChoice. If you schedule your patients for a cesarean delivery or labor induction for a medical reason, it means that the benefits of having the baby early outweigh the potential risks. But when you perform them for a nonmedical reason, the risks – both to the mother and to the baby – may outweigh the benefits. The efforts to push the BOI campaign statewide have successfully reduced non-medically necessary early-elective inductions by 50 percent from 2011 to 2013. Sixty percent of all birthing hospitals in our state boast

a rate of 0 percent for early elective inductions between 37 and 38 weeks. Practitioners can continue to focus on prevention of first cesarean and support vaginal births, including vaginal births after cesarean (VBAC), to uphold this aspect of the initiative.



Decreasing NICU Admission Rates and Average Length of Stay

A NICU length of stay can average up to four days for 30-35 percent of NICU admissions. The remaining 65-70 percent of NICU admissions have an average length of stay of about 20 days. The NICU patients who stay more than four days are a source of large expenditures, typically \$40,000 to \$80,000 in costs. The cost associated with late preterm infants is what BOI aims to eradicate. You cannot think of infants between 34 and 37 weeks gestational age as just “small-term infants.” They have increased medical risks, including a higher risk for NICU admission, a hospital length of stay four to five times as high as uncomplicated full-term infants and increased short-term morbidities.

Providers caring for expectant women can impact this initiative by using evidence-based practices with regard to advanced maternal age, use of assisted reproductive technologies that often result in multiple gestation births, safeties of vaginal deliveries after cesarean births and incidence of diabetes and/or excessive weight gain.

Lowering Health Disparities Among South Carolina Newborns

The Palmetto State’s infant mortality rate hit an all-time low last year, but that achievement largely bypassed its rural corners, where infants still die at Third-World rates. South Carolina has long ranked

among the deadliest states for newborns. Since 2000, 6,696 South Carolina babies have died before their first birthday.



Eight of South Carolina’s 46 counties don’t have an obstetrician. Two other counties have only one part-time specialist. This leaves patients with little or no ability to get vital health care needed during their pregnancies. The system set up to train physicians in South Carolina and throughout the United States does little to encourage medical school graduates to practice in rural areas, where the need for health care is most acute. The vast majority of more than 500 OB/GYNs in South Carolina practice in the state’s three main metropolitan areas — Charleston, Columbia and Greenville — making it extremely difficult for many women to get specialized care during their pregnancies.

Being able to afford medical care and get to medical offices is critical in preventing infant mortality, because a baby’s fate lies with the mother’s health before and during the pregnancy. Without a healthy diet and regular health care during pregnancy,

serious problems can develop, and babies will die or survive with deformities.

The most effective way to lower health disparities – and thereby reduce infant mortality – is to educate patients on improving their health.

Making 17-Hydroxyprogesterone Carproate (17P) Easily Accessible

Administration of the 17P drug is another primary goal of the initiative to improve health outcomes for newborns in our state. The partnership aims to make the drug “available to all at-risk pregnant women with no ‘hassle factor.’” These injections, sold under the brand name Makena, may be given to pregnant women who previously gave birth to premature infants. The shots are considered an effective way to prevent the mother’s next baby from being born too early. We consider this therapy beneficial for a patient who meets all these requirements:

- Is between 16 and 36 weeks gestation
- Has a history of preterm singleton delivery before 37 weeks gestation
- Has no preterm labor in the current pregnancy
- Has no allergies to components of progesterone treatment



Applying SBIRT in Your Practice

Your expectant patients who need help with such issues as alcoholism, substance abuse and domestic violence can benefit greatly from this program. SBIRT is a universal tool designed so doctors can identify pregnant women who need help with these issues and refer them to treatment.

The state pays providers a small fee for each SBIRT test they administer, but the industry has been slow to catch on. Recent data from the state shows Medicaid paid for 31,038 deliveries in 2013, but only 7,953 SBIRT screenings. That means providers did not refer pregnant women who may be harming their unborn babies to treatment.

