

Call to Action to Support Breastfeeding: Opportunities for Insurers

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Organizational Structure

- Oregon Public Health Institute
 - Breastfeeding Coalition of Oregon
 - Evidence-based infant nutrition in hospitals
 - Workplace accommodations
 - Screen Time Access Reduction (STAR)
 - PE for All Kids ((PEAK)
 - Community Planning / Built Environment
 - Oregon Health Insurers Partnering for Prevention (OHIPP)



What motivates insurers?

- Healthy... bottom line
 - Strongly competitive **and** profitable
 - Meet market demands while still making \$
- Healthy... population/capitation of members
 - Attract high # of purchasing groups/members
- Good public reputation



Insurers' Constraints



- Health Care Reform poses significant risk/cost
- Competition is fierce
- Bottom line – have to be profitable
- **Turnover of members** big deterrent to prevention investment
- Low public opinion
 - Seen as part of the problem, despite campaigns and reforms

OHIPP Collaborative

- **Oregon Health Insurers Partnering for Prevention**
- Collective meaningful investment in prevention
 - Prevention is key w HCR and rising costs
 - Investment in prevention is fruitless w turnover
- **By ALL insurers coming together, ALL benefit**
 - Financially benefit from health care savings
 - Public Relations boost by being “agent for good”
- Investment in OPHI to lead OHIPP efforts
 - \$10K-\$25K per plan per year to participate
- 85% private share, 45% public share participation

What does OPHI do for OHIPP (What do they get for investment?)

- We work with each plan:
 - Get to know power-brokers vs decision-makers
 - Constraints & strengths
- Facilitate connections yet guard confidentiality
- Conduct research, draft white papers
 - Evidence-based prevention efforts
 - Return on Investment
- Influence and educate purchasers
 - OEBC (educators), PEBB (public employees), Medicaid
- Partially funded BCO hospital project

Lessons Learned

- Difficult concept for plans to understand at first
- CEO buy-in is key
- Difficult to get right people and funds to the table
 - Attendance: Medical Director vs Community Benefits
 - Funds: Plan vs Community Benefits
- Insurers consumed w HCR concerns and costs
- Risk adverse – internally and externally
- Purchasers dictate standards for coverage

Lessons Learned

- Evidence-based medical literature key...
 - But **business case** even more important
- No one can afford to operate/act individually
 - But **leverage of competition** works
- Publicity is not an effective carrot
 - Must be **part of community** effort, not stand-alone
- Once get it: Investment makes sense and “cents”
- This is an effective model, worthy of continuing and replicating

What has OHIPP done to date?

- Meeting for approx. 2 years
- Presented w 4 health topics, chose BF
 - Early intervention
 - Obesity reduction, disease risk reduction
- Presented w 4 BF projects, chose milk bank
 - **Compelling \$ impact: prevention of NEC**
 - One-time capital campaign
 - Significant community investment (less risk)
- \$125,000 gift to Northwest Mothers Milk Bank



**Collaborative
Success!**

OPHI 2011
Public Health
Genius Award Luncheon

OHIPP members present check to NWMMB

ROI argument for NEC prevention & milk bank investment

- In 2009, 44 cases of NEC = \$15.7 million
- Average \$357,571 per case
- Good evidence indicates 75-85% of cases of NEC prevented w exclusive human milk in NICUs
- Establish milk bank for less \$ than 1 case NEC
- ROI of \$58 for every \$1 spent



Additional Opportunities

**WHAT ELSE CAN HEALTH PLANS DO
TO SUPPORT BREASTFEEDING?**

Comprehensive Coverage Packages

- Influence purchasers
 - Large purchasing groups, like public employees
 - Integrate model policy (ex NBGH) into “off the shelf” packages – up the standard
 - Advocate for Medicaid coverage to align w federal employee benefit package
- Inventory and maximize plan coverage
 - Lactation Consultation first three months
 - Pumps and related supplies
 - Donor milk – receiving and donating

Maternity Care Practice Improvement

- Encourage hospitals adopt Joint Commission Exclusive Breastmilk Feeding Core Measure
- Encourage hospitals to increase # Ten Steps
 - Support BFHI staff education, designation costs
- Pay 4 Performance
 - Reimbursement differential BFHI and non-BFHI



Insurer reaction to P4P for BFHI

- Prefer idea of paying **less** for **non-BFHI**
- Won't do it unless:
 - 100% of the insurers are in the collaborative b/c
 - Communities w 1 hospital, contract w 1 insurer
 - If reimbursement changes for maternity care, hospitals will jump to another plan
 - So 85% is still not good enough
- BUT if a large purchaser demands it, will do it

Patient Education & Support

- Patient education
 - BF support resources list in prenatal packet
 - Joint Commission “Speak Up for BF” campaign
 - Return to work protections – state and federal workplace accommodation laws



Policy & Advocacy Collaboration

- Health plans have paid lobbyists
- Plans could choose a prevention intervention to support
- Send all lobbyists to work on same issue
- Pass new public health policy together –
 - BF hospital standards....
 - PE in schools, soda tax, menu labeling, etc.
- **Has appeal of not costing extra**



Questions?




