

Coordinated care organizations lead to more timely prenatal care

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Pregnant women on Medicaid are more likely to receive timely prenatal care following Oregon's implementation of coordinated care organizations, or CCOs, which are regional networks of health care providers who work together to treat patients, a new study has shown.

"We found that under the CCO model, the timeliness of prenatal care was significantly improved for Oregon [women](#) on Medicaid, with more women beginning care in the first trimester of their pregnancies," said the study's co-author, S. Marie Harvey, associate dean and distinguished professor in Oregon State University's College of Public Health and Human Sciences.

"This is an indication that Oregon's use of CCOs is helping close the gap in timeliness of care for women on Medicaid versus those who are not on Medicaid."

The findings were published in the *Maternal and Child Health Journal*. Co-authors are Lisa Oakley, Jangho Yoon and Jeff Luck of OSU. It is the first study to be published from a five-year federal grant to study the impacts of the expansion of Medicaid in Oregon on the health of women of reproductive age and their children up to age 2.

Medicaid is a federal health insurance program for people with limited resources, including low-income adults, children, the elderly and people with disabilities. In Oregon, Medicaid is provided through the Oregon Health Plan.

OSU researchers are awaiting data to examine the impact of Medicaid expansion, which began in 2014. In the meantime, they examined how the coordinated care organization model, an innovative approach implemented in Oregon in 2012, affected access to and use of prenatal care, Harvey said.

CCOs are Oregon's version of an accountable care organization; nine other states are also using accountable care models for their Medicaid programs and eight other states are considering adopting similar models.

Oregon implemented the CCO model - which includes coordination of physical health care, [mental health care](#) and dental care - for providing Medicaid services in 2012. The hope was to focus on prevention and better management of chronic conditions, ultimately improving care and reducing costs.

Each CCO is allocated a fixed sum of funds to provide all necessary patient services and incentives to meet specific benchmarks that are critical to overall health and wellbeing. Benchmarks include decreasing emergency room usage, increasing use of dental sealants for children, using electronic health records, screening for colorectal cancer and providing timely prenatal care.

Early and regular prenatal care throughout a pregnancy plays a critical role in the health and wellbeing of mother and baby, the researchers said. Women on Medicaid generally begin prenatal care later in pregnancy and have fewer medical visits during their pregnancy than their non-Medicaid enrolled peers.

"Prenatal care is important because these visits provide opportunities for practitioners to evaluate and address [health](#) concerns for both mom and baby and discuss other important topics such as risks of smoking, the importance of good nutrition and other issues that could impact a

pregnancy," said Oakley, the paper's lead author and a post-doctoral researcher at OSU.

After the first year of CCO implementation, mothers on Medicaid were more likely to receive prenatal care starting in the first trimester of pregnancy compared to the year before implementation, the researchers found.

However, the improvement was more prominent among white and Asian women and those in urban areas, suggesting more work is needed to reach women in other racial and ethnic groups and those living in rural areas, Harvey said.

"For women in rural areas, issues such as transportation may be keeping them from accessing coverage," she said. "In addition, cultural or language barriers may prevent some women of color from obtaining care."

Researchers also noted that they saw no improvement in the proportion of women receiving adequate prenatal care; adequate care was measured by the number of prenatal care appointments a woman received after taking into account when she began prenatal care and the age of the baby at birth.

"This study used only the first year of data after CCO implementation; because of the initial positive impact of CCOs on prenatal care timeliness, we hope that additional years of data will demonstrate improvements in [prenatal care](#) adequacy, as well," Oakley said.

More information: Lisa P. Oakley et al, Oregon's Coordinated Care Organizations and Their Effect on Prenatal Care Utilization Among Medicaid Enrollees, *Maternal and Child Health Journal* (2017). [DOI: 10.1007/s10995-017-2322-z](https://doi.org/10.1007/s10995-017-2322-z)

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