

October 26-28, 2020

Maternal & Infant Health in the Digital World:

Patient-Centered Care During COVID and Beyond

VIRTUAL CONFERENCE

hmhbga.org/event/beyondcovid2020

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Pregnancy Related Care in Georgia's Emergency Departments (PRECEDE)

***Opportunities to Improve Rural Healthcare System
for Pregnant Patients***

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Overview



Background



Theoretical Framework



Project Goals and Methods



Patient-Centered-Care Themes



Implications

TIMELINE



VBEP ED VISITS

5.4 million visits for vaginal bleeding in early pregnancy to emergency departments

1993-2003



U.S. OB SHORTAGE

It is estimated that 8,800 OB/GYNS will be lost by 2020.

2020

1986

EMTALA

Mandates that all patients who come to the ED must be examined and stabilized



2018

GEORGIA OB SHORTAGE

79 out of 159 counties in Georgia did not have an obstetrician/gynecologist



2050

U.S. OB SHORTAGE

Predicted that 22,000 OBs will be lost by 2050 in the U.S.



Reproductive Health in Emergency Departments

- Women experiencing vaginal bleeding in early pregnancy (VBEP) often seek hospital-based care
 - Availability of clinicians with technical expertise to address bleeding and other complications in early pregnancy may be increasingly limited owing to the closure of labor and delivery units in hospitals.
- Approximately 2% of all ED visits (roughly 500,000 visits) every year are related to VBEP²
- In Georgia, 37 labor and delivery units have closed between 1994 and 2018. Rural areas of Georgia, in particular, are experiencing a shortage of doctors.¹
 - Patients experiencing early pregnancy bleeding will need to seek care from specialties besides OB/GYN and Family Planning.

Sources:

¹Atlanta Journal Constitute (AJC), 2019 <https://www.ajc.com/georgia-rural-hospitals/>

²Wittels KA, Pelletier AJ, Brown, DF, Camargo CA Jr. (2008). United States emergency department visits for vaginal bleeding during early pregnancy, 1993-2003. Am J Obstet Gynecol;198(5):523.e1-6.

Early Pregnancy Loss Management

American College of Gynecologists and Obstetricians Clinical Guidance

Expectant

- Should be limited to first trimester
- Provide education on when and who to call for excessive bleeding
- Provide pain medications

Medical

- Considered for patients without complications
- Shorten time to expulsion while avoiding surgical evacuation
- Misoprostol or Mifepristone/Misoprostol, when available

Surgical

- Patients who present in need of urgent evacuation, with comorbidities, or prefer immediate evacuation with less follow up
- Dilation & curettage

