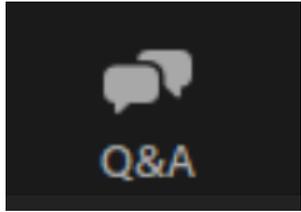


The Maternal Health Hub Promoting Equity and Value in Maternity Care

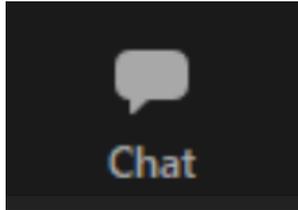
September 21, 2020



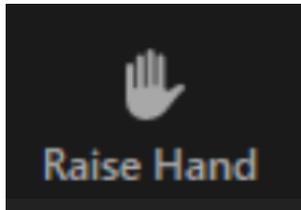
Participation Options



Submit questions for through the Q&A feature



Use chat to share comments



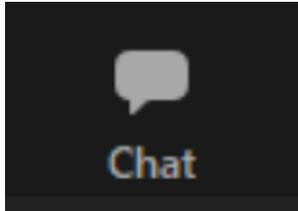
To speak, please **raise your hand**. *You will get a “request to unmute” notification as facilitators open your speaker line.*



Agenda

- Introductions
- Why We Must Transform Maternity Care
- Promoting Equity and Value in Maternity Care
- The Maternal Health Hub Learning Community: Expectations and Agenda Setting





Use the chat to introduce yourself:

This could include your organizational affiliation, areas of interest and expertise, and what you are hoping to learn and contribute to this learning community.



