Center for Health Care Strategies
Better care where it's needed most

Texas MCO SDOH Learning Collaborative: Phase Three

Session 4: Maternal Health Care Delivery and VBP Models

July 28, 2022

Made possible through support from the Episcopal Health Foundation

Agenda

- Welcome and Introductions
- HHSC Welcome
- National Overview of Maternal Health Care Delivery
- MCO Approaches to Address Maternal Health
- Maternal Health Value-based Payment

Welcome & Introductions

Center for Health Care Strategies

Today's Presenters

Karla Silverman
Associate Director, Complex Care Delivery
Center for Health Care Strategies

Kathy Schwab
Director of STAR and CHIP Care Management and Population Health
Cook Children's Health Plan

Jason Helgerson
Founder and CEO
Helgerson Solutions Group

Kalin Scott
Chief Innovation Officer
Helgerson Solutions Group

Charles Jaynes
Senior Vice President, Clinical Operations
Ob Hospitalist group

Center for Health Care Strategies

Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field's best thinking and practices to meet critical needs
- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.
- **Equitable outcomes for people** that improve the overall wellbeing of populations facing the greatest needs and health disparities.

Center for Health Care Strategies

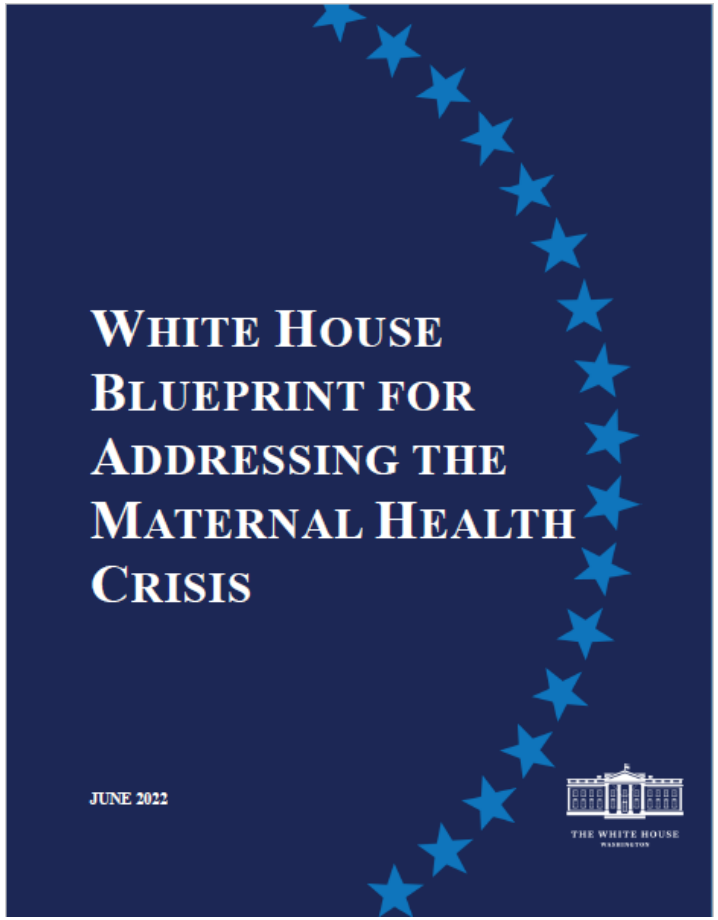
Opening Remarks

Finger on the Pulse: National Conversation on Maternal Health Care Delivery

Karla Silverman, Associate Director of Complex Care Delivery, CHCS

Center for Health Care Strategies

New Federal Recommendations on Maternal Health



- Maternal morbidity and mortality rates in this country are very high – and not improving
- Maternal health has not historically been at the forefront of care delivery and payment innovations
- White House Blueprint includes five federal priorities to address the maternal health crisis

