

CT Maternity Bundled Payment Program

Advisory Council Meeting

August 23rd, 2022



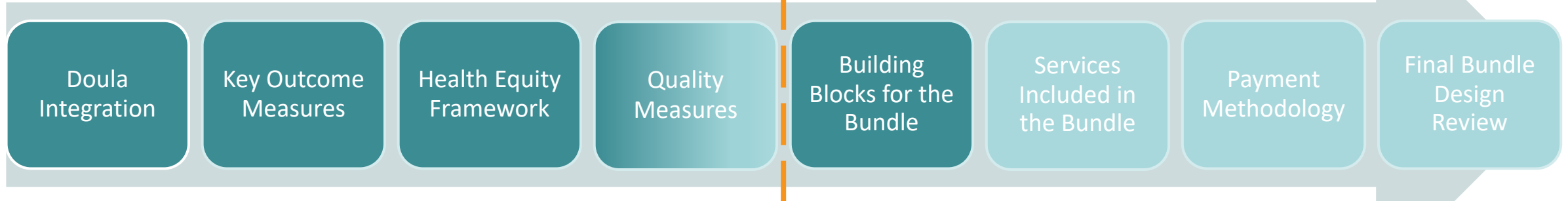
Agenda

| Topic | Timing |
|--|------------|
| Welcome | 5 Minutes |
| Overall Process Update | 5 Minutes |
| Recap of Quality Measure Feedback | 5 Minutes |
| Newborn and Postpartum Care | 15 Minutes |
| Provider and Member Inclusion/Exclusion Criteria | 20 Minutes |
| Next Steps | 5 Minute |

Maternity Bundle Roadmap – Process Update

Key Bundled Payment Design Topics for Discussion

We are here



Progress to Date

- Doula Integration – Feedback on doula inclusion
- Key Outcome Measures– Updated based on stakeholder feedback received; Working to include patient experience measure(s)
- Health Equity Framework – Updated based on stakeholder feedback received
- Quality Measures – Initial feedback to inform future decisions around the quality slate

Upcoming Discussions

- Services included in the bundle
- Hybrid approach: Prospective payment/Retropective reconciliation against bundle benchmark
- Pricing Methodology
- Quality Measures (continued)

Goal for Today: Building Blocks for the Bundle

- Postpartum and Newborn Care
- Provider and member inclusion/exclusion criteria

Recap of Quality Measure Feedback

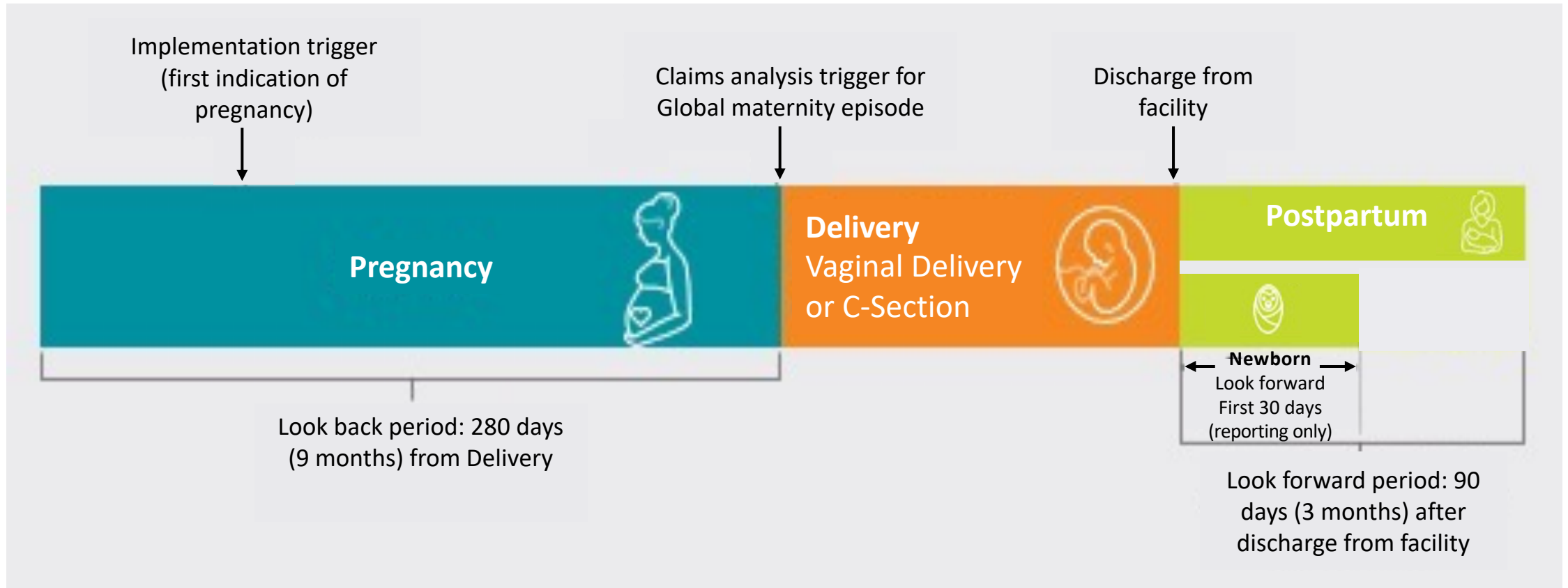
In addition to the Maternity Bundle's Key Outcome Measures on overall program success, Quality Measures will be used for reporting on provider performance to support improvements in care. In certain cases, Quality Measure will be tied to accountability and payment; use of measures will evolve over time.

