

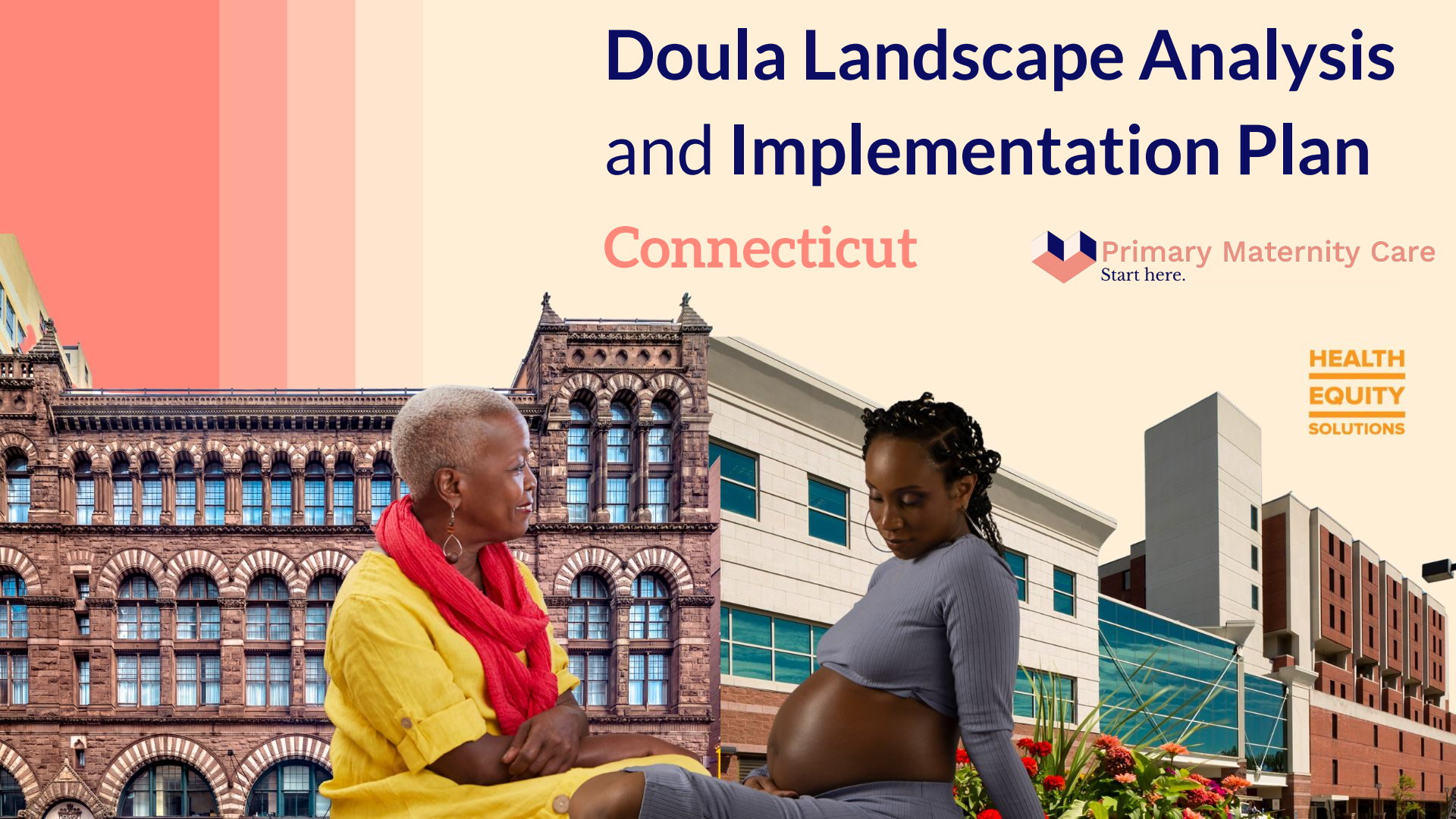
Doula Landscape Analysis and Implementation Plan

Connecticut



Primary Maternity Care
Start here.

HEALTH
EQUITY
SOLUTIONS



Outline

Project Goals

Key Recommendations

Landscape Analysis

Approach, and Methods

Findings

Key Takeaways

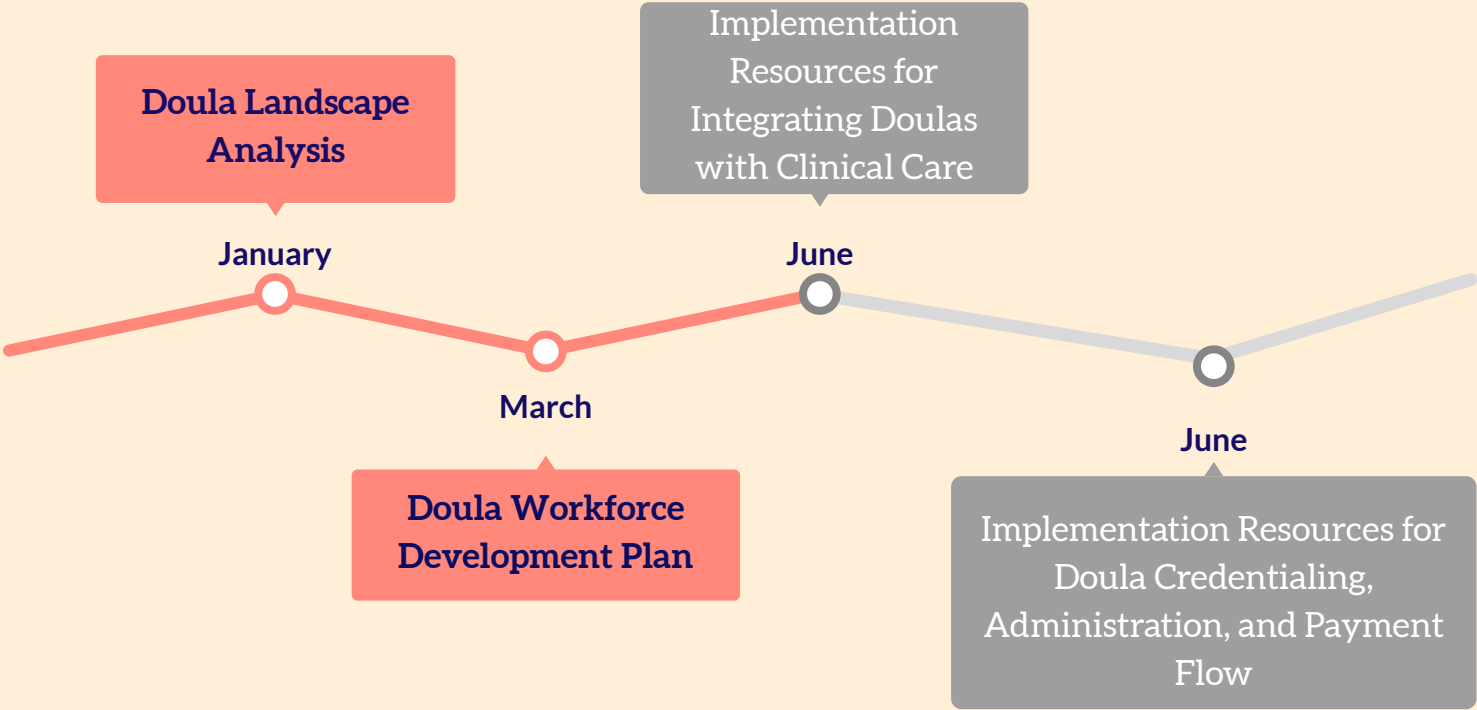
Implementation Plans

Integration Roles

Resources

Next Steps

Project goals: Assess existing doula landscape in CT including capacity, network adequacy, and infrastructure. Plan + facilitate bundle integration.