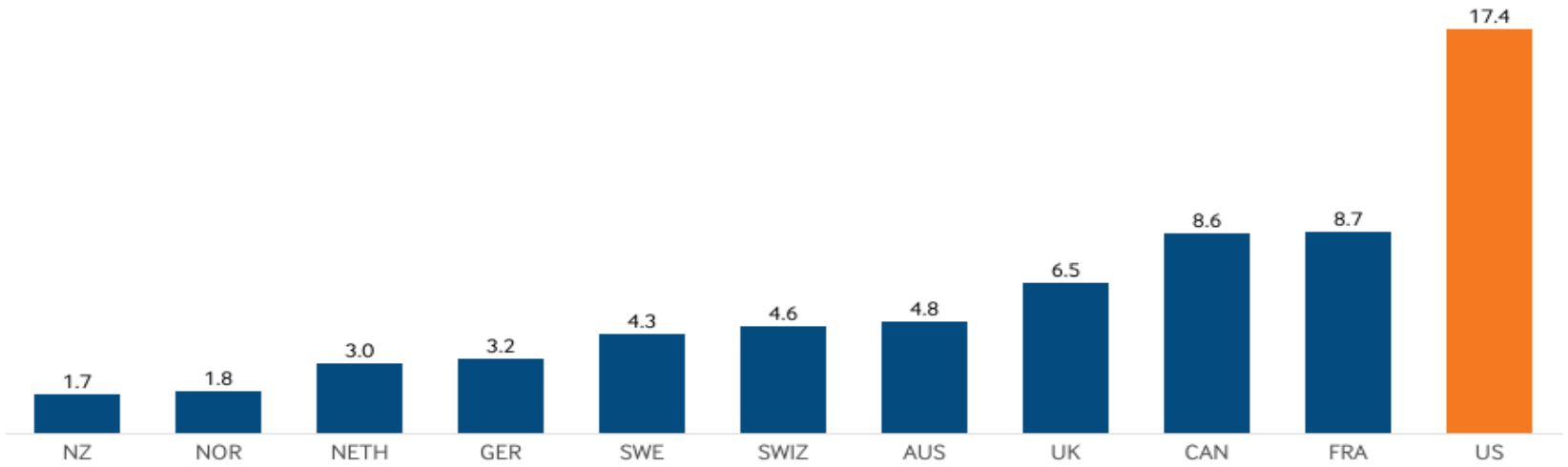
Center for Health Care Strategies

US: The Highest Maternal Mortality Rate of any Developed Nation

Exhibit 1

Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live births



Download data

Notes: The maternal mortality ratio is defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Data: OECD Health Data 2020, showing data for 2018 except 2017 for Switzerland and the UK; 2016 for New Zealand; 2012 for France.

Source: Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). https://doi.org/10.26099/411v-9255

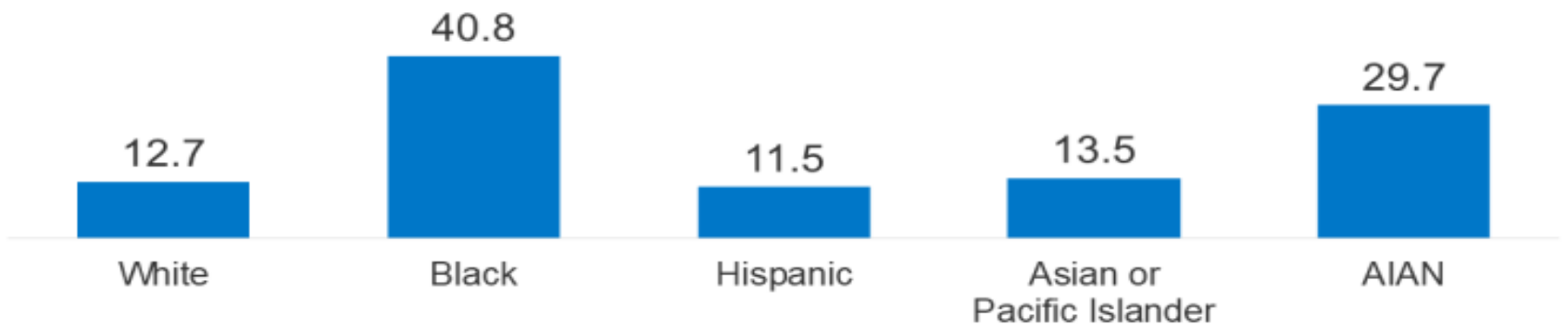
Center for Health Care Strategies

Black and American Indian/Alaskan Native at Highest Risk

Figure 1

Pregnancy-Related Death Rate by Race/Ethnicity, 2007-2016

Per 100,000 live births:



NOTE: AIAN refers to American Indian and Alaska Native people. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

SOURCE: Emily E. Petersen et al., "Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016," *Morbidity and Mortality Weekly Report* 68, no. 35 (September 2019): 762–765, https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm

KFF

Center for Health Care Strategies

Priority #1:
Increase Access to and Coverage of Comprehensive, High-Quality Maternal Health Services, including Behavioral Health Services

- Expand Medicaid postpartum coverage to 12 months after birth
- Strengthen access to perinatal mental health and addiction services
- Increase primary care engagement for women before, during, and after pregnancy
- Prepare hospitals without designated obstetric units to provide OB care when needed

