Kitsap Public Health Board Health Officer Update

Gib Morrow, MD, MPH
Health Officer, Kitsap Public Health District
June 4, 2024

KITSAP PUBLIC HEALTH DISTRICT

Agenda Topics

- Happy Pride Month and Juneteenth!
- Reproductive Justice and MCH
- Preparedness – Ready or Not?
- Tuberculosis on the Radar
- Thanks to KPHD's CDC Legal Fellow!

Reproductive Justice

- The right to have children
- The right to not have children
- The right to nurture children
- Provider humility
- Risk appropriate care
- Collaboration, not competition
- Partnerships!

Reproductive Justice forum May 14: Panel and open discussion focuses on access to safe, comprehensive healthcare and resources

KITSAP PUBLIC HEALTH DISTRICT

OLYMPIC COLLEGE

ACADEMICS APPLY TO OC

OUR TEAM

ELLIE COLLAZO, LPN

Caylee Coulter, RN

Lukas Harlow, RN

Jessica Walker, RN

Badriya Mohammad, RN

OC Faculty Advisor

Linda Greene, MSN, RN

KPHD Liaison

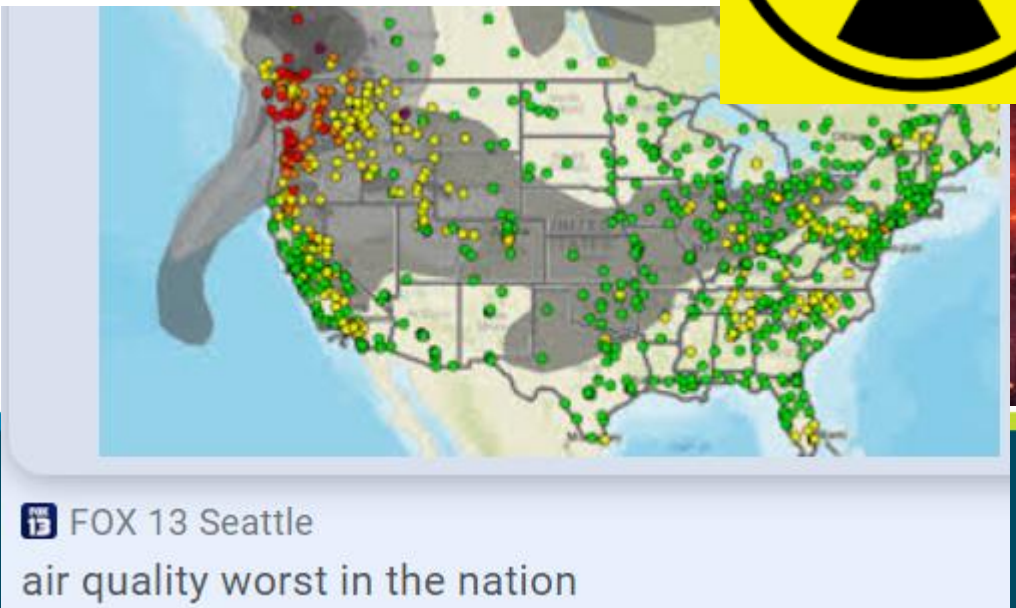
Adrienne Hampton, MPA

KITSAP PUBLIC HEALTH DISTRICT

Preparedness Update

- H5N1 Bird Flu
- Pertussis/ Whooping Cough
- Dengue Fever
- Climate Change
- Heat & Smoke
- Radiation disaster

