

20 Years RITE CARE RESULTS



RITE CARE WORKS

- ✓ Lowest rates of emergency hospital admissions
- ✓ Low rates of preventable hospitalizations
- ✓ Improved access to primary care
- ✓ Fewer pregnant women who smoke
- ✓ Healthier pregnancies
- ✓ Fewer infant deaths
- ✓ Healthier infants and children

Rite Care has a documented track record of successfully providing high-quality, comprehensive, affordable health care for Rhode Island children and families. Since its inception in 1994, Rite Care has been a national model for efficient and cost-effective coverage.

When it comes to better health outcomes for children and families - Rite Care works!

November 2014

RITE CARE RESULT #1: FEWEST EMERGENCY HOSPITAL ADMISSIONS FOR CHILDREN & ADULTS

Health care that is delivered in the emergency department is among the most costly types of health care. Access to primary and preventive health care providers reduces emergency room use and costly emergency hospital admissions.

Children and adults under age 65 with Medicaid coverage have the lowest percentage of emergency admissions to the hospital. Thirty-eight percent of admissions to the hospital for Medicaid members are emergencies, compared with 39% among those privately insured and 81% for the uninsured. The percentage of emergency admissions for children and adults who are uninsured has increased 27% over the past 11 years, from 64% in 2001 to 81% in 2012. (See Figure A)

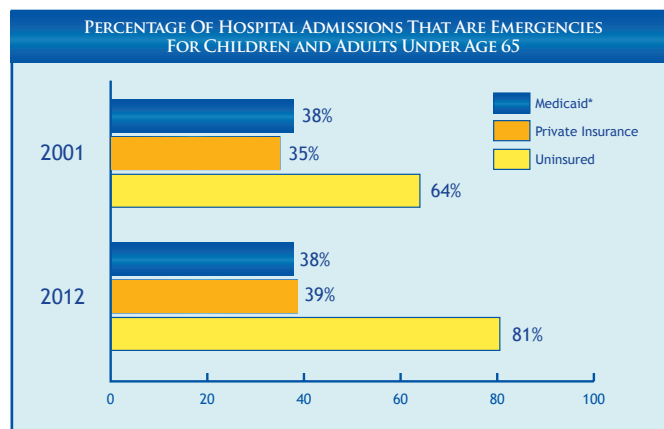


Figure A

*Medicaid includes fee-for-service and managed care (i.e. Rite Care and Rhody Health Partners)

RITE CARE RESULT #2: BETTER ACCESS TO PRIMARY CARE = FEWER PREVENTABLE HOSPITALIZATIONS

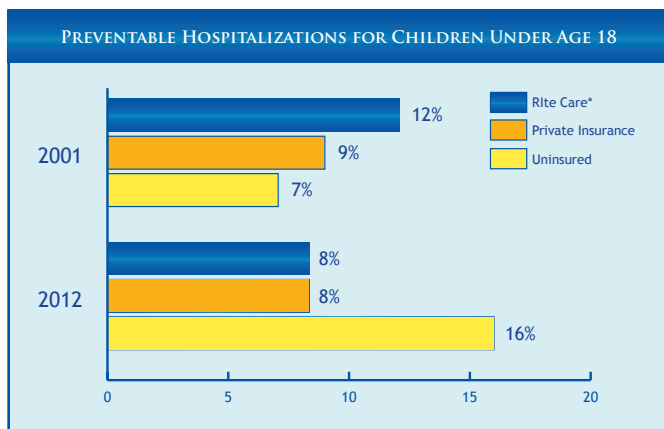


Figure B

*Rite Care includes managed care and fee-for-service Medicaid

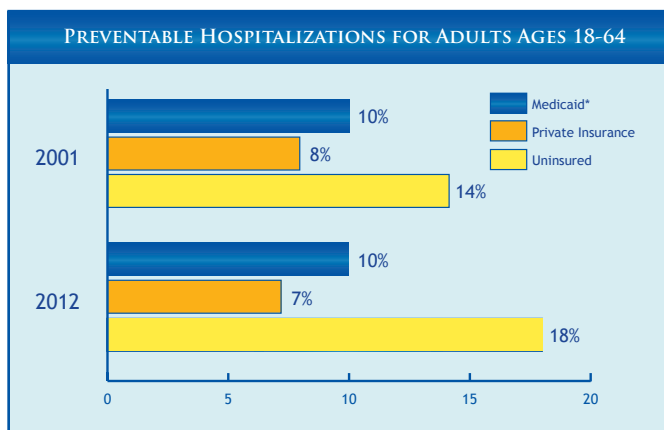


Figure C

*Medicaid includes fee-for-service and managed care (i.e. Rite Care and Rhody Health Partners)

Access to health insurance and to primary care can reduce preventable hospitalizations for children and adults. Preventable hospitalizations are those that result from conditions that could have been treated through routine primary and preventive care. These conditions include asthma, pneumonia, diabetes, hypertension, chronic obstructive pulmonary disease, etc., all of which can be well-controlled through the regular care of a health care provider.

