Improving Postpartum Care Webinar Series: Women-Centered Models of Care

March 11, 2021

Kristen Zycherman · Judy Bigby · Susan Beane · Nathan Chomilo · Mary LeMieux · Ruth Hsu
Webinar Logistics

• Phone lines muted upon entry
• 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
Welcome and Objectives
## Agenda

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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
Women-Centered Models of Care to Improve Postpartum Care

Judy Bigby, M.D., Senior Fellow, Mathematica
Women-Centered Models of Care

Black Women Turn to Midwives to Avoid COVID and ‘Feel Cared For’

From the moment she learned she was pregnant late last year, TaNefer Camara knew she didn’t want to have her baby in a hospital bed. Already a mother of three and a part-time lactation consultant at Highland Hospital in Oakland, Camara knew a bit about childbirth. She wanted to deliver at home, surrounded by her family, into the hands of an experienced female birth worker, as her female ancestors once did. And she wanted a Black midwife.

It took the COVID-19 pandemic to get her husband on board. “Up until then, he was like, ‘You’re crazy. We’re going to the hospital,’” she said.


• Women-centered care is holistic, focuses on women’s needs, and addresses gender and racial bias in the delivery of care

• Women-centered models of maternity care employ medical and nonmedical personnel to support women, including women of color, through pregnancy, labor and delivery, and postpartum
### Women-Centered Models of Care and Maternal Outcomes

<table>
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<tr>
<th>Outcomes</th>
<th>Group appointments</th>
<th>Team-based care</th>
<th>Doulas</th>
<th>Midwives</th>
<th>Birth centers</th>
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<td>Postpartum visits</td>
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<td>Breastfeeding</td>
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<td>Postpartum depression</td>
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<td>Postpartum contraception</td>
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<td>Transition to primary care</td>
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<td>Address social issues</td>
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<td>Cesarean births</td>
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Equity and Medical Outcomes for High-Risk Postpartum Women

Susan Beane, M.D., Executive Medical Director, Healthfirst Partnerships
Rashi Kumar, Director, Clinical Partnerships – Policy & Innovation, Healthfirst Partnerships
Who is Healthfirst?

For more than 25 years, Healthfirst has been serving New Yorkers. We helped pioneer the value-based healthcare model—where hospitals and physicians are paid based on patient outcomes—because our company was founded on the belief that insurers need to be true partners in the health system.

We’ve grown into New York’s largest not-for-profit health insurer, offering high-quality, affordable plans to fit every life stage, including Medicaid plans, Medicare Advantage plans, long-term care plans, qualified health plans, and individual and small group plans. We proudly serve members in New York City and on Long Island, as well as in Westchester, Sullivan, Orange, and Rockland counties.
Our vision for the health of our members begins with our leader

“At Healthfirst, our work is part of an effort to make a difference in battling disparities and improving outcomes in communities most at risk.”

- “Providing our ... members with access to quality care is our top priority at Healthfirst,” Pat Wang, President and CEO of Healthfirst.”
Addressing disparities in postpartum outcomes was a natural fit for Healthfirst.

This was more than a quality issue for Healthfirst.

It was an opportunity to address a root cause for women at high risk for mortality — stress.

Black mothers have been more likely to die than white mothers for 100 years.

Notes: Shifts in measurement account for some of the variation over time. For example, not all states were part of the registration system prior to 1933, and infant race was based on race of the child until 1980 and on race of the mother thereafter.

Women of color know that they are stressed

- Using focus groups, the authors explored the perceived impact of stress on Puerto Rican women of reproductive age in Connecticut cities with highest rates of premature birth and low infant birthweight.

- The questions explored perceived discrimination based on race and ethnicity (racism), the impact of stress on families and communities and specific stressors that impact maternal health.

“Focus group findings indicate that participants perceived poverty, food insecurity, lack of access to quality education, and unsafe environments as significant life stressors affecting maternal and child health.”

Case Study: Anne Moody

- One among an integrated group of students from Tougaloo College who staged a peaceful, legal “sit-in” at a segregated Woolworth’s lunch counter in Jackson, Mississippi on May 28, 1963

- The group was attacked by a white mob, with one young man kicked until unconscious and bleeding, sustaining a concussion. Moody was pulled by her hair, slapped and thrown against a counter by a worker.

- Several of the students, including Anne, were doused with food and condiments.

Lack of ease: A measure of structural racism?

