

PREVENTION OF PRE-MATURE AND LOW BIRTH WEIGHT BABIES SAVES LIVES AND MONEY

More than 12.5 percent, of births in the United States are preterm, at less than 37 weeks gestation. This represents a health care cost of more than \$26 Billion annually, according to the Institute of Medicine.

Health care costs in the United States exceed \$26 Billion annually due to preterm infants.

Premature babies are more likely to experience:

- ❖ Low birth weight
- ❖ Breathing problems because of underdeveloped lungs
- ❖ Underdeveloped organs or organ systems

They are also at greater risk for:

- ❖ Infant mortality
- ❖ Life-threatening infections
- ❖ A serious lung condition, known as respiratory distress syndrome
- ❖ Cerebral palsy (CP)
- ❖ Learning and developmental disabilities

In terms of lives, this means each year nearly 500,000 premature infants — one in eight babies — will likely experience significant health challenges that jeopardize their survival and may lead to lifelong chronic health conditions.

While it is impossible to pinpoint all the causes of prematurity, there are several commonly accepted risk factors that when identified early, allow health plans and government agencies to more efficiently direct prenatal care management programs where they will make the biggest impact on improving outcomes and averting costs:

- ❖ **Race** — African American women have the highest risk: 17.8 percent of their babies are born prematurely, compared with 11.5 percent of Caucasian, and 11.9 percent of Hispanic infants.
- ❖ **Socio-economic status** — Poor women are more at risk of a pre-mature birth.
- ❖ **Age** — Mothers-to-be who are under age 16 or over 35 are at greater risk.
- ❖ **Lifestyle** — Poor diet, maternal stress, lack of prenatal care and smoking are significant factors.
- ❖ **Medical History** — Women with a history of pre-term births are at greater risk.



Prevention continued...

FOR EVERY PREMATURE BIRTH PREVENTED, \$41,000 OF HEALTH CARE COSTS WILL BE SAVED

While the potential nationwide monetary savings achieved through an effective prevention program targeting current premature birth trends in the United States alone is staggering, the potential for increased well being of these children is even more significant. Imagine a generation with 10 percent less chronic, birth-associated disease. *BirthWait* may well be such a program. Designed to intercept problematic prenatal scenarios such as mothers engaged in at-risk behaviors, the *BirthWait* program integrates preventive measures at all stages of a pregnancy and administers appropriate community-based and medically accurate solutions.

BirthWait, a maternity care management program of U.S. Preventive Medicine has delivered significant cost savings and improved outcomes among the Medicaid population by targeting health care services to women at risk of a preterm delivery.

The community-based program utilizes Registered Nurse Care Managers (RNCM) living and working in the community, supported by a 24/7 in-bound and out-bound call center to promote the delivery of prenatal care according to evidence-based practice guidelines.

BirthWait Program Goals:

- ❖ Identify and address barriers and other contributing factors to preterm deliveries
- ❖ Offer care coordination to foster care as per national standards and reduce inappropriate utilization of resources

Patient Interventions:

- ❖ Enrollment and comprehensive assessment
- ❖ Care planning in collaboration with providers, the Program member, and the member's family
- ❖ Education on and assistance with the establishment of a medical home, regular office visits and adherence to a prescribed treatment regimen
- ❖ Education on prenatal care and risk-reduction preventive measures
- ❖ Education on and assistance with the management of co-morbid conditions such as asthma, diabetes and hypertension
- ❖ Collaboration and coordination of care for medical needs
- ❖ Collaboration and assistance to access and utilize appropriate community resources
- ❖ Education on intraconception spacing

Physician/Provider Support:

- ❖ Orientation on the process and benefits of the *BirthWait* Program
- ❖ Feedback on patient status, including progress and needs
- ❖ Collaboration between medical providers and community-based organizations
- ∇ Coordination to bridge communication gaps among providers on medical information affecting continuity of care (i.e. ER visit incidence, hospitalizations, RX from various providers)