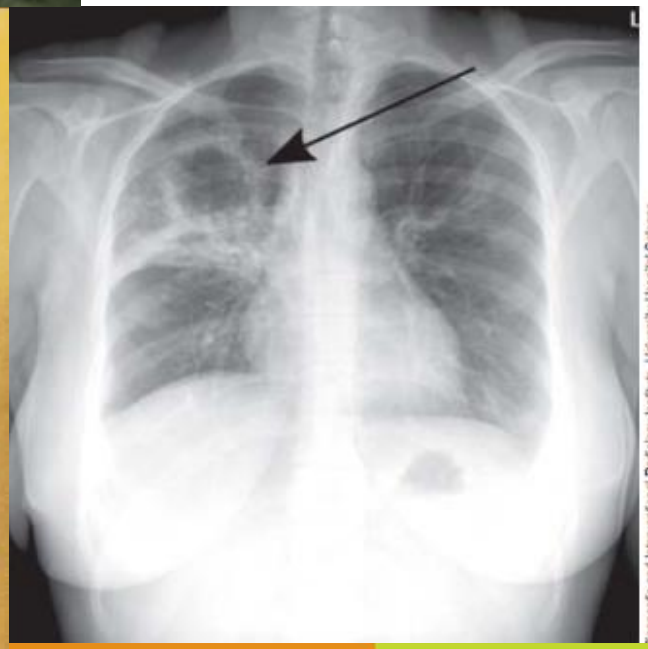
Alpacas infected with H5N1 avian flu in Idaho



KITSAP PUBLIC HEALTH DISTRICT

Tuberculosis – “consumption” still with us

- 6 Active current cases known
- 6–18-month treatment courses
- Multi-drug resistance
- Public Health Challenge



- Advisories
- Hospital Meetings
- “TB on the Radar”
- Optimize mgmt. in Kitsap County

Thanks to all KPHD staff and volunteers!

Resources

- Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Pride Month
- Reproductive Rights, Reproductive Justice: Redefining Challenges to Create Optimal Health for All Women
- Why the New Human Case of Bird Flu Is So Alarming
- Ready or Not 2024: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism
- National Weather Service Central Region Climate Outlook
- Naval Nuclear Propulsion Program
- Captain of Death: The Story of Tuberculosis
- CDC Legal Fellow Maite Garcia Presentation
- About Dengue
- Doc

Kitsap Maternal Health Challenges and Opportunities

Maite Garcia
Public Health Law Fellow – CDC/CLS
June 4, 2024

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Roadmap

Kitsap Community Health Assessment

Medicaid and Medicare Reimbursement Rates

Doulas, Midwives, and Community Health Workers

Kitsap County - Community Health Assessment

Availability of OB/GYN care

Kitsap has 47% fewer OB/GYN providers (obstetricians and gynecologists) per 100,000 residents than Washington as a whole.

Prenatal care access

From 2018 to 2019, there was a decrease in the proportion of Kitsap residents who had adequate prenatal care during pregnancy. The rate did not improve from 2019 to 2021.

About half (52%) of Kitsap residents who gave birth in 2021 received adequate prenatal care based on the Adequacy of Prenatal Care Utilization Scale. This was lower than the statewide percentage (70%).

Lactation support

In a 2022 community survey, more than half of respondents (54%) who were pregnant or had recently been pregnant said there was a time in the last two years when they needed lactation (breastfeeding or chestfeeding) support and could not get it.

Reasons cited for not being able to access support included:

- **44%** Not being able to afford a copay or deductible
- **31%** A provider not taking their insurance
- **24%** Not having any way to get services
- **23%** Not being able to find services

Kitsap County - Community Health Assessment

AVAILABILITY OF OB/GYN CARE

In 2021, Kitsap had 8 OB/GYN providers per 100,000 population. This rate was decreasing.

In 2021, Washington as a whole had 15 OB/GYN providers per 100,000 population. This rate was increasing.