Patient Preference Framework

Adapted Behavioral Model of Health Service Use¹ & Patient-centered care²

Environment

- Emergency Department
- County - Level of OB access

Population Characteristics

- Predisposing characteristics
- Enabling Resources
- Need

Health Behavior

- Drug use, delayed care, following up and adherence to post-ED instructions

Outcomes

- Enhanced case management, referrals, health policy, knowledge, health reform

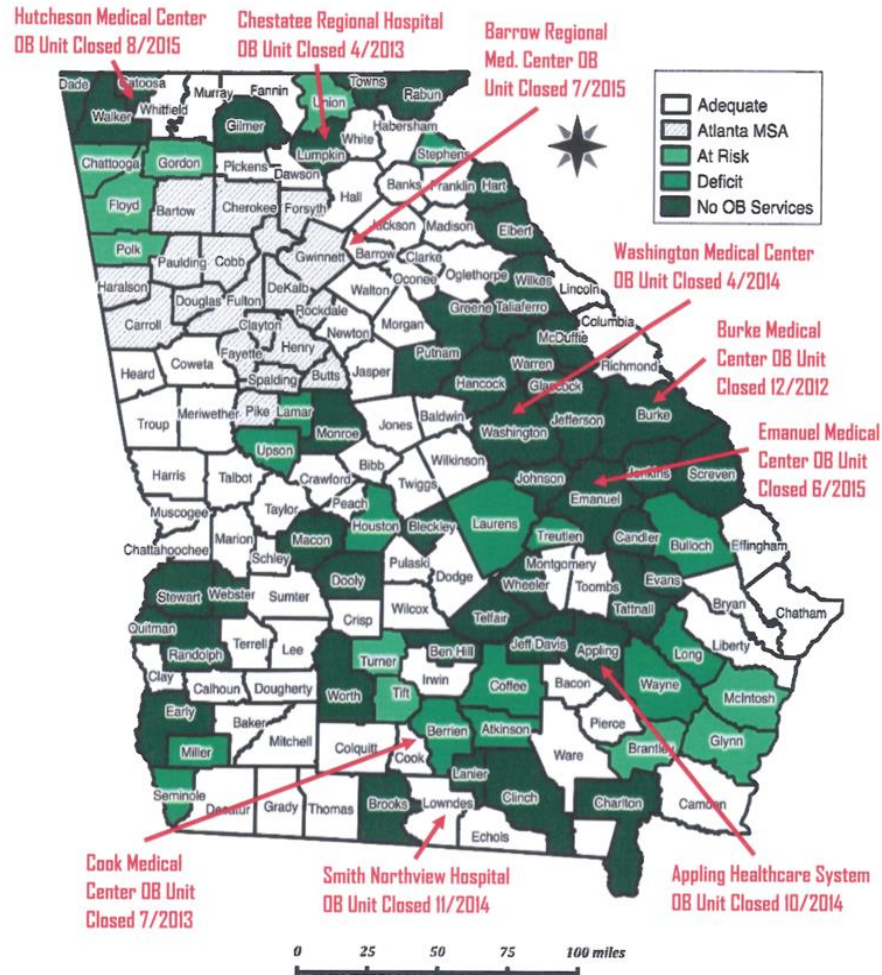
Sources

¹Andersen, R. M. (1995). Revisiting the Behavioral Model and Access to Medical Care: Does it Matter? *Journal of Health and Social Behavior*, 36(1), 1. doi:10.2307/2137284

²Mead, N., & Bower, P. (2000). Patient-centredness: a conceptual framework and review of the empirical literature. *Social Science & Medicine*, 51(7), 1087-1110. doi:[https://doi.org/10.1016/S0277-9536\(00\)00098-8](https://doi.org/10.1016/S0277-9536(00)00098-8)

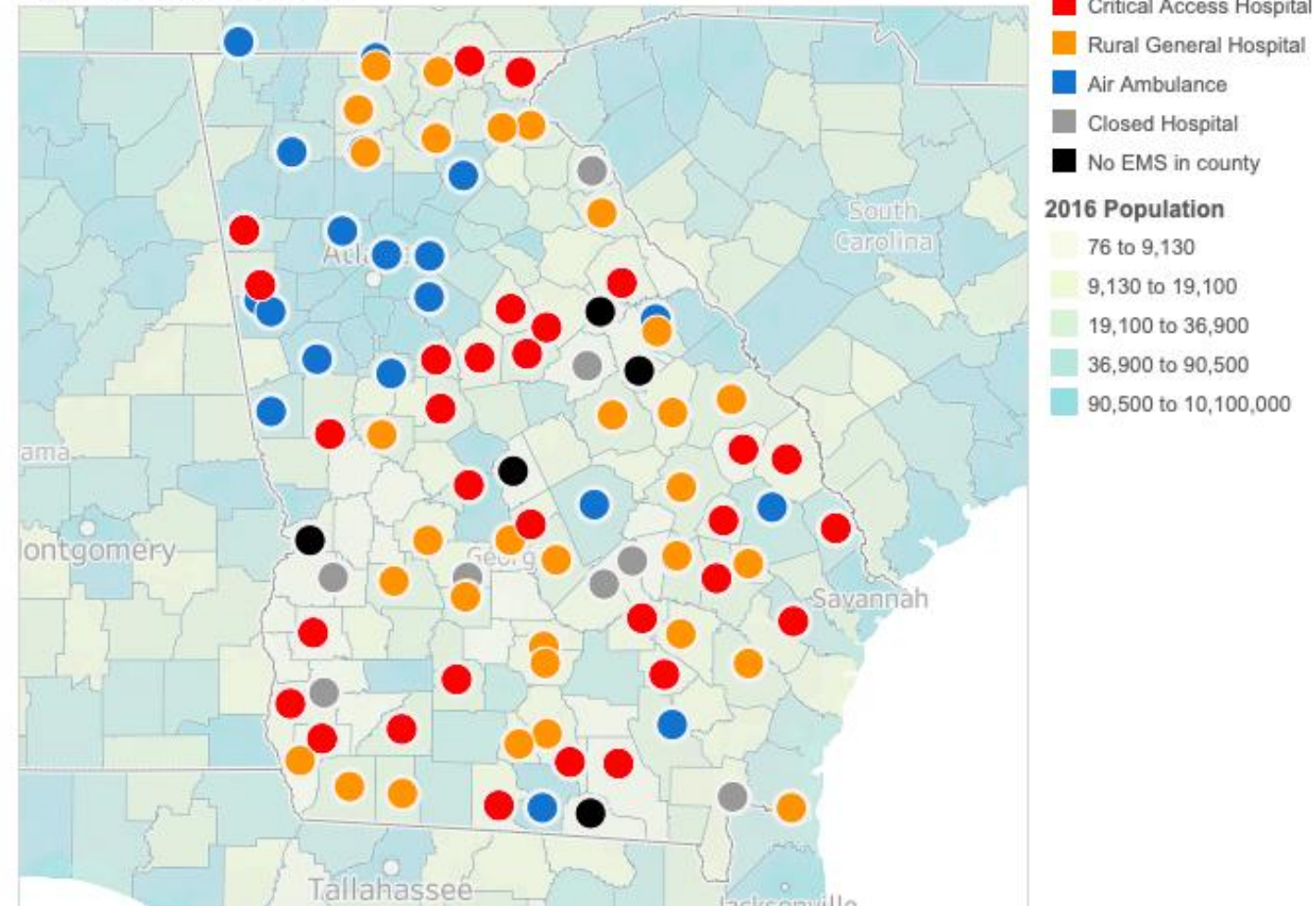
Environment: Georgia Rural Health Care Landscape

