



State of Utah

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February 2, 2015

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Utah Department of Health
PO Box 142002
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To Whom It May Concern:

On behalf of the Utah Medicaid program, I am pleased to write this letter of support for the Utah Women and Newborns Quality Collaborative legislative funding request.

The Utah Medicaid program is supportive of the work of the Utah Women and Newborns Quality Collaborative. As the medical director of the Utah Medicaid program, I have been a participant in the collaborative's activities to date.

As a partner in the proposed project, the Utah Medicaid program agrees to:

- Provide continued representation to the Utah Women and Newborns Quality Collaborative,
- Assist in the development of quality improvement activities,
- Promote the work and projects of the collaborative among Medicaid providers and Accountable Care Organizations

Ongoing funding from the legislature will help the Utah Women and Newborns Quality Collaborative design and implement important quality improvements statewide. We believe that improving the quality of care for the women and infants in Utah has the potential to decrease morbidity and mortality and decrease costs to our Utah taxpayers. The Utah Medicaid program looks forward to collaborating in this important project.

Sincerely,

Caryn Slack, M.D.
Medical Director, Utah Medicaid
Division of Health Care Financing



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Utah Women and Newborn Quality Collaborative Funding Request



The Utah Women and Newborn Quality Collaborative "UWNQC" is a statewide multi-stakeholder network using proven Improvement Science methods to help save Utah tax dollars. Modest ongoing funding is needed to maintain the infrastructure of UWNQC and to implement statewide projects centered on reducing the suffering of preterm birth and other costly health issues.

State perinatal quality collaboratives are networks of perinatal care providers, public health professionals, payers and professional organizations. Their aim is to improve pregnancy outcomes for women and children by advancing evidence-based clinical practices and processes. State perinatal quality collaborative members identify care processes that must be improved and propose the best available measures to make changes, improve outcomes and save medical costs. Existing state perinatal quality collaboratives have demonstrated improved birth outcomes, decreased preterm birth rates and decreased maternal mortality in their state.

The UWNQC will address the issue of premature birth (PTB), specifically recurrent preterm birth. PTB is a problem that costs Utah Medicaid over \$19 million a year. We know that women with at least one previous PTB have a 30-40% risk of recurrence and women with multiple or very early PTB's have an even greater risk of recurrence; more than 50%. A medication, 17P, a synthetic form of progesterone, has been shown to reduce the rate of recurrent PTB by 33%. Less than 50% of appropriate candidates for 17P actually receive this intervention in Utah. UWNQC has created a statewide program to improve identification of eligible women, increase availability of and access to 17P, and educate providers and patients on appropriate use of 17P.

UWNQC will also address the increasing problem of Neonatal Abstinence or Withdrawal Syndrome (NAS) that occurs in newborns exposed to addictive prescription or illicit drugs while in utero. In Utah, from 2006 through 2009, the rate of newborns diagnosed with NAS increased from 2.1 to 4.7 per 1,000 hospital births per year. NAS is a problem that cost Utah Medicaid almost \$10 million in 2011. UWNQC will develop a standardized protocol for identification and treatment of the drug-exposed newborn which is designed to reduce length of NICU stays optimize treatment.

Appropriation of \$300,000 annually from state funds would enhance UWNQC's ability to begin implementation of statewide projects to improve birth outcomes in Utah.

UWNQC Partners: March of Dimes Utah Chapter, Utah Department of Health, University of Utah Medical Center, IASIS Healthcare, Intermountain Healthcare and HCA MountainStar Health.

Key Points

Utah's birth rate is the highest in the nation. Maternal mortality is on the rise and is of great concern to the state. Preterm birth rates remain high in Utah at 10.2% of all births.