“Even more than 30 years later, Anne Moody never felt at ease in her home state.”
−Anne Moody obituary

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<th>Domain</th>
<th>Construct measured</th>
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<tr>
<td>Civil rights laws and legal racial discrimination</td>
<td>Legal and regulatory determinants of racial discrimination</td>
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<td>Residential segregation and housing discrimination</td>
<td>Spatial polarization by race and income</td>
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<td>Composite resource deprivation</td>
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<td>Denial of home ownership in particular areas</td>
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<td>Denial of financial resources for home ownership</td>
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<td>Police violence</td>
<td>Individual or community-level exposure to the fatal or nonfatal violence of policing</td>
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<td>Mass incarceration</td>
<td>Individual or community-level exposure to incarceration</td>
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Let’s make it easier for women to realize the opportunity to find access to postpartum care.

Let’s actively understand that there may have been some “lunch counters” in her life.

“Stress is not something you visually can see. It is an inner feeling that is demonstrated in other ways. Stress will kill you.”
– Susie Beane, Age 89
### The opportunity

- Postpartum care offers an opportunity to impact current and future health of women of color
  - Maternal mortality and morbidity
    - Pregnancy complications and readmissions
    - Chronic illnesses such as hypertension and diabetes
  - These women are less likely to get appropriate medical follow-up post-pregnancy, putting their long-term health at risk

### The evidence

- At baseline, women with Healthfirst insurance living in East Harlem had a 56% timely postpartum care visit rate
- Control group matched by propensity score had a postpartum visit rate of 67%
Intervention: Evidence-based care coordination intervention

- Social worker and community health worker
- Standard curriculum for knowledge and self-care building
  - Prepares and educates women about gestational diabetes, hypertension, and depression
- Social services to increase access to community resources and reduce barriers to care in the follow-up period
- Initial contact right after delivery and a minimum of two phone calls in the 60 days postpartum

Results from Two-week survey (N=435)
• 400 (92%) reviewed patient education pamphlet
  • 99% of those who reviewed it thought it was helpful
• 350 (80%) patients or partners reviewed partner education sheet
  • 95% of those who reviewed it thought it was helpful

## Outcomes

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<thead>
<tr>
<th>Outcomes</th>
<th>Intervention</th>
<th>Matched Control</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Postpartum Visits (HEDIS 21-56 days)</td>
<td>66.9%</td>
<td>56.0%</td>
<td>&lt;.01</td>
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<tr>
<td>Postpartum Care (7-90 days)</td>
<td>73.7%</td>
<td>67.2%</td>
<td>.03</td>
</tr>
<tr>
<td>Outpatient care up to 90 days postpartum</td>
<td>90.2%</td>
<td>83.4%</td>
<td>&lt;.01</td>
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New York State Department of Health is considering a statewide approach to improving equity

**Recommendation from New York State Expert Panel on Postpartum Care:** Provide access to essential wraparound and care coordination services to all birthing people in New York State through ‘Stress-Free Zones’ and/or insurance coverage benefits

Support during pregnancy and the transition from hospital care to the postpartum period can help ensure patients are more likely to
• Utilize their postpartum visit
• Obtain referrals for ongoing care, and
• Transition successfully to primary care

Contact Information

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Questions
Implementing Group Care: Insights from Montana Medicaid

Mary LeMieux, Medicaid and CHIP Member Health Services Bureau Chief for Montana Department of Public Health and Human Services
Montana Promising Pregnancy Care Program

• What is the Montana Promising Pregnancy Care Program (PPC)? How does it support maternal health?

• What authorities did Montana use to implement PPC as a Medicaid program?

• What are the basic elements? What is included in group care?

• How are providers paid for group care?

• What maternal outcomes do providers report related to maternal health, especially in the postpartum period?
Models of Women-Centered Care: Minnesota’s Work to Reduce Maternal & Infant Health Disparities in Medicaid

Nathan Chomilo, M.D. FAAP | Medicaid Medical Director
Birth Disparities & Medicaid enrollment in Minnesota

• Preterm birth rates
  • Native American = 14.4%
  • Black = 9.3%
  • White = 8.6%

• Low birth weight rates
  • Native American = 8.8%
  • Black = 9.5%
  • White = 5.9%
Medicaid Coverage of Doula Services

- 2014 - legislature expanded access to doula services
- 2019 - legislature increased reimbursement for doula services
- Covered services - up to seven sessions of childbirth education and support (includes emotional and physical support before, during, and after childbirth)
Integrated Care for High Risk Pregnancies (ICHRP)

• 2015 - legislature directed the Department of Human Services (DHS) to implement the Integrated Care for High Risk Pregnancies (ICHRP) Initiative pilot program

• Through perinatal care collaboratives, grant funds promote integrated care and enhanced services to women at risk for adverse outcomes of pregnancy
Goal - decrease birth disparities by directly supporting African American and American Indian communities through a community co-created and co-led approach to perinatal care.

