

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.

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 28% in four years, from 64% in 2001 to 82% in 2004, while the trend among Rite Care members has been stable at about 24%. (see figure A)

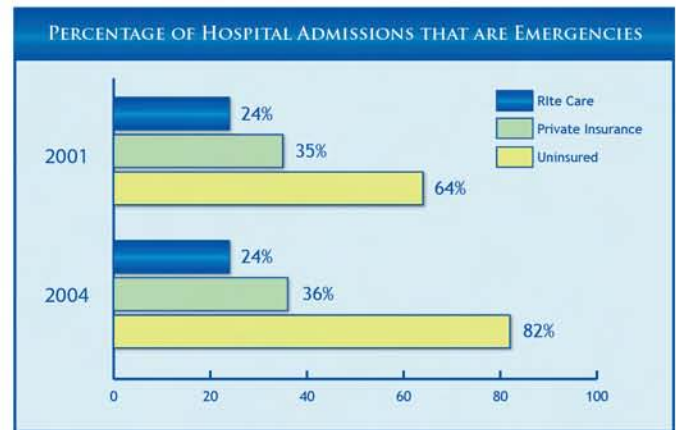


figure A

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

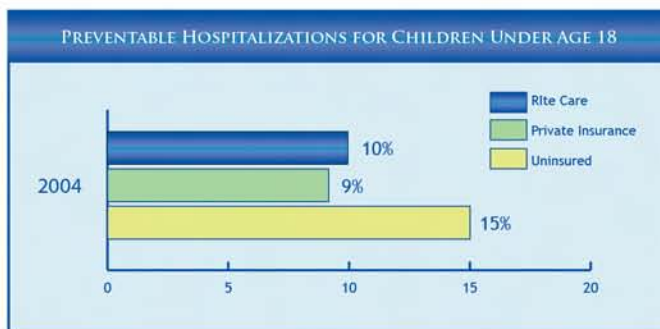


figure B

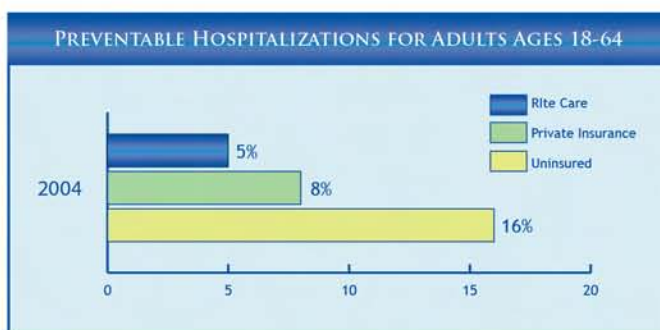


figure C

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, gastroenteritis, hypertension, chronic obstructive pulmonary disease, congestive heart failure, angina, 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 doubled between 2001 and 2004 (from 7% to 15%), while preventable hospitalizations for children enrolled in Rite Care decreased (from 12% to 10%). (see figure B)

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 the uninsured, 16% of all hospitalizations are preventable with routine primary care. Only 5% 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

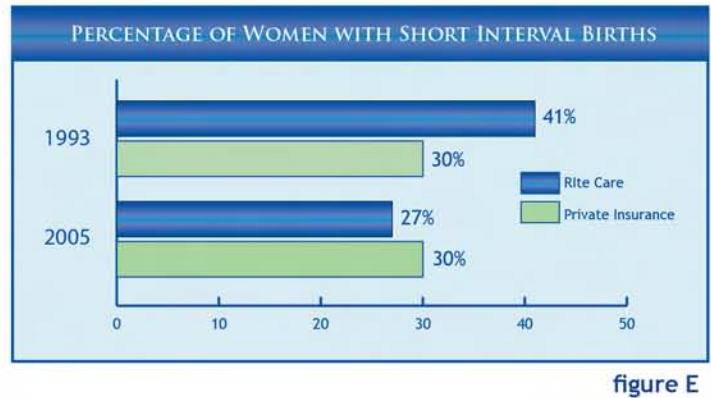
Women who get regular health care before and during pregnancy, who don't smoke while they are pregnant and who have children at least 18 months apart are less likely to have babies with health problems.

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 enrolled in Rite Care 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 by half (from 32% to 16%) between 1993 and 2005. (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 27%) between 1993 and 2005. (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

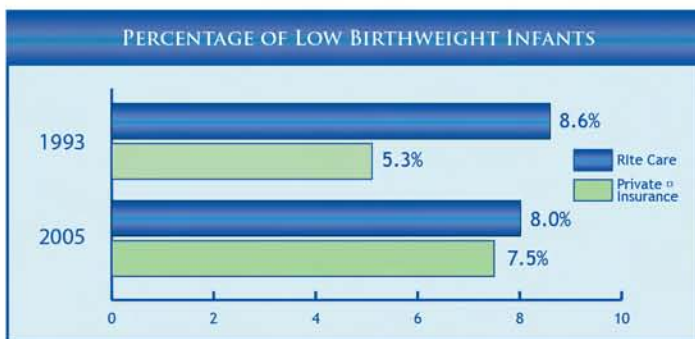


figure G

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 6.0 in 2005. (see figure F)

Rhode Island's infant mortality rate is lower than the U.S. rate. In 2004, Rhode Island's overall infant mortality rate of 5.3 per 1,000 live births was below the U.S. rate of 6.8 deaths per 1,000 live births. Rhode Island ranked 8th best in the U.S. and 3rd best in New England for the overall infant mortality rate in 2004.⁸

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

The low birthweight rate for Rite Care infants of 8.0% is lower than the national rate and has been stable over the past decade, while the percentage of low birthweight infants born to women with private insurance in Rhode Island has increased. The percentage of low birthweight infants (<2,500 grams or 5 pounds, 8 ounces) has been steadily rising in the U.S. At 8.2% in 2005, the U.S. rate is the highest recorded since 1968.¹¹ (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 U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2004). *Trends in the well-being of America's children and youth 2003*. Washington, DC: Government Printing Office.
- ³ U.S. Centers for Disease Control and Prevention. (2007). Births: Final data for 2005. *National Vital Statistics Reports*, 36(16). Atlanta, GA: U.S. Centers for Disease Control and Prevention. This ranking is based on the 37 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. (2007). *Smoking during pregnancy*. Retrieved February 10, 2008 from www.marchofdimes.com
- ⁶ Royce, R. A. Birth spacing-The long and short of it. (2006). *Journal of the American Medical Association*, 295(15), 1837-1838.
- ^{7,9,11} Federal Interagency Forum on Child and Family Statistics. (2007). *America's children: Key national indicators of well-being 2007*. Washington, DC: Government Printing Office.
- ⁸ 2007 KIDS COUNT data book: *State profiles in child well-being*. (2007). Baltimore, MD: The Annie E. Casey Foundation.
- ¹⁰ Shore, R. (2005). *KIDS COUNT indicator brief: Preventing low birth weight*. 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 2007). *Health indicator data book: A comparison of access and quality measures for Rhode Islanders <65 years old by health insurance coverage - trends 1995-2005*. 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.

