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MEMORANDUM

To: Colleagues
From: Elizabeth Burke Bryant, Executive Director
Re: *It's Simple: Rlte Care Works - Rlte Care Results*
Date: January 5, 2010

Today is the first day of the 2010 Legislative Session in Rhode Island. As policymakers consider budget and policy decisions that affect the well-being of Rhode Island's children and families, it is important that cost-effective programs with proven outcomes, such as Rlte Care, be maintained and supported.

Enclosed is a copy of *It's Simple: Rlte Care Works – Rlte Care Results*, a policy brief produced by Rhode Island KIDS COUNT for the Rlte Care Works Coalition. Released in October 2009 at our annual *Celebration of Children's Health* event attended by more than 100 state and community leaders, the report details the positive health outcomes that Rlte Care has achieved for infants, children, pregnant women and parents.

Rlte Care is a health insurance program that has a 15-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.

Key health outcomes for Rlte Care members include:

- Children and adults enrolled in Rlte Care have the lowest percentage of emergency hospital admissions (23%), compared with those with private insurance (39%) or the uninsured (83%).
- Children enrolled in Rlte Care (9%) or private insurance (8%) have fewer preventable hospitalizations than uninsured children (22%).
- Adults enrolled in Rlte Care have the lowest rates of preventable hospitalizations (4%), even lower than those with private insurance (8%) and a third of those without insurance (17%).
- Pregnant women enrolled in Rlte Care receive regular health care before and during pregnancy, which results in lower incidence of smoking during pregnancy, increased birth intervals, lower infant mortality and fewer babies with health problems.

For more information about the data contained within this policy brief, please contact Jill Beckwith at Rhode Island KIDS COUNT at (401) 351-9400 or jbeckwith@rikidscount.org. For more information about Rlte Care Works, please go to www.RlteCareWorks.org.

IT'S SIMPLE: RITE CARE WORKS



RITE CARE RESULTS

- ✓ Fewest 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

When Rhode Island children and families are covered, we all win – families, taxpayers and kids. Rite Care is a health insurance program that has a 15-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 it comes to better health outcomes for children and families - Rite Care works.

October 2009

RITE CARE RESULT #1: FEWER EMERGENCY HOSPITAL ADMISSIONS FOR CHILDREN AND ADULTS

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

Children and adults enrolled in Rite Care have the lowest percentage of emergency admissions to the hospital. One in four admissions to the hospital for Rite Care members are emergencies, significantly fewer than the 1 in 3 emergency admissions for the privately insured and the 8 in 10 emergency admissions for the uninsured. The percentage of emergency admissions for children and adults who are uninsured has increased 30%, from 64% in 2001 to 83% in 2007, while the trend among Rite Care members has been stable at about 24%. (see figure A)

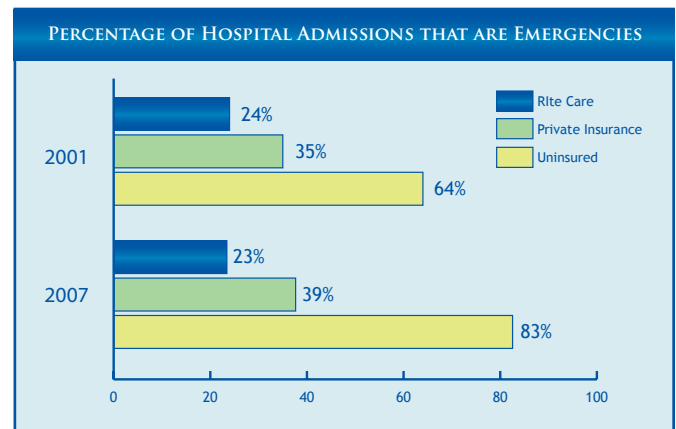


figure A

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

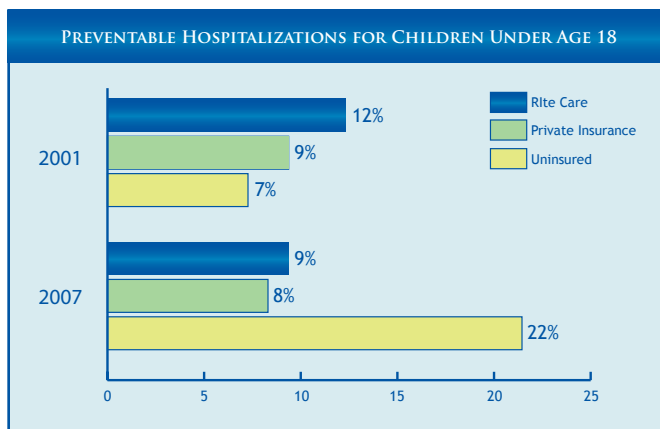


figure B

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 physician.

