

Texas MCO SDOH Learning Collaborative: Webinar Summary

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July 28, 2022
11:00 am – 12:30 pm CT

Webinar recording available in two parts: [Part 1](#) and [Part 2](#)

Addressing Maternal Health through Care Delivery and Value-Based Payment Models

Agenda

Welcome and Introductions

- Anna Spencer welcomed participants and introduced the session.

*Anna Spencer, Senior
Program Officer, Center for
Health Care Strategies
(CHCS)*

HHSC Welcome (0:40 in the [Part 1 recording](#))

- Jimmy Blanton welcomed meeting participants and speakers.
- He noted that HHSC is excited to see the learning collaborative (LC) focus on improving maternal health outcomes, which also includes infant and family health. This is a key focus for HHSC, as Texas Medicaid pays for 53% of births in the state.
- Jimmy noted that there is clear direction from the Legislature, through SB 750 from 2019, for HHSC to address SDOH, maternal health, and disparities. HHSC releases an [annual report](#) on their efforts related to SB 750 and is also pleased to partner with the Texas MCO SDOH LC on these efforts.

*Jimmy Blanton, Director,
Office of Value-Based
Initiatives, Texas Health and
Human Services Commission
(HHSC)*

National Overview of Maternal Health Care Delivery (5:01 in the [Part 1 recording](#))

- Karla Silverman highlighted the ongoing maternal health crisis in the United States and in Texas. This crisis is exacerbated by racial health disparities, COVID-19, and rural hospital closures.
- She then shared five key priorities from the recent [White House Blueprint for Addressing the Maternal Health Crisis](#) and the related [CMS Maternity Care Action Plan](#).
- *Priority #1: Increase access to and coverage of comprehensive maternal health services.* This includes expanding postpartum coverage in Medicaid, strengthening access to mental health and addiction services including screening and care for postpartum depression, and increased access to primary care over the lifespan.
- *Priority #2: Ensure those giving birth are decision makers in accountable systems of care.* Analysis of data from Maternal Mortality Review Committees across the national shows that the majority of maternal deaths are preventable, and many can be attributed to three factors: (1) lack of patient and family awareness of pregnancy warning signs and when to seek care, (2) provider misdiagnosis and inappropriate treatment, and (3) poor coordination of maternal health care. The report also acknowledges that many women experience traumatic birth experiences, even if they do not have negative

*Karla Silverman, Associate
Director of Complex Care
Delivery, CHCS*

health outcomes. The Blueprint encourages hospitals and obstetrics providers to participate in learning collaboratives designed to improve maternal health, train providers on implicit bias and culturally appropriate care, and educate their patients on pregnancy warning signs.

- *Priority #3: Advance data collection, standardization, transparency, research, and analysis.* There is limited data around maternal morbidity and mortality, and data from many sources are not standardized or easy to use across states. The Blueprint encourages better data collection and research to improve understanding of maternal health disparities, including in rural areas and disparities by race and ethnicity.
- *Priority #4: Expand and diversify the perinatal workforce.* This recommendation focuses on increasing the number of perinatal workers in underserved areas, noting that use of models with midwives, doulas, and freestanding birth centers are evidence-based and cost-effective models shown to improve outcomes.
- *Priority #5: Strengthen economic and social supports before, during, and after pregnancy.* The Blueprint notes the critical impact of SDOH on maternal and family health outcomes and encourages health systems to increase screening for social needs. Other recommendations for stakeholders across the country include increasing enrollment in social services programs and increasing awareness of workplace benefits and protections related to motherhood.

MCO Approaches to Address Maternal Health (24:03 in the [Part 1 recording](#))

- Kathy Schwab presented on the many strategies CCHP is using to improve maternal health outcomes.
- She introduced CCHP's maternal health program, Baby Steps, which includes a variety of interventions designed to improve health outcomes: connection with lactation coaches, maternal depression screening and education, SDOH screening, provider collaboration, and connection to the Healthy Texas Women program after giving birth.
- CCHP is working towards a statistically significant improvement in prenatal and postpartum care engagement and is working to decrease disparities in care engagement between different racial groups.
- Kathy dove into the details of some aspects of CCHP's maternal health work:
 - CCHP's community health workers provide maternal depression screening pre-delivery and post-delivery at 3 and 6 weeks all pregnant women. During these screenings, women are also screened for SDOH needs.
 - CCHP works with partners to conduct an annual community health needs assessment, which identifies the needs of families served by CCHP and drives the design of CCHP's programs.
 - CCHP partners with many community-based organizations (CBOs) to expand their ability to engage with pregnant women. When building partnerships with these CBOs, CCHP conducts initial trainings and site visits to understand what services CBOs can offer to their members. CCHP partners with many CBOs, notably [FindHelp.org](#), [Nurse-Family Partnership](#), [Family Connects North Texas](#), and [It's Time Texas](#).
 - CCHP has developed alternative payment models with some of these CBOs to link payment to outcomes.
 - Provider partnerships include developing alternative payment models with obstetrics providers and pilot projects which embed a

Kathy Schwab, Director of STAR/CHIP Care Management/Population Health, Cook Children's Health Plan (CCHP)

community health worker in a local hospital to help improve outcomes related to the alternative payment model.

