



HCP LAN

Health Care Payment Learning & Action Network

Clinical Episode Payment for Maternity Care: Opportunities and Challenges

April 26, 2016
1:00pm – 2:15pm

WELCOME



Cara Osborne, CNF

Chief Operating Officer

Baby+Company

SESSION OBJECTIVES

- ✓ Learn about the work of the CEP Work Group and its recommendations for maternity care episode payment design.
- ✓ Describe current innovations in paying for the delivery of high quality maternity care
- ✓ Provide insight into strategies for engaging patients and their families in the design of high quality care delivery
- ✓ Offer opportunity for audience questions and facilitated discussion

AGENDA

Time (ET)	Topic & Speaker
1:00 – 1:20	CEP Work Group Overview and Maternity Episode Payment Recommendations Cara Osborne
1:20 – 1:35	Maternity and Newborn Care Bundled Payment Pilot Karen Love
1:35 – 1:50	Implications of Episode Payment on Women and Families Maureen Corry
1:50 – 2:05	Panel Discussion
2:05 – 2:15	Facilitated Audience Q&A

CEP Work Group

Clinical Episode Payment (CEP)

5

18 Members



Chair



Lewis Sandy

Senior Vice President, Clinical
Advancement, UnitedHealth Group



The group will identify the most important elements of clinical episode payment models for which alignment across public and private payers could accelerate the adoption of these models nationally. The emphasis will be on identification of best practices to provide guidance to organizations implementing clinical episode payment models.

Key Activities

- ✓ Identifying the elements for elective joint replacement, maternity, and cardiac care episode payments
- ✓ Identifying best practices for implementing clinical episode payment models

CEP MEMBERS

Member Roster



Lewis Sandy, MD, MBA
Executive Vice President, Clinical
Advancement, UnitedHealth Group

Amy Bassano, MPP
Director, Patient Care Models Group, Centers for
Medicare and Medicaid Services

Edward Bassin, PhD
Chief Analytics Officer, Archway Health

John Bertko, FSA, MAAA
Chief Actuary, Covered California

Kevin Bozic, MD
Chair of Surgery and Perioperative Care, Dell Medical
School at the University of Texas at Austin

Alexandra Clyde, MS
Corporate Vice President of Global Health Policy,
Reimbursement and Health Economics, Medtronic, Inc

Brooks Daverman, MPP
Director of the Strategic Planning and Innovation
Group, Tennessee Division of Health Care Finance
and Administration

François de Brantes, MS, MBA
Executive Director, Health Care Incentives
Improvement Institute, Inc.

Mark Froimson, MD, MBA
Executive Vice President and Chief Clinical Officer
Trinity Health, Inc.

Rob Lazerow
Practice Manager, Research and Insights
The Advisory Board Company

Catherine MacLean, MD, PhD
Chief Value Medical Officer, Hospital for Special
Surgery

Jennifer Malin, MD, PhD
Staff Vice President, Clinical Strategy, Anthem, Inc.

Cara Osborne MSN, CNM, ScD
Chief Clinical Officer, Baby+Co.

Dale Paton Reisner, MD
Maternal Fetal Medicine Specialist
Swedish Medical Center

Carol Sakala, PhD, MSPH
Director of Childbirth Connection Programs
National Partnership for Women & Families

Richard Shonk, MD, PhD
Chief Medical Officer, the Health Collaborative

Steve Spaulding
Senior Vice President, Enterprise Networks
Arkansas BlueCross BlueShield

Barbara Wachsman
Chair, Pacific Business Group on Health

Jason Wasfy, MD
Director, Mass General Heart Center

MATERNITY

for CEP models

The draft white paper titled *Accelerating and Aligning Clinical Episode Payment Models: Maternity Care*, describes design recommendations for using bundled payment to pay for patient-centered prenatal, birth, and postpartum care as one comprehensive episode. The white paper reviews existing maternity care episode payment efforts in order to develop a set of recommendations that can potentially pave the way for broad adoption of bundled payment in a way that has not yet occurred.