Key Recommendations

Workforce

- Invest in **doula workforce development**, especially for currently underrepresented populations

Reimbursement

- Use **DPH draft competency requirements**
- Align **payment rate** with national trends
- Pursue **direct reimbursement pathway** alongside bundled payment benefit



Practice Integration

- Plan for **10% or less utilization** in Y1
- Encourage adoption of **doula policies** at the provider and hospital levels
- Provide **member and provider education** about doulas
- Encourage providers to work with a **diverse doula pool**
- Consider a **third party** intermediary

Doula Payment Pathways at a Glance

Doula Payment Pathway	Through Bundled Payment	Direct Fee for Service
Enrolled with DSS?	No	Yes*
Certification	Through DPH when available**	Through DPH
Population served	HUSKY bundled payment participants	Any pregnant HUSKY member
Payment rate	TBD	TBD
Covered services	TBD	TBD

*Details are not finalized, although, at a minimum, doulas can anticipate meeting all standard requirements for enrolled providers in addition to various requirements specific to doulas.

**Prior to DPH certification, providers should rely on draft certification standards to determine doula payment eligibility.

Landscape Analysis Approach, & Methods



Assessment Activities and Data Collection

- Survey of doulas (n=55)
- Hosting & participation in Doulas4CT meetings and doula happy hours
- Stakeholder interviews (n=42)
 - Providers in different practice settings
 - Hospital and birth center representatives
 - Other services and programs (home visiting, housing/homelessness, lactation, CHW)
 - Leaders from other states (RI, NJ, MN, OR, NY)
 - Tech platforms
- Focus groups:
 - HUSKY Health Members (n=27)
 - Providers (n=17)
 - Doulas (n=28)
- Participation in Institute for Medicaid Innovation and Every Mother Counts “Doula and Perinatal CHWs in Medicaid Learning Series”
- Participation in CT Doula Advisory Committee
- Participation in CT Maternity Bundled Payment Stakeholder Advisory group

How we centered equity

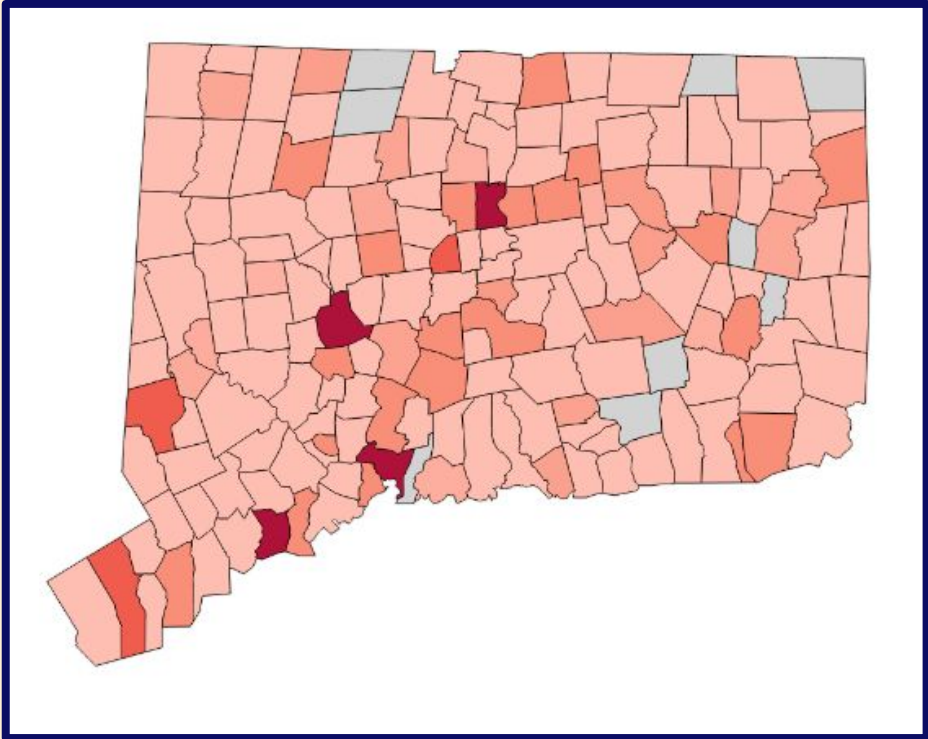
- Review of data by race and ethnicity
- Proactive outreach to leaders in the state and nationally who center their work on birth equity
- Continued engagement of stakeholders currently reaching priority populations
- Opportunities to engage in multiple languages
- Prioritization of needs and voices of doulas of color
- Ensuring member voice was included and centered



