



# Reproductive & Child Health Data Report

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January 2020

## Table of Contents

BACKGROUND .....	1
REPRODUCTIVE HEALTH.....	2
CHILD HEALTH.....	6
CONCLUSIONS.....	9
APPENDIX A - REPRODUCTIVE AND CHILD HEALTH METRIC TABLES .....	11

## Background

As part of Washington’s Medicaid Transformation Project (MTP), the North Sound Accountable Community of Health (North Sound ACH) is promoting and enabling four community- and provider-based initiatives to improve health care and health status in the North Sound region: Care Coordination, Care Integration, Care Transformation, and Capacity Building. There are three Reproductive and Child Health Strategies for the North Sound ACH Change Plan:

- Strategy 2.5 - Full Spectrum of Reproductive Health Services
- Strategy 2.6 - Pediatric Practices to Promote Child Health, Well-child Visits, and Childhood Immunizations
- Strategy 3.3 - Integrate Reproductive Health Services in Clinical and Community Settings

The North Sound ACH receives data from the Health Care Authority and the Department of Health and Human Services. This brief summarizes the Reproductive and Child Health data from Quarter 4 2018 Health Washington Pay-for-Performance (P4P) Data. Included in this report are both active and inactive metrics available from the Health Care Authority. A data dictionary of the metrics is available in Table 1 below.

Table 1. Pay-for-Performance Reproductive and Child Health Data Dictionary.

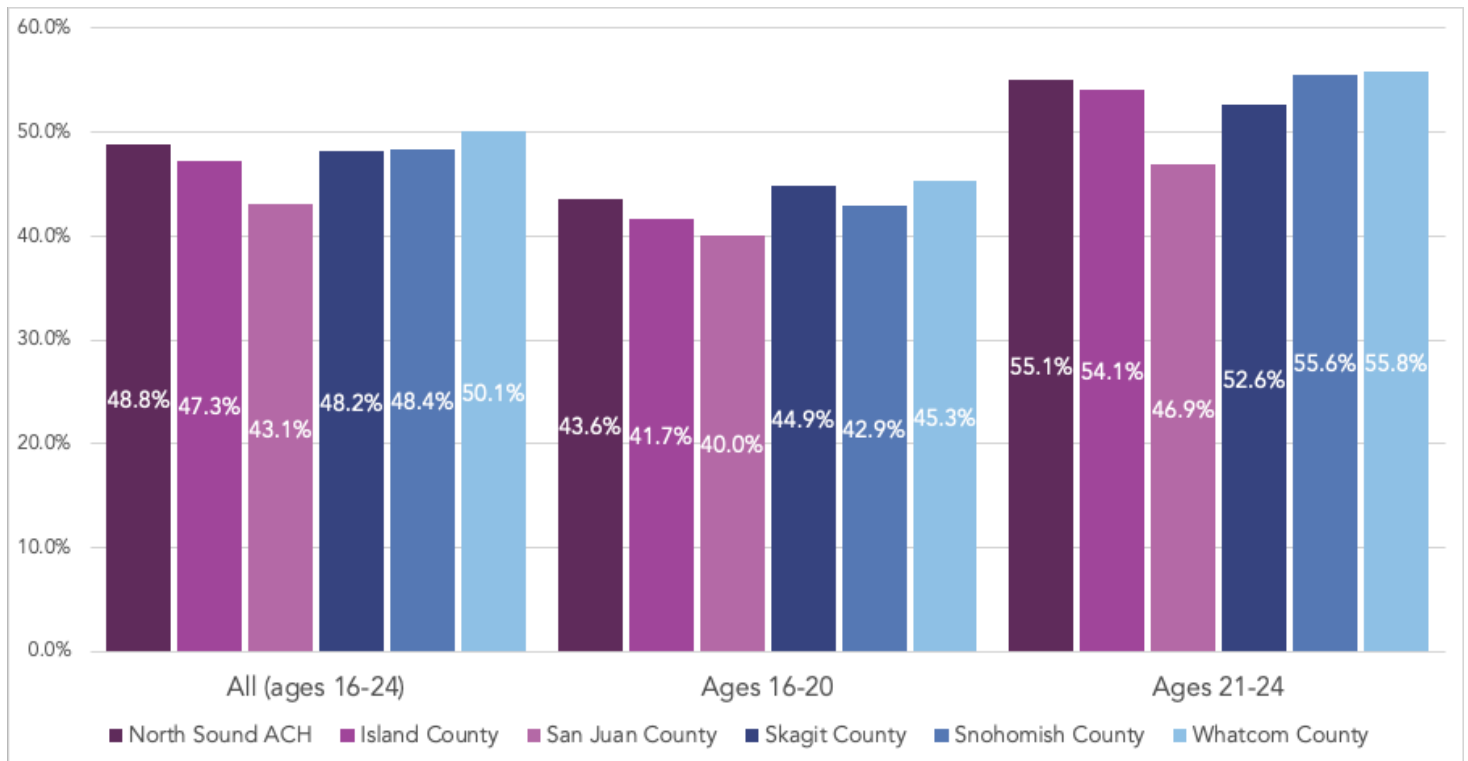
Metric	Description
Child and Adolescent Access to Primary Care Practitioners	The percentage of Medicaid beneficiaries 12 months -19 years of age who had an ambulatory or preventive care visit in the measurement year. This includes, but is not limited to, general medical exams and well child visits.
Chlamydia Screening in Women	The percentage of female Medicaid beneficiaries, 16–24 years of age identified as sexually active and who had at least one test for chlamydia during the measurement year.
Contraceptive Care - Most and Moderately Effective Methods	The percentage of female Medicaid beneficiaries, 15-44 years of age, at risk of unintended pregnancy that are provided a most effective (i.e., sterilization, implants, intrauterine devices or systems [IUD/IUS]) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved method of contraception.
Contraceptive Care - Postpartum	The percentage of female Medicaid beneficiaries, 15-44 years of age, who had a live birth that are provided a most effective (i.e., sterilization, implants, intrauterine devices or systems [IUD/IUS]) or

	moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved method of contraception within 60 days of delivery.
Timelines of Prenatal Care	The percentage of live birth deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment.
Well-child Visits in the First 15 Months of Life	The percentage of Medicaid beneficiaries who turned 15 months old during the measurement year and who had six or more well-child visits during their first 15 months of life.
Well-child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	The percentage of Medicaid beneficiaries, 3-6 years of age, who had one or more well-child visits during the measurement year.

## Reproductive Health

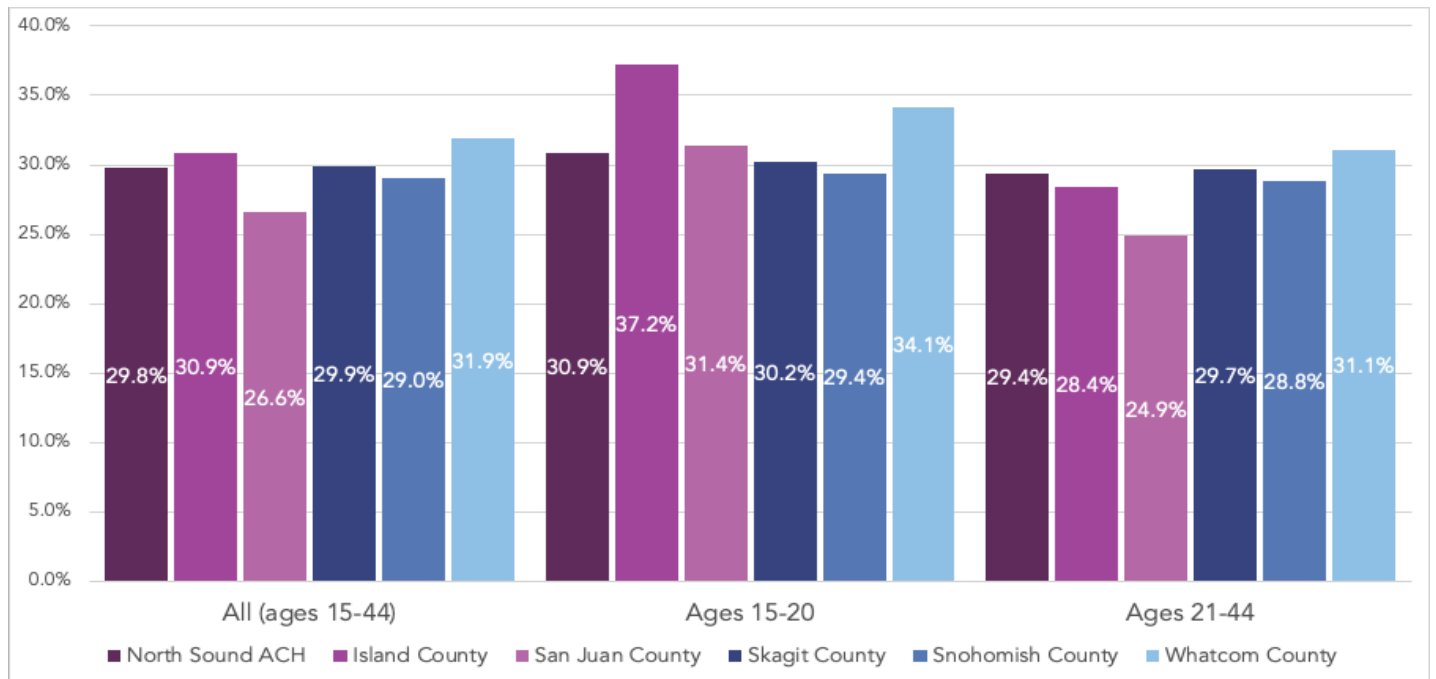
In 2019, the only active pay-for-performance metric for reproductive health was Chlamydia Screening for Women, ages 16 to 26. This metric is further broken into two submetrics, Chlamydia Screening for Women, ages 16 to 20 and Chlamydia Screening for Women, ages 21-24. The Improvement Target for Year 1 for this metric is 52.6%. None of the North Sound counties met this improvement target for the overall metric, ages 16-24, or for the submetric ages 16-20. The submetric ages 21-24 years was met at the regional level (55.1%) as well as in Island County (54.5%), Snohomish County (55.6%), and Whatcom County (55.8%). See Figure 1 below for all metrics by county and at the regional level.

