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Maternal & Infant Health
Quality Improvement

Improving Postpartum Care Webinar Series: Women-Centered Models of Care

March 11, 2021

Kristen Zycherman · Judy Bigby · Susan Beane· Nathan Chomilo · Mary LeMieux · Ruth Hsu

Webinar Logistics

- **Phone lines muted upon entry**
- **Use the Q&A function to submit questions or comments**
  - Click the Q&A pod and type in the text box
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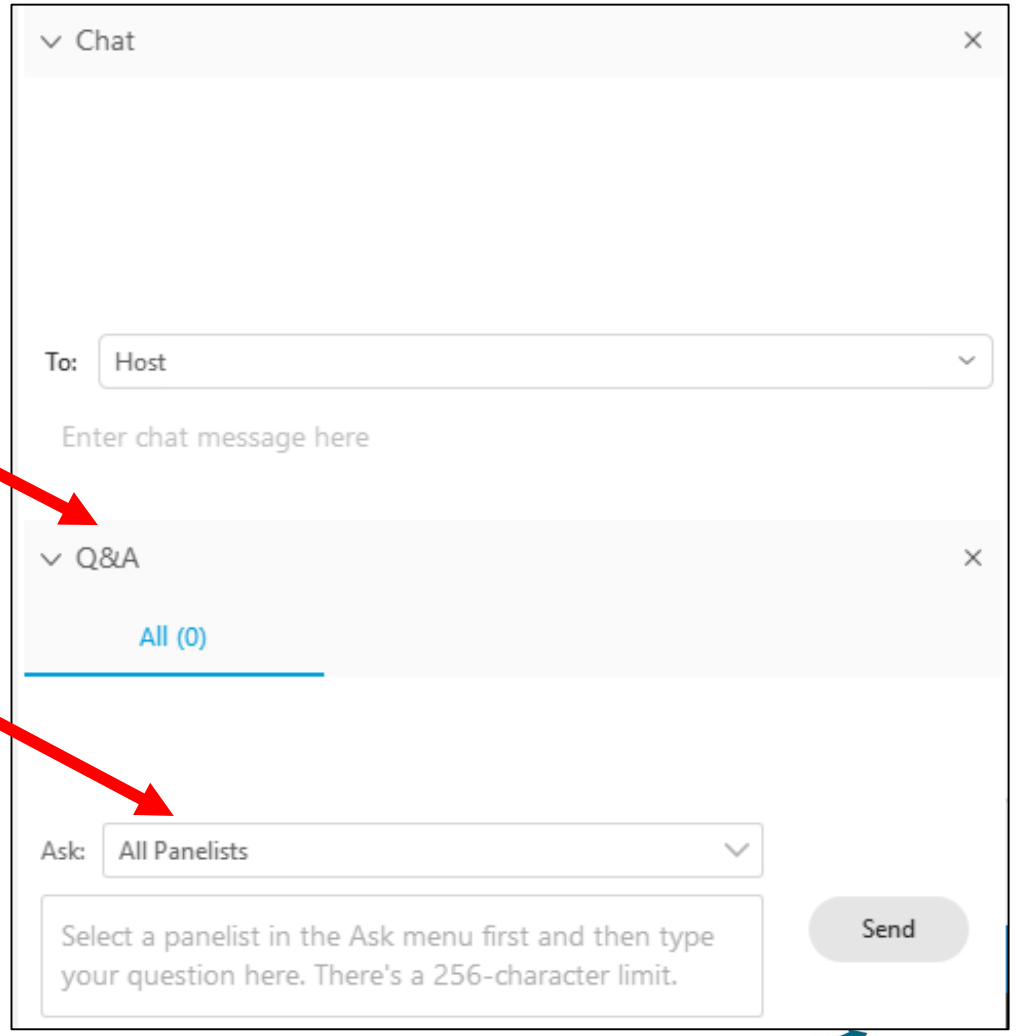

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Welcome and Objectives

Agenda

Topics
• Agenda and objectives
• Welcome from Center for Medicaid and CHIP Services (CMCS)
• Women-centered models of care to improve postpartum care
• Equity and medical outcomes for high-risk postpartum women
• Implementing group care: Insights from Montana Medicaid
• Minnesota's work to reduce maternal and infant health disparities in Medicaid
• Discussion and Q&A
• Announcements and next steps

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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

Women-Centered Models of Care to Improve Postpartum Care

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

Women-Centered Models of Care

Black Women Turn to Midwives to Avoid COVID and 'Feel Cared For'

From the moment she learned she was pregnant late last year, TaNefer Camara knew she didn't want to have her baby in a hospital bed. Already a mother of three and a part-time lactation consultant at Highland Hospital in Oakland, Camara knew a bit about childbirth. She wanted to deliver at home, surrounded by her family, into the hands of an experienced female birth worker, as her female ancestors once did. And she wanted a Black midwife.

