

## Supporting High Performance in Early Entry into Prenatal Care:

### *State and Safety Net Provider Policies, Programs, and Practices*

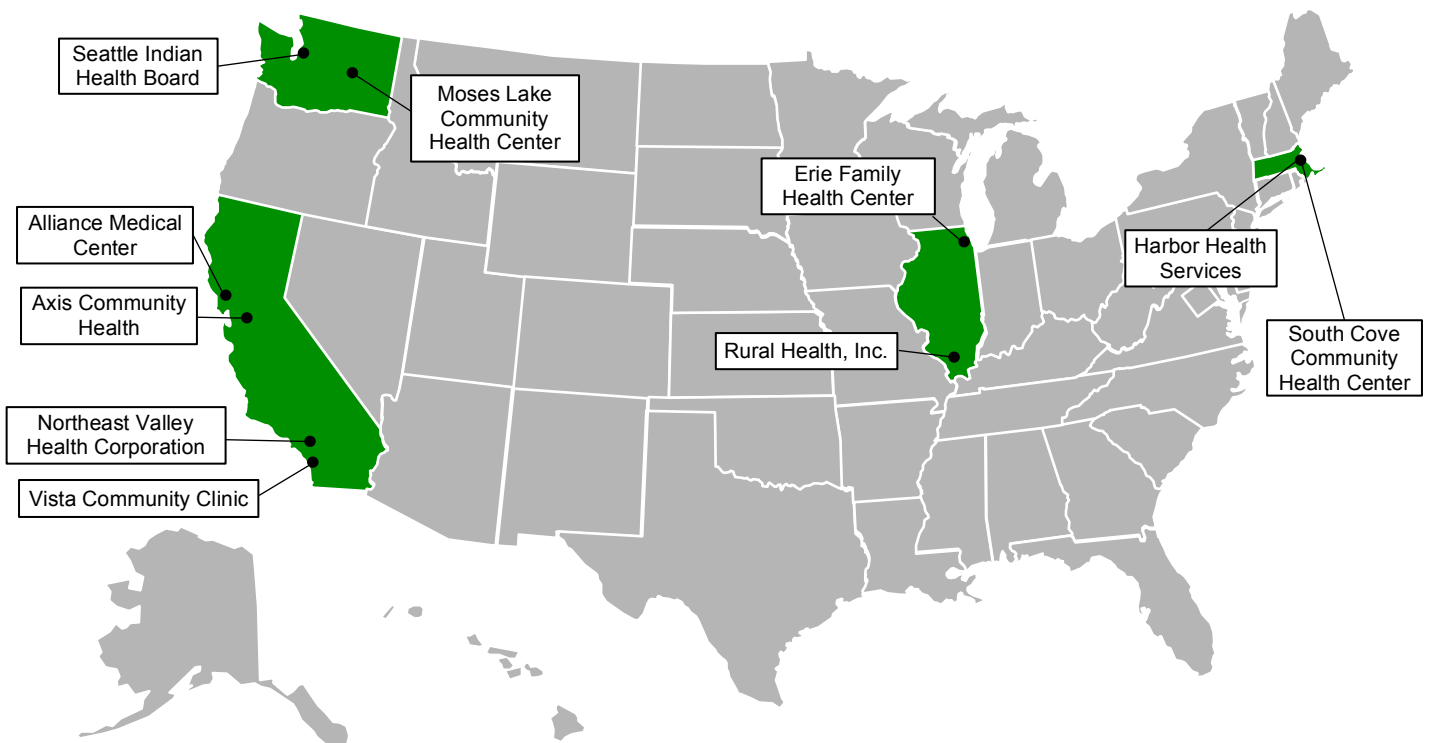
by Sarah Kinsler

Ensuring women receive prenatal care during their first trimester is important to supporting healthy mothers, children, and families.<sup>1</sup> State agencies are increasingly focused on improving rates of early entry into prenatal care as well as improving other measures of maternal and child health quality and access. Early entry into prenatal care is a priority for providers, states, and the federal government. It is a Healthcare Effectiveness Data and Information Set (HEDIS)<sup>2</sup> measure used by many state Medicaid agencies and one of 14 Uniform Data System (UDS) measures federally qualified health centers (FQHCs) are required to report to the Health Resources and Services Administration (HRSA). [Healthy People 2020](#) aims for 77.9 percent of women to enter prenatal care in the first trimester by 2020.<sup>3</sup> In 2012, 70.2 percent of FQHC patients nationally began prenatal care in the first trimester.<sup>4</sup>

This fact sheet outlines state and safety net provider policies and practices that support early entry into prenatal care using the patient-centered medical home (PCMH) as a conceptual framework. The Agency for Healthcare Research and Quality defines the PCMH as a model of primary care that is comprehensive, patient-centered, coordinated, accessible, and committed to quality and patient safety, supported by three foundations: health information technology, workforce, and aligned payment.<sup>5</sup> Each state and safety net provider policy or practice discussed here is connected to one of the PCMH domains or foundations; while some strategies may not reference PCMH specifically, they can support states and FQHCs in achieving the goals of the PCMH model.