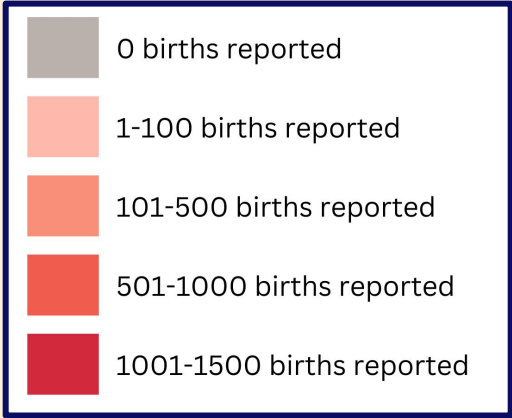
Doula Demographics



HUSKY Health Birth Locations

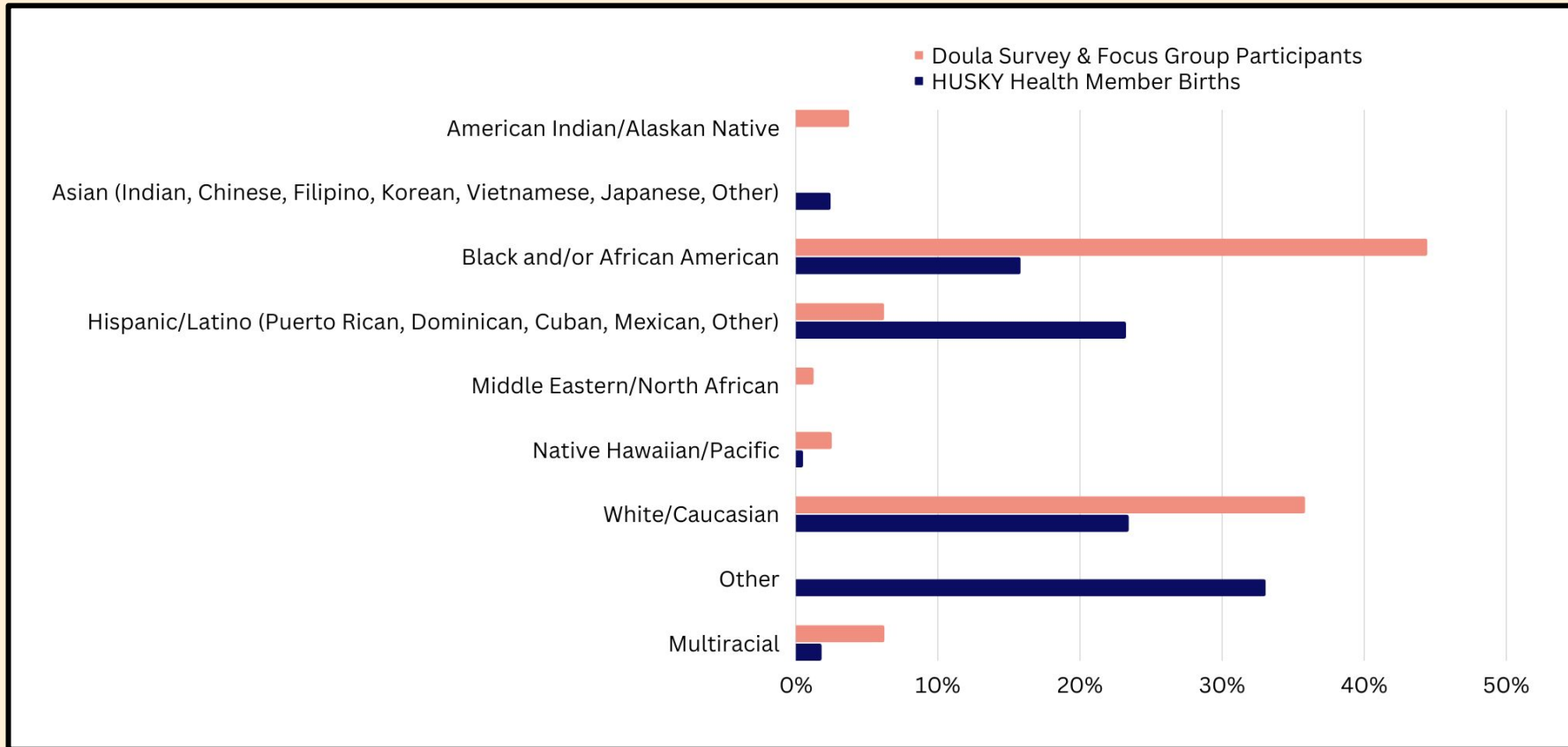


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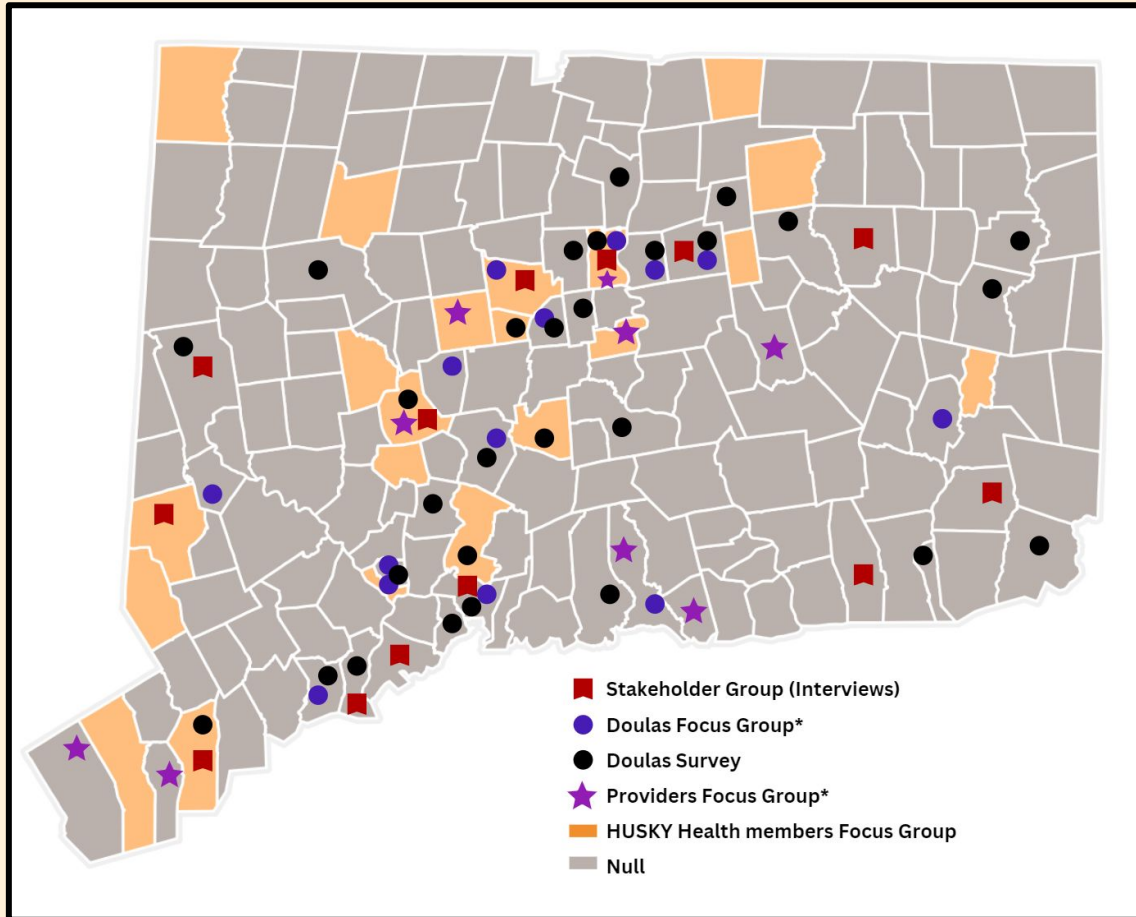
From 2021 HUSKY Health Birth Data, based on member zip code of residence

Self Reported Race/Ethnicity Comparison Doulas & HUSKY Health Member Births



HUSKY Health births from 2021 data, "Prefer not to say" was 0% for both categories

Focus Group, Survey & Interview Participants



1:1 Stakeholder Interviews

N = 13 towns/cities

15 individuals

Doula Focus Groups

N = 17 towns/cities

28 individuals

Doula Survey

N = 36 towns/cities

55 individuals

(2 also attended focus group)

