Aligning for Action

LAN SUMMIT

Health Care Payment Learning & Action Network

Advancing the Adoption of Value-based Payment Models in Maternity Care

OCTOBER 30, 2017 Crystal Gateway Marriott Hotel Arlington, VA

Welcome

Moderator

Elaine Daniels

U.S. Women's Health Alliance

Why Focus on Maternity Care When Talking About Payment Reform?

MATERNITY CARE is a population health matter

It impacts everyone in the early development stages and 85% of women at least once. The associated costs affect patients, their families, employers, and payers.[1]

1) National Health Statistics Report, Number 51, April 12, 2012.

Labor and birth account for almost a quarter of all hospital discharges in the U.S.[2]

Between 2010 and 2013, Medicaid paid for about 45% of births.[3]

2) Truven Health Analytics. (2013). The Cost of Having a Baby in the United States
3) National Governors Association Center for Best Practices, 2015

THE CURRENT STATE OF MATERNITY CARE

The U.S. maternal mortality rate is **1 in 3,800**

Making it **48** out of **183** countries[4]

4) Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

2015 CLINICAL OUTCOMES[5]

55% Birth by cesarean section increased by 55% between 1996 and 2015.

$$$ Almost 26% of low risk pregnancies were delivered by cesarean section, resulting in higher costs of care.

9.63% of babies were preterm (<37 weeks).

8.07% of newborns weighed less than 2,500 grams (low birth weight).

THE COST OF MATERNITY CARE

There is significant variation in maternity care costs that is not attributable to the informed preferences or needs of women and newborns.

Low cost birth settings, such as birthing centers, are used less frequently because they are not always reimbursable.

THE QUALITY OF MATERNITY CARE

Rising maternity care costs do not directly correlate to quality improvements.

Communication and coordination of care often fall short for low-risk women as well as those with chronic conditions and pregnancy complications.

5) National Vital Statistics Reports, Vol. 66, No. 1, January 5, 2017

ISSUES WITH OUR CURRENT MATERNITY CARE DELIVERY MODEL INCLUDE:

Increased use of unnecessary high-cost interventions

Reliance on use of high-cost settings when lower-cost settings (e.g. birth centers) are shown to lead to successful outcomes

Fragmentation of care across the prenatal, labor and birth, and postpartum settings and providers

Traditional fee-for-service payments for maternity care, as well as higher rates for cesarean births may lead to unnecessary medical interventions

PATIENT EDUCATION, ENGAGEMENT, & SUPPORT

Commercial health plans and Medicaid do not often reimburse for services such as patient education, community health workers or navigators, breast feeding support, or doula care, even though these services are critical to the health and well-being of the baby and family.[6]

Communication and coordination of care for women with chronic conditions prior to pregnancy – and patient engagement in general – is infrequent and does not provide adequate support.

6) National Partnership for Women & Families. (2016). Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health.

VALUE OF EPISODE PAYMENT IN MATERNITY CARE

In an episode payment model, providers accept accountability for patients over a set period of time and across multiple care settings, creating the following improvements for patients:

- ✓ Encourage greater coordination across the continuum of care
- ✓ Provide incentives for the use of lower cost services that may support better outcomes for the woman and baby (e.g. doula care, midwives, birth centers, group prenatal care, parenting education)
- ✓ Allow for greater flexibility in choice of provider and care settings