ACCESS TO PRENATAL CARE

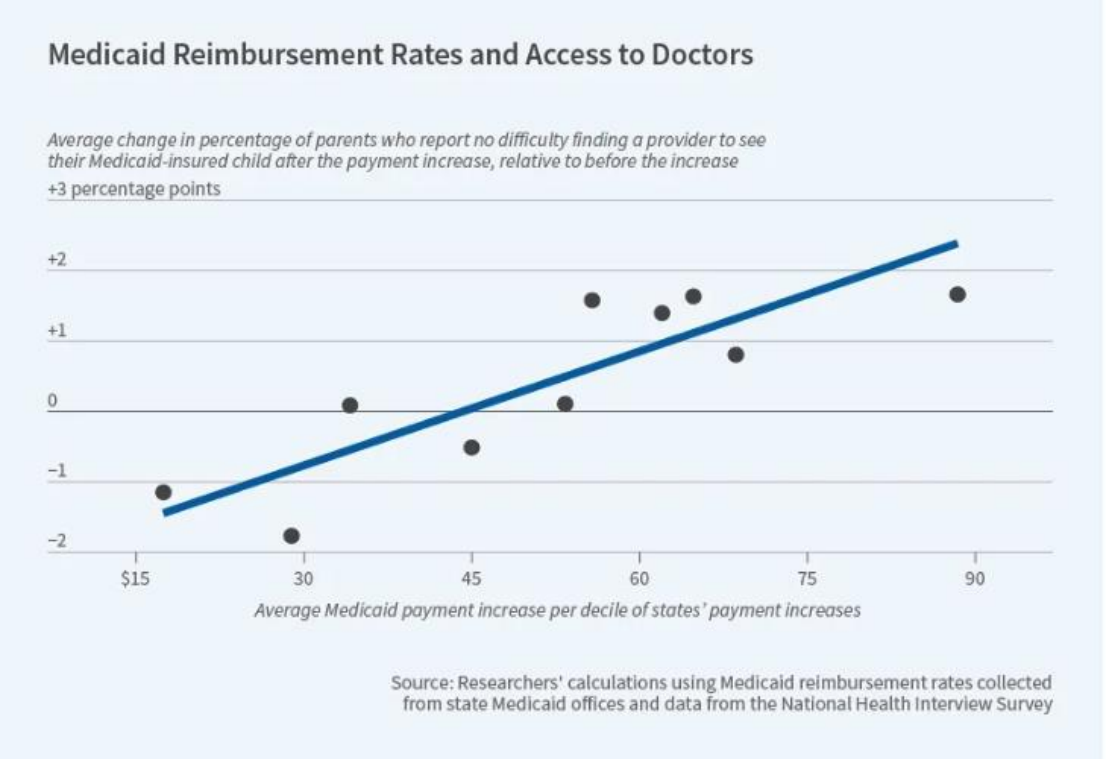
one out of two Kitsap residents (52%) who gave birth in 2021 received adequate prenatal care.

more than two out of three Washington residents (70%) who gave birth in 2021 received adequate prenatal care.

How can we work together to develop innovative community-driven solutions that can address the disparities seen in Kitsap County?

Medicaid Reimbursement Rates and Access to Care

- Rates are determined by each individual state and its policies
- Each $10 increase in Medicaid reimbursement per visit = 0.3 % point increase in the probability that a Medicaid recipient reported a doctor visit in the past two weeks.



McKnight, R. (2019, January 10). Increased Medicaid reimbursement rates expand access to care. NBER. https://www.nber.org/bh-20193/increased-medicaid-reimbursement-rates-expand-access-care

Medicaid Reimbursement Rates on Maternal Care

- The fee increase is a small but significant improvement in prenatal care utilization among non-Hispanic Black women and non-Hispanic White women
- Higher reimbursement rates might have benefitted women w/ more access to primary care → leading to more referrals to maternal care and awareness of importance of prenatal care
- Highlights Medicaid reimbursement rates can improve access to care and reduce income/racial disparities

Li, Jing, et al. “Effect of the Medicaid primary care rate increase on prenatal care utilization among Medicaid-insured women.” *Maternal and Child Health Journal*, vol. 23, no. 11, 25 June 2019, pp. 1564–1572, https://doi.org/10.1007/s10995-019-02804-6.

Medicaid Reimbursement Rates – State Comparative Analysis

State	Codes: 59400	
	Code Description: provider and nonphysician healthcare providers in the practice provide all of the antepartum care, admission to the hospital for delivery, labor management, including induction of labor, fetal monitoring, use of low forceps and episiotomy, vaginal delivery of the fetus and placenta, and inpatient and outpatient postpartum care	
MEDICAID	MEDICAID	MEDICARE
Washington	$2,031.94	$2578.18 (King), $2366.80 (all other counties)
California	$2,091.21	$2338.90-$2731.01
Texas	no global package	$2290-68-$2546.43
Florida	$1,816	$2495.61 -$2914.12
Oregon	$1,500	$2388.89, $2259.27
Vermont	$1,912.40	$2,223.43
Massachusetts	$2,176.78	$2572.23, $2394.32
New York	$2,238.52	$2257.73-$2942.30

