

End-of-Year Stakeholder Session
Washington State
Maternal Care Model

December 9, 2022

Introductions

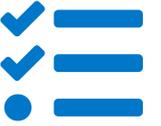


- ▶ Washington State Health Care Authority (HCA)
 - ▶ Beth Tinker, Clinical Nurse Consultant
 - ▶ Mary Fliss, Deputy, Clinical Strategy and Operations

- ▶ National Opinion Research Center (NORC)

- ▶ Aurrera Health Group

Agenda



- ▶ Activities and learnings leading up to the Washington Maternal Care Model design
- ▶ Update on the latest maternal episode of care design specifications and potential measures
- ▶ Project timeline update
- ▶ Q&A session
- ▶ Avenues for feedback and resources

Building from a host of complementary work and initiatives



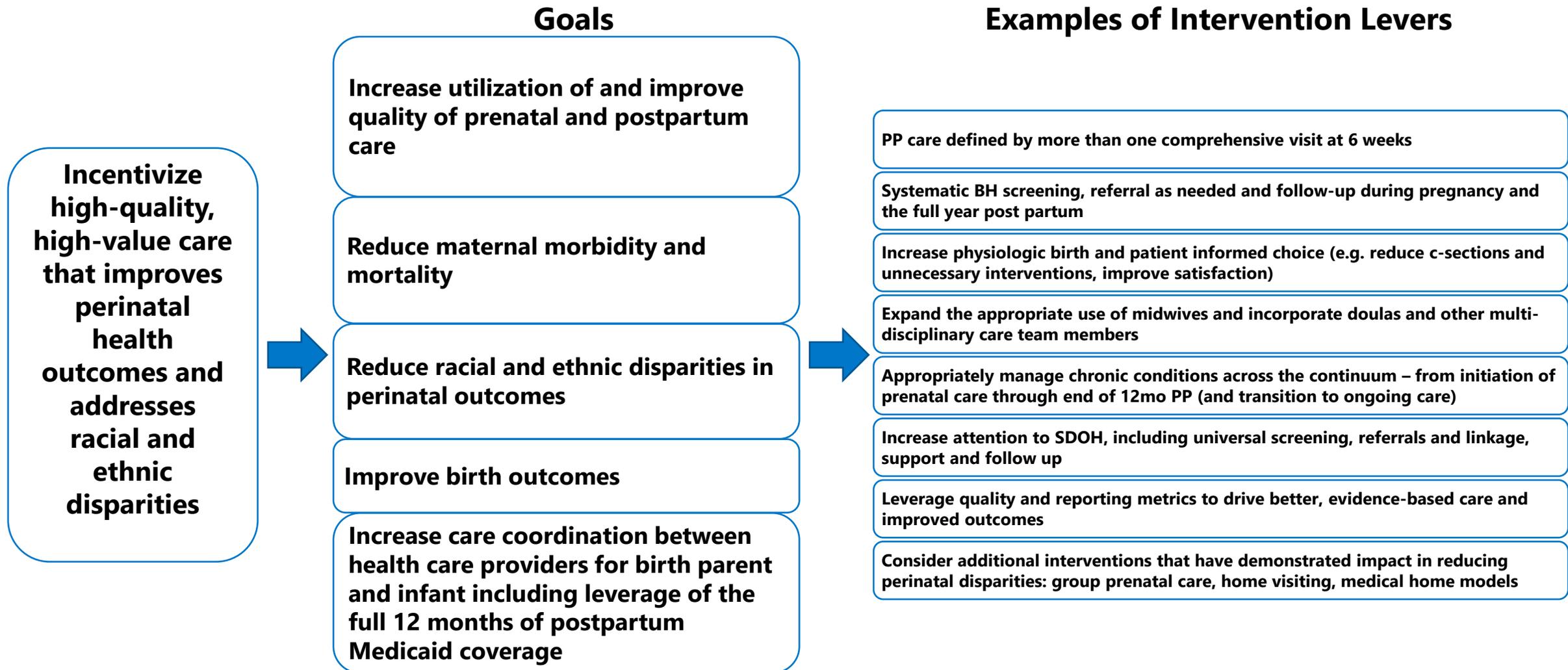
- ▶ The Bree Collaborative (a group of WA-based providers and advocates) developing and refining a maternity bundle/episode of care
- ▶ Extension of postpartum Apple Health coverage from two months to twelve months in June 2022
- ▶ Implementation of a maternity episode of care (EOC) in WA-based commercial lines of business
- ▶ Health Care Authority (HCA)/WA participation in a three-year Institute for Medicaid Innovation learning collaborative on increasing access to midwifery- led care and focused on equity
- ▶ Investment in Infant and Early Childhood Mental Health -- policy, programs, and dedicated resources