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RESULTS ACHIEVED

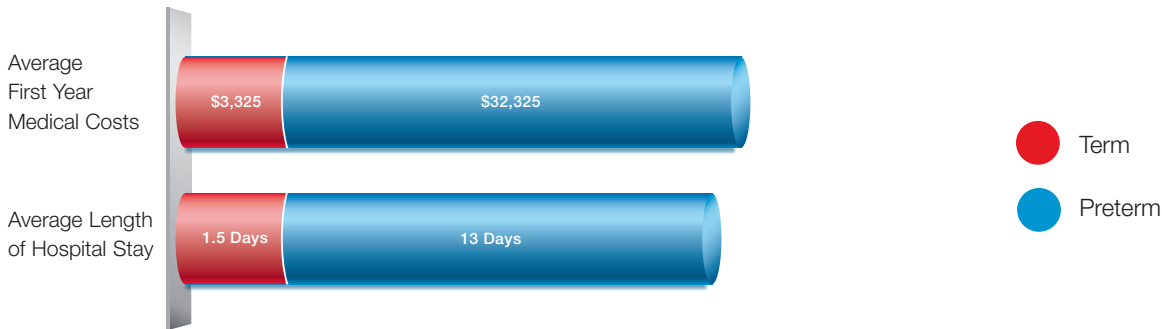
In December 2005, *BirthWait* was instituted in Duval County, Florida for high-risk Medicaid fee-for-service pregnant women who are not enrolled in Healthy Start. For the first calendar year ending December 2006, 378 high-risk pregnant women were enrolled in the program through a contract with the Agency for Health Care Administration. The premature birth rate for this high-risk group was 12.9 percent, compared to a premature birth rate of 14.3 percent among all births in Duval County as reported by the Florida Department of Health, Office of Vital Statistics.

In 2007, of the 235 Duval County high-risk mothers enrolled in *BirthWait*, the premature birth rate was down to 10 percent. *BirthWait* is also being provided to the State of Arkansas Medicaid program through a contract which began in July, 2007.

"We believe Preventive Medicine programs like *BirthWait* are perfect examples of the improved outcomes and significant cost savings that can be achieved through identifying at-risk populations and then engaging them in community-based programs that improve outcomes and utilization through one-on-one interaction," said Fred Goldstein, president and COO of U.S. Preventive Medicine.®

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AVERAGE FIRST YEAR MEDICAL COSTS AND AVERAGE LENGTH OF HOSPITAL STAY [US, 2005]



Preterm is less than 37 completed weeks gestation. Term is ≥ 37 weeks. Medical costs include both inpatient and outpatient care. Source: Institution of Medicine. 2006. Preterm Birth: Causes, Consequences, and Prevention. National Academy Press, Washington, D.C. Published and unpublished analyses. Prepared by the March of Dimes Perinatal Data Center, 2006.

Prevention for Everyone

U.S. Preventive Medicine, Inc., a privately owned company, is building the first power brand in the United States and internationally focused specifically on primary, secondary and tertiary prevention.

The company offers The Prevention Plan™, a suite of proprietary wellness, chronic care management and early disease detection programs and services that improves health outcomes and improves productivity while reducing health care costs.

The Prevention includes innovations such as the Prevention Score™, a tool that tracks prevention efforts and key health indicators throughout the year, and a no-nonsense guarantee that the payor's total health care costs will be reduced.

For more information visit www.ThePreventionPlan.com and www.USPreventiveMedicine.com, or call 866-665-0096.

Sources: Institute of Medicine; March of Dimes; Centers for Disease Control and Prevention; Florida Department of Health, Office of Vital Statistics.



FRED GOLDSTEIN AND THE U.S. PREVENTIVE MEDICINE MISSION

Prevention for Fred Goldstein really does begin at home- he is a long-time healthcare administrator, the son of a physician and the husband of a pediatric nurse. Yet, when he and his wife Laura were faced with coping with two asthmatic little boys it was a real eye-opener to see the health care system as someone trying to get the right treatment and navigate the system instead of someone sitting behind a desk.

As president of U.S. Preventive Medicine, Inc., it's a story he often tells new employees who come to work at the organization. "These aren't statistics or cases we are dealing with everyday," he said. "We are dealing with people...someone's mom or dad, sister or brother, or child. We have demonstrated time and again that we can improve the outcome of people's health with the appropriate measures and that we can produce real, long-term cost savings."

Goldstein brings a relentless passion to the work he sets out to do each morning. He holds a master's degree in healthcare administration from Trinity University and prior to USPM, served for 10 years as founder and president of Specialty Disease Management.

Goldstein also was both vice president and general manager of HealthCare USA, a licensed health insurer headquartered in Jacksonville. At HealthCare USA Goldstein helped grow the company to 29,000 members and approximately \$35 million in annual revenue in 24 months, while simultaneously managing many of the back office operations that supported 85,000 members and a \$100 million revenue run rate during the company's first year of operations in Missouri. HealthCare USA received numerous accolades under Goldstein's guidance, including the prestigious Medicare Choices demonstration project.

When it comes to Goldstein's home front, he and his wife eventually found the right treatment they needed to manage their sons' asthma. He knows many people simply don't have the resources he was able to muster. It's just one more reason he is on a mission.

Fred Goldstein can be reached at 866-665-0096.

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