

Recent health reforms in Oregon reduce infant deaths, improve access for women's health

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Oregon's unique health care delivery system for low-income patients is resulting in fewer infant deaths, according to a recent study by Oregon State University researchers.

The study found that Oregon's implementation of Coordinated Care Organizations (CCOs) in 2012 was associated with [infant mortality](#) rates falling significantly among Medicaid patients relative to non-Medicaid patients, who are not managed by the new delivery system.

Researchers say this is a good indication that CCOs' aim of provider integration and caring for the whole patient is on the right track. CCOs help catch patients who might otherwise fall through the cracks and miss important care by using an integrated care model, where medical providers work together with behavioral [health](#) specialists, dentists, nutritionists and social workers. This approach allows them to address social determinants of health outside conventional medical services, such as housing and access to transportation.

"This is good news, that CCOs appear to be addressing the needs of this at-risk [population](#) in such a way that it has a significant impact on [infant mortality](#)," said health economist and associate professor Jangho Yoon of OSU'S College of Public Health and Human Services.

Led by Linh Bui, a recent Ph.D. student in health policy at OSU, with co-authors Yoon, Marie Harvey and Jeff Luck, the study is the latest from an ongoing six-year project funded by the Centers for Disease Control and Prevention. OSU researchers in the College of Public Health and Human Sciences have used the same dataset to examine the impact of Oregon's 2012 CCO implementation on birth outcomes and prenatal care, as well as the

statewide expansion of Medicaid in 2014.

The infant mortality study looked at nearly 300,000 births to compare [infant mortality rates](#) between non-Medicaid and Medicaid patients in the three-year periods before and after CCO implementation.

Over the study period, infant mortality dropped much more steeply in the Medicaid population than in the non-Medicaid population, which includes uninsured people and privately insured people, who do not receive care under the CCO structure.

Among Medicaid patients in the pre-CCO period, 266 of 77,850 infants died, compared with 235 of 57,903 infants in the non-Medicaid population. Post-CCOs, only 193 out of 88,683 Medicaid [infants](#) died, compared with 233 of the 59,967 in the non-Medicaid population.

The decline was most significant among preterm births—babies born at or before 37 weeks gestation, who face greater risk of health problems than full-term babies and as a result, incur higher health care costs, Yoon said. As CCOs reduce infant mortality and help mothers and babies get the care they need, the state will save money on Medicaid.

Another recently published study using the same health claims dataset found that Oregon's expansion of Medicaid in 2014 improved access to [reproductive health services](#).

Researchers examined access to preventive reproductive care, comparing medical claims data from before and after the expansion. They focused on well-woman visits, contraceptive counseling and services, cervical cancer screening and screening for sexually transmitted infections.

Prior to expansion, pregnant women were already

fairly well covered by Medicaid, said Susannah Gibbs, a post-doctoral fellow and health policy researcher at OSU. By expanding Medicaid, she said, Oregon ensured that women could get those vital preventive reproductive health services whether they were pregnant or not.

From an initial bump in the amount of services used, researchers surmise there was a pent-up demand for care among the newly expanded Medicaid population. But visits soon leveled off, and researchers concluded that the expansion population is now using preventive reproductive health care in much the same way that the existing Medicaid population did.

Their results also showed no significant drop in access for the existing Medicaid population, suggesting that the sudden increase in Medicaid patients did not overwhelm providers, as some had feared.

Access to preventive reproductive care is crucial in avoiding costly future chronic health problems, Gibbs said, as well as ensuring that women who do get pregnant experience healthier pregnancies.

More information: Linh N. Bui et al, Coordinated Care Organizations and mortality among low-income infants in Oregon, *Health Services Research* (2019). [DOI: 10.1111/1475-6773.13228](https://doi.org/10.1111/1475-6773.13228)

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