



Focus Groups to Understand Disparities in Postpartum Care

SFHP's HEDIS Postpartum Care rate was 70.59% in MY 2014. Some Medicaid members faced large racial/ethnic disparities related to postpartum care.

Furthermore, even higher performing groups fell below benchmarks for the commercially-insured population.

Differences in Postpartum Care Rates

89% Commercial 90th percentile

75% Medicaid 90th percentile

15%

70.59%
San Francisco Health Plan's Postpartum HEDIS Rate

These groups all had rates that were significantly above or below SFHP's overall rate.

20%



Caucasians

18%



African Americans*

7.5%



Latinas



Asian/Pacific Islanders

*African Americans were 25 percentage points lower in MY2013

SFHP's Qualitative Data Collection Project:

- 4 focus groups (2 English, 1 Spanish, 1 Cantonese)
- 32 participants total
- \$50 incentive plus food, bus tokens, child care
- Collaborations with community partners for recruitment and facilitators

Next Steps:

- Provider key-informant interviews
- Feedback to providers on findings
- SFHP programmatic changes
- DHCS Rapid Cycle Performance Improvement Project with one high volume, low performing site

FOCUS GROUP KEY FINDINGS

Perinatal Education & Support



“Anything that happens to you during your pregnancy [providers] say is normal, like back pain or postpartum depression. When you go to a class here [at a community agency], they explain to you why it's happening. (Spanish FG)

Some participants were concerned about the quality of care and patient education they received during and after pregnancy

“[We need] more information about what's going to happen to our bodies. We're first time moms and not prepared for postpartum [care] because we don't know what to prepare for. We just need more information, details and step by step, because we're new to this. (English FG2)

“I don't know about the doctors, I don't know how much it costs for the prenatal checkup. I could accept it if it cost very little. [But] I think health care in the United States is very expensive, so I don't think the cost of a prenatal checkup is very low. They take the money but the quality is very bad and unclear. (Cantonese FG)

“[We should have] a small group, discussion group... good for pregnant [and postpartum] women and babies. Everyone has some experiences and all the mothers get to know each other... [this would be] good for new immigrants and mothers could share their experiences. (Cantonese FG)

More classes, groups, emotional support and resources are needed for new moms

“The only things that were a little inconvenient were the breastfeeding classes and birth classes. I delivered at 35 weeks, up until then they only had them on certain days at certain times and I couldn't make those because I had to work. After that, I had the baby and there [were no classes offered]. (English FG1)

“Before you leave the hospital [it would be good to have] a woman who's been through postpartum care there to talk to you [about] what you can expect. Instead of just a doctor, having someone at a personal level... to give you a heads up. You know like when you're crying for no reason in your car, you aren't crazy. (English FG1)



Barriers to & Facilitators of Postpartum Care



“I didn't have a way to get back to the hospital and couldn't climb the stairs of the bus... [Having a baby] isn't a disability, but in this moment we are disabled. I was in a lot of pain and everything was very difficult for me. (Spanish FG)

Transportation and childcare are important barriers

“They have to attract you with money, meaning their health care services are not good... if the quality was good, they [wouldn't] have to attract you this way. (Cantonese FG)

“Now I have to get the baby's bag ready, get the baby ready, and change the diaper, and make sure I have a couple of minutes when she's calm so I can get ready... and she starts crying because she's hungry again... So that's hard when I have to go to the doctor. (English FG2)

Incentives work with some communities better than others

“Yes, incentives always help. (English FG1)

“We want more information about what incentives are available. (Spanish FG)

“I called last month to get an appointment but I have to wait [two more weeks] to be seen. (English FG2)

“Sometimes in the hospital it takes 3 weeks to get an appointment. If you are very sick they send you to the emergency room. But that's not what I want, I want to see my doctor. (Spanish FG)

Appointment access is a concern

“[A public health nurse has] been calling [to schedule a home visit]... but I don't know her. [I had another nurse who I had gotten to know] but instead they just try to throw another nurse in my life... Because it took me a while to trust her. So how can you bring someone else and think she is going to weigh my baby on a scale. No. (English FG2)

Home visits would address many barriers, but it is important to build and maintain trust

“I had a nurse come to my house. And that made it a lot easier... I don't know how hard it is but, that was helpful just having someone come to my house and check everything out. (English FG1)

