Embedding in Pregnancy Medical Homes: Core Principles for Pregnancy Care Managers

- Embedded vs. assigned care managers: embedding, not "assigning", is expected.
    - If there is not an embedded OBCM arrangement at a given practice, reasons for this situation should be identified and addressed by the local OBCM program working in partnership with the local CCNC OB team.
    - State-level CCNC and DPH program leadership will assist when needed.
- Degree of embedding will vary by location based on patient volume and impactability.
- All PMHs, including those with low volume, should have regular, consistent OBCM presence. For example, in a low-volume setting, this may be half a day per week at a regularly scheduled time, e.g, Tuesday mornings, 8-11:30.
- PMHs with high patient volumes and with higher proportions of impactable patients may require multiple embedded OBCMs.
    - Additional OBCMs who are not embedded in the practice may occasionally need to assist with "overflow" volume if the caseload from the practice exceeds the embedded OBCM capacity. If this is happening regularly, the local OBCM program should re-evaluate OBCM distribution across PMH practices in the county. OBCM program leadership should also review current funding level to assess whether staffing changes are needed.
- Regional high-risk centers that serve patients from multiple counties may need regular presence of OBCMs from additional counties. The frequency of this presence may vary from a monthly visit to attend a specific meeting to regularly-scheduled weekly hours at the practice to assist the local OBCM team.
- In each county, all referrals from a PMH practice should be assigned only to that practice's OBCM(s) and should not be "divvied out" across multiple care managers who do not embed in that practice.
- For patients who receive prenatal care in another county, one OBCM in the home county should work with patients who go to the same "out-of-county" practice.
    - These patients may benefit from an arrangement in which both a "home" and "out of county" care manager are providing coordinated care management services.
- While all PMHs should have regularly scheduled OBCM presence, OBCM distribution across the PMHs in a county should be based on the patient population. Practices with higher volume or greater proportions of "impactable" patients will require more OBCM presence.
- A "community-based care manager" model is needed for situations in which one care manager works with multiple lower-volume practices.
    - This involves the OBCM spending half a day or a full day per week at different sites, on a regular, consistent schedule. Even if there are no specific patients on the OBCM's caseload to see at the site at a particular time, a consistent presence in the practice is important for relationship building with the prenatal care team.
    - The OBCM performs office-based care management activities, such as phone outreach, documentation, and arranging and following-up on referrals, and also spends time building the relationship with the prenatal care team and reviewing individual patient cases with the team and in the medical record.