SHORTAGES OF OBSTETRIC PROVIDERS & CLOSED OB UNITS, GEORGIA 2017



Source: Georgia OB/GYN Society. <http://gaobgyn.org/resources/>

Rural hospital services



Source: AJC, 2019 <https://www.ajc.com/georgia-rural-hospitals/>

Environment: Georgia Health Care Access Landscape



How physicians develop discharge and follow-up plans have allowed them to become gatekeepers in health care delivery¹



ED providers do not identify patient's insurance coverage as an important factor in deciding referral specialists¹



The highest rates of VBEP were in the 20-29 age group and were more likely to be experienced by Black, Hispanic, and uninsured patients²



Right from the Start program (RSM)
Provides access to health care services during pregnancy and 60 days post-partum for those whose income levels are below 138% of the Federal Poverty Guideline (FPG)³

Sources:

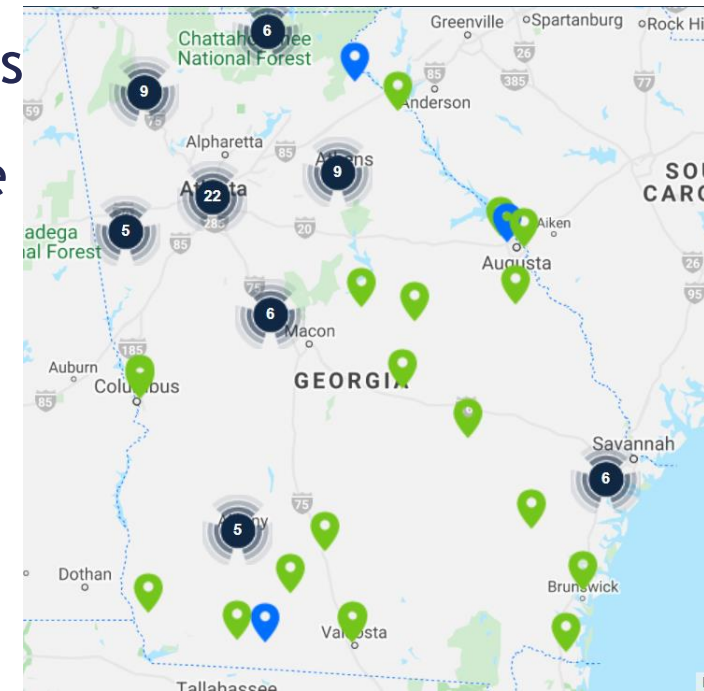
¹ Javalgi, R., Joseph, W. B., Gombeski Jr, W. R., & Lester, J. A. (1993). How Physicians Make Referrals. (cover story). *Journal of Health Care Marketing*, 13(2), 6-17.

² Wittels KA, Pelletier AJ, Brown, DF, Camargo CA Jr. (2008). United States emergency department visits for vaginal bleeding during early pregnancy, 1993-2003. *Am J Obstet Gynecol*;198(5):523.e1-6.

³ Kaiser Family Foundation. (2014). Births Financed by Medicaid. Retrieved from <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22collid%22:%22Location%22,%22sort%22:%22asc%22%7D>

Environment: Health Care Access and Policies for Pregnancy

- Right from the Start (Pregnancy Medicaid)
- Planning for Healthy Babies¹
 - Family planning program in Georgia for those 18-44 years of age, do not have health insurance, 200% of the FPG, not currently pregnant but able to conceive, not eligible for Medicaid
- Title X (Federal family planning program)²
 - Federally-Qualified Health Centers/Community Health Centers
 - Health Departments
- Crisis Pregnancy Centers (Pregnancy Resource Centers)³



Source: <https://crisispregnancycentermap.com/>

Sources:

¹ Wellcare. (2016). Healthy You, Healthy Baby! Retrieved from <https://www.wellcare.com/Georgia/Members/Medicaid-Plans/P4HB>