Speakers



Carol Sakala, PhD
Director for Maternal
Health



Laurie Zephyrin, MD MPH, MBA
Vice President, Delivery System
Reform



**The
Commonwealth
Fund**



Clare Pierce-Wrobel
Senior Director



Why We Must Transform Maternity Care

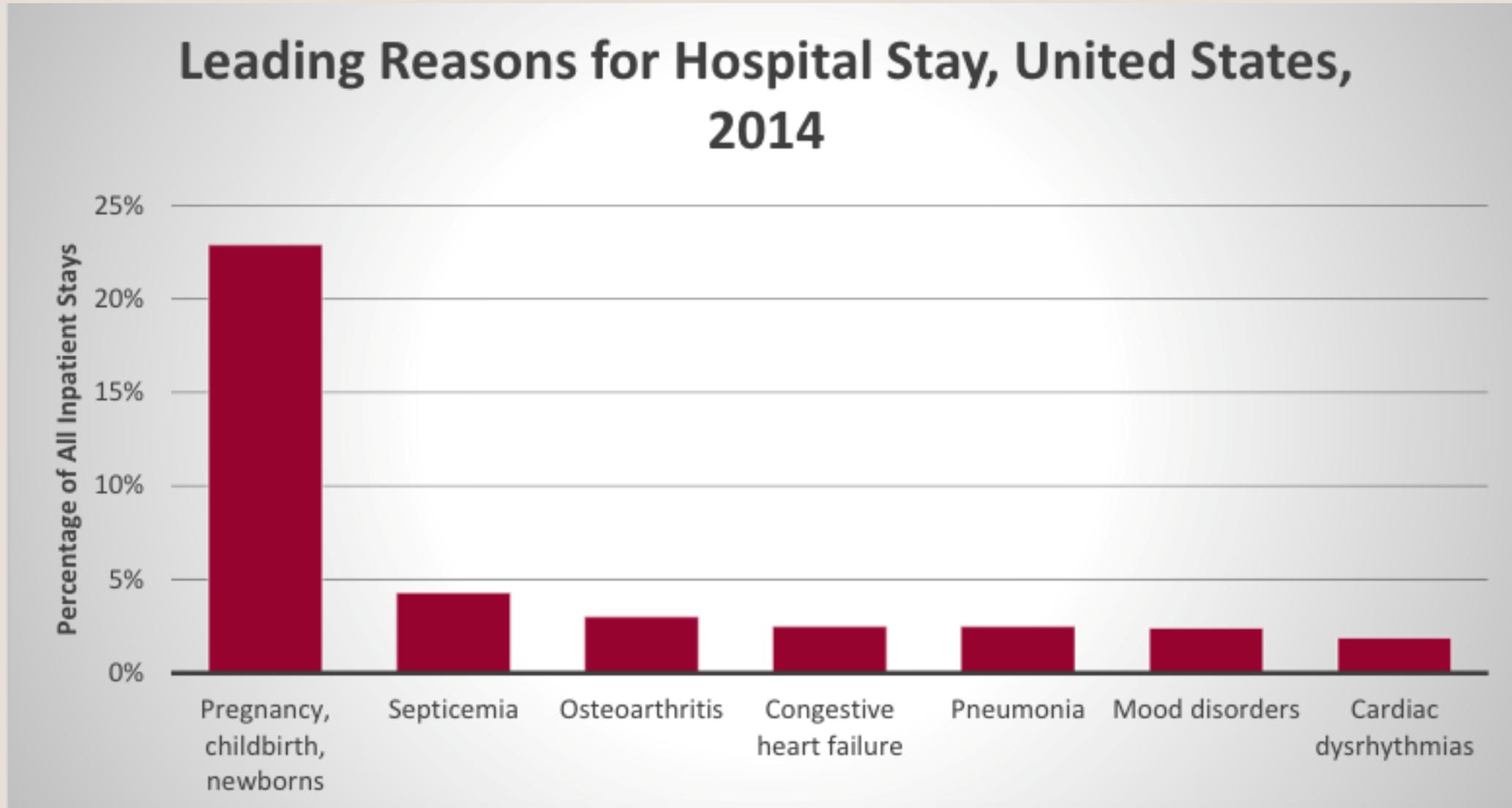
Carol Sakala, PhD

Director for Maternal Health

National Partnership for Women & Families

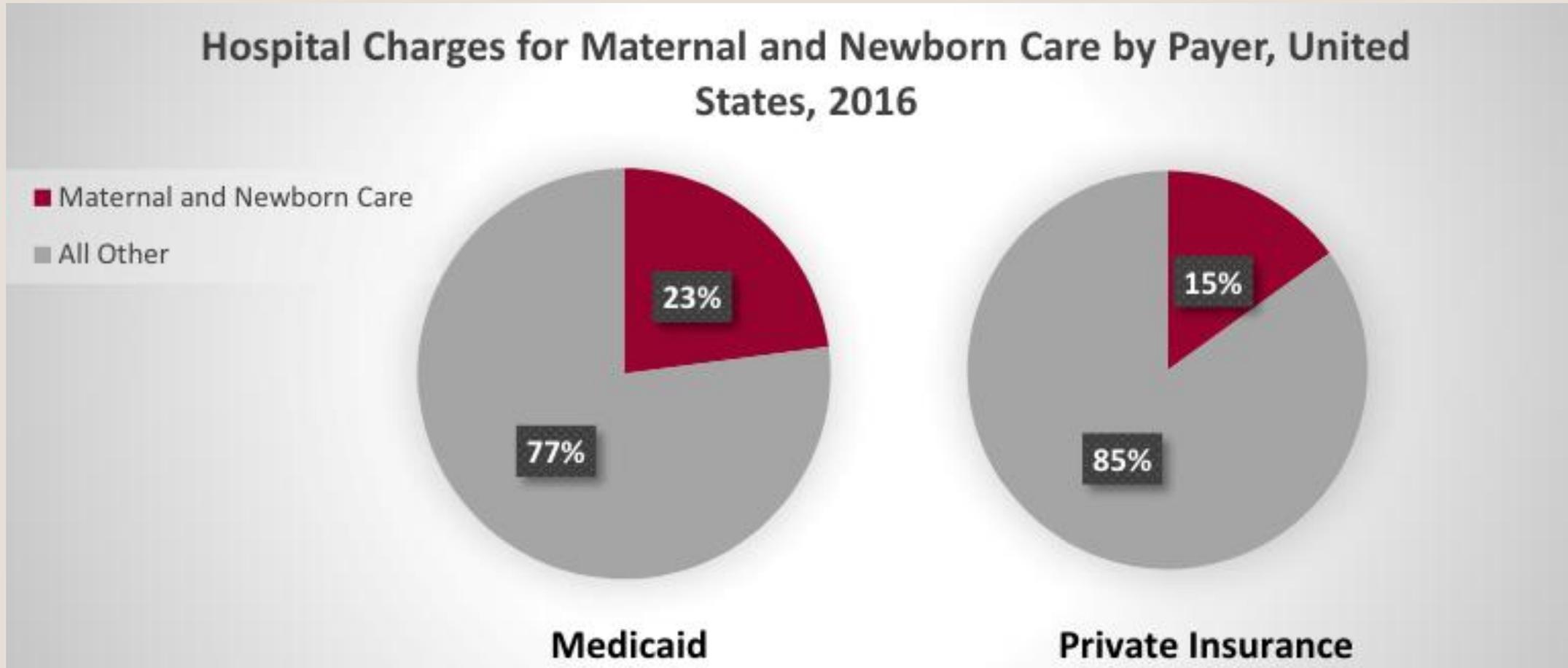


Dominant role in U.S. hospitals: discharges



Source: National Partnership for Women & Families. (2020). *Maternity care in the United States: We can – and must – do better.* <https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf>.

Dominant role in U.S. hospitals: charges



Source: National Partnership for Women & Families. (2020). *Maternity care in the United States: We can – and must – do better.* <https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf>.

Maternity care is a population health issue

Everyone experiences sensitive perinatal period of rapid development with possible long-term, even lifelong health effects

○ Developmental origins of health and disease

- Epigenetics
- Microbiome
- Life course health development
- Hormonal physiology of childbearing

Long-term health implications as well for the 85% of women who have one or more babies

Source: National Partnership for Women & Families. (2020). *Maternity care in the United States: We can – and must – do better*. <https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf>.

Troubling U.S. maternity care outcomes

○ Worsening

- Pregnancy-related deaths
- Severe maternal morbidity
- Preterm birth
- Low birth weight

○ Experienced by large numbers

- Prenatal and postpartum depression and anxiety
- Cesarean birth
- Lack support to meet own breastfeeding goals, professional standards
- Substance use disorder

Source: National Partnership for Women & Families. (2020). *Maternity care in the United States: We can – and must – do better*. <https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf>.