Maternal care model goals



- ▶ Incentivize high-quality, high-value clinical obstetric care that improves perinatal health outcomes and addresses racial and ethnic disparities
 - ▶ Improve quality and increase utilization of prenatal and postpartum care
 - ▶ Reduce maternal morbidity and mortality
 - ▶ Reduce racial and ethnic disparities in perinatal outcomes
 - ▶ Improve birth outcomes
 - ▶ Increase care coordination between health care providers for birth parent and infant including leverage of the full 12 months of postpartum Medicaid coverage

Logic model



Research and feedback



- ▶ Two webinars with large stakeholder groups
- ▶ Two tribal listening sessions
- ▶ Conducted an environmental scan
- ▶ Individual stakeholder sessions with managed care agencies and providers
- ▶ Conversations with other state agencies
 - ▶ Tennessee and Ohio
 - ▶ New Jersey
 - ▶ Colorado

Episodes of Care Strategies used by other states

- ▶ This model frequently has a shared-savings and a risk-sharing threshold
 - ▶ Based on costs (state-wide or improvement over self)
 - ▶ Includes costs of outpatient, inpatient, diagnostics and, in some cases, infants
 - ▶ Can be either up- and down-side risk or up-side only
- ▶ Quality is incorporated as a “floor” that must be met or as pay-for-performance
 - ▶ Focus on a few measures (3-5)
 - ▶ Recognitions of the limitations of the measures

Strategies used by other states

- ▶ Health Home Model or Maternal Medical Homes
 - ▶ Health Home Model focuses on the primary care provider and incorporates the use of a patient-directed Health Action Plan
 - ▶ Maternity or Pregnancy Medical Home focuses on assessment and providing targeted services for high-cost, high-need populations

Strategies used by other states

- ▶ Health Home Model or Maternal Medical Homes
 - ▶ May be appropriate in the extended postpartum period
 - ▶ Evaluations of the Health Home Models specifically for beneficiaries with chronic conditions have found:
 - ▶ Better quality of care
 - ▶ Improved care coordination and management
 - ▶ Greater integration of behavioral and primary care
 - ▶ Increased rates of transitional care
 - ▶ Improved access to social services and community-based supports

EOC draft design specs



Design Element	Specification
Episode Trigger	Delivery with look back and forward for entire episode
Episode Timing	Start date: 270th day before delivery. End date: 84th day post-delivery
Patient Population	All eligible birth parents in MCOs (there are exclusions)
Services	Maternity-related services (e.g., initially not including infant expenses)
Accountable Entity	TIN level

EOC draft design specs (continued)



Design Element	Specification
Payment Flow	Funds flow through MCOs to providers
Episode Cost	TBD
Type and Level of Risk	TBD
Quality Metrics	Identify five quality measures to use for performance incentives and five additional measures for monitoring
Benchmarks	Either state-wide or improvement over self