Priority #2: Ensure those Giving Birth are Heard and are Decision Makers in Accountable Systems of Care

- Increase hospital participation in and accountability for maternal health learning collaboratives
- Training for providers related to implicit bias, culturally and linguistically appropriate care
- Educate and empower women and families to know the early warning signs of pregnancy complications and behavioral health conditions

Priority #3: Advance Data Collection, Standardization,, Transparency, Research, and Analysis

- Provide additional population-level data to Maternal Mortality Review Committees to increase understanding of root causes of poor maternal outcomes
- Support improvements data collection systems, such as increasing responses to the Pregnancy Risk Assessment Monitoring System (PRAMs)
- Enhance federal research on rural maternal health
- Collect race, ethnicity, and language data to identify health disparities

Priority #4: Expand and Diversify the Perinatal Workforce

- Increase the number of perinatal workers in underserved communities
- Provide guidance to help states expand access to midwives, doulas, and freestanding birth centers
- Encourage insurance coverage and appropriate reimbursement for midwives, doulas, and other perinatal supports

Priority #5: Strengthen Economic and Social Supports for People Before, During, and after Pregnancy

- Improve ease of enrollment in federal programs that address the impact of negative SDOH, and improve access to childcare and income assistance
- Increase screening for social needs
- Increase awareness of workplace benefits and protections related to pregnancy and motherhood

MCO Approaches to Address Maternal Health

Kathy Schwab, Director of STAR and CHIP Care Management and Population Health, Cook Children's Health Plan

Cook Children's Health Plan Maternity Program

ACCREDITED NCQA HEALTH PLAN

CookChildren's Health Plan

Our CCHP Baby Steps Program

- Lactation Certified RNs
- Maternal Depression Program
- SDOH Assessment
- 8000 Women/ Year
- Provider Collaboration
- Healthy Texas Women/ HTW+ Education
- ACOG Education