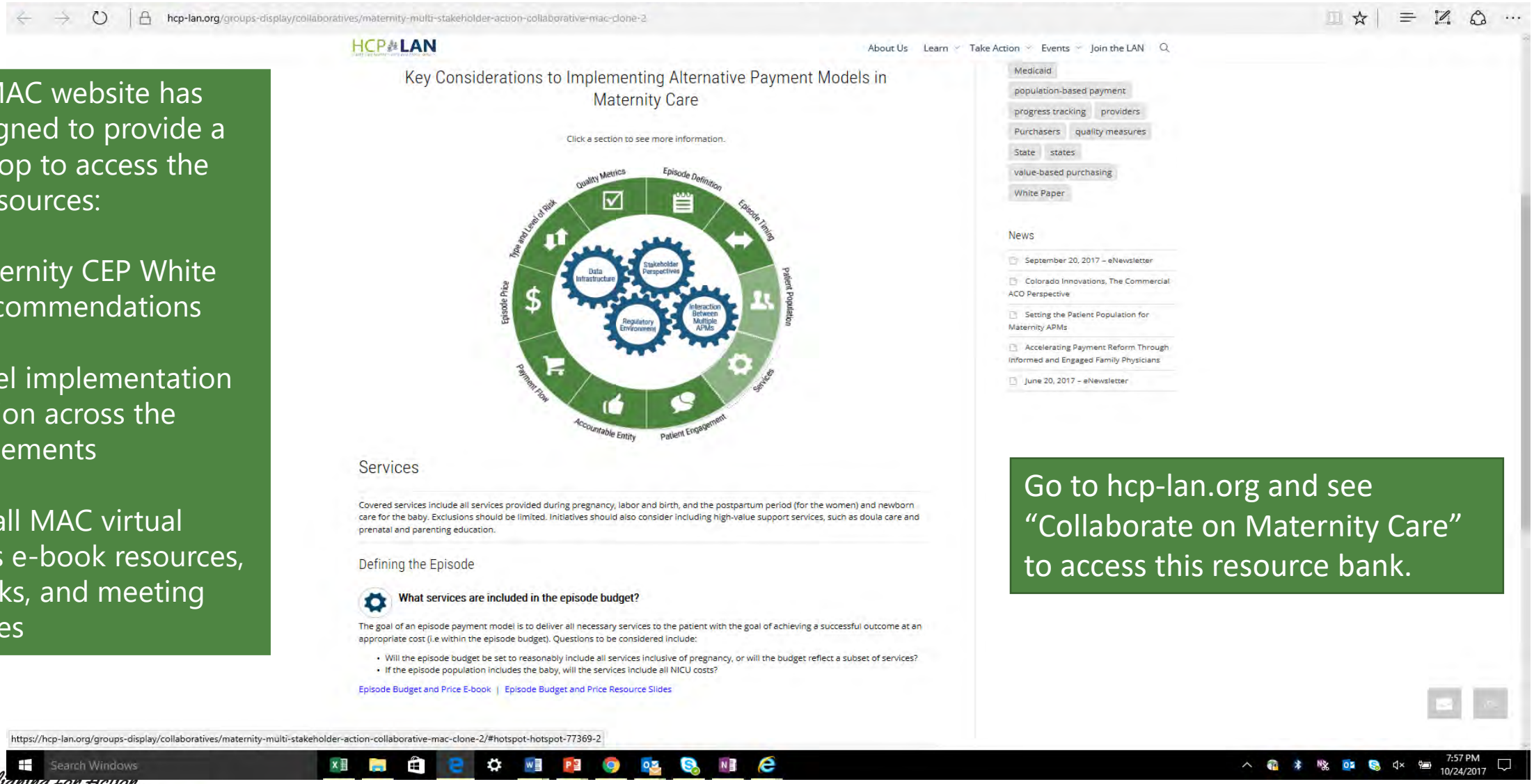
!

Episode payment will require a strong commitment and leadership from States (both Medicaid and public employee insurance agencies), Medicaid Managed Care Organizations, and Commercial Payers. A growing number of commercial and Medicaid pioneers are showing that episode payment programs and other alternative payment models are feasible and offer great potential for advancing high-value maternity care.

LAN Maternity Action Collaborative (MAC) Online Resource Bank

The LAN's MAC website has been redesigned to provide a one-stop shop to access the following resources:

- LAN Maternity CEP White Paper recommendations
- High-level implementation information across the design elements
- Links to all MAC virtual meetings e-book resources, slide decks, and meeting summaries



Go to hcp-lan.org and see "Collaborate on Maternity Care" to access this resource bank.

Session Objectives

- Understand the business case for designing and implementing episode payment models in maternity care
- Learn about efforts at the state and regional levels to advance maternity episode payment and APMs
- Hear about best practices and challenges related to implementing value-based payment for maternity care from partner organizations
- Create opportunity for shared problem solving between the audience and the members of the panel

Panelists

Lili Brillstein

Director, Episodes of Care

Horizon BCBS NJ

Aza Nedhari

Co-Founder and Executive Director

Mamatoto Village

Dr. Jack Feltz

President, CEO, and Co-Founder

Lifeline Medical Associates

Brynne Potter

Founder and CEO

Maternity Neighborhood

LAN Resources

https://hcp-lan.org/resources/

Contact Us

We want to hear from you!

www.hcp-lan.org

@Payment_Network

PaymentNetwork@mitre.org

Search: Health Care Payment Learning and Action Network