The Effect of a Comprehensive Medicaid Expansion on Physicians' Obstetric Practices in Washington State

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Background: **In 1989 Washington State implemented a comprehensive expansion of its Medicaid perinatal program, augmenting services, increasing provider reimbursement, and broadening eligibility. This study examines the influence of this legislation on physicians' obstetric practices and attitudes toward caring for pregnant Medicaid patients.**

Methods: **Family physicians and obstetrician-gynecologists were surveyed at the start and 18 months after the Medicaid expansion. The study sample comprised physicians responding to the survey in both years.**

Results: **A greater proportion of family physicians provided unlimited obstetric care to Medicaid patients after the expansion. Sixty percent of family physicians and 56 percent of obstetrician-gynecologists were more willing to provide prenatal care to Medicaid patients as a result of the expansion. Physicians and their office staff were more comfortable with Medicaid patients in the later time period. Many physicians felt that they were better able to link their patients to a variety of social services after the expansion.**

Conclusions: **A Medicaid expansion program can increase provider participation in Medicaid and increase provider comfort in caring for Medicaid patients. (J Am Board Fam Pract 1996;9:418–21.)**

In 1989, Washington State implemented a comprehensive Medicaid expansion for pregnant women called First Steps. Similar to many Medicaid expansions nationwide, this program sought to decrease the financial barriers women experienced in seeking prenatal care by expanding eligibility for pregnant women from 90 percent to 185 percent of the federal poverty level. First Steps also expanded the scope of services offered to pregnant women by providing nursing, psychosocial, and nutritional services to all Medicaid-insured women and case management services to high-risk women.

Washington State experienced declining provider participation in Medicaid obstetrics between 1986 and 1989.[1] To improve access to prenatal care providers, the new program supported the creation of maternity care clinics in particularly high-need areas and increased reimbursement to providers for obstetric services. For example, the global fee for a normal spontaneous vaginal delivery increased from $850 in 1989 to $1200 in 1991. The First Steps program began on 1 August 1989, although full implementation of the support service, case management, and increased reimbursement components lagged behind the official start date. In this study we examined the influence of this comprehensive legislation on physicians' obstetric practices and attitudes toward caring for pregnant Medicaid patients by surveying physicians at the start and 18 months after program implementation.

Methods

All family physicians, general practitioners, and obstetrician-gynecologists on the membership rosters of the Washington Academy of Family Physicians, the Washington chapter of the American College of Obstetricians and Gynecologists, the Washington State Medical Association, and the Washington State Obstetrical Association in the autumn of 1989 and the spring of 1991 were included in this study. To assure that any practice differences found between the 2 study years were not due to systematic differences in the samples, we included the responses of only those physicians who responded to the surveys in both study years. As a result, we were able to examine the in-

Submitted, revised, 19 April 1996.

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This research was funded by the Robert Wood Johnson Foundation, Princeton, NJ. The opinions, conclusions, and proposals in the text are those of the authors and do not necessarily represent the views of the Robert Wood Johnson Foundation.

Table 1. Practice Characteristics of Family Physicians and Obstetricians by Study Year.

Characteristics	Family Physicians		Obstetrician-Gynecologists	
	1989 (n = 567)*	1991 (n = 567)*	1989 (n = 159)*	1991 (n = 159)*
Mean years in practice	16†	18	19†	21
Rural (%)	21	21	11	9
Practice type (%)‡				
Private practice	77	76	85	86
Health maintenance organization	11	12	8	8
Hospital based	6	7	6	5
Community clinic	4	3	1	1
Other	1	3	1	1

*Sample size varies slightly depending on missing values.
†$P \leq 0.001$, significance within specialty.
‡Columns may not add up to 100 percent due to rounding.

fluence of this legislation on a fixed sample of physicians.

An 18-item questionnaire asked about practice characteristics, obstetric practice patterns, policies and attitudes toward providing obstetric care to Medicaid patients, and obstetric resources available in providers' communities. Two mailings, each 4 to 6 weeks apart, were sent in the autumn of 1989 and the spring of 1991.

For the purposes of analysis, general practitioners and family physicians were combined into one group called family physicians. The McNemar test of symmetry for categorical variables and the paired sample t-test for continuous variables were used to compare the survey responses of the paired family physicians and obstetrician-gynecologists between the autumn of 1989, when the First Steps program was just getting started, and the spring of 1991, 18 months after the Medicaid expansion officially began.

Results

After excluding providers who were listed incorrectly, were no longer practicing, or had no forwarding address, 67 percent of the 1989 sample (1193 of 1776) and 55 percent of the 1991 sample (1322 of 2419) responded to the survey. Seven hundred twenty-six physicians (567 family physicians and 159 obstetrician-gynecologists) responded to the surveys in both years.

Family physicians were more likely than obstetrician-gynecologists to practice in rural counties (Table 1). A lower percentage of family physicians were in private practice compared with obstetrician-gynecologists. As expected, the paired samples of family physicians and obstetrician-gynecologists had similar practice characteristics in 1989 and 1991.

While obstetrician-gynecologists were more likely to practice obstetrics than family physicians in both study years, a greater proportion of both groups practiced obstetrics in 1989 than in 1991 (family physicians 57 versus 51 percent, $P \leq 0.001$; obstetrician-gynecologists 87 versus 82 percent, $P \leq 0.05$). All subsequent analyses apply only to those physicians practicing obstetrics in both study years (283 family physicians, 130 obstetrician-gynecologists).

A greater percentage of responding family physicians than obstetrician-gynecologists provided unlimited care to Medicaid patients in 1991 than in 1989 (Table 2). The proportion of obstetrician-gynecologists planning to decrease or stop providing care to Medicaid patients in the year following the survey was significantly lower in 1991 than in 1989; there was no significant change for family physicians.

