2015 Health Needs Assessment: An Evaluation of Prenatal Health Care Provider Knowledge & Practices: Chronic Disease Management, Screening, Brief Intervention, and Referral to Treatment (SBIRT), Preventative Health Services, and ICD-10 Billing for Women in Hawaii

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Annual Health Needs Assessments

- HMHB surveyed prenatal providers across the state to inquire about their knowledge and clinical practices
- Providers were surveyed via SurveyMonkey online
- Key informant interviews with clinicians on each island were conducted
- Topics:
  - Screening, Brief Intervention & Referral to Treatment (SBIRT) Tools
  - Chronic Disease Management during Pregnancy
  - ACA Preventative Health Screenings for Women
  - ICD-10 Billing
Participants were able to provide multiple answers.
Primary Location Where Care is Provided (n=58)

- Private practice clinic: 29.31%
- Community health: 34.48%
- Hospital: 31.03%
- Birthing center: 1.72%
- Community or nonprofit: 13.79%
- In-home: 10.34%

Participants were able to provide multiple answers.
Yes, I have an ongoing relationship with my patients/clients (66.67%)

I see a mix of regular and drop-in patients/clients (26.32%)

No, I primarily see drop-in patients/clients (3.51%)

Other (3.51%)
Socioeconomic Status of Clients (n=59)

- High SES: 15.25%
- Middle SES: 47.46%
- Low SES: 83.05%

Participants were able to provide multiple answers.
Age Range of Clients (n=59)

Participants were able to provide multiple answers.
Participants were able to provide multiple answers.

Primary Languages Spoken by Clients (n=59)

- English: 100%
- Chamorro: 0%
- Chinese: 15.25%
- Chuukese: 37.29%
- Ilocano: 27.12%
- Japanese: 10.17%
- Korean: 10.17%
- Marshallese: 42.37%
- Samoan: 20.34%
- Spanish: 16.95%
- Tagalog: 28.81%
- Vietnamese: 10.17%
- Other (please specify): 3.39%
Chronic Disease Management
Which specific chronic disease conditions do you feel lack available resources/referral sources for your patients?

• Substance abuse
• Dietary/dietician need
• Behavioral health, especially that require a psychiatric evaluation (by a psychiatrist)
• Diabetes
• Domestic violence
• The distance to reach services makes it difficult for patients to access them routinely.
• Tobacco use
• Orthopedists, Gastroenterologists and Neurologists are very hard to find that will see and treat pregnant women
• Limited availability for many specialties make management more difficult, including psych, ENT, rheumatology, endocrinology
• Mental health
Are there specific challenges that you face in providing chronic disease management during pregnancy?

- Not enough providers especially on Maui and nice to know what is covered by the ACA
- Distance to specialists.
- Lack of insurance coverage for diabetes education appointments such as Sweeter Choice
- Subspecialists are usually reluctant to treat pregnant women and erroneously think they can do nothing to help during pregnancy.
- When providing OB care, patients often require referral to other specialists from their primary care physician, who they usually aren't seeing/haven't seen for a long time, when it would be more appropriate for me to refer them during pregnancy.
- No show rates to outside and internal referrals are difficult to track to determine barriers.
- Unsure of the resources available
- Challenge is getting pregnant patients to change lifestyle with chronic diseases
- Lack of gender specific treatment options for mentally ill or addicted women.
Themes

Distribution of Resources
There exists inequitable access to services and resources leading to underserved populations.

Treating Pregnant Women with Chronic Conditions
Providers frequently noted that specialists are often times hesitant to treat women with chronic conditions, due to perceptions around liability and perceived risks. It is especially difficult to find specialists to care for women that are high-risk and/or have complicated medical conditions.

Insurance Coverage
A major barrier reported in the utilization of chronic disease management services among pregnant women is insurance coverage. Especially with provisions to the Affordable Care Act, providers struggle to determine the level of coverage for services.
Preventative Health Screenings
Are there specific challenges that you face in offering preventative health screenings (including those now covered under the ACA)?

- For breast cancer genetic screening no permanent counselors on Maui
- Co-testing for HPV and Paps being covered by insurance
- Time and insurance reimbursement
- Insurance coverage especially for HIV testing
- STD screening is often not covered by insurance, particularly chlamydia
- Uncertainty over insurance coverage (particularly given the number of 'grandfathered' plans in HI)
- The sudden change in coverage for COFA women by state of Hawaii
- Lab Availability
- Specialist access
Themes

Knowledge Gap - While a majority of providers reported offering preventative health services and screenings, only half of them were familiar with screenings now covered with no cost-sharing for eligible plans under the ACA.

This creates challenges in providing comprehensive preventative care to women. Providers recommend a more transparent way of determining varying level of insurance coverage to improve practices and increase the utilization of screenings that women need.

A majority of providers identified a lack of referral sources and specialists as a challenge to providing care.
ICD-Billing
Have you or your staff had training for billing using the ICD-10?
Do you feel that you or your staff have received adequate training for billing using the ICD-10?
Would you be interested in training for you and/or your staff on billing under ICD-10?
SBIRT
Familiarity with SBIRT Tools For Clients/Patients Using Cigarettes, Alcohol, Illicit and/or Prescription Drugs During Pregnancy (n=58)

- Yes: 62.07%
- No: 22.41%
- Not Sure: 15.52%
Use of SBIRT in Practice to Screen For Substance Use (n=45)

- Yes: 53.33%
- No: 28.89%
- Not sure: 17.78%
Type of SBIRT Tools Utilized (n=28)

Participants were able to provide multiple answers.