It took the COVID-19 pandemic to get her husband on board. "Up until then, he was like, 'You're crazy. We're going to the hospital,'" she said.

Source: R. Scheier. Kaiser Health News. September 17, 2020 available at https://khn.org/news/black-women-turn-to-midwives-to-avoid-covid-and-feel-cared-for/.

- **Women-centered care is holistic, focuses on women's needs, and addresses gender and racial bias in the delivery of care**
- **Women-centered models of maternity care employ medical and nonmedical personnel to support women, including women of color, through pregnancy, labor and delivery, and postpartum**

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Women-Centered Models of Care and Maternal Outcomes

Outcomes	Group appointments	Team-based care	Doulas	Midwives	Birth centers
Postpartum visits	↑	↑	↑	↑	
Breastfeeding	↑	↑	↑	↑	
Postpartum depression	↓	↓	↓	↓	
Postpartum contraception	↑	↑	↑		
Transition to primary care	↑	↑			
Address social issues	↑	↑	↑		
Cesarean births			↓	↓	↓

For background on women-centered models of care, see “Recommendations for Maternal Health and Infant Health Quality Improvement in Medicaid and the Children’s Health Insurance Program” available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf.

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Equity and Medical Outcomes for High-Risk Postpartum Women

Susan Beane, M.D., Executive Medical Director, Healthfirst Partnerships
Rashi Kumar, Director, Clinical Partnerships – Policy & Innovation, Healthfirst Partnerships

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Who is Healthfirst?

For more than 25 years, Healthfirst has been serving New Yorkers. We helped pioneer the value-based healthcare model—where hospitals and physicians are paid based on patient outcomes—because our company was founded on the belief that insurers need to be true partners in the health system.

We've grown into New York's largest not-for-profit health insurer, offering high-quality, affordable plans to fit every life stage, including Medicaid plans, Medicare Advantage plans, long-term care plans, qualified health plans, and individual and small group plans. We proudly serve members in New York City and on Long Island, as well as in Westchester, Sullivan, Orange, and Rockland counties.

1.6	40,000+	80+	23	4,500
Million Members	Providers	Participating Hospitals	Community Offices	Employees

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Our vision for the health of our members begins with our leader

"At Healthfirst, our work is part of an effort to make a difference in battling disparities and improving outcomes in communities most at risk."

- "Providing our … members with access to quality care is our top priority at Healthfirst," Pat Wang, President and CEO of Healthfirst."

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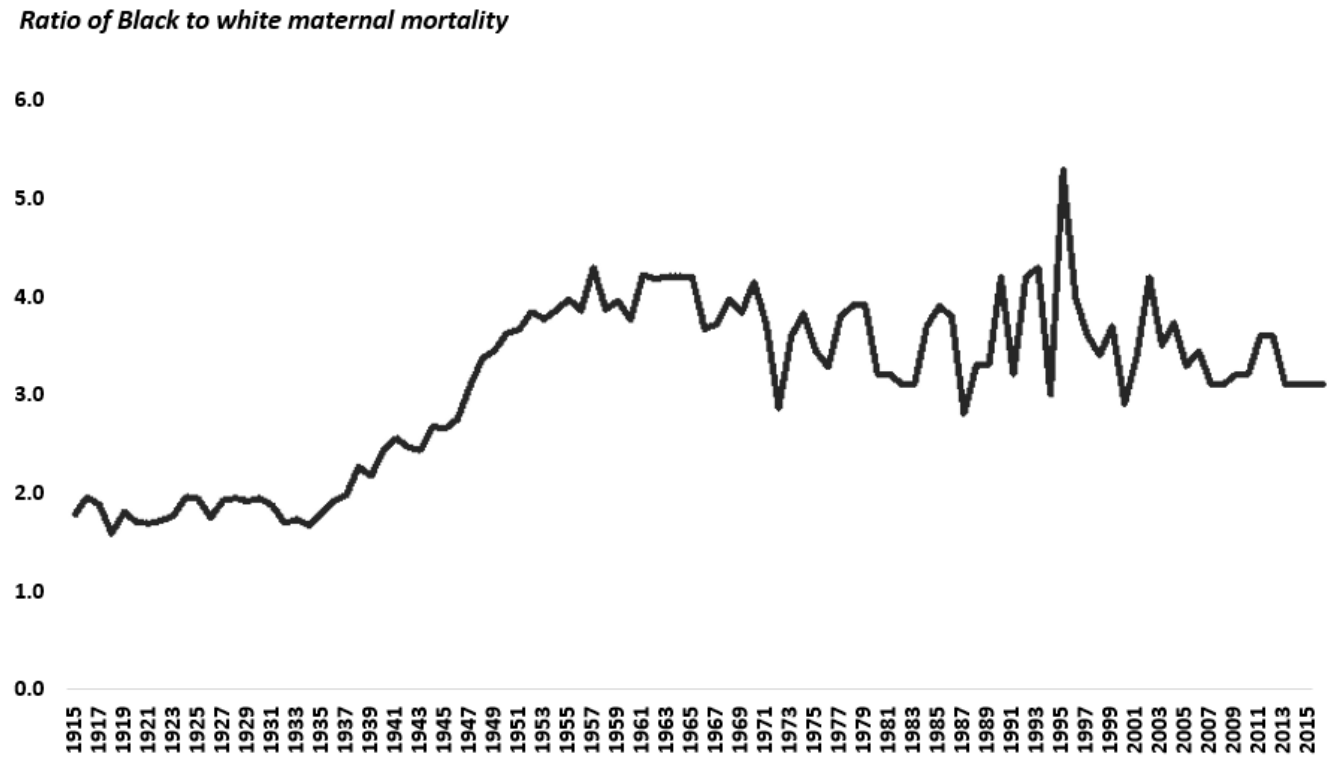
Addressing disparities in postpartum outcomes was a natural fit for Healthfirst

