CT Maternity Bundle Project
Advisory Council

April 19, 2022 11am – 12:30 pm
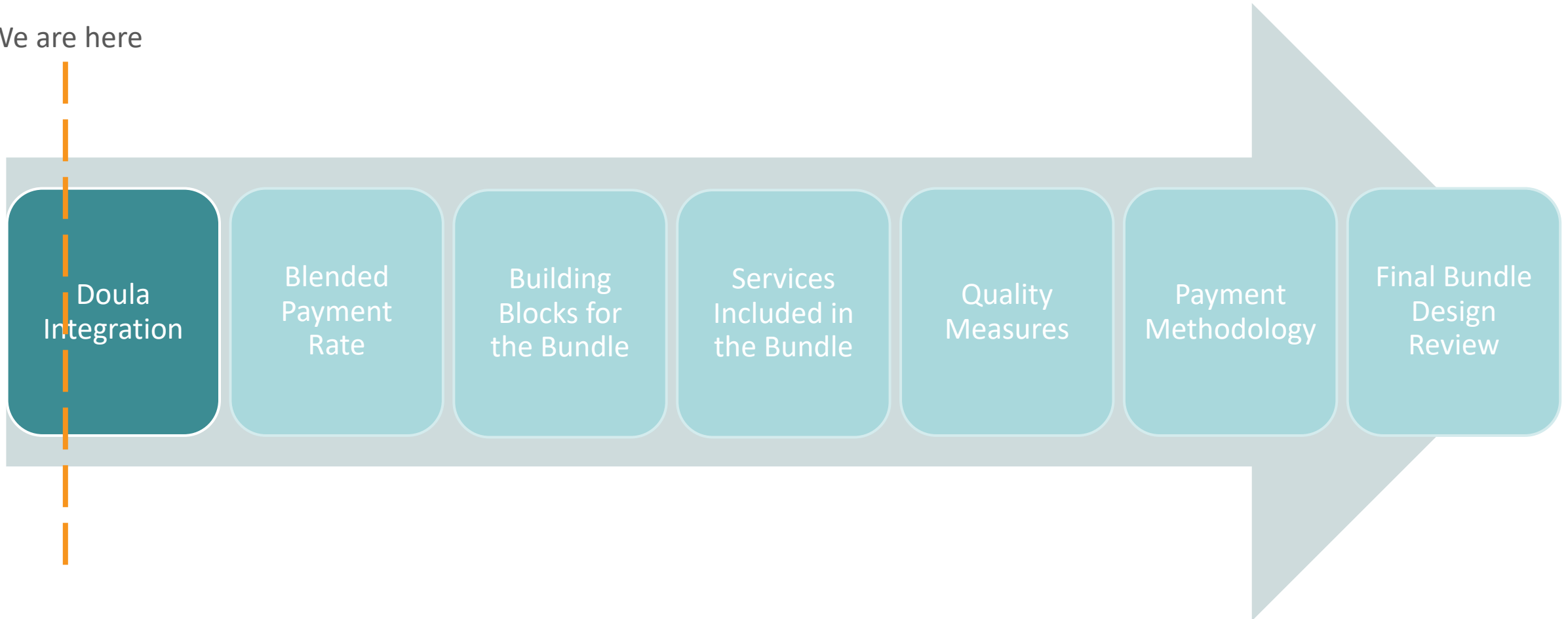
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Agenda

Topic	Timing
Welcome and overview • Welcome • Roadmap and timeline review	10 Minutes
Health Equity Framework • Review and gather feedback on Section 1 questions & answers • Review and gather feedback on Section 2 questions	50 minutes
Doula Integration draft scope update	25 Minutes
Next Steps	5 Minutes

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Maternity Bundle Roadmap – Focus for April 19

Key Bundled Payment Design Topics for Discussion

We are here

| Doula Integration | Blended Payment Rate | Building Blocks for the Bundle | Services Included in the Bundle | Quality Measures | Payment Methodology | Final Bundle Design Review |

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Maternity Bundle Advisory Meetings - Tentative Schedule

