[Lekisha Daniel-Robinson] Greetings. Welcome, everyone, to the overview of the Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Affinity Group and Process for Expression of Interest. I'm Lekisha Daniel-Robinson, a senior researcher at Mathematica Policy Research, and I will be serving as your host and moderator for today's session. Next, please. Before we get into the discussion, please note that you may use the Q&A function to submit your questions or comments. Your questions will only be seen by the presentation team, but will be queued for discussion following the overview. Next. On the agenda for today, we will hear from Kristen Zycherman of CMS. We will then move to an overview of the Low-Risk Cesarean Affinity Group and Process for Expression of Interest. This will then be followed by your questions, and then final announcements and next steps. At this time, I'd like to now turn it over to Kristen Zycherman.

[Kristen Zycherman] Thank you, Lekisha. Hi, I'm Kristen Zycherman, the Maternal Infant Health Initiative Lead at CMS. Next slide, please. First, I just want to welcome you all here and thank you for your interest in the latest of our learning collaboratives as part of the Maternal Infant Health Initiative. As many of you know, the initiative launched in July of 2014, based on recommendations of an expert panel, for the purposes of improving maternal and infant health outcomes in Medicaid and Children's Health Insurance Program, or CHIP, beneficiaries. At the original MIHI, we focused on improving the rate and quality of postpartum visits and increasing the use of effective methods of contraception. But five years into the MIHI, and in light of rising maternal morbidity and mortality and disparities, CMS convened another expert workgroup to re-prioritize and to make recommendations for new focus areas for CMS where Medicaid and CHIP have a significant opportunity to influence change. And those three topics are decrease the rate of cesarean births in low-risk pregnancies, which this learning collaborative focuses, as well as increase in the use and quality of postpartum care visits, and increasing the use and quality of well-child visits for infants 0 to 15 months. Next slide, please. This slide is a visual representation of those three focus areas, which you can see on the left, and then towards the right, you can see how those three focus areas interact and intersect. The emphasis of the workgroup was -- or the workgroup really wanted to emphasize the care-across-the-life-course approach, as well as dyadic care between mother and baby. Next slide, please.

This is, as you can see, the informational webinar, which is the fourth webinar in our webinar series, with the first three being more topical, and this one being more process related. But the first webinar is already on our website. As noted below, the second webinar is in the process of being posted on our website, so imminently posted on the website. And then webinar three should be posted in a couple weeks. This webinar will also be available, the recording for this webinar will also be available on the website after the fact. Next slide, please. So, the reason that we're all here -- the information regarding the action-oriented affinity group. So the affinity group, which Lekisha will explain more later, but just as a brief overview, it is an opportunity for states to have one-on-one coaching as well as group learning with a QI TA team to really increase your knowledge of quality improvement and to design and implement a quality improvement project. The expressions of interest are due July 15th at 8:00 p.m., and you can find more information on our Medicaid.gov website. Next slide, please. Now I'm handing it back to Lekisha. Thank you.

[Lekisha Daniel Robinson] All right. Thank you, Kristen. So, just to build on Kristen's overview and to ground us with the purpose of the affinity group -- next slide -- we'd like to present the structure of the affinity group, but begin with the map that you see before you, which shows low-risk cesarean delivery rates by state, with states shaded according to their rates in 2020. States that appear in dark blue have the lowest LRCD rates, ranging from 16.5 to 21.7 births per 100 deliveries. And those shaded in yellow have the highest LRCD rates in 2020, ranging from 26.3 to 30.2 births per 100 deliveries. With a deeper dive below the state rates, individual states can understand any variation by facility, geography, or population. Next slide, please. So, the purpose of the affinity group is to support state Medicaid and CHIP agencies and quality improvement partners to reduce low-risk cesarean delivery rates by 2024 in order to improve delivery outcomes and close disparity gaps for beneficiaries. Each state will determine the goal rate it would like to achieve. For the state Medicaid agency, there are several primary drivers identified to move towards the aim: financial levers, perinatal coverage and access, accountability, and strategic alignment of partners. The secondary drivers feed into those primary and may be part of, in fact, multiple primary drivers. And there are a number of potential change ideas that might be associated

with each of these categories and areas, both for the Medicaid agency and for QI partners to consider. But some of the secondary drivers, as noted, include payments and contracting, reporting and using data, implementing evidence-based care, executive leadership, and convening stakeholders and partners. Next slide, please.

We anticipate that states may be on a continuum of readiness for the LRCD affinity group. Perhaps your state has established partnerships within state to address maternal and infant health, but has not defined your starting point to address maternal health. Or maybe a state has the focus that is on another issue, but addressing LRCD might be complementary. Others may be identified -- may have identified LRCD as an area of focus, but require support with establishing data-sharing processes or analyzing data. This affinity group is designed to support state Medicaid agencies, from selecting partners to understanding the data and opportunities through establishing and testing those change ideas. Next. For this affinity group, Medicaid agencies must serve as the lead or co-lead. However, to fully accomplish the aim of the project, it will take other partners. This graphic represents the constellation of potential partners. However, they are not all required to participate. Based on how the Medicaid agency anticipates advancing its particular project or other existing activities in the state will determine which partners might participate. Next slide, please.