This was more than a quality issue for Healthfirst.

It was an opportunity to address a root cause for women at high risk for mortality – stress.

Black mothers have been more likely to die than white mothers for 100 years.



Notes: Shifts in measurement account for some of the variation over time. For example, not all states were part of registration system prior to 1933, and infant race was based on race of the child until 1980 and on race of the mother thereafter.
Data: National Center for Health Statistics (NCHS), "Maternal Mortality and Related Concepts," *Vital and Health Statistics*, series 33, no. 3 (Feb. 2007); and NCHS annual data reports. Data for 1915–1960 from NCHS, Vital Statistics Rates in the United States 1940–1960. Data for 2007–2016 based on two-year estimates of the pregnancy-related mortality rate, from Emily E. Petersen et al., "Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016," *Morbidity and Mortality Weekly Report* 68, no. 35 (Sept. 6, 2019): 762–65.

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Women of color know that they are stressed

- Using focus groups, the authors explored the perceived impact of stress on Puerto Rican women of reproductive age in Connecticut cities with highest rates of premature birth and low infant birthweight
- The questions explored perceived discrimination based on race and ethnicity (racism), the impact of stress on families and communities and specific stressors that impact maternal health

"Focus group findings indicate that participants perceived poverty, food insecurity, lack of access to quality education, and unsafe environments as significant life stressors affecting maternal and child health."

Bermúdez-Millán A, G. Damio, J. Cruz , K. D'Angelo, S. Segura-Perez, A. Hromi-Fiedler, and R. Perez-Escamilla. "Stress and the Social Determinants of Maternal Health Among Puerto Rican Women: A CBPR Approach." *Journal Health Care Poor Underserved,* vol 22, no. 4, 2011, pp. 1315-1330.

Case Study: Anne Moody

- One among an integrated group of students from Tougaloo College who staged a peaceful, legal “sit-in” at a segregated Woolworth’s lunch counter in Jackson, Mississippi on May 28, 1963
- The group was attacked by a white mob, with one young man kicked until unconscious and bleeding, sustaining a concussion. Moody was pulled by her hair, slapped and thrown against a counter by a worker.
- Several of the students, including Anne, were doused with food and condiments.

A May 28, 1963, sit-in demonstration at a Woolworth's lunch counter in Jackson, Miss., turned violent when whites poured sugar, ketchup and mustard over the heads of demonstrators, from left, John Salter, Joan Trumpauer and Anne Moody. (Fred Blackwell / Associated Press)

Pettus, E.W. “Anne Moody, Sat Stoically at Violent Woolworth’s Sit-in, Dies at 74.” *Los Angeles Times*, Tuesday, February 10, 2015, Obituaries available at https://www.latimes.com/local/obituaries/la-me-anne-moody-20150211-story.html.

Lack of ease: A measure of structural racism?