Maternity care inequities in U.S.

- Both social conditions of everyday life and the quality of maternity care contribute to disparate outcomes
- Women who are Black or Indigenous, have low incomes, and live in rural areas disproportionately experience adverse outcomes
- Systemic racism, bias, marginalization are major drivers
- Disparities in outcome include rates of
 - Maternal, neonatal and infant mortality; preterm birth and low birth weight
 - Teen births, starting prenatal care in 1st trimester, smoking in pregnancy
 - Labor induction and cesarean birth
 - Breastfeeding initiation and duration

U.S among 11 high-income nations

Included countries: Australia, Canada, Denmark, France, Germany, Japan, the Netherlands, Sweden, Switzerland, United Kingdom, United States

Indicator *	U.S.	11-Nation Mean
Maternal mortality per 100,000 live births	26.4	8.4
Neonatal mortality per 1,000 live births	4.0	2.6
Infant mortality per 1,000 live births	5.8	3.6
Cesarean rate	33%	25%
Low birth weight rate	8.1%	6.6%
Total health spending per capita (USD)	\$9,403	\$5419

* U.S. is second worst among 11 nations for low birth weight and worst for all others

Source: Papanicolas et al. (2018). Health care spending in the United States and other high-income countries. JAMA 319(10) 1024-1029.

Evidence-practice gaps: examples

Errors of commission/overuse

- Labor induction for many unsupported indications
- Cesarean birth in one-third of pregnant women

Errors of omission/underuse

- Smoking cessation interventions in pregnancy
- Identifying and treating perinatal depression
- Turning fetus to head-first position at term (external version)
- Planned labor after one or two prior cesareans
- Continuous support during labor
- Intermittent auscultation for fetal monitoring
- Being upright and mobile during labor

Source: National Partnership for Women & Families. (2020). *Maternity care in the United States: We can – and must – do better.* <https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf>.