| Measures for Consideration | Feedback Received |
|---|--|
| Breastfeeding Support: Offer rate of culturally competent breastfeeding resources/support | <ul style="list-style-type: none">• Consider how to improve how we collect data to report in a way that is meaningful (e.g., collect data on breastfeeding outside the hospital; collect data on whether there is exclusive breastfeeding or combination use of formula/breastfeeding)• Consider implementing as a process measure or measure tied to bonus payments to incentivize higher rates of breastfeeding |
| Contraception/Interconception Counseling Measure: Either postpartum or longer time horizon | <ul style="list-style-type: none">• Intended as a process measure with the goal to increase/improve access to the services• Must support contraception when it is the birthing person's choice |
| Doula Utilization or Process Measure: Offer rate of doula services | <ul style="list-style-type: none">• Prioritize respectful care and continuity with care providers chosen by the birthing person |
| Patient Care Experience Measure: Measures related to patient satisfaction/activation | <ul style="list-style-type: none">• Also prioritize respectful care and continuity with care providers chosen by the birthing person• Consider patient experiences of racism and disrespect |

Additional Feedback

- All measures will be stratified by race/ethnicity
- Codes for quality measures will be released in the future
- Quality measures will be compatible with EPIC and other EHRs
- In the future, Community Health Workers (CHWs) may be utilized to follow up on referrals or treatments needed

Global Maternity Episode Visualization



Newborn and Postpartum Care

Newborn Care

Question: When should DSS include newborn care in the bundle?

For the purposes of the maternity bundle, newborn care is defined as services for the newborn from birth to 30 days following discharge from the facility.

Recommendation: In Year 1, include newborn care in provider reporting, then phase in financial accountability for newborn care over time

- Use Year 1 learnings to inform Year 2 and beyond
- Including newborn care will support tying the impact of prenatal care to post-birth outcomes, including NICU utilization
- DSS will work with CHN to better match baby's and birthing person's records (90+% match rate to date)

Postpartum Care

Question: Should DSS included an extended postpartum period beyond 60 days postpartum? If yes, who is the accountable entity responsible for the birthing person's care after the initial period?

Recommendation: In Year 1, include 90 days postpartum in the bundle for financial accountability, while reporting on the postpartum period for 365 days.