The technical assistance that will be provided to the affinity group includes a tailored curriculum and support to target LRCD reduction goals. So, as mentioned, we anticipate that states will be at different points along a preparation and readiness continuum, so the curriculum will be adjusted to fit those needs. The technical assistance will also include QI methods, tools, and strategies that can be used at the program level, and also include opportunities for peer exchange. We plan for the technical assistance to occur over a 12-month period, followed by additional time for implementation support. [Next slide]. The first 12 months can be divided into two periods, as noted, a project preparation period which will focus on leadership aspects, engaging senior leadership, generating a Medicaid and CHIP specific aims statement, and defining a project. During this time, we will also focus on data, exploring the data to identify QI opportunities and considering data sources and identifying quality improvement partners. The second period, which is the project action plan development and implementation. Here, the curriculum will focus on supporting the development of a global aim between the acute quality improvement partners, development of a measurement strategy, use of QI science and tools, small tests of change, sharing and using data to learn, and developing action plans for scaling and spreading tested quality improvement changes. Next.

So the criteria for state participation in the affinity group include support from Medicaid or CHIP leadership, well-articulated goals, an understanding of the challenges and opportunities related to LRCD rates in your state, access to data and analytic support staff, and a commitment of about 10 to 15 hours each month for this particular project.

So, from some of the other affinity groups that we've held, the feedback has been really good in that the meetings have helped state teams to develop and remain on track with their goals, it provides an opportunity to learn about and share best practices with peer states, and collaboration with QI advisors and subject-matter experts help to propel the changes within state. Next. So we'll now talk about the expression of interest submission.

So, we can drop the link to the EOI, or expression of interest, in the chat. But essentially, these are some of the elements that are incorporated. So project leadership, again, should consist of a lead and a co-lead, must be led by the state Medicaid or CHIP agency, and include particular details about the contacts. It'll include an area for your participation goals and any outcomes you would like to achieve along this project. So, for example, if there is some sort of policy change that you'd like to achieve as you're, you know, working with partners to reduce LRCD rates, that might be something that would be articulated there. Next. The next section would include state challenges and opportunities, so key challenges related to reducing rates within your state. Any known disparities that exist that you're aware of, any other LRCD initiatives already planned or underway that might be leveraged... you know, where the state Medicaid agency might be able to propel the initiative or advance the initiative further by making some other changes. And then quality improvement data, so what data is available to the state

or QI partners to identify the particular areas for improvement and for monitoring progress. You will also indicate how often the data may be available. Next, please. So, we talked about the constellation of potential partners earlier, and if you have an idea about the specifics, you may include your proposed QI partners. However, our team can support you with identifying partners as part of that preparatory period that I mentioned. In terms of leadership support, states must have the support of their Medicaid or CHIP director or medical director, or other senior leadership within the agency. This is the best way to help advance the initiatives that may be, you know, part of the aim and project components. And then share any additional information that you think would be helpful for the team to be aware of. Next slide, please.

So the expressions of interest are due on July 15th by 8:00 p.m. We anticipate holding calls with states during the period following the submissions, and then host -- I'm sorry, not host, but notify states of their status in August and then launch the affinity group. Next. Well, that was relatively quick. I think it's pretty straightforward, but we are open to any questions that participants may have at this time. Again, to submit your questions, use the Q&A function, and they will be queued up. All right. So, our first question. Our first question relates to the participation. If an agency, an organization within the state, is interested in participating in this affinity group, how might they go about that? The recommendation would be to connect with the Medicaid agency in your state to determine whether or not they have interest, and identify yourself as a potential partner on this particular activity, gauge their interest. But that formal application would need to -- or expression of interest, rather, would need to come from the state Medicaid agency. CMS currently has about five other affinity groups that are ongoing, touching on a range of subjects, including infant well-child care, asthma, oral health. And so it's possible that you may have contacts who are participating in some way, so we do encourage you to reach out and ask about their experiences with those affinity groups. And some of the other groups include postpartum care, improving foster care follow up, and behavioral health. Any other questions? There's a question for you, Kristen. Could you comment on how CMS engages with the affinity groups?

[Kristen Zycherman] Sure. So, we try to have a CMS representative, usually me, on as many of our one-on-one coaching calls as we can, as well as the workgroup calls, the full workgroup calls that happen monthly as well. With as many MIHI affinity groups as we have going on right now, there are some conflicts that overlap, so we can't make every single one, but we try to make as many as we can. We like to keep updated on what all the states are doing. If there's Medicaid policy questions that come up, we try to be helpful with that, as well as just general input. So CMS strives to remain very involved with the affinity groups. I hope that answers your question.

