MLC-3 in Kansas

Lower 8 of Southeast Kansas

Counties: Chautauqua, Cherokee, Crawford, Elk, Labette, Montgomery, Neosho, and Wilson

Serving a population of: 154,883

QI Team Members:

- Ruth Bardwell
- Debbi Baugher
- Jeanie Beason
- Kandy Dowell
- Todd Durham
- Betha Elliott
- Janis Goedeke
- Teresa Starr

Quality Improvement Story Board

Improving Access to Prenatal Care in the First Trimester

Plan

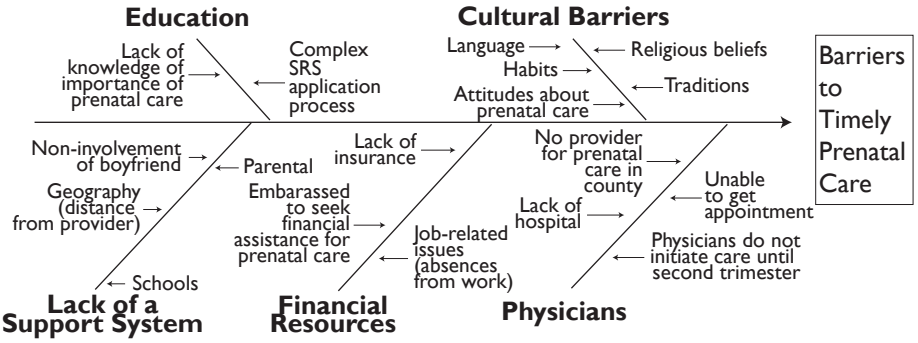
1. Background

The Lower 8 of Southeast Kansas collaborated to address barriers to early prenatal care. We had noticed that young women were not receiving prenatal care during the first trimester of their pregnancy.

Statistical information was downloaded from KDHE/KIC (Kansas Information for Communities) to determine if this was true of all age groups or if there was a specific age which needed to be addressed. The 15–24 year age group was more likely to receive inadequate prenatal care. Between 2003–2007, 35 percent of women in this age group did not receive prenatal care in the first trimester. There were 77 births which received no prenatal care.

After reviewing data and collecting anecdotal information, it was decided that a lack of insurance was the most likely contributing factor. The application process for Medicaid/CHIP seemed to be the bottleneck.

Fishbone Diagram: Root causes for the lack of timely prenatal care in the Lower 8 of Southeast Kansas Subregion



2. Aim Statement

By Dec. 31, 2009, we will promote an increase of 2 percent in the enrollment of eligible pregnant women in the Medicaid/CHIP program during the first trimester of pregnancy over the previous quarter's Women, Infants and Children (WIC) data. Assistance in completing the application and faxing the application to the Kansas Health Policy Authority will be offered to all eligible women.

3. Examine the Current Approach

Current practices and processes revealed:

- Lack of a uniform approach within a public health region.
- Need for educational information.
- Need for comprehensive Maternal and Child Health (MCH) services.
- Need for Medicaid/CHIP application assistance.

4. Identify Potential Solutions

Provide assistance to pregnant women with the Medicaid/CHIP application process.

5. Develop an Improvement Theory

- Develop a pregnancy testing checklist.
- Standardize pregnancy/history form.
- Make a sample Medicaid/CHIP application.
- Provide training to all staff for the application process.

Do

6. Test the Theory

The region:

- Reviewed best practices and recommendations for increasing the timeliness of prenatal care.
- Collected WIC data for March–May, 2009 for a measurement baseline.
  - There were 69.2% of Medicaid/CHIP women who received first trimester care in this time period.
- Combined the questionnaire and checklist into a one-page document.
  - Standardized existing pregnancy/history form.
  - Made a sample of the Medicaid/CHIP application.
  - Developed a checklist for the health departments' staff to use.
- Provided training to all staff regarding the utilization of forms and the application process.
- Tested the standardized questionnaire/checklist in the Lower 8 health departments beginning July 1, 2009.

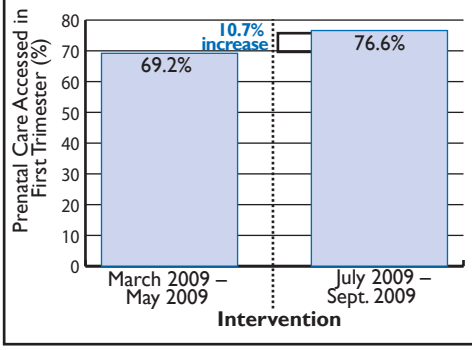
Study

7. Study the Results

Evaluation of implemented intervention took place in October–November 2009 by:

- Review the survey information collected from WIC clinics of newly pregnant enrollees for the months of July–September. There were 76.6 percent of Medicaid/CHIP women who received first trimester care in this time period, an increase of 10.7 percent.
- Conduct staff meeting to get feedback from all eight health departments on new process.
- Share feedback with Lower 8 MLC-3 team members.

First Trimester Prenatal Care Access Among Medicaid/CHIP Beneficiaries



Act

8. Standardize the Improvement

- Continue use of the questionnaire/checklist to assist in uniformity and continuity.
- Continue to provide assistance with Medicaid/CHIP application process.

9. Establish Future Plans

- Continue to gather WIC data on a semi-annual basis.
- Analyze data to determine if theory continues to achieve the desired outcome.