Medicare Reimbursement Rates

- Medicare reimbursement rates are consistent nationally, differing by GPCI (Geographic Practice Cost Index)
- There have been cuts in physician reimbursement amidst growing national healthcare expenditures

Medicare PFS Payment Rates Formula

Figure 1: Arithmetic graphic of components added and multiplied together to make up the PFS payment rate

AMA AMERICAN MEDICAL ASSOCIATION

History of Medicare Conversion Factors

Year	Conversion Factor	% Change	Primary Care Conversion Factor	% Change	Surgical Conversion Factor	% Change	Other Nonsurgical Conversion Factor	% Change
1992	$31.0010		N/A		N/A		N/A	
1993	N/A				$31.9620		$31.2490	
1994	N/A		$33.7180		$35.1580	10.0	$32.9050	5.3
1995	N/A		$36.3820	7.9	$39.4470	12.2	$34.6160	5.2
1996	N/A		$35.4173	-2.7	$40.7986	3.4	$34.6293	0.0
1997	N/A		$35.7671	1.0	$40.9603	0.4	$33.8454	-2.3
1998	$36.6873							
1999	$34.7315	-5.3						
2000	$36.6137	5.4						
2001	$38.2581	4.5						
2002	$36.1992	-5.4						
2003	$36.7856	1.6						
2004	$37.3374	1.5						
2005	$37.8975	1.5						
2006	$37.8975	0.0						
2007	$37.8975	0.0						
2008	$38.0870	0.5						
2009	$36.0666	-5.3						
1/1/10-5/31/10	$36.0791	0.03						
6/1/10-12/31/10	$36.8729	2.2						
2011	$33.9764	-7.9						
2012	$34.0376	0.18						
2013	$34.0230	-0.04						
2014	$35.8228	5.3						
1/1/15-6/30/15	$35.7547	-0.19						
7/1/15-12/31/15	$35.9335	0.50						
2016	$35.8043	-0.36						
2017	$35.8887	0.24						
2018	$35.9996	0.31						
2019	$36.0391	0.11						
2020	$36.0896	0.14						
2021	$34.8931	-3.3						
2022	$34.6062	-0.80						
2023	$33.8872	-2						
2024	$32.7442	-3.37						

Initially, the Medicare Physician Payment Schedule included distinct conversion factors for various categories of services. In 1998, a single conversion factor was implemented. The reduction in the 1999 conversion factor was offset by elimination of the work adjustor from the first Five-Year Review and increases in the practice expense and PLI RVUs. The reduction in the 2009 conversion factor was offset by elimination of the work adjustor from the third Five-Year Review. The reduction in the 2011 conversion factor was offset by increases to the practice expense and PLI RVUs resulting from the rescaling of those RVU pools to match the revised MEI weights. The 2014 conversion factor update included a budget-neutrality increase to offset decreases to the practice expense and PLI RVUs, which resulted from the rescaling of the RVU pools to match the revised MEI weights. For a number of years, the conversion factor was minimally changed to reflect budget neutrality. In 2021, the budget neutrality reduction was more significant to reflect the increases in valuation of the Evaluation & Management (E/M) office visit codes. The reduction seen in 2023 is largely a result of the expiration of a 3% increase by Congress to the conversion factor at the end of calendar year 2022 and approximately 1.6 percent decrease due to budget neutrality requirements from further E/M changes including hospital visits, emergency department visits, home visits and nursing facility visits. In response to concerted advocacy by organized medicine, the Consolidated Appropriations Act of 2023 reduced an anticipated 4.5% cut to Medicare physician payment by increasing the 2023 conversion factor by 2.5% therefore reducing the cut to 2%.

Doulas – Who are they?

- Doulas: Nonclinical birth workers who are trained to provide physical, emotional, and informational support to pregnant people in the prenatal, birth, and postpartum periods.

- Community Doulas: Nonclinical birth workers who provide culturally sensitive pregnancy and childbirth education, early linkage to health care, and other services such as labor coaching, breastfeeding support, and parenting education.

