

Improving Postpartum Care Webinar Series: Improving the Content of the Postpartum Care Visit

February 17, 2021

Judy Bigby, Mathematica

Kristen Zycherman, Center for Medicaid and CHIP Services

Beth Tinker, Washington Health Care Authority

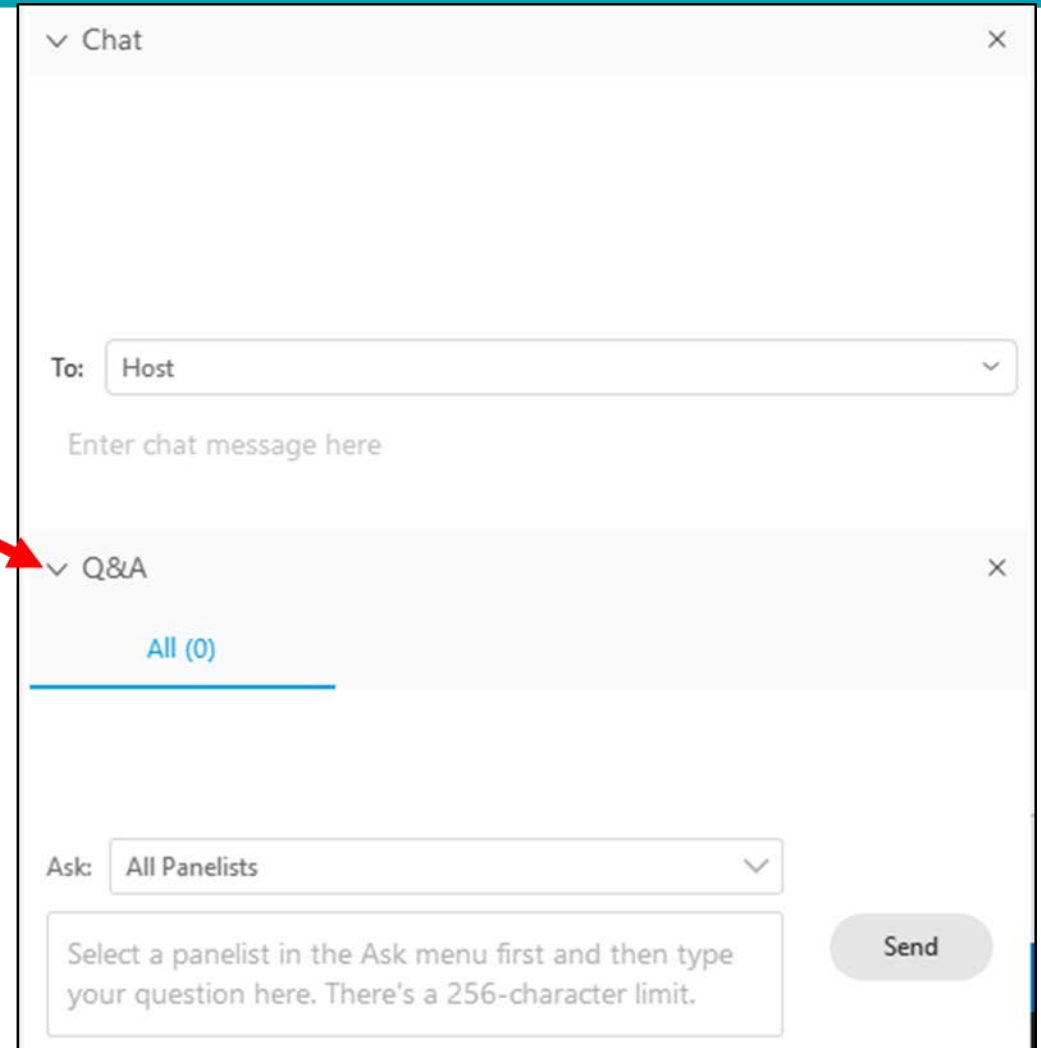
Judy Zerzan, Washington Health Care Authority

Cameal Wright, CareSource Indiana

Ruth Hsu, Mathematica

Webinar logistics

- Phone lines muted upon entry
- Q&A function to submit questions or comments



The screenshot displays a webinar interface with two main sections: a chat window and a Q&A section. The chat window is titled "Chat" and has a dropdown menu set to "Host". Below the dropdown is a text input field with the placeholder "Enter chat message here". The Q&A section is titled "Q&A" and shows "All (0)" questions. Below this is another dropdown menu set to "All Panelists". A text input field below the dropdown contains the instruction: "Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit." To the right of the input field is a "Send" button.