The questionnaire asked physicians how receptive they thought various types of personnel were to Medicaid obstetric patients compared with other patients. Family physicians reported that the receptivity of their front office, nursing, and business office staff to Medicaid patients significantly improved between 1989 and 1991 (Table 2). Obstetrician-gynecologists reported more discomfort than family physicians in caring for Medicaid patients in both study years, but a significantly greater proportion of obstetrician-gynecologists reported that they were comfortable caring for these patients after the Medicaid expansion.

Table 2. Medicaid Obstetric Practices and Attitudes Toward Medicaid Obstetric Patients by Specialty and Study Year (percent).

	Family Physicians*		Obstetrician-Gynecologists†	
Practice and Attitude	1989	1991	1989	1991
Medicaid care				
Unlimited	40‡	49	25	29
Limited	56	47	72	66
None	4	4	3	5
Plan to decrease or stop Medicaid obstetrics in following year	7	8	16§	8
Uncomfortable with Medicaid obstetric patients	15	13	32‖	21
Less receptive to Medicaid patients				
Front office	28‖	20	45	36
Clinic nurses	22‖	15	30	25
Business office	43‖	34	54	46

*Sample size varies between 240 and 282 depending on missing values.
†Sample size varies between 112 and 128 depending on missing values.
‡ $P \leq 0.001$, significance within specialty.
§ $P \leq 0.01$, significance within specialty.
‖ $P \leq 0.05$, significance within specialty.

Sixty percent of family physicians and 56 percent of obstetrician-gynecologists stated that they were more willing to provide prenatal care to Medicaid patients as a result of the Medicaid expansion. Eighty-eight percent of both groups reported that the increase in reimbursement had influenced their willingness to provide prenatal care for Medicaid patients. Forty-two percent of both groups were influenced by the increase in eligibility for Medicaid, 15 percent by the support service program and 17 percent by the case management program.

Physicians were asked how easily they could link their Medicaid patients to a variety of social and health services in their communities. With the exception of public health nursing and mental health counseling, family physicians found it less difficult to link their Medicaid patients with transportation, case management, child care, prenatal classes, and substance abuse rehabilitation in 1991 than in 1989 (Table 3). Despite these improvements, physicians overall reported a great degree of difficulty in linking their patients to these services.

Discussion

The results of this study indicate that it is possible to improve provider participation in obstetrics for Medicaid patients with a comprehensive Medicaid expansion program. While providers reported that their willingness to care for Medicaid obstetric patients was influenced most strongly by increased reimbursement levels, other components of the program, such as support services and case management, also played important roles. These findings are consistent with those of several studies demonstrating an association between provider participation in the Medicaid program and the reimbursement levels and generosity of Medicaid eligibility and benefits.[2-8]

The most tangible result of the First Steps program was that family physicians placed fewer limits on the care they provided to Medicaid obstetric patients, which could increase access to prenatal care for these patients. Improved attitudes of both family physicians and obstetrician-gynecologists toward Medicaid patients was a second important finding. Greater receptivity of office staff to Medicaid patients and the greater comfort of physicians in caring for these patients could lead to improvements in the quality of care offered Medicaid patients.

Despite improvements in family physicians' ability to link their Medicaid patients to many social and health services after the Medicaid expansion, the survey results suggest that it was still difficult to link Medicaid patients to drug and alcohol rehabilitation services, mental health counseling, child care, and transportation. This finding suggests that providers might have been

Table 3. Percentage of Physicians Who Felt Linkage to Social and Health Services Was Difficult, by Specialty and Study Year.

	Family Physicians*		Obstetrician-Gynecologists†	
Linkage	1989	1991	1989	1991
Transportation	81‡	67	68	66
Case management	65‡	50	54	46
Child care	90§	83	80	74
Prenatal classes	45§	37	30	23
Public health nursing	23	18	22	16
Alcohol rehabilitation	73‖	63	62	53
Drug rehabilitation	78‖	66	67	58
Mental health counseling	77	77	75	69

*Sample size varies between 182 and 245 depending on missing values (except child care, n = 157). Many family physicians answered "don't know" to transportation, case management, child care, alcohol rehabilitation, and drug rehabilitation.

† Sample size varies between 61 and 102 depending on missing values (except child care, n = 54). Many obstetrician-gynecologists answered "don't know" to transportation, case management, child care, alcohol rehabilitation, drug rehabilitation, and mental health counseling.

‡ $P \leq 0.001$, significance within specialty.

§ $P \leq 0.05$, significance within specialty.

‖ $P \leq 0.01$, significance within specialty.

unaware of the services available or unaware of how to link patients with these services. The mechanisms for linking patients with these services also might not have been adequately developed. In addition, whereas the First Steps program increased the availability of many of these services, the number of patients might have exceeded the capacity of the program.

Two limitations should be noted in interpreting the results of this study. First, those physicians responding to the survey in both study periods might not be completely representative of physicians practicing obstetrics in Washington State. Second, it is possible that there are reporting biases in the survey responses, although it is likely that such biases are similar across the two time periods and thus might not strongly influence the different measures on which the study focuses.

Despite these limitations our findings suggest that a Medicaid expansion program can increase provider participation in Medicaid obstetrics and provider comfort in caring for Medicaid patients. It is unclear whether these changes affect the birth outcomes and pregnancy experiences of Medicaid-insured women. Evaluations of Medicaid expansions limited to increases in eligibility in other states have shown little or no improvement in birth outcomes.[9-11] Further evaluation of the Washington State comprehensive Medicaid expansion is underway to examine its effect on prenatal care use and birth outcomes.

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