CookChildren's Health Plan

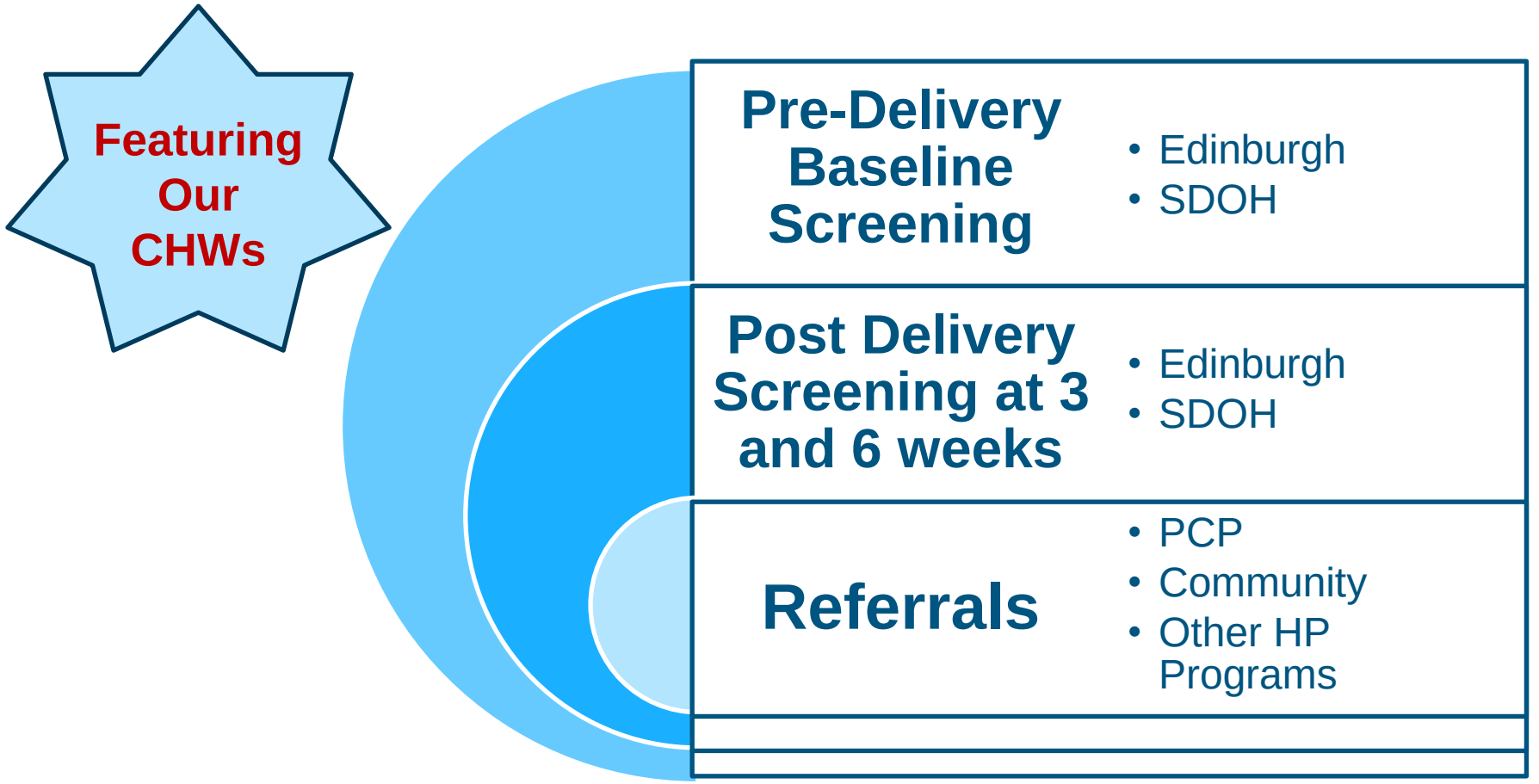
Program Goals

Prenatal and Postpartum Care

- A statistically significant improvement (p<0.05, CI 95%) for **prenatal** care from **77.01 to 78.77**%.
- A statistically significant improvement (p<0.05, CI 95%) for **postpartum** care from **67.0 to 69.87**%.
- Additionally, CCHP will aim to bring up the rates on the identified disparate groups to on par with the rest of the population.

Race	Denominator (n)	% of Total Race	Prenatal Visits	Postpartum Visits
White or Caucasian	2025	46.98%	76.00%	66.37%
Hispanic	934	21.67%	77.19%	71.95%
Black or African American	901	20.90%	73.14%	63.71%
Unknown	289	6.71%	73.36%	69.20%
Asian or Pacific Islander	82	1.90%	65.85%	67.07%
Other	74	1.72%	77.03%	74.32%
American Indian or Alaskan Native	5	0.12%	80.00%	100%

