



health policy solutions

**Comprehensive Prenatal Care Services in Colorado
for Low-Income Pregnant Women:
Access and Coordination Issues**

**Finding and Recommendations
to the Healthy Mothers Colorado Task Force**

EXECUTIVE SUMMARY

August 2009

*Supported by the Rose Community Foundation &
The Colorado Health Foundation*

Tracy L. Johnson, Ph.D., Report Author

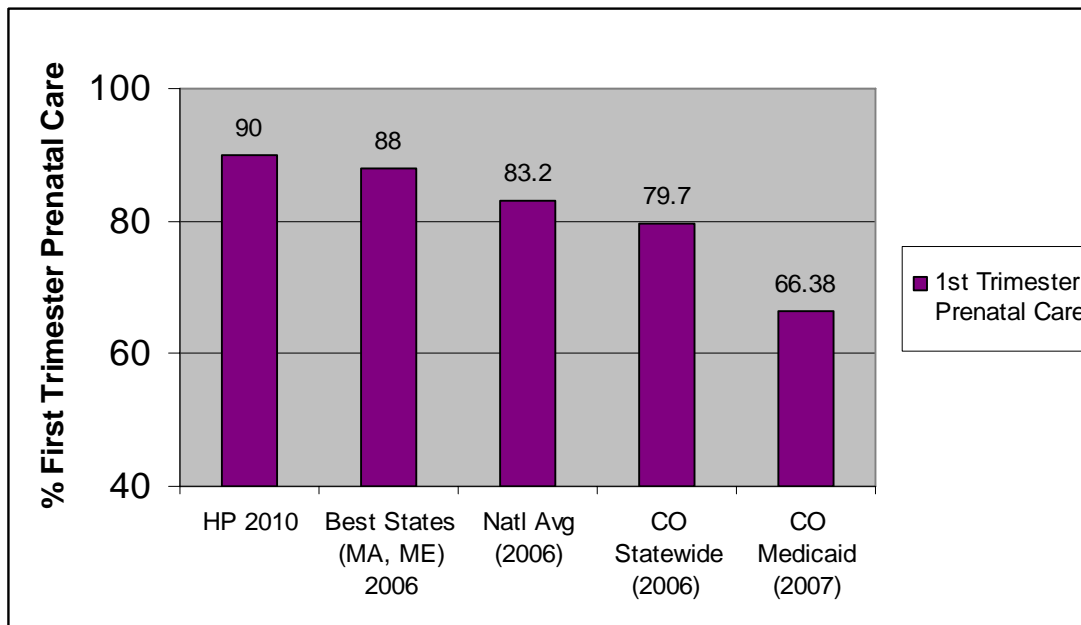
EXECUTIVE SUMMARY

Early initiation of prenatal care – defined as care received during the first trimester – is a key indicator of maternal and child health. Early receipt of prenatal care enables providers to identify women at high risk of complications and to ensure their receipt of appropriate services. The risk identification process includes a clinical work-up as well as an assessment of behavioral or psychosocial risk factors (e.g., smoking, drug or alcohol use, poor nutrition, family violence.) Studies have shown that receipt of timely, comprehensive, and coordinated prenatal care services benefits both women and infants by helping to ensure a healthy pregnancy and by improving birth outcomes, such as infant mortality.

Colorado prenatal care rates are below national averages & quality targets

As a state, Colorado underperforms relative to national averages and federal quality performance targets on a variety of maternal and child health (MCH) indicators, including early initiation of prenatal care. As displayed in Figure EX-1, the national Healthy People 2010 goal for first trimester initiation of prenatal care is 90%. Colorado ranked 26th among all states with 79.7 percent of women receiving early care in 2006, a rate well below front-runner states such as Maine and Massachusetts and also lower than the national average of 83.2 percent. Today, more than one in three Colorado births – approximately 26,000 -- are paid for by public health insurance programs, Medicaid or Child Health Plan *Plus* (CHP+). Consistently low Medicaid rates of timely prenatal care – 66.4% in 2007 – contribute significantly to Colorado’s substandard performance on this measure, and therefore Medicaid should be at the center of state improvement efforts.

