Nutrition and Prevention
A Golden Opportunity:

How Can MCH Practitioners Get Involved?

Nutrition Leadership Network Meeting
Los Angeles
March 4, 2016
What We’ll Cover

• **Learn** about Nutrition-Related Clinical Preventive Services in the Affordable Care Act

• **Advocate** to get Quality Nutrition Services implemented in your state!

• **Find** more information and model programs
Essential Health Benefits
ACA, Section 2713

• Includes:
  – Ambulatory Patient Services
  – Emergency Services
  – Hospitalization
  – **Maternity and Newborn Care**
  – Mental Health and Substance Use Disorders, including Behavioral Health Treatment
  – Prescription Drugs
  – Rehabilitative and Habilitative Services & Devices
  – Laboratory Services
  – **Preventive & Wellness Services & Chronic Disease Management**
  – Pediatric Services, including Oral & Vision Care
Adults

- **Diet** counseling for adults at higher risk for chronic disease
- **Obesity** screening and counseling for all adults
Women

- **Well-woman visits** to obtain recommended preventive services for women under 65
- **Gestational diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Women

- **Breastfeeding** Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.
Children

- Height, Weight and Body Mass Index measurements for children
- Obesity screening and counseling
Policy Context

- The **Triple Aim**
- Lots of **Innovation** and Experimentation
- **States**, not Feds, Decide about Preventive Services
The IHI Triple Aim

Population Health

Experience of Care  Per Capita Cost
Accordingly, we revised 42 CFR 440.130(c) to accurately reflect the statutory language that physicians or other licensed practitioners recommend these services but that preventive services may be provided, at state option, by practitioners other than physicians or other licensed practitioners. This rule change is effective January 1, 2014 and applies to preventive services, including preventive services furnished pursuant to section 4106 of the Affordable Care Act.

Section 4106(b) of the Affordable Care Act established a one percentage point increase in the federal medical assistance percentage (FMAP) effective January 1, 2013, to be applied to expenditures by states that cover, without cost sharing, preventive services that are assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF).

For full details:

Community Collaborations:
Nutrition Education
Breastfeeding Education & Support

WIC
Clinic
Medical Office
Experiment with Innovative Service Delivery!

- Use Internet and Social Media Channels
- Telemedicine & Virtual Health Coaching
- Healthy Food Prescriptions: SNAP Incentives
- Gym Membership and Parks Rx
- Promotoras and Peer Counselors
- Support Groups/Centering Care
- Workplace Care and Employee Incentives
- Use Grocery Stores and Pharmacies
- Behavior Change Linked to Policy/Systems Change
Needed: State-Level Advocacy for Quality Preventive Services

- Squeaky wheels get the grease
- Long-term, stepwise campaign
- Inside-outside strategy
- Nutrition leadership – if not us, who?
How to Get the Plans to Play??
LUNCH BREAK!
Case Example:
ACA & Breastfeeding

• Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.

Affordable Care Act
Challenges

- In-person visits
- Reimbursement
- Networks
Challenges

- When and what breast pumps are being provided
  - Quality of pumps
  - Lack of DMEs
  - Over-issuance
  - Lack of knowledge about pump use
Contracting

Provided by Community Resource Project WIC, Regional Breastfeeding Liaisons
Breastfeeding Policy "Pipeline"

- WIC, CPSP, Physician Education
- Hospital Policies
  - WIC, CPSP, Physician Support
- Paid Family Leave Policies
  - Workplace Policies
  - Childcare Policies

Exclusive Breastfeeding Rates:
- Prenatal
- Hospital Birth
- Hospital Discharge
- 6 Weeks
- 2 Months
- 6 Months
- 12 Months
Community Health Centers

- Prenatal Care
- Postpartum Care
- Meaningful Use
- Patient-Centered Medical Home
- Accountable Care Organization
Community Health Centers

- Anticipatory guidance
- Billing opportunities
- Staff education
- IBCLCs
- Medical Assistants & Mid-level staff
WIC Prenatal & Postpartum Care

- Updated breastfeeding food package
- 20 hours
- 7 hours per year
- No regular issuance of formula first 30 days
- CLEs & IBCLCs
- Breastfeeding Peer Counseling
- WIC Breastfeeding Friendly Offices
- Breastpumps & Supplies
Breastfeeding Support

• Reimbursement
  – IBCLCs currently can work under a provider in CPSP, as a Perinatal Health Worker, or as another CPSP practitioner such as a RD/IBCLC.
  – IBCLCs can work in FQHCs and bill under a provider, if the IBCLC is not otherwise licensed.

