

III. KEY MEASURE ANALYSIS

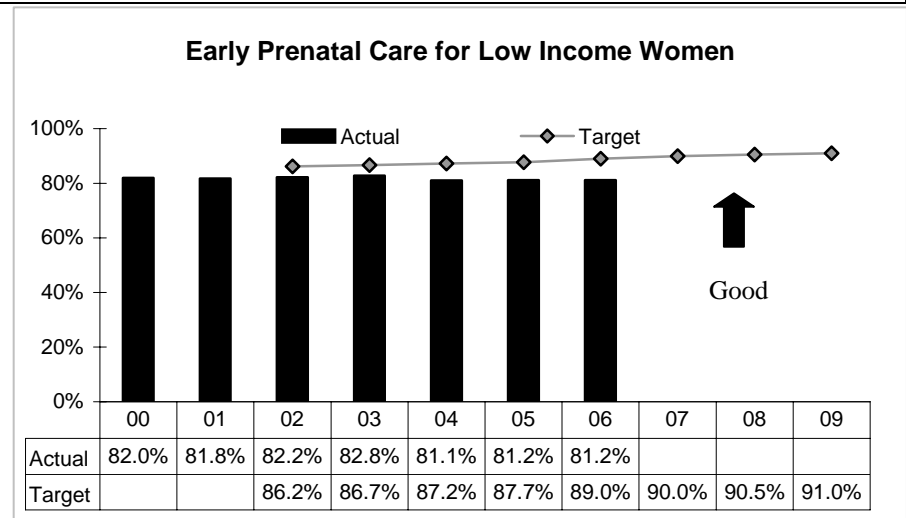
Agency Mission: Assisting people to become independent, healthy and safe.

KPM #17	EARLY PRENATAL CARE FOR LOW INCOME WOMEN The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	Measure since: 2002
Goal	People are healthy.	
Oregon Context	Prenatal care	
Data source	Oregon DHS, Office of Disease Prevention & Epidemiology, Center for Health Statistics (Birth Certificates)	
Owner	Public Health Division, Office of Family Health, Ruth Helsley 971-673-0345 / Division of Medical Assistance Programs, Susan Arbor, 503-945-5958	

1. **OUR STRATEGY**

Office of Family Health (OFH) is continuing to provide funding and technical support for Oregon MothersCare (OMC), a program that collaborates with the Division Of Medical Assistance Programs (DMAP), the agency that administers the Oregon Health Plan (OHP), to assist pregnant women in entering early prenatal care. The OMC program has expanded from five sites serving fewer than 1,000 low-income women in 2000 to 28 sites that served more than 5,300 women in 2006 with over 29,400 referrals to prenatal care and other services. OFH also promotes SafeNet, the toll-free hotline for referrals to local prenatal services.

In addition, DMAP expedites applications for OHP from pregnant women. Weekly, DMAP sends its contracted managed care plans a download of members from which the plan can identify pregnant women. Plans use this information to make timely contact and help arrange the first prenatal visit. DMAP places regular messages on the monthly medical card emphasizing the importance of initiating early prenatal care.



2. **ABOUT THE TARGETS**

The targets were developed for a different data source (survey) that yielded slightly higher rates. The present rates are 4 to 7 percentage points below these targets. The National Title V Performance Measure and the Healthy People 2010 target for early prenatal care is 90% of infants born to pregnant women, **of all income ranges**, initiating prenatal care in the first trimester.

3. **HOW WE ARE DOING**

There was a slight decline in '01 and '04. Otherwise, the rates have remained stable from 2000 through 2006 with rates in the low 80s with less than a two percentage point difference (81.1 % - 82.8%).

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4. HOW WE COMPARE

Although this measure is for women entering prenatal care by the end of the fourth month, a comparison between OMC clients (where 85% of clients apply for OHP) and OHP clients in general might be helpful. In 2006, approximately 84% of women receiving services through OMC during their first trimester entered prenatal care during the first trimester. This includes women who are low-income but ineligible for Oregon Health Plan (OHP) coverage. Among women who report OHP/Medicaid as their delivery payment source, the percent of first trimester care is consistently slightly less than 70%.

Four months was chosen for this measure because many women do not learn they are pregnant until their second or third month of pregnancy and then become eligible for OHP due to their pregnancy status (in addition to their low-income). Although OHP applications from pregnant women are expedited, Oregon is not one of the thirty-one states that have Medicaid presumptive eligibility for pregnant women. Presumptive eligibility allows pregnant women to make an initial prenatal care appointment while their Medicaid eligibility is being processed.

5. FACTORS AFFECTING RESULTS

There has continued to be a consistent rise in the number of Hispanic births in Oregon, from 17.4% in '01 to 19.9% in '05. Investment in the Oregon Mothers Care (OMC) program expansion results in increased outreach to pregnant Hispanic women. When low-income women who are not already covered by Medicaid become pregnant they must apply for OHP after they find out they're pregnant. It is likely that some of them do not know immediately that they can now qualify because they are pregnant, especially if they were recently told they were ineligible for OHP due to income. Due to implementation of the federal Deficit Reduction Act (DRA) there may be a resulting delay in future OHP application processing as women wait to receive their birth certificate, now required as proof of citizenship to determine eligibility.

6. WHAT NEEDS TO BE DONE

OFH and DMAP will continue to collaborate through the Oregon Motherscare program and whenever possible. Trends will continue to be tracked, comparing Medicaid and non-Medicaid women for the entire state as well as by county. The use of other data sources and measures will be considered including further use of birth record data and perhaps birth record data linked to OHP/Medicaid-DMAP data. Options for comparing OMC and DMAP data for the first three months of pregnancy will be explored.

7. ABOUT THE DATA

Birth certificate data were used to calculate early prenatal care during months 1 through 4. Income data not available; OHP/Medicaid as a source of payment for delivery was used as a surrogate for "low income." The data for 2006 are preliminary. At the time of updating the data in July 2007, it was found that the data presented in the graph were correctly computed for all previous years but improperly translated into the graph. The graph reflects now correct actual and target values