Welcome and Objectives

Agenda and objectives

Topic	Objectives
Agenda and objectives	Review agenda and objectives
Welcome from Center for Medicaid and CHIP Services (CMCS)	Describe context of webinar as part of the Maternal and Infant Health Initiative
Improving the content of postpartum care	Review goal of postpartum care visits to provide more comprehensive women's health care and the opportunity for improvement in Medicaid and CHIP
Improving the content of care during the postpartum period	Describe initiatives to improve depression screening and use of contraceptives as well as Washington's maternal bundle to provide dyad care
Managing postpartum care	Review a Medicaid managed care plan strategy to increase postpartum care visits and improve care for postpartum women
Discussion and Q&A	
Announcements and next steps	

Welcome from CMCS

Kristen Zycherman, R.N., B.S.N.

Maternal Infant Health Initiative, Division of Quality and Health Outcomes

Children and Adults Health Programs Group, CMCS

Improving the Content of the Postpartum Care Visit

Judy Bigby, M.D., Senior Fellow, Mathematica

Changing Concept of Postpartum Care

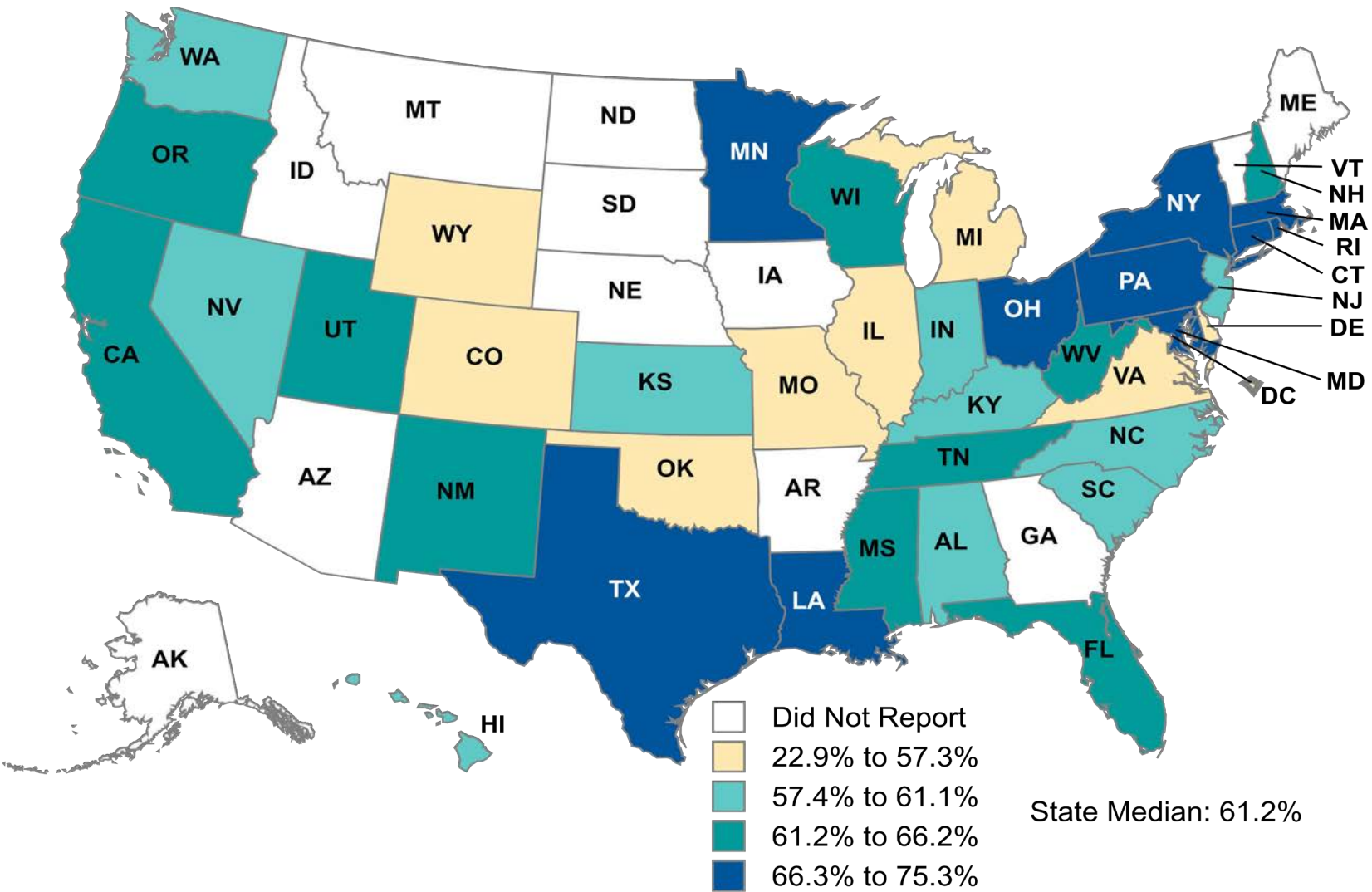
- **The American College of Obstetricians and Gynecologists (ACOG) recommends:**
 - All women have contact with their health care providers within the first three weeks' postpartum
 - Initial visit followed by individualized ongoing care as needed, including a comprehensive postpartum visit no later than 12 weeks after birth
 - Timely follow-up care with obstetrician-gynecologists or primary care doctors for women who had pregnancy complications or who have chronic medical conditions
 - Scope of care that includes a full assessment of (1) physical, social, and psychological well-being; (2) infant care and feeding; (3) sexuality, contraception, and birth spacing; (4) sleep and fatigue; (5) physical recovery from birth; (6) chronic disease management; and (7) health maintenance