This publication is part of a series of fact sheets on supporting early entry into prenatal care in the safety net, and is accompanied by spotlights on Washington and California.

**Methods:** The National Academy for State Health Policy (NASHP) used Uniform Data System data from HRSA’s Bureau of Primary Health Care to identify 10 FQHCs in four states—California, Illinois, Massachusetts, and Washington—with high rates of early entry into prenatal care. Through interviews with FQHC staff and policymakers from state Medicaid agencies and Maternal and Child Health programs, we identified common state- and FQHC-level policies and practices that can support high performance in early entry into prenatal care.



## State Policies and Programs that Support High Performance through the Lens of PCMH:

- **Comprehensive Care:** Care management programs or programs that provide wrap-around prenatal care services to ensure women receive comprehensive prenatal care throughout their pregnancies, as well as pre- and interconception care. Washington Medicaid's [First Steps Program](#) provides Medicaid-eligible women with pregnancy and birth-related medical services and family planning services. Participants receive enhanced services such as maternity support services and infant case management as well as ancillary services such as transportation and interpretation, as well as a post-pregnancy family planning benefit.
- **Patient-Centered Care:** Resources to educate women who are or may become pregnant on the importance of early entry into prenatal care including websites, brochures, hotlines, or other outreach efforts. Washington has created a statewide [hotline](#) and [website](#) to connect pregnant women with information on prenatal care resources and application assistance for Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or other programs.
- **Coordinated Care:** Programs or policies that support linkages with state and local programs, including WIC, home visiting programs, behavioral health care, or substance abuse treatment. California's [Comprehensive Perinatal Services Program \(CPSP\)](#), a Medicaid benefit for pregnant women, requires participating providers to follow protocols that include health behavior screenings and risk assessments with referral of qualifying patients to services such as health education, behavioral health care, and tobacco cessation services.
- **Accessible Services:**
  - **Medicaid policies that facilitate or expand coverage for pregnant women**, including policies such as presumptive eligibility and state plan amendments or waivers that expand coverage for pregnant women to higher income thresholds or varying immigration statuses. Illinois Medicaid has a variety of policies that increase insurance access for pregnant women including [expanded eligibility for pregnant women](#) with incomes at or below 213 percent of the federal poverty level (FPL), and [presumptive eligibility for pregnant women](#). Illinois also has a [family planning waiver](#) that expands Medicaid eligibility for women ages 19 through 44 with incomes at or below 200 percent of the FPL.
  - **Programs that support early pregnancy identification**, including family planning programs and pregnancy testing. California's [Family Planning, Access, Care, and Treatment \(Family PACT\)](#) program, administered by the state's Department of Public Health, provides family planning services, pregnancy and cancer screenings, and early prenatal care to income-eligible women.
- **Quality and Patient Safety:** State-level quality improvement activities like perinatal or maternal health collaboratives and data analysis to identify opportunities for improvement. Massachusetts Medicaid works with Medicaid managed care organizations on quality improvement projects to improve rates of early entry into prenatal care and other maternal and child health measures.
- **Payment:** Medicaid payment policies that incentivize early prenatal care, such as pay-for-performance. California's CPSP pays participating providers a bonus for eligible patients who enter prenatal care before 16 weeks.

## FQHC Policies and Practices that Contribute to High Performance through the Lens of PCMH:

- **Comprehensive Care:**
  - **Streamlined care processes** that reduce the number of visits required to initiate prenatal care and link to pre- and interconception services. [Rural Health, Inc.](#), a small rural FQHC in Illinois, has increased rates of early entry into prenatal care by combining pregnancy confirmation and prenatal intake appointments with pregnant women's first prenatal care visit with the clinic's obstetrician.
  - **Designated women's health staff** to provide women's health services in-house, including prenatal care, family planning services, and interconception care. At [Axis Community Health](#), a large urban FQHC in California, an obstetrician, women's health nurse practitioners, and a case manager ensure prenatal care services are available on-site.
- **Patient-Centered Care:** Patient-centered care protocols and resources including brochures and educational materials delivered in patients' preferred languages, interpretation or translation services, care protocols that are responsive to patient needs, on-site childcare, and community outreach. At [South Cove Community Health Center](#), a small urban FQHC in Massachusetts serving Boston's Asian American community, most providers and staff speak a variety of languages, including Cantonese, Mandarin, and Vietnamese, reflecting patients' language needs and preferences.
- **Coordinated Care:**
  - **Internal care coordination staff and connections to external providers and specialists** to ensure smooth referrals and care transitions. At [Northeast Valley Health Corporation](#), a large urban FQHC in California, referral specialists schedule patient appointments with outside providers and follow up to obtain referral results and notes.
  - **Links to local and state programs that serve women, children, and families** including WIC, home visiting, Healthy Start, Medicaid, and other programs that support improved health and wellness such as tobacco cessation initiatives. [Alliance Medical Center](#), a large rural FQHC in California, has co-located WIC centers at both of its clinic sites.

