

Breaking News, November 2018

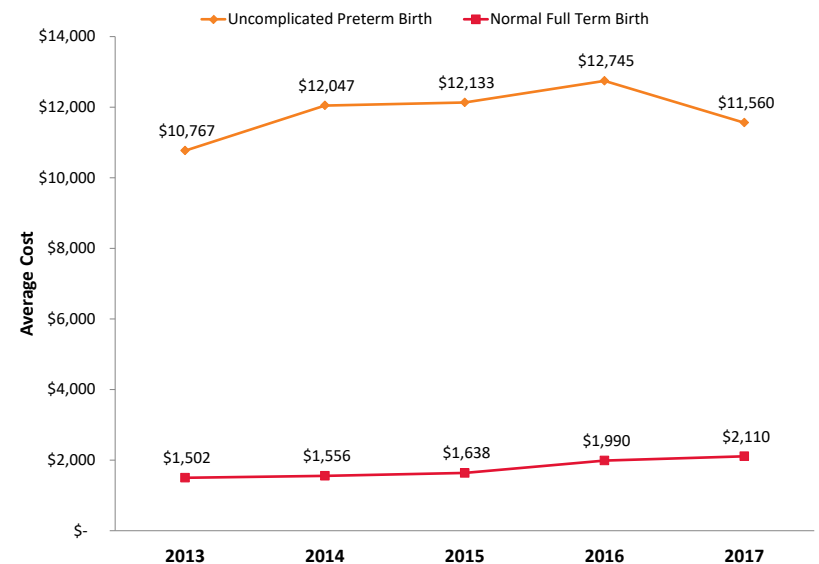
Reducing Preterm Birth

Premature birth (before 37 weeks of pregnancy) and its complications are the top cause of infant mortality in the United States. The average cost of a preterm birth (PTB) in Utah from 2013–2017 was \$11,850, which is more than \$10,000 more than the average cost of a full term birth. Babies who survive premature birth often have long-term health problems, including cerebral palsy and blindness.

The key risk factor for PTB is having a history of PTB. Studies have shown that 17P (a type of progesterone) treatment beginning in the second trimester of pregnancy can lower the risk of PTB among these high risk women.

According to July 2017–June 2018 preliminary Utah birth certificate records, 16% of women with a previous PTB received 17P treatment. The Utah Women and Newborns Quality Collaborative (UWNQC) has the goal of working with providers to counsel women on the use of 17P with 80% of eligible women. Educational materials for healthcare providers and for women who have had a PTB can be found at UWNQC.org.

Average Cost of Preterm vs. Full Term Births, Utah, 2013–2017



Costs determined by average payment for all births that fell into DRG Code 792 (Prematurity without Major Problems) and DRG Code 795 (Normal Newborn). Payments are often significantly lower than the amount charged by a facility.

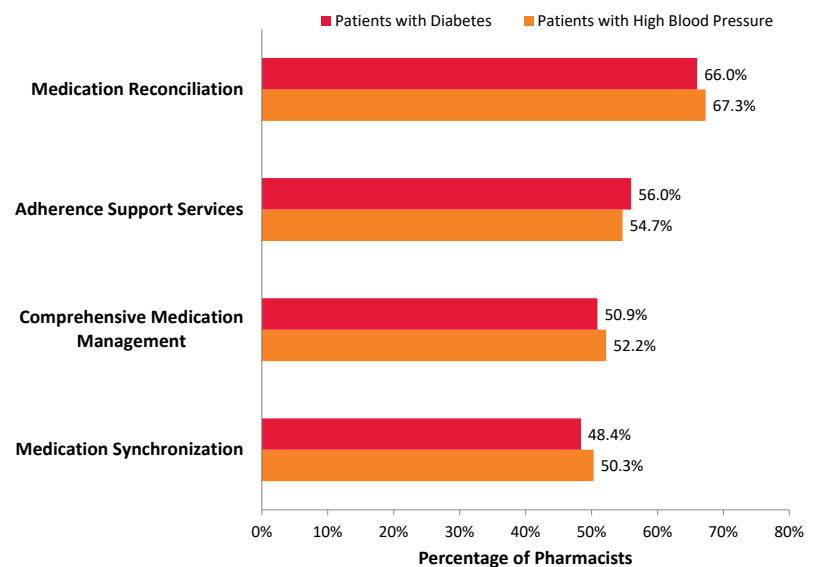
Source: Utah All Payer Claims Database

Community Health Spotlight, November 2018

Enhancing the Role of Pharmacists in Chronic Disease Management

Many Utahns struggle to properly manage their chronic conditions. For example, one in four Utah adults (24.5%) has been diagnosed with high blood pressure and of these, 37.9% do not have it under control (BRFSS 2017, HEDIS 2017). Pharmacists are an underutilized resource on the healthcare team. There is a strong case to be made for allowing pharmacists to operate at the top of their training by providing enhanced clinical services for patients with chronic conditions. In 2017, the Utah Department of Health Healthy Living Through Environment, Policy, and Improved Clinical Care Program (EPICC) conducted a survey of licensed pharmacists in Utah to assess the extent that enhanced services were being offered. Medication reconciliation was the most commonly reported service provided for patients with high blood pressure (67.3%) and diabetes (66.0%). Roughly half of all pharmacists reported providing adherence support services, comprehensive medication management, and medication synchronization for patients with diabetes and high blood pressure. The most commonly reported barrier to providing enhanced services was lack of reimbursement. To address this barrier, EPICC established the Utah Community Pharmacy Enhanced Services Network and is working toward developing a sustainable reimbursement model.

Percentage of Pharmacists Providing Enhanced Services, Utah, 2017



Source: EPICC Environmental Pharmacy Scan, 2017 (n=159)