Source: American College of Obstetricians and Gynecologists. "Optimizing Postpartum Care." *Obstetrics & Gynecology*, vol. 131, no. 5, 2018, pp. e140–e150.

Medicaid and CHIP Beneficiaries' Postpartum Care Needs

- **Women enrolled in Medicaid have significant comorbidities, including overweight or obesity, tobacco use before or during pregnancy, and chronic diseases such as diabetes and hypertension**
- **Disparities in postpartum follow-up for diabetes and/or hypertension are linked to Black race and Hispanic ethnicity, a low level of education, and co-existing morbidities such as mental health disorders**
- **About 13 percent of postpartum women experience depression, with higher rates among women of color and low-income women**
- **A median of 39 percent of Medicaid and CHIP postpartum women who had a live birth received a most effective or moderately effective method of contraception within 60 days of delivery**
- **Women with public insurance have lower breastfeeding rates than women with private insurance**

Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2019 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.



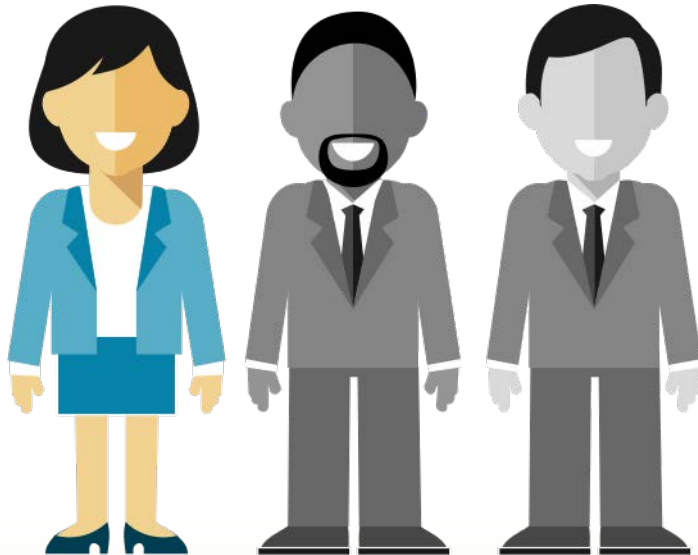


Improving the Content of Care During the Postpartum Period

Beth Tinker Ph.D., M.P.H., R.N.
Nursing Consultation Advisor
Clinical Quality and Care Transformation Division
Judy Zerzan, M.D., M.P.H., Chief Medical Officer

Who is the HCA? WA State's Largest Health Care Purchaser

We purchase care for
1 in 3 non-Medicare
Washington residents.



- We purchase health care for more than 2.7 million Washington residents through:
 - Apple Health (Medicaid)
 - The Public Employees Benefits Board Program
 - The School Employees Benefits Board Program

Characteristics of the Pregnant and Postpartum Population Covered by HCA (2019)

- Just under 50% of the births in WA are covered by Medicaid (approximately 40,000 annual births)
- Eligibility for Medicaid coverage is income up to 198% of the federal poverty level
- 81% enrolled in 1 of 5 managed care organizations (MCOs)
- About 70% of MCO enrollees had a postpartum care visit
- 67% of Medicaid had a prenatal care (PNC) visit in the first trimester
 - 36% of Hawaiian/Pacific Islanders, 58% of American Indian/Alaska Natives, 59% of African Americans, 69% of Whites
 - For non-Medicaid, 81% had 1st trimester PNC

Snapshot Metrics of Postpartum Care

- Access to contraceptive care postpartum (7/18 – 6/19)
 - 42% accessed most or moderately effective contraceptives by 60 days postpartum
 - 16% accessed LARC by 60 days postpartum
- Breastfeeding
 - 89.2% at birth (2017 WIC data)
 - 50.7% breastfeeding at 6 months of age
- Maternal mortality
 - 1/3 of pregnancy-related deaths occur 43 to 365 days postpartum with suicide and accidental overdose the leading causes
 - American Indian/Alaska Native people 6 to 7 times more likely to die
 - African American and multiracial more than 2 times more likely to die

(2014-2016, Maternal mortality review, WA Department of Health)

Postpartum Care Priorities

- Improve the quality of care - recovery from delivery, dyadic and family-centered, mental health and behavioral health, family support and coping, breastfeeding, contraceptives, management of health conditions, health promotion with transition to ongoing care
- Ensure access to birth control method per patient's choice
- Screening, diagnosis, and treatment for depression, anxiety, acute stress
- Extend postpartum coverage, frame postpartum health and recovery as more than one 6-week visit
- Promote and incentivize midwifery-led care, doula care



Improving Quality of Postpartum Care

- Bree maternity bundle – episode of care (pregnancy, labor and delivery, postpartum, infant care)
- Bree Collaborative – established by WA State Legislature in 2011
- Maternity bundle approved by collaborative in 2/21
- Goal of bundle: promote and incentivize quality care
 - Requires evidence-based clinical components
 - Quality tracking
 - Performance metrics (tied to incentive or penalty)

Bree Bundle and Improved Postpartum Care Content

- Extends postpartum coverage from approximately 60 days to 84 days
- Standard of at least 2 postpartum care visits, additional visits as necessary
- Emphasizes behavioral health screening and intervention, psychosocial functioning, adjustment to parenting
- Pediatric care currently to 30 days of life – standard visits are newborn, 2 to 5 days, 14 days

Potential Postpartum Quality Metrics

- Unexpected complications in the newborn
- Severe maternal morbidity
- Behavioral health risk assessment
- Postpartum care visit attended
- Breastfeeding
- Coordination between obstetric provider and pediatric provider

