

Emergency Department Care Coordination (EDCC) Program Enhancements

Maternal Care Coordination

Virginia's maternal mortality rate in 2018 was 15.6 per 100,000 pregnancies. Maternal mortality has risen more than 37% nationally since then, with significant racial disparities.

Lack of care coordination contributes significantly to higher rates of death, especially for women with chronic conditions.

Of all women in Virginia who died after the six-week postpartum period, over 62% had one or more chronic conditions.

Virginia Health Information (VHI), with support from its technology partner, Collective Medical, a PointClickCare company, is pleased to provide enhanced functionality for Maternal Care Coordination to Virginia participants. These enhancements are designed to improve maternal care coordination, especially for high-risk patients, by providing whole person, real-time information across the continuum of care.

The purpose of this new enhancement is to surface risk for mothers and babies using the real-time EDCC information, enhancing the ability for care teams to influence positive outcomes.

Who will use the program enhancements for maternal health?

The EDCC Program surfaces real-time data to care managers, and places insights at the point-of-care, wherever the patient goes. These real-time data and insights help ED providers, delivery coordinators and health plan case managers identify, facilitate and support at-risk patients.

With real-time information, health plan case managers can efficiently enroll member-patients in their maternity care management programs. These programs offer mothers guided, evidence-based resources, supporting all mothers toward better maternal health outcomes.

Real-time Data

- Comprehensive care coordination programs
- ADT real-time alerting and stratified notifications
- Prioritization of high-risk patients, by condition, criteria and/or coverage

History of Risk

Surfaces pregnant women at risk for complications (Substance use disorder/opioid use disorder exposure, Sepsis, other complex conditions)

History of SUD/OD

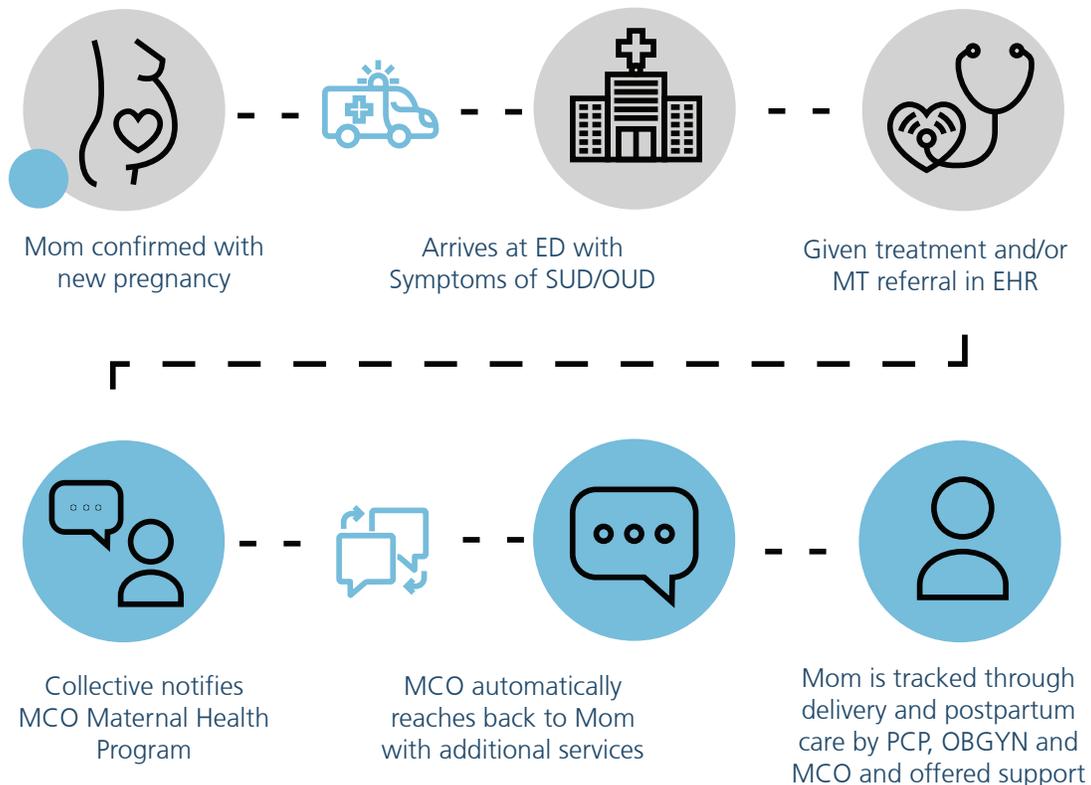
Surfaces infants with substance use disorder/opioid use disorder exposure

The Impact of Early Identification Programs on Maternal Outcomes

Women without prenatal care are seven times more likely to give birth to premature babies, three to four times more likely to have a pregnancy-related death and five times more likely to have infants who die. The average medical cost for a baby born premature on Medicaid is \$43,858, compared to \$1,894 for a healthy baby.

Health plan maternal case management programs can reduce these impacts and achieve a 22% reduction in pre-term births and an average decrease in pregnancy weight gain of seven pounds, outcomes which can reduce claims costs, improve infant cognitive and behavioral health and save lives.

How the Coordinated Approach to Maternal Care Coordination Works



Program enhancements are available to all EDCC program participants.

To learn more about this enhancement, [contact marcus@vhi.org](mailto:marcus@vhi.org)

