

Supporting High Performance in Early Entry into Prenatal Care: *Spotlight on Washington's First Steps Program*

by Rachel Yalowich

Ensuring women receive prenatal care during their first trimester is important to supporting healthy mothers, children, and families.¹ State agencies are increasingly focused on improving rates of early entry into prenatal care, as well as improving other measures of maternal and child health quality and access. Early entry into prenatal care is a priority for providers, states, and the federal government. It is a Healthcare Effectiveness Data and Information Set (HEDIS)² measure used by many state Medicaid agencies, and one of 14 Uniform Data System (UDS) measures federally qualified health centers (FQHCs) are required to report to the Health Resources and Services Administration (HRSA). [Healthy People 2020](#) aims for 77.9 percent of women to enter prenatal care in the first trimester by 2020.³

This is the second in a series of fact sheets that showcases state policies and programs aimed at improving early entry into prenatal care and how safety net provider sites, particularly FQHCs, are leveraging these policies to promote early entry into prenatal care. This fact sheet highlights Washington's First Steps Program and describes how one FQHC, Moses Lake Community Health Center, is utilizing this program to support high rates of early entry into prenatal care among its patients using the patient-centered medical home (PCMH) as a conceptual framework. The Agency for Healthcare Research and Quality defines the PCMH as a model of primary care that is comprehensive, patient-centered, coordinated, accessible, and committed to quality and patient safety, supported by three foundations: health information technology, workforce, and aligned payment.⁴

About the First Steps Program in Washington State

The First Steps Program provides comprehensive services to Medicaid-eligible pregnant women and infants up to a year with the goals of:

- Increasing access to early prenatal care;
- Promoting healthy birth outcomes; and
- Reducing infant morbidity and mortality.

Available services include:

- **Medical Services** – including prenatal care, delivery, post-pregnancy follow-up, and dental care;
- **Family Planning** – including free pregnancy testing and a 10-month family planning benefit following birth;
- **Expedited access to Alcohol and Drug Assessment/Treatment services;**
- **Ancillary Services** – including transportation and interpreter services; and
- **Enhanced Services** – including Maternity Support Services (MSS) (see below), Infant Case Management (ICM), and Childbirth Education.

The First Steps Program was developed in August 1989⁵ to improve access to comprehensive prenatal care for women across the state in order to improve birth outcomes. The poor economic climate in recent years led to mandated program budget reductions accomplished by reducing the amount of available services and targeting MSS and ICM services to the highest-risk pregnant women and infants. Although the program targets services to the highest-risk, all pregnant women on Medicaid are eligible to receive a minimum level of services.

Washington's Maternity Support Services (MSS) benefit provides clients with access to a multidisciplinary team, including a community health nurse, behavioral health specialist, registered dietitian, and in some areas, community health workers, both during and after pregnancy.

As an optional Medicaid service, approximately 60 percent of Medicaid-eligible women receive MSS through the First Steps Program. MSS offers screening and assessment, education related to improving pregnancy and

Washington Medicaid (Apple Health) Profile

Total Medicaid Enrollment (FY 2010): 1.35 million

- 59 percent of enrollees are women
- Medicaid serves 20 percent of total population

Eligibility

- **Income Eligibility Limits for Pregnant Women (April 2014):** 185 percent of the federal poverty level (FPL)
- **Presumptive Eligibility for Pregnant Women:** N/A

Percent of Births Financed by Medicaid (2012): 48.9 percent

Payment Mechanism to FQHCs:

- FQHCs select either alternative payment methodology (APM) or prospective payment system (PPS); APM and PPS include services provided by care managers and services related to Maternity Support Services (MSS).
- FQHCs also receive a supplemental payment from Medicaid to bolster the amounts paid for encounters by Medicaid managed care organizations.

Source: Kaiser Family Foundation State Health Facts. (<http://kff.org/state-category/medicaid-chip/>)

parenting outcomes, preventive health services, counseling services, care coordination, and case management. At a minimum, women receive an evidence-based screening to determine their [risk level](#) based on various pregnancy risk factors for poor birth outcomes, as well as care coordination, case management, and education. Approximately 47 provider agencies across the state participate in the First Steps Program, which operates at about 121 sites, including FQHCs.

First Steps utilizes data to support program monitoring and improvement. Another feature of the program is the First Steps Database. The database pools vital statistics data, Medicaid claims eligibility data, alcohol and substance abuse information, and case management information in order to produce reports that evaluate program performance and monitor birth outcomes and other relevant statistics.⁶

Implementation at the FQHC-Level: Moses Lake Community Health Center achieves high performance in early entry into prenatal care through pregnancy testing, patient education, and connections to social service and community resources. In 2013, 89.9 percent of prenatal patients at Moses Lake entered prenatal care during the first trimester. Moses Lake staff credit free pregnancy testing—available for Medicaid-eligible clients—with helping improve access to prenatal care by minimizing financial barriers for potentially pregnant patients. As soon as a woman has a positive pregnancy test, she enters into the center’s obstetric program and Moses Lake staff aim to schedule the first prenatal appointment on the same day so that prenatal care can start as early as possible. The MSS component of the First Steps Program also enables Moses Lake staff, including registered nurses, social workers, registered dietitians, and community health workers, to provide on-site comprehensive and patient-centered services and supports, including health education, diet and nutrition counseling, as well as connections to non-medical social services like housing and transportation assistance. Moses Lake also provides breastfeeding education and counseling by [International Board Certified Lactation Consultant](#)-certified nursing staff and a visit to the hospital the day after the birth of the baby to assist with breastfeeding and schedule the three-day well-baby visit.⁷

Moses Lake Community Health Center Profile

Location: Moses Lake, Washington



Moses Lake Community Health Center
Moses Lake, Washington

Size: 2 health care sites served more than 24,000 patients in 2013

Insurance status:

- 43 percent Medicaid
- 30 percent Uninsured
- 19 percent Private Insurance
- 7 percent Medicare
- 52 percent of Moses Lake’s patients come from households that are at or below 100 percent of the federal poverty level (FPL); 81 percent come from households at or below 200 percent FPL
- 50 percent of patients identify as Hispanic; 50 percent are best served in Spanish
- Serves large population of agricultural workers
- Recognized as NCQA Level 3 Patient-Centered Medical Home

Sources: HRSA Bureau of Primary Health Care 2013 Health Center Profile; Interview with Sheila Chilson and Kathleen Thompson, Moses Lake Community Health Center, September 30, 2013.

1 Health Resources and Services Administration, “Prenatal – First Trimester Care Access,” <http://www.hrsa.gov/quality/toolbox/measure/prenatalfirsttrimester/part6.html>.

2 NCQA, “HEDIS & Performance Measurement,” <http://www.ncqa.org/HEDISQualityMeasurement.aspx>.

3 Healthy People 2020, “2020 Topics & Objectives: Maternal, Infant, and Child Health,” <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26#376462>.

4 Agency for Healthcare Research and Quality, “Defining the PCMH,” <http://pcmh.ahrq.gov/page/defining-pcmh>.

5 Washington State Department of Social and Health Services, “First Steps,” <http://www.dshs.wa.gov/manuals/socialservices/sections/FirstSteps.shtml>.

6 Washington State Department of Social and Health Services, “First Steps Database,” <http://www.dshs.wa.gov/rda/projects/firststepsdatab.shtml>.

7 Interview with Sheila Chilson and Kathleen Thompson, Moses Lake Community Health Center, September 30, 2013.

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