Improving Postpartum Care Webinar Series:
Improving the Content of the Postpartum Care Visit

February 17, 2021

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Kristen Zycherman, Center for Medicaid and CHIP Services
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Webinar logistics

- Phone lines muted upon entry
- Q&A function to submit questions or comments
Welcome and Objectives
### Agenda and objectives

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Welcome from CMCS

Kristen Zycherman, R.N., B.S.N.
Maternal Infant Health Initiative, Division of Quality and Health Outcomes
Children and Adults Health Programs Group, CMCS
Improving the Content of the Postpartum Care Visit

Judy Bigby, M.D., Senior Fellow, Mathematica
Changing Concept of Postpartum Care

• The American College of Obstetricians and Gynecologists (ACOG) recommends:
  – All women have contact with their health care providers within the first three weeks’ postpartum
  – Initial visit followed by individualized ongoing care as needed, including a comprehensive postpartum visit no later than 12 weeks after birth
  – Timely follow-up care with obstetrician-gynecologists or primary care doctors for women who had pregnancy complications or who have chronic medical conditions
  – Scope of care that includes a full assessment of (1) physical, social, and psychological well-being; (2) infant care and feeding; (3) sexuality, contraception, and birth spacing; (4) sleep and fatigue; (5) physical recovery from birth; (6) chronic disease management; and (7) health maintenance

Medicaid and CHIP Beneficiaries’ Postpartum Care Needs

• Women enrolled in Medicaid have significant comorbidities, including overweight or obesity, tobacco use before or during pregnancy, and chronic diseases such as diabetes and hypertension

• Disparities in postpartum follow-up for diabetes and/or hypertension are linked to Black race and Hispanic ethnicity, a low level of education, and co-existing morbidities such as mental health disorders

• About 13 percent of postpartum women experience depression, with higher rates among women of color and low-income women

• A median of 39 percent of Medicaid and CHIP postpartum women who had a live birth received a most effective or moderately effective method of contraception within 60 days of delivery

• Women with public insurance have lower breastfeeding rates than women with private insurance
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 the Content of Care During the Postpartum Period

Beth Tinker Ph.D., M.P.H., R.N.
Nursing Consultation Advisor
Clinical Quality and Care Transformation Division

Judy Zerzan, M.D., M.P.H., Chief Medical Officer
Who is the HCA? WA State’s Largest Health Care Purchaser

We purchase care for 1 in 3 non-Medicare Washington residents.

• We purchase health care for more than 2.7 million Washington residents through:
  • Apple Health (Medicaid)
  • The Public Employees Benefits Board Program
  • The School Employees Benefits Board Program
Characteristics of the Pregnant and Postpartum Population Covered by HCA (2019)

- Just under 50% of the births in WA are covered by Medicaid (approximately 40,000 annual births)
- Eligibility for Medicaid coverage is income up to 198% of the federal poverty level
- 81% enrolled in 1 of 5 managed care organizations (MCOs)
- About 70% of MCO enrollees had a postpartum care visit
- 67% of Medicaid had a prenatal care (PNC) visit in the first trimester
  - 36% of Hawaiian/Pacific Islanders, 58% of American Indian/Alaska Natives, 59% of African Americans, 69% of Whites
  - For non-Medicaid, 81% had 1st trimester PNC
Snapshot Metrics of Postpartum Care

• Access to contraceptive care postpartum (7/18 – 6/19)
  – 42% accessed most or moderately effective contraceptives by 60 days postpartum
  – 16% accessed LARC by 60 days postpartum

• Breastfeeding
  – 89.2% at birth (2017 WIC data)
  – 50.7% breastfeeding at 6 months of age

• Maternal mortality
  – 1/3 of pregnancy-related deaths occur 43 to 365 days postpartum with suicide and accidental overdose the leading causes
  – American Indian/Alaska Native people 6 to 7 times more likely to die
  – African American and multiracial more than 2 times more likely to die
    (2014-2016, Maternal mortality review, WA Department of Health)
Postpartum Care Priorities

• Improve the quality of care - recovery from delivery, dyadic and family-centered, mental health and behavioral health, family support and coping, breastfeeding, contraceptives, management of health conditions, health promotion with transition to ongoing care

• Ensure access to birth control method per patient’s choice

• Screening, diagnosis, and treatment for depression, anxiety, acute stress

• Extend postpartum coverage, frame postpartum health and recovery as more than one 6-week visit

• Promote and incentivize midwifery-led care, doula care
Improving Quality of Postpartum Care

• Bree maternity bundle – episode of care (pregnancy, labor and delivery, postpartum, infant care)

• Bree Collaborative – established by WA State Legislature in 2011

• Maternity bundle approved by collaborative in 2/21

• Goal of bundle: promote and incentivize quality care
  – Requires evidence-based clinical components
  – Quality tracking
  – Performance metrics (tied to incentive or penalty)
Bree Bundle and Improved Postpartum Care Content

• Extends postpartum coverage from approximately 60 days to 84 days
• Standard of at least 2 postpartum care visits, additional visits as necessary
• Emphasizes behavioral health screening and intervention, psychosocial functioning, adjustment to parenting
• Pediatric care currently to 30 days of life – standard visits are newborn, 2 to 5 days, 14 days
Potential Postpartum Quality Metrics

- Unexpected complications in the newborn
- Severe maternal morbidity
- Behavioral health risk assessment
- Postpartum care visit attended
- Breastfeeding
- Coordination between obstetric provider and pediatric provider
Access to Contraceptive Care

