

Decreasing NICU Admission Rates for African-American Teens

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Excellus Health Plan contracts with the Monroe Plan for Medical Care to provide Blue Choice Option (Medicaid managed care plan serving 58,000 members) in a thirteen-county region of upstate New York that includes Rochester, NY.

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Statement of Problem; Goals and Rationale

In 2004 the Neonatal Intensive Care Unit (NICU) admission rate for African-American teens was 17.2% compared to 5.3% for all other teens. Since NICU admissions are extremely costly both financially and in terms of the impact on the child from complications and ongoing potential developmental issues, it made sense for Excellus and Monroe Plan to address this disparity among teens by building on the success of Monroe Plan's Healthy Beginnings Prenatal Care Program. The initiative identified pregnant African-American teens and used a targeted, culturally appropriate approach to outreach and enhanced engagement into care. The goal was to eliminate the statistically significant difference in the relative risk of NICU admits experienced by African-American teens in comparison to teens of all other ethnicities.

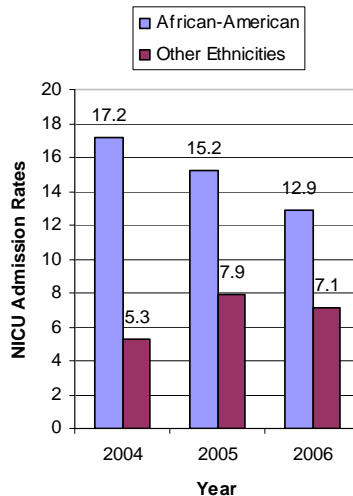
Intervention and Implementation

The initiative targeted pregnant African-American teenagers in Monroe County, NY, including the city of Rochester. Staff identified pregnant African-American teenagers from the Monroe Plan prenatal health risk assessment form and also by referral from three obstetrical practices that historically have served a large number of Blue Choice Option (Medicaid) pregnant African-American teens. The Monroe Plan contracted with BabyLove, a community prenatal social outreach program, for dedicated culturally competent project staff consisting of one outreach worker and a 0.5 FTE master's prepared social worker. The staff performed a social risk and substance use assessment, in addition to working with other information provided through the prenatal health risk assessment form. The program included home visits, development and implementation of a care plan (in conjunction with clinical staff, as necessary), arrangements for transportation to clinical and social services, and any other support needed to optimize each individual's situation.

Evaluation

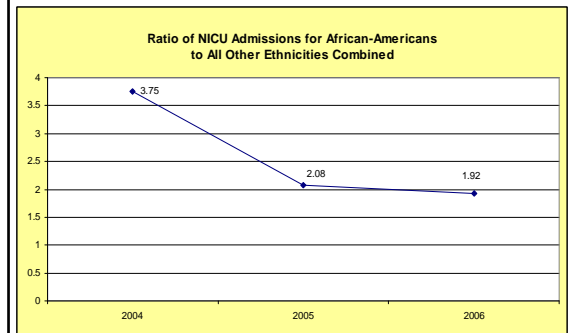
NICU admission rates for African-American teens decreased from 17.2% (10 NICU admits for 58 births) in 2004 to 15.2% (7 NICU admits for 46 births) in 2005 and 12.9% (9 NICU admits for 70 births) in 2006.

For all other teens, NICU admission rates increased from 5.3% (3 NICU admits for 57 births) in 2004 to 7.9% (5 NICU admits for 63 births) in 2005 and then dropped slightly to 7.1% (4 NICU admits for 56 births) in 2006.



Evaluation, continued

Odds ratios that were calculated using logistic regression show that African-Americans were 3.75 times more likely to have a NICU admission than all other ethnicities combined in 2004. This ratio dropped to 2.08 in 2005 and 1.92 in 2006, indicating positive gains in reducing disparities. The difference in odds was statistically significant in 2004, but the model was insufficient to test for significance in 2005 and 2006.



Impact/Sustainability/Transferability of the Initiative

The program engaged a population of teens who would generally be reluctant to pursue needed prenatal care. Reduction of NICU admissions reflects an improvement in quality, since babies who require such admissions usually experience perinatal complications and tend to have more developmental issues post discharge than those who have not required admission to the NICU. This decrease in NICU admissions not only provided cost savings but also improved outcomes and had a positive impact on the infants and their mothers. The results are worth the use of resources not only to the health plan but also to the community. This type of initiative should be transferable to any plan that engages in the care of low-income and working poor populations, using community based services in a culturally sensitive manner to improve health care and reduce disparities.