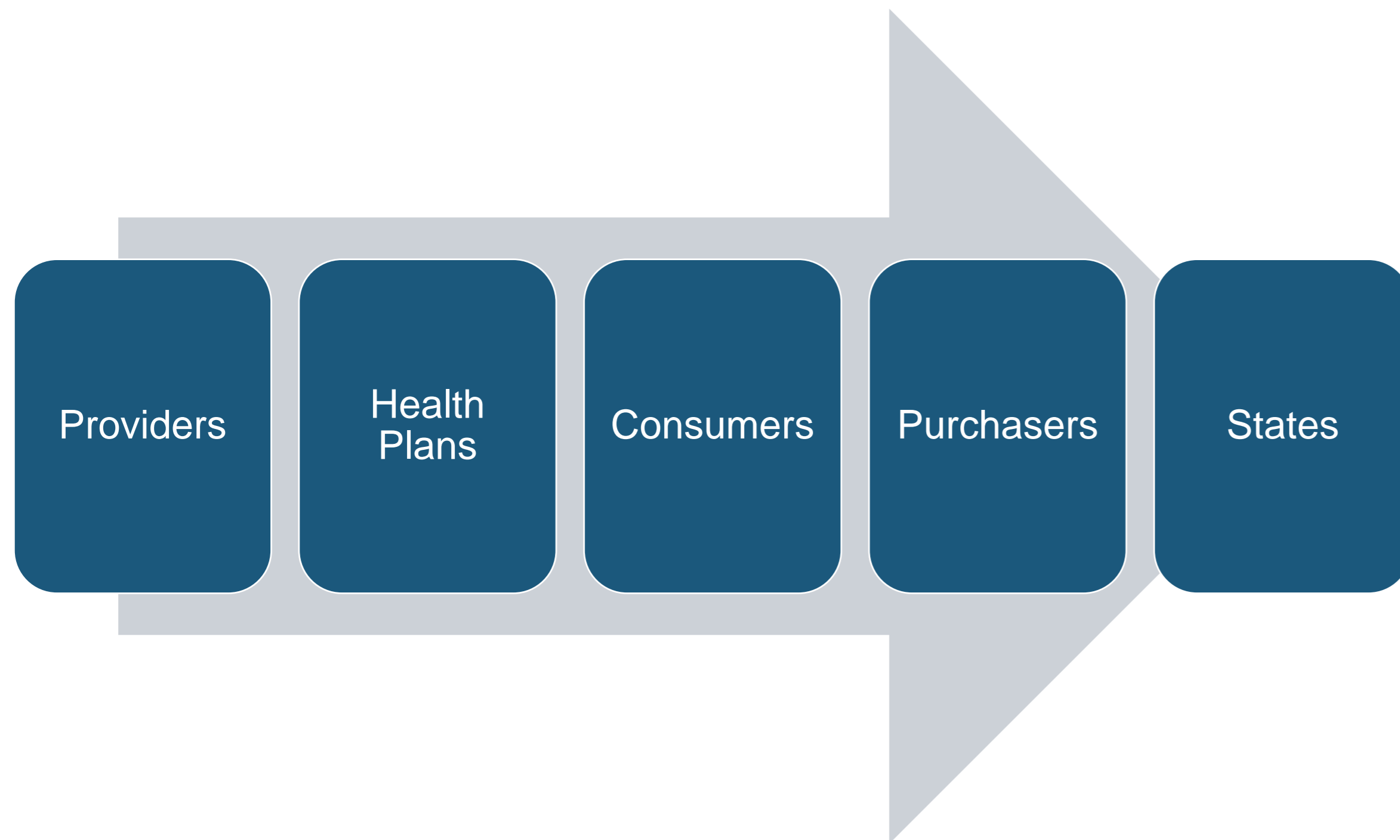
Key Components

- Design Elements
- Recommendations
- Operational Issues



WORK GROUP CHARGE

Provide a Directional Roadmap to:



Promote Alignment:

- ✓ Design Approach
- ✓ Alignment Approach

Find a Balance Between:

