

# Maternity Multi-Stakeholder Action Collaborative

## Track 2: Alternative Service Models for Maternity Care

May 22, 2017

2:00 – 3:00 pm ET



### PLEASE NOTE:

- All phone lines are **unmuted** and you are no longer in “Listen Only” mode. **Please mute your own phone.**
- ReadyTalk works best with Chrome, but does work with other browsers. If you have connectivity issues, try refreshing your browser or switching to Chrome.



*For technical issues, please contact Kristian Motta ([kmotta@rippleeffect.com](mailto:kmotta@rippleeffect.com)) or Leah Allen ([lallen@mitre.com](mailto:lallen@mitre.com))*

# Agenda

	Timeframe (ET)	Topic	Facilitators/Presenters
1	2:00 - 2:05 pm	Welcome and Meeting Overview	Tom Betlach Elliot Main
2	2:05 – 2:30 pm	Content Overview	Michael Bailit
3	2:30 – 2:55 pm	Discussant Interview and Facilitated Discussion	Cara Osborne Michael Bailit
4	2:55 – 3:00 pm	Wrap-Up and Next Steps	Michael Bailit

# Antitrust Statement

MAC Participants agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, **no financial information from participants will be shared with others or with the general public.**

During meetings and other activities, including all formal and informal discussions, each participant will refrain from discussing or exchanging information regarding any competitively sensitive topics. Such information includes, but is not limited to:

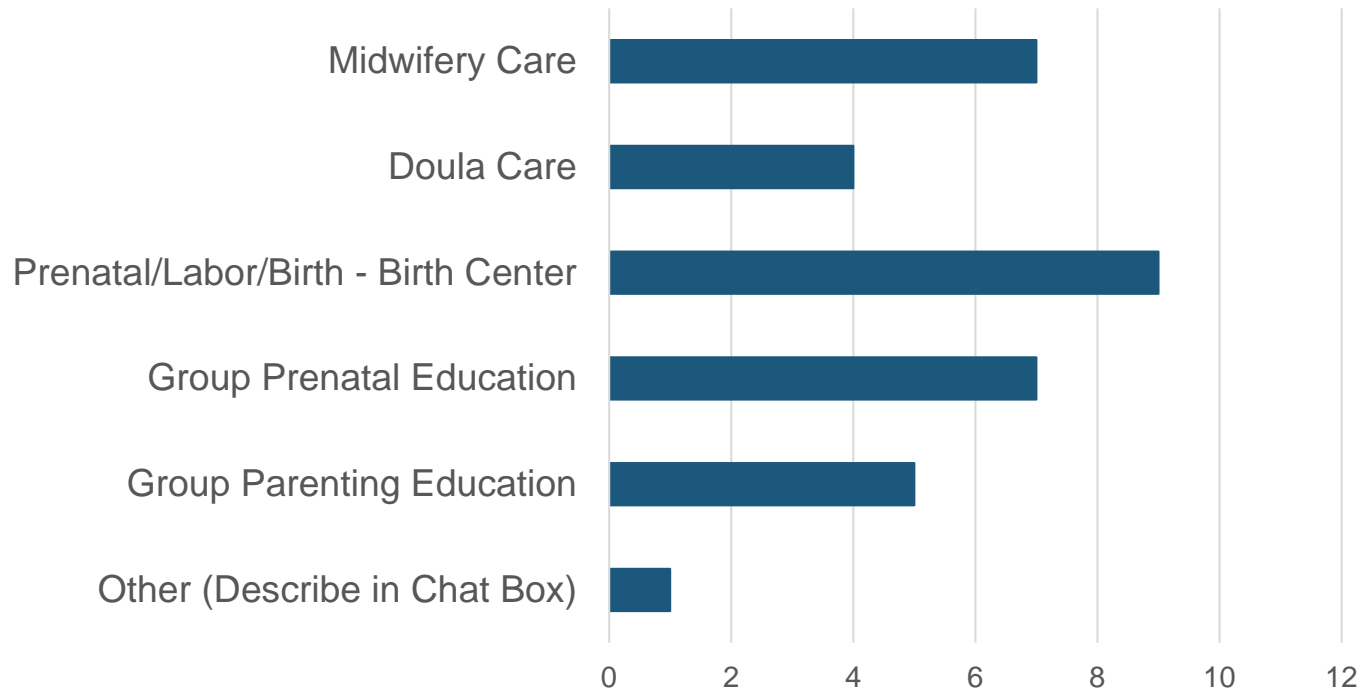
- ✓ PMPM
- ✓ Shared savings or incentive payments
- ✓ Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage

# Meeting Objectives

- Provide an introduction to alternative models of maternity care delivery
- Hear from our expert discussant on how episode payment can be an effective model for incentivizing the use of these alternative models of maternity care delivery
- Solicit participant questions and feedback

# Poll Results

Which Service(s) Would You Most Like To Be Able To Reimburse For In Your Episode or APM?

