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

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

Leading Reasons for Hospital Stay, United States, 2014

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage of All Inpatient Stays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy, childbirth, newborns</td>
<td>25%</td>
</tr>
<tr>
<td>Septicemia</td>
<td>15%</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>10%</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>5%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>5%</td>
</tr>
<tr>
<td>Mood disorders</td>
<td>5%</td>
</tr>
<tr>
<td>Cardiac dysrhythmias</td>
<td>5%</td>
</tr>
</tbody>
</table>

Dominant role in U.S. hospitals: charges

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

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>U.S.</th>
<th>11-Nation Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 live births</td>
<td>26.4</td>
<td>8.4</td>
</tr>
<tr>
<td>Neonatal mortality per 1,000 live births</td>
<td>4.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births</td>
<td>5.8</td>
<td>3.6</td>
</tr>
<tr>
<td>Cesarean rate</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>Low birth weight rate</td>
<td>8.1%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Total health spending per capita (USD)</td>
<td>$9,403</td>
<td>$5,419</td>
</tr>
</tbody>
</table>

* 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

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.

Advancing Equitable High-Value Maternity Care

Laurie Zephyrin, MD MPH, MBA
Vice President, Delivery System Reform, The Commonwealth Fund
Social Determinants of Health (SDOHs)
Including safe affordable housing, living wage, quality education, transportation, availability of food, social connection & safety, job security

Drivers of Maternal Mortality

CONCEPTION
Pre-conception
Primary Health Care

PREGNANCY
PRENATAL CARE
Primary care, including midwives

DELIVERY/BIRTH
Post-pregnancy “fourth trimester”
POSTNATAL CARE
Primary care, including midwives

Maternal deaths during pregnancy: 31%
Maternal deaths around delivery: 17%
Postnatal maternal deaths (up to 1 yr): 52%

Pre-conception: 31%
Pregnancy: 17%
Postnatal: 52%

31% Maternal deaths during pregnancy
17% Maternal deaths around delivery
52% Postnatal maternal deaths (up to 1 yr)
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:

- 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

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.
<table>
<thead>
<tr>
<th>SUPPORTING DRIVERS</th>
<th>INTERVENTIONS &amp; IMPROVEMENT STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing structural racism</td>
<td>• Addressing structural and cultural competency</td>
</tr>
<tr>
<td></td>
<td>• Patient/provider trust-building</td>
</tr>
<tr>
<td>Workforce development and training</td>
<td>• Reform medical education to include training on structural and cultural competency</td>
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<td></td>
<td>• Diversify the birthing workforce</td>
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<td></td>
<td>• Implicit bias training</td>
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<tr>
<td>Equity-focused quality and safety initiatives</td>
<td>• Measure patient experience, including respectfulness and race-based discrimination</td>
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<td></td>
<td>• Stratify quality and outcomes data by race and ethnicity</td>
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## Value-Based System

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<tr>
<td>High-value care</td>
<td>• Shared/collaborative decision-making&lt;br&gt;• Patient education and engagement&lt;br&gt;• Integrated medical, behavioral, social needs</td>
</tr>
<tr>
<td>Full complement of birth workers</td>
<td>• Payment parity for midwives &amp; birth centers&lt;br&gt;• Reimbursement for doulas/community health workers and maternity care coordinators&lt;br&gt;• Coordination with and funding for community-based organizations</td>
</tr>
<tr>
<td>Value-based payment</td>
<td>• Pay-for-performance&lt;br&gt;• Alternative payment models</td>
</tr>
<tr>
<td>Data sharing and rapid-cycle program evaluation</td>
<td>• Develop better quality improvement measures&lt;br&gt;• Develop better accountability measures&lt;br&gt;• Multi-payer alignment on measures</td>
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</table>
## Public Policy Enablers

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<th>SUPPORTING DRIVERS</th>
<th>INTERVENTIONS &amp; IMPROVEMENT STRATEGIES</th>
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<tbody>
<tr>
<td>Comprehensive health coverage across the life course</td>
<td>• Medicaid expansion</td>
</tr>
<tr>
<td></td>
<td>• Extended postpartum Medicaid coverage</td>
</tr>
<tr>
<td>Supporting the maternity care workforce</td>
<td>• Scope of practice changes</td>
</tr>
<tr>
<td></td>
<td>• Improved Medicaid reimbursement rates</td>
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<td></td>
<td>• Reimbursing for social services</td>
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<tr>
<td>Federal/state partnership</td>
<td>• Federal/state legislation</td>
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<td></td>
<td>• Technical assistance and guidance</td>
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<td></td>
<td>• Demonstration projects and program evaluation</td>
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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**

<table>
<thead>
<tr>
<th>Monthly conference call</th>
<th>Online forum</th>
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<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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
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.
<table>
<thead>
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<th>Building a business case for investing in community-based, equity-centered care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background</strong>: 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.</td>
</tr>
<tr>
<td><strong>Objectives</strong>: 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.</td>
</tr>
</tbody>
</table>
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.*
| 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

Or raise your hand to speak
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## 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*

*Or raise your hand to speak*

You will get a “request to unmute” notification as facilitators open your speaker line.
To participate in the Maternal Health Hub Learning Community, please visit maternalhealthhub.org.

Follow us on Social Media:

@maternal_hub
@HCTTF

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