Washington Deliveries By Provider

Threshold (# of Deliveries)	Provider Count	% of Providers	% of Deliveries
1+	1,526	100.0%	100%
5+	577	37.8%	94.9%
10+	330	21.6%	90.3%
15+	221	14.5%	86.7%
30+	136	8.9%	81.9%
40+	114	7.5%	79.8%
50+	97	6.4%	77.6%
100+	69	4.5%	71.8%
200+	40	2.6%	60.0%
500+	*	*	30.7%
1000+	*	*	16.4%

**Count of providers were fewer than 11*

Washington Delivery Counts*



ACH Region	Provider Count	% of State	Episode Count	% of State	Mean Cost	Median Cost
Better Health Together (BHT)	54	10.4%	3,163	10.9%	\$9,415	\$7,826
Cascade Pacific Action Alliance (CPAA)	40	7.7%	2,146	7.4%	\$10,214	\$8,833
Greater Columbia ACH	100	19.3%	4,264	14.8%	\$10,326	\$8,916
HealthierHere	162	31.3%	6,201	21.5%	\$11,541	\$8,917
North Central ACH	23	4.4%	1,431	5.0%	\$9,515	\$8,300
North Sound ACH	100	19.3%	3,280	11.3%	\$8,983	\$7,956
Olympic Community of Health	22	4.2%	925	3.2%	\$9,456	\$7,901
Pierce County	78	15.1%	5,415	18.7%	\$9,982	\$8,497
SWACH	22	4.2%	2,077	7.2%	\$9,733	\$8,358
All Medicaid	518		28,902		\$10,151	\$8,480

*Data includes MCOs only

EOC quality measures

- ▶ The process we're using:
 - ▶ Three criteria used to score/rank the metrics:
 - ▶ Strategic importance
 - ▶ Opportunity for improvement
 - ▶ Stakeholder support
 - ▶ Review of potential measures
 - ▶ Determining how measures are incorporated into the design
 - ▶ Vetting the measures with appropriate stakeholders
 - ▶ Approval through HCA Quality Measurement, Monitoring, and Improvement (QMMI) program measure selection process

EOC quality measures

- ▶ The criteria being considered
 - ▶ Alignment with the stated maternal care model goals
 - ▶ Technical considerations like adequate patient volume, administration (claims-based and validated)
 - ▶ Inclusion on the Washington State Common Measure Set and the Bree developed measure set
 - ▶ Aligns with HCA QMMI measure selection criteria

EOC potential measures



Pay-for-Performance Examples

- ▶ Behavioral Health Risk Assessment for Pregnant Women
- ▶ Chlamydia Screening (CHL)
- ▶ Postpartum Care
- ▶ Prenatal (initiation in first trimester)
- ▶ Preterm Births
- ▶ Respectful Maternity Care

Measures for Monitoring Examples

- ▶ Cesarean Birth (NTSV- Section Rate)
- ▶ Contraceptive Care
- ▶ Engagement of Doulas
- ▶ Mental Health Treatment Penetration (Broad)
- ▶ Prenatal Depression Screening and Follow-up (PND-E)
- ▶ Referrals to Maternity Support Services
- ▶ Severe Maternal Morbidity

Proposed EOC timeline



- ▶ **December 2022** Preliminary design
- ▶ **January – December 2023** Vetting and implementation development
- ▶ **December 2023** Contract with MCOs
- ▶ **January – December 2024** MCO infrastructure build
- ▶ **January 2025** Model Go-Live

Questions, input, reactions

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Resources and contact information



- ▶ HCA Maternal Care Model Website - <https://www.hca.wa.gov/about-hca/clinical-collaboration-and-initiatives/maternal-care-model>
 - ▶ Webinar slides and recording will be posted here
 - ▶ Describes goals of the Maternal Care Model
 - ▶ Lists upcoming events
 - ▶ Updated regularly as model development and implementation proceeds
- ▶ LAN model description: <http://hcp-lan.org/workproducts/maternity-infographic.pdf>
- ▶ Contact information
 - ▶ HCAMaternalCareModel@hca.wa.gov



Thank you!