Learning Community Meeting

September 20, 2022

The National Birth Equity Collaborative's
Respectful Maternity Care Initiative

Agenda

Welcome

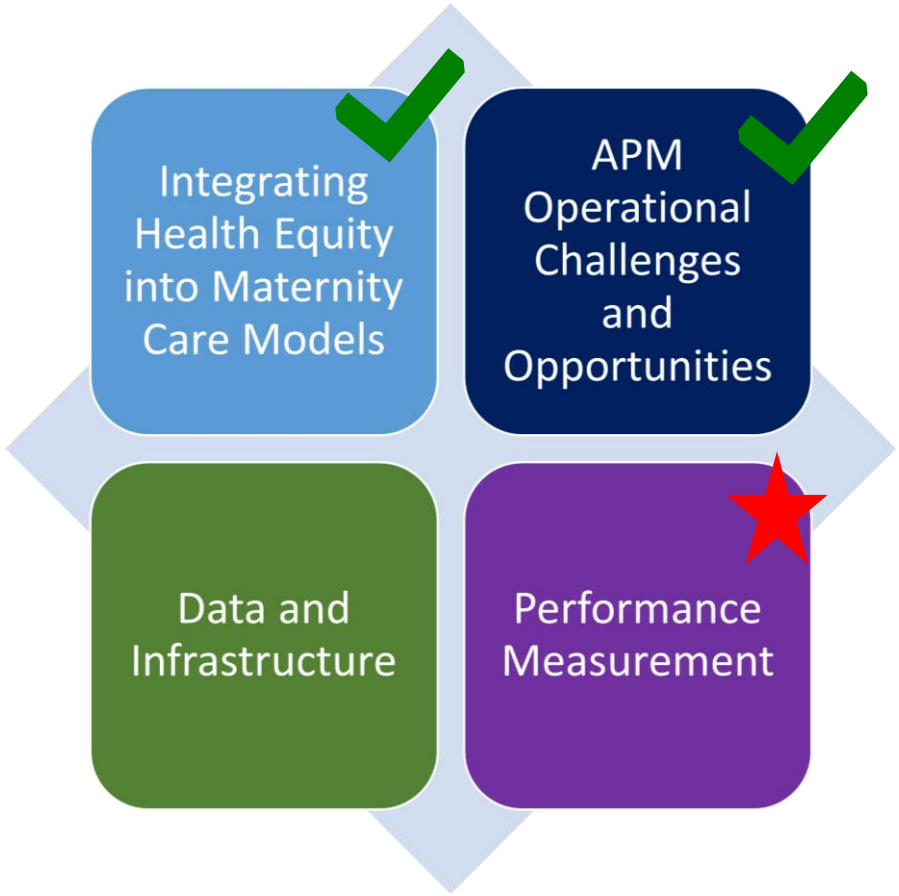
NBEC's Respectful Maternity Care Initiative
- Dr. Susan Perez, PhD, MPH, Research and Strategy Consultant
- Afua Nyame-Mireku, MPH, Senior Birth Equity Research Analyst

Maternal Health Hub Progress

Adjourn

MATERNAL HEALTH hub

Maternal Health Hub Progress



Integrating Health Equity into Maternity Care Models

- April Meeting: Spotlight on North Carolina
- May Meeting: Embedding Health Equity into Medicaid Managed Care Contracts

General APM Operational Opportunities

- June Meeting: Successful Value-Based Payment in Maternity Care
- July Meeting: Opportunities and Challenges to Implementing the Medicaid Post-Partum Coverage Expansion: Lessons from CA and IL

As a reminder, meeting recordings, notes, and slides can be accessed through your Maternal Health Hub Learning Community account: https://maternalhealthhub.org/learning-community/. If you do not have an account, please reach out to anna.kemmerer@hcttf.org.

MATERNAL HEALTH hub

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MEASURING BIRTH EQUITY

SUSAN L. PEREZ, PHD, MPH

AFUA NYAME-MIREKU, MPH

AGENDA

Background and History	• Why do we need a patient reported experience measure (PREM)?
Developing & Validating Patient Reported Experience Measure	• What are the methods for developing a patient reported experience measure?
Including Those Most Impacted by Disparities	• How do we center the needs and values of birthing persons in measurement?
Dissemination and Implementation	• What are the inclusive approaches and practices that promote stakeholder buy-in for broad adoption and utilization?

BACKGROUND AND HISTORY

Why do we need a patient reported experience measure (PREM)?