Provider Focus Group

N = 10 towns/cities

17 individuals

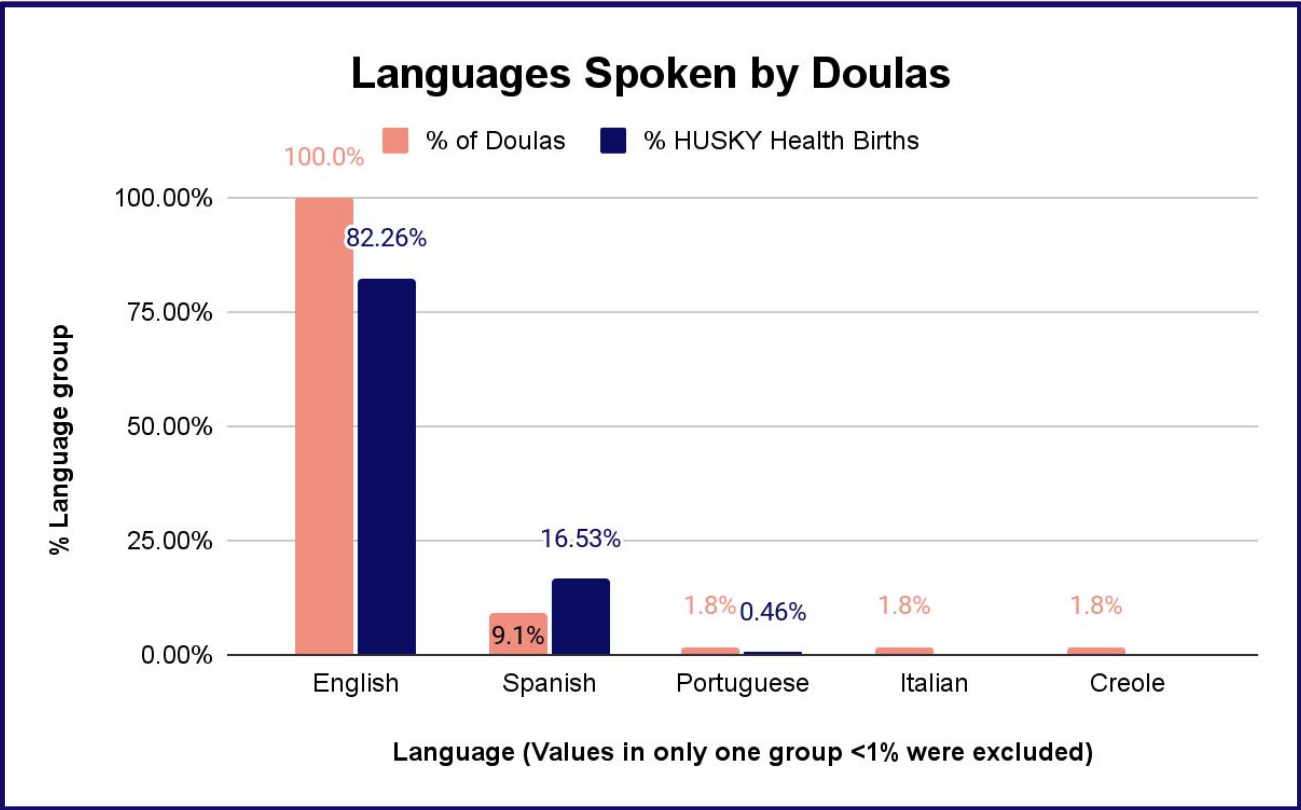
HUSKY Health Member Focus Groups

N = 24 towns/cities

27 individuals

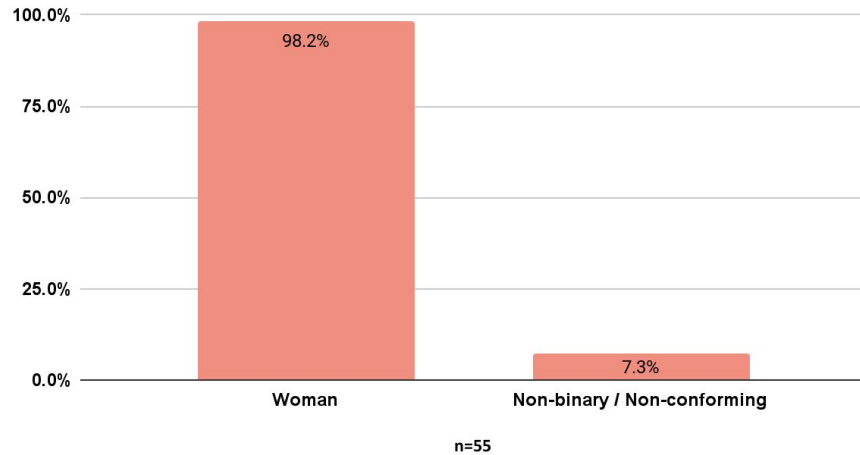
*Please note, town/city reported may be a practice setting or home location of the participant.

Languages Spoken

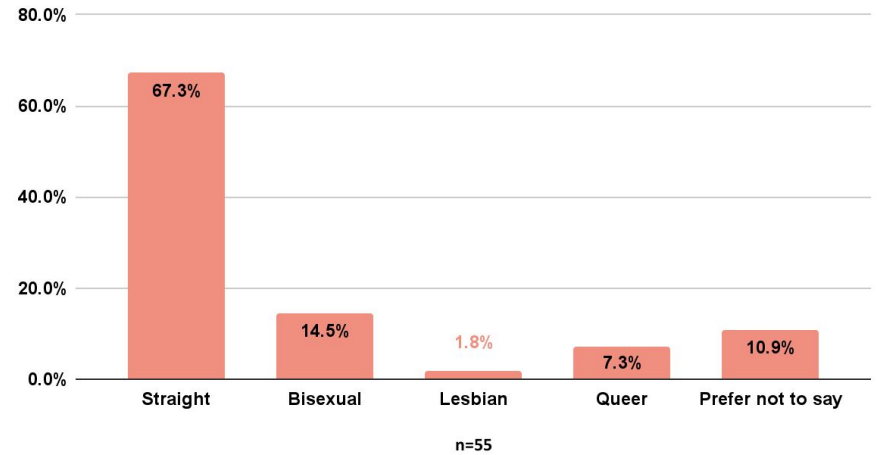


Self-reported gender and sexual orientation of doulas

Self-reported Gender of CT Doulas



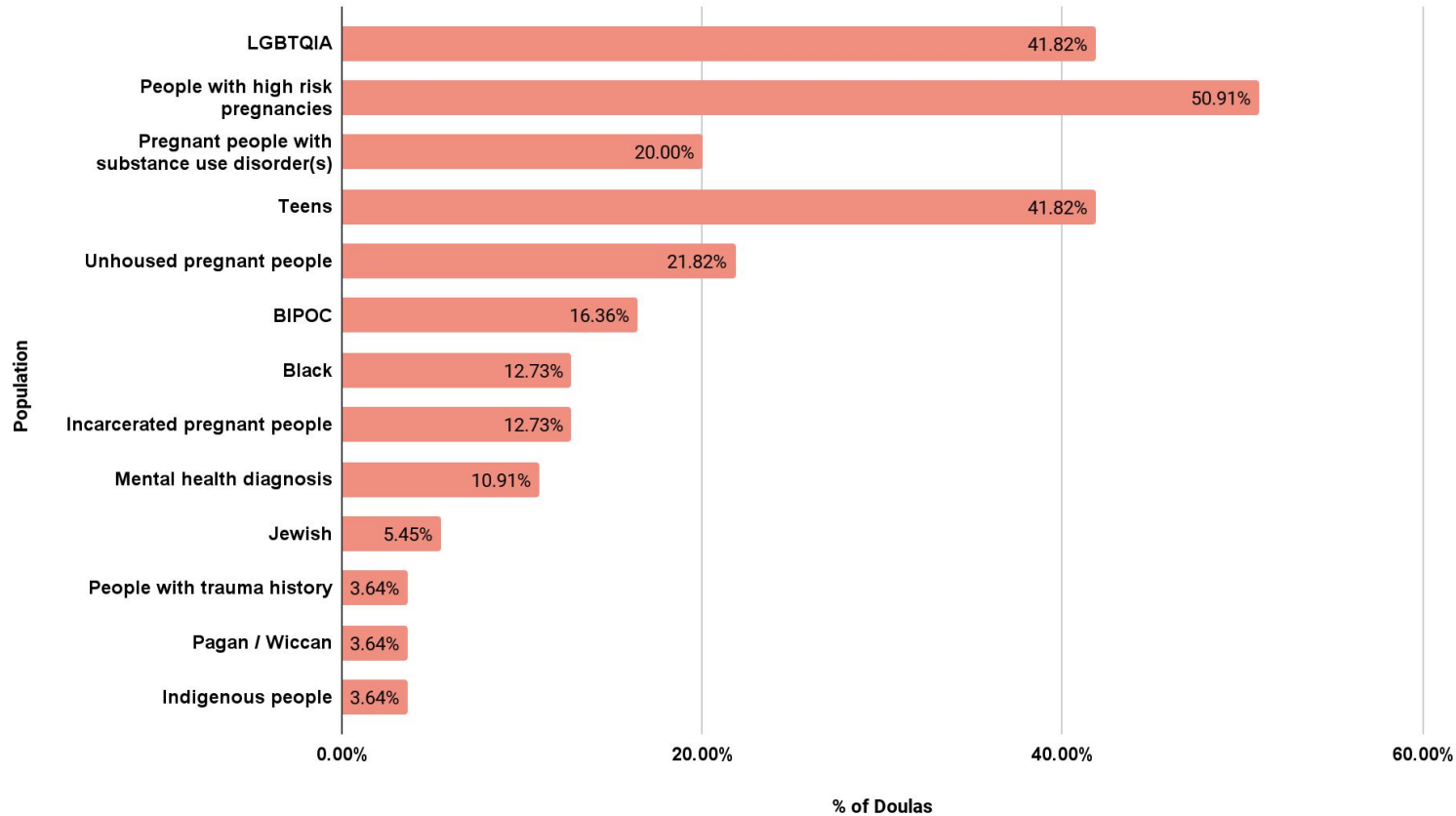
Self-reported Sexual Orientation of CT Doulas