Children in Rhode Island who have either Rite Care or private health insurance have fewer preventable hospitalizations than uninsured children. The percentage of preventable hospitalizations for children who were uninsured in Rhode Island has more than doubled between 2001 and 2012 (from 7% to 16%), while preventable hospitalizations for children with Rite Care coverage decreased by one-third, from 12% to 8%. (See Figure B)

Adults with Medicaid coverage also have relatively low rates of preventable hospitalizations. The percentage of preventable hospitalizations for Rhode Island adults who are uninsured (18%) is nearly two times higher than the rate of adults with Medicaid (10%). (See Figure C)

Children and adults with health coverage, including Medicaid and Rite Care, have improved access to preventive care, leading to fewer costly and preventable hospitalizations. Children who receive timely immunizations and see their primary care physician throughout childhood have better health outcomes than those who do not. Primary care for adults helps to ensure that chronic diseases are well-managed and that serious illnesses are detected early.¹

RITE CARE RESULT #3: HEALTHIER PREGNANCIES, HEALTHIER CHILDREN

Women who get regular health care before and during pregnancy, who don't smoke while they are pregnant, and who have children at least 18 months apart are less likely to have babies with health problems.

Early prenatal care is important to identify and treat health problems. Women receiving late or no prenatal care are at increased risk of poor birth outcomes, such as having babies who are low birthweight or who die within the first year of life.²

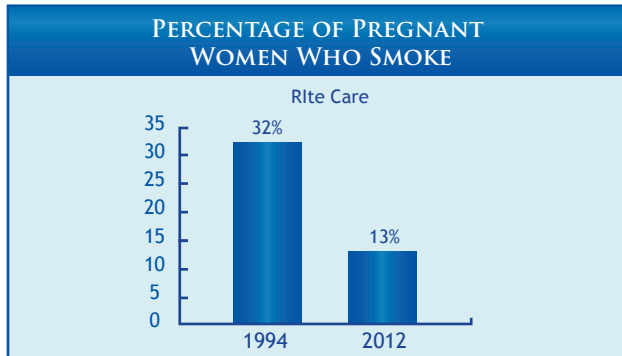


Figure D

Fewer women with Rite Care coverage smoke during pregnancy. Smoking during pregnancy increases the likelihood of poor birth outcomes, including having a baby that is stillborn, preterm, or low birthweight.³ The percentage of women enrolled in Rite Care who smoked while pregnant fell by more than one-half between 1994 and 2012, from 32% to 13%. (See Figure D)

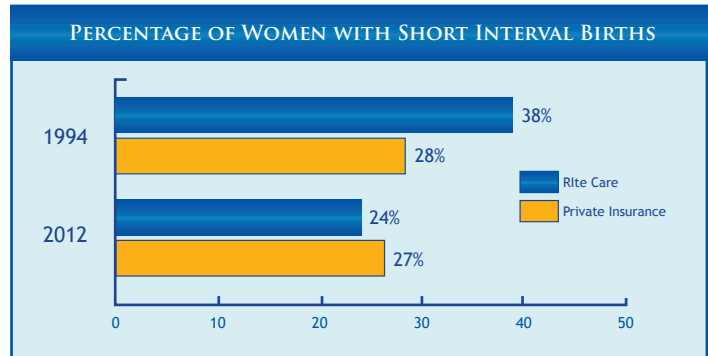


Figure E

Better access to health care means that more women are able to reduce the risks associated with short interval births. Women who have short interval births (less than 18 months between one child and the next) face more health risks to the mother and the infant.⁴ The percentage of women with Rite Care coverage who have short interval births declined by more than one-third (from 38% to 24%) between 1994 and 2012. This marks the second year in a row that the Rite Care rate is lower than those with private insurance (27%). (See Figure E)



RITE CARE RESULT #4: FEWER INFANT DEATHS AND HEALTHIER BABIES

The infant mortality rate is an important measure of the well-being of infants, children and pregnant women. Infant mortality is related to a variety of factors, including women's health status, quality and access to medical care, socioeconomic conditions, and public health practices.⁵