Doulas – Key Benefits

- Doulas reduce cesareans by anywhere from 28%-56% for full-term births
- Lower rates of instrument vaginal deliveries
- Shorter labor, earlier breastfeeding initiation, and better mother-baby bonding
- Infants have a higher health screening score (APGAR) at birtth
- Lower rates of premature delivery
- Play an important role in mental health and emotional well-being: decreased rates of depression, anxiety, and suicide

Doulas: Washington Policies

- March 2022 (HB 1881): created state-certified birth doulas as a new health profession
- 2023, UnitedHealthcare (Medicaid managed care plan), offers doula services

Doulas – Policies in Washington

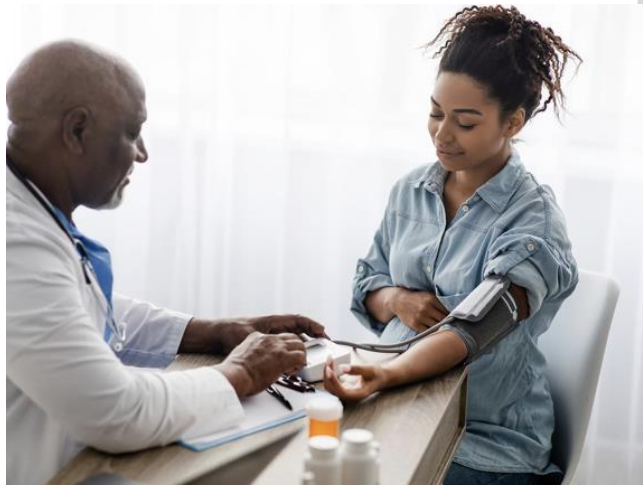
- Starting July 2024, Medicaid reimbursement rates for professional maternity services (maternity/OB codes listed in Physician Fee Schedule) will be increased to the Medicare level
- Reimbursement rate is set up to $3500 (FFS model) for state-certified doulas providing services to pregnant people enrolled in Medicaid (pregnancy visits, labor support, postpartum visits)

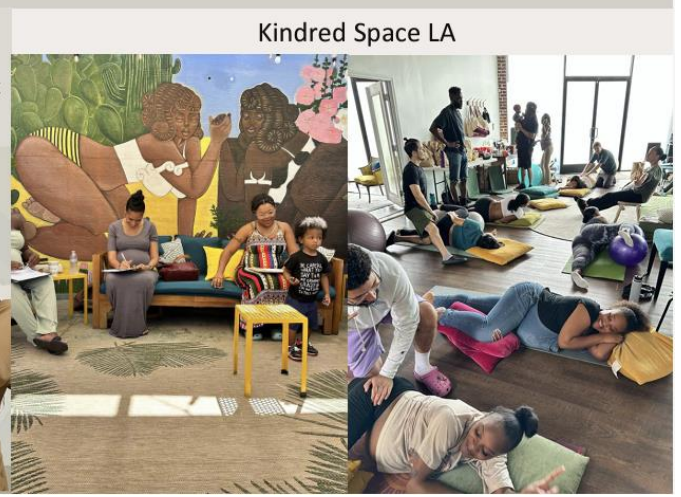
	Start date	Rate increase	Type of state directed payment	Budget section reference
ABA	January 2024	15%-20%	MCOs to pay no less than the FFS fee schedule	Sec 211(49)
Lower-level BH (non-BHA)	January 2024	7%	MCOs to pay no less than the FFS fee schedule	Sec 211(51)
Developmental Screening	January 2024	100%	MCOs to pay no less than the FFS fee schedule	NA[3]
Home and Birthing Center	January 2024	$2,500 for Birthing Center Facility Fee, $500 for kit	MCOs to pay no less than the FFS fee schedule	Sec 211(77)
Kidney Dialysis	January 2024	30%	MCOs to pay no less than the FFS fee schedule	Sec 211(80)
Pediatric Palliative Care	January 2024	Average 158%	MCOs to pay no less than the FFS fee schedule	Sec 211(57)
Newborn screening fee	January 2024	$15.73 increase	MCOs to pay no less than the FFS fee schedule	NA[4]
MCO BH (BHA-Non-Hospital)	January 2024	15%	MCOs to increase rates by 15%	Sec 215(44)

