

Postpartum Care Affinity Group Information and Expression of Interest Process

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Judy Bigby:

Thanks so much, Derek. Good afternoon, and welcome everyone. We're very excited that you have joined us. We look forward to sharing information about the Postpartum Care Affinity Group with you. Next slide.

What we're going to do today is to provide a brief overview of the Maternal and Infant Health Initiative and the Learning Collaborative. We also will review the affinity group objectives, the format, and the type of technical assistance that we will provide. And we will also review the information requested in the expression of interest form. We will be answering questions through the chat function, throughout the webinar, as Derek said. We ask that when you submit a question that you choose "everyone" to send it to, so that if we decide to answer one of the questions in the chat box, everyone can see the answer. I'd like to turn now to Kristen Zycherman from the Center for Medicaid and CHIP Services. Thank you, Kristen.

Kristen Zycherman:

Thanks, Judy. Hi, my name is Kristen Zycherman. I am the lead for the Maternal Infant Health Initiative. And next slide.

All right, so I welcome you all today. Thank you so much for joining. We're very excited to share the next part of the Postpartum Care Learning Collaborative with you. It's an outcropping of the Maternal Infant Health Initiative, which as many of you know, was launched in July of 2014 based on recommendations from an expert panel, for the purposes of improving maternal and infant health outcomes in Medicaid and the Children's Health Insurance Program. That original phase of the MIHI was focused on improving the rate and quality of postpartum visits, as well as increasing the use of effective methods of contraception. About five years into the initiative in 2019, CMS decided that they'd like to take stock of where we were and chart a course for the future.

As such, we convened a new expert workgroup containing people from the previous expert panel as well as new stakeholders. And the three recommendations that came out of that group were to decrease the rate of cesarean births in low risk pregnancies, increase the use and quality of postpartum care visits, and increase the use and quality of well-child visits for infants zero to 15 months. Next slide, please.

This visual shows the focus areas of the expert workgroup as well as the interconnectedness of them. One of the strong recommendations for emphasis from the workgroup was to take this life course perspective to focus on the health of women, both before, during, and after pregnancy, and as well as how that care of women also affect infant outcomes, and then how the care of infant outcomes affects them through that life course as well. So there was also a strong emphasis from the workgroup on dyad care, and care for the mother and infant together. Next slide, please.

So, our first learning collaborative based on the focus areas recommended by the workgroup is the Postpartum Care Learning Collaborative. It started with a three-part webinar series. And we just had the second webinar in the series, and webinar three is coming up. So, we encourage you all to register for it. The recording for webinar one and two are available on the website that's listed here. And we'll drop that in the chat as well. So, you can listen to those, or view the transcripts. And we'll be coming up- the

webinar three will be available as well at some point in the future, once it's recorded. But we encourage you to look at those if you weren't able to attend live.

The Postpartum Care Affinity Group follows up the webinar series and is the more action-oriented group for states that are interested in designing, implementing, or even continuing an existing quality improvement project, if you have one that's already in the works, and are looking to scale and spread it. It can also help with that. So, it's really the state opportunity to have some targeted TA, some peer-to-peer learning to really improve those postpartum care outcomes.

And with that, I will hand it back to Judy.

Judy Bigby:

Thanks very much, Kristen. Next slide.

So, I'd like to spend just a minute describing why there was an emphasis on postpartum care. The first reason is we believe that this is an opportunity to improve maternal health outcomes overall, and to intervene on the disparities that have been widely described in maternal health. As Kristen demonstrated on the graphic that she showed, we believe that there is the relationship between care given during the postpartum period and the ongoing care of women, and also in the period between pregnancies or the last pregnancy afterwards. But we also know that there are significant disparities, which I'll get to in just a minute. There is also an opportunity to align the type of care that Medicaid and CHIP beneficiaries are getting with the recommendations from the American College of Obstetricians and Gynecologists, to think of the postpartum period as more than a six-week checkup, but to really see women early on in the postpartum period, either in-person, telephonically, or virtually.

