

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
- ✓ Fewest infant deaths
- ✓ Healthier infants and children

Rite Care is a health insurance program that has a 19-year track record of successfully providing health care for Rhode Island children and families who would otherwise be uninsured. By using private managed care plans to provide coverage, the program has had nationally recognized success in getting families covered efficiently and cost-effectively. When Rhode Island children and families are covered, we all win – families, taxpayers and kids.

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

November 2012

RITE CARE RESULT #1: FEWEST EMERGENCY HOSPITAL ADMISSIONS FOR CHILDREN AND 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 40% 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 decade, from 64% in 2001 to 81% in 2010. (see figure A)

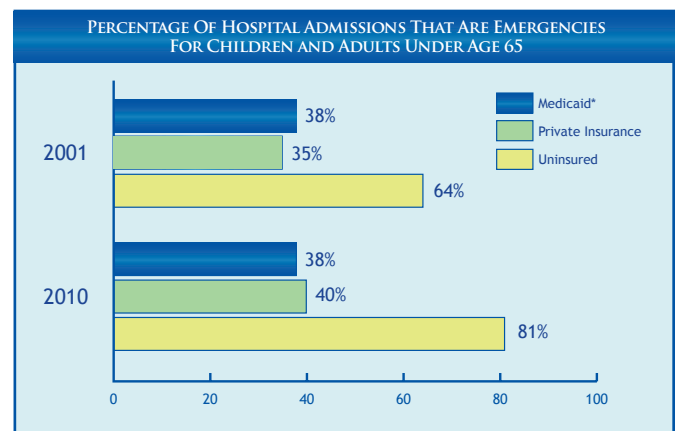


figure A

*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

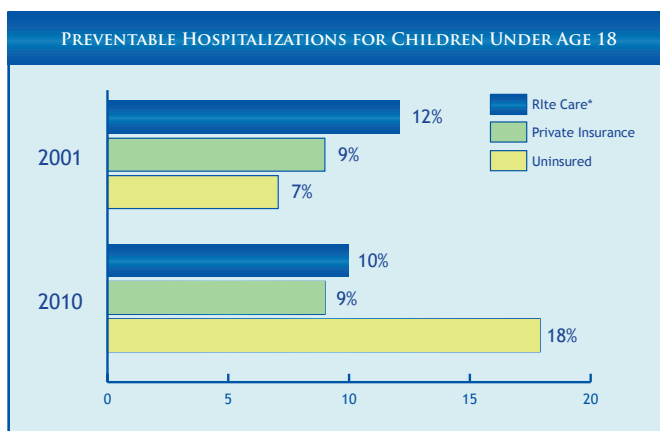


figure B

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

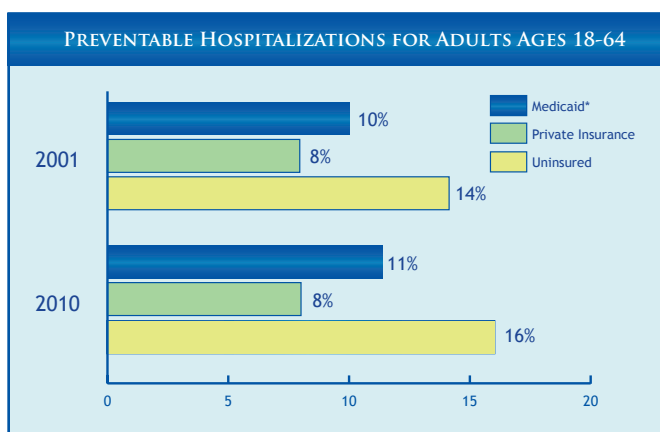


figure C

*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 more than doubled between 2001 and 2010 (from 7% to 18%), while preventable hospitalizations for children with Rite Care coverage decreased from 12% to 10%. (see figure B)

Adults with Medicaid coverage have relatively low rates of preventable hospitalizations. The percentage of preventable hospitalizations for Rhode Island adults who are uninsured (16%) is nearly one and half times higher than the rate of adults with Medicaid (11%). (see figure C)

Children and adults with health coverage, including Medicaid, 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.^{3,4} The percentage of women enrolled in Rite Care who smoked while pregnant decreased by 53% between 1993 and 2010, from 32% to 15%. (see figure D)