Access to Contraceptive Care

- Robust family planning programs – two 1115 waiver programs and state-funded look-alike family planning program began in 1/20
- UpStream – 5-year statewide partnership
- Commitment to provide access to all FDA approved methods
- Enhanced payment rate for LARCs
- LARCs carved out of obstetric global payment

Postpartum Mood Disorder and Dyadic Care

- Emphasis on clinical components of postpartum care and more opportunity with more contacts
- Coordination between obstetric and pediatric providers
- HCA requires pediatric providers to screen parents/caregivers of infants <1 year
- Implementation of dyadic care: 0-5 as primary diagnostic tool for infants and young children, developmentally appropriate, family context

Extend Postpartum Coverage

- Goal is to extend postpartum Medicaid coverage to 12 months
 - National context and state efforts (current legislation)
- Recognize that postpartum recovery and family well-being are more adequately framed in this timeframe
- Prioritize addressing behavioral health, the leading cause of WA's pregnancy-related deaths

Questions?

More Information:

<https://www.hca.wa.gov>

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MANAGING POSTPARTUM CARE

Cameual Wright, M.D., M.B.A.

Market Chief Medical Officer, CareSource

February 17, 2021

Pillars of Optimal Postpartum Care



Anticipatory guidance during pregnancy



Ongoing, individualized postpartum care



Assessment of physical, social, and psychological well-being of mother and child



Reproductive planning



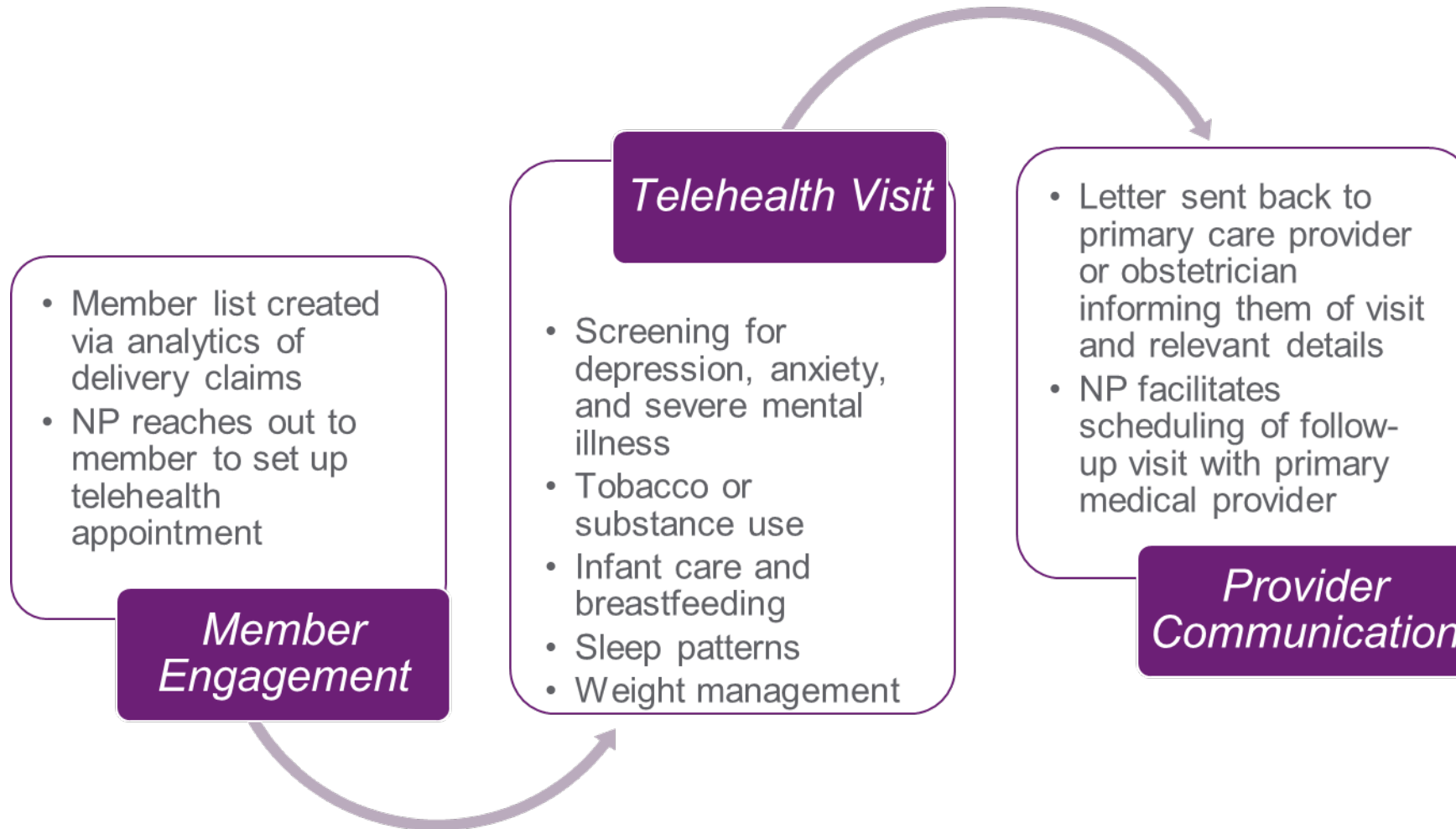
Pregnancy and Postpartum Care as a Continuum