And to also address their overall women's health needs, and to also address women who have chronic medical conditions. Those women need better care and also need to be connected to providers who are going to manage their chronic care needs. The other reason is the potential impact that improved postpartum care could have on pregnancy-related deaths and the opportunity to address the leading causes of death that occur after six weeks postpartum. As you can see from this graphic, pregnancy-related deaths occur throughout the postpartum period, including in the 43 to 365 days period, where almost 12% of deaths occur. And the causes of death during that period are preventable or are due to conditions that have treatments such as, cardiovascular diseases, hypertension and other medical conditions that women are not getting adequate care for. The fourth issue that we want to look at in the postpartum period is to make sure that women are getting follow up for smoking, diabetes, hypertension, depression, and other conditions.

And we know that there are disparities in both pregnancy-related deaths, where Black women and American/Indian and Alaskan/Native women are three to four times more likely to die. We also know that there are disparities in visit rates for hypertension and diabetes, where Black women are less likely to be seen and followed up for those conditions after pregnancy in spite of the fact that they are at higher risk for having these conditions chronically over the course of their life, and that there are also disparities in both the incidence and follow up of postpartum depression. So, there are several opportunities for improving care in the postpartum period, and Medicaid and CHIP beneficiaries are particularly vulnerable. Next slide, please.

The other thing that CMCS wants to focus on is making sure that women are getting postpartum care visits. This map represents states who reported the Core Set measure, postpartum care visits on or

between 21 and 66 days after delivery in federal fiscal year 2019. You can see from this map that there's a significant variation across states with the percentage of women ranging from about 23% to 75% with the state median of 61%. I want to acknowledge that the specifications for this Core Set measure have changed, and NCQA changed it so that visits that occur between seven and 84 days count as a postpartum care visit. And we'll be seeing new reports with those specifications the next time these data come out. But we anticipate that there will still be some variation, and that there's room for improving the postpartum care visit rate. Next slide.

So, what we hope to do is to have states participate in the affinity group with a goal, at least globally, of seeing a reduction or elimination in disparities in postpartum care for Medicaid and CHIP beneficiaries so that the average Core Set measure of postpartum care visits will improve by about 10 points over a five-year period. Obviously, this is an aim statement that was written to conform with the way that quality improvement aims are addressed, but we expect that states will have their own aims that they want to achieve.

The types of drivers that are responsible for the quality of care during the postpartum period are described here in the boxes to the right of the aim statement. And these are equitable access care and service, continuity of coverage and access in the postpartum period, the types of covered services and benefits that states cover in their Medicaid and CHIP programs, and managed care plan and provider partnerships for care of postpartum women who are at high risk. For more information on how these drivers were identified, there is a report on recommendations for Maternal Health and Mental Health Quality Improvement in Medicaid and the Children's Health Insurance Program that's available at the link that you see here on the slide. It's also now in your chat box. Next slide.

So, let's get now to describe the Postpartum Care Affinity Group. What are the group objectives? Well, the first thing is, for states to identify improvements in postpartum care that will make a difference in maternal health outcomes. So, one of the key features that we're looking for or hope to achieve are changes that really make an impact on maternal health. And this will mean that in addition to improving the rate of the visits, but the quality of the visits, and what happens in those visits is something that we'll be looking at in terms of states' ideas for what they can do. There'll be an opportunity to learn from QI advisors, subject matter experts, which include experts who have expertise in maternal health outcomes. But also, there'll be an opportunity to learn from teams or staff from Medicaid or Medicaid managed care plans that have implemented some changes and have been able to demonstrate a positive change. There will also be the opportunity to also do some peer-to-peer learning as states interact with each other. We hope that states will improve their quality improvement skills through monthly workshops and also individual state QI team coaching with the QI advisor.

States will use a driver diagram and look at suggested change activities to help them plan a state QI project. They will then test, implement, and assess data-driven QI change ideas. We will also be able to identify indicators or metrics to track progress on improving quality, including a reduction of disparities, which as I stated previously, is something that really requires attention if the overall rate of postpartum care visits is going to improve, and if the quality is going to improve. Next slide.

