Improving Postpartum Care Webinar Series:
Overview of the Postpartum Care Affinity Group
and Completion of the Expression of Interest Form

March 1, 2021

Kristen Zycherman · Judy Bigby · Ruth Hsu
Webinar Logistics

• Phone lines muted upon entry

• Use Chat function to submit questions or comments

• Send questions or comments to “Everyone”

• Some questions will be answered in the Chat function and some will be answered during the presentation
Welcome and Objectives
## Agenda and Objectives

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Welcome from the Center for Medicaid and CHIP Services

Kristen Zycherman, R.N., B.S.N.
Maternal Infant Health Initiative, Division of Quality and Health Outcomes, Children and Adults Health Programs Group, Center for Medicaid and CHIP Services
The Maternal and Infant Health Initiative (MIHI) was launched by the Centers for Medicare & Medicaid Services (CMS) in July 2014. MIHI was based 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

- Increased depression screening and increased breastfeeding competence
- 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 → Healthy possible subsequent birth

C-section = cesarean section; ED = emergency department; NICU = neonatal intensive care unit; SMM = severe maternal morbidity
Postpartum Care Learning Collaborative

• **Webinar series**
  – Webinar 1: Maintaining continuity of coverage and achieving equity
  – Webinar 2: Improving the content of care during the postpartum period and using value-based payment
  – Webinar 3: Models of women-centered care to improve postpartum care for women at high-risk for poor outcomes (March 11, 2021 2:30 p.m. ET)

• **Postpartum Care Affinity Group**
  – Action-oriented affinity group that will support state Medicaid and CHIP programs and their partners in the design and implementation of a data-driven quality improvement (QI) project
  – Opportunity for states to expand their knowledge of policies, programs, and practices to improve postpartum care
Structure of the Postpartum Care Affinity Group

Judy Bigby, M.D., Senior Fellow, Mathematica
Why Focus on Postpartum Care?

- Opportunity to improve maternal health outcomes and to intervene on disparities
- Alignment with American College of Obstetricians and Gynecologists guidelines on postpartum care
- Potential impact on pregnancy-related deaths and opportunity to address leading causes of death that occur after six weeks postpartum
- Potential to improve postpartum follow-up for women with smoking, diabetes, hypertension, depression, and other conditions
- Disparities in pregnancy-related deaths, visit rates for hypertension and diabetes, and postpartum depression

Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2019 (n = 39 states)

Improving Postpartum Care Aim and Drivers of Quality

Primary Medicaid and CHIP drivers

- Equitable access, care, and service
- Continuity of coverage and access
- State options for covered services and benefits
- Managed care plan (MCP) and provider partnerships for care of postpartum women who are at high risk

Aim: States will reduce or eliminate disparities in postpartum care for Medicaid and CHIP beneficiaries so that the average PPC-AD visit rate among states improves by 10 points over 5 years.

Postpartum Care Affinity Group

• What are the affinity group objectives?
  – Identify improvements in postpartum care that will make a difference in maternal health outcomes
  – Learn from QI advisors, subject matter experts, and peers from other states
  – Improve QI skills through workshops and individual state QI team coaching
  – Use a driver diagram and suggested change activities to help plan a state QI project
  – Test, implement, and assess data-driven QI change ideas
  – Identify indicators to track progress on improving quality, including reduction of disparities
What partners participate with the Medicaid and CHIP state programs?

State Medicaid or CHIP agency must serve as lead or co-lead
Postpartum Care Affinity Group (3)

• What technical assistance will be provided to affinity group states?
  – QI methods and strategies for improving postpartum care at the state Medicaid and CHIP program level
  – Dedicated QI advisor providing individual state coaching calls
  – Background materials, self-learning webinars, and QI tools and work sheets
  – 12 months of technical assistance, with the opportunity to continue to work with the QI advisor for six months after the formal affinity group ends
Postpartum Care Affinity Group (4)

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

  – Support from Medicaid and/or CHIP leadership
  – Well-articulated goals
  – Understanding of challenges and opportunities related to improving postpartum care
  – Well-rounded state team
  – Access to maternal health data
  – Ability to report the Prenatal and Postpartum Care: Postpartum Care (PPC-AD) measure
  – Quality improvement and data collection staff on team
  – Ability to commit approximately 10 to 15 hours each month to QI project
  – There is no predetermined limit to the number of state teams
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.
Questions
Completing the Expression of Interest Form
EOI Form Questions

We do not expect long answers to these questions, but rather brief statements or bullets.

1. Participation goals:
   – State’s goals for participating in the affinity group and the outcomes state hopes to improve

2. State needs assessment:
   – State’s challenges and opportunities related to postpartum care
   – Recommended additional information
     • Postpartum care initiatives already planned or underway for Medicaid and CHIP beneficiaries
     • Process for identifying women who are at high risk for poor outcomes
     • Knowledge of existing disparities
3. Early project ideas:
   – Project ideas that state is considering to improve postpartum care
     • Identifying an intervention or a strategy is not a requirement to participate

4. Access to maternal health data:
   – Data available to the state to identify areas for improvement or for monitoring progress
   – Indication of whether state currently reports the Prenatal and Postpartum Care: Postpartum Care (PPC-AD) measure
5. Your team:
   – Team lead must be from the state Medicaid or CHIP agency
   – Names, titles, and affiliations of proposed team members
   – Include staff who can help gather and interpret data

6. Senior leadership support:
   – States must have the support of the Medicaid or CHIP director, medical director, or other senior leadership in the agency
Timeline

March 12
8 pm EST:
EOI forms due

March:
CMCS and TA
team phone
calls with
states
submitting EOI

Late March:
States notified
of status

Early April:
QI advisor and
TA team
meeting with
state team
leads

Mid April:
First affinity
group meeting
with all states
Questions
Announcements and Next Steps

Ruth Hsu, M.P.H, Health Analyst, Mathematica
Announcements and Next Steps


• Postpartum Care Affinity Group EOI forms due March 12, 2021 8:00 p.m. EST
Announcements and Next Steps (continued)

• Webinar recording and slides will be posted on the Medicaid website at

• Upcoming webinar
  – Models of Women-Centered Care: March 11, 2021 2:30 p.m. EST
  – Register for the webinar at
Please complete the evaluation as you exit the webinar.

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

Thank you for participating!