Figure EX-1: Colorado and National First Trimester Prenatal Care Rates Compared



Healthy Mothers Colorado Task Force focus on access to comprehensive and coordinated prenatal care services

Sponsored jointly by the Colorado Children's Healthcare Access Program (CCHAP) and the HealthyWomen HealthyBabies (HWHB) Roundtable and with support from the Rose Community Foundation and The Colorado Health Foundation, the Healthy Mothers Colorado (HMC) Task Force was formed to better understand access barriers to timely and comprehensive prenatal care services as well as barriers to coordinated care before and after delivery for low-income women on public health insurance programs. The HMC Task force retained Health Policy Solutions (HPS) to gather information, and the attached report compiles the findings.

HMC needs assessment findings in brief

The HMC needs assessment began with a few questions: What constitutes comprehensive and coordinated prenatal care services for low-income women? What are the characteristics of the current prenatal care delivery system? What is its capacity to provide comprehensive and coordinated care (both during pregnancy and after delivery)? How well does this system perform? What are the barriers to improvement?

Briefly, the assessment found that receipt of early, comprehensive, and coordinated prenatal care depends on four main factors: client demand for services, ability to pay for care, provider capacity to deliver care, and the extent to which the system supports high-quality care. With regard to Colorado's public health insurance options, gaps and barriers were identified in each area, contributing to late and poorly coordinated prenatal care.

The diversity of prenatal care experiences of pregnant women covered by Medicaid defies simple summary statements. On the one hand, most pregnant women on Medicaid seek and receive at least some prenatal care services, availability of providers is reasonably good in most areas of the state, and two Medicaid enrollment options report consistently high rates of early prenatal care.

On the other hand, more than half of Medicaid-paid births were the result of an unintended pregnancy, and many pregnant women on Medicaid enter prenatal care later than recommended and with unmet health needs. System barriers to timely prenatal care are many, including: client unfamiliarity with public coverage programs, slow eligibility processing, and enrollment in systems of care with chronically sub-par performance. In certain rural areas, especially those without community health centers and limited hospital services, clinician availability can be a problem. Also, the comprehensiveness and coordination of prenatal care services is highly variable, with clients of private providers having the least access to full array of enhanced services. Finally, coordination between prenatal providers and infant providers is widely viewed as desirable but nonetheless uncommon, except in family practice models.

Thus, improved receipt of early, comprehensive and coordinated prenatal care will require action on multiple fronts, including: coverage, provider capacity, quality of care, and client outreach. Recommendations for each are summarized in Figure EX-2.

Figure EX-2: Health Policy Solutions Recommendations for the Healthy Mothers Task Force

COVERAGE	
Detailed Recommendations:	Rationale/Findings
Recommendation 1: Expand coverage options for low- and middle-income women to ensure access to family planning, well-woman services, pre-conception care, as well as prenatal and post-natal care.	
<ul style="list-style-type: none"> ■ Ensure timely implementation of new legislation that expands coverage for low-income families and individuals; ■ Ensure a sustainable safety net system to provide care for the uninsured; ■ Pursue coverage for all Coloradans. 	<ul style="list-style-type: none"> ■ Women and infants benefit when women enter pregnancy healthy, but lack of insurance coverage is a barrier to recommended care before, during and after pregnancy; ■ Insufficient subsidized insurance options for low-income populations exist in CO, especially for young women of child-bearing age; ■ Low-income women in CO tend to have gaps in coverage, little continuity of care, and unmet health needs; ■ States with more generous subsidized insurance options tend to have better prenatal care initiation rates and better continuity of care; ■ Recent activity at the state and federal levels to expand coverage to the uninsured have the potential to improve women’s health and access to timely prenatal care.
Recommendation 2 : Improve the efficiency of the Medicaid and CHP+ eligibility and enrollment systems to expedite application processing and to reduce gaps in coverage.	
<ul style="list-style-type: none"> ■ Implement policies and practices that reduce eligibility determination time period; ■ Provide smooth transitions between eligibility categories to reduce gaps in coverage. 	<ul style="list-style-type: none"> ■ Medicaid and CHP+ pay for more than one-third (34%) of all Colorado births; ■ Eligibility policies and systems are key to timely prenatal care, because women on Medicaid cite financial/insurance barriers as the primary reason for late prenatal care; ■ States with efficient eligibility policy & systems tend to have better prenatal care initiation rates; ■ As Colorado implements additional subsidized coverage options, the need to ensure smooth transitions between programs will increase; ■ Recent state efforts to modernize eligibility systems may improve access to prenatal care.