HISTORICAL CONTEXT

History of gynecology and medicalization of birth rooted in racist practices

- Founding of modern gynecology
  - Lucy, Betsey, Anarcha, and other enslaved people received experimental gynecological surgeries **without anesthesia or their consent** to found modern gynecology
- Abolition of midwifery, doula care, and homebirth
  - Midwives practiced in most states without government control until the 1920s
  - Birth medicalized in early twentieth century with recommendation of hospitalization
- Led to pervasive ideologies that:
  - De-center patients' birth experiences
  - De-value consent and bodily autonomy
  - Ignore Black pain

MATERNAL HEALTH CRISIS IN U.S.

Maternal Health Crisis is Fueled by Structural and Interpersonal Racism

- Black and Indigenous communities have higher pregnancy-related mortality rates compared to White communities
  - Black pregnancy-related mortality rate (40.8 deaths per 100,000 live births)
  - Indigenous pregnancy-related mortality rate (29.7 deaths per 100,000 live births)
  - White pregnancy-related mortality rate (12.7 deaths per 100,000 live births)

- Indigenous, Latina/e, Asian, and Black communities more likely to experience obstetric violence compared to White communities
  - Seven dimensions of obstetric violence: physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers, and poor conditions and constraints presented by the health system

- Providers are trained and socialized to practice in ways that perpetuate racial biases
  - Miseducation on the biological basis of race
  - Lack of skin color diversity in medical school textbooks

birth equity *(noun)*:

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD

ational Birth Equity Collaborative

REPRODUCTIVE JUSTICE

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

-Loretta Ross

We must…

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities

PATIENT-REPORTED EXPERIENCE MEASURE (PREM)

- Rooted in birth equity and reproductive justice principles
- Current pregnancy and birth measures:
  - Center clinical outcomes
  - Do not include patient experiences during care
    - Can't assess consent, mistreatment, autonomy, respect, and other factors

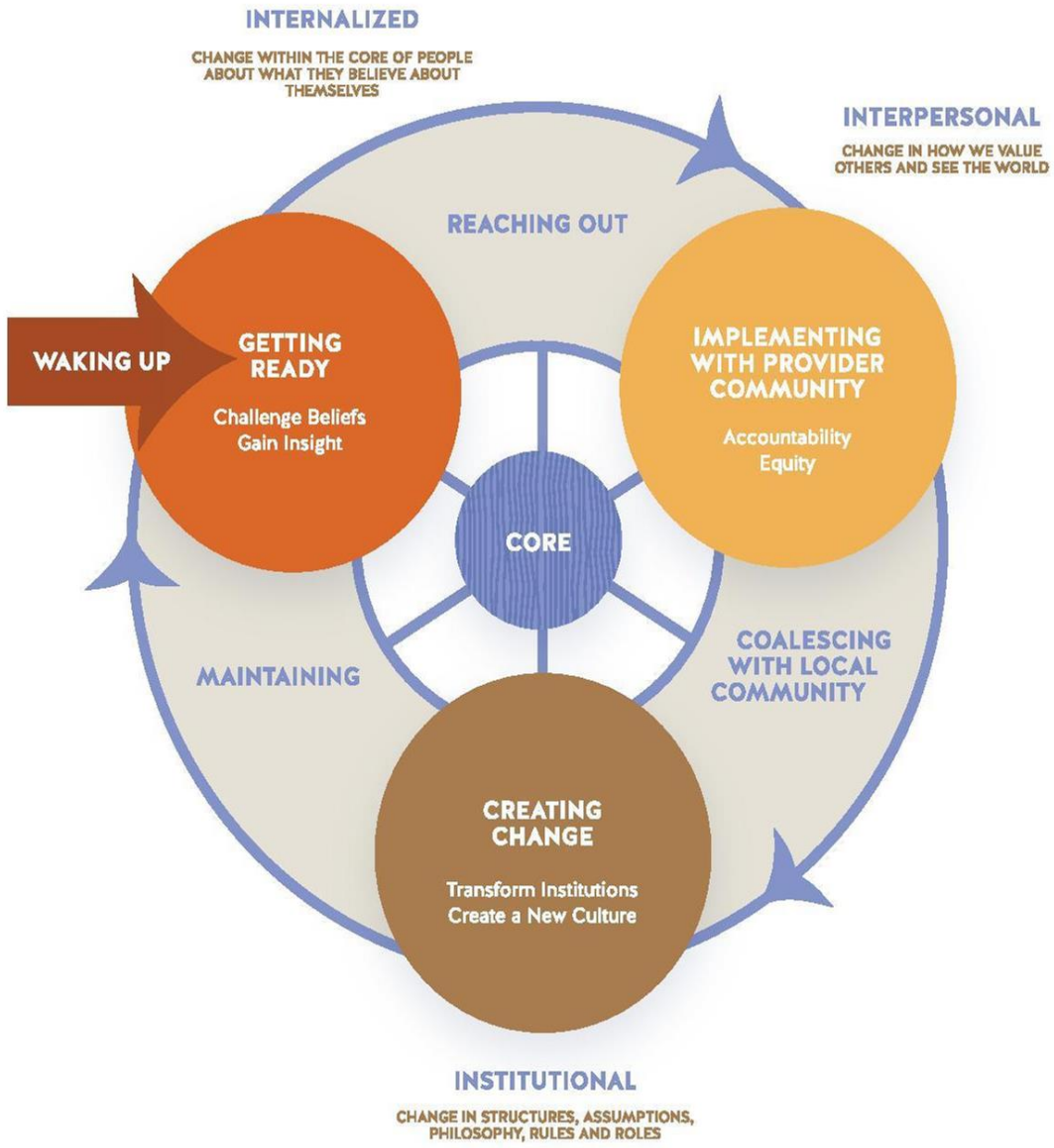
- PREM → Quality Improvement for Respectful Maternity Care