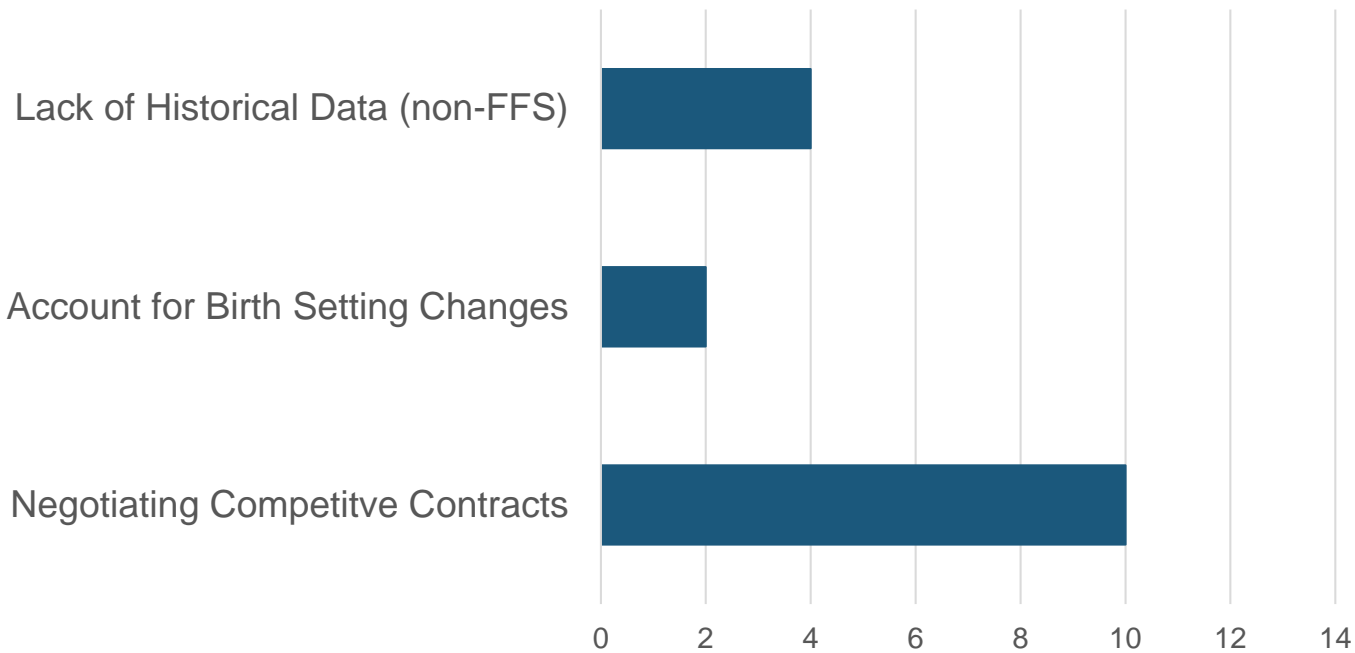


<b>Answer</b>	<b>Total #</b>	<b>Total %</b>
<b>Midwifery Care</b>	<b>7</b>	<b>58%</b>
<b>Doula Care</b>	<b>4</b>	<b>33%</b>
<b>Prenatal/Labor/Birth - Birth Center</b>	<b>9</b>	<b>75%</b>
<b>Group Prenatal Education</b>	<b>7</b>	<b>58%</b>
<b>Group Parenting Education</b>	<b>5</b>	<b>42%</b>
<b>Other</b> • No "Other" responses entered in Chat Box	<b>1</b>	<b>8%</b>

*Multiple Choice, Multiple Response Poll  
12 Individual Attendees Responded*

# Poll Results

What Is/Are Your Biggest Challenge(s) Related To Including Alternative Care Delivery Models In A Maternity APM?



<i>Answer</i>	<i>Total #</i>	<i>Total %</i>
<b><i>Lack of Historical Data (non-FFS)</i></b>	<b>4</b>	<b>29%</b>
<b><i>Account for Birth Setting Changes</i></b>	<b>2</b>	<b>14%</b>
<b><i>Negotiating Competitive Contracts</i></b>	<b>10</b>	<b>71%</b>