- Feedback will be gathered in the monthly advisory meetings with ad hoc sessions, scheduled as needed to offer more focused discussions on specific topics
- The process will be iterative with opportunity to share feedback to drafted design elements
- Each of these design elements will be merged to create the overall Maternity Bundle Design

| | Advisory |
| | *Focused Discussions* |
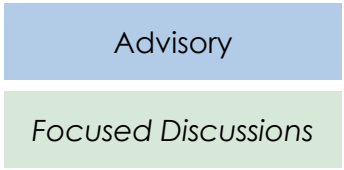
Date	Meetings	Work
3/22	Maternity Bundle Advisory	Overview of Maternity Bundle work and health equity framework.
4/12	*Focus: Doula Integration*	*Review draft doula health equity framework and draft of doula integration design, discuss design ideas and gather feedback to be incorporated into design.*
4/19	Maternity Bundle Advisory	Review maternity bundle equity framework (section 1) and share updated doula integration design with initial feedback incorporated, gathering additional group feedback.
5/3**	~~*Focus: Doula Integration*~~	~~*Review updates for doula integration with feedback incorporated.*~~
5/10	*Focus: Provider Payment**	*Review draft blended case rate health equity framework and draft blended case rate design, discuss design ideas and gather feedback to be incorporated into the design.*
5/17	Maternity Bundle Advisory	Review blended case rate health equity framework and design.
6/7	*Focus: Provider Payment*	*Review updates for blended case rate with feedback incorporated.*
6/21	Maternity Bundle Advisory	Review building blocks health equity framework (section 2) and solicit feedback on draft maternity bundle building blocks design.

*Please reach out to Fatmata Williams (Fatmata.Williams@ct.gov) if you would like to participate in the upcoming Provider Payment discussion.
**Update on 4/26: next doula integration focused discussion will be scheduled TBD/later in the bundle development process.

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Program Goals

What	How
*Reduce rates of: • NICU Utilization • Overall c-section • NTSV c-section • NAS • Adverse maternal outcomes	Develop maternity services that: • *Close racial disparity gaps in maternal health and birth outcomes • Support parity between provider types (OBs & Midwives) • Include access to doula services, CHWs, lactation counseling, and other supports • Improve patient experience of care • Align payment models across Medicaid and State Employee Health Plan • Align quality measures

*Team is currently assessing baseline and trend data to inform overall quantitative targets and quantitative targets to close racial disparity gaps

Intended Populations for Impact

Who	How
• All CT Husky birthing people • Specific focus on birthing people of color	• Include all eligible populations in the bundle program • Align clinical and financial incentives to: • Improve maternal and infant health outcomes overall • Positively enhance patient experiences of care • Close gaps in outcomes by race

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Note: The current draft of the health equity framework is intended for feedback and discussion. All questions and comments pertaining to the tool are welcome.

Community Context

Negative impacts on affected communities	Data insights about current context

• Persistent systemic racism negatively impacts maternal and infant outcomes and instigates/exacerbates social determinants of health
• COVID-19 has disproportionally impacted Black women and birthing people for multiple reasons including:
  • Working in 'essential' jobs
  • Higher density homes/neighborhoods
  • Dependence on public transit
  • Social isolation requirements
• Lack of trust in healthcare based on historical and current discrimination – implicit and overt – leading to:
  • Feelings of judgement from providers
  • Health concerns ignored or discounted
  • Procedures performed on them without consent
• Stigma associated with Medicaid and with SUD
• Increased induction rates among Black and Puerto Rican birthing people
	• Over the past 5 years:
	  • NICU Utilization rates rose by 2%
	  • Adverse maternal outcome rates rose by 4%
	• Black/African American members have:
	  • Highest rates of NICU utilization, c-section and adverse maternal outcomes
	  • 3% higher c-section rates than white members
	  • 6% higher rate of adverse maternal outcomes than white members

Barriers/Challenges/Risks	Mitigation strategies
• Member engagement has historically been a challenge	• Inclusion of Husky Health members with lived birth experience in the design process