Maternal Depression Program

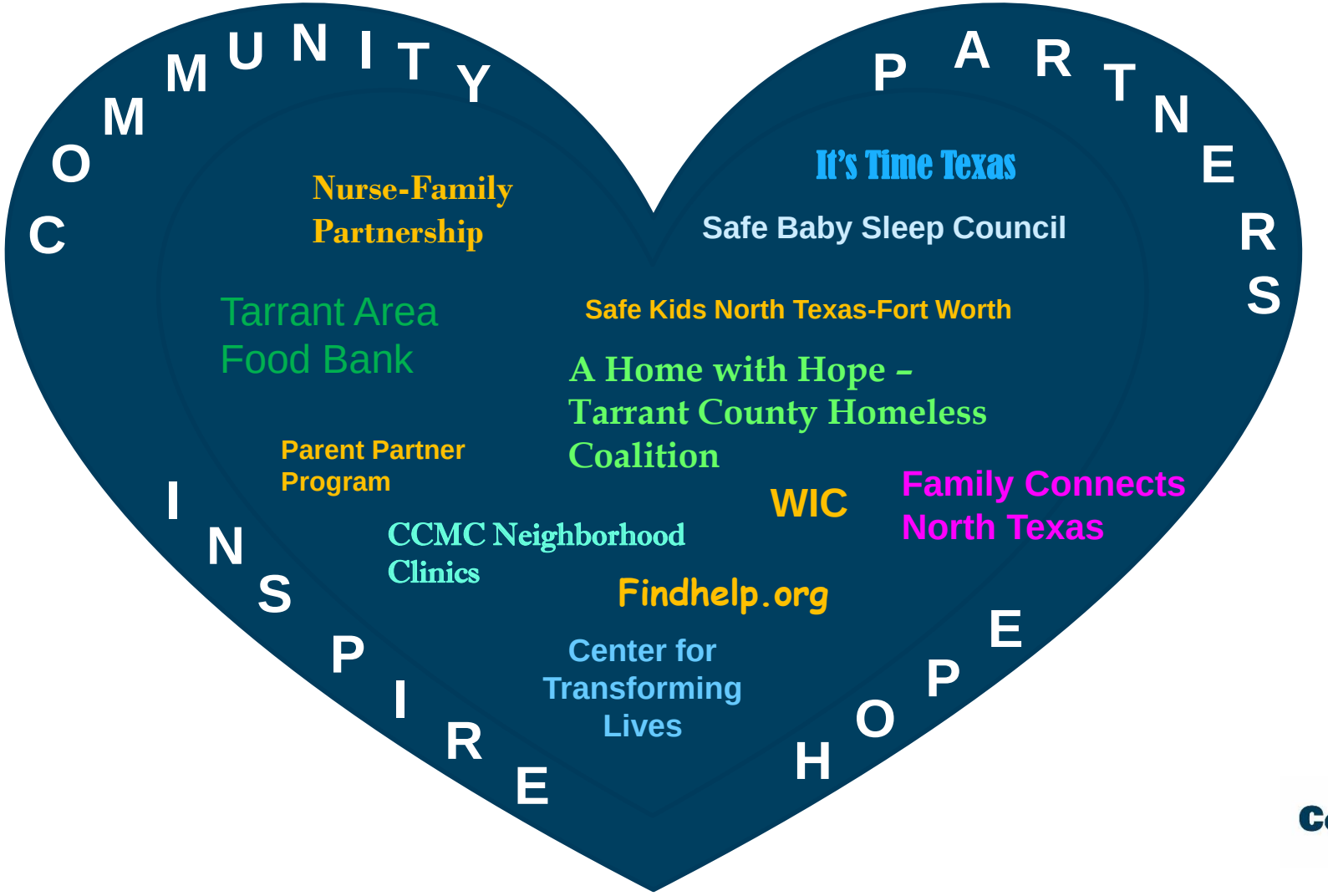


CookChildren's Health Plan

Partnership with Center for Children's Health

CookChildren's Health Plan

Partnership with Community Based Organizations



CookChildren's Health Plan

Partnership with Our Providers

Alternative Payment Programs with our OB Provider Group

OB Pilot Program

CHW contact and assist our members

SDOH

Depression Screening

Benefits assistance

Appointment reminders

Goal 1: Increase resources and remove barriers to care

Goal 2: Decrease low birth weight and premature/NICU births

Goal 3: Increase prenatal and post partum visits especially in disparate groups

Thank you for your time! Questions?

CookChildren's Health Plan

Maternal Health VBP

Jason Helgerson, Founder and CEO, Helgerson Solutions Group

Kalin Scott, Chief Innovation Officer, Helgerson Solutions Group

Charles Jaynes, Senior Vice President, Clinical Operations, Ob Hospitalist Group

Center for Health Care Strategies

Ob Hospitalist℠ GROUP

Elevating the Standard of Women's Healthcare

Better Care and Better Outcomes at Lower Costs

A New Approach to Maternity Care

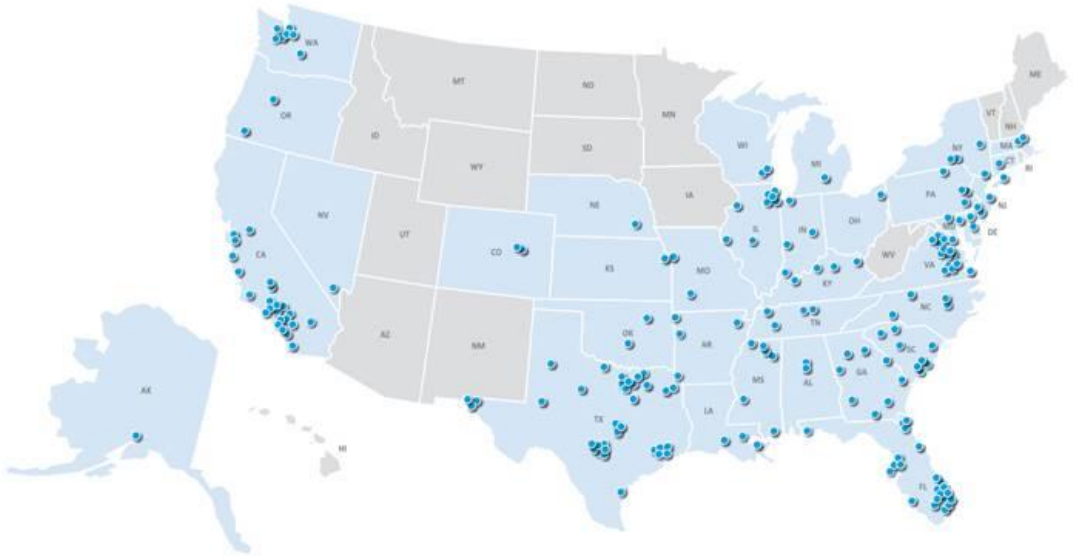
July 2022

Today's Focus

- About OBHG
- Improving Maternal Outcomes: FQHC & OBHG Partnership
- Overview: Comprehensive Maternity Bundle
- Questions & Discussion

About OBHG: National Footprint

OBHG's depth of experience and exclusive focus on Ob hospitalist medicine makes us a strong partner.