# MATERNITY CARE PHASES AND ASSOCIATED SERVICES

Prenatal

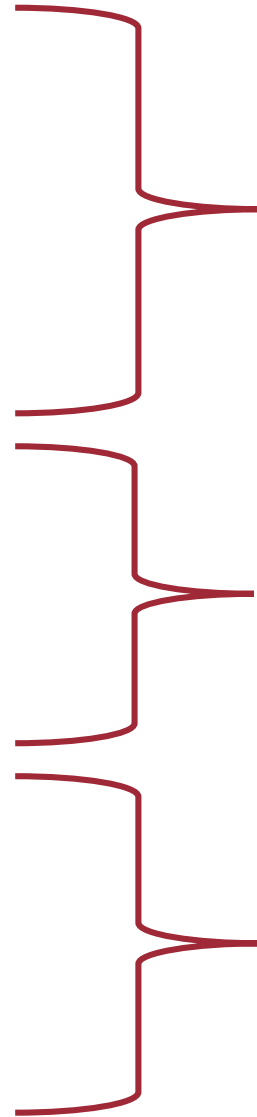


Labor & Birth



Postpartum

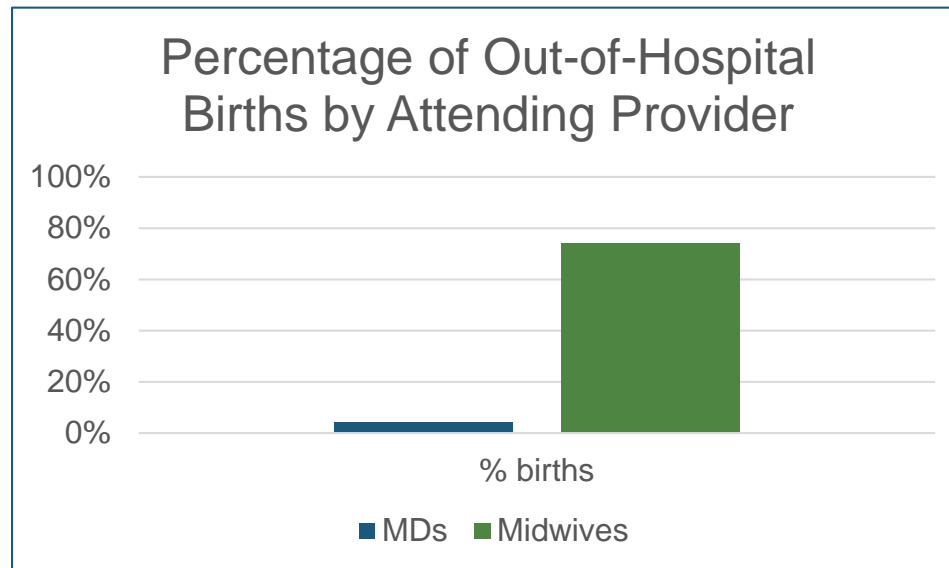
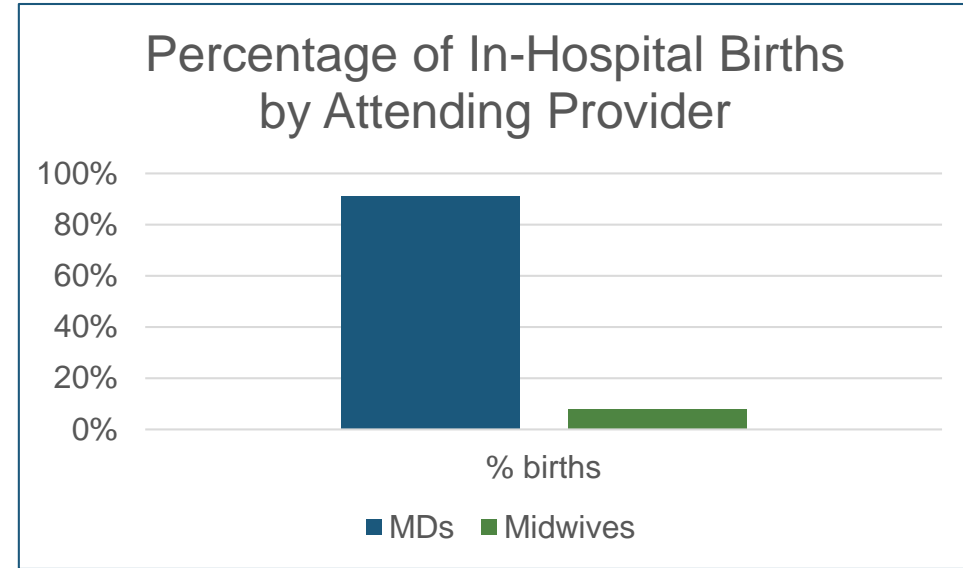
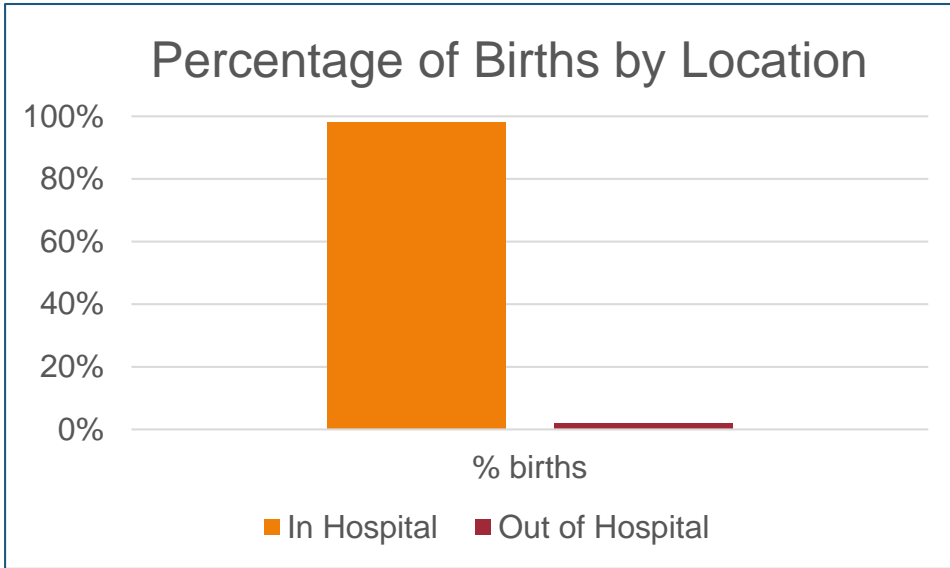
<i>Directly Related to Pregnancy Care</i>		<i>Not Directly Related</i>
Typically Reimbursed	Not Typically Reimbursed	Typically Reimbursed
<ul style="list-style-type: none"> <li>• Monthly prenatal visits</li> <li>• Routine ultrasound</li> <li>• Blood testing</li> <li>• Diabetes testing</li> <li>• Genetic testing</li> </ul>	<ul style="list-style-type: none"> <li>• Doulas</li> <li>• Care coordinators</li> <li>• Group education meetings</li> <li>• Childbirth education classes</li> </ul>	<ul style="list-style-type: none"> <li>• Preventive screenings (chlamydia, cervical cancer)</li> </ul>