- Preterm birth remains the leading root cause of neonatal death and a major cause of long-term infant morbidity
- The total cost of preterm birth to Utah Medicaid exceeds \$19 million per year.*
- Over the past decade the number of Utah newborns diagnosed with Neonatal Abstinence Syndrome (drug withdrawal) increased 242.7%.
- Utah estimates total hospitalization charges associated with newborns exhibiting drug withdrawal symptoms to be almost \$10 million in 2011.
- Critical funding is needed for the UWNQC statewide core projects and data collection
- By funding UWNQC the Legislature will make it possible reduce the burden of preterm birth and other newborn problems while saving the state millions of dollars in healthcare costs

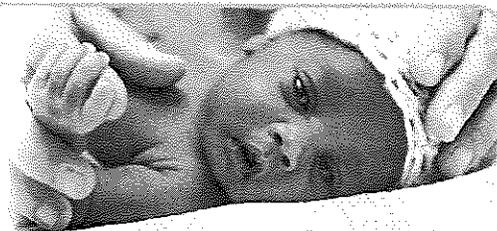
* Fee for service data

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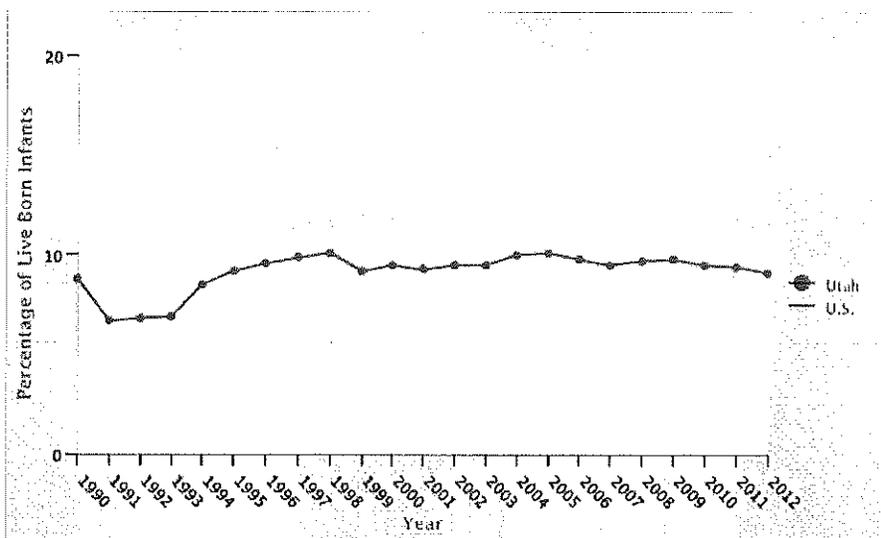
M. Sean Esplin, MD at Sean.Esplin@imail.org, (801) 520-8493

Utah Women and Newborn Quality Collaborative Funding Request

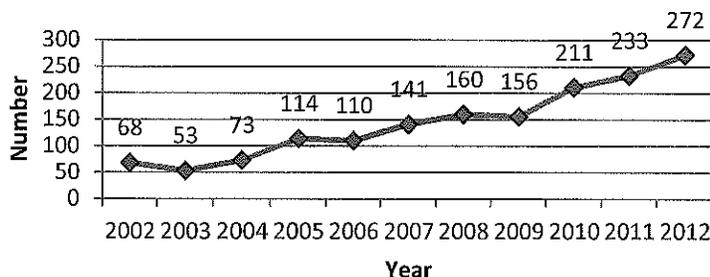


The Utah Women and Newborn Quality Collaborative "UWNQC" is a statewide multi-stakeholder network dedicated to improving maternal and infant health in the state. By funding UWNQC the Legislature will make it possible to reduce the burden of preterm birth and other newborn problems while saving the state millions of dollars in healthcare costs.

Preterm Births (Less Than 37 Weeks Gestation) Utah and U.S., 1990-2012



Number of Newborns (Birth to 28 days) with NAS, Utah 2002-2012



Appropriation of \$300,000 annually from state funds would enhance UWNQC's ability to begin implementation of statewide projects to improve birth outcomes in Utah.

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Additional Key Points

- Based on Utah Medicaid claims data, the average cost for an extremely premature infant during the years 2009-2011 was \$42,484.*
- The average costs for other categories of prematurity, prematurity with major problems (DRG-387) and prematurity without major problems (DRG-388) paid by Utah Medicaid during 2009-2011 were \$18,610 and \$7,551.*
- The total average costs reimbursed by Medicaid for PTBs during 2009-2011 were \$58,946,894, an average of over 19.6 million dollars per year.*
- The average costs Utah Medicaid reimbursed for a full term normal newborn during this same time period was \$979.
- 17P costs \$15 per injection, begins at the 20th week of pregnancy and costs \$300 per pregnancy.
- Preventing preterm births in Utah would result in enormous cost savings to our state.

* Fee for service data