

Embedding Equity into Perinatal Health Alternative Payment Models to Improve Maternal Health Outcomes

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Agenda

- Background and Current Policy Context
- Current State of Perinatal Payment Reforms
- Strategies to Adapt Perinatal Bundles to Improve Equity and Maternal Health Outcomes
- Linking Perinatal Bundles to Primary Care Population-Based Payment Models

Background

- The US has **persistently high rates** of maternal morbidity and mortality
- The causes are **multi-faceted**
- Racism and structural inequities **exacerbate** these trends among people of color
- Payment and clinical policies set by Medicaid and commercial payers represent **powerful levers to reduce disparities** in both pregnancy outcomes and maternal health outcomes
- **Alternative Payment Models (APMs)** are a potential solution to improve maternal health outcomes and reduce persistent disparities given their financial flexibility and ability to leverage financial incentives to encourage innovation

Opportune Time for Perinatal Care Reforms

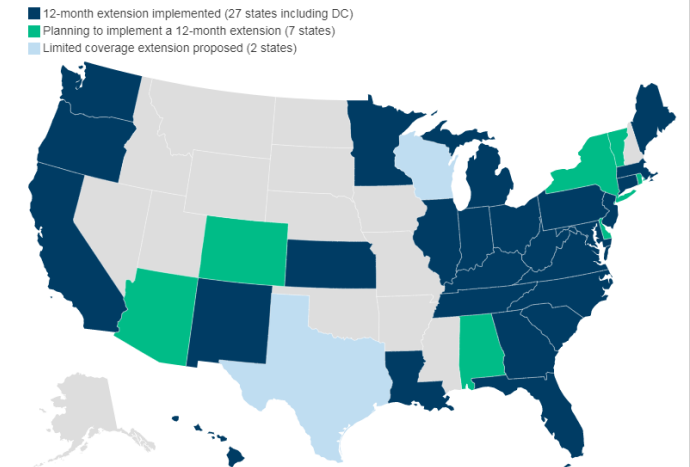
Recent policy changes support access to and quality of perinatal care:

- Temporary postpartum coverage through the moratorium on Medicaid disenrollment
- State option to extend postpartum coverage up to 12 months
- Medicaid and commercial payers increasingly enabling access to doulas
- Expansion of telehealth and remote care models

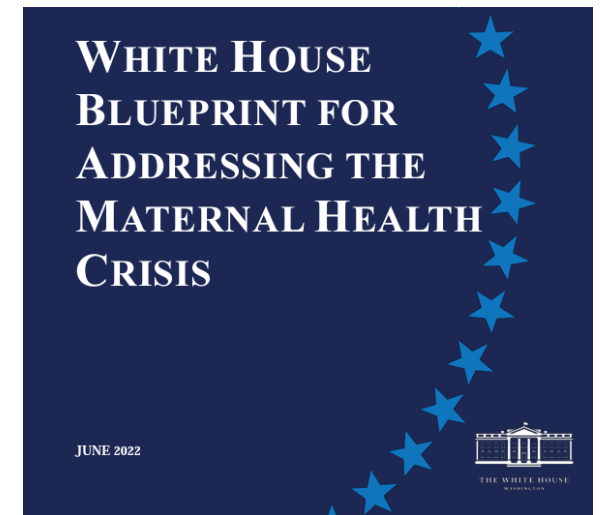
The Biden-Harris Administration is focused on reducing maternal mortality and morbidity. Recent actions include:

- Issuing a national call to action to reduce maternal mortality and morbidity
- Advancing focus on health equity within CMS and CMMI
- Creating a new “birthing friendly” hospital designation
- Announcing over \$20 million in investments to implement the Blueprint for Addressing the Maternal Health Crisis

Postpartum Coverage Tracker Map



SOURCE: Data KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of October 22, 2022. PNG KFF