• All services related to labor and birth

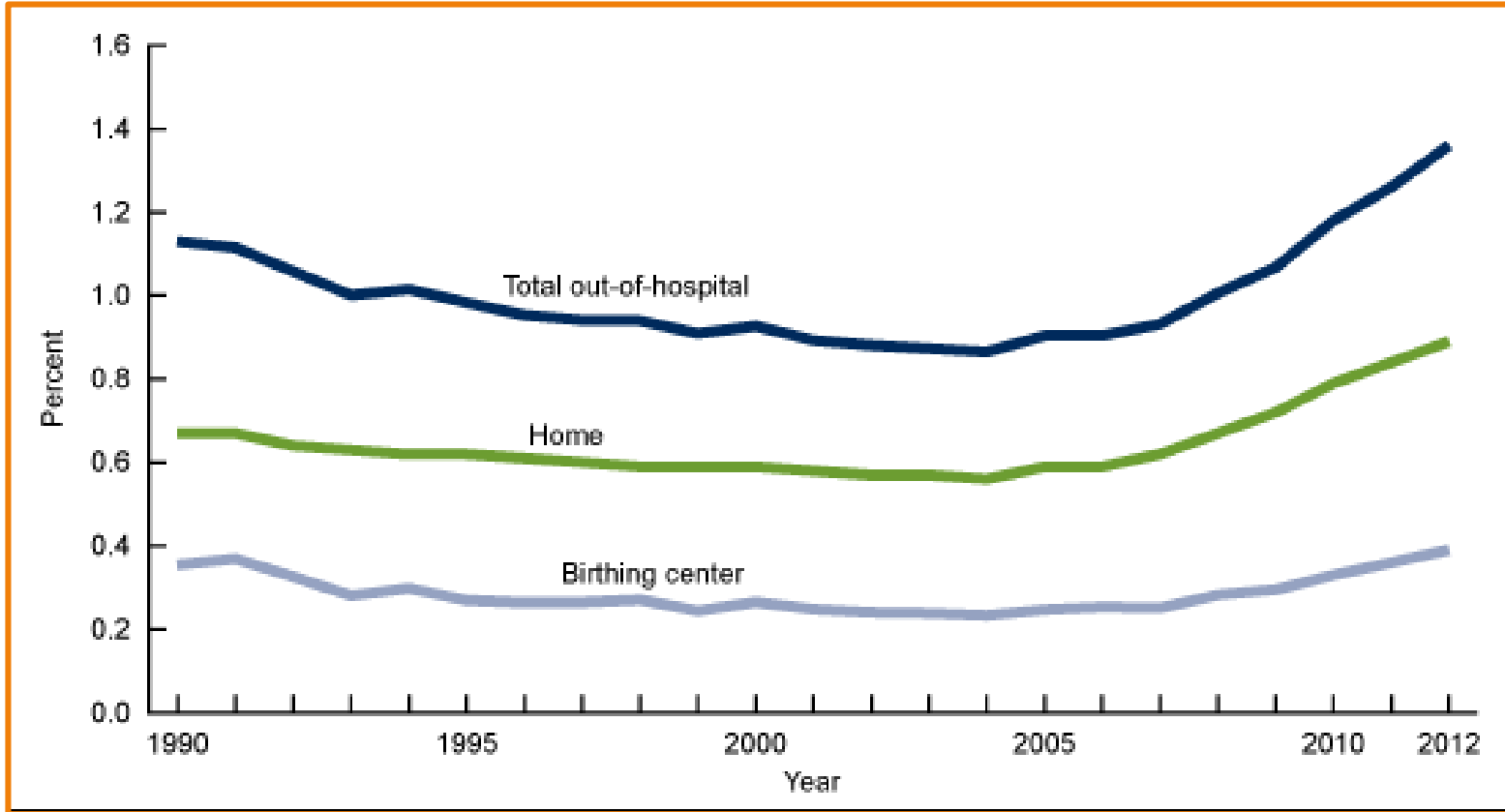
- Breastfeeding support
- Depression screening
- Contraception planning
- Ensuring link from birth to pediatric care provider occurs