[Lekisha Daniel-Robinson] Okay. Hopefully it does. So, I wanted to talk a little bit more about the coaching calls that you just mentioned, Kristen. So, calls are held with an improvement advisor who is trained in techniques, quality improvement techniques, by the Institute for Healthcare Improvement. And that improvement advisor is able to support states and QI partners in addressing the range of components that are necessary to have a successful project. The improvement advisor is often able to help brainstorm strategies to remove barriers, to help -- if a team kind of gets stuck in a particular place and needs to think about other ways to remove barriers or to achieve a certain, you know, sub-aim, if you will. So there are a number of quality improvement techniques that I won't go into at the moment, but that can be shared with the teams depending on needs. There's a question about restrictions on elective cesarean sections, and I'm not certain about that, Kristen. I don't know if that in any way resonates with you.

[Kristen Zycherman] I can tell you that the low-risk cesarean section affinity group focuses on the NTSV cesarean section, so they're primary C-sections with one baby, head down, at term. So elective C-sections would fall into that category, or if an elective C-section falls into that category, it would be swept up in that. As far as this affinity group, there aren't restrictions on that. I don't know that -- I don't think that there's any... It varies state to state and Medicaid program to Medicaid program. Some states have restrictions on timing of early elective births in general and payment restrictions on that. I'm not sure if any Medicaid has restricted elective C-sections across the board at all. But that would vary by state.

[Lekisha Daniel-Robinson] Okay. Thank you. So, over the course of the webinar series, we have profiled a couple of states that are focused or have had focus on LRCD or components that are tangential or

maybe seen as interventions for reducing low-risk cesarean deliveries. Information can be found about those states in the previous webinars that we've conducted. During the course of the affinity group, we will engage or have the opportunity to not only engage among the peers that may be a part of the affinity group, but also there's opportunity for more in-depth discussions with other states or projects or activities -- other state activities that are happening that may be outside of the affinity group as a part of our discussion. So, to help, you know, serve as like a benchmark, as, you know, states with those experiences may be invited to participate and lend those experiences to inform the activity of the affinity group members. "This seems similar to the California collaborative on early elective delivery" -- this is a question -- "from way back when. Am I on the right track, and is this just the very beginning of the plan to impact this particular occurrence?". So, there were activities related to early elective delivery, you know, some time ago. But as Kristen mentioned, this one, this particular affinity group, is focused on low-risk. It may be related, but it's focused on this particular aspect of deliveries, to avoid C-sections generally.

[Kristen Zycherman] And just to add to that, Lekisha, the early elective deliveries of any kind, C-section or vaginal birth, were part of our Core Set measures, as is now LRCD, and it was actually removed from the Core Set because it was so -- all of the activities associated with early elective delivery were so successful that that became essentially a topped-out measure, that there was not a lot of room for improvement. So we're hoping to kind of follow in the footsteps of some of these activities. So, yes, this is kind of the beginning of the plan to move the needle on LRCD in a similar way to be able to -- for the purposes of improving maternal and infant outcomes, because we know that there is a higher complication rate in that LRCD population. So that's the goal. So, good to pick up on that, and yes, and this is also -- as you also may know, lowering the rates of low-risk cesarean delivery is part of the HHS Maternal Action Plan that was released late last year, or late two years ago, I guess, now. And then, just to bring attention to the fact that -- I'm sure that most of you on this call probably know that there is also the recent release of the White House blueprint last Friday, the maternal health blueprint. So it kind of plays into some of those goals as well, of the overall lowering of maternal morbidity and mortality. Just wanted to connect those dots a little bit, so thank you.

[Lekisha Daniel-Robinson] Thank you, Kristen. Excellent points. So I will open it up to a final call for questions. Otherwise, we can move to our next step. This is not the final opportunity for questions. Questions may be submitted via the mailbox. Let's move to the close, and let me turn it over to Kate Nilles.

[Kate Nilles] Thanks, Lekisha. Next slide, please. As a reminder, the expression of interest to join the Low-Risk Cesarean Delivery Affinity Group is due on Friday, July 15th, at 8:00 p.m. Eastern Time. You can access the expression of interest form at the link listed on the slide, which is the same link that was sent earlier in the chat, or by searching for the Low-Risk Cesarean Delivery Affinity Group on the Medicaid.gov website. Today's information session recording and slides will be posted on the Medicaid.gov Low-Risk Cesarean Delivery Learning Collaborative home page in the coming days. Please see the Low-Risk Cesarean Delivery Affinity Group fact sheet for more information. Next slide, please. We greatly appreciate your attendance and participation in today's information session. As you exit the WebEx meeting, you will be prompted to complete a survey. We would very much appreciate your thoughts on today's information session. If you have any questions that were not addressed during today's information session, please e-mail MACQualityImprovement@mathematica-mpr.com. That concludes today's information session. Thank you all again for your participation.