Title: Characterizing Hypertensive Disorders of Pregnancy in the Alabama Medicaid Population: Translation to Practice

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Abstract:

Impact: This Medicaid claims data analysis will inform the selection and translation of evidence-based practices into case management of low-income pregnant women burdened by hypertensive disorders in Alabama.

Objectives/Goals *(300 characters)*

There is little evidence regarding the nature of disparities in hypertensive disorders of pregnancy (HDP) in the South. This research characterizes the variable risk of HDPs among pregnant women enrolled in Alabama Medicaid and translates findings into actionable results for perinatal stakeholders and clinicians addressing these conditions.

Methods/Study Population*(700 characters)*

Data from Alabama Medicaid administrative claims for 2017 were used. Claims and maternal characteristics were gathered 12 months before and 60 days after delivery date for all individuals with a delivery claim. Multi-level hierarchical logit regression models were used to estimate odds ratios and 95% confidence intervals of HDPs. Relevant covariates were included to reflect maternal characteristics, comorbidities, and care utilization. Predicted probabilities were calculated by maternal race, age, and Medicaid eligibility category. Heat maps were constructed to visually display the differences in probability between populations to inform Medicaid case management and clinical practice.

Results/Anticipated Results *(700 characters)*

Differences in HDP existed by Medicaid type, race/ethnicity, and age. Pregnancy Medicaid (aOR=1.08, 95%CI: 1.02-1.15), black race (aOR=1.23, 95%CI: 1.15-1.32), and age >34 (aOR=2.03, 95%CI: 1.82-2.25) were all associated with increased odds of HDP as well as obesity, diabetes, gestational diabetes, mental health conditions, and initiation of prenatal care in the second trimester. Predicted probabilities of HDP ranged from 0.06-0.08 among Hispanic mothers less than 19 years to 0.42-0.51 among mothers >34 years with disability or other insurance who were white, black, or other race/ethnicity. Heat map results indicated that predicted probabilities of hypertension increased with age for every Medicaid type, with black mothers having the highest probability regardless of Medicaid type.

Discussion/Significance of Impact *(300 characters)*

These analyses will serve to guide the implementation of Alabama Medicaid's quality improvement projects for case management. Translating these results from population level

trends to actionable risk categories will enable care coordination regions to design interventions and prioritize high-risk populations using historical Medicaid data.