

Health Equity Framework

Health Equity Questions	General/Overall	Doula Integration	Payment Methodology	Building Blocks for the Bundle (Who?)	Services Included in the Bundle	Quality Measures
Design Element Goals	What are the expected results and outcomes?	Reduce rates and close racial disparities for: <ul style="list-style-type: none"> • NICU Utilization • NAS (Overall and opioid specific) • Adverse maternal outcomes • NTSV c-section • Overall c-section 	Support achieving overall program outcomes by integrating doulas who have proven success at improving maternal outcomes, improving member experience, reducing preterm births and low birthweight infants, and reducing avoidable c-section rates, including improving equity on these measures	Payment model design should directly contribute to: <ul style="list-style-type: none"> • Improving equity across all program outcome measures • Giving providers flexibility and tools to invest in best approach to achieve outcomes • Reducing avoidable c-sections 	Building blocks define bundle program parameters by defining the episode period, accountable entity, and patient population. Expected result is to maximize scope of program impact, as well as support parity between OBs & certified nurse midwives.	Designate services to be included (whether paid via prospective or retrospective payment) or excluded in the bundle to create appropriate incentives for providers to improve quality of care and reduce costs <ul style="list-style-type: none"> • Selected quality metrics related to screenings, care coordination activities, and use of high-value support services align clinical and financial incentives to achieve overall program outcomes • When possible, align appropriate measures with the SEHP to reduce administrative burden for providers
	How does the proposed design element impact existing inequities? How does the proposed design element align with the project's overall equity goals?	Support positive health outcomes (defined above) by incentivizing higher-quality care delivery in aggregate and stratified by race/ethnicity, including: <ul style="list-style-type: none"> • Improved care coordination • New coverage and payment of non-traditional/non-medical perinatal benefits (i.e., doulas, CHWs, and IBCLCs) • Improved patient experiences and interactions with the healthcare system 	<ul style="list-style-type: none"> • Research shows that doula care is associated with positive maternal health outcomes. • Provides the opportunity for members of the patient's community to provide care and services by people who understand the needs and unique considerations for different patient populations. • Strengthens and increases racial and ethnic representation among the current and future doula workforce to lead to more equitable birth and maternal health outcomes. 	<ul style="list-style-type: none"> • Structure payment model pricing to build in incentives for reducing avoidable c-sections. • Design risk adjustment methodology to factor in social determinants that should improve equity across all program outcome measures. • Design provider performance payment methodology to align clinical and financial incentives for achieving overall performance and quality metric improvements in aggregate and when stratified by race/ethnicity. • Prospective payment for a subset of services included to facilitate provider flexibility in investing in services like doulas & sufficient time in prenatal/postpartum care visits 	Targets reductions in racial disparities in adverse maternal and infant health outcomes by <ul style="list-style-type: none"> • Episode Definition: Considering to extend postpartum period from 60 days to 1 year • Patient Population: Including higher risk pregnancies (typically excluded in other bundle programs) • Accountable Entity: requiring provider participation to ensure all HUSKY Health members receive care through the bundle program 	<ul style="list-style-type: none"> • Quality measures will be prioritized by impactability on race/ethnicity disparities • Use stratification of performance by race/ethnicity/language to create awareness of disparities among each provider's patient population