There is money for this! Yippee!
WIC Partnership

- Referrals
- Continuity of care
- IBCLCs and RDs
- Billable Opportunities
- Co-location
- Parent organization
Continuum of Care: Model Pilots

Breastfeeding Support Using MediCal
Los Angeles Pilot

- CHMC notifies Eisner that an Eisner mom needs breastfeeding support and possibly a pump.
- CHMC contracts with Apria (DME provider). If mom has Health Net Medical Managed Care, staff orders a pump from Apria.
- Pump delivered to mom.
- Apria bills Healthcare LA for moms with Health Net MediCal Managed Care - not FFS MediCal for electric hospital grade pump.
- CHMC notifies WIC that mom needs help with breastfeeding, including pump education. If mom does not have Health Net MediCal Managed Care, she gets WIC pump.

Eisner:
- is contracted to Health Net through Healthcare LA
- Healthcare LA has a contract with CHMC (required by Health Net)
- bills as an FQHC for IBCLC visits

PHFE - WIC

Health Net

Healthcare LA Independent Physicians Association (IPA)

California Hospital Medical Center (CHMC)

Eisner Pediatric and Family Clinic

Pump delivered to mom.
Ready to Get Started?
- State Medicaid Office
- State Health Exchange
- Department of Insurance
- Department of Managed Care
- Association of Health Plans
- Individual Health Plans
- State legislation
Six Steps

1. Find out What the Plans Are Providing
2. Establish Measures
3. Define Quality Preventive Services for Nutrition and Breastfeeding
4. Find Allies and Form a Coalition
5. Wage a Campaign
6. Require Plans to Provide Quality Nutrition Services to all Beneficiaries
Step 1: Look at the Plan Contracts

- ASK: “What do Plans Require Providers to Offer to Beneficiaries?”
- Nutrition Counseling for Weight Control or Chronic Disease Management from an RD?
- Lactation Support from an IBCLC?
- Quality Breastpumps from a DME Provider?

-- or just a phone number and a pamphlet??
Step 2: Metrics Drive Care!

- **EXAMPLE:** KP Initiative to collect accurate BMI in electronic data systems resulted in capture rate of 97 percent. Nearly 1,000 KP clinicians and over 1,000 community clinicians trained to address overweight and obesity with their patients.

- **EXAMPLE:** California Hospitals Routinely Collect Breastfeeding Data from all maternity patients
Step 3: Define Quality Services

- Start with UPSTF and Evidence-Based Practice
- AHRQ-Agency for Healthcare Research & Quality (www.ahrq.gov)
- Cochrane Reviews (www.cochrane.org)
- Seek other Country or State Examples or Model Programs
- Convene an Expert Consensus Panel or Commission a Study Panel
Step 4: Form a Coalition

- Key Nutrition and Breastfeeding Organizations
- Healthcare Establishment: Doctors, Public Health, Nurses, Heart, Cancer, Diabetes Groups, etc.
- Community Clinic Systems and Providers
- Advocates for Women, Children, Health Equity and Low-Income Communities
- Foodies and Sustainable Agriculture Supporters
- Allies seeking other Preventive Services such as AIDS, Asthma, Mental Health
Step 5: Wage a Campaign

- Administrative Approach
  -- Work with Exchanges and Departments
- Legislative Approach
  -- Introduce a bill
- Plan-By-Plan Approach
  -- Ask the plans, one by one
- Start with Small Pilot, Then Ramp up
Step 6: Victory!

- **Your Objective:**
  Require all health plans to provide quality nutrition preventive services, breastfeeding support and pumps to all beneficiaries.
Resources

- Henry J Kaiser Family Foundation  
  http://healthreform.kff.org/
- Health Care Reform  
  http://www.healthcare.gov/
- California WIC Association  
  http://www.calwic.org/focus-areas/breastfeeding/health-care-reform
- United States Lactation Consultant Association  
  http://www.ilca.org/i4a/pages/index.cfm?pageID=4070
- A Purchaser’s Guide to Clinical Preventive Services  
  http://www.businessgrouphealth.org/preventive/background.cfm
- US Preventive Services Task Force  
  http://www.ahrq.gov/clinic/uspstfix.htm
www.calwic.org

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