"Even more than 30 years later, Anne Moody never felt at ease in her home state."
–Anne Moody obituary

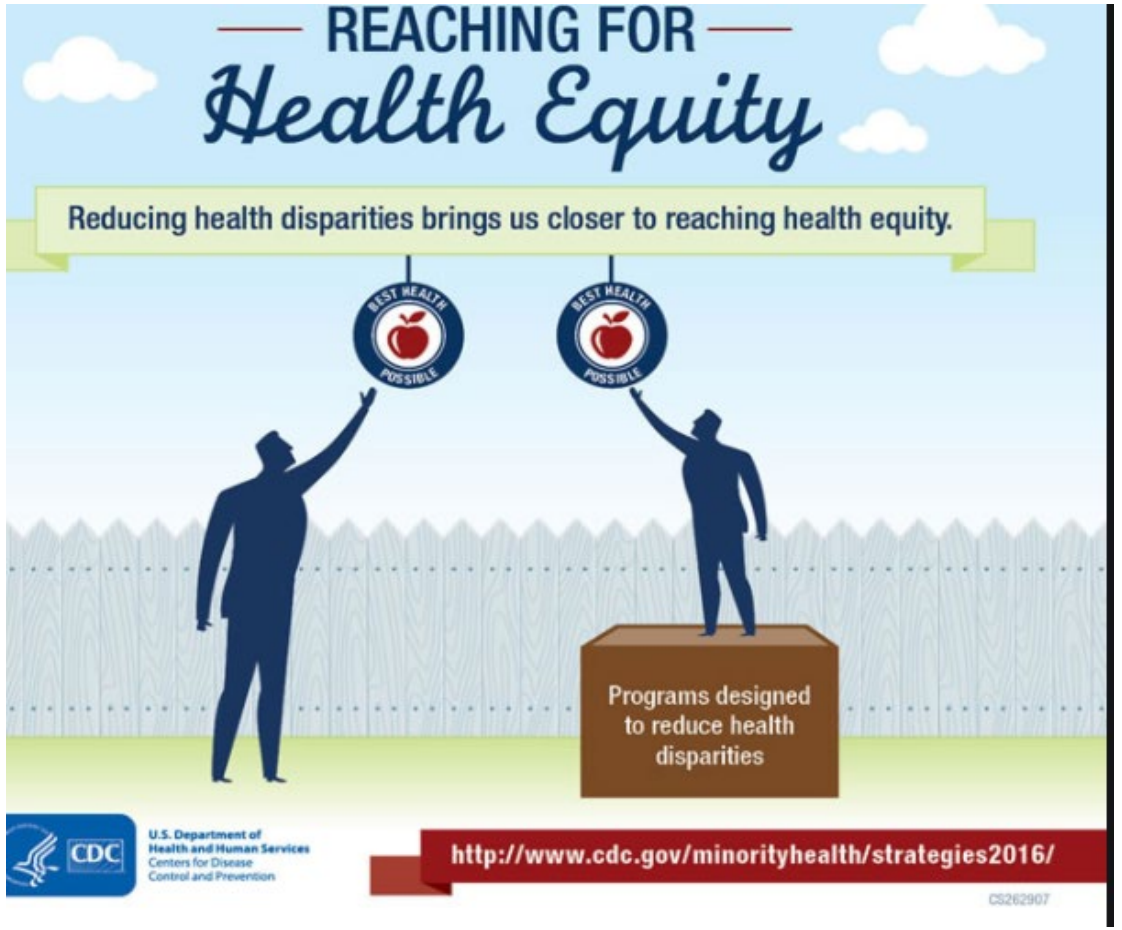
Domain	Construct measured
Civil rights laws and legal racial discrimination	Legal and regulatory determinants of racial discrimination
Residential segregation and housing discrimination	Spatial polarization by race and income
	Composite resource deprivation
	Denial of home ownership in particular areas
	Denial of financial resources for home ownership
Police violence	Individual or community-level exposure to the fatal or nonfatal violence of policing
Mass incarceration	Individual or community-level exposure to incarceration

Alson, J.G., W.R. Robinson, L. Pittman, and K.M. Doll. "Incorporating Measures of Structural Racism into Population Studies of Reproductive Health in the United States: A Narrative Review." *Health Equity,* vol. 5, no.1, 2021. doi:10.1089/heq.2020.0081

Potential programmatic solution to disparities in postpartum care

Let’s make it easier for women to realize the opportunity to find access to postpartum care.

Let’s actively understand that there may have been some “lunch counters” in her life.