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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?	<i>Design Element specific</i>	<ul style="list-style-type: none"> Potential doula desert in some regions Ensuring the availability of a diverse doula workforce to meet members' needs Achieving doula integration into maternal care teams; Insufficient communication/partnership/collaboration between doulas and OB/GYN providers at present 	<ul style="list-style-type: none"> Payment models are provider-centric; not necessarily transparent or easily accessible to patients Payment pricing challenges include only 2/3rd of births covered under the four main global Labor & Delivery revenue codes; difference in C-Section Utilization by Age Risk adjustment methodologies are still relatively new to incorporating social determinants Ns by practice and provider may be too small for meaningful stratification in some cases 	<ul style="list-style-type: none"> High risk pregnancies: Balancing care of high risk pregnancy episodes with provider concern over ability to impact risk exposure beyond their control Diversity and cultural competency among provider workforce Upstream Factors beyond DSS Control, such as limited ability to impact inequitable SDOH in the community and early access of prenatal care (which is linked to more positive health outcomes) Participation of all provider types where base payment model is different (e.g. FQHCs, hospitals) 	<ul style="list-style-type: none"> Language access (e.g. interpretation and translation supports) for services provided Sufficient communication of and referrals to non-traditionally covered services provided (i.e. ensuring members and providers are aware and have access to the new services available in the bundle program) Similar to doula integration, ensuring that the supply of non-traditionally covered services meets the new demand of HUSKY Health members
	What specific design elements have been incorporated to mitigate these challenges?	<i>Design Element specific</i>	<p>Early investment in doula infrastructure and capacity building that will include actionable steps resulting from analysis of "Doula Deserts" and baseline utilization of doulas by race/ethnicity.</p> <p>Additionally, early investments will:</p> <ul style="list-style-type: none"> Increase doula partnerships with OBs and midwives Develop workflows and document business processes between doulas and OBGYN providers 	<ul style="list-style-type: none"> Further analysis needed to inform impact of births billed where the delivering provider is different than the post-partum provider; age adjustments Consider requiring patient notification that they are part of a bundled payment program and what that means for their care and their provider's approach to care DSS to continuously review and monitor impact of methodology on outcomes to make mid-course adjustments as needed Invest in initial build needed for reporting to support glidepath to better ensure robust data collection for the program 	<ul style="list-style-type: none"> Inclusion of high risk pregnancies: DSS will evaluate use of a financial proxy (e.g. stop loss) to balance higher risk pregnancies, such as those with substance use disorder (SUD), with provider protection from risk exposure beyond their control. Diversity and cultural competency: DSS is exploring use of structural measures that support equity (e.g., training); Inclusion of access to community-based supports, like doulas, CHWs, etc., also strengthen a workforce that is reflective of the community being served Upstream Factors beyond DSS Control: Evaluate performance stratified by social risk scores (in addition to clinical risk scores); provider reporting on care coordination services to support members' non-medical needs 	<ul style="list-style-type: none"> Federal law places requirements around interpretation and translation supports for Medicaid practices DSS can pursue a communications campaign + provider trainings to educate members/providers on new benefits offered DSS should use lessons learned from Doula Integration in application to developing relationships/workflows for other non-traditional services covered

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Community Engagement	How will the community voice be considered for this design element?	<ul style="list-style-type: none"> The Advisory Committee includes two members who have lived birthing experience through Husky Health. Smaller focused discussions will be scheduled for some of the design elements where appropriate to allow for additional time for design discussions. DSS will strive to recruit more members to attend the smaller focused discussions. 	In addition to members with lived birthing experience through Husky Health participating on Advisory Committee: Doula integration focused discussions with Advisory Committee & sub-group include input from practicing doulas, birthing people, and OBGYN/midwives.	In addition to members with lived birthing experience through Husky Health participating on Advisory Committee: Provider payment focused discussions include input from practicing OBs and midwives and other community advocates.	See General/Overall	In addition to members with lived birthing experience through Husky Health participating on Advisory Committee: Doula integration focused discussions with Advisory Committee & sub-group include input from practicing doulas, birthing people, and OBGYN/midwives.	In addition to members with lived birthing experience through Husky Health participating on Advisory Committee: Provider payment focused discussions include input from practicing OBs and midwives and other community advocates.
Data Analysis and 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)?	<ul style="list-style-type: none"> Overall: The program's six overall maternity metrics (NICU utilization, Overall C-Section, NTSV, Adverse Maternal Outcome, and Overall and Opioid NAS) will measure program success. Process: With Advisory Council input, process measures or benchmarks will also be decided upon to monitor progress post-implementation Quality: Metrics for provider accountability will be prioritized and selected based on impact on equity. 	Early investment in doula infrastructure and capacity building will include a mitigation plan with actionable steps to address how to close the gap in "Doula Deserts" by 2024	<ul style="list-style-type: none"> Reduction targets in adverse maternal outcomes and avoidable overall and NTSV c-sections will be built into (and therefore assessed for) the bundled payment methodology Ensure historical underutilization by race is corrected for when setting the benchmark 	In addition to the approach described in "general/overall," DSS will monitor outcomes for patients included in bundle vs any exclusions to inform any changes to inclusion/exclusion criteria.	See General/Overall	See General/Overall

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Data Analysis and Measurement What methods will be used for data tracking, reporting, and communication of the metrics selected?	<ul style="list-style-type: none"> Performance data will be stratified by RELD to the best of DSS' abilities; as race/ethnicity data collection improves, DSS is open to assess the program's overall key outcome metrics through a disproportionality frame Explore Pay for Reporting Incentives to collect better/more accurate RELD data Additional specificity TBD: Methods for data tracking, reporting, and communication of the metrics selected will be discussed in greater detail at the Detailed Payment Methodology and/or Quality Slate meetings. 	Analyze overall program metrics & quality metrics annually stratified by births with and without a doula to inform impact of doulas on program outcomes	<i>See General/Overall</i>	<i>See General/Overall</i>	<i>See General/Overall</i>	<ul style="list-style-type: none"> Pre-bundle launch: Create pre-bundle data reports for providers for what their baseline performance in a bundle would be Post-bundle launch: Create bundle data reports for providers to monitor their performance against their practice's baseline performance and other practice's in the bundle program Create public reports and/or data dashboard to display performance on quality slate