Project coordinated by Kansas Health Institute, Kansas Association of Local Health Departments, Kansas Department of Heath and Environment, and KUMC Area Health Education Centers

MLC-3 in Kansas

Northeast Corner Subregion

Counties: Shawnee and Jefferson
Serving a population of: 193,130

QI Team Members:

- Eileen Filbert
- Anne Freeze
- Teresa Fisher
- Kay Powell
- Judy Willett
- Debbie McNary
- Allison Alejos
- Barbara Heston
- Martha Conlin

Quality Improvement Story Board

Improving Access to Prenatal Care in the First Trimester

Plan

1. Background

The Northeast Corner Subregion, which consists of the Shawnee County Health Agency and the Jefferson County Health Department, serves a significant number of women of childbearing age. For the purpose of this project, services provided to women through certain programs will engage consumers by linking them to the health care delivery system through guidelines and provider networking.

2. Aim Statement

By Oct. 1, 2009, in four clinic programs at two local health departments, pregnant women not enrolled in prenatal care will consistently be given a current listing of community obstetricians, 90 percent of those with limited resources will receive staff assistance in making a prenatal intake appointment, and 95 percent of those intakes will be scheduled within 10 working days from the date of request.

3. Examine the Current Approach

Current practices and processes:

- Verbal counseling on prenatal care to all pregnant women.
- Not all clinics provide listings of area obstetricians to all pregnant women, or consistently refer pregnant women to prenatal services.
- Limited number of prenatal intake appointments are available each week.

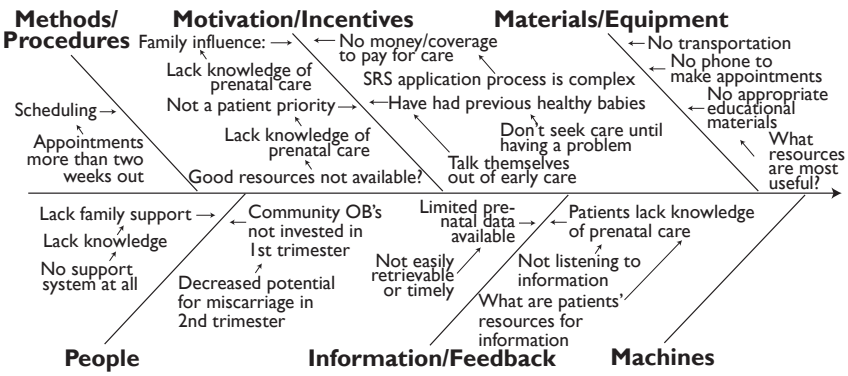
4. Identify Potential Solutions

- Keep both health departments current on clinic schedules.
- Offer to make intake appointments while clients are still on-site.
- Collect primary data from women of childbearing age through a survey in order to identify common barriers.

5. Develop an Improvement Theory

- Open the clinic intake appointment book to accommodate two to five more intakes per week.
- Eliminate "cold handoff" referral of providing written provider contact information only and move to "warm handoff" of making the first prenatal intake appointment.
- Administer a survey tool to identify barriers to prenatal care.
- Reformat intake registration form and change the process of how the form is filled out.

Fishbone Diagram: Root causes for the lack of timely prenatal care in the Northeast Corner Subregion



Do

6. Test the Theory

The team implemented a number of quality improvement interventions during the course of the project. First, the team focused on accommodating as many new intake appointments as the clinics' schedule allowed. By opening their scheduling registers and demanding flexibility, two to five more intake visits per week were scheduled.

Second, the new system made sure that prenatal intake appointments were scheduled on-site.

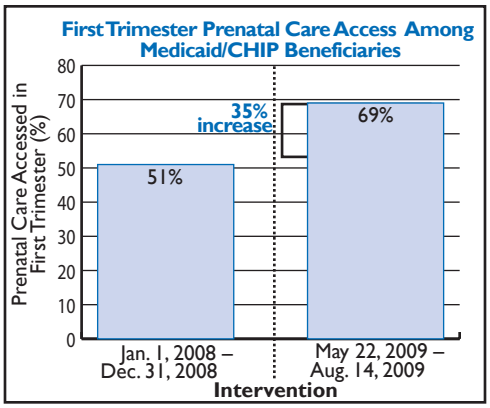
Third, the focus was on administration of a survey tool to identify reasons why women did not receive timely prenatal care.

Study

7. Study the Results

Creation of additional appointment slots per week resulted in a substantial increase in the number of follow-up appointments scheduled within two weeks of the initial request. Before the scheduling intervention, only 83 percent of appointments were within that timeframe. After the intervention, that rate went up to 97 percent — a 17 percent increase. The intervention also contributed to an increase in the number of women who entered prenatal care in the first trimester by 35 percent — from 51 percent to 69 percent.

The surveys administered as part of the third intervention showed that two-thirds of the pregnant women at both clinics did not plan their pregnancies, making it harder for them to access prenatal care in a timely fashion after conception.



Act

8. Standardize the Improvement

- Continue to expand the number of prenatal intake appointments.
- Standardize the process to schedule prenatal intake appointments within ten working days.
- Adopt reformatted intake registration form in both English and Spanish.

9. Establish Future Plans

Form a group to focus on barriers to prenatal care identified by survey respondents.

Project coordinated by Kansas Health Institute, Kansas Association of Local Health Departments, Kansas Department of Heath and Environment, and KUMC Area Health Education Centers