Maternal Health Value-Based Payment (VBP) (45:49 in the [Part 1 recording](#) and continues onto [Part 2](#))

- OBHG is working in partnership with HSG, a VBP consulting group, to develop a VBP model in Texas that will support partnerships between OBHG and local federally qualified health centers (FQHCs).
 - OBHG staffs obstetric providers in over 190 hospitals around the country, including in Texas. Many women who receive prenatal care through FQHCs are consistently cared for at the FQHC until they give birth, and then have their delivery overseen by a clinician who works for OBHG – resulting in a need for a VBP model that incentivizes better coordination between these two providers.
- There is a need for new maternal health VBP models, especially in Texas, where only 7% of VBP models in the state include OB/GYN care.
- OBHG and HSG are working with [Legacy Community Health](#) and [People’s Community Clinic](#) to develop a VBP model that would provide bundled payments to these maternal health providers.
 - The bundled payment would cover prenatal care, labor and delivery, and postpartum care and would incentivize team-based care that coordinates efforts from the partnered FQHC and OBHG. This model would also include provision of care for the newborn infant, who would typically also receive pediatric care through the mother’s FQHC.
 - From the patient perspective, the goal is for this VBP model to present as seamless and coordinated care between the different provider groups.
 - The VBP would initially include only shared savings, but would eventually move into a model that includes downside risk.
 - OBHG, HSG, and their partner FQHCs (Legacy and People’s) are currently looking for payer partners in Texas to help pilot this model.

Jason Helgerson, Founder and CEO, Helgerson Solutions Group (HSG)

Charles Jaynes, Senior Vice President of Clinical Operations, Ob Hospitalist Group (OBHG)

Facilitated Q&A (11:50 in the [Part 2 recording](#))

- Anna Spencer facilitated a Q&A session for the speakers.
- For OBHG/HSG: Prior experience with bundled payments has sometimes resulted in decreased attention to early prenatal and later postpartum visits – how does this VBP model address that issue?
 - Initially, the VBP model is a “virtual bundle.” Providers will bill normally for these services, and the VBP model will particularly examine use of hospital-related services. Shared savings are expected to come from decreases in C-sections and complications. Performance measures could be adapted to prioritize prenatal and postpartum care.
- For OBHG/HSG: What is meant by “team-based care” for the VBP model?
 - Team-based care would include coordination between FQHCs, who know their patients/communities well and OBHG, who have invested in best practices for hospital-based maternity care. This might include introducing patients to OBHG providers before delivery, so they are more comfortable in the delivery room.
 - The model would also include tracking of and addressing postpartum outcomes.

Facilitated by Anna Spencer, Senior Program Officer, CHCS

- For OBHG/HSG: Would the maternal VBP program include patient-reported measures?
 - Yes, this would include a net promoter score – which asks, “would you recommend this model to a family or friend?” This measure is increasingly used in health care to understand patient satisfaction.
- For Karla: What work is going on related to doula coverage, nationally?
 - Lots of Medicaid programs and MCOs are looking into doula coverage. When developing a doula benefit, it is critical to involve doulas in the design stage, to address common issues including understanding how to register to bill Medicaid and how to ensure the right services are covered.
 - Promising practices include New Jersey’s doula education efforts and the formation of doula hubs to support their administrative needs such as registering with a Medicaid program.
 - Lactation coaches can also offer critical services to moms and families. They also can’t bill independently to Medicaid and could benefit from similar efforts to cover their services through Medicaid.
- How are maternal health and VBP models addressing care shortages in rural areas?
 - This is a huge challenge with no great solutions. It’s heartening to see the White House Blueprint that notes a need for increased workforce.
 - OBHG is starting to work with Critical Access Hospitals to operate beyond their typical staffing model (emergency obstetrics care) and instead offer more comprehensive obstetrics services.

Wrap Up and Adjourn (35:00 in the [Part 2 recording](#))

- Diana Crumley noted that the goal of these sessions is to link care delivery models to the VBP models that makes them possible. With that in mind, we will cover additional considerations in future sessions, but are also happy to hear from LC participants about what topics they would like to cover.

Diana Crumley, Senior Program Officer, CHCS