- ✓ Alignment/consistency and flexibility/innovation
- ✓ Short-term realism and long-term aspiration

PURPOSE OF EPISODE PAYMENT

Episode Payment Can:

- ✓ Create incentives to break down existing siloes of care
- ✓ Promote communication and coordination among care providers
- ✓ Improve care transitions
- ✓ Respond to data and feedback on the entire course of illness or treatment

Episode Payments Reflect How Patients Experience Care:

- ✓ A person develops symptoms or has health concerns
- ✓ He or she seeks medical care
- ✓ Providers treat the condition
- ✓ The patient receives care for his or her illness or condition

Goal: The treatments the patients receive along the way reflect their wishes and cultural values.

EPISODE SELECTION CRITERIA



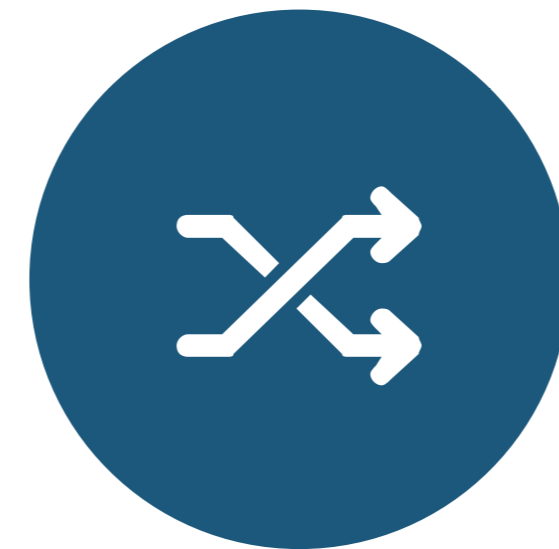
Empowering Consumers

Conditions & procedures with opportunities to engage patients and family caregivers' through the use of decision aids support for shared decision-making; goal setting and support for identifying high-value providers.



High Volume, High Cost

Conditions & procedures for which high cost is due to non-clinical factors such as inappropriate service utilization and poor care coordination that correlate with avoidable complications, hospital readmissions and poor patient outcomes.



Unexplained Variation

Conditions & procedures for which there is high variation in the care that patients receive, despite the existence evidenced based "best" practices.



Care Trajectory

Conditions & procedures for which there is a well-established care trajectory, which would facilitate defining the episode start, length and bundle of services to be included.

