

Poster #21

Research Study

Title: “Accessibility to Obstetric Care in South Florida Based on Insurance”

Maria Kolesova; Sydney Sarantos; Juan Carlos Alvarez Jr.; Soniya Pateriya, MS; Alfred Torres

Category: Obstetrics & Gynecology; Public health

Keywords: obstetrics; insurance; Medicaid; private insurance; accessibility

Introduction and Objective. Obstetrical research confirms earlier onset prenatal care significantly improves pregnancy and birth outcomes. Initiating care in the second trimester or having less than 50% of recommended visits has been associated with increased risk of prematurity, stillbirth, neonatal, and infant death. Studies have shown women on public health insurance plans initiate prenatal care substantially later into pregnancy than those on private plans. The purpose of this study is to assess whether public health insurances limit Florida patients’ access to Obstetric care.

Methods. A cross-sectional study design was conducted by collecting data on the 4 most populated zip codes for Medicaid in South Florida using the website HealthGrades.com. The following search parameters were used: “obstetric care”, “4 stars and up” and “10-mile distance”. Each obstetrician was called 3 times to assess appointment availability for fictional nulliparous women at 8 weeks of gestation requesting prenatal care. Accepted insurance types (Medicaid and United Health Group (UHG)), time to appointment in business days, and self-pay rates were recorded. Practices with invalid contact information and retired obstetricians were excluded. Summary statistics, chi-squared analysis and two-way t-test were conducted for the primary outcome.

Results. Of 178 obstetricians 76 complete contacts were made, of which 30 accepted both insurances and 46 did not accept one. Of those, 100% accepted UHG and 39.5% accepted Medicaid. There was a statistically significant association between insurance type and acceptance ($p < 0.001$). The average number of days until next available appointment was 17.3 (SD=8.9) for Medicaid and 12.9 (SD= 7.6) for UHG. There was a statistically significant trend between the type of insurance and time to earliest appointment ($p=0.0435$).

Conclusions-Implications. This study demonstrated patients enrolled in Medicaid within Florida have significantly less access to prenatal care than those with private insurance. This evidence showing these plans decrease access to care and possibly increase the risk of negative outcomes associated with inadequate prenatal care should be considered by policy makers when addressing future Medicaid expansion.