Collaboratives created perinatal care models that mitigate psychosocial risk and integrate and strengthen pathways and partnerships between mothers, community organizations, clinics, community health workers, and doulas.
African American ICHRP and Tribal ICHRP

Healthy Black Pregnancies
ICHRP’s Focus Areas

**Strengthening Community**
- Culturally responsive
- Community owned and driven
- Asset based approaches
- Community involvement and engagement in program planning and implementation
- Cultural networks
- Integrated care teams
- Collaborations and partnerships
- Strong access to culturally-based resources
- Community-based commissioning

**Enhancing Pregnancy and Family Support**
*Culturally responsive:*
- Pregnancy screening
- Prenatal support
- Peer support network
- Peer education and mentoring
- Family support resources
- Mom and family support groups
- Postpartum follow-up

**Including Fathers**
*Culturally responsive:*
- Health screening for dads
- Father support resources
- Peer network
- Peer education and mentoring
- Father and family support groups

**Healthy Babies**
- Full term
- Healthy weight
AABC INTEGRATED CARE HIGH RISK AND PREGNANCY INITIATIVE (ICHRP): HUB OF WELLNESS

**H.O.W**

**Doulas/Perinatal Care Givers**
- Paraprofessionals
- Staff Trainings

**Messaging**
- PSA’s, Webinars
- Newsletters
- Facebook
- Radio Messaging
- SDOH Training
- Seasonal Action Luncheons

**Health Brain Development**
- Perinatal, Postpartum Care
- Early Childhood Education

**PARTNERING: ICHR P CLINIC ACCESS AND RETENTION**

**MEDICAL REFERRALS**

**ASSESSMENTS & CONNECTIONS**

**TRAINING**

**COMMUNITY VOICE**

**EVALUATION**

**COMMUNITY PROJECTS**

**BABY SAFE SPOTS**

**Youth Engagement**
- Healing Vessels
- Youth Interactions

**Engagements**
- Men
- Coaching
- Mental & Health Care

**TWIN CITIES ICHR P INITIATIVES:**
- Northpoint Medical Center
- African American Babies Coalition and Projects, Saint Paul Care Collaborative: West Side Clinic, Open Cities Health Clinic, Integrated High Risk Advisory Committee
African American ICHRP

- Patient care navigator
- Cultural connectors and brokers
- Traditional obstetric visits (internal/external) + group care
- Group prenatal care
- Case management
- Home or community-based visits
- Breastfeeding support
- Labor support and doula care
- DIVA Rounds at regions
- Tele-health visits
African American’s Men Project
Food Shelf
OnPoint Program
Gateway Program
NorthPoint Clinic - Mama Mtoto

External

North Memorial Medical Center
Broadway Family Medicine
Whittier Clinic
Outreach Events (Libraries, Schools, Outdoor Market, etc.)
Black Men Healing – Mr. Sam Simmons
Dr. LaVonne Moore – Chosen Vessels Midwifery Services

Internal
ICHRP’s tribal partners and DHS adopted three program objectives:

• Screening and assessment
• Joint accountability and shared outcomes
• Services for pregnant women, substance-exposed infants, and their families
“As the Mille Lacs ICHRP program director put it, “peer recovery coaches are so community-connected that it doesn’t even feel like a referral. It’s more like an invitation, or it happens the other way where the person in need knows how and who to ask for help.” In some of the tribal ICHRP programs, successful clients have later progressed to become peer recovery coaches and counselors.”

2019 ICHRP Legislative Report

- Approaches varied by tribe to maximize resources and strengths
- Essential features are
  - Ensuring culture is at the core of policy, programming, and daily interactions
  - Utilizing peers with lived experience
  - Keeping and treating families as a unit to prevent trauma of family separation
  - Eliminating stigma associated with SUDs
  - Breaking down silos through improved coordination and collaboration
  - Engaging the support of tribal leadership from the start
The Opportunity that ICHRP Presents

• A truly *co-designed, community-led* collaborative care model

• Model has demonstrated:
  • Success in mitigating psychosocial risks during pregnancy for at-risk Native American and African American women
  • Improved care models for women and spouses
  • Successful birth outcomes
  • Less family disruption
  • Authentic community engagement and awareness
The Opportunity that ICHRP Presents

• Explore Medicaid funding for paraprofessional services using federally qualified health center clinical encounter rates
• Seek increased funding to bring ICHRP to scale in other locations
• Help community advisory bodies to create the structure to become a self-sustaining private-public partnership
• Continue community relationships allowing time necessary to repair trust that has been broken due to historical trauma by the state and medical community actions
• ICHRP to become the standard of care for all African American and Native American women in Minnesota
Thank You

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Announcements and Next Steps
Announcements and Next Steps


- 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!