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Physician Awareness of Enhanced Prenatal Services for Medicaid-Insured Pregnant Women

Jennifer E. Raffo, MA, Monica Gary, MD, Gareth K. Forde, PhD, MD, Cristian I. Meghea, PhD, Lee Anne Roman, MSN, PhD

Department of Obstetrics, Gynecology and Reproductive Biology, College of Human Medicine, Michigan State University, East Lansing (Ms Raffo, Drs Gary, Forde, Meghea and Roman); Grand Rapids Medical Education Partners, Grand Rapids, Michigan (Drs Gary and Forde); and Institute for Health Policy, Michigan State University, East Lansing (Dr Meghea).

Abstract

Context: Medicaid enhanced prenatal service (EPS) programs, including care coordination, were developed to improve birth outcomes for low-income pregnant women. In Michigan, less than a third of eligible pregnant women are enrolled in services. Physician or medical clinics provide referrals to community-based EPS.

Objective: The objective of this study was to examine physician knowledge and perceptions of EPS.

Design: A cross-sectional survey of obstetric providers was conducted in 2009. A questionnaire was created to assess understanding of the EPS program.

Setting: The study was conducted in an urban Michigan community.

Participants: Participants included a convenience sample (N = 56) of community Obstetrics and Gynecology attending physicians and resident physicians within a single, large health system.

Main Outcome Measures: Outcome measures included knowledge of the program and patient participation, referral practices, perceptions of the program, value for patients and providers, appropriateness of physicians to provide program referrals, and barriers to referring.

Results: Findings indicated that most physicians (84%) had little familiarity with EPS, 60% did not personally refer to EPS, 54% did not know whether other office staff referred to EPS, and 65% were unaware whether their patients received EPS. Yet, more than 90% of physicians reported that EPS would benefit their patients and believed that it was appropriate for them to refer all their eligible patients.

Conclusion: Further efforts should be made to better understand how physicians and EPS providers could function together on behalf of patients. Statewide Medicaid-sponsored EPS programs could serve as a valuable patient and physician resource for psychosocial risk screening, care management, education, and referral support if better utilized.

Correspondence: Jennifer E. Raffo, MA, Michigan State University, College of Human Medicine, Department of Obstetrics, Gynecology, and Reproductive Biology, 15 Michigan St, NE, Grand Rapids, MI 49503 (Jennifer.Raffo@hc.msu.edu).

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Keywords

enhanced prenatal services; low-income pregnant women; physician awareness; prenatal care

To improve birth outcomes for low-income pregnant women, federal and state-sponsored enhanced prenatal service (EPS) programs were developed to augment traditional prenatal care for Medicaid-insured pregnant women. Enhanced prenatal service programs generally include psychosocial risk assessment, care management, health education, and referrals to other community resources offered by registered nurses, social workers, or other professionals through home or office visits.^{1–4} In Michigan, all Medicaid-insured pregnant women are eligible for state-sponsored EPS but less than a third of eligible women are enrolled.⁵ Although medical offices are not the only referral source, women are often linked to Michigan's EPS through prenatal providers. In turn, EPS professionals supply medical providers with notification of enrollment, risk assessment results, and an initiated plan of care.

Given low EPS participation rates, Michigan Medicaid sponsored an improvement initiative using Lean⁶ strategies in a single community to better understand EPS utilization and care coordination among physicians, managed care plans, and EPS programs. As part of the improvement initiative, Obstetrics and Gynecology (OB/GYN) physicians, managed care plans, and EPS program providers participated in a group activity to complete a Lean A3 planning tool to guide change. The A3 planning tool built group consensus on determining the importance of the issue, describing the current state (what is happening now), defining the desired future state (what would like to happen), and an analysis of root causes that created the gap between the current and future states.⁷ The participants of the A3 activity suggested lack of physician EPS awareness as a root cause of underutilization and limited care coordination. To our knowledge, little is published on physician awareness of EPS. The purpose of this study was to examine physician knowledge and perceptions of the statewide Medicaid-sponsored EPS program in a large Michigan community. Prior studies have found that participation in EPS programs, which address psychosocial risks, is associated with increased patient satisfaction with prenatal care, reduced risk factors such as smoking³ and depressive symptoms,⁸ and decreased incidence of low birth weight⁹ and preterm birth.⁹

Methods

In 2009, we conducted a survey of all OB/GYN resident and attending physicians within a single hospital system, a total of 96 physicians at the time of the survey. During a 4-month period, we recruited the convenience sample through on-site contacts with 2 OB/GYN physicians at regularly scheduled physician meetings such as Grand Rounds and at other local OB/GYN practices. The sample included 64 OB/GYN attending physicians who provide hospital-based obstetrical services within the largest health system in the area. In 2009, the health system delivered about 3000 of the county's 4500 Medicaid-funded births (67%). As part of the same health system, the sample also included 32 OB/GYN resident physicians who provide care in the community's single OB/GYN residency practice. The practice primarily serves Medicaid-insured pregnant women (90%).