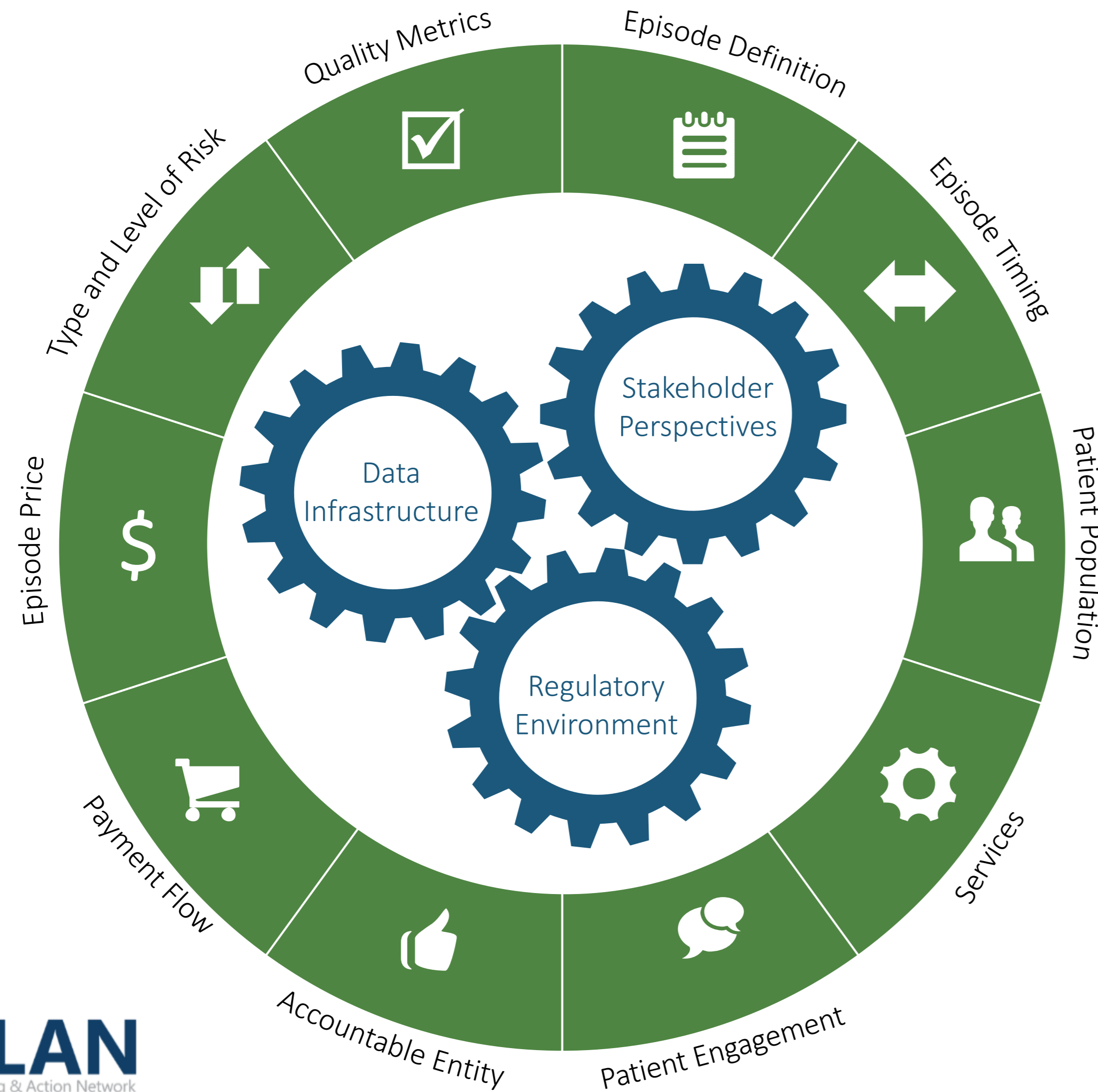


Availability of Quality Measures

Conditions & procedures with availability of performance measures that providers must meet in order to share savings which will eliminate the potential to incentivize reductions in appropriate levels of care.