Let your medical practice be a model of change for implementing SBIRT. Consistently ask your patients about their personal problems. It will not annoy your patients. When you find risky or problematic behavior, employ brief motivational and awareness-raising intervention, culminating in an agreement to follow up with specialty treatment services.

Now it's up to you. Lend your support to improving the health of newborns in the Palmetto State. You can do this by taking steps to align your practice with the key goals of BOI. As stated by Gov. Nikki Haley, "The Birth Outcomes Initiative is a wonderful example of leaders in the health community working together as a team in South Carolina's fight against premature birth."

ACOG source: <http://acog.org/Patients/FAQs/Elective-Delivery-Before-39-Weeks>

Source: <https://www.scdhhs.gov/press-release/initiative-prevent-early-elective-deliveries-continues-success-story>

Source: <http://managedcaremag.com/archives/1001/1001.preterm.html>

Source: <http://postandcourier.com/infant-mortality/>

Source: <http://www.fda.gov/downloads/drugs/developmentapprovalprocess/developmentresources/ucm252976.pdf>

Source: https://www.scdhhs.gov/sites/default/files/HR_Policy_Orientation_7-2-14_bg.pdf

Source: <http://obgyn.net/articles/vaginal-birth-after-cesarean-vbac-0>

Source: http://risas.org/images/clientid_147/sbirt.pdf

Source: <http://thestate.com/news/business/health-care/article13828319.html>

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"Have You Adopted SBIRT Use in Your Office?"

Did You Know?

- The Agency for Healthcare Research and Quality reports that medical costs for the average very-low-birthweight infant are \$79,000, compared to \$1,000 for a normal newborn. The Agency for Healthcare Research and Quality is an independent organization that provides health information on behalf of BlueCross and BlueChoice.
- Eight South Carolina counties do not have a single OB/GYN: Allendale, Barnwell, Fairfield, Hampton, Lee, McCormick, Saluda, Williamsburg
- 92 percent - The percentage of patients who strongly agree with the survey response, "If my doctor asked me how much I drink, I would give an honest answer."

What is SBIRT?

It has been proven that substance use, depression and domestic violence during pregnancy can have negative implications for maternal and child health. Appropriate screening using the universal SBIRT tool is necessary to identify women at risk and reduce the likelihood of continued risky actions.

SBIRT is an evidenced-based, integrated and comprehensive public health approach for identifying at-risk patients, intervening and referring them to treatment. Providers use SBIRT to screen for tobacco use, substance and alcohol use, depression and domestic violence by incorporating a simple questionnaire into maternity care.

Benefits of SBIRT

SBIRT provides a consistent structure for early intervention and referral. By incorporating the use of this referral tool into your maternity and treatment plan, you are engaging in open and honest communication with patients and partnering with other medical professionals to reduce health disparities.

The SBIRT referral process consists of four components:

1. **Screening** – very brief process of identifying substance use, behavioral health issues, domestic violence and tobacco use
2. **Brief Intervention** – a five- to 10-minute conversation with the goal to raise awareness of risks and motivate the patient toward acknowledgement of the problem
3. **Referral** – when you identify a risk, referring the patient for further treatment
4. **Treatment** – cognitive behavioral work for the patient to prevent complications and reduce or eliminate existing risk factors

Making Motivational Interviewing Work in a 15-minute Office Visit

Motivational interviewing (MI) is an excellent technique to achieve success during an intervention. The MI approach is a way of communicating concerns with patients by

asking permission to discuss risky behavior. MI focuses on the spirit of collaboration in an autonomous, respectful and compassionate manner. Using MI allows you to elicit reasons for change from patients by enhancing the patients' own motivation to change and aid in resolving ambivalence. MI assumes you can influence motivation in the context of a supportive relationship between you and the patient, with the goal of influencing change.

Coordination of Care: Working With Other Providers You Know

Help build a network of support and care coordination for your patients by referring those with a positive screening (identified as at-risk) to network participating providers for further assessment and treatment. Consider professionals you know and trust to support the goals and objectives of your patients.