- Active engagement of pregnant members by dedicated obstetrical care management teams
- PRAPARE assessment done to better understand members' social needs
- Babies First[®] member rewards program incentivizes regular prenatal and postpartum care
- Collaboration by utilization and care management teams to foster early postpartum outreach and assessment of mom/baby dyad
- Nurse practitioner (NP) telehealth visit for postpartum members

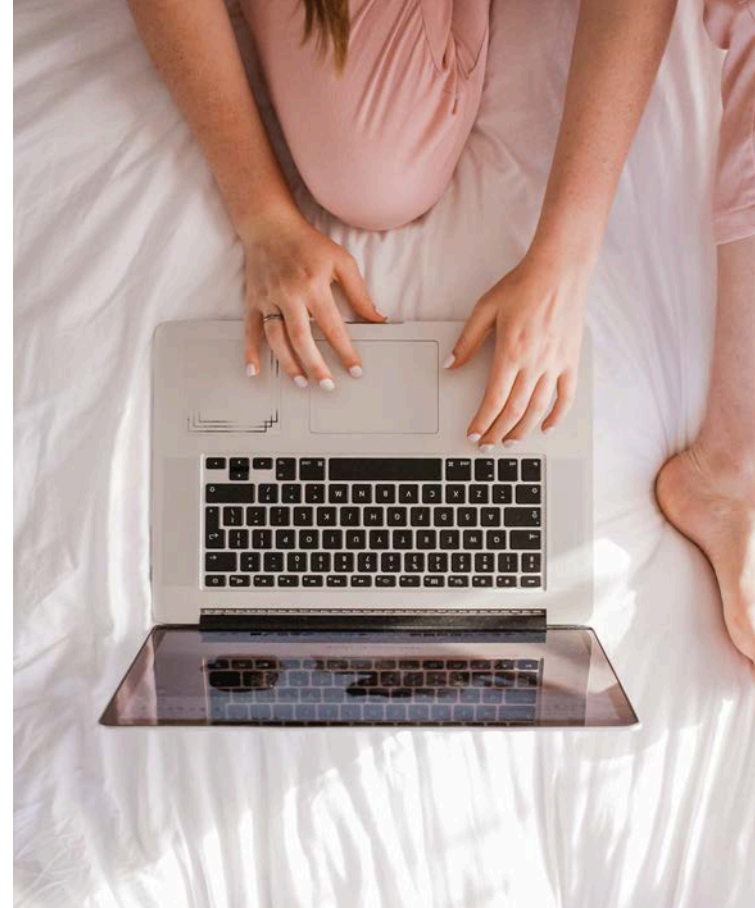


Postpartum Telehealth Workflow



Goals of Telehealth Visit

- Engagement of postpartum member between delivery and scheduled postpartum visit with provider
- Assessment of maternal and infant well-being, with referral and appointment scheduling with primary obstetric or pediatric provider for urgent issues
- Patient-centered education on birth spacing and contraceptive options, with emphasis on long-acting reversible contraception (LARC)
- Breastfeeding support and referral as necessary
- Education on infant care and safe sleep