Payment and financing challenges

○ Resources are misallocated across phases of care

- 4 of 5 dollars paid on behalf of woman and newborn across full episode cover the brief hospital phase of care
- Just 1 of 5 of all dollars paid covers prenatal and postpartum phases

○ As with health care overall, the U.S. may have the most costly maternity care system; factors include

- High prices
- Technology-intensive childbirth for primarily healthy population
- Supply-induced demand: with growing number of NICUs, neonatologists, healthier and healthier babies admitted to revenue-generating NICUs
- Many with costly conditions, e.g., preterm birth, severe maternal morbidity

U.S. maternity care not reliably:

- Accessible
- High-quality and safe
- Woman-centered
- Evidence-based
- Equitable
- Affordable

Despite the fact that it is a major portion of the health care system (especially hospital sector), has major implications for population health, costs a lot

Source: National Partnership for Women & Families. (2020). *Maternity care in the United States: We can – and must – do better.* <https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf>.

Advancing Equitable High-Value Maternity Care

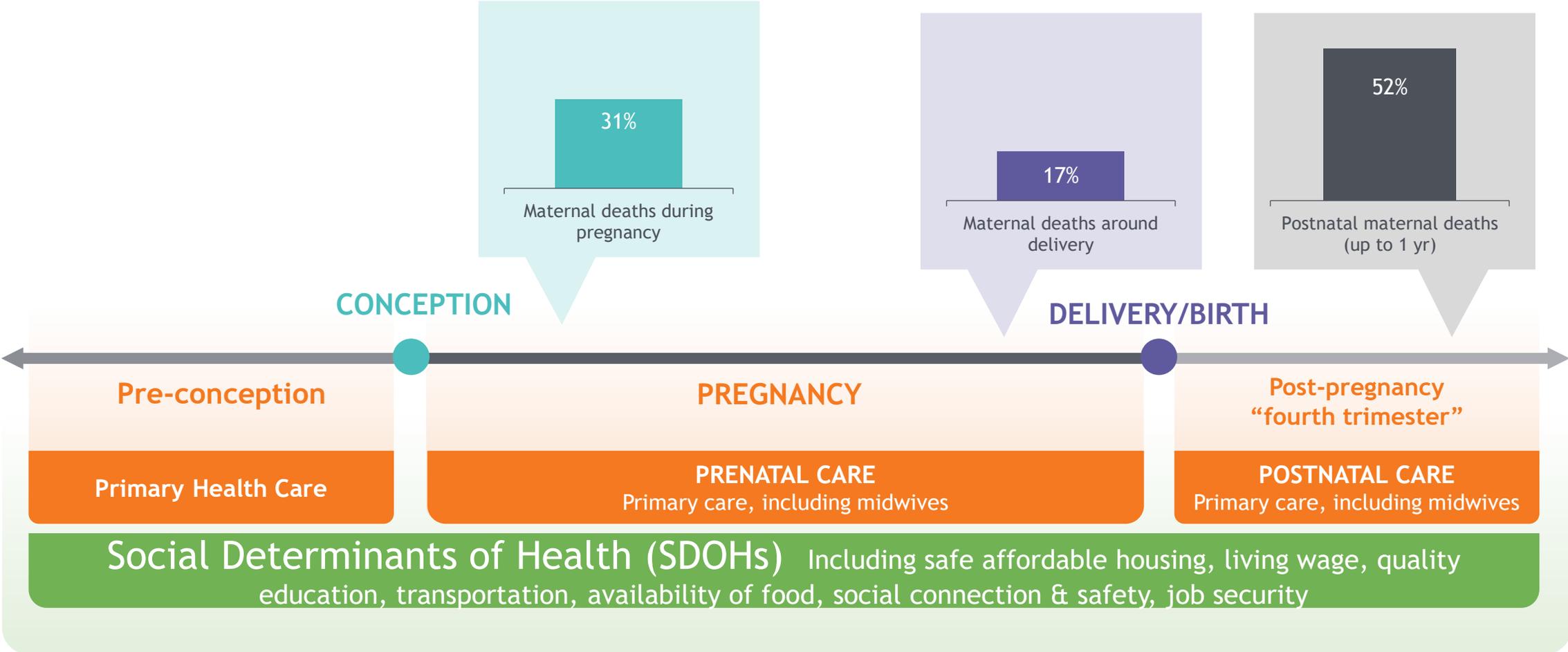
Laurie Zephyrin, MD MPH, MBA

Vice President, Delivery System Reform, The Commonwealth Fund



The
Commonwealth
Fund

Drivers of Maternal Mortality



Value in Maternity Services and Care Models

High-Value Services and Care Models

- ▲ Team-based care including midwives, doulas, and community health workers
- ▲ Midwifery or birth center model
- ▲ Pregnancy medical homes and maternity care homes
- ▲ Culturally competent group prenatal care
- ▲ Screening and management of prenatal and postpartum mood and anxiety disorders
- ▲ Home visiting programs
- ▲ Nurse–family partnership
- ▲ Lactation support
- ▲ Medication-assisted treatment for opioid use disorder
- ▲ Postpartum reproductive planning

Low-Value Services and Care Models

- ▼ Fee-for-service model
- ▼ Lack of shared decision-making
- ▼ Early elective C-sections
- ▼ Induction of labor in instances without an evidence base
- ▼ Electronic fetal monitoring without indication
- ▼ Routine episiotomy
- ▼ Truncated prenatal care visits
- ▼ NICU overutilization
- ▼ Ultrasound at every prenatal visit
- ▼ Health care providers exhibiting implicit or explicit bias
- ▼ Exclusion of vaginal birth after cesarean in instances without an evidence base

Source: Clare Pierce-Wrobel, Katie Green, and Laurie Zephyrin, “Attaining Equitable High-Value Maternity Care.” *To the Point* (blog), Commonwealth Fund, June 30, 2020.