Doulas – Los Angeles Innovative Evidence-Based Models – Brandi Dejolais at CDU

Black Maternal Health Center of Excellence

- Guaranteed Basic Income
- Maternity Homes
- Group Prenatal Care
- Pregnancy Medical Homes





Maternal Health Disparities: The Women Behind the Data. A Webinar Series (Webinar 2). Nationalacademies.org. (2024, May 17). https://www.nationalacademies.org/event/42687_05-2024_maternal-health-disparities-the-women-behind-the-data-a-webinar-series-webinar-2?status=attended&session=2215221&eventID=170770&ID=38203522#webcast

Midwives – Who are they?

- Trained healthcare professional who provide care during the prenatal, birth, and postpartum periods. Midwives may be trained to practice in birthing centers or home births without the presence of physicians or in hospitals alongside physicians. There are several pathways to the midwifery profession, including certified nurse-midwives (CNMs), certified midwives (CMs), certified professional midwives (CPMs), and traditional midwives.

Midwives – Key Benefits

- Decreased risk of needing a cesarean
- Reduced rates of labor induction and augmentation
- Reduced use of regional anesthesia
- Decreased infant mortality rates
- Decreased risk of preterm birth
- Decreased third and fourth-degree perineal tears
- Lower costs for both clients and insurers
- Increased chances of having a positive start to breastfeeding
- Increased satisfaction with the quality of care

Midwives – Funding and Reimbursement (Washington)

- Medicaid covers births in all settings (hospital, birth center, and home) and with all licensed providers
- WA state law limits access to birth centers, based on medical criteria “low –risk” are candidates for delivery at birth enters
- Starting June 6th, licensed midwives can offer prescription authority for common prenatal and postpartum conditions (WSR 24-05-052)

Midwives: Training, Locations and Limitations (Washinton)

- Only 19 Medicaid-approved birth centers; 28 out of 39 counties in WA do not have Medicaid-approved birthing center (in Kitsap: True North Birth Center)
- Education for certification:
  - CNM: graduate degree, bachelor's degree, RN license, clinical skills
  - CM: graduate degree, bachelor's degree, completion of science/health courses and related health skills training or w/in midwifery education program, clinical skills
  - CPM: competency-based, high school diploma, prerequisite courses (vary w/ program)
- Limitations:
  - Inadequate Medicaid reimbursement for birth centers
  - Contracting with Medicaid managed care organizations (MCOs)
  - Lengthy Medicaid application processing times.

Community Health Workers- Who are they?

- Community Health Workers (CHWs) are recognized as trusted, front-line public health workers who provide and advocate for culturally informed care, carry out health education, and promote health in their communities. CHWs can help states advance health equity and provide higher quality care to residents

Community Health Workers (CHWs) – Key Findings

- Increased likelihood of obtaining primary care, increased mental health outcomes, and reduced likelihood of multiple 30-day readmissions from 40% to 15.2%
- Patients with chronic diseases: improvements in mental health, increased support for disease self-management, and lower hospitalizations
- Cancer control, diabetes management, asthma knowledge, promote quality care for women/newborns

CHW – Funding Mechanisms (Washington)

- Medicaid reimbursement strategies: FQHCs, MSS program (reimburses covered services for the Maternity Support Services Medicaid State Plan), WA Health Homes
- MCOs: pay for CHWs through admin costs employed by MCO or contracted CBO
- Section 1115 waiver: CHW assist incarcerated persons by offering screening, navigation, referral; health-related social service needs used to pay CHWs services for managed care and Medicaid w/o managed care plan populations through regional community hubs and a native hub

CHWs – Training and Certification (Washington)

- Washington DOH offers a 10-week training course for CHWs at no cost
- DOH has convened a Community Health Worker Leadership Committee to support the implementation of recommendations to improve CHW training and strengthen the CHW workforce

Georgia – Atlanta and Albany

Perinatal Patient Navigators

- Maternal Health Focused-CHW
- Community-based Doula training
- Patient Navigation training
- Peer-lactation training

What do they do?