*With 190+ hospital partners in 34 states, our expertise is trusted by many of the country's leading health systems. OBHG **operates more OB hospitalist programs** than all competitors combined.*

*70% of our partners come from referrals within existing systems we partner with.

AMITA HEALTH · BON SECOURS MERCY HEALTH · HCA Hospital Corporation of America · Texas Health Resources · Adventist HEALTH SYSTEM · MEMORIAL HERMANN · NORTHWEST HEALTH · Atrium Health · Hackensack Meridian Health · Trinity Health · UHS · WakeMed Health & Hospitals · AdventHealth · BAPTIST HEALTH · INOVA HEALTH SYSTEM · ASCENSION HEALTH · Providence St. Joseph Health · Methodist HEALTH SYSTEM · Penn Medicine · Henry Ford HEALTH SYSTEM · LIFEBRIDGE HEALTH · EMORY HEALTHCARE · BaylorScott&White HEALTH · CommonSpirit · Mercy · tenet HEALTH · UnityPoint Health · AdvocateAuroraHealth · inspira HEALTH NETWORK · CHRISTUS Health · SHARP · CoxHEALTH · CHS Community Health Systems · NOVANT HEALTH

About OBHG: Outcomes

Across the largest network of OB hospitalist programs in the country, OBHG maintains world class customer retention and consistently meets program objectives:

67% | **Hospitals reduced NTSV C-section more than 10%**
Of hospitals with an NTSV C-section rate over **30%** at the time our partnership began

30% | **Reduction in Perinatal Serious Harm Events**
Compared to hospitals without OBHG programs

75% | **Fewer Births Resulting in Malpractice Payouts**

35% | **Lower Malpractice Payouts**
When payouts do occur

100% | **Compliance with nationally endorsed protocols**
Including elective deliveries before 39 weeks and use of steroids for eligible patients

98% | **Program Objectives Met or Exceeded**
Based on hospital leadership indicated top priorities for hospitalist program

OBHG <> FQHC Partnership: Improving Maternal Outcomes

- Maternity care is at a crossroads – costs, outcomes and experience vary widely, contributing to poor maternal outcomes
- Health inequities are a major factor: societal and health care factors both contribute to high rates of poor maternal morbidity and mortality outcomes, especially for Black women – who are 3x more likely to die from a pregnancy-related cause than white women
- Medicaid programs are focusing on both value-based contracting (VBC) and alternative payment models (APMs) and maternal health outcomes across the country, including in Texas
- In Texas, the March 2021 APMs in Texas Medicaid Report shows OB/GYN care makes up just 7.3% of all APMs
- Innovative APM strategies provide an opportunity to unleash new care models to address these challenges
- FQHCs are essential to launching these new care models for the Medicaid population. OBHG holds strong relationships with FQHCs throughout Texas and the U.S.
- **A partnership between OBHG and a partner FQHC enables superior care, an enhanced clinical partnership, trusted relationships with Medicaid members, and better clinical outcomes and patient experience.**

Improve Maternal Outcomes: Comprehensive Maternity Bundle

- **The Challenge:** Prenatal care, labor and delivery, and postpartum care are often viewed as three distinct episodes.
- **The Solution:** Incentivize team-based care, care coordination and care delivery through partnership and a single maternity care episode approach.
- **Results:**
  - Improved patient outcomes & satisfaction
  - Better care coordination and information sharing between providers
  - Reduced maternal morbidity & mortality among low-income patients.

Overview: Comprehensive Maternity Bundle

- OBHG and its partner FQHC would build upon their existing relationship and deliver a comprehensive model of care across the maternity episode, aligned with an MCO partner.
- Medicaid members will see a comprehensive approach to prenatal care, delivery and postpartum care.
- Care will be delivered by a team of FQHC and OBHG clinicians through a strengthened clinical partnership.
- The FQHC will identify the members and provide prenatal care services.
- OBHG would provide all in-hospital services from OB ED to labor and delivery services.
- OBHG and the FQHC will establish ongoing communication & data sharing processes to allow for access to comprehensive patient information throughout the maternity care episode
- After delivery, OBHG would help facilitate a warm hand-off back to the FQHC.
- The FQHC will serve as the medical home for the patient and baby.
- Shared savings generated through the model across the episode would be split between the MCO, FQHC partner, and OBHG.

Questions and Discussion

- Any questions or feedback on our approach?
- What maternal health outcomes initiatives are underway at your MCO?