Figure 1. Chlamydia Screening for Women, ages 16-24, Quarter 4 2018 Healthier Washington Pay-for-Performance Metrics, North Sound ACH.



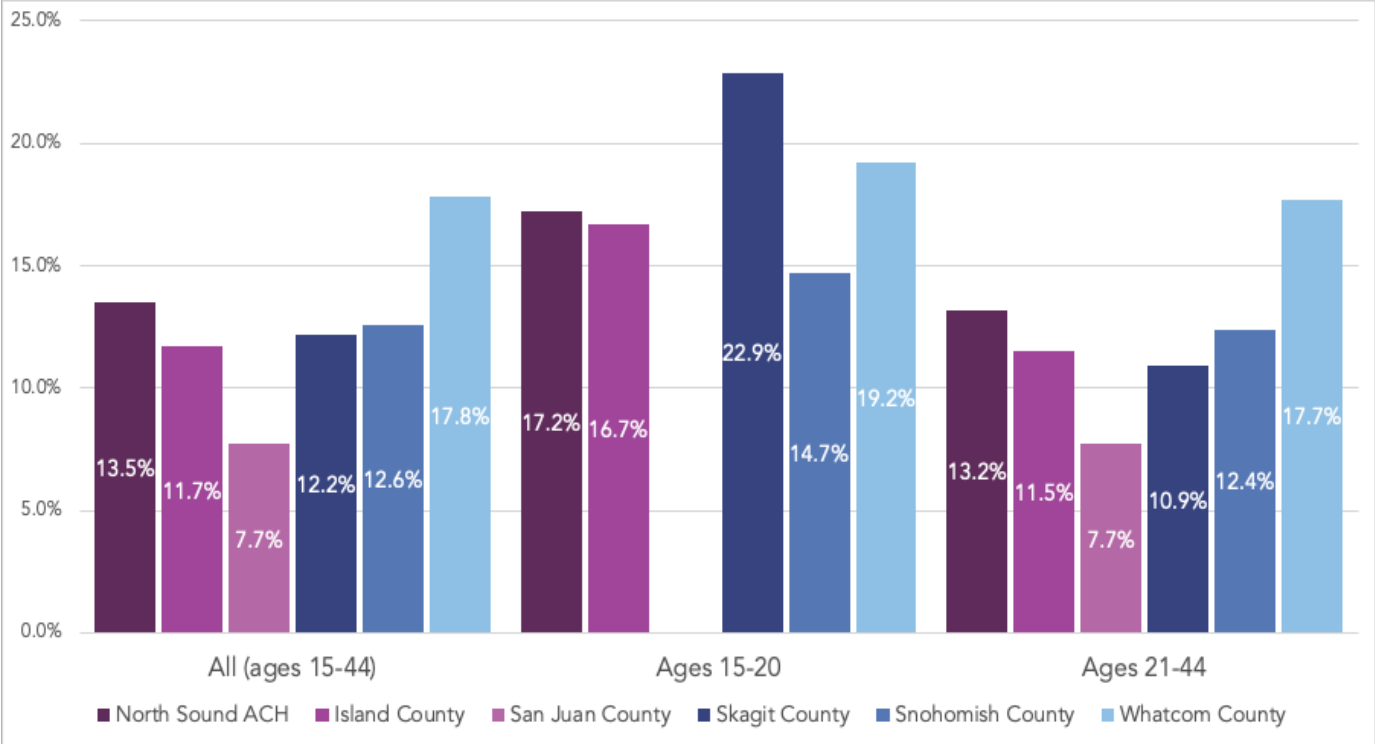
The metric Contraceptive Care - Most and Moderately Effective Methods, ages 15-44 years is broken down into two submetrics, 15-20 years and 21-44 years. Because this metric was not active in 2019, no Improvement Target exists. See Figure 2 below for all metrics by county and at the regional level.