Specialized Postpartum Support



Dear Parents of NICU Babies,
Something Special Just for *You*

CareSource® knows that having a baby in the NICU is hard on new parents. You may not be able to see, hold or visit your baby as much as you would like. We want to help parents stay close to their baby and be at the hospital as much as they want. CareSource has unlimited **FREE** rides for parents to and from the NICU. This service is for Healthy Indiana Plan (HIP) / Hoosier Healthwise (HHW) members.

Spending Time With Your Baby Can:

- Help with bonding
- Make your baby feel warm, safe and secure
- Help with your baby's development

Scheduling a Ride Is EASY

- If you have questions or want to schedule a ride, contact CareSource Member Services Monday through Friday 8 a.m. to 8 p.m. Eastern Time at 1-844-607-2629 (TTY: 1-800-743-3333 or 711).
- Parents may also call for a ride at 1-800-508-7230. Please call at least 2 days before you need the ride.
- Rides over 50 miles may need prior approval.

Did You Know?
To help during this hard time, CareSource has **Nurse Transitions Coordinators** who can help parents find rides. They can also help with needs such as equipment and clothing for when you bring your new baby home. To talk to a nurse, contact Roseanne at 317-431-2629.

All Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) members get FREE rides to:

- ✓ Any covered doctor visit
- ✓ To the drug store after a doctor's appointment
- ✓ Local Women, Infants and Children (WIC) offices
- ✓ Medicaid redetermination appointments
- ✓ CareSource events, such as CareSource's Bumps and Babies Family Resource Fairs

CareSource

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Transitions Team

- Initiates discharge planning and facilitates medical equipment provision and follow-up care

Unlimited Transportation Benefit

- Provides regular transportation to and from neonatal intensive care unit visits, providers, WIC office, and lactation appointments

Infant Scale Benefit

- Provides infant scale to families with newborn whose growth is monitored



Long-Acting Reversible Contraception

Reimbursement

- Modified reimbursement for LARC to include medical and pharmacy benefit

Public Policy

- Active participation in state's perinatal collaborative
- Supported legislation to remove barriers to contraception
- Currently exploring barriers to immediate postpartum LARC



Social Determinants of Health

Health-Related Social Needs



CareSource Proprietary



CareSource JobConnect™



Our approach

- **Leverages an integrated traditional health care model and a new social determinants of health program (CareSource Life Services®),** which re-visions CareSource's role in its members' lives
- **Provides individualized risk assessment, case management, and coaching assistance** to stabilize members by addressing their member-specific health and social obstacles before attaining (and retaining) long-term employment and self-sufficiency
- **Partners with employers over the long term** to provide a pipeline of work-ready candidates for real-world positions and to support employee advancement for 24 months post-hire