EPISODE PARAMETERS

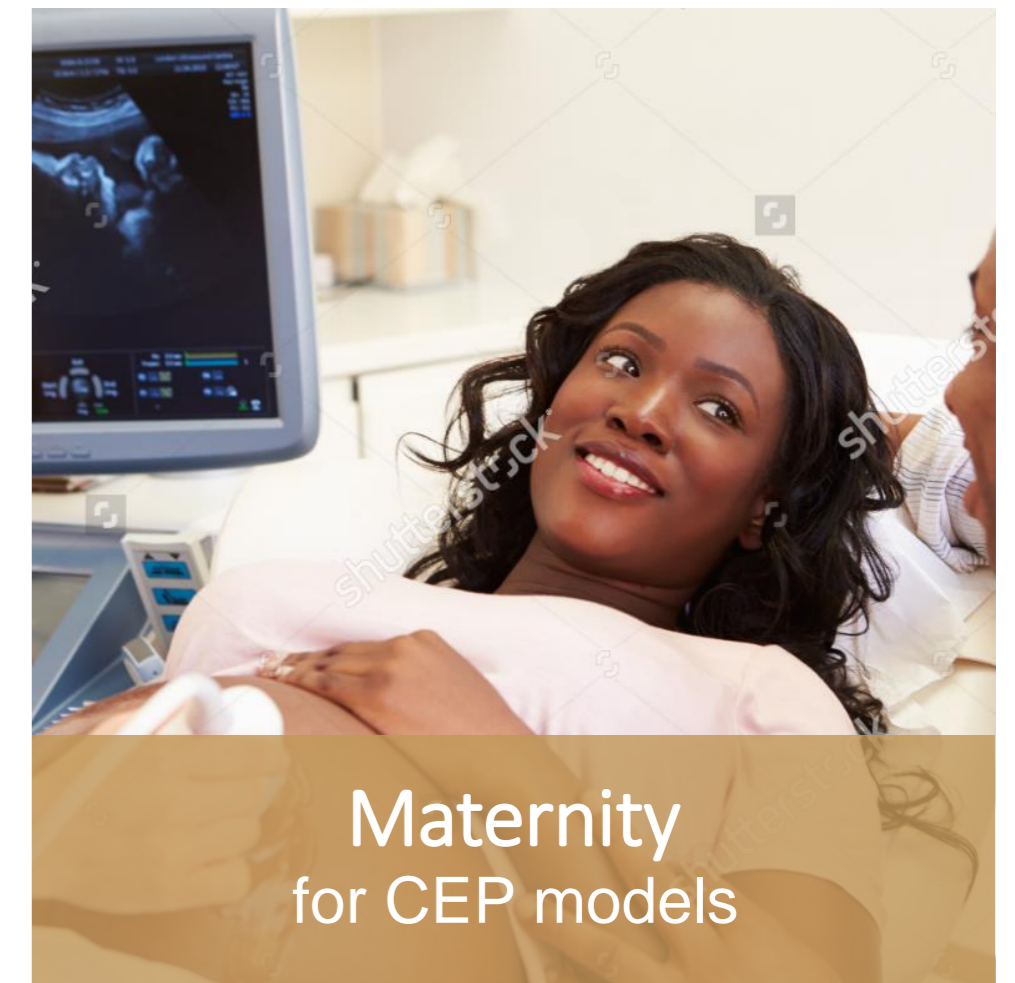
Episode Design and Operational Considerations



- **Stakeholder Perspectives:**
Ensure that the voices of all stakeholders – consumers, patients, providers, payers, states and purchasers – are heard in the design and operation of episode payments
- **Data Infrastructure:**
Understand and develop the systems that are needed to successfully operationalize episode payments
- **Regulatory Environment:**
Recognize and understand relevant state and/or federal regulations, and understand how they support or potentially impede episode payment implementation