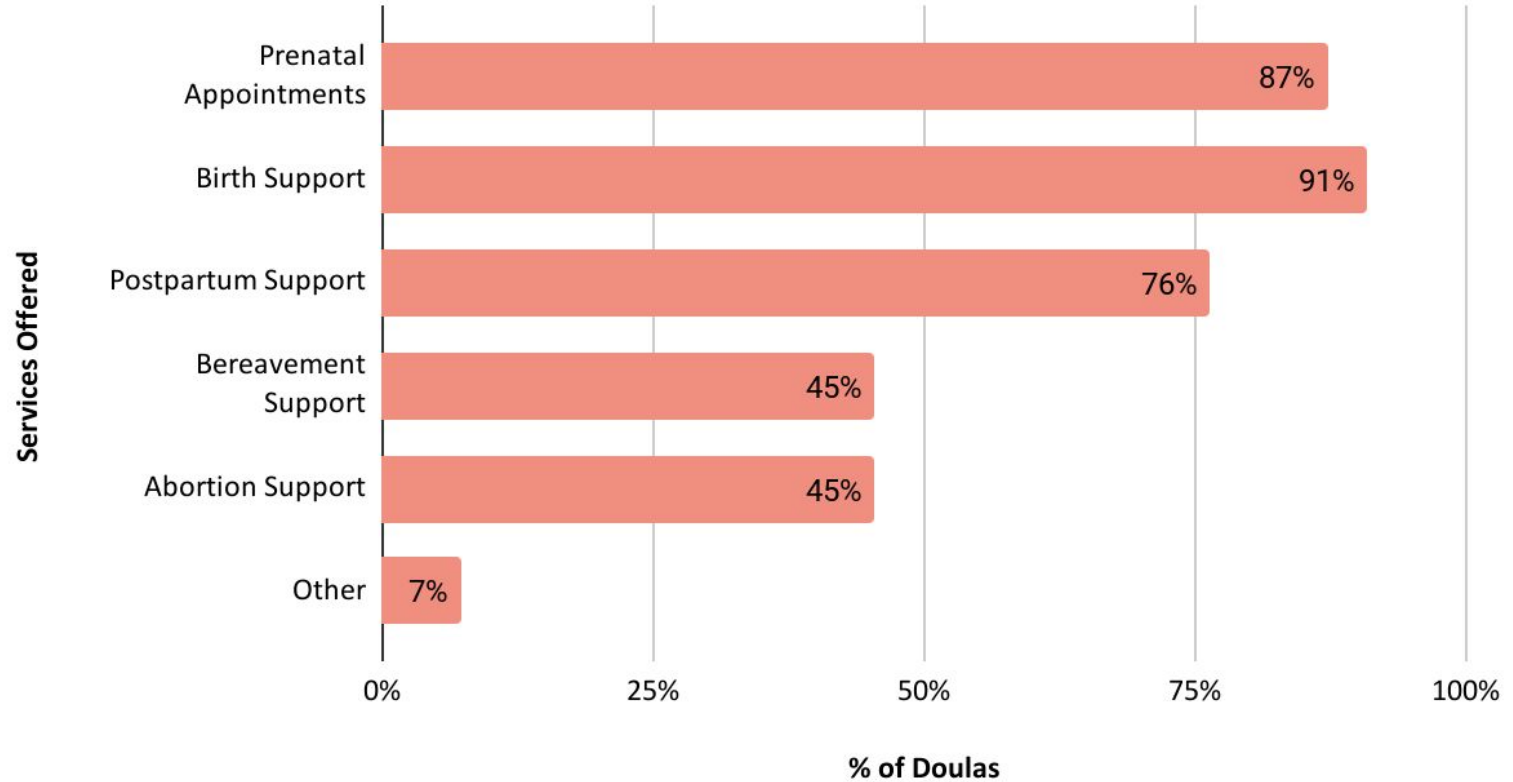
Doula Practice Characteristics



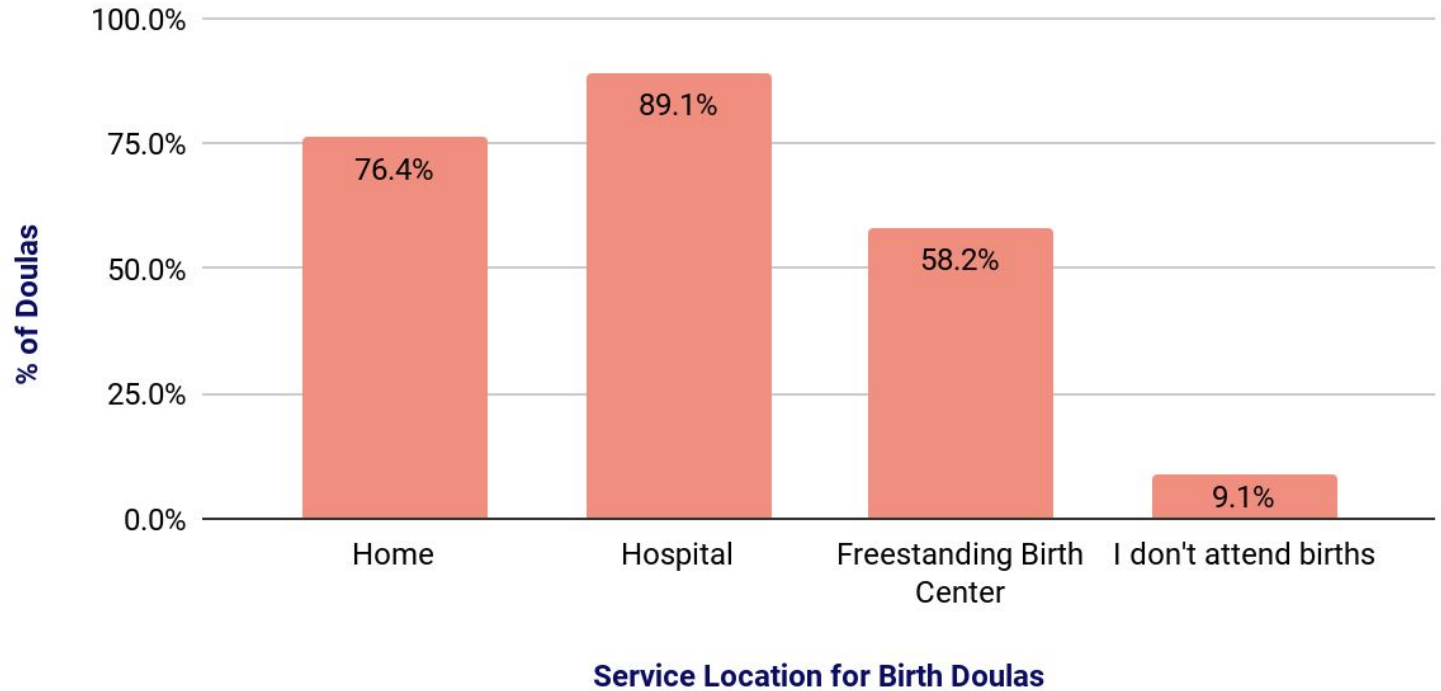
Proportion of doulas with experience serving specific populations



Reported Types of Doula Support



Proportion of Doulas Offering Birth Services by Service Location



Attitudes about doula support

- Physicians, midwives, and HUSKY Health members noted doulas provide **emotional and informational support**
- Physicians and midwives reported that patients **feel more comfortable** with doulas.
- HUSKY Health members expressed interest in receiving **education** from doulas on a wide range of pregnancy and postpartum topics
- HUSKY Health members valued: **bilingualism**, knowledge about **technology**, and **massage techniques** in doulas



“She was lively and would always cheer me up. She still checks in ‘til today to ask after my baby.”

