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**Ohio Commission on Infant Mortality
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Co-Chair Jones and Co-Chair Kunze and members of the Commission on Infant Mortality, thank you for the opportunity to appear before you today to discuss this very important topic. The topic hits close to home for me. As a Board certified OB/GYN, I have dedicated my career to improving the health of moms and their babies. And as the Chief Medical Officer for Buckeye Health Plan (Buckeye), I have helped to develop and lead innovative programs that improve maternal and child health.

Buckeye is a wholly owned subsidiary of Centene Corporation that manages and helps coordinate the health care for more than 300,000 Ohioans enrolled in Medicaid, Ohio's MyCare program and other specialty programs. Many of our members – including the moms and babies we cover – have complex needs that require a comprehensive and collaborative array of services to meet those needs. Last year Buckeye covered more than 6,800 births. We have developed some unique, targeted programs to help ensure the best birth outcomes for all of these babies. I'd like to briefly name just a few.

Start Smart for Your Baby: Buckeye's Start Smart for Your Baby is an award-winning, nationally recognized program for moms-to-be, pregnant women, women at risk between pregnancies and babies. Start Smart is a data-driven program. We use claims history, provider feedback and vital statistics to identify the risk factors for our members who are of reproductive-age and link them with the services they need to be healthy. The results are impactful. Start Smart reduces the risk of low, very low and extremely low birth weight infants. Our Start Smart for Your Baby care managers dialogue with our members at their level. They understand the many non-clinical barriers to good health. These individual interactions, coupled with the education and incentives that Start Smart offers, helps bring healthier babies into Ohio.

Buckeye Addiction in Pregnancy Program: Two years ago, Buckeye decided to take special action after noticing an increasing number of babies in Ohio being born with neonatal abstinence syndrome (NAS). The annual NAS hospitalization rate among infants born in Ohio grew six-fold from 14 per 10,000 live births in 2004 to 88 in 2011, and hospital costs totaled nearly \$70 million, an eleven-fold increase from 2004. Medicaid was the primary payer for these babies.

In 2013, Buckeye launched our Addiction in Pregnancy Program, which identifies pregnant members with current or previous alcohol or substance abuse problems and engages them in education and treatment. The average length of stay in special-care and intensive-care nurseries for Buckeye babies diagnosed with NAS has dropped steadily from more than 15 days to seven-and-a-half days since the program's inception.

One Buckeye success story is Audrey, who enrolled in the program in 2014 when she was 24 weeks pregnant. Audrey was abusing substances, and the Buckeye care management team built a rapport with Audrey and helped her get the supports she needed. Buckeye helped Audrey schedule and attend weekly doctor appointments during pregnancy, and Audrey attended Narcotics Anonymous meetings four times a week and regularly attended behavioral health therapy. Audrey delivered a healthy baby in July 2014 at 39 weeks. Following the delivery, she has been living drug free and continuing therapy. Her goals are to go back to school and become a therapist or social worker.

Buckeye and Audrey were featured in the September 7 edition of *Modern Healthcare*, in an article highlighting how Buckeye and other Medicaid managed care plans are serving as incubators for innovative solutions addressing healthcare cost, quality and access challenges. You can read the *Modern Healthcare* article [here](#) and see a video about Audrey [here](#).

Progesterone to Prevent Preterm Delivery: Buckeye's progesterone experience dates back to the beginning of our plan in 2005, when we recognized that progesterone was a safe, effective medicine that could help members avoid preterm deliveries, a leading cause of infant mortality.

Early pregnancy identification and claims information helps us identify progesterone candidates. We then contact these members and their physicians to inform them that the individual is a progesterone candidate. Buckeye care managers help the individual adhere to the treatment program by providing the medicine at the individual's home or a convenient medical office.

We forecast how many members should benefit from progesterone in the upcoming year and work to reach that target. Buckeye has consistently started pregnant members on progesterone at a rate that exceeds targeted rates in Ohio and other states, starting more than 1000 members on progesterone over the past five years. Medical evidence tells us that 40 percent of these members would have had a preterm delivery without the treatment we provide.

These are a few examples of how Buckeye is using innovation to help drive infant vitality in Ohio. I commend this commission for its focus on reducing Ohio's infant mortality rate, and I assure you that we are committed to working with you and with other state and local leaders to help solve this very serious problem. The programs above are just a few of the tools in our collective toolbox, and they also show that there is a path to success if we all make the commitment to working together towards a common goal.

Thank you for the opportunity to present my testimony. I stand ready to answer specific questions alongside my colleagues from our partner health plans and OAHP.