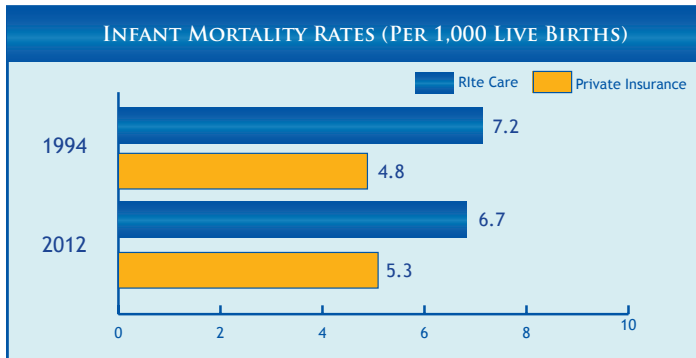


Figure F

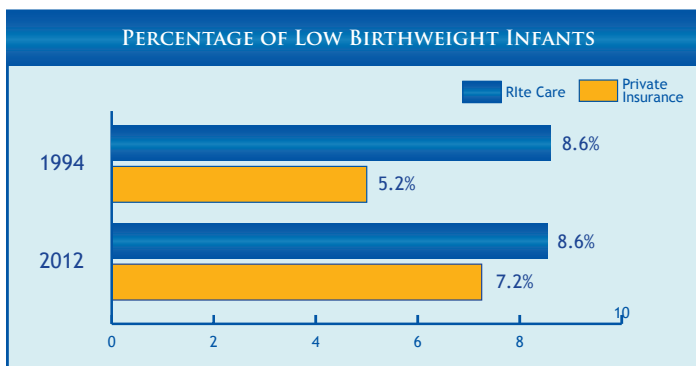


Figure G

Fewer Rhode Island babies are dying in the first year of life. Rhode Island's infant mortality rate for publicly-insured infants dropped from 7.2 infant deaths per 1,000 live births in 1994 to 6.7 in 2012. (See Figure F) However, there is more work to be done in this area.

In 2011, the most recent year for which national comparison data are available, Rhode Island's overall infant mortality rate (for all infants regardless of type of health insurance coverage) of 6.4 per 1,000 live births was above the U.S. rate of 6.1 death per 1,000 live births. This marks second consecutive year that Rhode Island's overall infant mortality rate was above the national average. From 2010 to 2011, Rhode Island improved from 37th best in the U.S. and last in New England to 27th best in the U.S. and 5th best in New England on this measure.⁶

An infant's birthweight is a key indicator of newborn health. Children born at low birthweight face greater risks of physical and developmental health problems and death than infants of normal birthweight. They also are more likely to have long-term disabilities and exhibit poor school performance.^{7,8}

National trends showed overall increases in the percentage of infants with low birthweight (<2,500 grams or 5 pounds, 8 ounces) between 1990 and 2006, with small declines since then. Rhode Island mirrored that trend, with Rite Care low birthweight rates peaking at 9.6% in 2003, and then improving to 8.6% in 2012. (See Figure G) Rhode Island's overall low birthweight rate was consistently below the national average between 2004 and 2011, but is now the same in 2012 (8.0%). Rhode Island ranked 24th best in the U.S. and last in New England on this measure in 2012.^{9,10}

References

- ¹ Institute of Medicine. (2009). *America's uninsured crisis: Consequences for health and health care*. Washington, DC: The National Academies Press.
- ² *Late or no prenatal care*. (2014). Washington, DC: Child Trends.
- ³ *Mothers who smoke while pregnant*. (2014). Washington, DC: Child Trends.
- ^{4,7} *Child health USA 2013*. (2013). Rockville, MD: U.S. Department of Health and Human Services.
- ⁵ Federal Interagency Forum on Child and Family Statistics. (2013). *America's children: Key national indicators of well-being 2013*. Washington, DC: U.S. Government Printing Office.
- ^{6,10} The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org
- ⁸ *Low and very low birthweight infants*. (2014). Washington, DC: Child Trends.
- ⁹ Martin, J. A., et al. (2013). Births: Final data 2012. *National Vital Statistics Reports*, 62(9), Hyattsville, MD: Centers for Disease Control and Prevention.

Sources for all other data on health outcomes for Rite Care, Medicaid, private insurance, and uninsured in Rhode Island:

- Griffin, J. (2014). *Health indicator data book: A comparison of access and quality measures for Rhode Islanders <65 years old by health insurance coverage – trends 2000-2012*. Cranston, RI: Rhode Island Medicaid Research and Evaluation Project, Rhode Island Executive Office of Health and Human Services.
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