Cone Health's Evaluation of Babyscripts' Impact on Outcomes at Delivery

BABYSCRIPTS™

OBJECTIVE Evaluate Babyscripts' impact on reductions in adverse delivery events, length of stay and cost savings.

KEY TAKEAWAYS
For patients enrolled in Babyscripts before delivery

- **59.4% reduced risk** of developing anemia during the delivery visit

- Anemic patients were **27.8% less likely to exceed MS-DRG**

- **13 day reduction** in the time to detect preeclampsia, utilizing remote blood pressure monitoring

- **17.7% reduced risk** of NICU stays during delivery visit (from extended analysis with a similar cohort, 2018-2021)
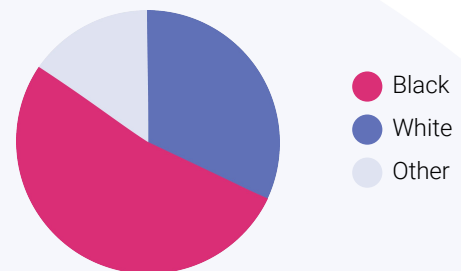
METHODS
2017 - 2020

- Multiyear data analysis of delivery outcomes controlled for age, race, payer and comorbidity burden

  - 3,252 = case
  - 3,252 = control

- Poisson models with Huber-White robust standard errors reporting incident risk ratios used for clinical outcomes. Models adjusted for:

  - Actual LOS
  - Visits prior to the delivery encounter
  - Average Braden score (activity, nutrition, mobility) during the delivery visit
  - DRG
  - Marital status
  - Provider ID
  - Postpartum hemorrhage risk score
  - C-section vs. vaginal delivery

Use of Babyscripts associated with **reduced risk for adverse delivery outcomes**, earlier identification of preeclampsia, and cost savings related to averting anemia and reducing NICU stays.

CASE POPULATION BY % RACE

- Black
- White
- Other

CASE POPULATION BY % PAYER

- Medicaid
- Commercial
- Other