Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Affinity Group: Overview and Process for Expression of Interest

June 29, 2022

Kristen Zycherman, CMS
Lekisha Daniel-Robinson and Kate Nilles, Mathematica
How to Submit a Question

• Use the Q&A function to submit questions or comments
  – To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
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Welcome from the Center for Medicaid and CHIP Services

Kristen Zycherman, CMS
Maternal and Infant Health Initiative

• The Centers for Medicare & Medicaid Services (CMS) launched the Maternal and Infant Health Initiative (MIHI) in July 2014

• The MIHI was built on recommendations from CMS’s Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid and Children's Health Insurance Program (CHIP) and focused on improving the rate and quality of postpartum visits and increasing the use of effective methods of contraception

• In 2019, CMS convened a MIH expert workgroup to identify and prioritize recommendations in three areas where Medicaid and CHIP have a significant opportunity to influence change
  - Decrease the rate of cesarean births in low-risk pregnancies
  - Increase the use and quality of postpartum care visits
  - Increase the use and quality of well-child visits for infants 0 to 15 months
Focus Areas to Improve Maternal and Infant Health Quality

**Focus Areas**
- Strategies to decrease cesarean births for women with low-risk pregnancies
- Strategies to increase use and quality of postpartum care
- Strategies to increase use and quality of well-child visits

**Maternal Outcomes**
- Primary aims: Eliminate preventable maternal mortality, SMM, and inequities
  - Decreased severe maternal morbidity
  - Decreased postpartum complications
  - Increased access to contraceptive care, better management of chronic diseases and behavioral health issues, increased connection to ongoing care
  - Labor and delivery
  - Postpartum
  - Interpregnancy
  - Overall woman’s health status
  - Subsequent pregnancy

**Infant Outcomes**
- Primary aims: Reduce infant mortality and eliminate inequities in infant mortality rates
  - Fewer NICU admissions
  - Increased immunizations, increased breastfeeding, fewer injury related ED visits, safer sleep practices, and increased parent knowledge on injury prevention
  - Labor and delivery
  - Infancy and early childhood

**Improved birth spacing, early initiation of prenatal care, healthy women at start of possible subsequent pregnancy**

**Lower risk for C-section delivery on possible subsequent pregnancy**

**Healthier women at start of possible subsequent pregnancy, early initiation of prenatal care**

**Healthy possible subsequent birth**

C-section = cesarean section; ED = emergency department; NICU = neonatal intensive care unit; SMM = severe maternal morbidity
Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Learning Collaborative Webinar Series

- **Webinar 1**: The Role of Medicaid in Reducing Low-Risk Cesarean Delivery: Improving Outcomes and Reducing Disparities
- **Webinar 2**: State Medicaid and CHIP Agencies and Obstetrical Partners: Working Together to Reduce Low-Risk Cesarean Deliveries
- **Webinar 3**: Using Data to Plan and Assess Quality Improvement Strategies to Reduce Low-Risk Cesarean Delivery in Medicaid and CHIP
- **Informational Webinar**: Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Affinity Group: Overview and Process for Expression of Interest

Improving Maternal Health by Reducing Low-Risk Cesarean Delivery
Affinity Group

- Action-oriented affinity group that will support state Medicaid and CHIP programs and their partners in identifying, testing, and implementing evidence-based change ideas for reducing the number of LRCDs and improving maternal health care

- Opportunity for states to expand their knowledge of policies, programs, and practices to reduce LRCD rates, address inequities, and advance their knowledge of and skills in quality improvement (QI)

- EOIs are due **July 15, 2022, at 8:00 pm ET**

Structure of the Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Affinity Group

Lekisha Daniel-Robinson, Mathematica
Low-Risk Cesarean Delivery Rate per 100 Deliveries, by State: Births Paid by Medicaid, 2020

Source: National Center for Health Statistics (NCHS). 2020 Natality Public Use Data on CDC WONDER online database.