- Access to EHR
- Coordinate care: assess and offer social support
- Link people with organizations
- Health/birth education
- Empower women

Maternal Health Disparities: The Women Behind the Data. A Webinar Series (Webinar 2), Nationalacademies.org. (2024, May 17). https://www.nationalacademies.org/event/42687_05-2024_maternal-health-disparities-the-women-behind-the-data-a-webinar-series-webinar-2?status=attended&session=2215221&eventID=170770&ID=38203522#webcast

Possible recommendations to address the disparities seen in Kitsap County?

1. Increase system efforts to better integrate doulas, midwives, and CHWs into healthcare structures (ie. Integrating navy obstetricians with SMMC OB hospitalists, OB backing for midwives and family doc deliveries, Doula-FP-midwives-OB partnerships, community referrals)
2. Kitsap to collect data on the use, efficiency, progress, and outcomes of doulas and midwives (ie. asset mapping)
3. Improve efforts to increase community-level (doulas, midwives, CHW) representation of stakeholders in decision-making processes and provider recruitment (ie. Open Arms community-based doula model)
4. Amplify the expertise of folks on the ground, in clients' homes, etc.
5. Offering risk appropriate care
6. Increase the transparency of Medicaid and Medicare reimbursement

Exploring the Viability of a Public Hospital District in Kitsap County—
A Possibility for Community Collaboration

Alliance for Equitable Health
June 4, 2024

The Alliance for Equitable Healthcare

- **Mission:** To work collaboratively to increase access to affordable, comprehensive, and equitable healthcare throughout Kitsap County.

- **Grassroots non-profit organization:** Founded in December, 2021

- **Membership:** Representatives from private and public sectors as well as concerned residents across the county.

2023 Community Health Needs Assessment

St. Michael Medical Center

Priorities and Sub-priorities	Indicators	Scores
Behavioral Health		
Alcohol abuse	Alcohol-related hospitalizations/deaths	81%
Drug-related abuse, especially opioids	Drug/Opioid-related deaths	72%
Depression/suicide ideation in youth	Depression/Suicide Ideation in Youth	70%
Access to Healthcare		
Access to primary care	Primary care physician rate	70%
Health insurance coverage	All age residents without health insurance	68%
Medicaid visits – adults & youth	Adult access to preventive/ambulatory care (Medicaid); Child and adolescent access to primary care (Medicaid)	56%
Pregnancy and Births		
Access to prenatal care	Adequate prenatal care	76%
Low birth weight	Low birth weight	26%
Infant mortality	Infant mortality	26%
Basic Needs		
Food insecurity	Food insecurity (Adult and child)	75%
Poverty	Residents in poverty	68%
	SNAP benefits	68%
Chronic Disease		
Obesity	Overweight or obese (adult and child)	74%
Breast cancer in women	Breast cancer incidence in women	53%
Physical activity and diabetes prevention	Youth physically active/Adults diagnosed with diabetes	46%

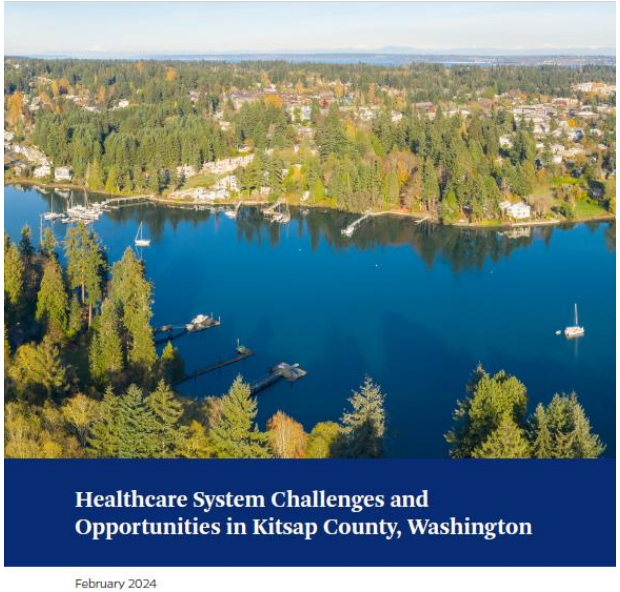
Kitsap County Community Health Assessment