# Hospital Births Attended by Physicians was Typical Care in 2015





# Alternative Delivery Model: Birth Centers



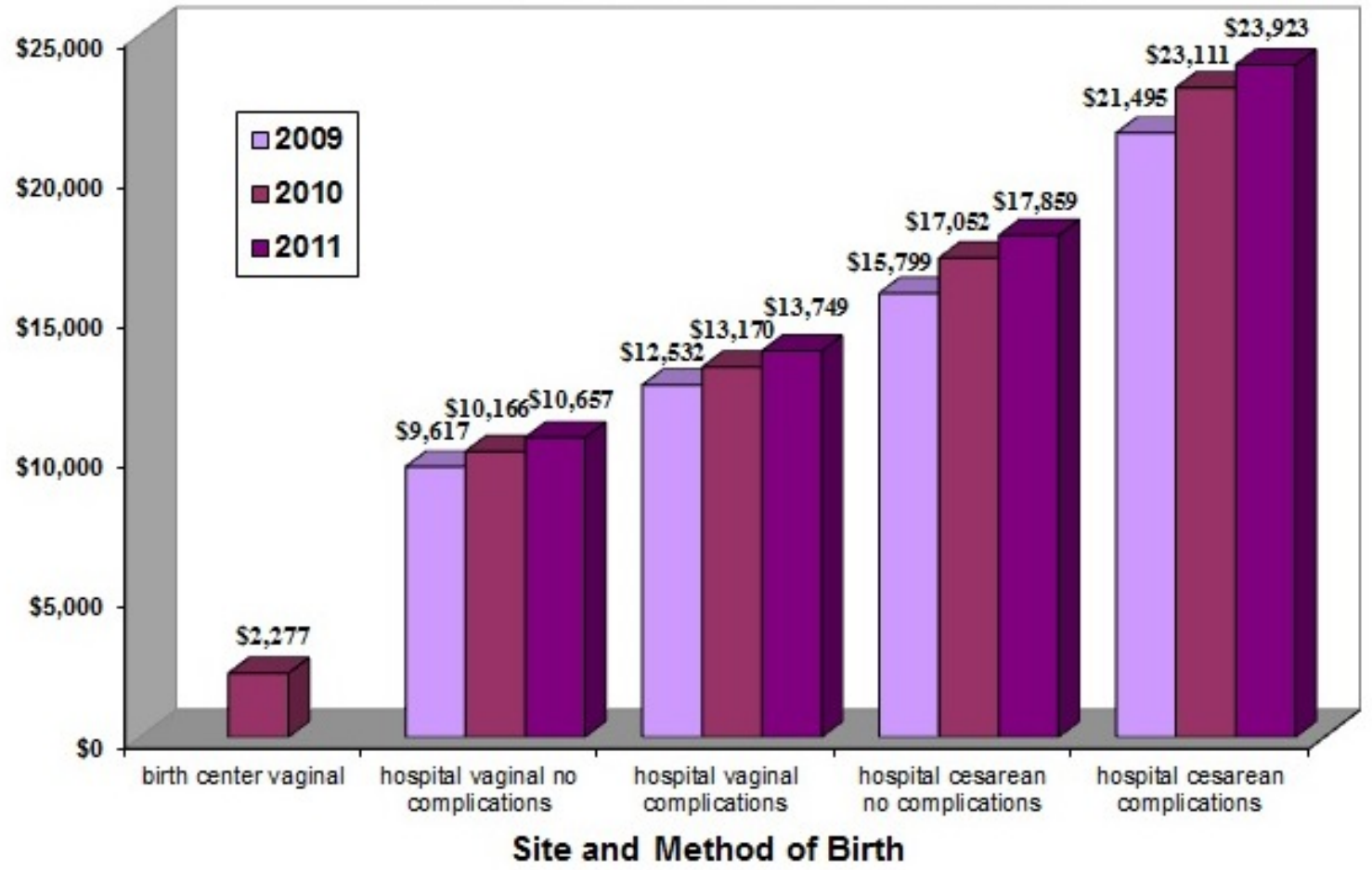
Source: CDC/NCHS, National Vital Statistics System, birth certificate data

- A birth center is a home-like facility existing within a health care system and is designed around a wellness model of pregnancy and birth.
- In the US, the percentage of births that occur in birth centers is quite low, but slowly on the rise.
- Birth centers can save money for the overall health care system by providing prenatal care and delivery service to low-risk women outside of the hospital.

# Alternative Delivery Model: Birth Centers

Birth centers save health care dollars both because of a reduced number of cesarean sections, but also a reduced cost of a vaginal birth.

Average Facility Labor and Birth Charge By Site and Method of Birth, United States, 2009-2011



Source: National Partnership for Women and Families, HCUP Data.

# How Can Birth Centers Be Reimbursed Through Episode-Based Payment?

- Traditional global payment methodology for pregnancy and delivery does not fit well into birth center models. Women being cared for at a birth center have more personalized care plans that may include individual and group visits, and care planning visits – some of which fall outside of the traditional billing method.
- Episode-based payment *is* in use with birth centers and we'll hear more specific details in our conversation with Cara Osborne.
- Because women who deliver within a birth center have little variability in clinical risk, payers could utilize a “flat-fee” episode-based payment (i.e., non- risk-adjusted payment) to cover the prenatal through postpartum phase.
- If a payer wants to incentivize the use of birth centers for low-risk women, it could consider educating members about the value of birth centers, and consider adding incentives within its benefit packages to encourage women to choose birth centers.