Other Tools Noted:
- PHQ 9
- Assessment created by Alliance of Chicago (AoC) and built into EMR system
- In-house assessment
(Other) Tools:

- In-house smoking cessation assessment
- Alliance of Chicago built our EMR- we used what was created by AoC
- Why use a tool when results in my office revealed 22, 34, and 44 percent of pregnant patients were on illicit drugs? Why when 40 percent of non-pregnant quest patients were on illicit drugs? These tools would be good in a low abuse area but are not useful when the drugs are epidemic here.
- We have our patients fill out a pre-screening questionnaire as well as also talking with our case manager for screening
- Drugs are so bad that it is senseless to do screening when more than half of pregnant patients are on drugs.
Staff that Handle SBIRT Screenings (n=40)

- Doctor: 32.50%
- Nurse (NP, LPN, RN): 20.00%
- Medical Assistant: 10.00%
- Office Coordinator: 0%
- Other: 37.50%

Other:
- Medical Assistant
- CNM/Midwife
- Case Manager
- Care Coordinator
- APRN
- Doctor of Psychology
Comments:

- All, but mostly MAs and physicians.
- All staff are trained but the MAs usually are the ones to do it.
- Perinatal Case Manager, Care Coordinator, Service Coordinator, Doctor, Provider, APRN, NP
- Care Coordinator/High risk prenatal care coordinator
- Family Planning Women's Health Educators at OB intake
- All staff screen and CNM refers or does brief intervention accordingly
- After a while you can simply look and recognize the bad addicts. They do not look you in the face, never smile or look happy, and often have had domestic problems and cows active cases.
- 4Ps done by Care Coordinator and warm hand off/intra-office hand off done by PsychD
How Referrals and Treatment are Handled When Treating Pregnant Patients with Substance Use/Abuse (n=58)

- Don't know/Not applicable: 5.17%
- Treat in office: 34.48%
- Refer out: 60.34%
How Providers Follow Up on Positive Screenings (n=43)

- Brief Intervention/Counseling: 60.47%
- Ongoing Intervention/Counseling: 60.47%
- Referral to Counseling/Treatment: 74.42%
- No Follow-up: 11.63%
- Other: 13.95%

Participants were able to provide multiple answers.
(Other) Comments:

• Screening is done routinely in every trimester
• Warm handoff to our Behavioral Health Staff
• Depends on patient motivation and resources/insurance coverage
• Ongoing regular screenings with Case Manager, education of risks
• There is minimal to no community substance abuse treatment available for pregnant women
• Medication assisted addictions treatment when indicated and safe
Providers refer to the following list of agencies/resources when pregnant patients are screened for substance use/abuse (n=28)

- PATH Clinic
- Aloha House
- Kapiolani Medical Center
- Women's Way
- Ho'omau Ke Ola
- Malama Recovery Center
- Maui Family Support Services
- In-House Referral/Behavioral Health Clinic
- Hina Mauka
- Waianae Coast Comprehensive Health Center
Referral Comments:

- I say refer out but honestly don't know of anyone on Maui.
- I try to refer to PATH clinic but my patients never go because it's too far and is only outpatient. So I end up doing a lot of "I am concerned" interventions from 4Ps Plus and encourage goal setting for sobriety with drug screening agreed upon by the patient.
- We have therapy services in-house but also refer to Aloha House, and will make CPS reports as needed.
- Minimal to no help available in the community for pregnant women with substance issues.
- If they abuse narcotics, etc., I actually discharge from practice.
- Refer to their OB providing concurrent care.
- Drugs have taken over the Big Island and nothing is done. Everyone here knows the truth but the government and enforcement agency do nothing. Delivering drug addicted mothers multiple times a week is normal. Five in one week with no prenatal care is what we see here. Why isn't anything being done about this?
Interest in SBIRT Training and Billing (n=57)

- No: 21.05%
- Not sure: 56.14%
- Yes: 22.81%
• **Primary Area of Practice:** OB-GYN, Family Practice, Substance Abuse Clinic

• **Islands:** Oahu, Maui, Big Island, Kauai

• **Primary location where care is provided:** private practice clinic, birthing hospital/center, medical center, community health center, non-profit organization

• **Majority of clients speak:** English, Chuukese, Marshallese, Vietnamese, Japanese, Chinese, Korean, Samoan, Ilocano

• **Socioeconomic status:** low

• **Age range:** 16-35; of reproductive age
“Time... a lot of our patients are so medically complicated in pregnancy and we start out so behind...”

“It would be useful if it was built into the EMR, because a lot of our patient recording is based on EMR... if the SBIRT isn't incorporated into it, it often does not get done...”

“Not everyone [clients] accepts referrals; they are not ready to be referred for treatment. They are not wanting to, or are afraid of judgement...”
Key Informant Interviews - SBIRT

Challenges in Utilizing SBIRT Tools:
- Time Involved
- Medically complicated situations
- Patients utilize care late in pregnancy
- Clients are not ready to be referred (timing; judgement)
- In certain circumstances, developing a rapport with patients is difficult
- Bias with self-reported information
- Lack of SBIRT tool integration into electronic medical record (EMR) systems

Ideas to Help Address Challenges:
- Utilization of urine and drug screenings
- Incorporating SBIRT tool into EMR system
- Practice or resource guide to use in the office
- Training providers in motivational interviewing techniques
Thank you

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