² Title X in Georgia Improving Public Health and Saving Tax Dollars. (2016). National Family Planning and Reproductive Association. Retrieved from <https://www.nationalfamilyplanning.org/file/documents---policy--communication-tools/state-snapshots/Title-X-in-Georgia.pdf>

³ New Title X Regulations: Implications for Women and Family Planning Providers. Kaiser Family Foundation. (2019). Retrieved from <https://www.kff.org/womens-health-policy/issue-brief/new-title-x-regulations-implications-for-women-and-family-planning-providers/>

Overarching Research Goals

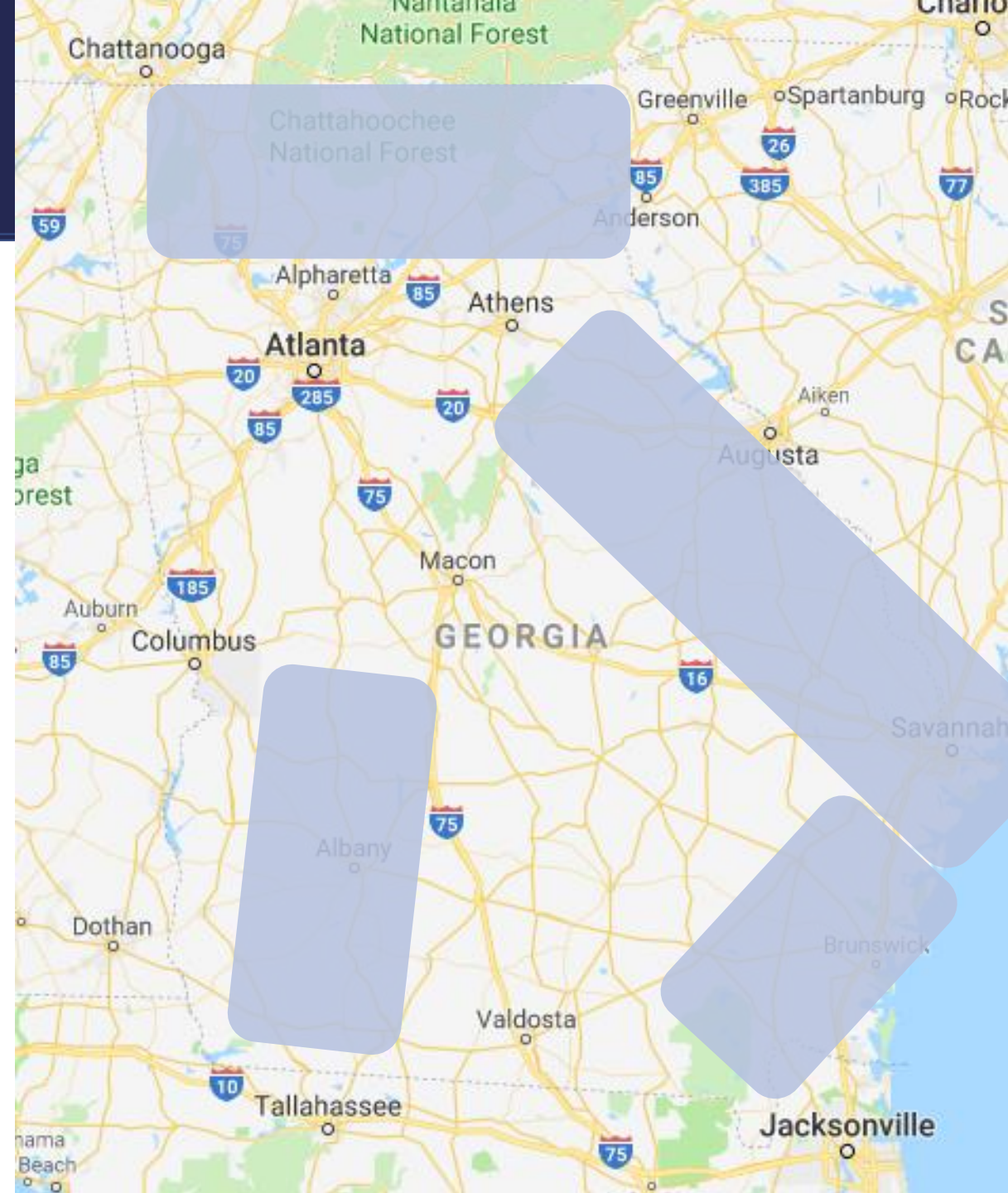
1. Describe institutional-level barriers and facilitators for providing VBEP and post-abortion care in Emergency Departments across Georgia
2. Explore the perceptions and experiences of providing VBEP and post abortion care for Emergency Department clinical staff members and how these experiences may have changed in recent years
 - a. Specifically due to closures in labor and delivery units across Georgia
 - b. Specifically due to policy