# Baby and Co. Approach to Episode-Based Payment

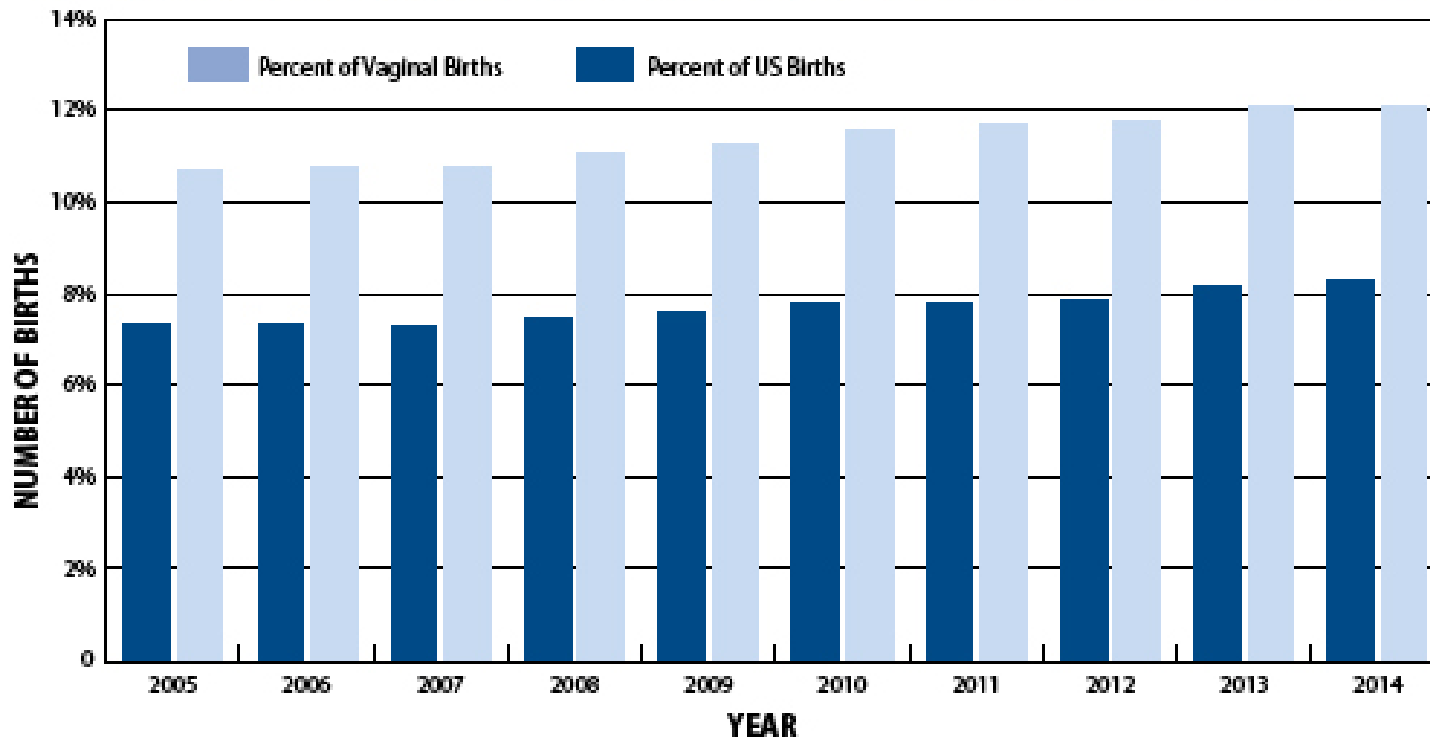
Timeline	Mo. 1	2	3	4	5	6	7	8	9	Labor & delivery	6 weeks postpartum
Key touchpoints	Initial OB visit / orientation to care, routine prenatal visits, tele-med visits & other forms of remote communication w/ CNMs, childbirth classes, breastfeeding & nutritional counseling									Labor & delivery	Post-partum care & lactation support
1 Complete episode	Bundled rate for all birth center services as part of the complete pregnancy episode (including follow up at 6wks postpartum)										
2 IP transfers episode	Bundled rate for all prenatal services at birth center and labor support for patients who transfer during labor										
3 AP transfers episode	Bundled rate of patients who transfer out prior to labor										
4 Well woman care	Ongoing well woman care: annual exams, birth control counseling, contraceptive provision, fertility counseling										

- Baby + Co. has the same episode definition with 6 different payers. It is a flat fee budget for prenatal, L&D and post-partum care.
- Birth centers are unable to handle higher risk pregnancies or births, and therefore, an episode-based payment needs to be adjusted to account for mid-episode transfers to hospitals or to OB/GYNs.
- Baby + Co. prorates the budgets for episodes that cannot be completed.

Source: Baby + Co.

# Alternative Service Model: Midwifery Care

*Percentage of Births Attended by Certified Nurse-Midwives and Certified Midwives, 2005–2014*



*Births: Final Data for 2014. National Vital Statistics Reports; Vol 64, No 12. 2015*

- Midwives are licensed, independent health care providers with prescriptive authority in all 50 states and are considered primary care providers by federal law.
- They provide primary care for women from adolescence to beyond menopause, including primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and postpartum.

Source: American College of Nurse-Midwives (ACNM)

# How Can Midwives be Reimbursed Through Episode-Based Payment?

- In the same way as other professionals!
- However, currently midwives most often practice in a shared model, collaborating with physicians.
  - A physician is typically the provider that completes the claim, therefore, making it difficult to understand the historical utilization, cost, or quality of midwives.
  - This challenge can affect how a payer sets a budget for an episode based on historical data.
  - This challenge can be overcome by building the episode from “the ground up.”