For care to be truly of high value it must be equitable, meaning:

Attaining Equitable High-Value Maternity Care

June 30, 2020 | Clare Pierce-Wrobel, Katie Green, and Laurie Zephyrin



- Care is respectful
- Culturally competent providers are available
- Quality is consistent regardless of patient race, gender identity, or income
- Medical, behavioral, and social services are integrated
- Preferences are honored
- It does no harm

COVID 19 Highlights the Need for High-Value Care

The same communities impacted by COVID19 are the same impacted by the crisis of maternal mortality and morbidity - making action more urgent.



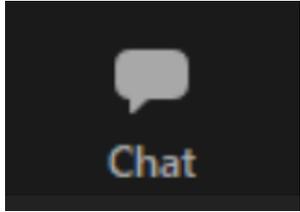
Invest in a diverse perinatal workforce



Support and Strengthen Birthing Centers



Extend postpartum Medicaid coverage to 1 year



Use the chat to answer the question:

What does high-value maternity care look like to me?



The Maternal Health Hub

Clare Pierce-Wrobel, MHSA

Senior Director, Health Care Transformation Task Force



Equity must be treated as a central value, on par with other key values such as quality and cost, in any value-based models for maternity care

<https://hcttf.org/equity-value-in-maternity-care/>

Promoting Equity and Value in Maternity Care



June 2020

The Health Care Transformation Task Force, with support from The Commonwealth Fund, convened a cross-sector group of maternity experts in January 2020 to identify strategies to accelerate the dissemination of effective value-based payment and delivery system models that improve maternal health outcomes, eliminate health disparities, and advance health equity, which informed the development of this report.

Primary Drivers



Culture of Health Equity



Value-Based System



Public Policy Enablers



Aim



To reduce maternal morbidity and mortality and eliminate health disparities in the U.S.





Culture of Health Equity

SUPPORTING DRIVERS

INTERVENTIONS & IMPROVEMENT STRATEGIES

Addressing structural racism

- Addressing structural and cultural competency
- Patient/provider trust-building

Workforce development and training

- Reform medical education to include training on structural and cultural competency
- Diversify the birthing workforce
- Implicit bias training

Equity-focused quality and safety initiatives

- Measure patient experience, including respectfulness and race-based discrimination
- Stratify quality and outcomes data by race and ethnicity



Value-Based System

SUPPORTING DRIVERS

INTERVENTIONS & IMPROVEMENT STRATEGIES

High-value care

- Shared/collaborative decision-making
- Patient education and engagement
- Integrated medical, behavioral, social needs

