

# CT Maternity Bundled Payment Program

## Stakeholder Advisory Council

July 19<sup>th</sup>, 2022

# Agenda

Topic	Timing
Welcome <ul style="list-style-type: none"><li>• Yale CORE Introductions</li></ul>	5 Minutes
Health Equity Framework <ul style="list-style-type: none"><li>• Recap of Updates to the Health Equity Framework</li><li>• Services in the Bundle</li><li>• Community Engagement (all elements)</li><li>• Data Analysis and Measurement (all elements)</li></ul>	30 Minutes
Quality Measure Slate Design (Yale CORE) <ul style="list-style-type: none"><li>• Quality Slate Equity Lens</li><li>• Reminder of Measures for Consideration</li><li>• Options for Additional Measures to Add</li></ul>	50 Minutes
Next Steps	5 Minutes

# Health Equity Framework

This slide provides high-level details of the Health Equity framework answers. See PDF for more information.

	Overall	Doula Integration	Payment Methodology	Building Blocks for the Bundle (Who?)	Services Included in the Bundle	Quality Measures
Design Element Goals	<ul style="list-style-type: none"><li>Reduce rates and close racial disparities for NICU Utilization, Overall and Opioid specific NAS, Adverse maternal outcomes, and avoidable NTSV and Overall c-sections.</li></ul>	<ul style="list-style-type: none"><li>Invest in doula infrastructure and capacity building to improve access to doula care, which improves maternal and infant health outcomes</li></ul>	<ul style="list-style-type: none"><li>Structure payment methodologies to improve equity across program outcomes, such as factoring SDOH into risk adjustment methodology and reducing avoidable C-sections</li></ul>	<ul style="list-style-type: none"><li>Define program parameters to maximize scope of program impact, such as inclusion of higher risk pregnancies</li><li>Support parity between OBs &amp; certified nurse midwives</li></ul>	<ul style="list-style-type: none"><li>Designate services to create incentives that improve quality of care</li><li>Provide access to services that are not traditionally covered by Medicaid (i.e., doulas, CHWs, breastfeeding support, contraception counseling)</li></ul>	<ul style="list-style-type: none"><li>Prioritize metrics for provider accountability based on impact on equity</li></ul>
Community Context	<ul style="list-style-type: none"><li>See PDF for specific information on potential challenges and mitigation strategies by design element.</li></ul>					
Community Engagement	<ul style="list-style-type: none"><li>The Advisory Committee includes two members who have lived birthing experience that will be utilized to inform the design of the program</li><li>Smaller focused discussions will be scheduled for some of the design elements where a more in-depth discussion is needed</li></ul>					
Data Analysis & Measurement	<ul style="list-style-type: none"><li>Advisory Council input will be sought for:<ul style="list-style-type: none"><li>Quality slate and process measures</li><li>Methods for data tracking, reporting, and communication of the metrics</li></ul></li><li>Performance data will be stratified by race/ethnicity, while DSS continues to explore stratification by other socio-economic factors</li><li>Monitor outcomes to inform necessary updates to the program design</li><li>DSS will create data reports for providers as well as public reports and/or data dashboard to display performance on quality measures</li></ul>					

## Goal for Today – Discuss:

1. Services in the Bundle
2. Community Engagement & Data Analysis and Measurement (all elements)
3. Quality Measures

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Community Context	<ul style="list-style-type: none"><li>See PDF for specific information on this element</li></ul>	<p><b>Goal for Today – Discuss:</b></p> <ol style="list-style-type: none"><li>Services in the Bundle</li><li>Community Engagement &amp; Data Analysis and Measurement (all elements)</li><li>Quality Measures</li></ol>								
Community Engagement	<ul style="list-style-type: none"><li>The Advisory Committee includes two members who have lived birthing experience through Husky Health.</li><li>Smaller focused discussions will be scheduled for some of the design elements where appropriate to allow for additional time for design discussions.</li></ul>									
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## Goal for Today – Discuss:

1. Services in the Bundle
2. Community Engagement & Data Analysis and Measurement (all elements)
3. Quality Measures

# Quality Measure Goals and Prioritization

In addition to the Maternity Bundle's Key Outcome Measures on overall program success, Quality Measures will assess provider-level performance on critical activities and outcomes.

- Quality Measures will be used for reporting on provider performance to support improvements in care. In certain cases, Quality Measure will be tied to accountability and payment; use of measures will evolve over time.
- The initial measures under consideration reflect early stakeholder input as well as the following design principles:
  - **Alignment with other state initiatives**
  - **Focus on outcomes and processes that reduce maternal disparities**
  - **Ensuring utilization of key services within the bundle**
  - **Feasible to collect and report**
- Last year, four additional possible measure concepts were identified based on stakeholder input.
- Today we are seeking input on prioritization among measures already identified and new measures under consideration.