Also, consider referring patients to well-known state agencies:

- South Carolina Department of Mental Health (SCDMH)
- Department of Alcohol and Other Drug Abuse Services (DAODAS)
- Department of Health and Environmental Control (DHEC) Tobacco Quitline
- South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Domestic Violence Hotline

For more information about the SBIRT program, including participating plans and the referral process, please refer to www.SouthCarolinaBlues.com or www.BlueChoiceSC.com.

Source: http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf

Benefits of Breastfeeding

Baby

Breast milk provides the ideal nutrition for infants. It has the nearly perfect mix of vitamins, protein and fat – everything babies need to grow. And it's all provided in a form more easily digested than infant formula. Breast milk contains antibodies that help babies fight off viruses and bacteria. Breastfeeding lowers babies' risk of having asthma or allergies. Plus, babies who are breastfed exclusively for the first six months, without any formula, have fewer ear infections, respiratory illnesses and bouts of diarrhea.

Mother

The benefits of breastfeeding don't just stop with the baby. Moms benefit from breastfeeding, too! Breastfeeding burns extra calories, so it can help new moms lose pregnancy weight faster. It releases oxytocin, which helps the uterus return to

its pre-pregnancy size and may reduce uterine bleeding after birth. Breastfeeding also lowers the risk of breast and ovarian cancers and may lower the risk of osteoporosis, too. Breastfeeding also gives moms the perfect time to relax and bond with their new babies.



Supporting Breastfeeding

The maternity care experience can influence both breastfeeding initiation and later infant feeding behavior. Breastfeeding is an

extremely time-sensitive activity. Experiences with breastfeeding in the first hours and days of life are significantly associated with an infant's later feeding. Many of the experiences of mothers and newborns in the hospital and the practices in place affect breastfeeding success.

What can you do? Because of its relationship with the birth experience, breastfeeding should be supported throughout the entire maternity hospital stay and not postponed until discharge. Implement a plan that includes encouraging mothers to initiate and maintain skin-to-skin contact with the baby after birth, as well as early breastfeeding initiation and ensuring post discharge follow-up. Support cue-based feeding and supplementing with formula or water only when medically necessary.

Did You Know?

Infants whose first breastfeed is delayed because of being weighed, measured and cleaned do not breastfeed as long as infants who are immediately put skin-to-skin with the mother or breast within the first hour after birth.

Mothers who "room in" with their infants, rather than having the infant taken to a nursery at night, will have more chances to learn feeding and practice breastfeeding because of the infant's proximity.

We cover two breast pumps, the Ameda Purely Yours electric pump and the Ameda One Hand manual pump, for members who qualify with no cost sharing. Members can receive this benefit using contracted, in-network providers or by ordering online. The pumps are available to order from Ameda Direct online at www.insured.amedadirect.com or from Better Living Now at www.betterlivingnow.com. With a prescription from you, members can secure a breast pump with ease and convenience.

Centering Pregnancy

BlueCross and BlueChoice introduced the Centering Pregnancy program July 1, 2014. Centering Pregnancy involves care between providers and pregnant women to improve health outcomes. The program is a model of group health care, which integrates the three major components of care into a unified program:

1. Health assessment
2. Education
3. Support

This program operates with approved practices or those under contract with the Centering® Healthcare Institute. The Centering Healthcare Institute is an independent company that provides wellness education information on behalf of BlueCross and BlueChoice HealthPlan:

- GHS OB/GYN Center
- Mountain View OB/GYN
- University Specialty Clinic, USC
- MUSC Department of OB/GYN
- Sumter OB/GYN
- Anmed Anderson OB/GYN
- Carolina OB/GYN
- Montgomery Center for Family Medicine
- Carolina Women's Center
- University Medical Group

Women with similar gestational ages meet with their providers. During this time, they learn care skills, participate in facilitated discussions and develop a support network. As part of the program, eight to 12 women meet as a group for a total of 10 sessions. This will occur throughout their pregnancy and early postpartum care. The sessions include:

30-40 minutes

- Check-in and individual assessments with the provider

60-75 minutes

- Formal "circle-up" for facilitated discussion time
- Informal time for socializing
- Closing and follow-up as needed

The program promotes self-care skills, increased time with the provider, increased patient knowledge and satisfaction. The program also promotes better health outcomes, including an increase in breastfeeding, increased birth weight, decreased preterm labor and reduced NICU admission rates.