We expect that states will develop a team to participate in the affinity group, including their Medicaid and CHIP staff. We expect that states might have other groups that they want to participate on the team. These groups could represent various stakeholders that they're working with to provide advice and guidance on strategies that work. The state Medicaid or CHIP agency must serve as the lead or co-lead of the affinity group team. But we also expect that states will want to include their Medicaid managed care plans,

perhaps people from their public health department, from community-based organizations, from the advocacy groups that reflect the needs of women who are particularly vulnerable to poor postpartum outcomes, or that represents the beneficiaries covered in the state Medicaid and CHIP program, and of course, provider groups who can provide expertise as well. Next slide.

During the affinity group, states will receive technical assistance that can help them develop their skills. The technical assistance will include information on quality improvement methods and strategies for specifically improving postpartum care at the state Medicaid or CHIP program level. We emphasize at the state Medicaid or CHIP program level, because we're looking for initiatives where state Medicaid and CHIP programs have influence over changes that can take place that will improve postpartum care outcomes. There will be a dedicated QI advisor who will provide individual state coaching calls and answer state questions. There will be background materials, self-learning webinars, and quality improvement tools, and worksheets that will help states develop their change activities, their measurement strategy, and other parts of the QI improvement project. The affinity group will go for 12 months with an opportunity to continue to work with a QI advisor for six months after the formal affinity group ends. Next slide.

So, when I tried to describe the criteria for state participation in the affinity group, really what I hope to do is describe the type of information that the technical assistance team needs to prepare in order to support the state affinity group teams. One thing that is required, however, is a demonstration of support from Medicaid and/or CHIP leadership.

We ask that states or the submitting entities provide some documentation that somebody from leadership has supported their idea to participate in the affinity group. We'd like to see what the goals are so that we can better understand what type of work states hope to complete. And also, to help us decide whether there's some overlap between states about similar goals. We'd like to understand the challenges and opportunities that states have identified related to improving postpartum care and how you came about knowing about those challenges and opportunities. We'd like to see a well-rounded state team, and you'll see on the other side there, we'd like to know whether or not team members have any experience with quality improvement. We want to make sure that there's somebody on the team who is in charge of data collection and data interpretation. We want to make sure that states have access to maternal health data, and what data they have access to.

We want to have states be able to report postpartum care visit rate measure. We also want states to understand that, we estimate, they would need 10 to 15 hours each month to devote to this QI project. This is not each member devoting 10 to 15 hours, but a collective 10 to 15 hours, and how much each member spends depends on the organization of the team, and the type of people who are on the team. At this point, there's no pre-determined limit to the number of state teams. So, we're not sure exactly how many teams will be participating. But there will be opportunity for states to interact with each other, and as I said before, to participate in peer-to-peer learning. Next slide.

Mathematica has been providing technical assistance to different types of state affinity groups, and a feedback from these states have been very positive. We have found that, for example, the regular meetings with the state teams helped them to remain on track with their goal, so that they were able to see progress. They also indicated that the affinity groups provided a unique opportunity to learn about and share best practices with peer states, again, a very important part of the affinity group. The other thing that states report back is that collaboration with the QI advisor, and the subject matter experts allow the states to pursue high impact structural and policy changes. And this speaks to the desire for the affinity

groups to really focus on changes that the state Medicaid and CHIP managed care plan perhaps can make to improve maternal health, so that there is a measurable impact on maternal health. Next slide, please.

So, we are ready to take questions. We've had somebody monitoring the chat box to identify the questions.

Jess, can you share with me what you've seen so far?

Jessica Rosenblum:

Judy, so far, there are no questions aside from asking about the webinar materials, which will be posted later.

Judy Bigby:

Okay. If anyone wants to submit a question now, we have a minute or so to do that. Okay. Why don't we continue? Next slide.