Figure 2. Contraceptive Care - Most and Moderately Effective Methods, ages 15-44, Quarter 4 2018 Healthier Washington Pay-for-Performance Metrics, North Sound ACH.



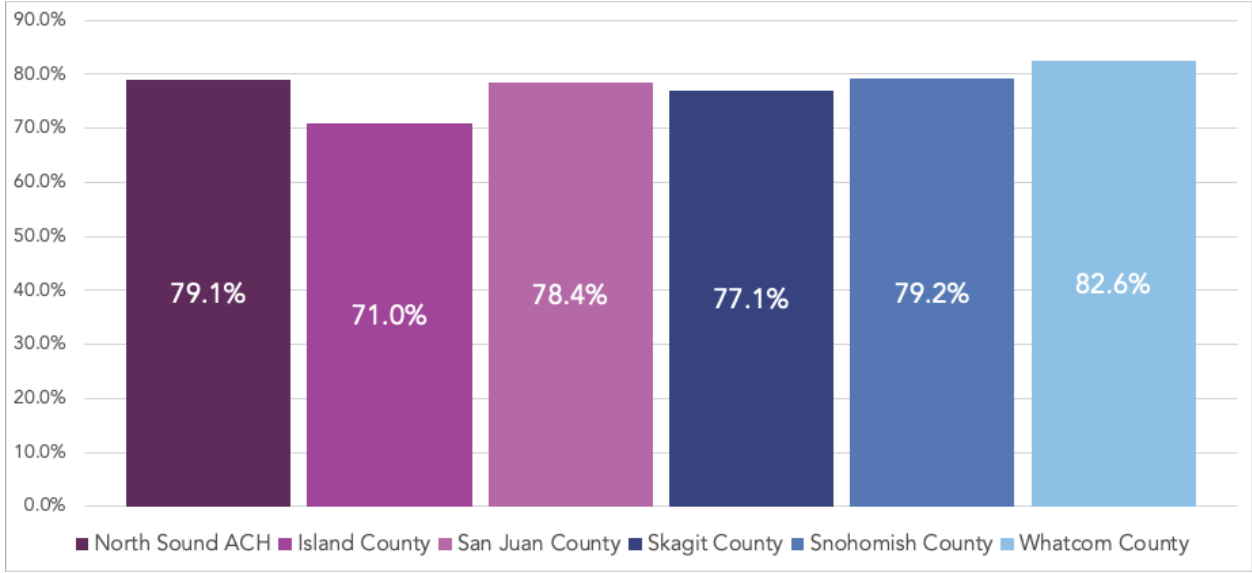
The metric Contraceptive Care - Postpartum, ages 15-44 years is broken down into two submetrics, 15-20 years and 21-44 years. Because this metric was not active in 2019, no Improvement Target exists. See Figure 3 below for all metrics by county and at the regional level.

Figure 3. Contraceptive Care - Postpartum, ages 15-44, Quarter 4 2018 Healthier Washington Pay-for-Performance Metrics, North Sound ACH.



The metric Timeliness of Prenatal Care measures the percentage of live birth deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment. Because this metric was not active in 2019, no Improvement Target exists. See Figure 4 below for all metrics by county and at the regional level.

Figure 4. Timeliness of Prenatal Care, Quarter 4 2018 Healthier Washington Pay-for-Performance Metrics, North Sound ACH.



## Child Health

In 2019, there were five active pay-for-performance metrics for child health:

- Child and Adolescent Access to Primary Care Practitioners, ages 12-24 months
- Child and Adolescent Access to Primary Care Practitioners, ages 2-6 years
- Child and Adolescent Access to Primary Care Practitioners, ages 7-11 years
- Child and Adolescent Access to Primary Care Practitioners, ages 12-19 years
- Well-child Visits, ages 3-6 years.

The only metric to meet the regional Improvement Target was Child and Adolescent Access to Primary Care Practitioners, ages 12-24 months; the Improvement Target was 96.7%. This was met at the regional level (96.9%), as well as in San Juan County (98.6%), Snohomish County (97.3%), and Skagit County (97.2%) For ages 25 months to 6 years the Improvement Target was 89.1%, this was met in Skagit County (89.5%) and Whatcom County (89.3%). For ages 7 to 11 years the Improvement Target was 93.2%, this was met in Snohomish County (93.5%) and Whatcom County (94.5%). Finally, for ages 12 to 19 years, the Improvement Target was 93.1%, this was met in Skagit County (93.2%) and Whatcom County (94.4%). See Figure 5 and 6 below for all metrics by county and at the regional level.