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Community Engagement

Who should be included from the community	Feedback/Communication plan

• Community organizations
    • Doula organizations
    • Black, Indigenous, and people of color (BIPOC) advocate(s)
    • Queer and trans people of color (QTPOC) advocate(s)
    • Immigrants' rights advocate(s), particularly for undocumented birthing people
• Husky Health members
• Focus of representation of marginalized/underserved populations
• Organization to help DSS engage the target community, including:
    • Community Health Network of Connecticut (CHN)
    • CT Health Foundation
	• Design phase will include several meetings to allow for iterative process of feedback
	    • Engage Advisory Council where some of the target communities included are represented
	    • Ad hoc focus discussions for specific design elements that engage subsets of the community
	    • DSS engagement with CHN and CT Health Foundation to reach communities and members not otherwise represented in the Advisory Council or ad hoc groups

Data Analysis & Measurement

Health disparities related data collection plan	Stratification of data

• Currently collect data regarding:
    • NICU Utilization
    • C-section rates – including NTSV c-section
    • NAS
    • Adverse maternal outcomes
• DSS to work with Yale Core to identify and collect additional data related to health disparities
	• Data is currently stratified by race and ethnicity
	• DSS and CHN to assess availability/capability of stratification by language and disability if appropriate
	• DSS will strategize about how to collect patient experience data via CAHPS and/or PROMS

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Complete this section to guide design and implementation of each element of a program to ensure health equity focus – e.g. risk adjustment, quality metrics, member and/or provider eligibility, etc

Goals

- Proposal
  - What are the expected results and outcomes of design element?

- Equity Alignment
  - How does the proposed design element impact existing inequities?
  - How does the proposed design element align with the project's overall equity goals?

Community Context

- What are the potential barriers, challenges, or risks that may limit the ability of this program to achieve its intended outcomes for the target population? What specific design elements have been incorporated to mitigate these challenges?

Community Engagement

- How was community voice considered for this design element? *Ensure community members especially those who are most impacted by the program been informed, meaningfully involved, and authentically represented in the development of the program or initiative.*

Data Analysis & Measurement

- What measures will be used to assess effectiveness of design? What are the success indicators and progress benchmarks? Do these measures reflect the equity goal(s)?

- What methods will be used for data tracking, reporting, and communication of the metrics selected?

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Approach to Doula Integration

- Objectives
  - Establish partnerships between doula providers and OBGYN/Midwife practices
  - Build foundation for sustainable doula integration

- Scope of Work
  - Assess current doula capacity, including structure, workflows, and barriers, within CT
    - Convene doulas and providers to facilitate partnerships and capacity building for doulas prior to bundle launch
    - Include providers/hospitals in the assessment process
  - Develop workflows and document business processes between doulas and OBGYN providers
    - Document Doula Integration approach and processes to be used as a roadmap for other maternity support services, such as CHWs, lactation counseling, etc.
  - Provide recommendations based on assessments to DSS and the Maternity Advisory Council

- Eligible Entities
  - CT-based doula organizations/collaboratives and/or related organizations with local presence
    - Include regional hubs/collaboratives that support individual licensed doulas
  - Focus on entities that work to advance health equity and reproductive justice, supporting BIPOC, community-based populations

- Timeframe of Work
  - Initial work is estimated Late 2022 – Jun 2023
  - DSS will evaluate potential extension of the time period once work is under way

- Funding
  - Options range from engaging one organization to broadly support all doulas across the state, to providing small capacity building grants to as many doula entities as possible
  - When developing the funding mechanism, considerations for DSS include balancing simplicity and feasibility with inclusivity and representation

Integrated feedback from the Doula Integration group & Advisory Council:
- Emphasized the importance of sustainability in the Objectives
- Updated components of the Scope of Work
- Discussed considerations for Eligible Entities and Timeframe of Work
- Collected input on the funding options

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Next Steps and Plan for Future Advisory Meetings

Next Steps

- Incorporate feedback from today's discussion into the Health Equity Tool and Doula Integration

- Meet with Provider Payment group to review design framework for the Blended Case Rate

Upcoming Advisory Meetings (Additional committee meetings and ad hoc sessions to be scheduled as needed in 2022)

Month	Agenda Topic
April	Revisit Health Equity tool; Doula Integration
May	Targets for Outcome Measures; Blended Case Rate
June	Building blocks for the bundle – what, who, how
July	Services included in the bundle
August	Quality measures
September	Payment methodology
October	Final bundle design review

May Preview: What is the Blended Case Rate?