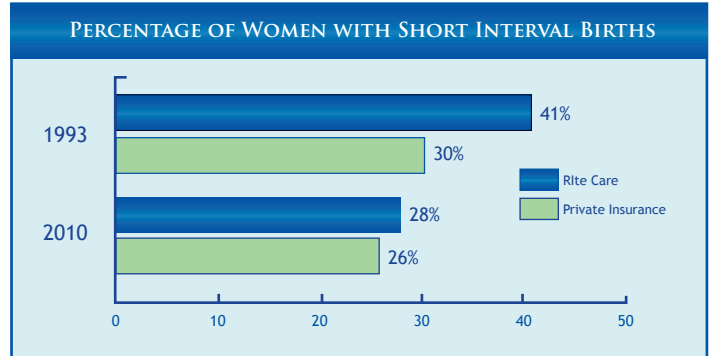


figure E

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.⁵ The percentage of women with Rite Care coverage who have short interval births declined by one-third (from 41% to 28%) between 1993 and 2010. (see figure E)



RITE CARE RESULT #4: FEWEST 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, socio-economic conditions and public health practices.⁶

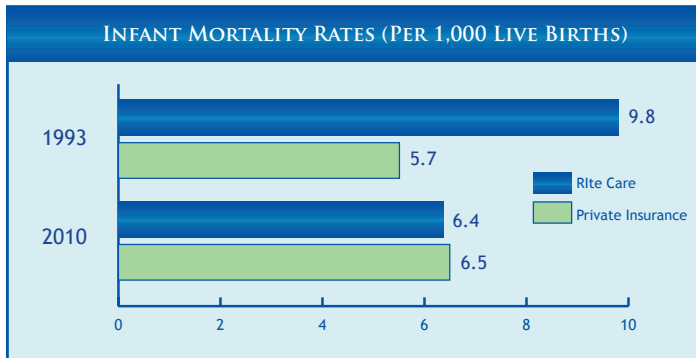


figure F

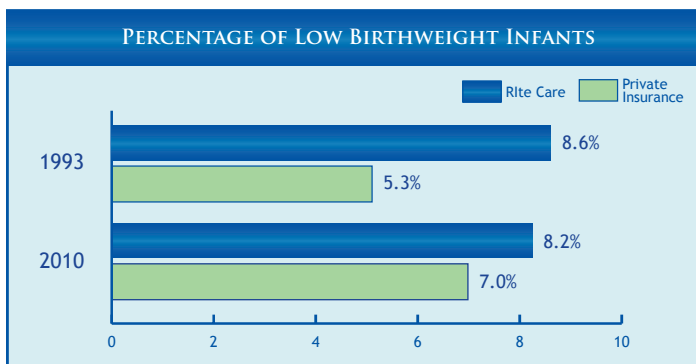


figure G

Fewer Rhode Island babies are dying in the first year of life. Rhode Island's infant mortality rate for publicly-insured infants dropped from 9.8 infant deaths per 1,000 live births in 1993 to 6.4 in 2010. (see figure F)

In 2009, 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 6.2 per 1,000 live births was below the record low U.S. rate of 6.4 death per 1,000 live births. This marks the second consecutive year that Rhode Island's overall infant mortality rate was below the national average and the first time since 2004 that Rite Care's infant mortality rate was lower than private insurance (6.4 versus 6.5). Overall, Rhode Island is ranked 24th best in the U.S. and tied for 5th in New England on this measure.^{7,8}

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.^{9,10}

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.¹¹ Rhode Island's rates mirrored that trend, with the percentage of low birthweight infants with Rite Care coverage declining for the second straight year from a recent high of 9.3% in 2008 to 8.2% in 2010. (see figure G) Rhode Island's overall low birthweight rate was consistently below the national average between 2004 and 2010.^{12,13}

References

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- ⁷ Kochanek, K., et al. (2011). Deaths: Final data for 2009. *National Vital Statistics Reports*, 60(3). Hyattsville, MD: Centers for Disease Control and Prevention.
- ^{8,12} The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org
- ⁹ Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Preventing low birthweight*. Baltimore, MD: The Annie E. Casey Foundation.
- ^{11,13} Martin, J., et al. (2012). Births: Final data for 2010. *National Vital Statistics Reports*, 60(1). Hyattsville, MD: National Center for Health Statistics.

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

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Griffin, J. (2006). *The impact of Rite Care on the health of pregnant women and their newborns 1993-2004*. Cranston, RI: Rhode Island Medicaid Research and Evaluation Project, Rhode Island Department of Human Services.