# Doula Care

- DONA International, a doula certifying organization, defines a doula as ***“a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.”***<sup>2</sup>
- Doulas offer each family physical, emotional, and partner support, as well as connect families with evidence-based resources so they are equipped to make informed decisions about their care throughout the entire pregnancy
- Doula care may produce savings by<sup>3</sup>:
  - Decreasing cesarean rates
  - Reducing repeat cesareans
  - Decreasing use of epidurals
  - Improving breastfeeding rates
  - Lowering risk of preventable complications and chronic conditions

# Group-Based Care: Pre-natal and Parenting

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- Offering prenatal and parenting education in a group setting provides families with support throughout the pregnancy and the opportunity for **interactive learning** with a larger **community**.
- Successful models include:
  - Support from payers and providers
  - Continuous measurement of outcomes
  - Continuous staff training
- With enhanced payments for this service,
  - Practices may offset staff training costs and risk associated with developing new systems to manage this care
  - Payers may see improved HEDIS outcomes and lower healthcare costs

## The CenteringPregnancy® Model

- More than 450 sites serving over 50,000 mothers
- Overall Outcomes:
  - **Decrease** of 33%-47% in **preterm birth** general decrease of **sexually transmitted infections**
  - **Increase** in **breastfeeding rates**, **immunization rates**, and **coping strategies**
  - Better attendance with high patient satisfaction of group care
  - Longer interconceptional period
  - More appropriate weight gain/loss

## Snapshot of South Carolina's CenteringPregnancy® Savings

- Out of 3,115 deliveries, this model **prevented**

<b>104</b> NICU Admits	<b>141</b> Low Birth Weights	<b>125</b> Preterm Births
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- Initial investment of just under \$2M with almost \$8M in net savings, so far



