# Four health departments' experiences implementing Pregnancy Care Management and Care Coordination for Children

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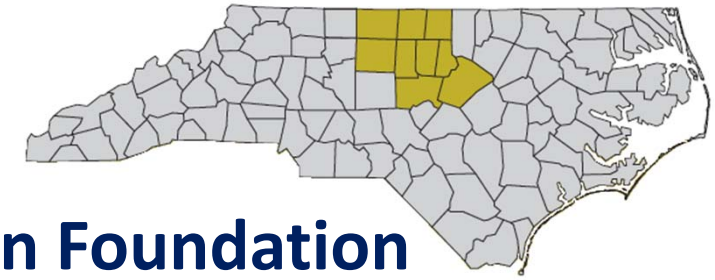

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# Study Team Members:

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## NC State Center for Health Statistics

- Timothy Whitmire PhD

## Orange County Health Department

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## Context: NC's shift to medical homes for pregnant women and young children enrolled in Medicaid

- 3/2011: medical homes model initiated

## Objective:

- To understand how health departments have been implementing PCM and CC4C

## Comparative Case Study Design:

**Sample:**

- Four NC local health departments – one/region; one w/o prenatal clinical services; one district
- 32 professionals (24 in both Feb and fall 2011) – health directors; WIC directors; clinicians; PCM/CC4C supervisors and staff
- Fall: 10 women in two LHDs receiving PCM

**Analyses:**

- Constant comparison qualitative coding
- Independently rated transition plans

# PCM/CC4C compared to MCC/CSC: More focus on people

**Some saw little or no difference:** "to me, it still seems the same. The only thing is one's on computer and one was on paper." – Care manager

**But others saw more time on people served:**
"… the system allows for more client based time because there's less documentation." -PCM care mgr

"…it just makes it a lot easier, their goals are a lot simpler, we don't have as many care plans, but yet you can still address the woman's needs." -Supervisor

# PCM/CC4C compared to MCC/CSC: Who is excluded

**First time mothers:** "I think we're all still really concerned about these young, first time moms that may not have any identified risk. … they might be young and healthy and no real risk identified according to the system but they would still be very at risk as far as I was concerned." - PCM care manager

**Children at risk without current medical needs:** "[CSC] could take people that we just felt like would be good people for the program. And so having to have it come through a primary care physician, that door and that portal for that, makes it a little bit less." – WIC director (re. CC4C)

# Comparing: More connection to providers

"I think I'm spending more time with the providers." – PCM care manager

"…normally we had no reason to really go in to the office except maybe once a year to do a little new staff in-service, where now ..they talk to us quite frequently on the phone or fax referrals to us …" – CC4C care mgr

"I really believe it's going to force us to collaborate with other practices, especially even outside the county, for referrals and I think that overall it's going to be a good thing for us." – Health director

# Mothers' experiences: Value flexibility and caring

"Ah man, as much as she's got going on, she never forgets you. Never. She calls you, checks in on you, makes sure that you have everything that you need and of course, she's going to ask the questions she has to but she goes farther than that. She cares about you. You know what I'm saying. It's not just to pull you in, ask you some questions, send you home."

"I don't know like what I would have done [about an abusive partner]. And a part of me does want to go back, but a part of me doesn't because she's rootin' for me to stay strong and, 'I got your back. You can do this.' So that helps me out a lot, too ."

"...she was just very open and very, I guess very nice. I was comfortable with talking with her. It wasn't like a stranger to talk to."

# Mothers' experiences:

**Tension with shortening timelines for services:**

"Presumptive eligibility… it's like you see them for that 60 days and then all of a sudden -- they've still got needs but you can't see them, and that's tough." Director of Nursing

"They …don't talk about how wonderful the program is anymore. I mean they used to say, 'Oh, my Baby Love Nurse, she helped me do this and that, and it's wonderful,' and now, there's not a whole lot of that going on." - Postpartum home visiting nurse

# Factors affecting implementation: Local providers

Those in LHDs more consistently participating

Some motivated and "get it"; others don't

> "…when I went to the initial workshop, I was under the impression that a case manager could come to our office to interview those clients. … it would be nice for the health department to help facilitate that …" Local prenatal provider

> "…what public health sees as incentives are not necessarily perceived that same way by the private sector. They see it a lot of times as more hassle than what they're going to get compensation for." - Health director

Varying amounts of space and time to meet with patients

# Factors affecting implementation: Available resources

More staffing enables LHDs to follow up promptly on referrals

Some LHD staff have laptops; others taking hard copy notes and typing into system back at office

Not all care partners connected to CMIS

> Dorothy Cilenti: Do you have access to the information system that [the care mgr] uses to document her encounters?
>
> Prenatal care provider: Mm-mm [no]
>
> Dorothy Cilenti: You don't?
>
> Prenatal care provider: I have no idea what she does.

# Factors affecting implementation: Implementation especially complicated for district health department

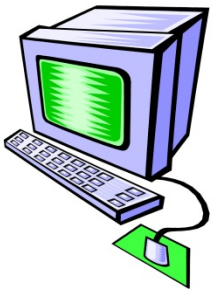
"…it doesn't make sense for me to hire one at 50 percent or 100 percent. It's just hard to do. It makes more sense to say, 'Well, let's rotate them and cover what we got to cover,' but that's where you got to figure it out a little bit better." -Health director
(Dorothy Cilenti: "Get creative.") "Yeah. And we can. It's just being allowed to do it."

"It's been really difficult to be split between networks. Really difficult." – Director of Nursing

# Factors affecting implementation: CCNC

**Useful data, well supported**

"We can see what visits they've had, emergency room visits… We can see if they have an active care manager. It's just the data in there is going to be unbelievably helpful to be able to get a full picture of everything that's going on with this child so it will be good." - CC4C care manager



**Less evidence of help working with families, connecting to local providers**

# Conclusions

- Rapid, full scale innovation
- Serving fewer women and children more
- Negotiated compromises between medical and nursing/social work models of care management
- Makes LHD-based care managers more reliant on providers
- CMIS most useful for care managers with portable devices
- CMIS, referrals appear to be CCNC's primary emphases