

DRAFT Well-woman Care Strategies – November 2, 2015

Webinar #	Brief Strategy	Full Strategy / Actions	State/Local
	Individual		
1	Case-management to improve utilization of well-woman care	<ol style="list-style-type: none"> 1) Collaborate with MCH home visiting programs to implement a strategy for increasing awareness of the importance of well-woman care among clients. 2) Increase the number of staff in LHAs available to improve collaboration with primary care providers and other practitioners (case workers, social workers, etc.) 	Local
2	Provide outreach for insurance enrollment	<ol style="list-style-type: none"> 1) Provide educational and enrollment opportunities, and utilize outreach workers to enroll patients in insurance plans. These services could be provided by LHAs or through collaboration with other health and human services agencies. 2) Identify subgroups of women who would not qualify for current coverage, for example undocumented immigrants, and refer them to alternative services. 	Local
	Community/Systems		
3	Use traditional and social marketing to educate the population and promote well woman care	<p>Expand public education and decrease stigma about preconception health and well-woman care through traditional and social media to best reach new and prospective parents with key information. Examples: 1) Use media messaging to communicate importance of preconception health, such as the CDC "Show Your Love" campaign, which is designed to improve the health of women and babies by promoting preconception health and healthcare. http://www.cdc.gov/preconception/showyourlove/ 2) Use of multimedia campaigns such as "Amor Y Salud". 3) Collaborate with National Text4baby program to include messages around pre/interconception health and well women care and then promote Text4baby to improve reach of the service. 4) Community Wide Folic Acid Campaign</p>	State/Local
4	Provide education/training on preconception/interconception health for providers (providers of all types)	<p>Provide education/training to improve comfort, knowledge and skills to provide appropriate pre and interconception care. Encourage pregnancy intentional screening and use of the National Preconception / Interconception Care Clinical Toolkit to guide well-woman visits. Alternatively, another set of guidelines that was developed by the Oregon Preconception and Reproductive Health Advisory Committee (OPRHAC) could be used.</p>	State/Local

5	Community outreach model to refer more people to well-woman services	Collaborate with community organizations and other groups (colleges, childcare providers, WIC, etc) to use a community outreach model of care, i.e., women who receive services from any of many different types of health and human services organizations are screened and referred as appropriate.	State/Local
6	Increase the use of metrics for well- woman care in programs serving women of child-bearing age	Collaborate with OHP and advocate for 1) adding a CCO measure that aligns with the national Title V measure for well-woman care, and 2) incentivizing CCOs for reaching the benchmark for that measure Ex. Collaborate with the Oregon’s Home Visiting programs to make well woman care a focus and performance measure.	State/Local
7	Increase access to well-woman care visits	<ol style="list-style-type: none"> 1) Collaborate with federal and state agencies to increase supply of publicly funded health clinics 2) Expansion of the health care workforce to improve access to well-woman care 3) Build strong partnerships with medical schools 	State
8	Support access to well-woman care through publicly funded / safety net clinics	Collaborate with FQHCs, Title X Clinics to include preconception/interconception health care for women of childbearing age and other services for women, mothers, and children	State
9	Research/assessment to identify barriers to having a usual primary care provider or PCPCH and receiving well-woman care.	<ol style="list-style-type: none"> 1) Assessment of characteristics of women who receive and do not receive well-woman care 2) Researching why patients leave hospitalization without being assigned to a primary care provider 3) Research local barriers including local transit needs. 	State/Local
10	Support Patient Centered Primary Care Homes (PCPCHs) to increase receipt of well-woman care	Collaborate with CCOs to provide patient centered primary care homes (PCPCHs), so that primary care is accessible, comprehensive, preventative, culturally and linguistically appropriate, compassionate, coordinated, and family centered.	State/Local
11	Use of the postpartum health care visit to increase utilization of well-woman visits	Collaborate with primary care and prenatal care providers and CCOs to develop and implement a plan to improve postpartum visit content and attendance. Such a plan could include asking women during the postpartum visit what support they need in navigating the next well- women visit, or developing a warm hand-off procedure from perinatal care to well-woman care.	State/Local

12	Support development and implementation of Pregnancy Medical Homes	Collaborate with CCOs to provide care using a pregnancy medical home model.	State/Local
	Policy		
13	OHP policies for provider billing for well-woman care	<ol style="list-style-type: none"> 1) Collaborate with the Oregon Health Plan and advocate for payment for dyadic care for mom and baby at well-child care visits. 2) Collaborate with Oregon Health Plan to pay for delivery of preconception care services in hospital settings, regardless of the reason for the inpatient or outpatient care 3) Support development and implementation of alternative payment methodologies for perinatal and well-woman care. 	State/Local
14	Increase the number of persons covered by health insurance to improve access to well-woman care	Collaborate with the Oregon Health Plan to find ways to cover subgroups of women who would not qualify for current coverage, example undocumented immigrants.	State
15	Improve continuity of care among insurance plans	Through policy strategies, address churn for pregnant women in order to provide continuity of care for women that may “churn” between Medicaid and the Exchange plans.	State