It's Not a “Six-Week Visit”! Improving the Medicaid Postpartum Visit Rate in North Carolina’s Pregnancy Medical Home Program

There is a need to ensure that patients do not leave the hospital after delivery without a comprehensive postpartum visit, as many women do not receive postpartum care, with lower rates among patients with Medicaid coverage, but the postpartum visit (PPV) rates have been difficult to determine. The PMH program aims to improve birth outcomes, improve quality of maternity care, and reduce healthcare costs, with a primary focus on preterm birth prevention.

**Background:**
The postpartum period is an important opportunity for preventive care and ensuring a smooth transition to well woman care. Many women do not receive postpartum care, with lower rates among patients with Medicaid coverage, but PPV rates have been difficult to determine.

**Methods:**
PMH practices were recruited in early 2016 to participate in a quality improvement initiative. Practices completed chart review to determine their “true baseline” for the PPV rate and compared it to the rate based on claims for the PMH postpartum incentive. Sites tested strategies to increase the proportion of women who receive a comprehensive postpartum visit, participated in monthly statewide webinars, and tracked their PPV rate.

**Results:**
- 45 practices, serving more than 14,000 pregnant Medicaid patients annually,
- Baseline PPV rate based on claims for PMH incentives was 45% (range 0–75%).
- “True” PPV rate based on chart review was over 70% (range 16%–92%).
- The majority of sites were able to increase the rate within a few months by implementing process changes.

**Conclusions:**
The postpartum visit rate in the Medicaid population can be improved in many types of practice settings by implementing simple changes and scheduling the comprehensive visit earlier in the postpartum period.

**Role of Hospitals in Improving the Postpartum Visit Rate**

**Patient Education**
- Educate about importance and timing of postpartum follow-up
- Review birth control options
- If patient desires IUD or implant, instruct patient to alert provider prior to PPV

**Discharge Planning/Advocacy**
- Provide contact information for postpartum care provider and the reasons to contact provider
- Note to the provider congratulating the patient and reminding her of the scheduled PPV

**Scheduling**
- Schedule PPV at a late prenatal visit
- Ensure the patient does not leave the hospital after delivery without a scheduled postpartum visit
- Reschedule a missed visit quickly, within 1-2 weeks
- Avoid scheduling a separate visit for family planning; offer LARC insertion at the time of the comprehensive PPV visit

**Strategy to Increase the Postpartum Visit Rate**

**Patient Communication**
- Phone outreach
  - 1-week phone calls to check on patient and remind her of the PPV
  - Reminder calls 2-3 days before the scheduled PPV
  - Immediate callbacks (within 24 hours) for patients who miss the visit
- Texting or other EMR messaging
- Personal note from the provider congratulating the patient and reminding her of the scheduled PPV visit

**Care Coordination**
- Pregnancy care manager integrated into office/hospital processes for scheduling and confirming the PPV
- Rapid outreach to patients after delivery (within 1 week)
- Care manager follow-up in the community with patients who missed the visit

**Unintended Pregnancy Among PMH Births**

**Access to highly effective contraception during the postpartum period may be one of the drivers of the decrease in unintended pregnancy among PMH patients.**

**Results Chart:**
- PMH participation: 360 practices, representing >1,700 providers and >36% of maternity care provided to Medicaid patients.
- PMH patients: >350,000
- Access to highly effective contraception during the postpartum period may be one of the drivers of the decrease in unintended pregnancy among PMH patients.