Patient-Centered Sub-Project

- What are ED clinical and administrative staffs' perceptions of and experiences with facilitators, barriers, processes and resources related to discharge planning and follow-up care for women with VBEP seen in the emergency department by ED clinical staff?
 - Understand emergency department providers' knowledge and awareness of insurance status for their patients and where women are being referred after they receive care in the ED
 - Explore how emergency providers practice patient-centered care by respecting patient preferences and incorporating patient-provider communication

Project Methods

- Conducted 32 interviews with Emergency Department clinical staff from 10 hospitals across Georgia
 - 30-minute interviews with RNs, Nurse Practitioners, Physician Assistants and Physicians
- Discussion focused on:
 - Professional background and hospital characteristics
 - Experiences providing care for early pregnancy bleeding and post-abortion care
 - Changes in provision of care over time



Hospital & Provider Characteristics

Provider characteristics	
Type of provider	n
Emergency Physician	9
Registered Nurse	9
Physician Assistant	7
Nurse Practitioner	3
ED Educator	3
Admin	1

Hospital Characteristics	
Public Health District	n
North	5
South	2
East	1
Coastal	2
PCSA*	
No OB	3
At risk	3
Adequate	4

*Primary Care Service Areas

Overall Themes & Results

Overall Themes & Results

Patients are visiting EDs for pregnancy related care

- Hospitals with OB

“...we typically get four to five pregnancy complaints a day, I would say. I mean on average kind of thing, that's not every day but for the most part it feels that way. So related to bleeding, probably about half of that, maybe one to two patients every other day I would say we probably see that are in early stages, and it's ranging from like just spotting to heavy bleeding.”

- Hospitals without OB:
 - Lower pregnancy-related case volume, but still at least a few cases each week

The context for pregnancy-related visits is complicated

- Patient Concerns and Characteristics
- Community Characteristics
 - Communities with OB
 - Communities without OB
- Emergency Department Characteristics

What happens when patients present for pregnancy related care?

- Most places have policies in the hospital about the gestational age at which pregnant patients in the ED will be moved to OB/L&D, generally 20 weeks
- A few hospitals put all pregnant patients or EPB patients in a more urgent category/higher acuity area in the ED

“...So if we have somebody present who is less than 20 weeks for an OB complaint they're seen here. If we have somebody who presents 20 weeks or greater that presents here with just an OB problem, then they're seen by the OB department. If they present with a medical problem, then they're seen here and then we'll refer them at the end of the visit just to have the pregnancy checked out.”

- Hospital with OB

Current Procedures for Miscarriage / Early Pregnancy Loss Management

Expectant

- Should be limited to first trimester
- Provide education on when and who to call for excessive bleeding
- Provide pain medications

“Basically we do the ultrasound, we do the pregnancy hormone level, and then determine is it going to be watch and wait, is it medical management? Just give them some pain medicine, give them some time, or do they need to see the OB and have a D&C. And is that something they can follow up and have or is it something they need to have emergently? I guess those are our three big options.”
- Hospital with OB

“We don’t have an OR. If they miscarry here, depending on where they are in the pregnancy. If they are bleeding heavily and all that, we call the OB/GYNs on-call and they tell us what they want us to do. Whether we hang Pitocin, just fluids, transfer them up here. And we typically, if they miscarry, we send them to a tertiary care facility for further care.”

- Hospital without OB

“So if you have someone that is miscarrying within the first 16weeks, we can't really do a whole lot about it.”
- Hospital with OB

Patient Preference Themes & Results

Environment

- “I don't always talk to the doctor, but I will talk to the front office staff and say here's the patient's name, here's what I've got going on with her, can you please give me an appointment. And they say, well, she's going to have to have a hundred dollars up front. And I say, well, we can't do that. **As first line of care, you guys have to see these patients for us at least once (due to EMTALA).** And she's going to go through the right channels of getting everything, but she's going to need follow up. **We can't let her fall through the cracks. And they do it.** You just have to call and make it happen. **If they [patients] call themselves, it won't happen.**” – Hospital with OB

“We're an hour and 30 minutes from everything in the state, so if you wanna go to [City C], you wanna go to [City D], you wanna go to [City E], you wanna go to [City A], we can pretty much get you there. I have zero problems about talking to any of those. I have a massive list of hospitals, so as long as you didn't fly from Timbuktu, I'm probably gonna talk to whomever did your surgery or procedure first, and then they can have kind of first right of refusal.” – Hospital without OB