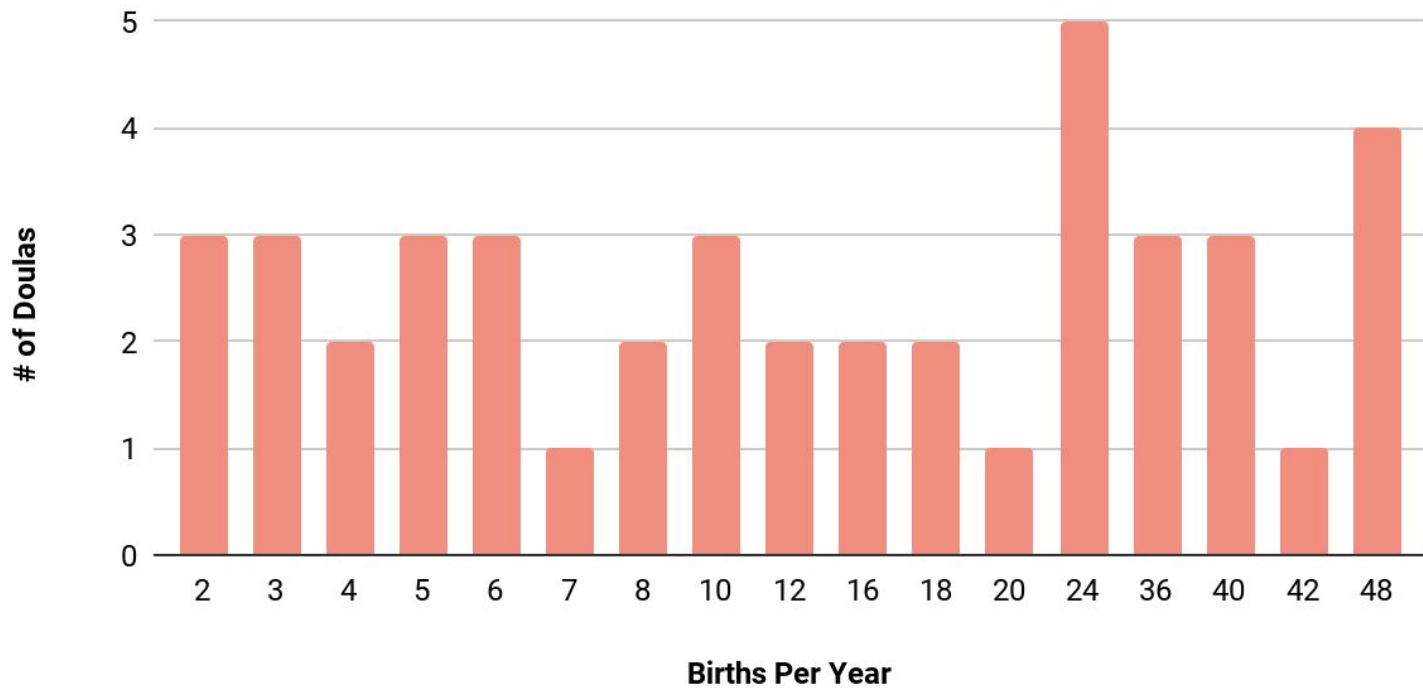
HUSKY Health member speaking about their doula

Network Adequacy

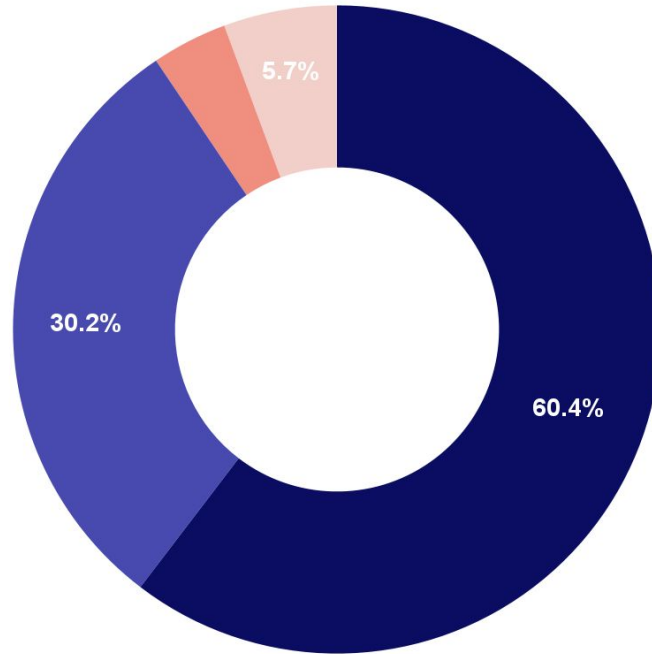


Current Annual Doula Caseload

Annual birth volume per year



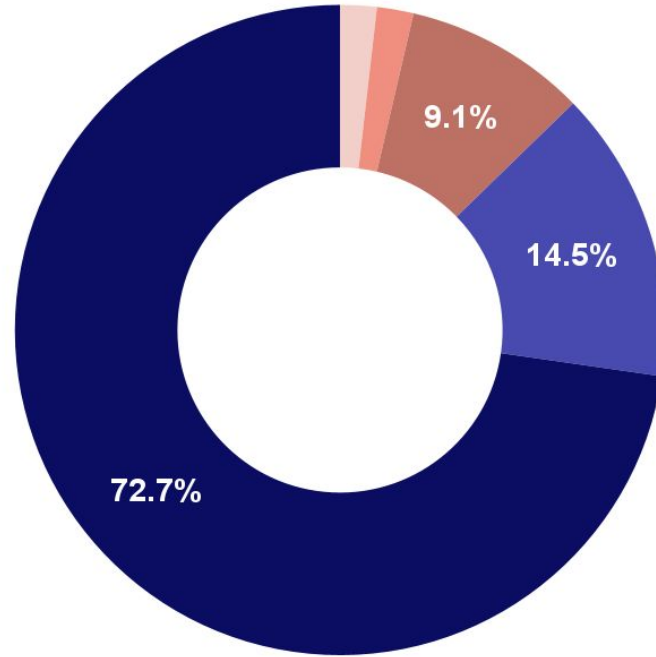
Assuming you could find clients and could get paid for the services, how much more would you want to work?



- I want to take more clients.
- I want to continue serving the same number of clients.
- I want to take fewer clients.
- I am no longer taking clients at all.

Level of Interest in Serving HUSKY Health Members through Maternity Bundle

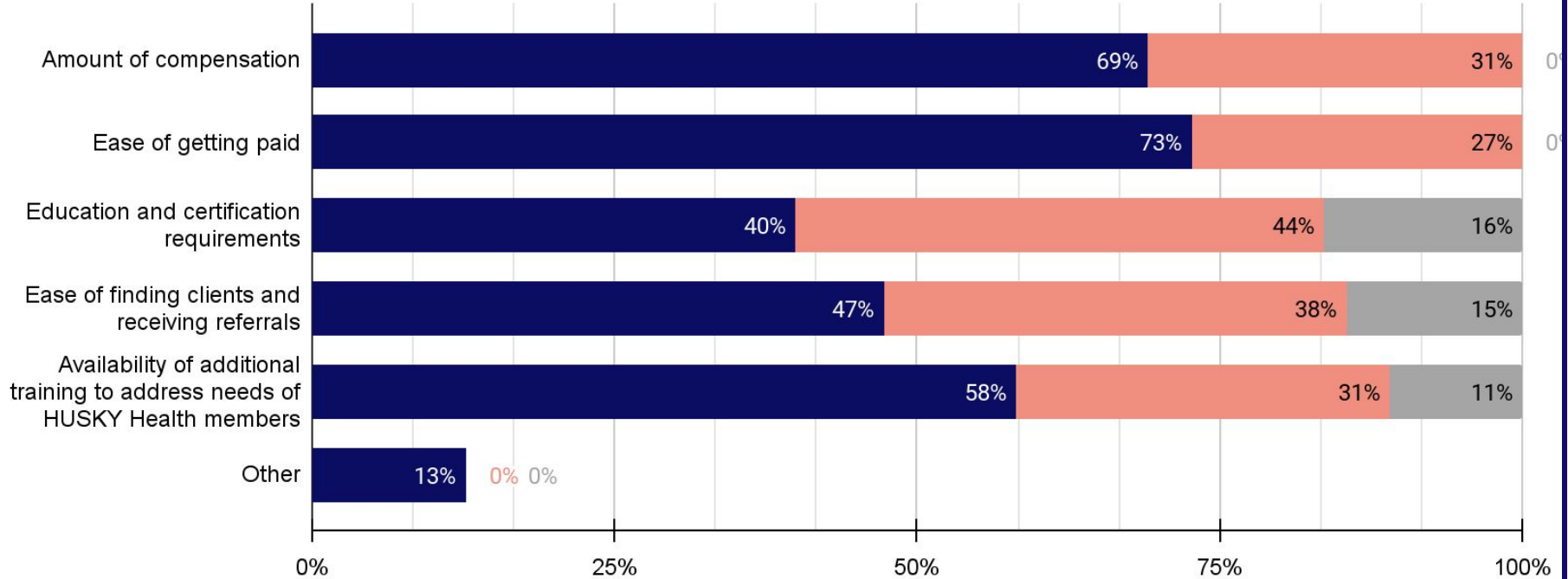
1 = not interested, 5 = extremely interested