Figure 5. Child and Adolescent Access to Primary Care Practitioners, 12 months to 24 months and 25 months to 6 years, Quarter 4 2018 Healthier Washington Pay-for-Performance Metrics, North Sound ACH.

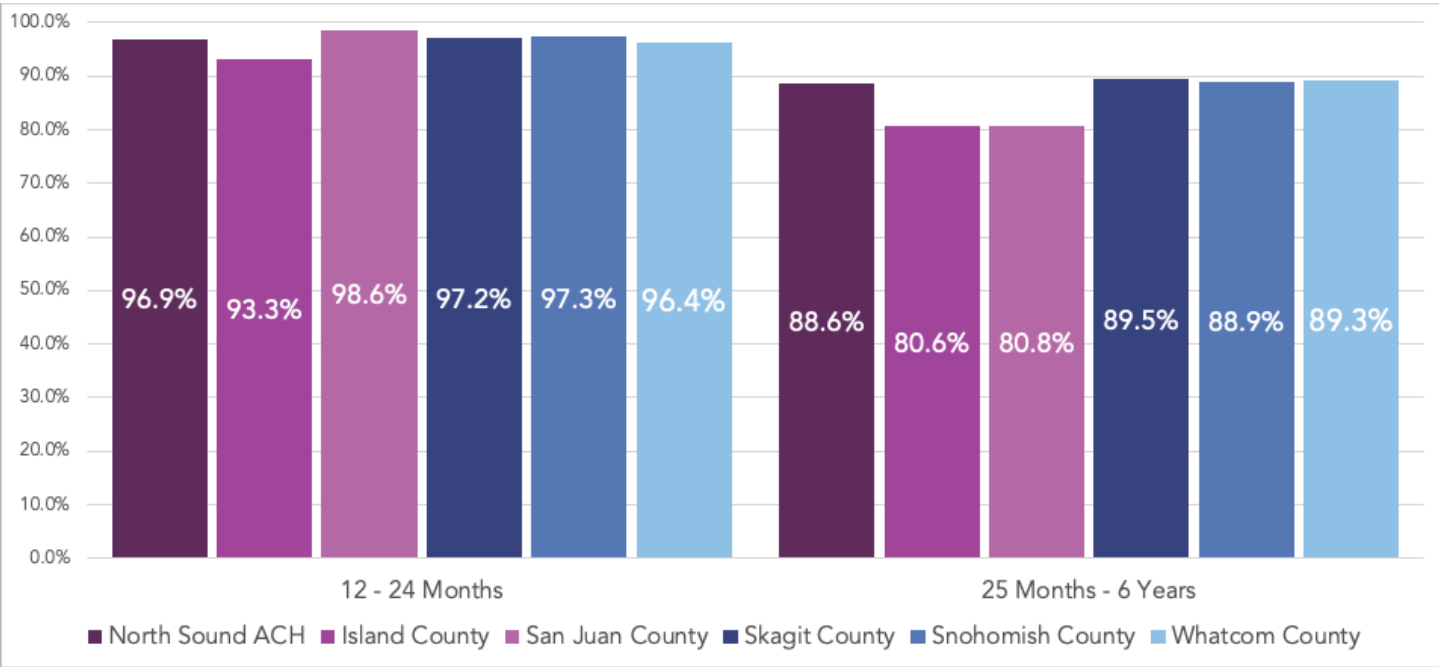
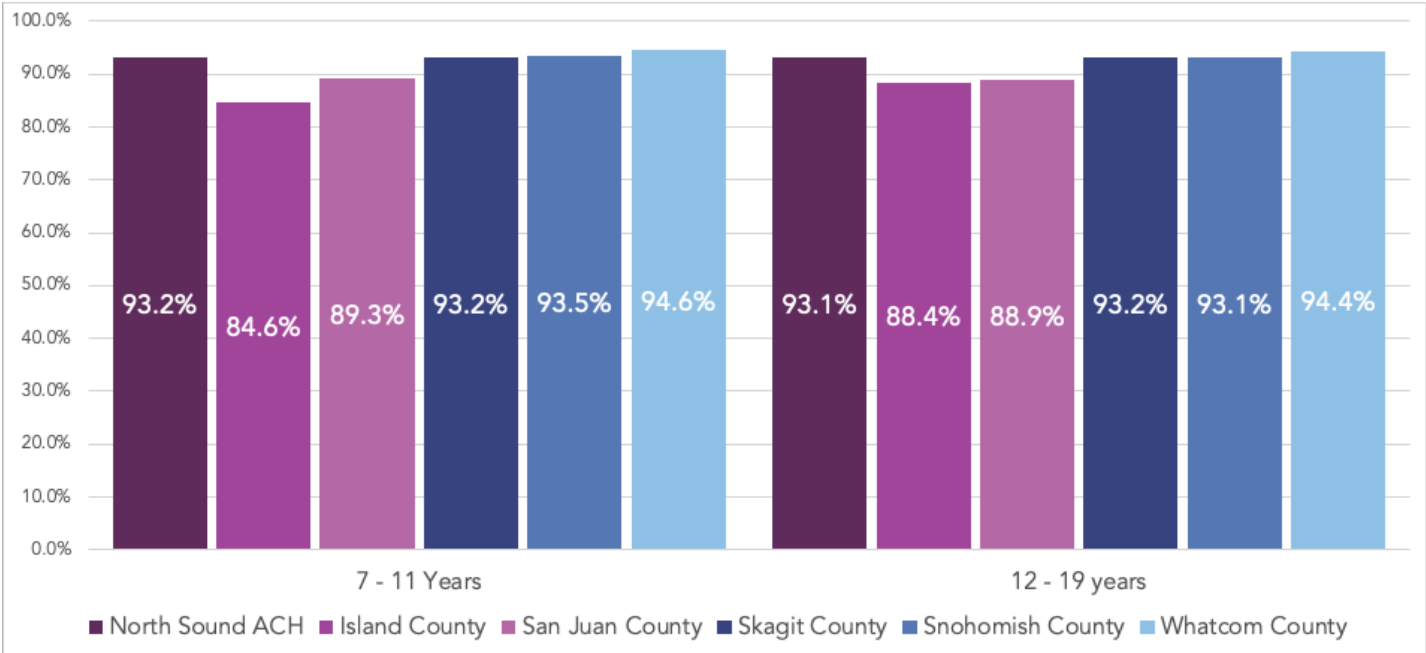
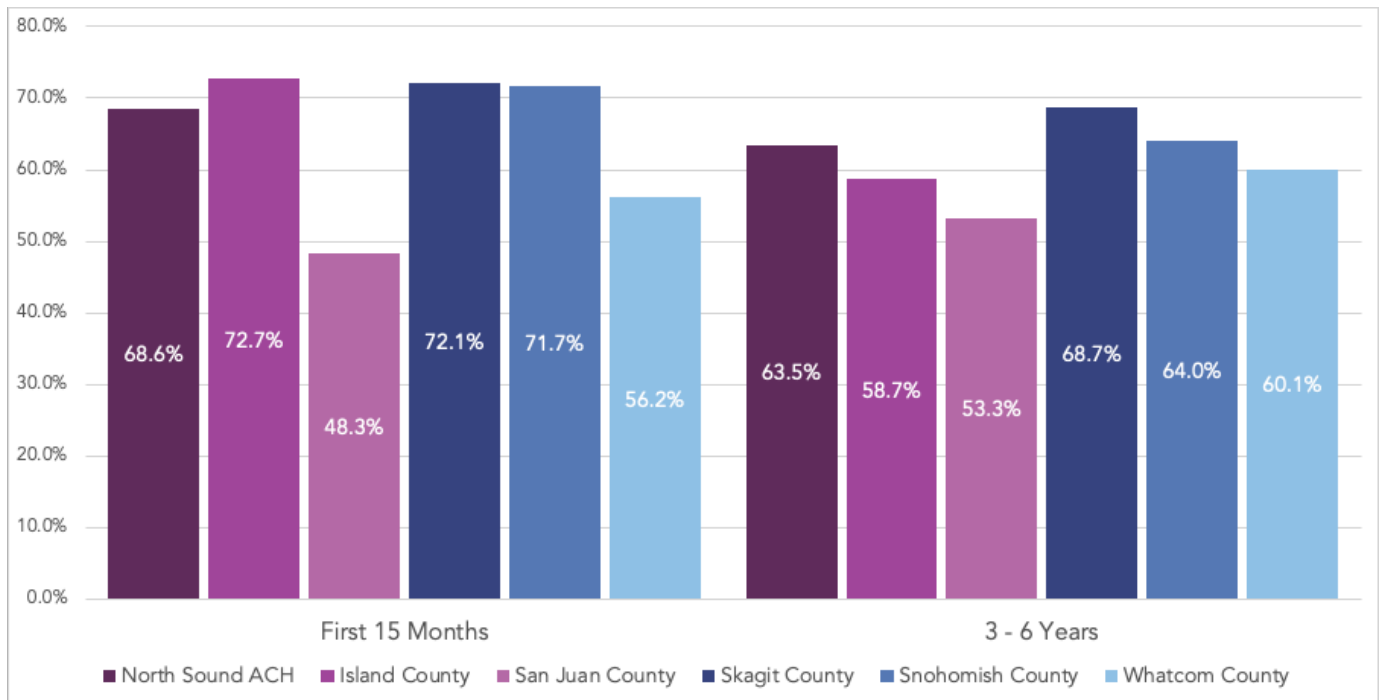