Predisposing Characteristics

Sharing power & responsibility

- “But, for pregnancy that needs immediate evacuation, so **we will notify the receiving hospital**, the condition, the stability, the findings, mostly from ultrasound, and then whether the **patient wants to be transferred by ambulance or by [personal vehicle – POV]**. Some patients, they just want to go POV depending on the status of the patient, whether they're stable or unstable.” – Hospital without OB
- “I would say that the same people who somewhat fall into that weird gap of people who have insurance, but don't have a lot of money, are the people who voice pretty quickly, ‘I'm not sure I wanna go by ambulance. I don't wanna pay that cost.’ And then I am obviously faced with things there. **In a lot of cases, it depends significantly on the patient.**” - Hospital without OB

Therapeutic alliance

- “We do discharge instructions, which go into depth and **explain the emotions and the signs and symptoms** and everything that kind of come along with it. Because it's a **very trying and emotionally miserable time for people, and painful and scary.**” – Hospital with OB
- “So the discharge instructions are great. And the nurses go over that with them, too. Depending on which provider you have is probably the amount of depth you go into it, just to kind of explain everything. **Even the guys try to be – they're all sensitive.** We have a sensitive group of people. But I think **they probably don't go into as much detail as the girls do...**”
– Hospital with OB

Enabling Resources

Biopsychosocial perspective

- “...our system has indigent care that is covered immediately as soon as you say, **“I don't have insurance, and here's this. I don't make a ton of money.”** – Hospital without OB
- **“Sometimes I will make an appointment if I feel like the patient is very lowly educated and can't do that.”** - Hospital with OB
- “So if they voice concerns about their ability to do follow-up, **if there are transportation concerns** or things like that we typically would get a case manager involved to handle those geographical issues or whatnot. **If it's a payment issue**, the physician who's on call is required under EMTALA to see that patient the first visit after the emergency visit. So that's typically not a problem. **The case manager also helps them with questions that they have about Medicaid and those kinds of things.**” - Hospital with OB

Need

Patient-as-person

- “A lot of times they’re **comfortable** here, they’re safe here, because this is their **local hospital** and it’s **what they know**, so they come here.”
– Hospital without OB
- “I just think it's kind of our responsibility if you're seeing somebody for the first time...We overestimate how many people understand the necessity for prenatals, or iron, or things like that, particularly in early pregnancy, just because they're not medical, and they don't understand that. I mean I'm not saying that not everybody understands, but **there's just a huge gap between what clinicians believe that people understand in the public, and what the public actually understands.**”
- Hospital without OB

Provider-as-person

- “**If you come here, all it’s going to do is delay your care.** We don’t mind you coming here, if feel you need to come here and you don’t have transportation, by all means come here we’ll take care of it. And that’s what we tell them every time they come, so. **And it’s frustrating for us, but you know, we’re here to take care of patients, so that’s what we do,** so...”
– Hospital without OB
- “**So first time pregnancy, I see follow up a little bit better with some women. And the reason I say this is because this is a small community.** I see most of these people again during their pregnancy. It's the only reason I have any insight into that.”
– Hospital without OB