# Maternity Bundle Key Design Elements: Proposed Year 1 Quality Measures

Proposed Measures	SEHP	Reporting Required
<b>Low risk Cesarean rate:</b> Number of women having a cesarean delivery with no predefined indications / Total number of deliveries	x	Claims based
<b>Low Birth Weight (LBW)/Premature babies in nursery level 1:</b> Number of LBW/premature babies in nursery level 1/ Total number of LBW/premature babies	x	Claims based
<b>Incidence of Low Birth Weight/Premature babies:</b> Number of LBW/Premature Babies / Total number of deliveries	x	Claims based
<b>Maternity Adverse Actionable Event (AAE):</b> % of Deliveries with AAEs adjusted for case mix = # of Deliveries with AAE flags / Total number of Deliveries / Case Mix index	x	Claims based
<b>Missing Chlamydia, Group B Strep (GBS) and other Screening, Missing Vaccines:</b> # of episodes missing a Screening and/or Vaccine/ Total number of deliveries	x	Claims based
<b>Missing Postpartum Depression Screening and Visits:</b> # of episodes missing a Postpartum visit and or Depression screening / Total number of deliveries	x	Claims based
<b>Vaginal Births After Cesarean (VBAC):</b> Vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries		Claims based
<b>Early Elective Delivery:</b> Inpatient (IP) hospitalizations for patients with elective deliveries by either medical induction of labor while not in labor prior to the procedure or Cesarean birth while not in labor and with no history of a prior uterine surgery / IP hospitalizations for patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed		TBD
<b>Prenatal Timeliness of Care:</b> Percentage of deliveries that received a prenatal care visit in the first trimester (also consider if measure should relate to timeliness between first patient contact and first prenatal appt)		Claims based
<b>Postpartum Care:</b> Percentage of deliveries that had a postpartum visit after delivery: Early postpartum visit – within 21 days after delivery. Late postpartum visit – within 22 – 84 days after delivery.		Claims based

Measures for Consideration			
<b>Breastfeeding Support:</b> Offer rate of culturally competent breastfeeding resources/support, stratifying by race/ethnicity			TBD
<b>Contraception/Interconception Counseling Measure:</b> Either postpartum or longer time horizon			TBD
<b>Doula Utilization or Process Measure:</b> Offer rate of doula services, stratifying by race/ethnicity			Requires new data
<b>Patient Care Experience Measure:</b> PCORI measures related to patient satisfaction/activation			Patient reported

# Detail: Breastfeeding Support

## Examples of existing breastfeeding measures for consideration

- **Example measure concept: Breastfeeding in delivery hospitalization**

- **Description:**

- Exclusive Breast Milk Feeding (Joint Commission National Quality Measures)
    - Assesses exclusive breast milk feeding during the newborn's entire newborn hospitalization
    - NQF endorsed voluntary consensus standards for hospital care

- **Considerations:** Commonly used measure so easier to implement

- Only addresses exclusive use of breastfeeding during delivery hospitalization, not ongoing support

- **Example measure concept: Support for breastfeeding extending beyond hospitalization**

- **Description:**

- Maternity Practices in Infant Nutrition Care (mPINC) Survey (Centers for Disease Control)
    - National survey of infant feeding practices in facilities that provide maternity care services, conducted every 2 years
    - Addresses postpartum care, breastfeeding assistance, facility discharge protocols

- **Considerations:** Extending assessment beyond hospitalization may require medical record data and understanding support requires new data collection from patients

# Detail: Contraception/Interconception Counseling Measure

NQF endorsed measure (#2902) Contraceptive Care - Postpartum

- **Example measure concept: Contraceptive Care – Postpartum Women Ages 15 to 44**

- **Description:**

- Assesses whether clinicians provide contraception within 3 and 60 days of childbirth, aligned with recommendations from the CDC and the American College of Obstetricians and Gynecologists
      - (1) The proportion of women aged 15-44 years of age who had a live birth and are provided a most (i.e., IUS/IUD, implant, sterilization) or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within three and 60 days of delivery,
      - (2) The proportion of women aged 15-44 years who had a live birth that are provided a Long-Acting Reversible Contraception (LARC) method (i.e., IUS/IUD, implant) within three and 60 days of delivery.
    - Administrative claims data, no new data collection
    - Part of Medicaid Core Measure set

- **Consideration:** Commonly used and feasible, but there is controversy of whether a focus on postpartum contraception utilization improves or worsens maternal disparities. Measuring the presence of counseling for contraception is more ideal, but more challenging to obtain data.

# Detail: Doula Utilization or Process Measure

## Doula Utilization Measure – New measure concept

- **New measure concept**

- Assess whether doula care was offered, doula utilization, and doula presence at birth
- Requires new mechanism for collecting this information, possibly through use of a reporting form completed by providers, similar to that used in OB P4P program

- **Considerations:**

- This will allow an assessment of rates of use to ensure uptake overall and equity of use of doula services at birth
- Aligns with state priorities and can evolve as doula certification goes into effect
- Will require new data collection – burden and risk of missing data
  - Doula care is a personal choice and not required, so whether a patient was offered doula care is important to measure but also more challenging to measure than doula utilization
  - Evaluate feasibility of providers submitting \$0 claims submission to measure doula utilization