- Robust family planning programs – two 1115 waiver programs and state-funded look-alike family planning program began in 1/20
- UpStream – 5-year statewide partnership
- Commitment to provide access to all FDA approved methods
- Enhanced payment rate for LARCs
- LARCs carved out of obstetric global payment
Postpartum Mood Disorder and Dyadic Care

- Emphasis on clinical components of postpartum care and more opportunity with more contacts
- Coordination between obstetric and pediatric providers
- HCA requires pediatric providers to screen parents/caregivers of infants <1 year
- Implementation of dyadic care: 0-5 as primary diagnostic tool for infants and young children, developmentally appropriate, family context
Extend Postpartum Coverage

• Goal is to extend postpartum Medicaid coverage to 12 months
  – National context and state efforts (current legislation)
• Recognize that postpartum recovery and family well-being are more adequately framed in this timeframe
• Prioritize addressing behavioral health, the leading cause of WA’s pregnancy-related deaths
Questions?

More Information:
https://www.hca.wa.gov

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MANAGING POSTPARTUM CARE

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Market Chief Medical Officer, CareSource

February 17, 2021
Pillars of Optimal Postpartum Care

- Anticipatory guidance during pregnancy
- Ongoing, individualized postpartum care
- Assessment of physical, social, and psychological well-being of mother and child
- Reproductive planning

Pregnancy and Postpartum Care as a Continuum

- Active engagement of pregnant members by dedicated obstetrical care management teams
- PRAPARE assessment done to better understand members’ social needs
- Babies First® member rewards program incentivizes regular prenatal and postpartum care
- Collaboration by utilization and care management teams to foster early postpartum outreach and assessment of mom/baby dyad
- Nurse practitioner (NP) telehealth visit for postpartum members
Postpartum Telehealth Workflow

**Member Engagement**
- Member list created via analytics of delivery claims
- NP reaches out to member to set up telehealth appointment

**Telehealth Visit**
- Screening for depression, anxiety, and severe mental illness
- Tobacco or substance use
- Infant care and breastfeeding
- Sleep patterns
- Weight management

**Provider Communication**
- Letter sent back to primary care provider or obstetrician informing them of visit and relevant details
- NP facilitates scheduling of follow-up visit with primary medical provider
Goals of Telehealth Visit

- Engagement of postpartum member between delivery and scheduled postpartum visit with provider
- Assessment of maternal and infant well-being, with referral and appointment scheduling with primary obstetric or pediatric provider for urgent issues
- Patient-centered education on birth spacing and contraceptive options, with emphasis on long-acting reversible contraception (LARC)
- Breastfeeding support and referral as necessary
- Education on infant care and safe sleep
Specialized Postpartum Support

**Transitions Team**
- Initiates discharge planning and facilitates medical equipment provision and follow-up care

**Unlimited Transportation Benefit**
- Provides regular transportation to and from neonatal intensive care unit visits, providers, WIC office, and lactation appointments

**Infant Scale Benefit**
- Provides infant scale to families with newborn whose growth is monitored
Long-Acting Reversible Contraception

Reimbursement

• Modified reimbursement for LARC to include medical and pharmacy benefit

Public Policy

• Active participation in state’s perinatal collaborative
• Supported legislation to remove barriers to contraception
• Currently exploring barriers to immediate postpartum LARC
Social Determinants of Health

Health-Related Social Needs

- **Economic Stability**
  - Access to long-term employment
  - Access to financial literacy
  - Access to adult education and job training
  - Increases assets such as home ownership

- **Housing & Neighborhood**
  - Access to healthy foods
  - Increased quality of life & affordable housing
  - Improved environmental conditions

- **Education**
  - Early childhood education & development
  - Access to extracurricular activities & mentoring
  - Increased high school graduation
  - Enrollmen in job training or post-secondary education

- **Social Relationships**
  - Social cohesion
  - Care participation
  - Perceptions of discrimination & equity
  - Incarceration/institutionalization

- **Food & Nutrition**
  - Regular & consistent access to healthy foods
  - Education on nutrition & overall health impacts
  - Addressing food deserts & inequalities

CareSource Proprietary
CareSource JobConnect™

Our approach

• **Leverages an integrated traditional health care model and a new social determinants of health program (CareSource Life Services®),** which re-envision CareSource’s role in its members’ lives

• **Provides individualized risk assessment, case management, and coaching assistance** to stabilize members by addressing their member-specific health and social obstacles before attaining (and retaining) long-term employment and self-sufficiency

• **Partners with employers over the long term** to provide a pipeline of work-ready candidates for real-world positions and to support employee advancement for 24 months post-hire
Questions
Discussion and Q&A
How to submit a question

• Use the Q&A function to submit questions or comments
  – Click the Q&A pod and type in the text box
  – Select “All Panelists” in the “Ask” field before submitting your question or comment
  – Only the presentation team will be able to see your comments
Announcements and Next Steps
Announcements and next steps (1)

• Webinar recording and slides will be posted on the Medicaid website at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html

• Upcoming webinars
  – Postpartum Care Affinity Group and Expression of Interest (EOI) Logistics webinar: March 1, 2021, 3:00 p.m. (ET)
  – Models of Women-Centered Care: March 11, 2021, 2:30 p.m. (ET)

• Register for one or more webinars at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/quality-improvement/postpartum-care/index.html
Announcements and next steps (2)


- Postpartum Care Affinity Group EOI forms are due March 12, 2021, 8:00 p.m. (ET)

Please complete the evaluation as you exit the webinar.

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

Thank you for participating!