

EVALUATING THE IMPACT OF MIDWIFERY SERVICES ON ACCESS TO PREVENTATIVE HEALTH CARE IN A RURAL COMMUNITY

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Background

Lack of access to women's preventative health care still exist in many counties in Kansas. Increasing the use of Advanced Practice Registered Nurses (APRNs) including Certified Nurse Midwives (CNMs) to fill the primary care gap is essential to improving access to preventative care; such as, cervical and breast cancer screening, sexually transmitted infection (STI) screening, and preconception health care. Despite considerable evidence that promotes the increased utilization of CNMs to reduce health care disparities and improve health outcomes, CNMs continue to be underutilized by many communities due to scope of practice barriers (Dawson, Nkowane, & Whelan, 2015). Research is limited on how CNMs in the United States can be utilized as primary care providers to make contributions to preventative health care for vulnerable populations.

Aim

The purpose of this project was to determine if initiation of CNM services in a rural community can effectively improve access to preventative health care by increasing rates of cervical and breast cancer screening, STI screening and preconception health care. This study also determined if wait times for a healthcare appointment were decreased with the initiation of CNM care.

Methods

- Retrospective chart review using information collected from electronic health record (EHR) in a rural physician-owned Women's Health clinic to determine number of patients seen for women's health preventative visits for five months prior to initiation of CNM care and five months after initiation of CNM care.
- The study also evaluated whether or not wait times for preventative care improved after initiation of CNM care.
- Insurance status was obtained to determine if initiation of CNM care in a rural community improved rates of preventative care screening in women with Medicaid and Medicare.

Results

- The CNM had a total of 140 preventative health patient encounters for the first five months of practice.
- The physician had the longest wait times which averaged 195 days to be seen. The CNMs average wait time was 14 days.
- There was a statically significant difference in wait times for the CNM ($M=194.6$, $SD=134.7$); $t(435)=15.6$, $p < 0.0001$, 95% CI [157.8, 203.2].
- Knowledge barriers of CNM scope of practice, licensure and education were identified by physician.

Discussion and Implications

The CNM was able to increase overall patient encounters at the physician-owned clinic and decrease wait times to be seen for preventative health care. The CNM services could increase access to preventative health care for women by improving rates of breast cancer, cervical cancer and sexually transmitted infection screening and increasing preconception care. Further research should be done to evaluate CNM productivity, look at outcomes in underserved populations and determine if CNM services reduce comorbidities associated with chronic health conditions when women are able to access preventative health care services. The impact of CNM services in rural areas could expand preventative health care services to more women. The role of CNMs as a primary health care provider also could be further documented through research.

Knowledge barriers continue to exist regarding CNM practice. This study documented the OB/GYNs response to identify strengths and barriers to integration of CNM care. Unfortunately, in the U.S. many CNMs and physicians have had ineffective and strained collaborative relationships due to misconceptions about CNM practice, financial competition, and inequality (Smith, 2015). Collaborative practice has been shown to decrease costs and improve outcomes.

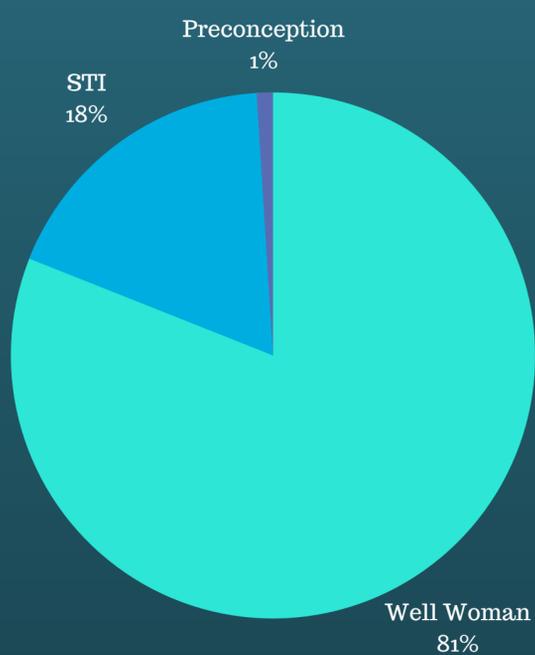
Physicians and other health care professionals working with CNMs should have accurate information regarding CNM scope of practice and the type of service they can provide. Knowledge barriers and misconceptions could further complicate future integration of CNM care, jeopardize continuity of care between inter-professional teams and impede access to CNM care. More education and research could also be done to identify and eliminate misconceptions regarding CNM scope of practice, regulations and role of the physician when working with a CNM colleague.

Using the evidence gathered from this study, stakeholders and policy makers could be influenced to increase CNM care and integration in health care systems. Integration of midwifery care is also cost effective for an organization, by decreasing health care costs and increasing patient care revenue. Integration of CNM can help decrease knowledge barriers related to CNM care which could help promote better inter-professional collaboration.

References

- Dawson, A. J., Nkowane, A. M., & Whelan, A. (2015). *Approaches to improving the contribution of the nursing and midwifery workforce to increasing universal access to primary health care for vulnerable populations: A systematic review*. *Human Resources for Health*, 13(88), 1-23. doi:10.1186/s12960-015-0096-1
- Smith, D. C. (2015). *Midwife-physician collaboration: a conceptual framework for interprofessional collaborative practice*. *Journal Of Midwifery & Women's Health*, 60(2), 128-139. doi:10.1111/jmwh.12204

Type of Visit



Insurance Status