PROVIDER CAPACITY

Detailed Recommendations:

Rationale/Findings

Recommendation 3: Ensure sustainability of existing clinical prenatal care system.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">■ Identify and resolve barriers to sufficient ob/gyn consultation and referrals, especially for high-risk obstetric services;■ Encourage and foster relationships in residency and other training programs to ensure adequate training and recruitment of necessary providers;■ Ensure that the Medicaid global reimbursement keeps pace with inflation;■ Analyze how Medicaid benefit or reimbursement policy changes affect the financial viability of key prenatal providers prior to their implementation. | <ul style="list-style-type: none">■ Most Medicaid-paid prenatal care services in CO are not provided by ob/gyn physicians but are provided by federally qualified health centers, hospital-based practices, and family medicine practices;■ Additional Ob/Gyn physician consultation and referral is needed in some Colorado counties;■ Medicaid prenatal care reimbursement rates for private providers have not kept pace with inflation;■ Medicaid funding is a critical revenue source for federally qualified health centers (FQHCs). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Recommendation 4 : Improve capacity to provide clinical prenatal care services for publicly-insured and privately-insured in targeted, under-served rural counties.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">■ Support community and regional planning meetings of consumers and providers in underserved counties to assess local options for improving provider capacity. | <ul style="list-style-type: none">■ Most CO counties appear to have adequate provider capacity to provide prenatal care to pregnant women on Medicaid (at current levels of demand);■ Provider capacity gaps exist in certain rural counties, especially those with no federally qualified health centers and limited hospital services;■ Many of underserved counties have family physicians who do not provide prenatal care services;■ Barriers to sustaining and expanding Medicaid prenatal care services include: difficulty in arranging ob/gyn consultation/referral, low reimbursement, malpractice concerns, and long hours. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PROVIDER CAPACITY

Detailed Recommendations:

Rationale/Findings

Recommendation 5: Improve statewide capacity to provide comprehensive prenatal care services – including case management and psycho-social services -- to all Medicaid and CHP+ pregnant women who need them.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">■ Strengthen connections and referral relationships between enhanced service providers and clinical providers of prenatal care, especially private providers;■ Encourage providers that provide on-site enhanced prenatal care services to evaluate their quality and effectiveness;■ Increase funding for evidence-based, enhanced prenatal care services. | <ul style="list-style-type: none">■ Many low-income women enter pregnancy with unmet health needs, psychosocial needs, and access barriers and addressing these risk factors is critical to improving birth outcomes;■ Comprehensiveness of prenatal care services – especially provision of ancillary medical and psychosocial services, such as case management, transportation, nutritional counseling, dental care and mental health services -- is highly variable;■ FQHCs & hospital-based practices are more likely to provide enhanced services on-site; private providers more likely to refer for services, with uncertain success;■ Private providers are interested in identifying community resources for low-income pregnant women and strengthening community partnerships;■ Several evidence-based programs exist for addressing psychosocial risk factors in low-income pregnant women – Prenatal Plus, Nurse Family Partnership, Healthy Start, Centering Pregnancy – but not all clients/providers know about services and funding limits capacity. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

QUALITY

Detailed Recommendations:

Rationale/Findings

Recommendation 6: Increase enrollment of pregnant women in Medicaid and CHP+ plans that have high quality results.