- Report released in December, 2023
- Three priority areas for the next five years identified in January 2024

Healthcare System Challenges and Opportunities in Kitsap County, Washington

Priority Areas: JHU

1. Mental and Behavioral Health
2. Primary Healthcare
3. Health Equity
4. Housing
5. Reproductive Health



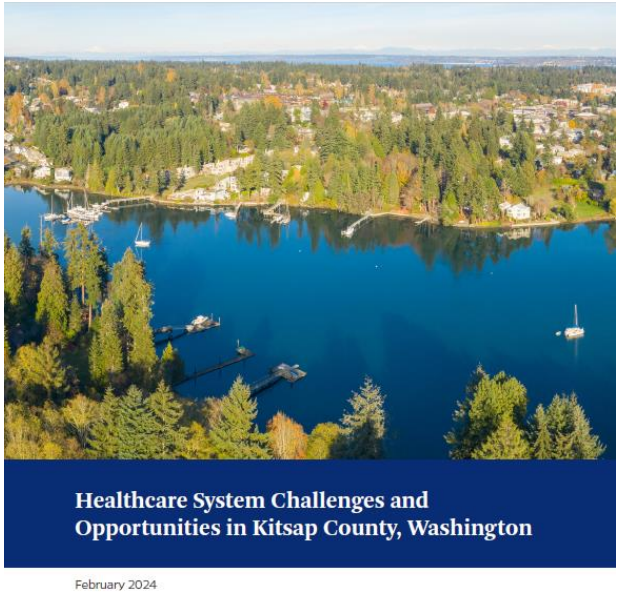
What's Keeping Us from Addressing Critical Gaps?

According to healthcare providers, educators, and other community leaders we've interviewed, two major stumbling blocks are:

1. Lack of sustainable funding
2. Need for countywide collaboration

Healthcare System Challenges and Opportunities in Kitsap County, Washington

"Within the next year, the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and **other relevant stakeholders** should **launch a formal commission to explore the feasibility of forming a public hospital district in Kitsap County**"



Johns Hopkins Bloomberg School of Public Health | Center for Health Security

What is a Public Hospital District?

Definition: Public Hospital Districts are community-created, governmental entities authorized by state law to deliver health services—**including *but not limited to* acute hospital care—to district residents and others in the districts' service areas**.

Valley Medical Center, ,Renton

Why a Public Hospital District?

A Public Hospital District (PHD) can provide direct services, but it can also serve as a mechanism for sustainable funding. Can contract with existing and/or new providers to expand or enhance services to the community.

Valley Medical Center, ,Renton

How is a Public Hospital District formed?

1. PHDs are authorized by Chapter 70.44 of the Revised Code of Washington (RCW).
2. The process of forming a PHD involves community members petitioning for its creation, followed by an election to approve the district's establishment.
3. Once formed, PHDs are governed by publicly elected commissioners who oversee district operations and policies.

Valley Medical Center, ,Renton

How is a Public Hospital District supported?

1. PHDs receive funding through various sources, including property taxes, grants, and revenue generated from hospital services.
2. A countywide PHD in Kitsap at $0.35/$1K assessed value of property would raise >$22 million annually in property tax alone.

Valley Medical Center, ,Renton

Assessment of Viability

- **Feasibility Study:** Assess the district's potential for sustainability and effectiveness.
- **SWOT Analysis (Strengths, Weaknesses, Opportunities) for the District:** Identify internal and external factors that impact the district's operations and success.
- **Stakeholder Engagement Strategies:** Engaging stakeholders, is vital for ensuring transparency, collaboration, and support for the Public Hospital District.

Photo by Amélie Mourichon on Unsplash

Importance of Public Hospital Districts

Public Hospital Districts play a crucial role in promoting health equity, addressing disparities in healthcare access, and ensuring continuity of care for residents. They contribute to the overall well-being and resilience of the community.

Photo by Michael Carruth on Unsplash

Email: Board@AllianceForEquitableHealthcare.org