Stress is not something you visually can see. It is an inner feeling that is demonstrated in other ways. Stress will kill you.
– Susie Beane, Age 89

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RWJF funded study: A model of care to support women in the postpartum period

Icahn School of Medicine at Mount Sinai

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The New York Academy of Medicine
At the heart of urban health since 1847

The opportunity	The evidence

• Postpartum care offers an opportunity to impact current and future health of women of color
  ○ Maternal mortality and morbidity
  • Pregnancy complications and readmissions
  • Chronic illnesses such as hypertension and diabetes
• These women are less likely to get appropriate medical follow-up post-pregnancy, putting their long-term health at risk
	• At baseline, women with Healthfirst insurance living in East Harlem had a 56% timely postpartum care visit rate
	• Control group matched by propensity score had a postpartum visit rate of 67%

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Intervention: Evidence-based care coordination intervention

- Social worker and community health worker
- Standard curriculum for knowledge and self-care building
  - Prepares and educates women about gestational diabetes, hypertension, and depression
- Social services to increase access to community resources and reduce barriers to care in the follow-up period
- Initial contact right after delivery and a minimum of two phone calls in the 60 days postpartum

Howell, E.A., A. Balbierz, and H. Leventhal. "Reducing Postpartum Depressive Symptoms Among Black and Latina Mothers: A Randomized Controlled Trial." *Obstetrics & Gynecology,* vol. 119, no. 5, 2012, pp. 942-949.

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Impact: Helpful to women and eliminated disparity

Results from Two-week survey (N=435)

- 400 (92%) reviewed patient education pamphlet
  - 99% of those who reviewed it thought it was helpful
- 350 (80%) patients or partners reviewed partner education sheet
  - 95% of those who reviewed it thought it was helpful

Outcomes	Intervention	Matched Control	p-value
Postpartum Visits (HEDIS 21-56 days)	66.9%	56.0%	<.01
Postpartum Care (7-90 days)	73.7%	67.2%	.03
Outpatient care up to 90 days postpartum	90.2%	83.4%	<.01

Howell, E.A., A. Balbierz, S. Beane, R. Kumar, T. Wang, K. Fei, Z. Ahmed, and J. Pagán. "Timely Postpartum Visits for Low-income Women: A Health System and Medicaid Payer Partnership." *American Journal of Public Health*, vol. 110, no. S2, 2020, pp. S215-S218.

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New York State Department of Health is considering a statewide approach to improving equity

Recommendation from New York State Expert Panel on Postpartum Care: Provide access to essential wraparound and care coordination services to all birthing people in New York State through 'Stress-Free Zones' and/or insurance coverage benefits

Support during pregnancy and the transition from hospital care to the postpartum period can help ensure patients are more likely to

- Utilize their postpartum visit
- Obtain referrals for ongoing care, and
- Transition successfully to primary care

New York State Taskforce on Maternal Mortality & Disparate Racial Outcomes. "New York State Expert Panel on Postpartum Care: Report - January 2021." New York: New York State Department of Health, 2021 available at https://www.health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/2021-01_expert_panel_on_postpartum_care_final_report.pdf.

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Questions

Implementing Group Care: Insights from Montana Medicaid

Mary LeMieux, Medicaid and CHIP Member Health Services Bureau Chief for Montana Department of Public Health and Human Services

Montana Promising Pregnancy Care Program

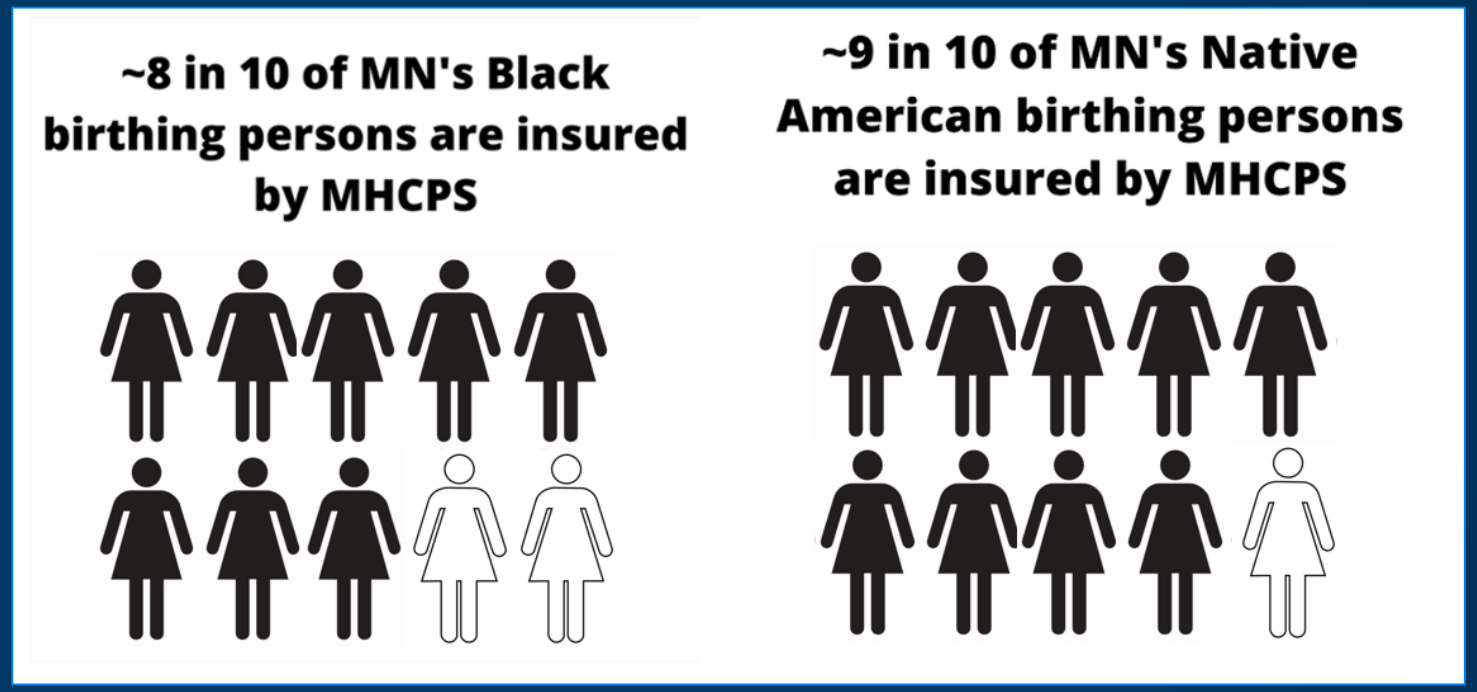
- What is the Montana Promising Pregnancy Care Program (PPC)? How does it support maternal health?
- What authorities did Montana use to implement PPC as a Medicaid program?
- What are the basic elements? What is included in group care?
- How are providers paid for group care?
- What maternal outcomes do providers report related to maternal health, especially in the postpartum period?