Health Behavior

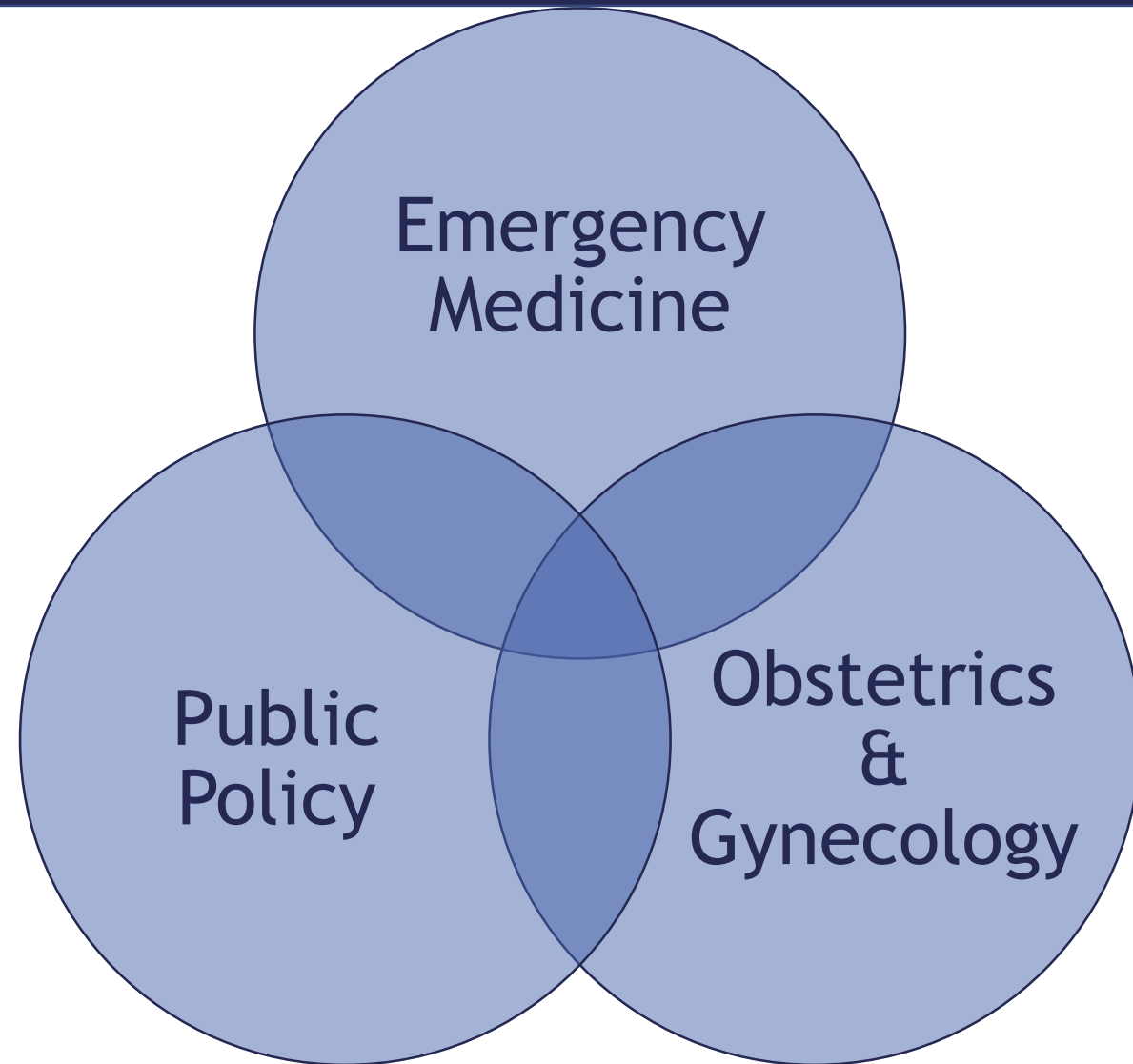
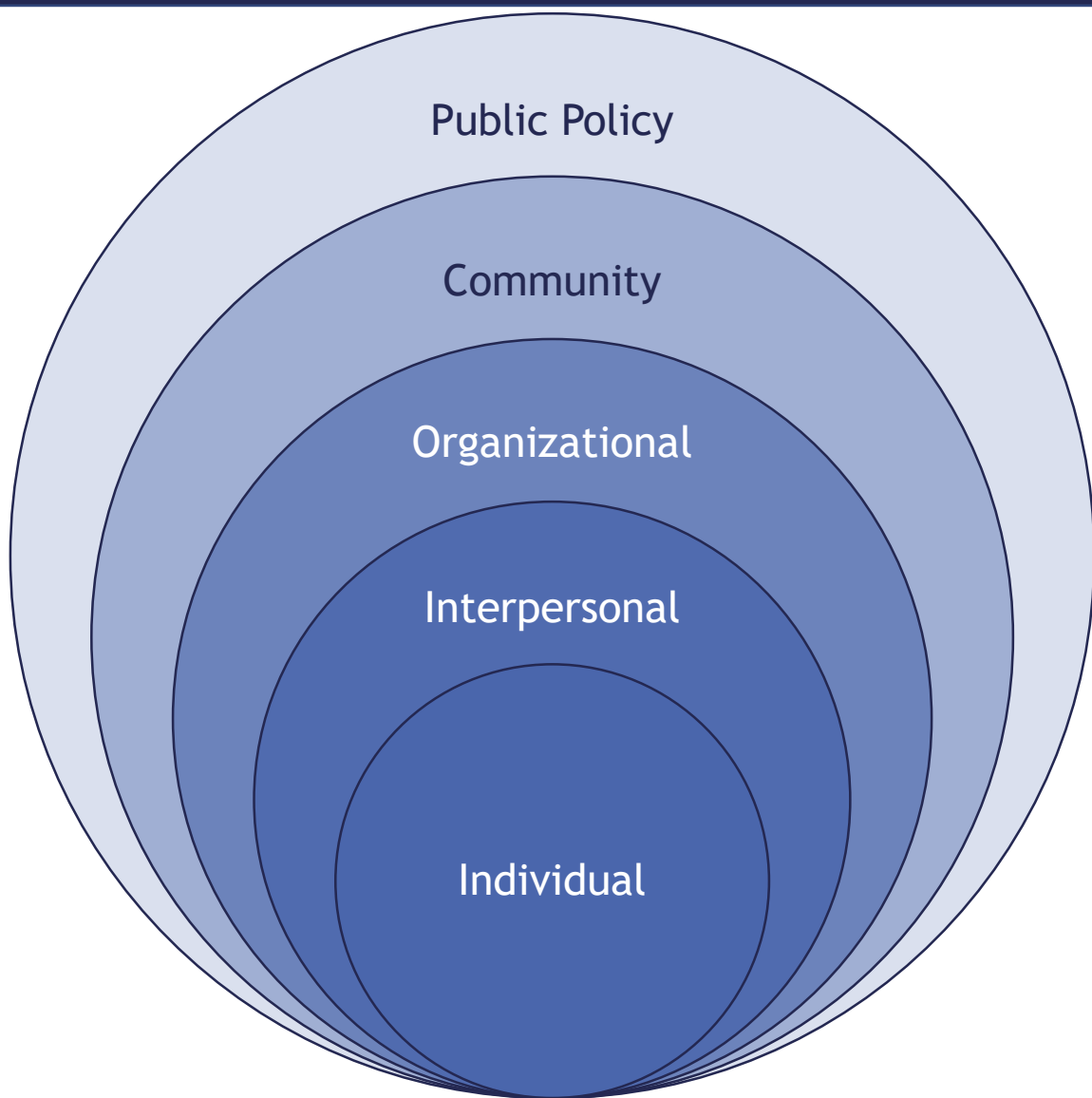
- “And we refer them, but whether they follow up is another story. And I noticed **that if drugs are involved then lots of times they're not gonna follow up. And they go long periods of time without – I mean they go almost to the end with no prenatal care.**” – Hospital without OB
- “With our population specific, we have a lot of government insurances and a lot of patients who don't have insurance at all. **So early pregnancy education is lacking. And so they don't have a place to go to initially because they don't have insurance.** So they usually have to wait until they are qualified for emergency Medicaid to go to their actual first OB appointment. So before they even get there, **we see a lot of them for probably non-urgent things until they can actually get access to them.**” - Hospital with OB

