



Balancing between Multiple Risk Screening Needs and Client Satisfaction

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Different Healthy Start Models

- o Some models use existing programs with or without added services such as:
 - o Maternal Infant Health Program (MIHP) with Community Health Workers in Michigan
 - o Nurse Family Partnership (NFP)
- o Others have stand alone case management/care coordination
- o Only community work/resources, or
- o Combination

Risk Screening

- o MIHP Maternal and Infant Risk Identifiers:
 - o Over 100 questions for prenatal period
 - o Over 120 maternal and infant questions for ICC/infant period (excluding infant development)
- o NFP, specified risk screening and ongoing monitoring
- o Healthy Start's client-level assessment forms
 - o Demographic intake
 - o Pregnancy status/history
 - o Preconception
 - o Prenatal
 - o Postpartum
 - o Interconception/parenting



Use of Risk Screening

- Guide care
- Understand client population served
- Measure change
- Help explain outcome results
- Identify program improvement and staff training needs
- Other evaluation and research



Use of Risk Screening

- o Method of standardization across staff, different agencies, states and the nation -- fidelity
 - o Same measures asked in the same way during the same time period
- o Leads to sustainability



Context for MIHP & NFP

- o MIHP created required risk screeners, plans of care, and discharge forms
 - o Program fidelity with programs and staff across state
 - o ACA and Michigan legislation requirements for evidence-based home visiting services
- o NFP began as randomized control trial but continue similar practices for fidelity and continued research



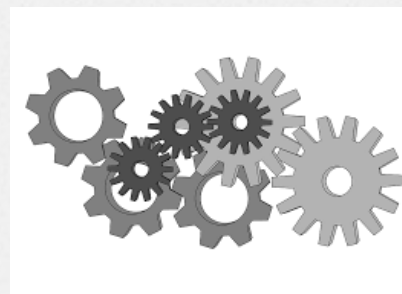
Context for Federal Healthy Start

- ACA requirements for proof of effectiveness
- 100 programs across the nation
- Need to standardize data collection to measure effectiveness as a nationwide program whole



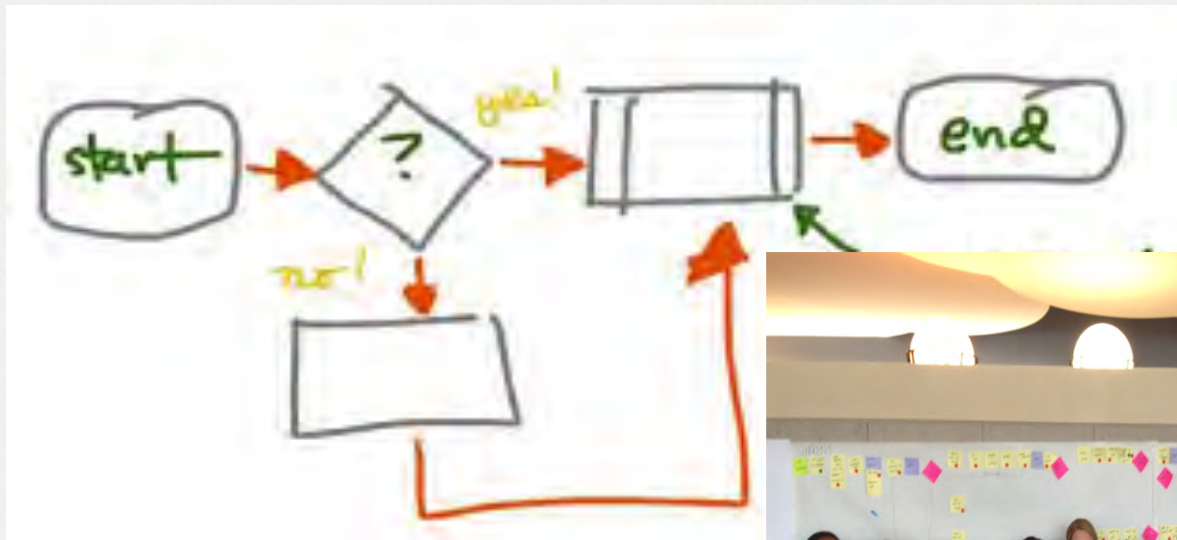
What do clients think?

- o Demonstration of a Community System of Care for Medicaid Insured Pregnant Women: Agency for Health Care, Research, and Quality (AHRQ Project)
- o The objective of this AHRQ grant is to establish a perinatal system of care that will:
 - o Increase MIHP risk screening, early access to care, care coordination, and utilization of services (specifically MIHP);
 - o Enhance cost efficiency; and
 - o Improve health outcomes in Medicaid-insured pregnant women and their infants.



What do clients think?

o Process Improvement



87 duplicate questions
between OB intake & MIHP
prenatal risk identifier



What do clients think?

o Focus Group: Wasting time

“I'm telling you, ma'am, my number is still the same, everything is still the same. I'm just here, you know, to follow up with the appointment. (They say) Ma'am, I need you to fill this out or I can't see you. Look, you taking too much time going over the same stuff. And then they come in the room and ask you the same stuff. So what did you have me fill all these papers out for, ask me anyway? You wasting time.”

What do clients think?

- o Client comments from field testing Federal Healthy Start's client level assessment forms:
 - o It's too much. It's too long.
 - o I wouldn't enroll in the program if had to answer all these questions.
 - o Why do you need to know all this?



How do we balance multiple risk screening needs among MIHP, (or) NFP, and Healthy Start with client satisfaction?