Models of Women-Centered Care: Minnesota's Work to Reduce Maternal & Infant Health Disparities in Medicaid

Nathan Chomilo, M.D. FAAP| Medicaid Medical Director

Birth Disparities & Medicaid enrollment in Minnesota

- Preterm birth rates
  - Native American = 14.4%
  - Black = 9.3%
  - White = 8.6%
- Low birth weight rates
  - Native American = 8.8%
  - Black = 9.5%
  - White = 5.9%



Medicaid Coverage of Doula Services

- 2014 - legislature expanded access to doula services
- 2019 - legislature increased reimbursement for doula services
- Covered services - up to seven sessions of childbirth education and support (includes emotional and physical support before, during, and after childbirth)

Integrated Care for High Risk Pregnancies (ICHRP)

- 2015 - legislature directed the Department of Human Services (DHS) to implement the Integrated Care for High Risk Pregnancies (ICHRP) Initiative pilot program
- Through perinatal care collaboratives, grant funds promote integrated care and enhanced services to women at risk for adverse outcomes of pregnancy

Integrated Care for High Risk Pregnancies (ICHRP)

- Goal - decrease birth disparities by directly supporting African American and American Indian communities through a community co-created and co-led approach to perinatal care
- Collaboratives created perinatal care models that mitigate psychosocial risk and integrate and strengthen pathways and partnerships between mothers, community organizations, clinics, community health workers, and doulas

African American ICHRP and Tribal ICHRP

Healthy Black Pregnancies

ICHRP's Focus Areas

Strengthening Community

- Culturally responsive
- Community owned and driven
- Asset based approaches
- Community involvement and engagement in program planning and implementation
- Cultural networks
- Integrated care teams
- Collaborations and partnerships
- Strong access to culturally-based resources
- Community-based commissioning

Enhancing Pregnancy and Family Support

Culturally responsive:

- Pregnancy screening
- Prenatal support
- Peer support network
- Peer education and mentoring
- Family support resources
- Mom and family support groups
- Postpartum follow-up

Including Fathers

Culturally responsive:

- Health screening for dads
- Father support resources
- Peer network
- Peer education and mentoring
- Father and family support groups

Healthy Babies

- Full term
- Healthy weight

AABC INTEGRATED CARE HIGH RISK AND PREGNANCY INITIATIVE (ICHRP): HUB OF WELLNESS

H.O.W

PARTNERING: ICHRP CLINIC ACCESS AND RETENTION

Doulas/Perinatal Care Givers
- Paraprofessionals
- Staff Trainings

Messaging
- PSA's, Webinars
- Newsletters
- Facebook
- Radio Messaging
- SDOH Training
- Seasonal Action Luncheons

Health Brain Development
- Perinatal, Postpartum Care
- Early Childhood Education

