

Statement for the Record
Submitted by:
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Senate Finance Committee hearing
Improving Health Care Quality: An Integral Step Toward Health Reform.
September 9, 2008

The March of Dimes Foundation is pleased to submit testimony on behalf of its over 3 million volunteers and 1400 staff. We thank Chairman Baucus, Ranking Member Grassley and Members of the Committee for holding this critically important hearing on, “Improving Health Care Quality: An Integral Step Toward Health Reform.” As you may know, the March of Dimes is a national voluntary health agency founded in 1938 by President Franklin D. Roosevelt to conquer polio. Today, the Foundation works to improve the health of women of childbearing age, infants and children by preventing birth defects, preterm birth and infant mortality through research, community services, education, and advocacy. The Foundation is a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers in 51 chapters in every state, the District of Columbia and Puerto Rico.

The topic of today’s hearing is of the utmost importance to the health of pregnant women, infants, and children. A recent study by Dr. Rita Mangione-Smith, published in the October 11, 2007 *New England Journal of Medicine* found that fewer than half of America’s children – regardless of insurance status – receive the right care in the right amount at the right time. This finding underscores the need for today’s hearing and continued action by the Committee to improve the quality of healthcare. As Members of the Committee are well aware, perinatal and pediatric quality efforts lag behind the strides made in developing healthcare quality measures for other populations. Since children are growing, their healthcare needs are different from those of adults. While the State Children’s Health Insurance Program (SCHIP) has included a quality reporting requirement since the program was created, the field of performance measurement has advanced significantly in the past 10 years, and much more can be done to improve quality and reporting in SCHIP and Medicaid, and for all children.

To help rectify this situation, the Foundation worked closely with Members of the Committee, specifically Chairman Baucus, Ranking Member Grassley, and Senators Rockefeller, Hatch and Lincoln, last year to craft language included in the bipartisan Children’s Health Insurance Program Reauthorization Act (CHIPRA) to facilitate and fund the development and dissemination of pediatric quality measures. Financing 41% of hospital births in 2002 (the latest date for which information is available) and providing health insurance for more than 36 million children, the Medicaid and SCHIP programs are vital arenas in which the Committee can improve the care that pregnant women, infants and children receive.

One specific area where efforts to improve quality can substantially improve health outcomes and reduce costs is in services provided by neonatal intensive care units (NICUs). The most medically fragile newborns – including those born with birth defects or preterm -- typically

spend time in a NICU. More than 500,000 infants were born prematurely in (one in eight) in 2006. A recent Institute of Medicine report estimates that the societal economic cost of preterm birth totaled at least \$26.2 billion in 2005, the latest year for which data is available. The medical component of that total was \$18.8 billion -- 85% of which was health services provided to infants. More than half of these medical costs are borne by Medicaid. In the same year, the average medical costs, including both inpatient and outpatient care were about 10 times greater for preterm (\$32,325) than for term infants (\$3,325). The March of Dimes has worked closely with the Centers for Medicare and Medicaid Services (CMS) and the National Initiative for Children's Healthcare Quality (NICHQ) on the Neonatal Outcomes Improvement Project, in which three states (New York, North Carolina and Ohio) are piloting the use of evidence-based clinical interventions designed to improve care for high risk NICU patients. With enhanced federal support for pediatric quality improvement efforts, more states can take the necessary steps to improve care for all children.

While efforts to improve the quality of pediatric care remain an essential step, to truly address the health needs of infants and children, we strongly urge the Committee to consider the need for the development and dissemination of perinatal quality measures to improve both maternal health and birth outcomes. Many of the most costly and devastating infant and child health problems, such as preterm birth, the incidence of which has increased by 30% over the past 20 years, may be preventable through improved maternity care. Poor quality care before and during pregnancy, labor and delivery, and postpartum translates into unnecessary complications, prolonged lengths of stay, costly NICU admissions, and anxiety as well as increased financial cost for families, insurers and public programs including Medicaid and SCHIP. Because the percent of women who rely on Medicaid and SCHIP for their health insurance is so high, deficiencies in perinatal care affect a large population of vulnerable patients and represent a significant opportunity for quality improvement as well as federal and state budgetary savings. In fact, the June 2008 Surgeon General's Conference on the Prevention of Preterm Birth highlighted the need for increased efforts to develop and implement perinatal quality measures and their dissemination for use in guiding the care provided through publicly supported programs as well as private insurers. And the conference working group on quality of care and health services specifically recommended the development of quality measures related to the prevention and management of preterm birth.

Intermountain Health and the Health Corporation of America have developed and implemented important initiatives to better measure the quality of services provided pregnant women and infants in their care. The American College of Obstetricians and Gynecologists (ACOG) has also initiated a process designed to better address the need for quality improvement measures and treatment guidelines for obstetrical services. But without appropriate information about perinatal care quality at a national level, such improvement efforts have been uneven and the incentives for improvement at the systemic level are limited. A more comprehensive set of perinatal performance measures would provide the tools for providers, purchasers and other stakeholders to participate in a national effort to improve the quality of services provided to women and infants.

Once again, Mr. Chairman, the March of Dimes appreciates the opportunity to submit this statement for the record and looks forward to continuing to work with you, Senator Grassley

and other Members of the Committee to improve the quality of health care provided to women and children in every state.