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 tripled between 2001 and 2007 (from 7% to 22%), while preventable hospitalizations for children enrolled in Rite Care decreased from 12% to 9%. (see figure B)

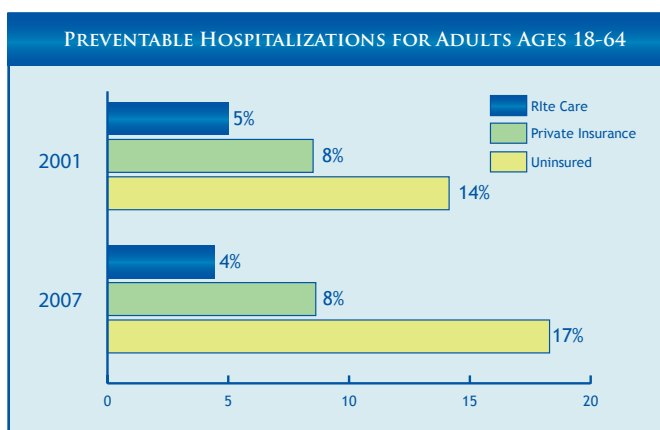


figure C

Adults enrolled in Rite Care have the lowest rates of preventable hospitalizations. The percentage of preventable hospitalizations for Rhode Island adults who are uninsured is more than triple the rate for adults insured through Rite Care. For uninsured adults, 17% of all hospitalizations are preventable with routine primary care. Only 4% of all hospitalizations for Rite Care members are considered to be preventable. (see figure C)

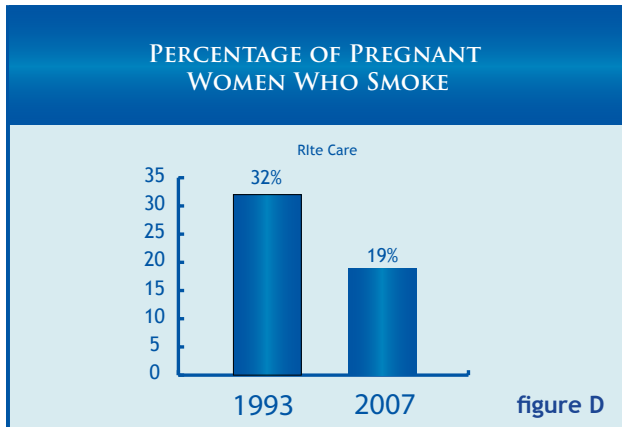
Children and adults enrolled in Rite Care have improved access to preventive care, leading to fewer costly and preventable hospitalizations. Children who receive timely immunizations and see their primary care physician throughout childhood have better health outcomes than those who do not. Primary care 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

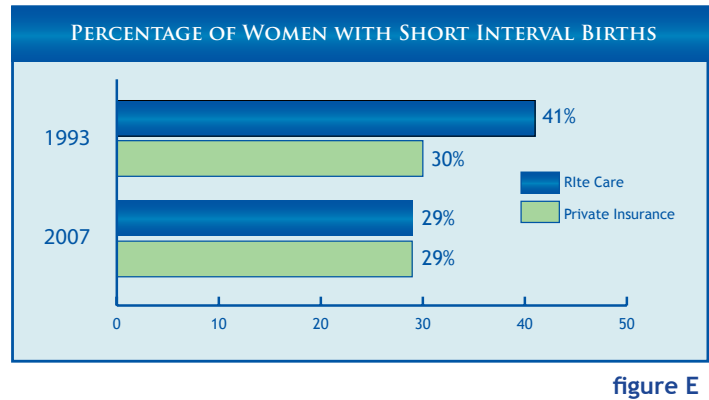
Women who get regular health care before and during pregnancy, who don't smoke while they are pregnant and who have children at least 18 months apart are less likely to have babies with health problems.