Current State of Perinatal Payment Reforms

- Perinatal bundles are one approach used at the state level to advance maternal health and are **becoming one of the dominant APMs** for perinatal care
- Limited evidence exists on the ability of bundles to improve maternal health outcomes and perinatal equity, pointing to a need for additional evaluations that move beyond process measures to **focus more on outcomes and experience** of care for birthing people
- Perinatal bundles could be a useful tool in encouraging action in pregnancy care, but their **current implementation may not drive transformative improvements** in maternal health outcomes and disparities reduction

Adapting Perinatal Bundles to Improve Equity and Maternal Health Outcomes

Develop multi-payer approaches to perinatal bundles

Extend the duration of bundles into the postpartum period

Incorporate the infant in the bundle

Increase access to care outside of facility-based settings

Integrate behavioral health and social drivers of health interventions

Encourage expansion of the perinatal workforce

Case Example: Leveraging Community-Based Resources and Coordinating Care

Cityblock Health partners with insurance plans and works with maternity care organizations to provide additional medical, care coordination, and social services to pregnant members through community-based partners, including teams hired from within communities and trained to be certified doulas.

Linking Bundles to Primary Care Population-Based Payment Models to Better Address Equity in Maternal Health

- The effectiveness of perinatal bundles can be substantially increased when paired with broader population-based payment models, which encourage a **whole-person approach**, with coordination across all the health needs birthing people have.
- When people are cared for through a combination of population-based and bundled payment models there are **reductions in spending and improved patient outcomes**.

A perinatal bundle linked with a primary care population-based model:

Establishes accountability for outcomes across the life course

Strengthens care coordination efforts between perinatal and primary care providers

Builds relationships that serve to address the long-term needs of birthing people and their families

Provides access to expanded services for the perinatal period (e.g., telehealth, care management services, interdisciplinary teams, wraparound services)

Strategies for Coordinating Perinatal Bundles with Primary Care Population-Based Models

Contractual Requirements

- Contractual obligation to **coordinate** care between primary care population-based model and the principal accountable provider of the perinatal bundle
- Payment is separate and flows directly to each entity without common financial accountability

Purchased Service Model

- When one entity “**purchases**” or **outsources** services to the other. The primary care population-based model could contract with perinatal provider via bundle payment
- Each payment model would have separate spending and outcome targets, but the primary care provider would have an interest in improving health outcomes

Gainsharing Model

- Both entities **take on risk** for perinatal care and overall population health and are eligible for savings if both meet cost reduction and quality thresholds
- Requires shared commitment to ensure coordination across care continuum

Blended Accountability Model

- Savings and quality improvements for perinatal episode **shared** between entity responsible for perinatal bundle and population-based model
- Population-based model adjusted so there are no disincentives for participating in both an episode-based model and population-based model

Design Considerations and Investments Needed for Linking Bundles and Population-Based Models

INVEST IN DATA INFRASTRUCTURE

Need standardized data flows between providers, health systems, payers, and state-federal exchanges



Considerations and Investments



SUPPORT INDEPENDENT AND RURAL PROVIDERS

Support smaller and under-resourced organizations like federally qualified health centers and help them participate



CONSIDER MANDATORY PARTICIPATION

- Voluntary participation may limit engagement of diverse provider types
- Glidepath to mandatory participation

EXPAND ACCESS TO CARE

- Invest in the perinatal workforce
- Leverage telehealth
- Engage safety-net providers



Conclusion

- Recent policy changes and APM designs have helped **expand access** to pregnancy care and **improve maternal outcomes**, but have not done enough to address persistent and worsening inequities
- Addressing inequities in maternal health outcomes requires identifying and intervening on **structural** causes of inequities
- Changing policy environment around reproductive health in the US, particularly with the overturn of Roe v Wade, will significantly increase the need for **access to quality perinatal care** and **action to address inequities** in maternal mortality rates
- **Linking** a perinatal bundle with primary care population-based model allows providers to focus on the health and social needs of the whole person leading up to, during, and after pregnancy

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For more information, access the full [issue brief](#) on the Duke-Margolis website.

Questions?

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