- We want to:
  - Capture the burden of disrespectful maternity care
  - Continuously document patterns and trends from the patient's perspective
  - Build robust tools of accountability into training and practice that help fill the gap around disparities in care delivery and outcomes

PREM: RESPECTFUL MATERNITY CARE

The Respectful Maternity Care initiative bridges community assets to hospital care by centering the cultural, biopsychosocial, and holistic needs of Black mamas in order to reduce disparities in clinical and patient-reported experience measure outcomes for all birthing people.

The Cycle to Respectful Care is a theoretical framework based on the birth experiences of Black birthing people, created to inform the ways hospitals and health systems achieve birth equity.



NBEC NATIONAL BIRTH EQUITY COLLABORATIVE

DEVELOPING & VALIDATING A PATIENT REPORTED EXPERIENCE MEASURE

What are the methods for developing a patient reported experience measure?

THREE APPROACHES TO BIRTH EQUITY MEASUREMENT

Respectful Maternity Care PREM for Black Birthing People

- Funded by the Robert Wood Johnson Foundation

Respectful Maternity Care PREM for All Birthing People

- Funded by the Pritzker Family Foundation

Birth Equity Measurement Bundle in Partnership with NCQA

- Funded by multiple funders: California Healthcare Foundation, Pritzker Family Foundation, Kellogg Foundation, and the Robert Wood Johnson Foundation