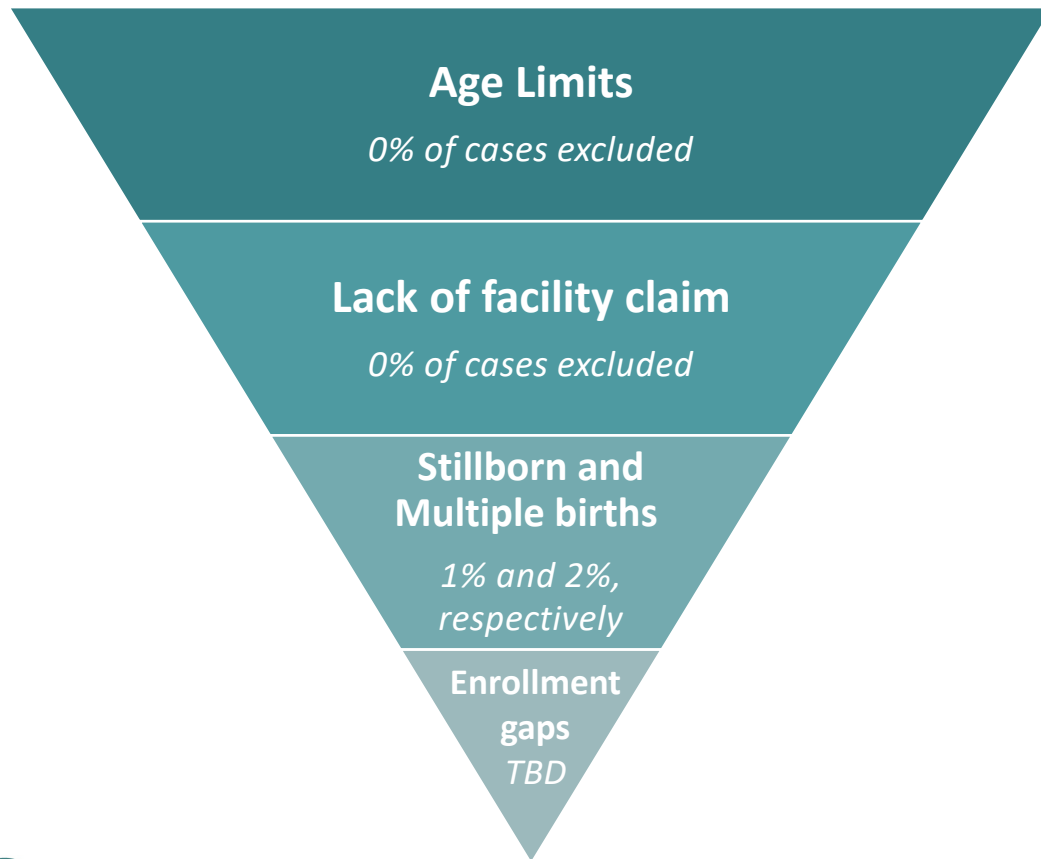
- Use Year 1 learnings to extend to longer postpartum time period (365 days) in Year 2 or beyond
- Important to standardize provider reporting during the postpartum period
- Need to define exclusion criteria to guardrail against non-maternity adverse health events
- Extending to 90 days (from 60) provides more support for lactation counseling in the extended postpartum period

Provider and Member Inclusion/Exclusion Criteria

Initial analysis found that only 3% of all cases were excluded when member inclusion/exclusion criteria were applied. Less than 10% of cases are projected to be dropped as a result of total member and provider exclusions.

1. Member Exclusion Criteria

With % of excluded cases listed below



2. Provider Exclusion Criteria

With % of excluded cases listed below



Overall, only 3% of all cases would be excluded

Historically, significant gaps in enrollment have excluded less than 5% of cases

30 births per year test in initial analysis

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 and new measures for consideration |
| 8/9 | <i>Focus: Provider Payment</i> | <i>Solicit feedback on postpartum and newborn care</i> |
| 8/23 | Maternity Bundle Advisory | Provide process update and solicit feedback on draft maternity bundle building blocks design on postpartum and newborn care |
| 8/30 | <i>Focus: Provider Payment</i> | <i>Solicit feedback on the detailed definition of Actionable Adverse Events and the services included in each episode</i> |
| 9/20 | Maternity Bundle Advisory | Solicit feedback on services included in the bundle |
| 9/27 | <i>Focus: Provider Payment</i> | <i>Preview financial risk (including retrospective reconciliation against bundle benchmark), provider and member inclusion/exclusion criteria, and provider-specific benchmarks for performance</i> |
| 10/18 | Maternity Bundle Advisory | Solicit feedback on financial risk, provider/member inclusion criteria, and provider-specific target prices for initial feedback |
| 10/25 | <i>Focus: Provider Payment</i> | <i>Input on proposed hybrid prospective & retrospective payment methodology; quality measure technical specs.</i> |
| 11/22 | Maternity Bundle Advisory | Review final bundle design |