Elevating the Standard of Women's Healthcare

Appendix: Additional Detail on Proposed Maternity Bundle

Elevating the Standard of Women's Healthcare

Comprehensive Maternity Bundle: Proposed Goals

Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Zero preventable maternal mortality	**% reduction in severe maternal morbidity**	**% reduction in NTSV Caesarean**	**% reduction in preterm birth**	**90% program participant satisfaction**
The U.S. has higher rates of maternal deaths than 45 other countries and is the only developed country with a consistently rising maternal mortality rate. The number of women who died giving birth has nearly doubled in the last 20 years, and health disparities have increased the risk for women of color. Over half of maternal deaths in the country can be prevented (ACOG LMC)	Severe maternal morbidity (SMM) includes unexpected labor and delivery outcomes that result in significant short- or long-term consequences to a woman's health. Using the most recent list of diseases, SMM has been steadily increasing in recent years and affected more than 50,000 women in the United States in 2014. (ACOG LMC / TXqapi_Tip4)	During pregnancy, hemorrhage and cardiovascular conditions are the leading causes of death. At birth and shortly after, infection is the leading cause. When compared to vaginal birth, cesarean delivery increases women's risk of hemorrhage and sepsis. C-sections in the NTSV population account for 60% of increase in the overall primary C-section rate in the last ten years	Preterm birth is the most common cause of infant death and is the leading cause of long-term disability related to the nervous system in children. Preterm infants commonly have a low birth weight, but sometimes full-term infants are also born underweight. Causes can include a mother's chronic health condition or poor nutrition. Adequate prenatal care is essential to ensuring that full-term infants are born at a healthy weight	Focusing on a positive pregnancy experience, seeking to ensure a healthy pregnancy for mother and baby, and an effective transition to positive labor and childbirth can ultimately lead to a positive experience of motherhood. Could be translated into an NPS score

Comprehensive Maternity Bundle: Proposed Intervention

Antepartum

- Risk assessments
- BMI Assessment
- Prenatal Care Screening
- Monitor for urinary infection
- Administer routinely discussed and recommended vaccines
- Health education with a family centered approach
- One encounter includes a visit to the hospital/maternity and discussing the birth plan with OBHG Hospitalists

Intrapartum

- Ensure discharge includes first postpartum counseling and soft delivery
- Identifying cases of severe maternal morbidity
- Increase bond/trust with patient and familiarity with the hospital/maternity
- Continuous support
- Use of evidence-based practice during childbirth
- Breastfeeding at the first hour

Postpartum

- Breastfeeding evaluation
- Postpartum depression screening
- Postpartum glucose screening
- Family & contraceptive planning
- Recommend use of hormonal contraceptive or LARC after childbirth
- Special attention and support to women who are separated from their infants after delivery

Comprehensive Maternity Bundle: Proposed Quality Measures

Prenatal Care	Birth	Postpartum Care
Prenatal Immunization Status (PRS-E)	% of Vaginal Birth After Cesarean	Postpartum Care - first appointment timely (HEDIS)
% of Prenatal Care Screening and Risk Assessments complete	% of use of each EBP practices (doula, freedom of mobility, non-pharmacological pain relief; food; etc)	Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) / 21 to 44 - NQF 2902
% of pregnant patient with preeclampsia/gestational diabetes/obesity	Maternal length of stay in hospital after delivery	% of patients receiving qualified discharge and connected to post-partum well visit
% of patients attending health education programs	Number of prolonged II stage/low-risk women in labor	Postpartum Readmission Rate
Cervical Cancer Screening (HEDIS)	% of deliveries with hysterectomy, haemorrhage and blood transfusion	
Chlamydia Screening (HEDIS)	Early Elective Delivery/ Elective delivery prior to 39 completed weeks gestation NQF 0469	
	Outpatient returned to OBED within 48 hours (OBHG)	

Comprehensive Maternity Bundle: Proposed Metrics

M1	Frequency of Ongoing Prenatal Care (N of visits) (NQF 1391)
M2	C–Section for Nulliparous Singleton Term Vertex (NSTV), NQF 0471
M3	Incidence of Episiotomy – low-risk women in labor Vaginal Delivery with Episiotomy (NQF 470)
M4	Post-Partum Follow-up and Care Coordination (includes postpartum depression screening) (CQM)

- Cover the entire continuum of care - prenatal, childbirth and postpartum
- Considers both OBHG and its partner's experience and expertise
- Ensures process and outcome measures are included
- Additional area of focus: avoidable postpartum readmissions

Ob Hospitalist℠ GROUP

777 Lowndes Hill Road, Building 1
Greenville, SC 29607

16945 Northchase Drive, Suite 2150
Houston, TX 77060

Phone: 800.967.2289
Fax 864.627.9920

Since 2006, Ob Hospitalist Group (OBHG) has led the nation in elevating the quality and safety of women's healthcare by delivering 24/7 real-time triage and hospital-based obstetric coverage to ensure consistent, timely care for patients as well as collaborative, non-competitive support for local OB/GYN physicians.