- **Accessible Services: Policies and programs that facilitate access** including free or walk-in pregnancy testing, expanded hours, open access scheduling, and transportation assistance. [Seattle Indian Health Board](#), a small urban FQHC in Washington, holds a weekly “Prenatal Day” where patients can receive health education, attend drop-in support groups, or see the clinic’s nutritionist, pharmacist, or breastfeeding educator.
- **Quality and Patient Safety: Continuous quality improvement activities** that include a focus on prenatal care, such as internal committees that oversee rapid-cycle quality improvement efforts, or provider incentives to improve rates of early entry into prenatal care. At [Harbor Health Services](#), a large urban FQHC in Massachusetts, the Quality Steering Committee selected early entry into prenatal care as a quality improvement focus for its women’s health department resulting in a policy change to expedite pregnancy testing and initial prenatal care visits.
- **Workforce: Team-based care models** that allow all team members to work at the top of their training and license. At [Erie Family Health Center](#), a large urban FQHC in Illinois, lay women’s health promoters have replaced nurses as a first point of contact for pregnant women, performing prenatal care intake and providing health education to allow nurses to perform more advanced clinical functions.
- **Health Information Technology (HIT): HIT tools such as electronic medical records (EMRs) or patient registries** that document and track prenatal care entry and support data reporting. [Moses Lake Community Health Center](#), a large rural FQHC in Washington, uses its EMR system to facilitate early entry into prenatal care by recording pregnancy diagnoses, tracking prenatal care initiation and pregnancy risk status, and facilitating follow-up with patients to ensure care is timely and comprehensive.

1 Health Resources and Services Administration, “Prenatal – First Trimester Care Access,” accessed on July 31, 2014. Available at: <http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/part6.html>.

2 NCQA, “HEDIS & Performance Measurement,” <http://www.ncqa.org/HEDISQualityMeasurement.aspx>.

3 Healthy People 2020, “2020 Topics & Objectives: Maternal, Infant, and Child Health,” <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26#376462>.

4 Health Resources and Services Administration Bureau of Primary Health Care, “2012 Health Center Data,” <http://bphc.hrsa.gov/uds/datacenter.aspx?year=2012>.

5 Agency for Healthcare Research and Quality, “Defining the PCMH,” <http://pcmh.ahrq.gov/page/defining-pcmh>.

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**Table 1. Services offered by clinic and state.**

			California	Alliance Medical Center	Axis Community Health	Northeast Valley Health Corporation	Vista Community Clinic	Illinois	Erie Family Health Center	Rural Health, Inc.	Massachusetts	Harbor Health Services	South Cove Community Health Center	Washington	Moses Lake Community Health Center	Seattle Indian Health Board
Comprehensive Care	Clinic	Streamlined care processes		X	X	X	X		X			X			X	X
		Link to pre- and interconception services		X	X	X	X		X			X	X		X	X
		Designated women's health staff		X	X	X	X		X	X		X	X		X	X
	State	Case management for pregnant women	X					X							X	
		Links to programs that provide or reimburse for prenatal care and pre- and interconception services	X					X				X			X	
Patient-Centered Care	Clinic	Patient education materials and services		X	X	X	X		X	X		X	X		X	X
		Interpretation and translation services and/or bilingual staff		X	X	X	X		X	X		X	X		X	
		Community outreach		X	X	X	X			X		X	X		X	X
	State	Educational resources for women who are or may become pregnant (e.g., websites, hotlines, community outreach)	X									X			X	
Coordinated Care	Clinic	Dedicated care coordination staff		X	X	X	X									
		Referral support services		X	X	X	X		X	X		X	X		X	X
		Links to local and state programs that serve women, children and families like Healthy Start, WIC, and home visiting		X	X	X	X		X	X		X	X		X	X
	State	Policies that promote linkages and referrals to local and state programs that serve women, children and families like Healthy Start, WIC, and home visiting	X									X			X	
Accessible Services	Clinic	Free pregnancy testing or prenatal vitamins		X	X	X	X		X						X	X
		Expanded hours, open access scheduling, and/or walk-in appointments		X	X	X	X		X	X		X	X		X	X
		Medicaid, other application assistance		X	X	X	X		X	X		X	X		X	X
		Transportation assistance			X	X	X					X			X	X
	State	Medicaid policies that facilitate or expand coverage for pregnant women (e.g., presumptive eligibility, updated enrollment system)	X					X				X			X	
		Support for early pregnancy identification (e.g., family planning waiver, support for free pregnancy testing)	X					X							X	
		Policies and programs that assist women in accessing medical services, e.g., transportation support					X				X			X		
Quality and Patient Safety	Clinic	Regular quality measurement activities and review of prenatal care performance data			X	X	X		X			X	X		X	X
		Provider payment policies that reward quality							X			X	X			
	State	State-level quality improvement activities						X			X			X		
PCMH Foundations	Clinic	Workforce: Team-based care models		X		X			X			X	X			
		Health information technology: Electronic medical records (EMRs) or patient registries		X	X	X	X		X			X	X		X	X
		Health information technology: Tools that support internal and external coordination		X	X	X	X		X			X				
		Health information technology: Tools that support quality measurement and improvement		X	X	X	X		X			X	X		X	X
	State	Payment: Medicaid payment policies that incentivize early entry into prenatal care.	X									X				