Full complement of birth workers

- Payment parity for midwives & birth centers
- Reimbursement for doulas/community health workers and maternity care coordinators
- Coordination with and funding for community-based organizations

Value-based payment

- Pay-for-performance
- Alternative payment models

Data sharing and rapid-cycle program evaluation

- Develop better quality improvement measures
- Develop better accountability measures
- Multi-payer alignment on measures



Public Policy Enablers

SUPPORTING DRIVERS

INTERVENTIONS & IMPROVEMENT STRATEGIES

Comprehensive health coverage across the life course

- Medicaid expansion
- Extended postpartum Medicaid coverage

Supporting the maternity care workforce

- Scope of practice changes
- Improved Medicaid reimbursement rates
- Reimbursing for social services

Federal/state partnership

- Federal/state legislation
- Technical assistance and guidance
- Demonstration projects and program evaluation

We are committed to advancing high-value maternity care

The Maternal Health Hub compiles resources and best practices to advance a vision for high-value and equitable maternity care in the U.S. The Hub is also home to a learning community for stakeholders committed to improving maternal health outcomes.

[Learn More](#)

Learning Community

Cross-sector stakeholders committed to improving maternal health outcomes

The learning community invites maternal health stakeholders – including providers, payers, patients, purchasers, community-based organizations, policymakers and others – to share and learn from other organizations and persons committed to reducing maternal morbidity, mortality, and health disparities.

[Join the Learning Community](#)

Learning Community Purpose

The *Maternal Health Hub Learning Community* is a forum to share learnings and best practices, payment reform evidence, and implementation resources to accelerate the identification and dissemination of effective value-based care delivery and payment strategies for maternity care that advance health equity.

Primary Drivers



Culture of Health Equity



Value-Based System

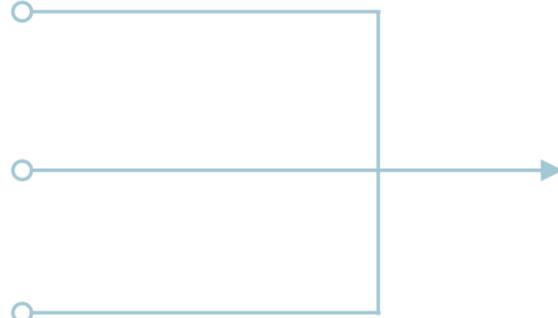


Public Policy Enablers

Aim



To reduce maternal morbidity and mortality and eliminate health disparities in the U.S.



Learning Community Values

The Learning Community is committed to advancing high-value maternity care as defined by the following characteristics:

- Equitable, patient-centered, culturally competent, respectful
- Consistent quality, safety and equity regardless of payer/insurance status
- Integrated and coordinated care across medical, behavioral, and social needs
- Honors the pregnant person's preferences as much as medically feasible
- Does no harm, and reduces medical over utilization and underutilization
- Reimbursement that accurately reflects the costs of delivering high-quality care

Learning Community Structure

Monthly conference call

Showcase of best practice approaches and facilitated discussion about how best to remove barriers and scale best practices; lessons learned from existing initiatives; and defining a relevant policy agenda to achieve the goals of advancing high-value maternity care. The monthly calls will be dedicated to topics as defined by the learning agenda.

Online forum

Announcements and materials for Learning Community meetings will be posted to the Hub forum. Learning Community participants are invited to share information and participate in the online discussion.

Shared Learning & Action Resources

Output will include case studies and policy recommendations to advance high-value maternity care.

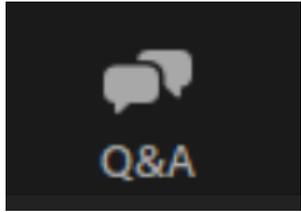
Participants

- **Providers, payers, patient advocates, purchasers, community-based organizations, policymakers and others**
- Commitment to sharing experience, best practices, and challenges
- Promote policies to accelerate the pace of maternity care transformation at the state and federal level, and drive implementation of high-value maternity care models