As the original architect of the Obstetric Emergency Department (OBED), OBHG ensures that every expectant or postpartum mother presenting to the hospital receives consistent and unconditional medical care by an experienced physician. OBHG leverages its national network of dedicated clinicians in partner hospitals across the United States to develop best practices in care which improve patient outcomes, reduce care variability and drive operational and financial efficiencies.

Questions?

Center for Health Care Strategies

Next Steps

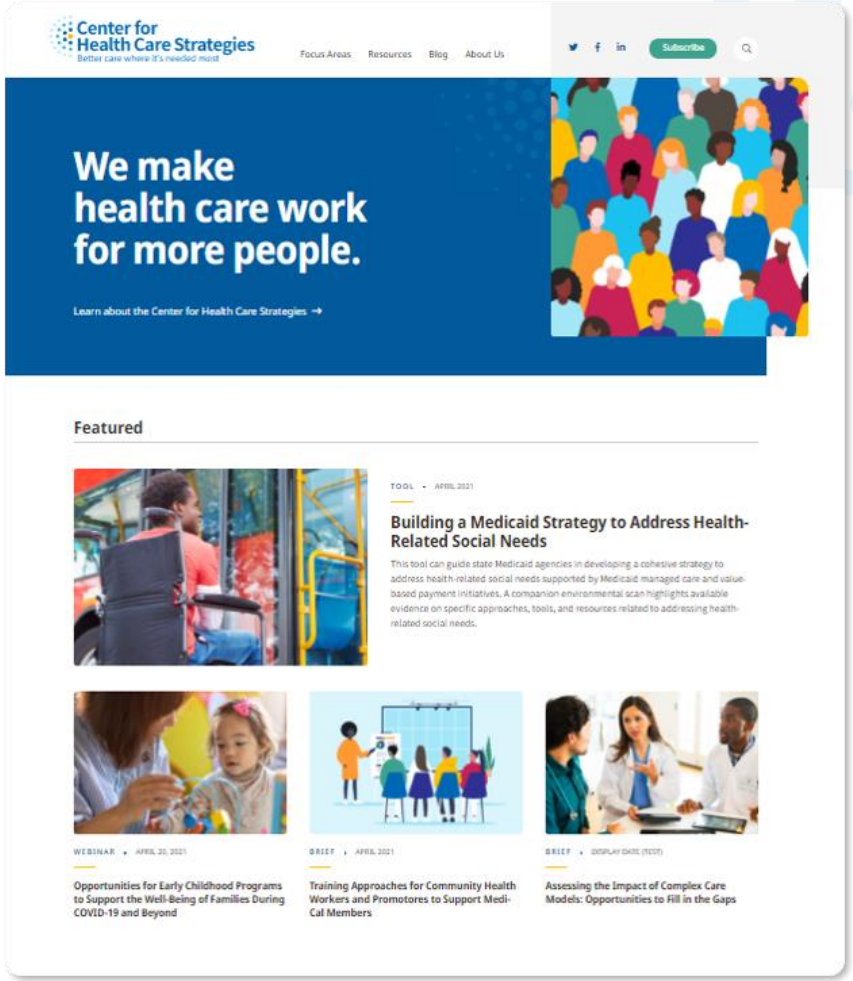
Center for Health Care Strategies

Stay Tuned for These Upcoming Sessions…

- August 3 – EQRO Quality Forum Webinar Series: SDOH *[external webinar]*
- Late August – Texas MCO SDOH Learning Collaborative Webinar: Maternal health workforce
- Late September – Texas MCO SDOH Learning Collaborative Webinar: Addressing SDOH as part of maternal health care
- October – Texas MCO SDOH Learning Collaborative In-Person Meeting: Developing maternal health recommendations

Visit CHCS.org to…

- **Download practical resources** to improve health care for people served by Medicaid.
- **Learn about cutting-edge efforts** from peers across the nation to enhance policy, financing, and care delivery.
- **Subscribe to CHCS e-mail updates**, to learn about new resources, webinars, and more.
- **Follow us on Twitter** @CHCShealth.



Center for Health Care Strategies