- Blended case rates for professional fees create a single rate for delivery, whether it is a vaginal or cesarean delivery

- Provides a financial disincentive for cesareans by implementing a consistent reimbursement rate for vaginal and cesarean births

- Methodology multiplies the target percentage of utilization for each type of delivery by the original reimbursement rate to obtain one weighted average weight

- Typically covers just labor and delivery (though could explore examples/designs that could be broader to better leverage CT's starting point)

- Allows providers to test episode-based payments before implementing accountability for care across providers (prenatal/postpartum/infant care)

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Appendix

DPH Doula Scope of Practice Review

Work around Doula Integration and the inclusion of doula services in the Maternity bundle should align and build upon prior work completed by DPH's Doula Scope of Practice Working Group.

- Pursuant to Public Act 21-35, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic, the Department of Public Health conducted a **scope of practice review** to determine whether DPH should establish a **state certification process for doulas**.

- DPH put together a working group, including 5-6 doulas, who published a Scope of Practice Review Committee Report to the General Assembly in March 2022.

- The working group **supports certification training standards and a scope of practice** for doulas. Therefore, much of the group's discussion focused on establishing fair and objective **equity-based certification standards**, coming to the consensus that:

  - **Training standards should be based on a core set of competencies** rather than a select group of training programs or only those endorsed by organizations that may not represent the full spectrum of doula training models, including those delivered by community-based organizations that focus on doulas of color

  - Although certification is necessary for Medicaid reimbursement, **certification should be voluntary** and not required to practice as a doula in general

- The committee recommended that a **formal doula advisory committee** be established by the legislature to conduct a study to **develop recommendations for doula certification requirements** including training, experience, or continuing education, and requirements for recognizing doulas.

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Overview of the "Health Equity Yardstick"

Promoting health equity is a central component of CT DSS' work.

- The team created a Health Equity Framework that aims to help DSS intentionally apply an equity lens at each program stage of development: initiation, design/implementation, and evaluation

- This tool will be used to ensure that equity is the driving force for all aspects of design and implementation of new DSS programs and existing program updates

- The Maternity Bundle Project will be the first opportunity to put this tool into practice

Section 1: Design Readiness Checklist

- Completed at the beginning of project work and the answers should be consistent throughout the project, but this section is open to changes as we learn more throughout the design process

Section 2: "The Equity Yardstick" for Design & Implementation Principles

- Completed for each element of design so is expected to potentially be completed several times and may have different responses (Ex. Responses for Doula Integration details may be differ from those related to Blended Case Rate)

Section 3: Post-Implementation Evaluation of the Overall Program

- Completed for each element of design to evaluate whether the program goals are being met and to identify changes or updates that may be needed to the program design

Note: The current draft of the health equity framework is intended for feedback and discussion. All questions and comments pertaining to the tool are welcome.

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Complete this section after the program has been implemented to evaluate program impact and alignment its health equity goals.

Goals

- What were the initial goals of the program?
- What were the outcomes of the program implementation?
- Identify whether program goals were met. What changes are needed to achieve the desired outcomes and/or to align with health equity goals?

Intended Populations for Impact

- Based on the outcomes, who has benefited so far? Are there additional populations or subgroups that can or should be targeted further to receive greater program benefit?
- What has changed (improved/declined) for the targeted population?

Community Engagement

- What feedback have impacted communities provided about the program? Do they believe the program is having its intended impact?
- What barriers or challenges have been identified that limit the ability of this program to achieve its intended impact and/or to achieve its health equity goals?

Data Analysis & Measurement

- Are the data providing the appropriate detail to evaluate whether metrics have been met?
- Are the design metrics providing the appropriate detail to evaluate program success?

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