The expression of interest form is a form that is available at the link that will appear in your chat box. The form is easy to fill out. It's a Google form that will automatically submit your answers to an Excel document, where we'll be able to track all the forms that are submitted and look at your questions as you submit them. The first bit of information that we're requesting on the form is to understand what your goals are for participating in the affinity group. We do not expect you to have long answers to these questions. You can make brief statements, or just enter bullets to indicate very succinctly what your goals are. We don't want the form to be a burden for you to fill out. The type of goals that you're interested in could relate to specific outcomes you'd like to see, or changes you'd like to make, or new services that you might want to try.

We also would like for you to help us understand what your challenges and opportunities are related to postpartum care. We'd also like to understand how you came about knowing about these challenges and opportunities. Did you use any data sources, questionnaires, or any other type of needs assessment process to understand these? You might also want to add additional information such as describing what initiatives are already planned or are underway for Medicaid and CHIP beneficiaries. And then, how this affinity group would help you to make progress on those initiatives or add to those initiative. But also, you might consider adding whether or not, you have a way to identify women who are high risk for poor outcomes during the postpartum period, and whether you're aware of any existing disparities in postpartum care visit rates or postpartum care outcomes. Next slide.

We'll ask you to state your project ideas. If you don't have an idea, that's okay, because one of the purposes of the affinity group is to help you identify an intervention or strategy. So, if you do not have an idea of what you want to do, this is not a requirement to participate in the affinity group. Data are very important for doing quality improvement work. So, we'd like to better understand what kinds of maternal health data you have access to, what data could you use to identify areas for improvement or for monitoring progress. We want you to indicate whether or not you currently report the postpartum care Core Set measure, or if you have plans to report it if you're not reporting it. Next.

We'd like some information about your team. Your team lead must be from the state Medicaid or CHIP agency or be a co-leader along with someone from another agency. We'd like the names, titles, and affiliations of proposed team members, and whether or not you have confirmation from those individuals that they'll actually participate in the affinity group. We ask that you include at least one staff person who

can help gather and interpret data, because again, data are so important to the quality improvement process, monitoring, or tracking whether or not it's occurring. And finally, you must have the support of your Medicaid or CHIP director, medical director, or other senior leadership from the agency. Next.

The expression of interest forms are due on March 12th, at 8:00 p.m. eastern. We hope that during the month of March, CMCS and our TA team will be able to schedule phone calls with everyone who has submitted an expression of interest form. The purpose of these phone calls is to review your submission, clarify anything that might be unclear to us, and for you to add additional information if you so choose. We will use this information to help us assess the type of preparation that we have to do to deliver the best type of technical assistance to the state. In late March, we hope to notify states about the status of their participation in the affinity group.

In early April, the postpartum care QI advisor and the technical assistance team will call a meeting with the state team leads. During this meeting, we will review expectations with the team leads. We'll go over some materials that will be useful for the state teams to begin to prepare to participate in the affinity group. And we'll also provide some advice about how to lead a quality improvement team. We hope that the first affinity group meeting will take place in mid to late April. And this will include all of the states. And the first meeting will provide an overview and approach to quality improvement, and also begin to get states going on developing the first steps in implementing their QI improvement initiative. Next slide.

Okay. We will stop here for questions. I understand that there might have been some questions from before.

Jessica Rosenblum:

Judy, we do have one question so far. So, the question is, will the initiative include behavioral health needs during pregnancy and postpartum along with guidelines for follow up with those mothers with mental health history? And there's a second part, but would you like to touch on that first?

Judy Bigby:

Sure. So, that is definitely something that could be addressed during the affinity group process. One of the areas that we know is important for postpartum care, is the whole issue around mental health and behavioral health issues for mothers. We mentioned depression, but we also know that anxiety and other behavioral health conditions are important. So, one of the initiatives that the state wants to do is to try to address how to implement changes that will lead to better behavioral health follow-up and outcomes for postpartum women. That is definitely something that could be addressed during the affinity group.

Jessica Rosenblum:

Thanks, Judy. And the second part of the question is, what will be the recommendation for the initial postpartum follow up for mothers with multiple comorbidities? And what is the expectation for the provider whether that visit is virtual or in-person?