<ul style="list-style-type: none">■ Increase enrollment in high-performing health plans;■ Recruit high-performing health plans to serve the Medicaid population;■ Improve the performance of Medicaid fee-for-service options for pregnant women;■ Include focus on pregnancy within HCPF's Accountable Care Collaborative Program.	<ul style="list-style-type: none">■ While most Medicaid adults are satisfied with their main provider, some are not satisfied with their health plan;■ Medicaid health plan performance -- as measured by client satisfaction and timeliness of prenatal care -- is highly variable;■ The state-run, fee-for-service enrollment options have the largest enrollment and the least favorable health outcomes;■ Medicaid health plans (Denver Health and Rocky Mountain Health Plan) have the lowest enrollment and best health outcomes;■ Recent state efforts to apply managed care strategies to the state-run, fee-for-service enrollment option have the potential to improve prenatal care performance.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Recommendation 7 : Improve data collection to assess quality on a statewide and regional level.

<ul style="list-style-type: none">■ Better leverage existing data by linking existing data sets;■ Routinely collect data on delivery system capacity and performance;■ Routinely collect data on CHP+ performance;■ Report and summarize in formats useful to state agency program staff and other stakeholders.	<ul style="list-style-type: none">■ No easily accessible data exist to assess CHP+ performance on pregnant women;■ Medicaid information on prenatal care use, delivery, and early infant care for Medicaid clients are stored in multiple databases, resulting in gaps and conflicting evidence;■ Basic information on delivery system characteristics, necessary for monitoring capacity and performance, is not collected;■ Some states routinely link data from multiple sources to get a more complete picture of an episode of care, its costs, and outcomes.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

QUALITY

Detailed Recommendations:

Rationale/Findings

Recommendation 8: Address legal and logistical barriers to better communication and coordination among providers before and after delivery

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">■ Clarify legal parameters for communicating sensitive information between providers;■ Standardize, routinely collect, and share key information about prenatal care services;■ Encourage prenatal providers to implement or connect pregnant women to on-going case management services. | <ul style="list-style-type: none">■ Conflicting laws and hospital policies are barriers to providers sharing sensitive information (e.g., about maternal substance abuse, domestic violence, and mental health issues);■ Coordination of care between maternal and child providers is also hampered by conflicting loyalties and lack of routine means to communicate. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

OUTREACH

Rationale/Findings

Detailed Recommendations:

Recommendation 9 : Implement communications strategies to raise awareness about the importance of and options for overcoming barriers to early and comprehensive prenatal care.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">■ Conduct focus groups with pregnant women to identify key messages about overcoming access barriers and appropriate outreach strategies;■ Fund and implement statewide campaigns that promote early prenatal care and provide information on public insurance options;■ Fund and implement local media and provider-based campaigns that promote early prenatal care and provide information about care options, esp. free and reduced-price care;■ Encourage the Medicaid agency to adopt successful models used in other states that improve access to and leverage collaboration with family planning clinics to prevent unintended pregnancy and to facilitate the early initiation of prenatal care. | <ul style="list-style-type: none">■ Very few CO Medicaid women say they did not get prenatal care because they “did not want it;”■ Consumers say that financial and logistical barriers are more responsible for late prenatal care than lack of knowledge;■ Success in improving early prenatal care rates will require improving high unintended pregnancy rates;■ Other states have improved early receipt of prenatal care by pairing systems change with aggressive outreach efforts and by creating strong links between family planning and prenatal care programs. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Conclusions and Next Steps

In 2008 and 2009, Colorado took several large and positive steps toward addressing systemic barriers to early prenatal care including:

- Coverage expansions through the Health Care Affordability Act;
- Plans to modernize and improve the efficiency of Medicaid and CHP+ eligibility systems;
- Focus on improving quality through the creation of the Accountable Care Collaborative (ACC) and the Center for Improving Value in Health Care (CIVHC);
- Expanded client outreach efforts.

However, HPS recommends continued focus, advocacy, and action on behalf of pregnant women to ensure that recessionary pressures do not prematurely derail these efforts and to address the remaining identified barriers to early, comprehensive, and coordinated prenatal care.