There are steps you will need to take to become a Centering provider. From the Centering Healthcare Institute's website, complete a readiness assessment to help you understand how Centering will fit with your practice setting. A Centering representative will contact you and give you a Centering implementation plan that equips you with the tools you need to become a sustained Centering practice. Centering HealthCare Institute requires your practice to have a steering committee to inform and engage other members of the staff, providers and leadership to make the changes needed. Centering Healthcare Institute will pair a Centering consultant with you to guide your steering committee through the process of getting your site ready for Centering groups. For more detailed information about becoming a Centering Pregnancy provider or about the Centering Healthcare Institute, please visit www.centeringhealthcare.org. *(This link leads to a third party site. That company is solely responsible for the contents and privacy policies on its site.)*

Source: <http://centeringhealthcare.org/pages/centering-model/group-start-up.php>

National Maternity Quality Standards

BlueCross and BlueChoice participate in many national quality efforts that advocate for better health care for women and infants, including the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS is a tool that measures performance in the delivery of medical care and preventive health services. The National Committee for Quality Assurance (NCQA) administers HEDIS yearly. Our voluntary participation in the NCQA accreditation process reflects the company's commitment to the transformation and improvement of the health care system.

NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of health plans, managed behavioral health organizations, preferred provider organizations, physician organizations and physicians. It also credentials verification organizations, disease management programs and other health-related programs.

The accreditation process involves NCQA sending a team of trained health care experts, including physicians, to perform a rigorous on-site survey of the health plan. NCQA uses information from health plan records, consumer surveys, interviews with plan staff and performance on selected HEDIS (performance) measures. NCQA purposely sets the standards high to encourage health plans to continuously enhance their quality. The intention is to help organizations achieve the highest level of performance possible,

reduce patient risk for untoward outcomes and create an environment of continuous improvement.



We use HEDIS to assess the overall performance of the medical care our providers deliver. We use the results to identify areas for improvement, develop quality initiatives and provide educational programs for our providers and members.

HEDIS assesses multiple areas of medical care, including maternity and postpartum care. The measures for maternity ask:

1. **Timeliness of prenatal care** – the percentage of deliveries during which the patient received a prenatal care visit during the first trimester or within 42 days of enrollment in the health plan
2. **Postpartum care** – the percentage of deliveries during which the patient had a postpartum visit on or between the 21st and 56th day following the delivery

ACOG is another national advocacy group of professionals providing health care for women to which we align our quality goals. ACOG aims to foster and stimulate improvements in all aspects of the health care of women. It establishes and promotes policy positions on issues affecting the specialty of obstetrics and gynecology. Its high standard of clinical practice and commitment to increasing awareness of the public to the changing issues facing women's health care make it a great resource to further educate your patients on the importance of becoming healthier moms.

BlueCross will continue to work in collaboration with leading authorities and professional organizations at the state and national levels to improve the quality of life for our members. Our voluntary participation in several maternity quality initiatives makes a difference in the health of our members. It also demonstrates our support for our provider community, which plays a major role in this effort.

Source: <http://acog.org/About-ACOG/Leadership-and-Governance>) This link leads to a third party website. That company is solely responsible for the contents and privacy contents on its site.

Want to know how your practice is performing when it comes to HEDIS maternity measures?

Ask us for a copy of your BlueCross OB/GYN Report Card by emailing provider.education@bcbsc.com or by calling 803-264-4730. We make this report available to our participating obstetricians and gynecologists to increase awareness of our maternity quality initiatives and how your patient care impacts this effort.





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