● 1 ● 2 ● 3 ● 4 ● 5

Importance of Different Factors in Decision to Participate in HUSKY Maternity Bundle

Very Important Somewhat Important Not Important



Workforce assumptions based on doula survey



- ~100-150 doulas work in CT now
- **Not all** existing doulas will serve HUSKY Health members thru the bundle
- ~50 **existing doulas** will participate in bundled payment
- Doulas who serve HUSKY Health members will **optimize their payor mix** based on financial or personal needs
- HUSKY Health volume is dependent on **ease of participation**
- Average doula caseload of **36 births/year**

Workforce scenarios

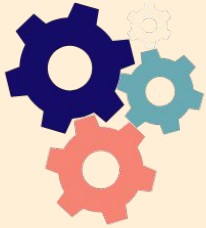
Target Doula utilization	Doula attended births n=15,000*	Estimated current doulas	1 birth/month HUSKY Health caseload (2 births/month non-HUSKY caseload)		2 births/month HUSKY Health caseload (1 birth/month non-HUSKY caseload)	
			Total Doulas Needed	Doula deficit (addit. workforce need)	Total Doulas Needed	Doula deficit (addit. workforce need)
4%	600	50	50	0	25	N/A
5%	750	50	63	(13)	31	N/A
10%	1500	50	125	(75)	63	(13)

*Population covered by bundle will be lower due to exclusions

Doula Training



Training & Professional Education Survey Findings



100% of doulas received formal training

- 42% of doulas received >1 doula training or certification

55 doulas listed 26 different doula training programs

- Most common programs
 - DONA (24/55)
 - Earth's Natural Touch (10/55)
 - Madriella (7/55)
 - Childbirth International (4/55)
- 87% received **doula certification** from a training organization

Connecticut Based Doula Training Programs

Program Name	Length of Training	Number of Participants	Enrollment	Fee
Birth Partners Birth and Postpartum Doula Training	Birth - approx 2 months training and mentoring. Postpartum approx 1 month Training	Birth Doula - 4 participants per cohort. Postpartum - 6 participants	Birth Doula 2x/yr Postpartum doula - 2x/yr	Birth Doula \$450 Postpartum Doula \$200
Earth's Natural Touch	14 months	10-25 participants per cohort	Once a year	\$1200-\$1500
Mama Warrior Doula Training	Self-paced with 1 Full Day of Training	Unlimited	Rolling Registration	\$750 for a new doula, \$650 for a seasoned doula
Woman's Choice Perinatal Services	Self paced with an optional 8 hours of additional live training	Unlimited for the self-paced program (both prenatal and postpartum), up to 12 participants for the live training	Rolling registration	\$600 for the self-paced training \$800 for self-paced and live training \$500 for live training only \$400 for the self-paced postpartum training
Bridges and Boundaries International Doula Training	Birth Doula and Birth Educator: 24 hours of instruction over 4, 8, 15 weeks or 1 year w/close mentoring	Up to 10 per cohort	4 times a year	\$2,000 inclusive with books and supplies for birth, postpartum and childbirth ed cert. Renewal every three years for \$100 (includes recertification package, review and cert.)

Most Common National/International Doula Training Programs

Program	Cost	Admissions	Length of Training
DONA International	\$800 to \$1200	Unlimited, Rolling Registration	Self-paced reading, then one weekend live or online/virtual skills training.
CAPPA	Live Training \$750, includes CAPPA Membership. Online Training \$925, includes membership, books and materials.	Unlimited, Rolling Registration	Self-paced, up to 2 yrs to complete training
Madriella	\$150 initially, then \$100 every 3 years.	Unlimited Rolling Registration	Self-paced, no time limit, Participants must complete 10 modules with several units each
Childbirth International	Fees: Birth Doula \$720-\$785. Postpartum Doula \$690-\$755	Self-paced, no time limit, ~3-4 mos to complete working 10hrs/wk	Birth Doula Training: \$720-\$785. Postpartum Doula Training \$690-\$755

Based on publicly available information on organization's website

Training & Professional Education

Focus Group Findings

- Doulas desire **increased access** to training on:
 - Emotional management
 - Financial literacy
 - Information management
 - Pre/postnatal care
- Barriers to accessing educational opportunities included **cost, time, and limited knowledge of training options**
- HUSKY Health members **uncertain of level of training** that doulas receive



“Sometimes I connect with other new doulas in my community and from my training to support each other, refer to each other, and back each other up.”

Doula

Partnerships & Affiliations



Collaboration Benefits & Challenges

BENEFITS

Doulas:

- provide collaborative support to families
- broaden own knowledge and skills
- market services through referrals and networking

Clinical providers:

- simplify work
- smooth delivery and post-delivery procedures
- lower mortality rates
- parents better informed on infant care

CHALLENGES

Doulas:

- slower decision making
- differing approaches
- lack of respect and team cohesion
- reduced intimacy in the birthing experience

Clinical Providers:

- concerns about doulas lacking adequate training and experience
- unhealthy power dynamics

Doula Affiliations + Policies



Doula Perspective

- **Limited affiliations** with hospitals and medical practices (Danbury Hospital, Manchester Hospital doula programs)
- Receive referrals from **some practices more than others**
- Interest in developing **more affiliations**

Clinical Provider Perspective

- **Informal** referral lists
- **Unfamiliar with programs** in their area
- No formal **doula policies**
- Interest in **developing affiliations** but need money and time to do so

Doula Employer	Number
Community organization (not medical provider)	8
Doula group / collaborative	18
Self-employed	50
Hospital/health system	2
Private medical practice	1

Utilization & Outreach



Accessing Doula Support

HUSKY Health Member Focus Group Findings



- 67% either received doula services or knew someone who did
- Cost was the primary factor preventing doula support.
- 88% want doula support if it was a covered benefit.
- 42% would prefer a doula referral from a clinical provider

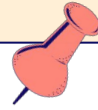
If you haven't had doula support, would you want doula support if it were available to you as a covered benefit?

"The price is challenging. I know their worth, so yes, I'll be happy to have their support again, I already have had it in the past."

HUSKY Health member

Current Utilization in CT

- Estimated <1% for HUSKY Health members
- Not tracked
- Practice specific utilization for all CT births ranges from <5% to 25%
- Varies based on practice characteristics
- Low referral rate from providers overall & specifically within HUSKY Health population



What's happening nationally?

- MN and OR are the 2 states with most seasoned Medicaid doula programs
- Very low utilization
- Barriers:
 - low participation from doulas
 - low reimbursement
 - difficult/complex registration
 - costly/complicated billing
 - gatekeepers
- Early success in RI

Marketing and Outreach

- Doulas market their services primarily with:
 - **Social media**
 - **Word of mouth**
- Some doulas use:
 - **Referrals from providers** and other doulas
 - Other **networking** opportunities
- Clinical providers need **education about the doula role and availability** to sponsor doula care and services



“They act as the pregnant woman’s right-hand woman, helping to make their experience happier and more stress-free.”