Available at: https://wonder.cdc.gov/
State Medicaid and CHIP Agency Drivers to Improve LRCDs

**Aim**

State Medicaid and CHIP agencies and their partners will improve delivery outcomes and close disparity gaps for Medicaid and CHIP beneficiaries and reduce low-risk Cesarean section delivery rates to xx% by Dec 31, 2024

(Each state will modify and/or develop their specific QI project aim statement)

**Primary drivers**

- Financial levers
- Perinatal coverage and access
- Accountability
- Strategic alignment of meso- and microsystem partners

**Secondary drivers**

- Payments
- Contracting
- Reporting and using data
- Implementing evidenced-based care
- Executive leadership prioritization and support
- Convening stakeholders and partners
Where is your state in this journey?

State Medicaid agency partners to address maternal and infant health in the state.

State Medicaid agency identifies LRCD as an area of focus.

State Medicaid agency establishes data sharing processes.

Medicaid and partners identifies interventions to address LRCD.

State Medicaid agency and partners plan for quality improvement.
*State Medicaid or CHIP agency must serve as lead or co-lead
Low-Risk Cesarean Delivery Affinity Group

What technical assistance will be provided to affinity group states?

• Tailored state curriculum and support to target LRCD reduction goals
• QI methods and strategies for reducing low-risk cesarean delivery rates at the state Medicaid and CHIP program level
• Dedicated QI advisor providing individual state coaching
• Peer exchange and learning opportunities
• 12 months of technical assistance followed by implementation support
LRCD Affinity Group Curriculum Overview

• Project preparation
  – Leadership
    • Engage Medicaid leadership
    • Generate a Medicaid and CHIP aim statement
    • Define a project
  – Data
    • Explore state data to identify QI opportunities
    • Determine data sources and baselines
  – Stakeholders
    • Identify and engage QI partners

• State QI project action plan and implementation
  – Commit to a shared global aim with QI partners
  – Develop a measurement strategy
  – Learn about and use QI science
  – Conduct small tests of change
  – Share and use data to learn
  – Develop action plan for scaling and spreading tested QI change
Low-Risk Cesarean Delivery Affinity Group Criteria

What are the criteria for state participation in the affinity group?

• Support from Medicaid or CHIP leadership
• Well-articulated goals
• Understanding of challenges and opportunities related to reducing LRCD rates in your state
• Access to data and analytic staff support
• Ability to commit approximately 10 to 15 hours each month to QI project
What do participants in other state affinity groups report about their experience?

- Regular meetings helped state teams develop and remain on track with their goals.
- Affinity groups provided a unique opportunity to learn about and share best practices with peer states.
- Collaboration with QI advisors and subject matter experts allowed states to pursue high-impact structural and policy changes.
Completing the Expression of Interest Form

Lekisha Daniel-Robinson, Mathematica
EOI Form Questions

1. Project leadership
   - A lead and co-lead are required
   - Team lead or co-lead must be from the state Medicaid or CHIP agency
   - Names, titles, agency names, and contact information of proposed co-leads

2. Participation goals
   - Goals for participating, including reducing your LRCD rate
   - Any additional outcomes you would like to achieve
3. **State challenges and opportunities**
   - Key challenges and opportunities related to reducing rates of LRCD
   - Known LRCD disparities in the state
   - LRCD initiatives already planned or underway in your state that Medicaid and CHIP programs could leverage

4. **QI data**
   - Data available to the state or QI partners to identify areas for improvement and for monitoring progress
   - Indication of how often you can get these data
EOI Form Questions (3)

5. Your proposed QI partners
   • Names, titles, and affiliations of potential team members
     • NOTE: the QI TA team can help you identify your partners as part of the preparatory work
     • Include staff who can help gather and interpret data

6. Leadership support
   • States must have the support of the Medicaid or CHIP director, medical director, or other senior leadership in the agency

7. Additional information
   • Any additional information you would like to share
Proposed Timeline for EOI Review and Startup

**July 15 by 8 PM ET:**
EOI forms due

**July:**
CMCS and QI TA team calls with states

**August:**
States notified of status

**August:**
Affinity group launch
Questions

Lekisha Daniel-Robinson, Mathematica
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Announcements and Next Steps

Kate Nilles, Mathematica
Affinity Group EOI submissions due
Friday, July 15, 2022, at 8:00 pm ET

- EOI form available at

- Webinar recording and slides will be posted on the
  Medicaid.gov Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Learning Collaborative Homepage

- Low-Risk Cesarean Delivery Affinity Group Fact Sheet available at
Thank you for participating!

- Please complete the survey as you exit the webinar

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