

# Birth outcomes improve after implementation of coordinated care organizations, study finds

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Credit: Theresa Hogue, Oregon State University

Oregon women on Medicaid were more than 10 percent less likely to have babies with low birthweight or abnormal conditions following the state's implementation of coordinated care organizations, a new study from Oregon State University has found.

Coordinated care organizations, or CCOs, are regional networks of [health care providers](#) who work together to treat patients. The innovative approach to providing Medicaid services, which includes coordination of physical [health](#) care, [mental health care](#) and dental care, was implemented in Oregon in 2012.

CCOs are Oregon's version of Medicaid accountable care organizations; nine other states are also using accountable care models for their Medicaid programs and eight other states are considering adopting similar models. The CCO model emphasizes prevention and use of medical services to improve health outcomes and reduce costs.

Medicaid is a federal health insurance program for people with limited resources, including low-income adults, children, the elderly and people with disabilities. Oregon's Medicaid program is known as the Oregon Health Plan. Compared to women with private insurance, women on Medicaid are at higher risk for adverse neonatal outcomes, and in Oregon, over 40 percent of women who give birth are on Medicaid.

The findings of the new study show improvements in low birthweight and abnormal conditions among infants born to women enrolled in Medicaid following implementation of CCOs, a potential indicator of the CCO model's effectiveness.

Low birthweight identifies all babies weighing less than 2500 grams – about 5.5 pounds - at birth. Abnormal conditions were identified on the birth certificate and include admission to the NICU, assisted ventilation for more than six hours, presence of a seizure or serious neurologic dysfunction, and others.

"We know that improving [birth outcomes](#) leads to better health and also reduces [health care](#) costs throughout life," said the paper's lead author, S. Marie Harvey, associate dean and distinguished professor in Oregon State University's College of Public Health and Human Sciences.

"This study used only one year of data after CCO implementation, but if you can move the needle on these important health outcomes that quickly, it bodes well for the future of CCOs."

The findings were published this month in the journal *Medical Care Research and Review*. Co-authors are Lisa Oakley, Jangho Yoon and Jeff Luck of OSU.

The OSU researchers received a five-year federal grant to examine the impacts of the CCO model and the 2014 Affordable Care Act expansion of Medicaid on the health of women of reproductive age and their children up to age 2.

Past research has shown that improving birth outcomes for babies reduces their risk of immediate and long-term complications, including neurologic problems, gastrointestinal issues, infections and Sudden Infant Death Syndrome. Improving birth outcomes also reduces medical costs throughout a child's life, said Oakley, a co-author of the paper and a post-doctoral researcher at OSU.

"A low birthweight begins a negative trajectory for a child and, importantly, it is an area where health policy and practice can have an impact," Harvey said.

The researchers reviewed birth outcomes for nearly 100,000 infants born in Oregon between 2011 and 2013 to examine the impact of CCOs on neonatal outcomes during the first year of implementation.

They found that the likelihood of Medicaid enrollees giving birth to [low birthweight](#) babies decreased by 13.4 percent, while the likelihood of a baby being born with abnormal conditions decreased by 10.4 percent.

The improved [birth](#) outcomes were not found among Hispanic women or those living in rural areas of the state, Harvey said. This may be an indication that CCOs' efforts to improve maternal care were focused more generally on all women and did not reach or target Hispanic women as effectively as non-Hispanic women.

Women in rural areas may face other obstacles to accessing care, including long travel distances and limited numbers of providers, Harvey said. Overall, CCOs are still a relatively new concept and some regions may be having more success than others.

"Additional years of data will help us better understand the CCO effect and will also help us evaluate how the expansion of Medicaid impacts the health and healthcare of [women](#) and their infants," Oakley said.

**More information:** S. Marie Harvey et al. Coordinated Care Organizations: Neonatal and Infant Outcomes in Oregon, *Medical Care Research and Review* (2017). [DOI: 10.1177/1077558717741980](https://doi.org/10.1177/1077558717741980)

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