

# While you are waiting...

Please enter into the questions box:

1. Where you work
2. Your role/title
3. One word to describe the postpartum period

(Only the presenters can see your responses)

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Postpartum Care Online Learning Community Series

# **Understanding and addressing barriers to postpartum care: Systems-and clinic-level strategies**

Anna Stiefvater, RN, MPH  
OHA Maternal & Child Health

Katie Russell, RN, BSN  
Confederated Tribes of Warm Springs

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HEALTH POLICY & ANALYTICS DIVISION  
Transformation Center

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# Agenda overview

1. Introductions
2. Review
3. Barriers to care
4. Solutions and Strategies
5. Q&A and discussion



# Introductions

If you haven't already, please enter in to the questions box:

1. Where you work
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(Only the presenters can see your responses)

# Measure Overview

- **Overview:** Percentage of live birth deliveries for which there is a subsequent, timely postpartum visit
- **Data Source:**
  - Denominator (deliveries): Administrative data (MMIS/DSSURS)
  - Numerator (visits): MMIS/DSSURS, medical records (hybrid: chart review + claims)
- **Equation:**

A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery

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All live birth deliveries with estimated delivery date (EDD) in the 'intake period': between November 6 of the year prior to the measurement year, and November 5 of the measurement year, and the members of the organization who meet the continuous enrollment criteria.

# CCO Performance - 2017

Statewide, the percentage of women receiving postpartum care decreased in 2017

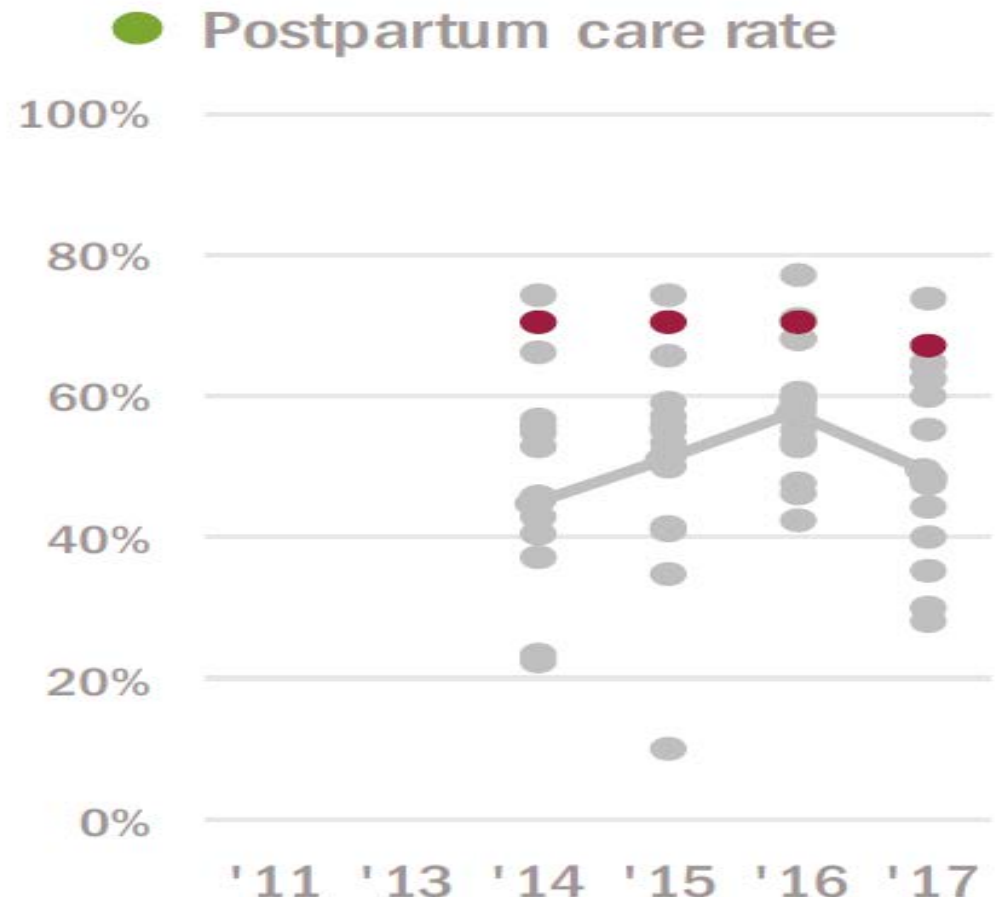
## 2017 Performance

Statewide Performance: 49.9%

(range 42.8%-77.6%)

