Researchers partner with DHS to study medical homes for high-risk pregnant women

Description: The project Medical Homes for High-Risk Pregnant Women in Southeast Wisconsin evaluated care delivery processes and birth outcomes of patients who receive prenatal care from clinics participating in a medical-home pilot program in targeted ZIP codes. The study measured participating clinics against their individual benchmark measures for the process of prenatal and postpartum care, how the clinic intervention differs from pre-program standard of care and other attributes of the medical-home pilots.

Relevance: In 2011, the Wisconsin Department of Health Services (DHS) began requiring its contracted health maintenance organizations that participate in BadgerCare Plus to implement a medical-home pilot program for high-risk pregnant women in Kenosha, Milwaukee and Racine counties. BadgerCare Plus – the state’s joint Medicaid and Children’s Health Insurance Program – reaches more than three-quarters of racial and ethnic minority pregnant women in Wisconsin, which has one of the nation’s worst infant mortality rates for African Americans.

Results: With funding from DHS, the project is continuing for two years and is expanding significantly. Findings from the initial phase funded by the Wisconsin Partnership Program show that the pilot had a statistically significant positive effect on the likelihood of the patient having a timely postpartum visit and on the likelihood of having at least one dental visit. Results also show an increase in appropriate use of emergency department care.

The evaluation team conducted baseline surveys of each participating clinic. One year later, team members visited 15 participating clinics, meeting with 87 staff members and with each of the three participating health plans and health maintenance organizations. Researchers reported that care delivery processes in medical-home models, even when certified by the National Committee for Quality Assurance or recognized by another entity, differ substantially in practice.

Each clinic’s approach to the medical-home model is shaped by its corporate culture and the population it serves, but all models rely on care coordination as the central programmatic element. The implementation appears to depend on the commitment by both administrative and clinical leaders and on the up-front resource commitment to add a care coordinator or other designated capacity.

The study also compared patients’ pre- and post-program experiences with a similar group of patients in the target ZIP codes who received care in non-pilot clinics. The pre-post comparison of birth outcomes for patients receiving care from clinics in the pilot with those in non-pilot clinics is in progress and will continue under the next research phase funded by DHS.

KEY INFORMATION

Grantee: Jonathan Jaffery, MD, UW School of Medicine and Public Health, Department of Medicine

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