# Approaches from the Field

*Live interview with...*

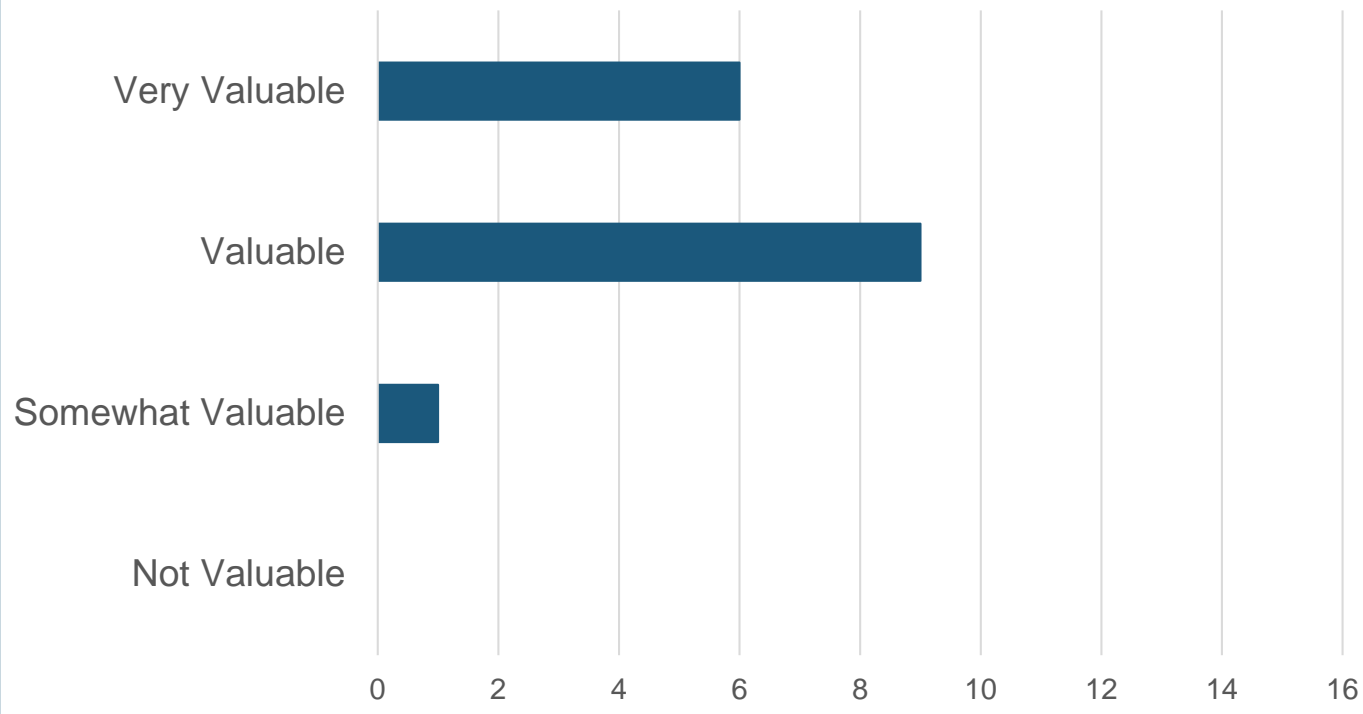


**Cara Osborne**  
Founder, Business  
Development

Baby+Company

# Poll Results

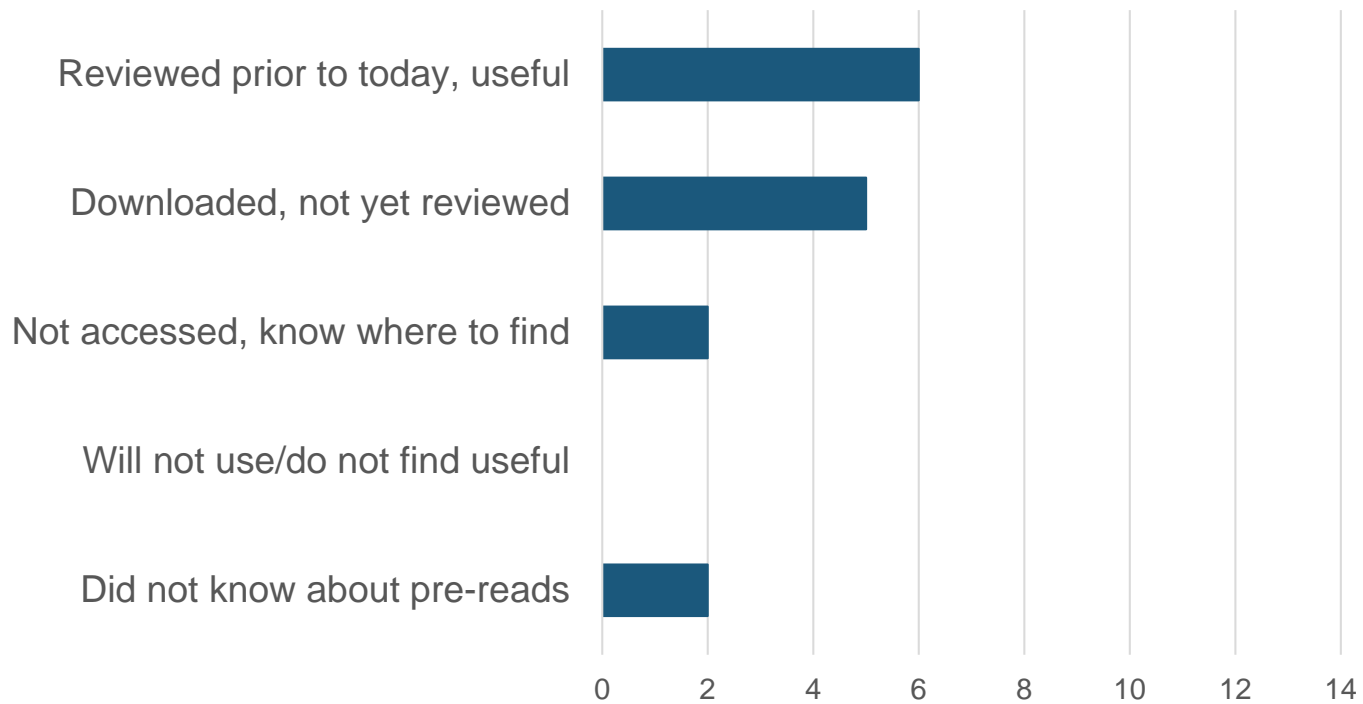
Please Let Us Know How You Would Rate the Value of this Meeting?



<b><i>Answer</i></b>	<b><i>Total #</i></b>	<b><i>Total %</i></b>
<b><i>Very Valuable</i></b>	<b><i>6</i></b>	<b><i>38%</i></b>
<b><i>Valuable</i></b>	<b><i>9</i></b>	<b><i>56%</i></b>
<b><i>Somewhat Valuable</i></b>	<b><i>1</i></b>	<b><i>6%</i></b>
<b><i>Not Valuable</i></b>	<b><i>0</i></b>	<b><i>0%</i></b>

# Poll Results

How Useful Did You Find The Pre-Read Materials Supplied On The MAC Events Page?



<b>Answer</b>	<b>Total #</b>	<b>Total %</b>
<b><i>Reviewed prior to today, useful</i></b>	<b>6</b>	<b>40%</b>
<b><i>Downloaded, not yet reviewed</i></b>	<b>5</b>	<b>33%</b>
<b><i>Not accessed, know where to find</i></b>	<b>2</b>	<b>13%</b>
<b><i>Will not use/do not find useful</i></b>	<b>0</b>	<b>0%</b>
<b><i>Did not know about pre-reads</i></b>	<b>2</b>	<b>13%</b>

# Looking Ahead

Session	Track	Session Name	Date	Time (ET)
1	1	Making the Business Case (Completed)	2/8	2-3 PM
2	2	Quality Measurement, Part 1 (Completed)	3/3	1-2:30 PM
3	2	Quality Measurement, Part 2 (Completed)	3/20	2:30-4 PM
		<b>SESSION POSTPONED</b>	<b>4/14</b>	<b>1-2 PM</b>
4	2	Setting the Patient Population (Completed)	5/4	1-2 PM
5	1 & 2	Alternative Models of Maternity Care Delivery & Determining Services	5/22	2-3 PM
6	2	<b>**Next Session: Setting the Episode Price &amp; Budget**</b>	<b>6/15</b>	<b>1-2 PM</b>
7	2	Data Infrastructure	7/7	1-2 PM
8	2	Contracting with Providers	7/28	1-2:30 PM
9	1	State Payers and MCOs	8/16	2-3 PM

# MAC Team

## *Primary Points of Contact*

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