More women enrolled in Rite Care are receiving prenatal care in the first trimester of pregnancy. 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

Rhode Island has one of the lowest rates in the nation for women receiving late or no prenatal care. Only 2% of all Rhode Island women begin prenatal care late (in the third trimester) or receive no prenatal care at all. This is the 3rd best rate in the nation.³



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.^{4,5} The percentage of women enrolled in Rite Care who smoked while pregnant was reduced from 32% to 19% between 1993 and 2007. (see figure D)



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.⁶ The percentage of women enrolled in Rite Care who have short interval births declined by a third (from 41% to 29%) between 1993 and 2007, to match the rate among privately insured women. (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, socio-economic conditions and public health practices.⁷

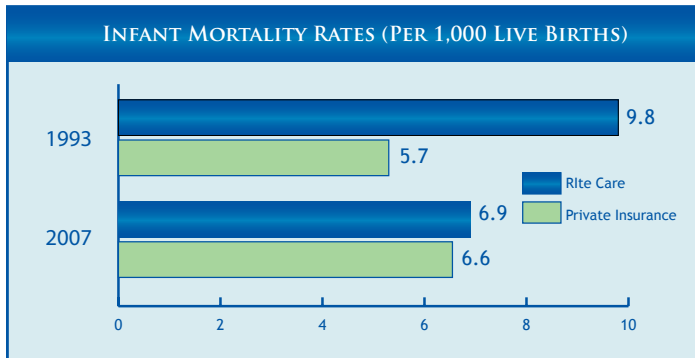


figure F

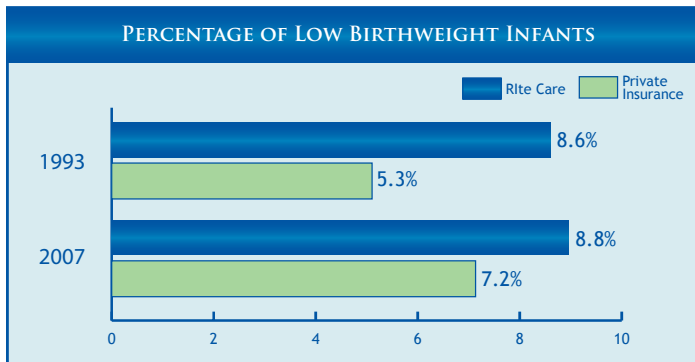


figure G

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 6.9 in 2007. (see figure F)

Rhode Island's infant mortality rate is lower than the U.S. rate. In 2006, Rhode Island's overall infant mortality rate of 6.1 per 1,000 live births was below the U.S. rate of 6.7 deaths per 1,000 live births. Rhode Island ranked 17th best in the U.S. and 3rd best in New England for the overall infant mortality rate in 2006.⁸

An infant's birthweight is a key indicator of newborn health. Infants born at low birthweight are at greater risk for costly physical, cognitive, behavioral and developmental problems, long-term disabilities, and poor school performance than infants born at normal weights.^{9,10}

The low birthweight rate for infants with Rite Care coverage was 8.8% in 2007 and has been stable over the past decade. At 8.2% in 2007, the U.S. rate of low birthweight infants (<2,500 grams or 5 pounds, 8 ounces) declined slightly after several decades of steady increase.¹¹ The rate of low birthweight infants born to women in Rhode Island with private insurance has increased between 1993 and 2007. (see figure G)

References

- ¹ Alliance for Health Reform. (2006). *Covering health issues: A source book for journalists*. Washington, DC: Alliance for Health Reform.
- ² Child Trends Data Bank. (2007). *Late or no prenatal care*. Retrieved September 29, 2009 from www.childtrendsdatbank.org
- ³ U.S. Centers for Disease Control and Prevention. (2009). Births: Final data for 2006. *National Vital Statistics Reports*, 57(7). Atlanta, GA: U.S. Centers for Disease Control and Prevention. This ranking is based on 32 states with comparable prenatal care data.
- ⁴ U.S. Centers for Disease Control and Prevention. (2007). *Preventing smoking and exposure to secondhand smoke before, during, and after pregnancy*. Atlanta, GA: U.S. Centers for Disease Control and Prevention.
- ⁵ March of Dimes. (2008). *Smoking during pregnancy*. Retrieved September 29, 2009 from www.marchofdimes.com
- ⁶ Royce, R. A. (2006). Birth spacing-The long and short of it. *Journal of the American Medical Association*, 295(15), 1837-1838.
- ^{7,9,11} Federal Interagency Forum on Child and Family Statistics. (2009). *America's children: Key national indicators of well-being 2009*. Washington, DC: Government Printing Office.
- ⁸ 2009 KIDS COUNT data book: *State profiles in child well-being*. (2009). Baltimore, MD: The Annie E. Casey Foundation.
- ¹⁰ Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Preventing low birthweight*. Baltimore, MD: The Annie E. Casey Foundation.

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

Griffin, J. (June 2009). *Health indicator data book: A comparison of access and quality measures for Rhode Islanders <65 years old by health insurance coverage - trends 1995-2007*. Cranston, RI: Rhode Island Medicaid Research and Evaluation Project, Rhode Island Department of Human Services.

Griffin, J. (March 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