MEDICAL REFERRALS
ASSESSMENTS & CONNECTIONS
TRAINING
COMMUNITY VOICE
EVALUATION
COMMUNITY PROJECTS
BABY SAFE SPOTS

Youth Engagement
- Healing Vessels
- Youth Interactions

Engagements
- Men
- Coaching
- Mental & Health Care

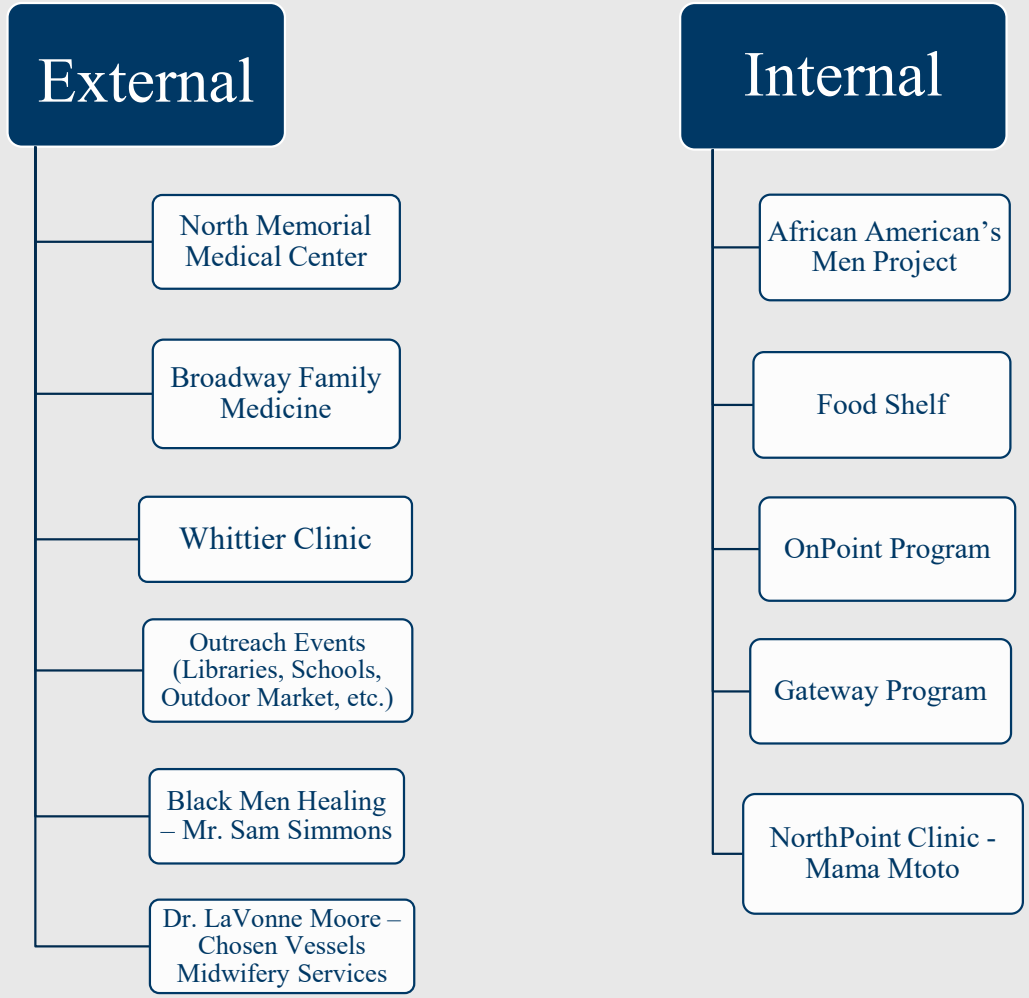
TWIN CITIES ICHRP INITIATIVES:
Northpoint Medical Center
African American Babies Coalition and Projects, Saint Paul Care Collaborative: West Side Clinic, Open Cities Health Clinic, Integrated High Risk Advisory Committee

African American ICHRP

- Patient care navigator
- Cultural connectors and brokers
- Traditional obstetric visits (internal/external) + group care
- Group prenatal care
- Case management
- Home or community-based visits
- Breastfeeding support
- Labor support and doula care
- DIVA Rounds at regions
- Tele-health visits

African American ICHRP

NORTH POINT
Health & Wellness Center, Inc.



Tribal ICHRP

ICHRP's tribal partners and DHS adopted three program objectives:

- Screening and assessment
- Joint accountability and shared outcomes
- Services for pregnant women, substance-exposed infants, and their families

Tribal ICHRP

"As the Mille Lacs ICHRP program director put it, "peer recovery coaches are so community-connected that it doesn't even feel like a referral. It's more like an invitation, or it happens the other way where the person in need knows how and who to ask for help." In some of the tribal ICHRP programs, successful clients have later progressed to become peer recovery coaches and counselors."