Judy Bigby:

So, I want to clarify something- the affinity group is not going to make recommendations about specific steps for following up care. As I indicated, the American College of Obstetricians and Gynecologists has put out guidelines for postpartum care that we believe represent a guideline for what women need during the postpartum period. The care that women receive for chronic conditions such as high blood pressure or

diabetes obviously has to take place at the provider level. This affinity group will help state Medicaid programs- if they choose to focus on that type of issue- will help them identify how they can either put in changes that would incentivize providers to deliver the type of care that is necessary for women with chronic conditions in the postpartum period, or support changes in support systems that might help get women back to postpartum care follow up with those conditions.

Whether the visits occur virtually or in-person is obviously something that depends on what's happening with COVID-19 in the setting of interest. We have had- if you attended our second webinar a week or so ago, you will have seen a Medicaid managed care plan that is using nurse practitioners to do virtual telehealth visits with postpartum women. The affinity group would, if a state was interested in that type of intervention, help to identify what that state would need to do, or what the managed care plan would need to do in order to implement some change like that, that would hopefully help to increase the postpartum care visit rates for those women. But there might be an array of changes that might be made. Again, this is focused on what the state can do to push down results and changes at the state level.

Jessica Rosenblum:

Thanks, Judy. So, our next question is, is this a state-led QI initiative, or can a hospital system participate?

Judy Bigby:

So, a hospital system could participate. However, the state Medicaid program needs to be either the lead or co-lead on the effort in their state. So, we would hope that if a provider or organization was interested in participating, they would work with either a Medicaid program or CHIP program, possibly a Medicaid managed care plan, to be part of a team that is testing some initiative to improve quality.

Jessica Rosenblum:

We have another similar question. How do we find out if our state is participating in this QI initiative?

Judy Bigby:

Well, that's a good question, because since the states have a lot- since the EOI forms, expression of interest forms are not due yet, there isn't any definitive state that is participating at this time. My suggestion would be, to whomever asked that question, if you're interested in participating, look at the expression of interest form, fill it out. And we can help you make contact with a state Medicaid program, if you're trying to participate in collaboration with them.

Jessica Rosenblum:

Thanks, Judy. And everyone, as you submit your questions, please select "everyone" from the drop down. I'm not seeing any further questions at the moment. Maybe you want to give people a minute to ask more.

Judy Bigby:

Okay. Do we have any other questions that people would like to submit at this time? Okay. Next slide.

I'm going to turn it over to Ruth Hsu now, who will do announcements and next steps. Thank you, Ruth.

Ruth Hsu:

Thanks, Judy. So, we have a Postpartum Care Affinity Group Fact Sheet available on [Medicaid.gov](https://www.Medicaid.gov), that you see here on the slide and the EOI form, which you also have the link for- we encourage you to fill that out, if you're interested in participating. The EOI forms will be due March 12th at 8:00 p.m. Eastern. And you can see the links on the slide in your chat. As Kristen mentioned, the webinar recording and slides will be posted on [Medicaid.gov](https://www.Medicaid.gov) in the coming weeks. We have our very last webinar in this series on Models of Women-Centered Care, and that will be on March 11th, 2:30 p.m. Eastern. And you can register for this webinar at the link that you see here and in your chat. If you have any questions, please email us at MACQualityImprovement@mathematica-mpr.com. And when you exit the webinar, there will be an evaluation. We want to encourage everyone to please take the survey. And I'll turn it back over- have we had any questions in the last couple minutes, Jessica?

Jessica Rosenblum:

I'm not seeing any further questions in the chat.

Ruth Hsu:

Okay. Well, with that, I think we can wrap it up. What do you think, Judy?

Judy Bigby:

Yes, thank you very much, Ruth. I want to thank you all for participating. I encourage you to go to the links that were dropped in the chat box, or you could go on the [Medicaid.gov](https://www.Medicaid.gov) webpage also to look at this information. If you do have questions, leave them to MACQualityImprovement@mathematica-mpr.com, and we will answer your questions as soon as you submit them. Thank you all.