# Detail: Patient Care Experience Measure

## Patient Report of Care Experience example measures

- **Example measure concept: The Childbirth Experience Survey (CBEX)**

- **Description:**

- Assesses childbirth patient-reported values and preferences, measured during pregnancy, and associated experiences and outcomes (PROs), measured immediately postpartum
    - Developed through a Patient-Centered Outcomes Research Institute (PCORI) by Kimberly Gregory
    - Anticipated completion date this year

- **Considerations:**

- Implementation of this or other survey will require new workflow by provider or DSS to consistently collect data
    - Important component of equity plan

- **Example measure concept: Birth Satisfaction Scale-Revised (BSS-R)**

- **Description:** A validated 10-items patient-reported experience measure (PREM) designed to assess the quality of care at home or birth centers nationally

- **Considerations:**

- Would need to be adapted/validated for a hospital population

# Next Steps

- Incorporate feedback from today's discussion into the technical quality design work
- Upcoming Meetings:
  - August 9<sup>th</sup> – next Provider Payment focused discussion
  - August 23<sup>rd</sup> – next Advisory Council meeting

# Upcoming Maternity Bundle Advisory Meetings

- 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

Advisory

Focused Discussions

Date	Meetings	Agenda Topic
6/21	Maternity Bundle Advisory	Solicit feedback on health equity framework for all design elements
7/19	Maternity Bundle Advisory	Discuss quality slate measure concepts (e.g. solicit feedback on direction for prioritization framework for measures to include)
8/9	Focus: Provider Payment	<i>Preview draft episode pricing, including retrospective reconciliation against bundle benchmark</i>
8/23	Maternity Bundle Advisory	Solicit feedback on draft maternity bundle building blocks design; Review draft episode pricing, including retrospective reconciliation against bundle benchmark
9/20	Maternity Bundle Advisory	Solicit feedback on services included in the bundle
9/27	Focus: Provider Payment	<i>Preview technical quality measure design, financial risk, and provider-specific target prices for initial feedback</i>
10/18	Maternity Bundle Advisory	Solicit feedback on proposed quality measure design, financial risk, and provider-specific target prices for initial feedback
10/25	Focus: Provider Payment	<i>Input on proposed hybrid prospective &amp; retrospective payment methodology</i>
11/22	Maternity Bundle Advisory	Review final bundle design

# Appendix



# Maternity Bundle Key Design Elements: Proposed Year 1 Quality Measures

Proposed Measure	SEHP	Core Measures/ Used in Other Medicaid Bundles*	Addresses Disparities in Quality and Outcomes
<b>Low risk Cesarean rate:</b> Number of women having a cesarean delivery with no predefined indications / Total number of deliveries	x	x	x
<b>Low Birth Weight (LBW)/Premature babies in nursery level 1:</b> Number of LBW/premature babies in nursery level 1/ Total number of LBW/premature babies	x	x	x
<b>Incidence of Low Birth Weight/Premature babies:</b> Number of LBW/Premature Babies / Total number of deliveries	x	x	x
<b>Maternity Adverse Actionable Event (AAE):</b> % of Deliveries with AAEs adjusted for case mix = # of Deliveries with AAE flags / Total number of Deliveries / Case Mix index	x	x	x
<b>Missing Chlamydia, Group B Strep (GBS) and other Screening, Missing Vaccines:</b> # of episodes missing a Screening and/or Vaccine/ Total number of deliveries	x	x	x
<b>Missing Postpartum Depression Screening and Visits:</b> # of episodes missing a Postpartum visit and or Depression screening / Total number of deliveries	x	x	x
<b>Vaginal Births After Cesarean (VBAC):</b> Vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries			x
<b>Early Elective Delivery:</b> Inpatient (IP) hospitalizations for patients with elective deliveries by either medical induction of labor while not in labor prior to the procedure or Cesarean birth while not in labor and with no history of a prior uterine surgery / IP hospitalizations for patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed			x
<b>Prenatal Timeliness of Care:</b> Percentage of deliveries that received a prenatal care visit in the first trimester (also consider if measure should relate to timeliness between first patient contact and first prenatal appt)		x	x
<b>Postpartum Care:</b> Percentage of deliveries that had a postpartum visit after delivery: Early postpartum visit – within 21 days after delivery. Late postpartum visit – within 22 – 84 days after delivery.		x	x
<i>Consider adding:</i> Breastfeeding Support – Offer rate of culturally competent breastfeeding resources/support, stratifying by race/ethnicity Contraception/Interconception Counseling Measure – either postpartum or longer time horizon Doula Utilization or Process Measure – Offer rate of doula services, stratifying by race/ethnicity Patient Care Experience Measure			

\*Note – the specific methodology used to calculate the measure may differ between SEHP and those used in other bundled programs.

# Husky Health P4P Metrics

- Timely completion (within 14 days) of online obstetrics prenatal and post-partum notification forms
- A first obstetric visit with 14 days of confirmation of pregnancy
- At least one postpartum visit within 21-56 days after delivers
- Full-term, vaginal delivery after labor whenever medically possible
- Prescribe low-dose aspirin prophylaxis for members at high or moderate risk of preeclampsia
- Prescribe blood pressure monitoring device for patients with or at risk for hypertension