Clinician

- Clinical providers envisioned:
 - **Partnering** with more doulas
 - Asking doulas to be **guest speakers for birthing classes**
 - Establishing **in-hospital doula offices**
 - **Online platforms** for doula access to patients

Administrative & Data Collection Infrastructure



Administrative & Data Collection Infrastructure



Charting & Record Management is highly varied, including any of the following:

- None
- Notebook
- Spreadsheet (e.g. Excel, Google sheets)
- Cloud-based platforms

Apricot/Social Solutions

The Doula Network

Maternity Neighborhood

Unite Us

Mahmee

Other platforms

Administrative & Data Collection Infrastructure

Outcome Tracking & Reporting differs across organizations

- Measures collected driven by:
 - Funding source requirements
 - Professional interest
- Some report **de-identified outcome data** annually to:
 - Contractors
 - Current funding sources
 - Doulas within their organization's service area
 - Conferences/public presentations
 - Future grant funding



Administrative & Data Collection Infrastructure - Bundle Needs

Provider Perspective

- Important to chart electronically
- Share notes if patient had a clinical need
- Not necessary or desirable to review all doula charting
- Concerned about administrative burden of new program

Doula Perspective

- Share what is necessary
- Doula retains “ownership” of data
- Maintain independence



Landscape Analysis Key Takeaways

- Doulas are **spread across CT**
- Moderate diversity in current workforce but **key groups are underrepresented**
- 73% of surveyed doulas are **interested in serving HUSKY members**
- 60% of surveyed doulas are **interested in serving more clients**
- **Not enough doulas** to serve all HUSKY members
- Doulas need **access to training** to meet competencies
- HUSKY members and providers need **education about the scope** of doula practice
- Doulas and providers need help **building administrative infrastructure** and capacity that does not currently exist

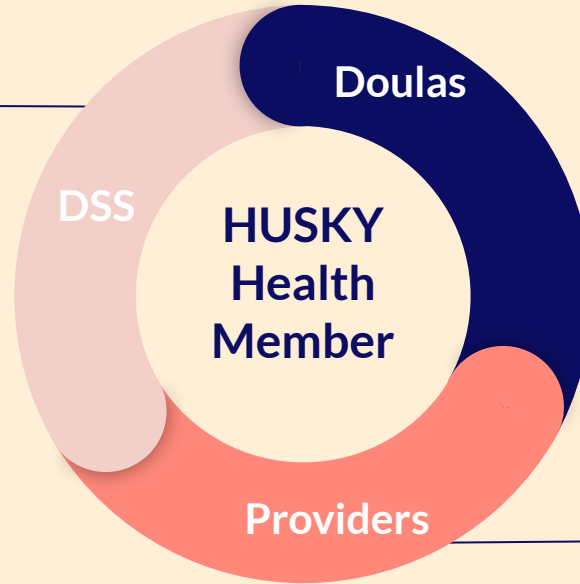


Implementation Plan

Roles & Resources

Integration Roles

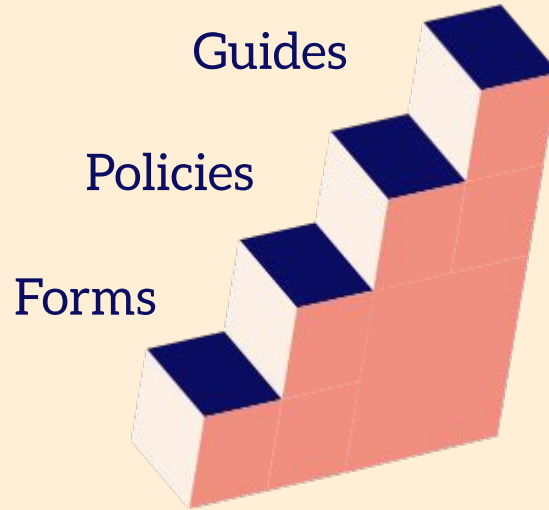
- Pay a PMPM to providers
- Set bundle performance parameters
- Set reimbursement rate for doula services, paid to providers
- Provide draft supporting materials to facilitate provider + doula partnerships
- Pursuing parallel, direct FFS doula pathway pending DPH credentialing



- Engage with providers
- Meet DPH draft competencies
- Report visits + outcomes to providers
- Invoice provider for services

- Coordinate doula relationship
- Assist with member referrals
- Set practice doula rate + pay doulas
- Collect and report outcomes to DSS

Doula Integration Toolkit Components



Creating a **toolkit** including **key resources** for providers + doulas, which will be **publicly available** for any doula or practice interested in participating

Templates: Forms and Policies

Forms

- Credentialing guidelines
- Referral form
- Reporting form
- Invoice form
- Satisfaction Survey

Policies

- Doula job description
- Hospital/provider doula policy
- Grievance process guidelines
- Invoicing codes
- Fee schedule

Guides

Members

- FAQ
- How to access the doula benefit

Providers

- How to participate in the bundled payment
- Role of a doula
- FAQ
- Payment flow example

Doulas

- How to participate in the bundled payment
- Resource list for available trainings to fill gaps in competencies
- FAQ

Next Steps





**Identify
demonstration
sites + help to
establish first
provider/doula
relationships**



**Draft + refine
toolkit resources**



**Host provider
and doula
focused webinars
re: participation
in bundle in June**

Key Recommendations

Workforce

- Invest in **doula workforce development**, especially for currently underrepresented populations

Reimbursement

- Use **DPH draft competency requirements**
- Align **payment rate** with national trends
- Pursue **direct reimbursement pathway** alongside bundled payment benefit



Practice Integration

- Plan for **10% or less utilization** in Y1
- Encourage adoption of **doula policies** at the provider and hospital levels
- Provide **member and provider education** about doulas
- Encourage providers to work with a **diverse doula pool**
- Consider a **third party** intermediary

Appendix

Doula Training Programs Attended by Most Connecticut Doulas

Program	Certification(s)	Cost	Capacity	Program Length	Curriculum Covered	Additional Details
<u>DONA International</u>	Birth and postpartum Doula Certifications	Fees: \$800 to \$1200	Unlimited Rolling Registration	Self paced reading, then one weekend live or online/virtual skills training.	lactation, newborn feeding, basic childbirth education, hands-on support with clients, develop a resource list for your community, business webinar	No standard anti-racism training or cultural humility training
<u>Earth's Natural Touch</u>	Certification as an Inter disciplinary Doula	Fees: \$1200 to \$1500	One cohort of 10-25 doulas annually	14 month training and mentoring program	Preconception and Fertility, Antepartum Care, Labor/Birth Doula Support, Postpartum Doula Support, Birth Justice, Lactation Support, Grief and Loss Support, Radical Liberation Training, additionally, nutrition, toxic relationships, trauma informed care, toxic relationships, birth justice, research, advocacy.	Black woman owned, women of color led
<u>Madriella</u>	Certification as a Birth or Postpartum Doula	\$150 initially, then \$100 every 3 years	Unlimited Rolling Registration	Self paced, no time limit, Participants must complete 10 modules with several units each	Basics of supporting as a Madriella Doula, Birth prep and home exercises, Birth Preferences, The physiology of birth, Relaxation techniques, Hospital procedures and protocols, The Doula in the birthing space, The doula after the births, Certification exam.	No readily accessible live support, No obvious cultural humility training
<u>Childbirth International</u>	Certification as a Birth or Postpartum Doula	Fees: Birth Doula \$720-\$785 Postpartum Doula \$690-\$755	Self Paced, no time limit, it takes ~3-4 months to complete working 10hrs/wk	Birth Doula Training: \$720-\$785. Postpartum Doula Training \$690-\$755	Multiple modules covering birth and postpartum support, communication, Diversity/equity/inclusion, anatomy and physiology, C-section and VBAC, Infant care and feeding, grief and loss, doula business principles	A one- on- one teaching method

Other Doula Training Programs Connecticut Doulas Attended

BEST Doula Training

Birth Advocacy

Birth Arts International

Birth Doulas International

Birth Tribe

CAPPA

Doula Trainings International

Embodied Doula Training

HealthConnect One

International Doula Institute

Mama Glow

Mamatoto Village

Matrona Birth Doula Training

National Association to Advance Black Birth
(NAABB)

Newborn Mothers

Planned Parenthood

ProDoula

StillBirthday

While most doula training programs covered the basics of birth and postpartum support and comfort measures, there were wide variations in training curricula, duration of programs, how many people a program could train at a time, training format, one day v. several months, self paced v. directly mentored.

Additional Doula Platforms

- Mobile Doula
- eDoulaBiz
- Mahmee
- Maven
- Proprietary software