Improving Continuity of Care/Interconception Planning for Women During the Post-Natal Period via Telephonic Case Management

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PURPOSE
To optimize women’s health between pregnancies and promote birth spacing by connecting all women of childbearing age to a health and lifestyle nurse/coaches at the Health Plan and increasing the use of Long Acting Reversible Contraception (LARC) by implementing a process to facilitate referrals in the post-partum period.

SIGNIFICANCE
• Maternal morbidity and mortality continues to rise in the United States.
  • Between 2000 and 2014, there was a 26% increase in maternal mortality.
  • 61% of maternal deaths occur in the post-partum period.
• Care for chronic maternal health conditions, lack of interconception planning, and maternal support during the post-natal period is lacking in the United States system of healthcare.
• Unplanned pregnancies or shortened intervals between pregnancies have increased risk problems for both mothers and their babies.
• Research has shown that the healthier women are prior to pregnancy the greater likelihood of positive birth outcomes.
• Using LARC as birth control allows for greater likelihood of birth spacing and planned subsequent pregnancies.
• Managed Care Organizations/Health Plans can help bridge this gap by providing continuity of care through telephonic case management and support to women during the post-natal period.
• Women are the primary decision makers for themselves and their families when it comes to healthcare.
• A recent study found that 94% of women make decisions for themselves and 55% make decisions for others in their household regarding health.
• Telephonic case management can engage women and their families during the post-natal period to help promote interconception care and continuity of care to increase positive birth outcomes for subsequent pregnancies as well as encouraging health promotion for the family.

BACKGROUND
• Case management during the pregnancy has been proven to improve birth outcomes.
  • The Maternity Division of the Health Plan engages maternity members during their pregnancy and the post-partum period to provide education, support, and resources to members.
  • After the post-partum period, members are encouraged to contact the Health Plan with any future needs or concerns.
  • The current process was linear and focused on the perinatal period.
• UPMC is a world-renowned health care provider and insurer and the largest non-governmental employer in the state of Pennsylvania.
• UPMC is a nonprofit that operates 40 academic, community, and specialty hospitals, 700 doctors’ offices and outpatient sites, and numerous rehabilitation, retirement, and long-term care facilities.
• The UPMC Insurance Division has case management teams that are comprised of Registered Nurses and Social Workers that provide support to members for their health needs.

METHODS
This project consists of three phases: Phase I – Assessment, Phase II – Education, and Phase III – Evaluations or the Project.

Phase I
A confidential preliminary survey was sent to maternity team members to determine current knowledge of interconception care, morbidity and mortality data, and health and lifestyle programs offered by the Health Plan.

• Education intervention resulted in behavior changes by the maternity care managers.
• Maternity care managers reviewed and discussed chronic conditions and lifestyle behaviors with Health Plan members and how they can impact their health.
• Post education revealed a 220% increase in connecting members with health and lifestyle programs after the post-natal period.
• Increase in the number of Health Plan members choosing LARC as their birth control of choice.

RESULTS
Top Knowledge Gaps Knowledge Deficit Percentage
Continuity of Care Definition 12%
Preconception Care Definition 20%
Knowledge of LARC 29%
Interconception Care Definition 33%
Type of Health/Lifestyle Programs 55%
Ideal Pregnancy Intervals 67%
Preconception Health – Target All Genders

PRELIMINARY DATA
Preconception data was captured regarding whether maternity nurses and social workers were educating members on health and lifestyle programs and actively connecting members to a case manager or health coach.

Phase II
An educational session was provided to the maternity team which comprised of 26 maternity nurse care managers and one social worker in October 2018 which discussed the new workflow, rationale for the change in process, list of all health and lifestyle programs, background information on LARC, and mandatory education modules on interconception care.

EASY TO READ EDUCATIONAL MATERIALS ABOUT INTERCONCEPTION CARE AND LARC WERE CREATED FOR MEMBERS OF THE HEALTH PLAN.
NURSING ASSESSMENTS DURING PERINATAL CARE MANAGEMENT WERE REVISED TO INCLUDE AND DOCUMENT DISCUSSIONS OF LARC DURING THE THIRD TRIMESTER OF PREGNANCY AND POST-NATAL BIRTH SPACING.

Phase III
UPMC reports were generated showing the specific case manager and number of referrals to case management and health and lifestyle programs. Claims data was gathered on LARC insertion rates.

LEADERSHIP JOURNEY

MODEL THE WAY
• Literature Review
• Develop leadership skills
• Review preliminary data

INSPIRE SHARED VISION
• Create a project team
• Educate staff on rationale and importance
• Collaborate with different areas across the health plan

CHALLENGE THE PROCESS
• Create and initiate new workflows
• Develop new processes
• Create reports to analyze project data

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REFERENCES
Available upon request from Meghan Moroz (mmoroz@upmc.edu)