

EXECUTIVE SUMMARY

Exploring Access and Quality in High-Volume Medicaid Pediatric and Obstetric Practices: Findings from a Three-State Analysis

By Stacey Chazin and Roopa Mahadevan, Center for Health Care Strategies

Made possible through support from Aetna, Inc., the Aetna Foundation, and the Annie E. Casey Foundation.

Understanding where Medicaid-enrolled children and pregnant women receive care—and the degree of access and quality at these sites—is critical for state Medicaid agencies to design and target quality improvement efforts for these populations. To explore these issues, the Center for Health Care Strategies (CHCS) examined the characteristics, quality of care, and quality improvement activities of Medicaid pediatric and obstetric practices in the fee-for-service (FFS) or primary care case management (PCCM) delivery systems of selected states. Though drawn from the experiences of just three states—Arkansas, Iowa, and Pennsylvania—the study findings suggest opportunities for quality improvement and present questions for further exploration in Medicaid pediatric and obstetric care in states across the country.

STUDY METHODS SNAPSHOT

With analytic support from Mathematica Policy Research, CHCS worked with Medicaid agencies in Arkansas, Iowa, and Pennsylvania to analyze Medicaid enrollment and claims data for beneficiaries receiving pediatric and obstetric care in 2010,ⁱ focusing on:

- **Distribution of beneficiaries, providers, and practice sites** by practice site size (number of Medicaid providers) and type (federally qualified health center (FQHC)/rural health clinic);
- **Characteristics of Medicaid-serving practices**, including the racial/ethnic composition of the Medicaid patient panel, and whether the practice is group-affiliated or multi-specialty; and
- **Disparities in quality of care** related to practice size/type/characteristic and beneficiary race/ethnicity for nine pediatric and four obstetric measures from the Initial Core Set of Children’s Health Care Quality Measures,ⁱⁱ as well as other quality measures that individual states opted to include.

CHCS also surveyed a sample of high-Medicaid-volume practices in Iowa and Pennsylvania to explore their quality improvement efforts and needs.

KEY FINDINGS

Landscape of Medicaid Pediatric and Obstetric Care Delivery

- In each of the three states, solo providers represent the largest percentage of all practices providing pediatric care.
- African-Americans and Hispanics in each state are more likely than Caucasians to visit FQHCs for obstetric and pediatric services.

Medicaid Pediatric and Obstetric Quality Performance

- Pediatric access to primary care providers (PCPs) in each of the states varies by age category, with the highest scores among the youngest beneficiaries (ages 12 to 24 months). In Arkansas and Iowa, the lowest scores appear for children ages 25 months to 6 years, while in Pennsylvania, rates are lowest for children ages 11 to 19 years.

- Racial/ethnic disparities were seen in every measure of chronic illness care reported by each state, and in some cases, in prenatal care and birth outcomes.
- Analyses of measures by practice size/type suggest opportunities for targeted quality improvement and further research. For example:
 - Solo practices performed the best of all practice sizes/types in the majority of obstetric measures in Iowa and Pennsylvania, suggesting the need for quality improvement at larger practices.
 - Rates of child and adolescent access to PCPs at rural health clinics were below the state average in Pennsylvania; in Iowa, these sites scored the lowest of all practice sizes/types on this access to care measure. In contrast, rural health clinics in both Arkansas and Pennsylvania excelled compared to others in BMI assessment and asthma management; and
 - FQHCs had poorer performance than other practice sizes/types in all reported behavioral health measures (e.g., developmental screening, follow-up after hospitalization for mental illness, and follow-up for attention deficit hyperactivity disorder medication prescription) in Pennsylvania, and in at least half of the behavioral health measures reported by Arkansas and Iowa.

Provider Access and Quality Improvement Efforts: Iowa and Pennsylvania

Among the sample of surveyed practice sites that responded:

- Most pediatric and obstetric practices are implementing strategies to improve patient access and engage patients and families in care processes, while fewer are currently working to advance culturally-competent care.
- More than half of pediatric practices, but fewer obstetric practices, are pursuing formal performance measurement and quality improvement activities.

IMPLICATIONS

The findings from the three-state analysis suggest certain populations, health services, and care settings that could benefit from Medicaid agency support. While drawn from a small sample of states with FFS or PCCM delivery systems, other state Medicaid agencies can consider how this analysis may be applied to an examination of their own delivery system performance. Furthermore, the study findings suggest additional research questions that may be helpful to states in assessing care access and quality among Medicaid-contracted pediatric and obstetric providers.

FOR MORE INFORMATION

The complete analysis, *Care at Birth and Beyond: Analysis of High-Volume Medicaid Pediatric and Obstetric Practices*, is being released by the Center for Health Care Strategies in late January 2014 through funding from Aetna Inc., the Aetna Foundation, and the Annie E. Casey Foundation. For more information, visit www.chcs.org.

¹ At the time of the study, the most current data available to states were based on 2010 utilization.

ⁱⁱ Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services. "Initial Core Set of Children's Health Care Quality Measures: Technical Specifications and Resource Manual for Federal Fiscal Year 2012 Reporting." November 2012. Available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/InitialCoreSetResourceManual.pdf>.