CHALLENGES TO "MEASURING WHAT MATTERS" IN BIRTH EQUITY

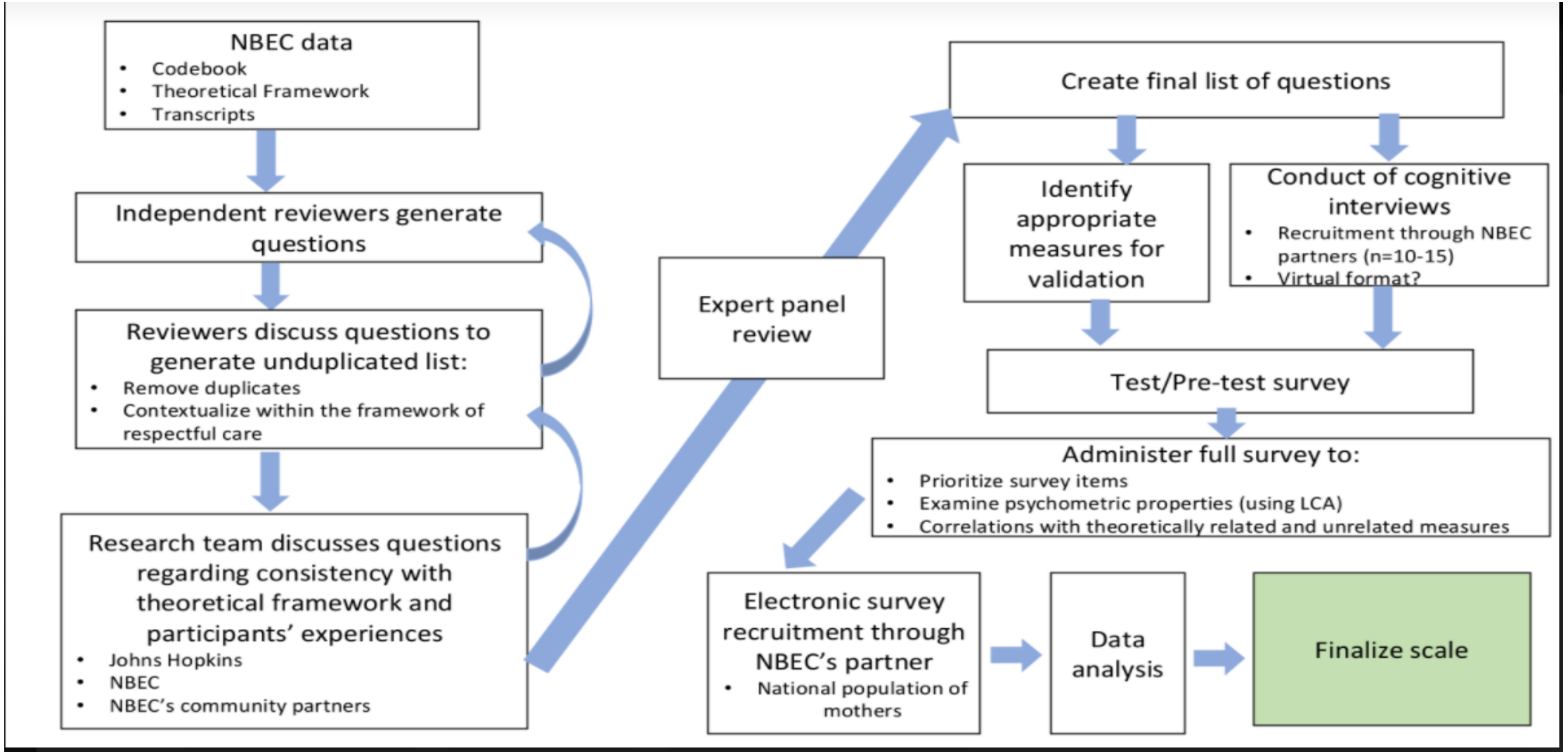
Limited use of measures that are meaningful to patients, especially birthing people from disenfranchised communities

Little focus on measuring health equity and limited data on populations at higher risk of deaths and harms

Longstanding issues with fragmented care & data availability have led to narrowly-focused measures

Little to no focus on health equity in payment incentives, benchmarking, etc.

PREM VALIDATION PROCESS



NATIONAL BIRTH EQUITY COLLABORATIVE

BIRTH EQUITY MEASUREMENT BUNDLE SET

Develop, test and disseminate an actionable set of birth equity measures that enables all levels of the health system and community partners to work together.

Measurement bundle set will:

- Be informed by existing conceptual frameworks
- Harness existing measures & include new measure development for prioritized measure concepts
- Complement other payment, policy and health system interventions

BIRTH EQUITY MEASUREMENT BUNDLE SET: METHODS

	Phase 1 *(~12-18 months)*	Phase 2 *(~30 months)*	Phase 3 *(~12 months)*
Aim	Identify birth equity measurement set	Specify, test and pilot measure bundles in two states	Spread and promote measure bundles
Mechanism	• Lit review: existing frameworks & measures of Black birthing people morbidity & mortality • Interviews, focus groups with diverse stakeholders & Black birthing people • Prioritize measure concepts	Engage different levels of the health care system in a learning collaborative to test use of measure bundles across health care system	Tap into organizational and stakeholder resources Discuss with accountability programs

INCLUDING THOSE MOST IMPACTED BY RESEARCH

How do we center the needs and values of birthing persons in measurement?

Research team and leadership should include people of color and those who identify with those impacted

- Conducting research with, by and for Black birthing people

Equitable Partnerships with community-based organizations

- Funding allocation
- Conscious about hierarchies in the dynamics of the partnership
- Representation without tokenization

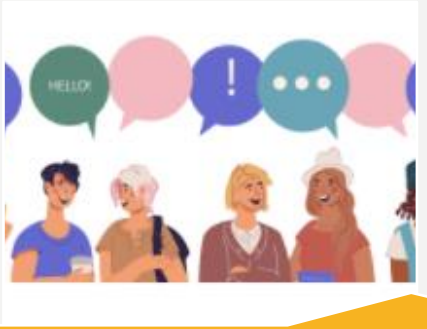
Elevating, Recognizing & Compensating Expertise

- Mirror what we are asking of healthcare providers—patients as experts of their bodies and lived experiences

DISSEMINATION & IMPLEMENTATION

What are the inclusive approaches and practices that promote stakeholder buy-in for broad adoption and utilization?