Number achieving measure: n/a

- Statewide percent change since 2016: **-13.5%**
- Number of CCOs that improved: **5**



Source: Admin. claims + medical record review

# Questions about the CCO incentive metric?

- Recording and slides from metric overview webinar (March 21): <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Timeliness-Postpartum-Care.aspx>
- Incentive metric specifications and guidance documents: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>
- [metrics.questions@dhsoha.state.or.us](mailto:metrics.questions@dhsoha.state.or.us)

# Fourth Trimester (3 months postpartum)

- Challenges

- Recovery from pregnancy, labor & delivery and newborn care
- Return to tobacco use (and other substance use)
- Fragmented care
- Little formal or informal support

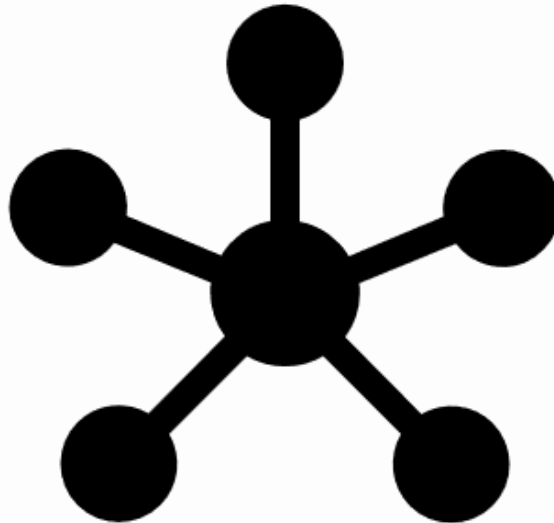
- Opportunities

- Reproductive life planning and contraception
- Management of chronic health conditions
- Linkages to ongoing care & services
  - Sensitive period of time with links to life course outcomes (maternal depression, breastfeeding)



# Multi-faceted approach

- Health systems and providers
- Public health and community partners
- Policy change



## Moms say they forgo needed care because...

My baby's health is most important

I thought maternity care was done

I'm always so tired

I'm feeling too blue to go

I'm busy caring for a new baby

I didn't have a ride

I need better care



### [Creating New Strategies to Enhance Postpartum Health and Wellness](#)

Andria Cornell, Carolyn McCoy, Caroline Stampfel, Erin Bonzon, Sarah Verbiest  
Matern Child Health J. 2016; 20(Suppl 1): 39–42.

## Moms say they forgo needed care because...

I couldn't reschedule



It's not worth the hassle

I don't want to see *that* doctor again



I feel fine (now)

They don't speak my language

I need more than one visit



I'm afraid they won't think I'm a good mom

I wasn't ready for the changes to my body



I'm not happy with the care my doctor gave me

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## Moms say they forgo needed care because...

I don't have  
child care



I'm sure I'm the  
only one who  
feels this way



I don't have  
coverage



I feel like I'm  
all alone

All my helpers  
left after the  
first few weeks

I can't take  
time off from  
work



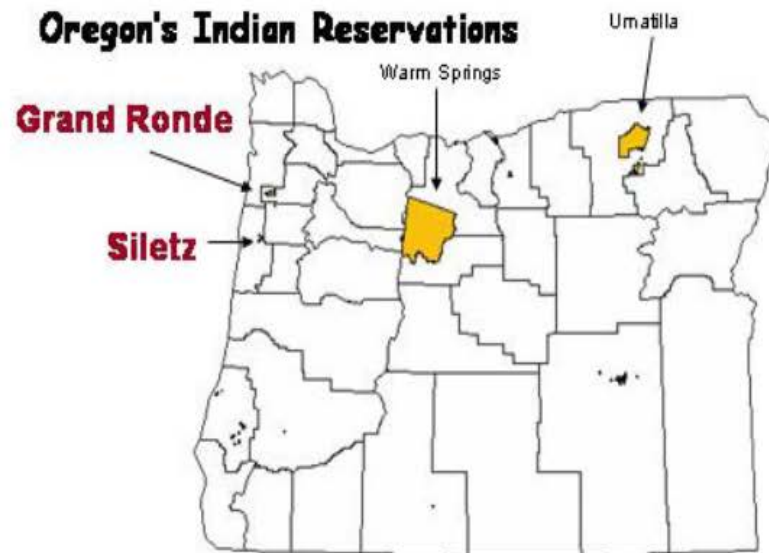
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# Addressing barriers from a tribal health perspective