Figure 6. Child and Adolescent Access to Primary Care Practitioners, 7 to 11 years and 12 to 19 years, Quarter 4 2018 Healthier Washington Pay-for-Performance Metrics, North Sound ACH.



Well-child Visits, ages 3-6 years had an Improvement Target of 65.7% for Year 1. This Improvement Target was only met in one county, Skagit County, at 68.7%. Data was available on well-child visits during the first 15 months; however this metric is not yet active and therefore no Improvement Target exists. See Figure 7 below for well-child visits by county and at the regional level.

Figure 7. Well-child Visits, Quarter 4 2018 Healthier Washington Pay-for-Performance Metrics, North Sound ACH.



## Conclusions

The 2018 Quarter 4 data from the Health Care Authority provide information on state of reproductive and child health in the North Sound region (see Appendix A for tables). While Chlamydia Screening for Women was the only active reproductive health metric for 2019, we see that it is a large opportunity for improvement in the region. None of the counties meet the Improvement Target of 52.6% and 302 additional screenings are needed in the region to meet this target. San Juan County performed the poorest for the metric at 43.1%, or 7 additional screenings, and Whatcom County performed the best at 50.1%, or 37 additional screenings.

While the remaining three metrics for reproductive health were not active, and therefore do not have associated Improvement Targets, we can look at the rates to determine areas for growth. For Contraceptive Care - Most and Moderately Effective Methods, we see that San Juan County has the lowest rate at 26.6% and Whatcom County has the highest rate at 31.9%. However, when looking only at those aged 15 to 20, Snohomish County has the largest opportunity for improvement at 29.4% and Island County performs the best at 37.2%. For Contraceptive Care - Postpartum, San Juan County again has the lowest rate at 7.7% and Whatcom County has the highest at 17.8%. When looking at only those ages 15 to 20, Snohomish County performs poorest at 14.7% and Skagit County performs the highest at 22.9% (San Juan County data suppressed). Finally, when looking at Timeliness of Prenatal Care, Island County has the lowest rate at 71.0% and Whatcom County performs the best at 82.6%.

The reproductive data indicate that San Juan County may be an important geography to focus on for reproductive health. The transportation barriers that come with living in a county accessible only by ferry or plane can cause significant issues with Medicaid members accessing reproductive care. It often takes a full day away from work, as well as transportation costs and potential childcare concerns, for individuals to access reproductive care clinics such as Planned Parenthood. Whatcom County often rises to the top of the reproductive health metrics, possibly due to the presence of Mt. Baker Planned Parenthood and Western Washington University.

Overall, the North Sound region is performing very well when it comes to Child and Adolescent Access to Primary Care Practitioners. The submetric ages 12 to 24 months meet its Improvement Target (96.7%) at 96.9%. The only counties that didn't meet this target were Island County and Whatcom County, which needed an additional 11 and four children respectively. The submetric 25 months to 6 years was the poorest performing submetric, with an additional 153 children needed to meet the Improvement Target of 89.1%. This target was met in Skagit and Whatcom County. The largest gap was in Island County (80.6%), with an additional 121 children needed to meet the target. The submetric 7 to 11 years needed an additional 12 children meet the Improvement Target of 93.2%. This target was met in Snohomish and Whatcom County. The largest gap was in Island County (84.6%), with an additional 102 children needed to meet the

target. Finally, the submetric ages 12 to 19 years needed only one additional child to meet the Improvement Target of 93.1%. This target was met in Skagit and Whatcom County. The largest gap was in Island County (88.4%), with an additional 71 children needed to meet the target.

Well-child Visits during the Third, Fourth, Fifth, and Sixth years of life was also an active metric in 2019, however the region performed much more poorly on this region than Child and Adolescent Access to Primary Care Practitioners. In order to meet the Improvement Target of 68.7%, the North Sound would need an additional 520 children. The only county that met this target was Skagit County. Whatcom County needed the most additional lives to meet the target, at 264. San Juan County performed the worst at 53.3%, with an additional 32 lives needed. While Well-child Visits in the First 15 Months was not yet active, we can look at the variation by county. The regional rate was 68.6%, with San Juan County performing the worst at 48.3% and Island County performing the best at 72.7%.