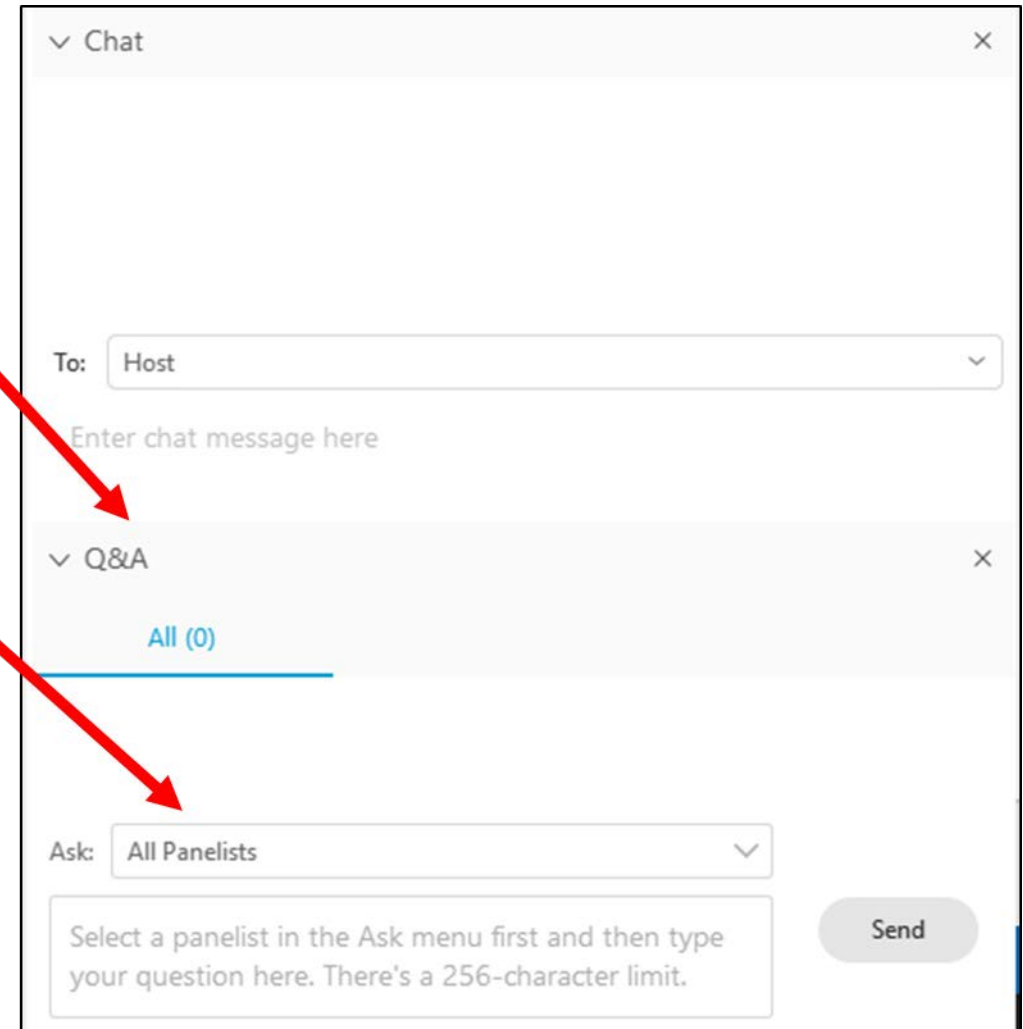


Questions

Discussion and Q&A

How to submit a question

- **Use the Q&A function to submit questions or comments**
 - Click the Q&A pod and type in the text box
 - Select “All Panelists” in the “Ask” field before submitting your question or comment
 - Only the presentation team will be able to see your comments



Chat

To: Host

Enter chat message here

Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send

Announcements and Next Steps

Announcements and next steps (1)

- **Webinar recording and slides will be posted on the Medicaid website at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html>**
- **Upcoming webinars**
 - Postpartum Care Affinity Group and Expression of Interest (EOI) Logistics webinar: **March 1, 2021, 3:00 p.m. (ET)**
 - Models of Women-Centered Care: **March 11, 2021, 2:30 p.m. (ET)**
- **Register for one or more webinars at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/quality-improvement/postpartum-care/index.html>**

Announcements and next steps (2)

- **Postpartum Care Affinity Group fact sheet is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ppc-affinitygroup-factsheet.pdf>**
- **Postpartum Care Affinity Group EOI forms are due **March 12, 2021, 8:00 p.m. (ET)****
- **EOI forms are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ppc-affinitygroup-eoiform.pdf>**

Please complete the evaluation
as you exit the webinar.

If you have any questions, please email
MACQualityImprovement@mathematica-mpr.com

Thank you for participating!