The questionnaire was developed by physicians and was reviewed, pretested, and refined with research staff. The questionnaire identified the names of local agencies that provide EPS but not an explanation of services offered through the program. The questionnaire included 17 closed-ended questions related to the following: knowledge of the program and specific services, referral practices, knowledge of patient participation, perceptions of the program, value for patients and providers, appropriateness of physicians to provide program referrals, and barriers to referring. The questionnaire was voluntary and anonymous, but respondents were asked to indicate whether they were resident or attending physicians. The questions referred to Michigan's statewide Medicaid-sponsored EPS program, the Maternal Infant Health Program, in existence since 1987. The respondents were given the option to return their completed questionnaire in a sealed envelope directly to the distributing physicians or the research staff member identified at the end of the questionnaire via interoffice mail, fax, e-mail, or US Postal Service. Data entry and analysis were performed by separate research staff to maintain anonymity. Descriptive statistics including percentages and counts are presented. The study was approved by the Michigan State University and Spectrum Health institutional review boards. Consent was given by submission of the voluntary questionnaire.

Results

A total of 56 completed questionnaires were returned. The response rate was 58%. Among those who completed the questionnaire, 26 (46%) were attending physicians and 30 (54%) were resident physicians. The Table provides a summary of findings. Forty-two percent of physicians were not familiar, and 42% were somewhat familiar with the EPS program. Furthermore, 60% of physicians indicated that they did not personally refer to EPS; more than half (54%) did not know whether other office staff members referred to EPS; and 65% of physicians were unaware whether their patients received EPS. Only 41% of respondent physicians believed that the program was designed to coordinate care with medical providers, and 30% did not know what services were provided. Physicians also indicated lack of own knowledge (59%) and time (37%) as major barriers to supplementing care with EPS. However, more than 90% of surveyed physicians reported that the program would benefit their patients, indicated that they value EPS screening results, and believed that it was appropriate for them to refer all their eligible patients to EPS.

Discussion

Results of the questionnaire indicate that most OB/GYN physicians had little familiarity with EPS. However, the majority perceived EPS could benefit them and their patients and felt that it would be appropriate to refer all eligible patients. The most prevalent barrier to a physician EPS referral was the lack of knowledge about the program. Our study underscores the gap between OB/GYN clinical providers and community-based EPS programs. State-required notification of EPS enrollment and summary of risk screening results sent by EPS providers directly to the patient's prenatal medical provider is not successfully closing the knowledge gap. When physicians were asked how they would know whether a patient is enrolled in EPS, 60% indicated that they "don't know" (not reported in the Table), and only

15% indicated that they would receive notification of EPS enrollment from the EPS provider (not reported in the Table).

Results are limited to OB/GYN resident and attending physicians who provide care in a single health system in a specific community. Although the hospital system is the largest in the community, it does not include OB/GYN physicians who provide care in smaller community hospital systems in the area, the community's Federally Qualified Health Center, and an unknown number of private providers. The sample also does not include other health care professionals who provide prenatal care such as Family Medicine or certified nurse midwives. Furthermore, although Michigan's EPS program is delivered primarily by community-based providers such as local public health departments, some EPS programs are clinic based. Knowledge of such services could have been higher among physicians with a clinic-based EPS. The small number of OB/GYN physicians who provide care with clinic-based EPS was not included in the sample.

Local EPS programs do not rely solely on physician referrals for engaging women into care, but efforts should be made to understand physician awareness and utilization of EPS across communities, health systems, and health care professionals. Limited physician EPS knowledge represents a missed opportunity to use the program and makes it difficult to engage physicians into care coordination for women already enrolled in EPS. Physician offices, especially OB/GYN, should consider creating stronger linkages with community services such as EPS. Medicaid-sponsored EPS programs could provide psychosocial risk screening, care management, education, and referral support as part of the patient-centered medical home or pregnancy medical home model if better utilized. Community-based EPS providers may need to invest in the development of collaborative relationships with physicians, through face-to-face contact, as most physicians are unaware of the program's existence. A study conducted by Mitchell et al¹⁰ found that a good relationship between physicians and referral sources is important for increasing referral rates and physicians believe that meeting in person is the most effective way to build a rapport. Physicians also indicated time as a major barrier preventing them from using EPS. Policy change for reimbursement of clinical and EPS provider time for developing and maintaining stronger care coordination relationships should also be considered.¹¹ Additional research is needed to determine how best to create and maintain successful linkages between clinical practices and community services.¹² Such linkages could further efforts toward ameliorating poor maternal and birth outcomes. On the basis of the results of this study and continuing improvement work, the health system and other community stakeholders involved in the improvement initiative have proposed to create an integrated perinatal system of care for Medicaid-insured women in the county. While the system of care will be broad in scope, a key component will be integration of the EPS and prenatal care to increase EPS utilization and improve care coordination. An Agency for Healthcare Research and Quality award is supporting the development and testing of this system of care in the context of the community collaborative.