# Location



# Tribe Background

- Population: 5000 people living on the Reservation
- Average births: 87/year
- High Risk Mothers: 48% of case load
- Tribal Community Health Services co-located with Indian Health Services-only clinic on the reservation
- Any American Indian can be seen at the clinic (no charge for services provided at the clinic).
- Closest hospital is 15 miles away



# Oregon Listening Sessions: Purpose

- To develop well-woman care strategies and activities, the OHA Maternal & Child Health (MCH) Section partnered with local public health authorities (LPHAs) and tribes to hold listening sessions and key informant interviews to better understand:
  - Women’s experiences and barriers to accessing preventive (well-woman) care,
  - Challenges faced in accessing culturally responsive care and
  - Women’s perspective on care improvement.
- MCH had a particular interest in listening to low-income women, black women and Native American women; these groups are more likely to experience poor maternal and child health outcomes.



# Listening Sessions: Participants

- Multnomah County (12)
  - Ages 20-52
  - 11 self-identified as Black, African, or African American
  - 9 insured by Oregon Health Plan (OHP)
- Multnomah County staff (7)
  - Ages 25-53
  - 7 African American, Black
- Warm Springs (6)
  - Ages 28-36
  - All American Indian
  - 4 OHP
- Jefferson County (12)
  - Ages 21-42
  - 7 White, 3 Hispanic/Latino, 2 Native American
  - 11 OHP
- Marion County (10)
  - Ages 22-38
  - 8 White, 1 Hispanic, 1 Asian/White
  - 7 OHP

# Themes

- Most women did not identify preventive services as a main reason to go to the health care provider.
- Changing recommendations on preventive screenings have created confusion.
- Women seek care with health care providers they know and trust.
- Women do not seek out preconception care.

# Barriers to care

- Barriers related to the care provider (and other staff)
- Barriers related to the system of care
- Barriers related to the patient



# Provider and staff attitudes

- Do not care about their patients
- Dismiss their patients' concerns
- Do not take the time their patients needed to understand their treatment or get to know patients
- Either talk down to them or use words they don't understand

*“When I went in to my last appointment she said, “I’m kinda concerned you lost so much weight,” as I’m holding a newborn. They either forgot I was pregnant or . . . (laughs).” -Listening Session Participant*

# Distrust of providers/fear

- Concerns about confidentiality
- Fear related to undocumented status and Child Protective Services
- Prescribe medications that are harmful
- Unable to resolve problems/misdiagnose the patient's conditions



# Lack of culturally appropriate care

- Providers that make assumptions based on race (for example, repeated drug testing, repeated questions about domestic violence)
- Bias against women who want large families

*“If you want to get pregnant, that’s kind of frowned upon. Me and my significant other, we want a big family.”*

*-Listening Session Participant*

*“My client said they would ask her domestic violence questions over and over just because the father of the baby showed up to the appointment. The big myth is that Black men don’t show up, don’t take care of their kids.”*

*-HBI Staff*

# Time

- To get an appointment
- Away from work and family to go to appointment
- To wait for the appointment to start
- After appointment starts, time waiting for the doctor in examination room
- To ask all the questions you want answered
- To review the patient's history, address all concerns

*"They told my client one time, 'You're asking too many questions, so we need to reschedule you' ". -HBI Staff*

# Access/Insurance

- Only having insurance during pregnancy
- Insurance plans that do not cover annual visits
- Providers that don't accept OHP
- Longer wait times for OHP patients
- Limited insurance coverage for procedures
- Family planning clinics bound by policies that limit their scope