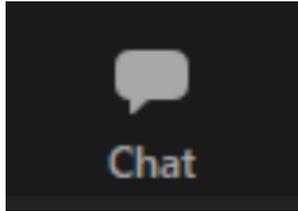
Learning Community: Agenda Setting



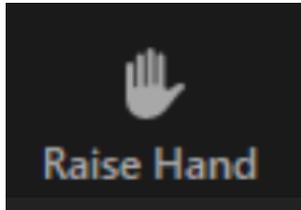
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Topic 1

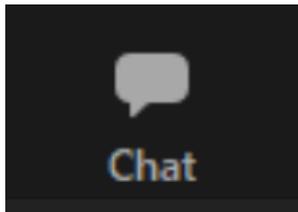
Building a business case for investing in community-based, equity-centered care

Background: Community-based models of care have been shown to improve maternal health outcomes and reduce health disparities by providing services like peer support programs, community doulas, and postpartum support groups that bridge the community and the health system.

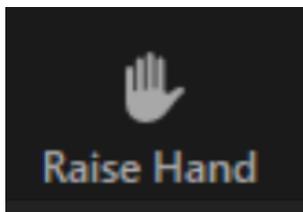
Objectives: Develop components of a business case for payers and purchasers to invest in community-based, equity-centered care, including addressing benefit and network design, state and federal regulatory barriers, and how to measure quality and value.

Building a business case for investing in community-based, equity-centered care

- What **resonates most** about this topic area?
- How is my organization addressing this topic currently?
- What related **health equity** interventions, **value-based system** strategies, or **public policy** levers are of greatest interest?



Use the chat



Or raise your hand to speak

You will get a “request to unmute” notification as facilitators open your speaker line.



Topic 2

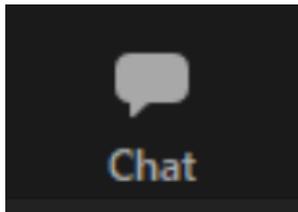
Advancing alternative payment models for maternity care

Background: Alternative payments models (APMs) link provider reimbursement to maternal outcomes and cost. Perinatal episode payment models are one such promising strategy shown to incentivize improved care coordination and enable delivery system reform to better address quality outcomes for mothers and newborns.

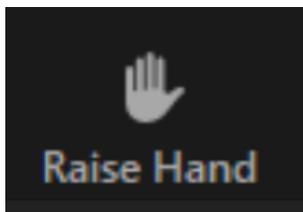
Objectives: Develop strategies to advance the implementation of effective alternative payment models for maternity care delivery, and develop recommendations for payers and policymakers to incorporate a focus on improved health equity and addressing social determinants of care into value-based payment for maternity care.

Advancing alternative payment models for maternity care

- What **resonates most** about this topic area?
- How is my organization addressing this topic currently?
- What related **health equity** interventions, **value-based system** strategies, or **public policy** levers are of greatest interest?



Use the chat



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Topic 3

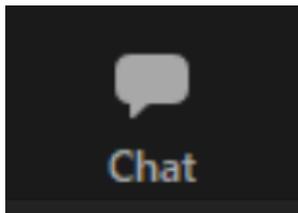
High-value equitable maternity care during the COVID-19 pandemic

Background: The COVID pandemic is exacerbating already apparent racial disparities in maternal health; a crisis within a crisis. The rapid expansion of telehealth has made available new virtual care options and monitoring for prenatal and postpartum health care, including childbirth education and mental health, but there is evidence that disparities persist in access and utilization.

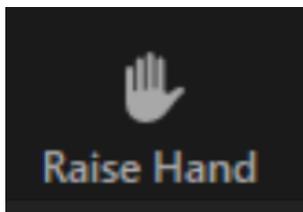
Objectives: Share experiences with maternity care delivery during COVID and identify best practices (and associated policy recommendations) to address disparities in access to equitable virtual care.

High-value, equitable maternity care during the COVID-19 pandemic

- What **resonates most** about this topic area?
- How is my organization addressing this topic currently?
- What related **health equity** interventions, **value-based system** strategies, or **public policy** levers are of greatest interest?



Use the chat



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To participate in the Maternal Health Hub Learning Community, please visit maternalhealthhub.org.

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[@HCTTF](https://twitter.com/HCTTF)



maternalhealthhub.org

For more information on the Task Force, please visit hcttf.org.



hcttf.org