Outcomes

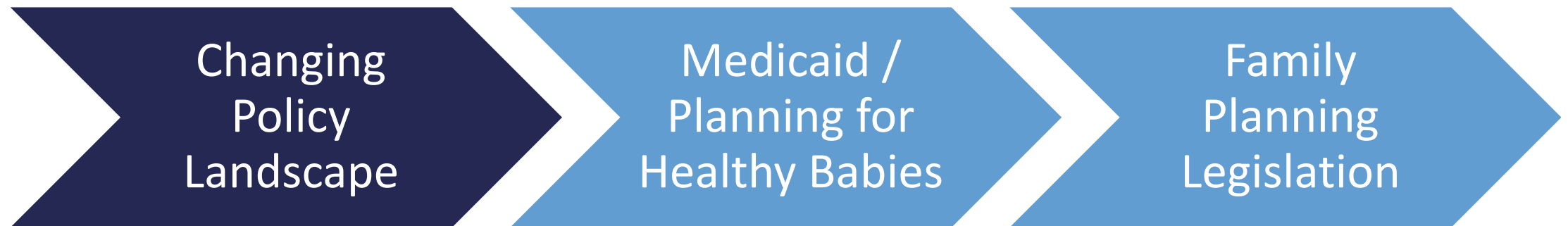
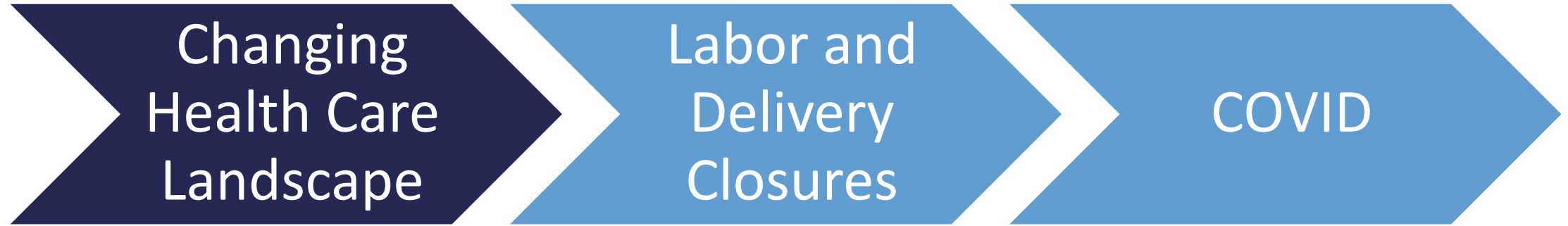
- “And a lot of the women, especially the younger girls who are uneducated about the services, and that don't have transportation they don't get the early checkups that they need. So, **we try to educate them on the importance of that.**” – Hospital without OB
- “**...somebody from the public health department or somebody to come around and say “Hey, these are some resources in your area.”** Just to keep everybody aware of what's available...Especially in the smaller hospitals where you don't have all those resources...” – Hospital without OB

Implications

Improving Rural Health Care for Pregnant Patients



Implications for Rural Health Care in Georgia



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