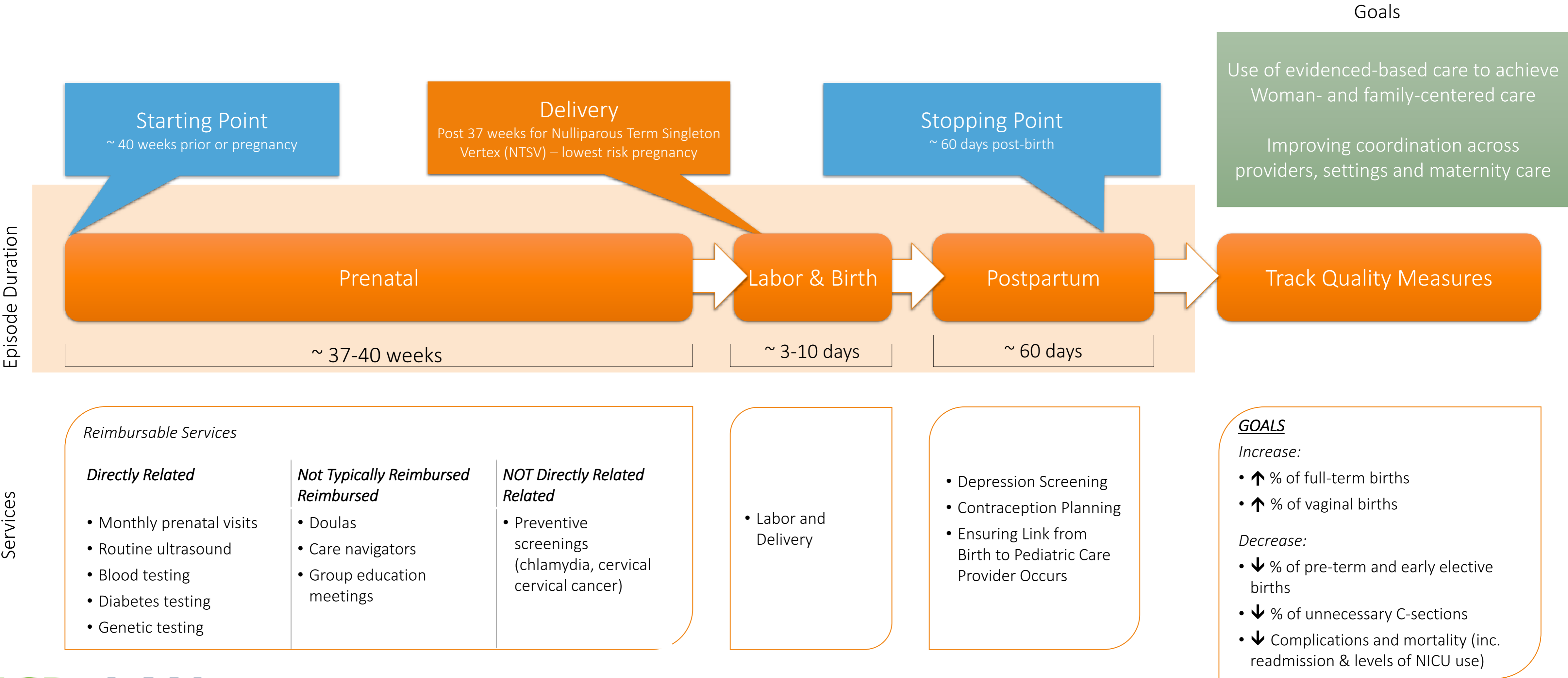
MATERNITY EPISODE

- ✓ Goal: Improve the value of maternity care by improving outcomes and experience of care, and reducing costs, for the woman and her baby by:
 - Increasing the percentage of births that are done vaginally; decrease C-sections;
 - Increasing the percentage of births that are full-term; decrease preterm and early elective births;
 - Decreasing complications and mortality, including readmissions, higher levels of NICU use
 - Engaging women and families in their maternity care
 - Improving coordination across the providers, settings, and phases of maternity care
 - Reliably providing woman- and family-centered care



MATERNITY - TIMELINE

Episode Timeline for Prenatal through Postpartum Care



MATERNITY – DESIGN ELEMENTS

Episode Design Parameters for Maternity and Prenatal Care

DRAFT FOR PUBLIC COMMENT



1. Episode Definition	2. Episode Timing	3. Patient Population	4. Services	5. Patient Engagement
<p>Episode includes prenatal care, labor and birth, and postpartum care for all low-risk women and babies</p>	<p>Episode begins 40 weeks pre-birth and ends at 30 days post birth for the baby, 60 days postpartum for the woman</p>	<p>Women whose pregnancies are considered to be low-risk and their babies</p>	<p>All services provided during pregnancy, labor and birth, and post-partum for the woman. Pediatric services are not included</p>	<p>Patient engagement must be supported at all stages, including provider selection, shared care planning, and prenatal and parenting education.</p>
6. Accountable Entity	7. Payment Flow	8. Episode Price	9. Type and Level of Risk	10. Quality Metrics
<p>Provider best able to engineer</p>	<p>Payment flow – either upfront FFS or prospective payment – depends on the unique characteristics of the model’s players.</p>	<p>Balance single and multiple multiple providers and regional utilization history. Reflect the cost of services needed to achieve the goals of the episode payment model.</p>	<p>Upside and/or downside risk, depending on the model.</p>	<p>Clinical and Patient-Reported Reported Outcome Measures of both the woman and the baby</p>

PANEL SPEAKERS



Karen Love

Executive Vice President and Chief
Operating Officer
Community Health Choice



Maureen Corry

Senior Advisor
Childbirth Connection Programs
*National Partnership for
Women & Families*

Access the white paper:

<https://hcp-lan.org/groups/cep/maternity-care/>



CONTACT US

We want to hear from you!



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