2019 ICHRP Legislative Report

- Approaches varied by tribe to maximize resources and strengths
- Essential features are
  - Ensuring culture is at the core of policy, programming, and daily interactions
  - Utilizing peers with lived experience
  - Keeping and treating families as a unit to prevent trauma of family separation
  - Eliminating stigma associated with SUDs
  - Breaking down silos through improved coordination and collaboration
  - Engaging the support of tribal leadership from the start

The Opportunity that ICHRP Presents

- A truly ***co-designed, community-led*** collaborative care model
- Model has demonstrated:
  - Success in mitigating psychosocial risks during pregnancy for at-risk Native American and African American women
  - Improved care models for women and spouses
  - Successful birth outcomes
  - Less family disruption
  - Authentic community engagement and awareness

The Opportunity that ICHRP Presents

- Explore Medicaid funding for paraprofessional services using federally qualified health center clinical encounter rates
- Seek increased funding to bring ICHRP to scale in other locations
- Help community advisory bodies to create the structure to become a self-sustaining private-public partnership
- Continue community relationships allowing time necessary to repair trust that has been broken due to historical trauma by the state and medical community actions
- ICHRP to become the standard of care for all African American and Native American women in Minnesota

Thank You

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Questions

Discussion and Q&A

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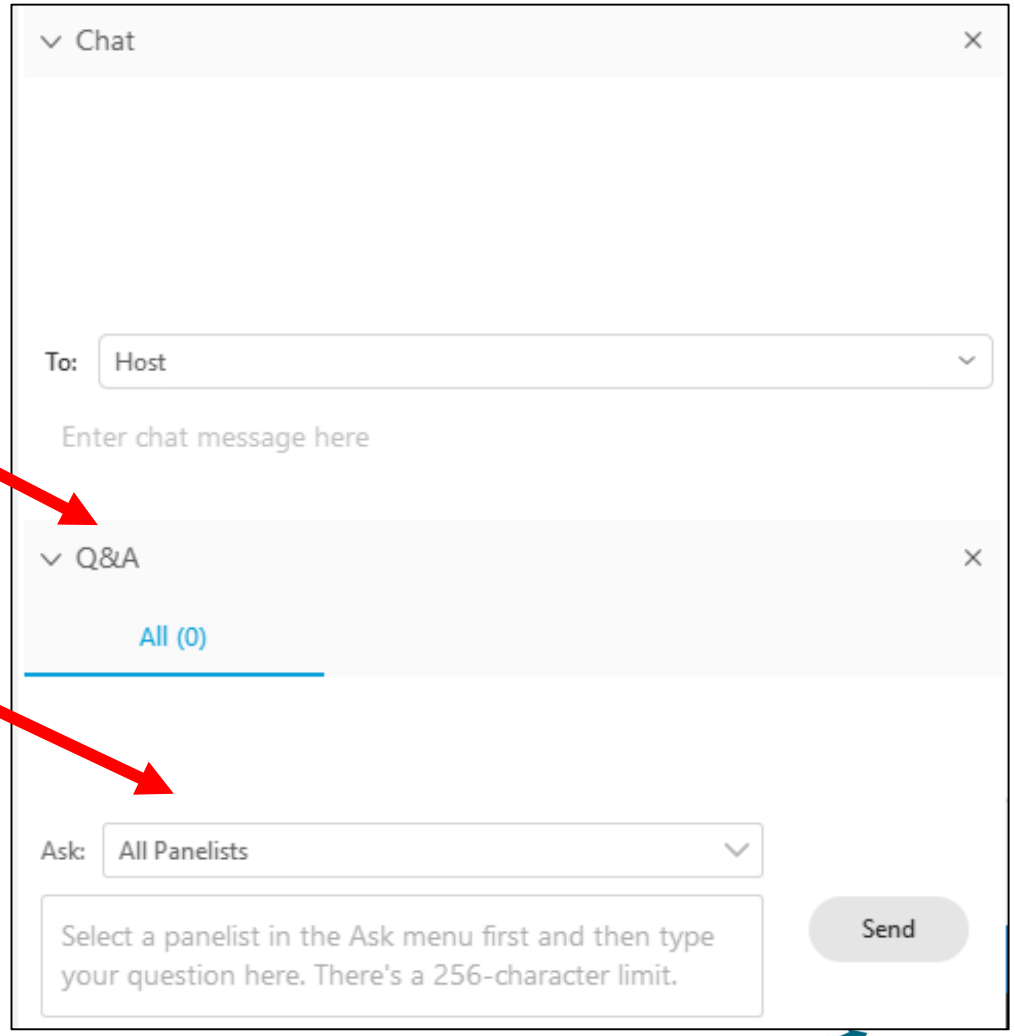

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Announcements and Next Steps

Announcements and Next Steps

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

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Please complete the evaluation as you exit the webinar.

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

Thank you for participating!

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