*“I had OHP for a long time. Now I have private insurance. And it was, ‘Oh, we can’t get you in,’ and I update my insurance, and it was, ‘We can see you tomorrow.’ I’ve been told, ‘We can only take so many OHP patients and you have to have a new patient examination. Those are four months out.’” -Listening Session Participant*



# Lack of continuity of care

- Different doctors at each visit
- Referral to emergency rooms

*“I’ve had five different doctors in the last two years. With each doctor, every time I go in, I get a different doctor. I have to explain my whole medical history.”*

*-Listening Session Participant*

# Preventive care is not a priority

*“Women in general attend to their own health care last. They tend to make sure that their children and family, including their spouses, are attended to before they take care of themselves”.*

*-Health Care Provider*

*“Women culturally don’t take the time to take care of themselves. They’re too busy taking care of everybody else.”* -Health Care Provider

# Discomfort with pelvic examinations

- Having a male doctor perform a Pap smear
- Having multiple people present during pelvic exams

# Transportation and Childcare

- Transportation a barrier in both urban and rural settings
- Not having easy access to childcare or having to bring children to appointments

# Healthy Birth Initiative Listening Session

- Women of color receive poor care due to racism
- Perception that birth control is an attempt to control population
- Lack of black doctors

# Solutions

- Integrated services and seamless care transitions from preconception through postpartum and well-baby.
- Mother-centered care, including quality visits on her schedule with complete and culturally appropriate information.
- Business, community, and government support, including paid parental leave, health insurance, and spaces for new parent to meet each other.

# Guidance Document – Strategies Organized by Role

## Legend

- \* CCO strategy
- \* Clinic strategy
- \* Community strategy

## Care Delivery Strategies

### *Provide patient education and outreach*

- \* Send educational mailings on the importance of postpartum care to members.
- \* \* \* Partner with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to provide education on the importance of prenatal and postpartum care, postpartum nutrition, lactation services and supplemental foods.
- \* \* \* Partner with Oregon MothersCare (OMC). OMC provides patient navigation to newly pregnant women, assisting with insurance enrollment, and referring them to prenatal care, WIC services, dental care, home visiting services, and other pregnancy resources. These services are currently provided at 29 sites serving 26 counties.
- \* Provide anticipatory guidance about the postpartum period and importance of postpartum care during prenatal care visits.

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>

# Care Delivery Strategies

- Provide patient education and outreach
- Offer peer support
- Offer enhanced maternity care models
- Provide comprehensive case management and care management
- Facilitate access to appointments
- Use technology and incentives



# Payment Strategies

- Provide guidance to providers on documentation and billing codes for prenatal and postpartum care visits.
- Develop mechanisms to encourage providers to prioritize postpartum care visits such as paying more for postpartum visits.
- Provide bonuses for priority components of postpartum care that may not be incentivized, such as lactation support, or screening and treatment of maternal depression.
- Consider reimbursement strategies that support mom-baby dyad visits.

# Upcoming sessions

- **May 2:** Postpartum Care Online Learning Community Series: Central Oregon Perinatal Continuum of Care - a unique model for engaging women in perinatal care in Deschutes, Jefferson and Crook Counties. **Details and registration:**  
<https://attendee.gotowebinar.com/register/3435249655153401859>
- **May 16:** Postpartum Care Online Learning Community Series: Jackson Care Connect's Starting Strong - an incentive-based program for engaging women in perinatal care and resource navigation. **Details and registration:**  
<https://attendee.gotowebinar.com/register/7417392698911608579>
- **June 6:** Postpartum Care Online Learning Community Series: First Steps and Start Smart - innovative programs from Columbia Pacific CCO and Trillium Community Health Plan for perinatal care coordination and case management. **Details and registration:**  
<https://attendee.gotowebinar.com/register/5939070728064462083>

# Resources

- [CMS Postpartum Care Action Learning Series](#)
- [Oregon Well-Woman Care Listening Sessions Report](#)
- [Creating New Strategies to Enhance Postpartum Health and Wellness](#)

Further questions?

[elizabeth.m.stuart@dhsoha.state.or.us](mailto:elizabeth.m.stuart@dhsoha.state.or.us)

<https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Timeliness-Postpartum-Care.aspx>