Washington Maternal Care Model

June 7, 2022
Welcome and introductions

- Washington State Health Care Authority (HCA)
  - Beth Tinker
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  - Mary Fliss
    - Deputy, Clinical Strategy and Operations

- National Opinion Research Center (NORC) and Aurrera Health Group

- Who is in attendance?
Agenda

- Introduce concept and development of Washington Maternal Care Model
- Strategies used and lessons learned from other states
- Key considerations for the model
- Project timeline
- Feedback and questions
- Avenues for feedback and resources
Maternal care model goals

- Incentivize high-quality, high-value care that improves perinatal health outcomes and addresses racial and ethnic disparities

- Increase utilization of, and improve quality of prenatal and postpartum care
- Reduce maternal morbidity and mortality
- Reduce racial and ethnic disparities in perinatal outcomes
- Improve birth outcomes
- Increase care coordination between health care providers for birth parent and infant including leverage of the full 12 months of postpartum Medicaid coverage
Specific targets

- Increase quality and utilization of both prenatal and postpartum care.
- Increase the identification, coordination and services for patients with mental health and/or substance use disorder.
- Assure that the care of the birth parent and infant are coordinated and linked.
- Increase integrated and team-based care, including doulas.
- Expand the appropriate use of midwives for both hospital and community birth settings.
Logic model

Goals

- Increase utilization of and improve quality of prenatal and postpartum care
- Reduce maternal morbidity and mortality
- Reduce racial and ethnic disparities in perinatal outcomes
- Improve birth outcomes
- Increase care coordination between health care providers for birth parent and infant including leverage of the full 12 months of postpartum Medicaid coverage

Examples of Intervention Levers

- PP care defined by more than one comprehensive visit at 6 weeks
- Systematic BH screening, referral as needed and follow-up during pregnancy and the full year post partum
- Increase physiologic birth and patient informed choice (e.g., reduce c-sections, unnecessary interventions, improve satisfaction)
- Expand the appropriate use of midwives and incorporate doulas and other multi-disciplinary care team members
- Appropriately manage chronic conditions across the continuum – from initiation of prenatal care through end of 12mo PP (and transition to ongoing care)
- Increase attention to SDOH, including universal screening, referrals/linkage, support and follow up
- Leverage quality/reporting metrics to drive better, evidence-based care and improved outcomes
- Consider additional interventions that have demonstrated impact in reducing perinatal disparities: group prenatal care, home visiting, medical home models.
Strategies used by other states

Episode of Care
- This model frequently has a shared-savings and a risk-sharing threshold
  - Based on costs
  - Can be either up- and down-side risk or up side only
- Quality is incorporated as a “floor” that must be met or as pay-for-performance
  - Focus on limited selected quality outcomes
- A lot of variety in evaluation findings
  - Quality metrics and birth outcomes
Strategies used by other states

- Maternity or Pregnancy Medical Home Model
  - A care delivery model that improves care coordination and person-centered care through an obstetrician

- North Carolina showed a 6.7% decrease in low birth weight babies (2011-2014)
Strategies used by other states

Health Home Model

- Accomplishes similar objectives to the Maternity or Pregnancy Medical Home, but focuses on high-cost, high-need populations
- May be appropriate in the extended postpartum period
- Evaluations of the Health Home Models specifically for beneficiaries with chronic conditions have found:
  - better quality of care
  - improved care coordination and management
  - greater integration of behavioral and primary care
  - increased rates of transitional care
  - improved access to social services and community-based supports.
Key considerations for maternal care model development

- Quality outcome metrics, including specific considerations regarding racial and ethnic disparities
- Financial reward/risk sharing and risk adjustment
- Incentivizing provider participation
- Connections between providers - e.g., OB provider/care team, primary care, behavioral health (mental health and substance use disorder), and pediatric
- Role of midwives, doulas, home visiting, other evidence-based supports (e.g., group prenatal care).
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<tr>
<th>Date</th>
<th>Activity</th>
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<tr>
<td>June – July 2022</td>
<td>Initial engagement sessions, review of the work done in other states</td>
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<tr>
<td>August – September 2022</td>
<td>Draft the model design based on the environmental scan and input shared</td>
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<td>October – November 2022</td>
<td>Re-engage with tribes and stakeholder with draft design</td>
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<td>December 2022</td>
<td>Finalize model components and create implementation strategies</td>
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<td>January – December 2023</td>
<td>Prepare for implementation and, if needed, receive funding</td>
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<tr>
<td>January 2024</td>
<td>Implement Maternity Care Model in Medicaid</td>
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Questions and considerations

- Initial feedback on key goals of the maternal care model
- What additional considerations should we address as we design this model?
- Questions?
Avenues for feedback

- Stakeholder engagement process
- Tribal consultation

Contact the HCA Team at HCAMaternalCareModel@hca.wa.gov.

Resources and contact information

- Webinar slides and recording will be posted here
- Describes goals of the Maternal Care Model
- Lists upcoming events
- Updated regularly as model development and implementation proceeds

Contact information
- [HCAMaternalCareModel@hca.wa.gov](mailto:HCAMaternalCareModel@hca.wa.gov)
Thank you!