CAMDEN COALITION
DEMONSTRATION SNAPSHOT

Camden Coalition

Pregnancy care initiation pilot

MARCH 2023

Issue

Pregnant individuals use emergency departments for care but are not connected to timely pregnancy-related care (prenatal care, post-miscarriage care, options counseling, abortion care).

Project goal

Connect pregnant people with prenatal and other appropriate clinical and social care earlier in their pregnancy, and support retention in care, with a longer-term goal of shifting organizational practices in South Jersey toward more proactive outreach, care support, and addressing the care barriers for pregnant community members.

Background

In 2019, Camden was selected as one of ten initial cities for the Safer Childbirth Cities program by Merck for Mothers and a group of New Jersey funders. This funding gave the Camden Coalition the opportunity to collaboratively address a problem we had noticed in monitoring emergency department (ED) admissions through the Camden Coalition Health Information Exchange (HIE): many pregnant people seen in South Jersey EDs do not appear to be connected to prenatal or other pregnancy-related care.

This pilot also aligns closely with the other state policy aims, including the NJ Quality Improvement Program-New Jersey, a Medicaid pay-for-performance program, and Nuture NJ, First Lady of New Jersey Tammy Murphy's Maternal and Infant Health initiative.

PILOT SITES

- CAMcare
- CompleteCare
- Cooper University Health Care
- Inspira Health Network
- Osborn Family Health Center
- Southern New Jersey Perinatal Cooperative
- Virtua Health

PARTICIPATING EMERGENCY ROOMS

- Cooper University Health Care
- Jefferson Health
- Inspira Health Network
- Virtua Health

FUNDERS

- Merck for Mothers, a program of Merck Sharp & Dohme LLC
- The Burke Foundation
- Community Health Acceleration Partnership
- The Nicholson Foundation

Project design

Camden Coalition staff perform a manual chart review of each patient seen in participating EDs within the past seven days with evidence of pregnancy. Patients with a recent or current pregnancy and no record of established pregnancy care are considered eligible and are assigned to sites for outreach based on previous treating relationships or indicated preference.

Each site has an identified outreach champion(s) that make regular outreach calls to patients identified by Coalition staff. Outreach champions assist with appointment scheduling, coordination of transportation assistance, and connection to other resources as needed.

Pilot sites are each given a $10,000 patient cost fund, which can be disbursed at the site's discretion as long as the funds are used to support patients' access to pregnancy-related care.

Prior to each site's launch, the Camden Coalition held a training session with the pilot sites on the outreach workflow, covering the outreach process and suggested language for engaging patients telephonically. Coaching, support, and case conferencing, along with summary data of the previous month's outreach outcomes, are provided during monthly meetings with each site. In March 2022, based on feedback from the sites, we developed a more formal training on techniques that support a trauma-informed, patient-centered approach to outreach.

Progress to date

As of the end of 2022, the pilot has reviewed 3,878 ED records, and sent 2,882 people for follow up support to the participating pilot sites. 2,112 of them received an outreach call, 1,159 people were successfully contacted, and 438 people accepted help. Early observations include:

Importance of supporting a broad set of proactive care transitions

Through feedback from partners and our own experiences triaging ER patient records, we quickly realized the pilot could not only support earlier initiation of prenatal care, but also presented a unique opportunity to connect with people experiencing miscarriage to offer support and follow-up care options. Outreach staff could also offer referrals and scheduling support for abortion care for those carrying an unwanted pregnancy. Supporting a more inclusive vision of pregnancy care meant we had to find a way to capture all these variables in the data. Through thoughtful design and redesign of our data infrastructure, we are now able to better capture the multiple needs of participants engaged in this pilot, contributing to the less studied field of pregnancies that do not result in a live birth as well as uptake and connection to various social supports.

Benefits of flexible funding

The $10,000 patient cost funds disbursed through this pilot program are a simple intervention that benefits both patients and staff.

Patients benefit from access to things like transportation to and from their appointments, baby supplies, food, childcare, and medical supplies that they would otherwise be unable to access. Our early observations show that staff also benefit from increased satisfaction and morale from being able to directly and materially help their patients.

Expanding to rural communities

In April 2022, we began reaching out to pregnant residents of Cumberland County, a rural South Jersey community, with the addition of Inspira Health Network and CompleteCare, a federally qualified health center, as pilot sites. Pilot participants in Cumberland face stark transportation barriers: we identified several pregnant individuals who were walking an hour or more each way to get to their prenatal appointments. We also found a large population of undocumented patients who were uncertain about their ability to access prenatal care, and were thrilled to receive outreach and assistance scheduling appointments.

Transportation is key

Transportation is a key barrier to many pregnant people remaining connected to care. Through this pilot, we are able to equip pilot sites with the tools they need to connect their patients to reliable transportation, including patient cost funds, access to taxi vouchers, and training in how to coordinate transportation with an Uber dashboard.

Next steps

The pilot is underway through June 2023. We are seeking funding to conduct a formal evaluation of the full pilot. Because of the nature of pregnancy and a planned evaluation design that will follow patients through one year postpartum, we do not expect to have complete data until two years after the program ends.

We are also beginning to address some of the barriers identified through the pilot with our state and health plan partners. We will detail these efforts in future publications.

We will continue to report on the pilot over the next year, including outcomes information about people that interacted with the program.

For information, please contact:

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