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REFERENCES

1. Michigan Department of Community Health. What is the Maternal Infant Health Program? http://www.michigan.gov/mdch/0,4612,7-132-2943_4672-106183--,00.html. Accessed March 8, 2013.
2. Reichman NE, Teitler JO. Timing of enhanced prenatal care and birth outcomes in New Jersey's HealthStart Program. *Matern Child Health J*. 2005;9(2):151–158. [PubMed: 15965620]
3. Ricketts SA, Murray EK, Schwalberg R. Reducing low birth-weight by resolving risks: results from Colorado's Prenatal Plus Program. *Am J Public Health*. 2005;95(11):1952–1957. [PubMed: 16195530]
4. Silva R, Thomas M, Caetano R, Aragaki C. Preventing low birth weight in Illinois: outcomes of the Family Case Management Program. *Matern Child Health J*. 2006;10(6):481–488. [PubMed: 16865536]
5. Roman LA, Meghea CI, Raffo JE, et al. Who participates in state sponsored Medicaid enhanced prenatal services? *Matern Child Health J*. 2010;14:110–120. [PubMed: 19085092]
6. Graban M. *Lean Hospitals: Improving Quality, Patient Safety, and Employee Engagement*. 2nd ed. Boca Raton, FL: CRC Press Taylor & Francis Group; 2012.
7. Shook J. *Managing to Learn: Using the A3 Management Process to Solve Problems, Gain Agreement, Mentor, and Lead*. Cambridge, MA: Lean Enterprise Institute; 2010.
8. Roman LA, Gardiner J, Lindsay J, et al. Alleviating perinatal depressive symptoms and stress: a nurse-community health worker randomized trial. *Arch Womens Ment Health*. 2009;12(6):379–391. [PubMed: 19551471]
9. Wilkinson DS, Korenbrot CC, Greene J. A Performance indicator of psychosocial services in enhanced prenatal care of Medicaid-eligible women. *Matern Child Health J*. 1998;2(3):131–143. [PubMed: 10728270]
10. Mitchell LJ, Macdonald-Wicks L, Capra S. Increasing dietetic referrals: perceptions of general practitioners, practice nurses and dietitians. *NutrDiet*. 2012;69(1):32–38.
11. Porterfield DS, Hinnant LW, Kane H, Horne J, McAleer K, Roussel A. *Linkages Between Clinical Practices and Community Organizations for Prevention* Research Triangle Park, NC: RTI International; 2010.
12. Porterfield DS, Hinnant LW, Kane H, Horne J, McAleer K, Roussel A. Linkages between clinical practices and community organizations for prevention: a literature review and environmental scan. *Am J Public Health*. 2012;102(S3):S375–S382. [PubMed: 22690974]

TABLE**Physician Knowledge and Perceptions of Enhanced Prenatal Services^a**

Question	n (%)^b
Familiar with EPS	
Yes	9 (16.36)
Somewhat	23 (41.82)
No	23 (41.82)
Services believe are available through EPS (mark all that apply)	
Psychosocial risk assessment	35 (64.81)
Plan of care development	19 (35.19)
Coordination with medical providers	22 (40.74)
Transportation assistance	30 (55.56)
Childbirth and parenting education classes	30 (55.56)
Don't know	16 (29.63)
% Of Medicaid-eligible patients you personally refer to EPS	
1–100	21 (40.38)
0	31 (59.62)
% Of Medicaid-eligible patients other staff in office refer to EPS	
1–100	23 (41.07)
0	3 (5.36)
Don't know	30 (53.57)
% Of your Medicaid-eligible patients who receive EPS	
1–100	19 (34.55)
Don't know	36 (65.45)
Degree to which EPS could benefit patients	
No benefit	0 (0.00)
Moderate benefit	38 (76.00)
Tremendous benefit	12 (24.00)
Degree to which EPS could benefit you	
No benefit	3 (6.25)
Moderate benefit	39 (81.25)
Tremendous benefit	6 (12.50)
Valuable to know risk screening results and plan of care developed with EPS	
Strongly agree/agree	48 (94.12)
Strongly disagree/disagree	3 (5.88)
Appropriate goal for you to refer all eligible patients to EPS	
Definitely/probably yes	47 (92.16)
Definitely/probably no	4 (7.84)
Barriers preventing you from using EPS (mark all that apply)	
Lack of knowledge about the program	32 (59.26)
Time	20 (37.04)
Lack of office resources	7 (12.96)

Question	n (%) ^b
Referral process	14 (25.93)
Don't know	15 (27.78)

Abbreviation: EPS, enhanced prenatal services.

^aN = 56.

^bPercentages were reported as the fraction of the total valid answers.