Center patient lived experiences and narratives in dissemination.



Encourage community based organizations, patients, and stakeholders to lead dissemination.

- Include in funding to pay for travel and conferences of patients and stakeholders to represent the work
- PAY THEM FOR THEIR EFFORTS AND TIME

Identify influencers and dissemination channels that reach those most impacted by this work—birthing peoples.

Identify ways in which to include patients and stakeholders as co-authors in publications

- Ensure meaningful engagement in the research process, manuscript writing, and publication process

Questions & Answers

Thank you!

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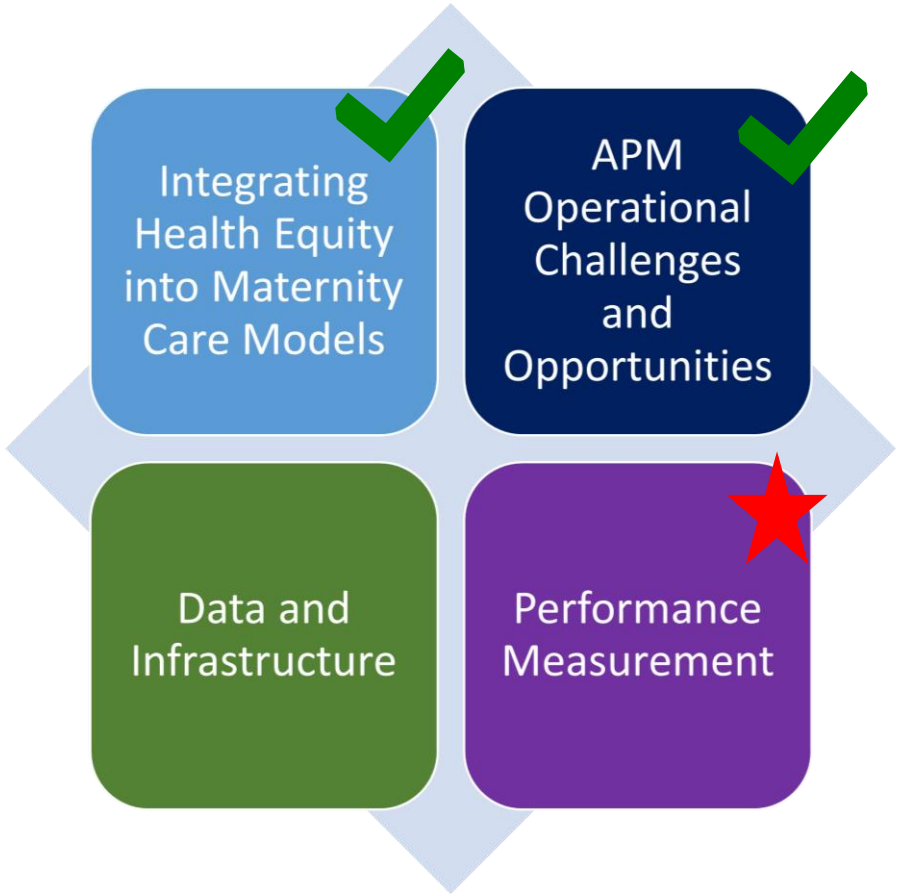

Performance Measurement:

- September Meeting: NBEC's Respectful Maternity Care Initiative

UPCOMING:

- More on performance measurement, including NBEC's work with NCQA to develop a birth equity measure bundle
- Diving into data and infrastructure needed to support maternity care delivery transformation, including systems and analytics, and best practices in doula recruitment and training to improve health equity

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MATERNAL HEALTH hub

Call for Maternal Health and Health Equity Dissemination Opportunities

The Task Force is compiling a list of upcoming conferences and other dissemination opportunities that will focus on maternal health and health equity.

Please share any events that you are aware of or planning to participate in with tanya.alteras@hcttf.org and anna.kemmerer@hcttf.org

The team will make the list available to the Learning Community via www.maternalhealthhub.org

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