Similar to what we saw for the reproductive health data, San Juan County is struggling to meet child health targets. The isolation of that county is most likely a large contributor to this finding. Skagit County is performing above the other North Sound counties for child health. This indicates that Skagit County has providers that may serve as leaders for serving the Medicaid child population and should be looked at when pursuing future child health related work.

## Appendix A - Reproductive and Child Health Metric Tables

**Table 1. Chlamydia Screening in Women, ages 15-24, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%)	Improvement Target (%)	Gap to Goal (N)
North Sound	48.8	52.6	302
Island County	47.3	52.6	22
San Juan County	43.1	52.6	7
Skagit County	48.2	52.6	50
Snohomish County	48.4	52.6	187
Whatcom County	50.1	52.6	37

**Table 2. Contraceptive Care - Most and Moderately Effective Methods, ages 15-44, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%) Ages 15-44	Rate (%) Ages 15-20	Rate (%) Ages 21-44
North Sound	29.8	30.9	29.4
Island County	30.9	37.2	28.4
San Juan County	26.6	31.4	24.9
Skagit County	29.9	30.2	29.7
Snohomish County	29.0	29.4	28.8
Whatcom County	31.9	34.1	31.1

**Table 3. Contraceptive Care - Postpartum, ages 15-44, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%) Ages 15-44	Rate (%) Ages 15-20	Rate (%) Ages 21-44
North Sound	13.5	17.2	13.2
Island County	11.7	16.7	11.5

San Juan County	7.7	Data Suppressed	7.7
Skagit County	12.2	22.9	10.9
Snohomish County	12.6	14.7	12.4
Whatcom County	17.8	19.2	17.7

**Table 4. Timeliness of Prenatal Care, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%)
North Sound	79.1
Island County	71.0
San Juan County	78.4
Skagit County	77.1
Snohomish County	79.2
Whatcom County	82.6

**Table 5. Child and Adolescent Access to Primary Care Practitioners, ages 12-24 months, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%)	Improvement Target (%)	Gap to Goal (N)
North Sound	96.9	96.7	Improvement Target Met
Island County	93.3	96.7	11
San Juan County	98.6	96.7	Improvement Target Met
Skagit County	97.2	96.7	Improvement Target Met
Snohomish County	97.3	96.7	Improvement Target Met
Whatcom County	96.4	96.7	4

**Table 6. Child and Adolescent Access to Primary Care Practitioners, ages 25 months - 6 years, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%)	Improvement Target (%)	Gap to Goal (N)
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North Sound	88.6	89.1	153
Island County	80.6	89.1	121
San Juan County	80.8	89.1	25
Skagit County	89.5	89.1	Improvement Target Met
Snohomish County	88.9	89.1	35
Whatcom County	89.3	89.1	Improvement Target Met

**Table 7. Child and Adolescent Access to Primary Care Practitioners, 7-11 years, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%)	Improvement Target (%)	Gap to Goal (N)
North Sound	93.2	93.2	12
Island County	84.6	93.2	102
San Juan County	89.3	93.2	13
Skagit County	93.2	93.2	4
Snohomish County	93.5	93.2	Improvement Target Met
Whatcom County	94.6	93.2	Improvement Target Met

**Table 8. Child and Adolescent Access to Primary Care Practitioners, 12-19 years, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%)	Improvement Target (%)	Gap to Goal (N)
North Sound	93.1	93.1	1
Island County	88.4	93.1	71
San Juan County	88.9	93.1	17
Skagit County	93.2	93.1	Improvement Target Met
Snohomish County	93.1	93.1	4
Whatcom County	94.4	93.1	Improvement Target Met

**Table 9. Well-child Visits in the First 15 Months, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%)
North Sound	68.6
Island County	72.7
San Juan County	48.3
Skagit County	72.1
Snohomish County	71.7
Whatcom County	56.2

**Table 10. Well-child Visits in the Third, Fourth, Fifth, and Sixth Years, Quarter 4 2018 P4P, Health Care Authority.**

	Rate (%)	Improvement Target (%)	Gap to Goal (N)
North Sound	63.5	68.7	520
Island County	58.7	68.7	82
San Juan County	53.3	68.7	32
Skagit County	68.7	68.7	Improvement Target Met
Snohomish County	64.0	68.7	244
Whatcom County	60.1	68.7	264