

Executive Summary

The following document is a final report of the electronic Prenatal Risk Assessment (ePRA) Linkages to Care Project. The pilot project was completed between April 2021 and December 2022 with the purpose of integrating a paper-based form, the Maryland Prenatal Risk Assessment (MPRA) into the electronic medical records of clinical providers. The MPRA links Medicaid-eligible or Medicaid enrolled pregnant people with care coordination services from local health department Administrative Care Coordination (ACCU) and serves as the referral mechanism. The report provides an overview of key deliverables, major findings, and recommendations. In charting a pathway forward, we recommend decision makers engage with stakeholders across local health departments, ACCUs, providers, and managed care organizations prior to implementing changes.

Key deliverables:

- ePRA integrated across 5 clinical sites within the Baltimore Metro region
- Developed collateral materials for dissemination: webinar, provider toolkit, and demo videos
- Final report with process materials and evaluation of project efforts

Major findings:

- ePRA integration resulted in a 26% year-over-year increase in total MPRA submissions in one jurisdiction – which suggests ePRAs may facilitate the submission process. During pre-integration, a total of 842 paper-based MPRAs were submitted and post-integration a total of 1061 MPRAs were submitted. Of these 1061, 501 ePRAs were submitted and 560 paper-based MPRAs.
- At an individual site level, we reported directionality of the differences and found that contextual factors such as strong provider champion, relationship with the local health department ACCU, workflow process with clear roles and responsibilities, and staff turnover impacted the ePRA integration.
- Due to lack of data availability on the total eligible population, we were unable to conclusively establish whether the ePRA reached a higher percentage of eligible patients, compared to the MPRA alone. This data point is vital for practice and evaluation; therefore, we recommend the identification of either a method to assess the eligible population or a proxy measure for the eligible population.

ePRA Recommendations Overview:

<i>Pre-integration</i>	<i>During-integration</i>	<i>Post-integration</i>
<ul style="list-style-type: none"> • Increase consistent and frequent provider outreach universally • Assess readiness across clinical practice prior to integrating ePRA • Engage end users and outline local workflows to determine scalable solution • Identify a strong champion and a project manager 	<ul style="list-style-type: none"> • Provide technical assistance and consider incentives for implementation • Identify a denominator or a proxy-denominator to help ACCUs assess provider submission rates • Develop a feedback loop so providers are notified of ACCU engagement with patient after MPRA submission 	<ul style="list-style-type: none"> • Continue to monitor submissions and troubleshoot opportunities to improve and share lessons learned