buckeye health plan

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Chairwoman Sears and Members of the Joint Medicaid Oversight Committee, my name is Brad Lucas and I am Chief Medical Officer for Buckeye Health Plan. Thank you for the opportunity to testify today. Buckeye is a Medicaid managed care plan that has been serving the State of Ohio since 2004. Today we serve approximately 290,000 Medicaid consumers, across Ohio, a mix of Covered Families and Children (CFC) along with Aged, Blind and Disabled (ABD) consumers; the populations that are currently enrolled in managed care.

I am an OB/GYN who trained at Johns Hopkins Hospital in Baltimore, Maryland. I devoted long days and nights to caring for Medicaid recipients with varying levels of risk. On labor and delivery and in the neonatal unit we used technology, experience, teamwork, and made many fast, difficult decisions to give sick mothers and their babies the best chance at life.

It was a revelation when I entered private practice in Ohio that my experiences in training were not the norm. The difference was that those patients who had commercial insurance almost universally experienced pregnancy and its outcomes much differently than Medicaid recipients.

It was rare for one of my private commercial patients to have problems such as premature rupture of membranes, premature labor, placental abruption, and premature delivery. My Medicaid patients in Ohio, though, often remind me of those from my training. Their situations in life were similar, thus they too suffered disproportionally from the above crises.

I have now cared for Medicaid recipients for 24 years. There is a dramatic and consistent difference in risk between any Medicaid patient and one with commercial insurance, and it is not a result of insurance coverage. The difference is the result of life experience, support structure, education, and access to care prior to conception that separates these individuals.

For the Medicaid women, some are homeless or depend on a drug addicted boyfriend for housing. Many suffer from childhood trauma. Some suffer from behavioral health problems. Many have malnutrition, obesity, limited education, or social isolation. Some are immigrants still learning their way. Very few of our Medicaid members had two parents lecture them over and over about the hazards of smoking, alcohol, marijuana, and narcotics.

At Buckeye Health Plan we work to close this gap in life experiences between these two populations. We identify the social barriers that will determine poor health and remove them. If we do that we can connect our members to preventive and high quality health care. Our Start Smart for Your Baby care managers dialogue with our members at their level. Pregnant members are comfortable sharing their needs. When we remove barriers, we see the results.

I have anecdotally described our members' challenges. The evidence in the medical literature and our own published health plan experience is further proof. The most vulnerable citizens in Ohio suffer

from the worst birth outcomes. We work to bend the cost curve by helping solve the problems noted above, which allow the member to begin focusing on their health care.

A very-low birth weight baby might weigh three pounds. That three pound baby will have in-patient costs, out-patient costs, ED costs, primary care doctor and specialist costs, pharmacy costs, medical device costs and therapy costs that may be up to 27 times the cost of a normal birth weight baby over that first year of life. This information is from our own data. Buckeye Health Plan also has published results that our Start Smart program reduces the risk of low, very low, and extremely low birth weight infants. This is a case-controlled cohort that showed statistical significance at every measure. March of Dimes data show that a premature low-birth weight baby has an average cost of an additional $58,917 when maternal costs are also added.

Low birth weight babies are not a fiscal challenge in just their first year of life. Specialty care, therapy, and pharmaceutical needs continue well through their childhood. Babies born preterm are more likely to have developmental problems, school problems, and chronic disease, all of which drive up health care utilization for years to come.

Now consider the Medicaid member with a life complicated by addiction. Imagine a pregnant girl in Columbus who is only 21 and has no contact with her parents. She suffered from childhood trauma and did not finish high school. A seemingly harmless habit of marijuana and prescription narcotics led to an unexpected narcotic addiction. Narcotic addictions grow. A common path is turning to heroin which is cheaper and easier to acquire. She has no car and the only shelter she has is the few people in her life in the same situation. She lives with fear, an unexplainable physical need for heroin, and potentially prostitution for cash to feed her addiction. Now she finds herself pregnant.

If this girl is a member at Buckeye Health Plan we will find her and make sure she knows we are on her side. We will offer her integrated care management with our OB care managers and behavioral health care managers. We will connect her to doctors who specialize in addiction in pregnancy, provide the transportation to all of her appointments, cover the medicines that will remove her addiction and protect the baby from addiction. We will help her find stable housing. Her care managers may be the first people in years that she can talk to openly without fear. She can concentrate on having a healthy baby. After she has her baby we will continue our program as long as necessary to keep her on the right track.

Babies in our Buckeye Addiction in Pregnancy Program are spending fewer days in special care nurseries following delivery. Published Ohio Department of Mental Health and Addiction Services statistics show that Ohio babies with Neonatal Abstinence Syndrome were recently spending 16 days in neonatal care on average. Forty-one members have now enrolled in our Addiction in Pregnancy program and stayed enrolled through their delivery. Only fourteen babies have required special nursery admission for neonatal abstinence syndrome, and their average length of stay is 11.4 days. This success is, of course, with the help of our network providers who agree to help us manage the members through their pregnancy, and helping to eliminate the barriers the pregnant women are facing.

All of these examples are targeted to not only improve the health of the newborn, but to reduce the rate of infant mortality. Case controlled studies prove that when these barriers are addressed there are lower rates of low-birth weight births and preterm delivery. This directly impacts Ohio's rate of infant mortality. If we can connect with the mother during pregnancy, she will continue to connect with us following delivery and work with us to minimize risks to the baby.

Similarly, high touch Medicaid health plan efforts also reduce ED utilization. Buckeye strengthens our members' relationships to their primary care providers. We educate medical offices that a missed appointment does not mean "non-compliance." Our members do not just jump in their own car and drive to their doctors. They need to arrange for transportation ahead of time. This is often precarious and dependent on others who also have limited resources.

We meet our members in the ED, at the hospital bed, and at their home. We will assess their home. Is it safe? Are their risks for falls? Does it need equipment? Is there room to maneuver with wheelchairs or walkers? Are they socially isolated? Transportation, housing, and untreated behavioral problems contribute to a significant portion of our health care costs. We help to remove these barriers ourselves or directly connect and reimburse others in the community with further expertise. The result is an individual who is better prepared to address their medical needs. The need for emergency room care is lessened. Our Medicaid members have learned how to better access the healthcare system.

In our most recent analysis, Buckeye reduced low-acuity, non-emergent/PCP treatable ED utilization by 1% for CFC members and 4% for ABD members. There are many success stories. A specific member, DJ, is mostly blind and with little family and friend support. Our initial attempts at helping her chronic conditions (congestive heart failure, diabetes, and hypertension) were not successful. Earlier felony convictions affect her housing options. She was days away from losing her apartment and had no place for her possessions. We helped her through a succession of housing options to a place that is now easier to access and safer. We integrated her medical case into one that also had a behavioral health care manager. She gained control of her mental health. This let her turn attention back to the medical problems. She lost weight and now has control of all of her chronic diseases.

Medicaid Health Plans are finding many ways such as these to touch our most vulnerable citizens and change their lives. At each step, the quality of care is improving. It takes very direct and concerted effort to have impacts such as these. Change won't happen without direct intervention to help first solve the social barriers. The wonderful side effect is that healthcare for Ohio becomes less costly. If we can identify health concerns earlier, the immediate cost of care is lower and the future cost is tremendously lower.

Thank you.