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# Designing Effective Delivery and Payment Programs to Advance Maternal and Infant Health Equity and Excellence

## Operational Guidance

Linked care delivery and payment reforms have an important yet largely unrealized role to play in improving maternal and newborn health and reducing intractable inequities. The predominant maternity care payment system does not center the needs of birthing families and largely lacks accountability for providing high-quality, equitable care. It provides too much unneeded high-intervention, high-cost care (especially during hospital stays for childbirth) and too little high-value, patient-centered care – to the detriment of birthing families’ health. Well designed maternity care episode payment programs and maternity care homes have great potential for rectifying these shortcomings. This operational guidance delineates key design elements that should be widely used to improve outcomes and advance equity for all birthing families.

### **Building equity into alternative payment model (APM) care redesign, payment mechanisms, and performance measurement.**

- **What:** APMs offer opportunities to advance equity through care redesign, payment structure, and accountability mechanisms.
- **Why:** Without building in intentional, systemic elements that drive equity, APMs miss opportunities to advance equity, and risk having no impact on, or worsening, inequity.
- **Key design elements to advance equity in maternity care APMs:**
  - **Care redesign**
    - ▶ **Partner with perinatal and other community-based groups and social service agencies.**
    - ▶ **Provide person-centered, culturally congruent and linguistically appropriate care.**
    - ▶ **Screen for physical, mental health, and social needs** periodically during pregnancy and in the postpartum period; develop/modify care plans; and address identified needs.
    - ▶ **Provide access to high-performing maternal care models** – ideally community-based variants, such as midwifery care and doula support.

- **Payment mechanisms:**
  - ▶ **Implement prospective payment** systems, as possible, including ability to screen and follow up for social, mental, and physical health needs; include high-performing maternal care models (e.g., midwifery care); and cover high-value services that may not have billing codes (e.g., services of doulas and community-based organizations).
  - ▶ **Adjust payments for medical and social risk**, possibly with an appropriate deprivation or vulnerability index, to ensure adequate levels of payment to meet higher-need individuals, including those who have been historically harmed and underserved.
  - ▶ **Provide up-front payments for infrastructure support** for safety-net providers and other providers that have been historically under-resourced.
- **Accountability mechanisms:**
  - ▶ **Collect self-identified data** on race and ethnicity, sexual orientation and gender identify, disability status, as well as economic status and geographic location, and condition payment upon access to these data.
  - ▶ **Select and collect health-equity-focused performance** measures, stratify results by race and ethnicity, set improvement targets, and tie payment to improvement.
  - ▶ **Publicly report quality data** stratified by race and ethnicity and any other demographics used for accountability.
- **Continuously evaluate and refine** the model to strengthen its impact.

## Achieving effective maternity care episode payment programs

- **What:** Well-designed maternity care episode payment programs are APMs that deliver high-quality, cost-effective care by fostering accountability, improving quality, and providing incentives for all team members to work toward shared aims.
- **Why:** In contrast to standard maternity care payment mechanisms, strong episode payment programs leverage payment for better maternal and newborn outcomes.
- **Key design elements for impact:**
  - **Use clinical performance measures that can drive population-level improvement**, with increasingly stringent targets for progressive quality improvement over time.
  - **Stratify performance data by race and ethnicity**, and if possible, other characteristics associated with inequity, and tie payment to reducing inequities.
  - **Include shared savings for exemplary performance and – when appropriate and feasible – introduce shared risk**, which is associated with accelerated quality improvement.
  - **Require contracting entities to share savings and, when applicable, any risk with members of the care team** to encourage team members to work toward shared goals.

- **Engage perinatal quality collaboratives** to provide continuing technical assistance for quality improvement.
- **Consider using “blended case rates,”** that increase and possibly level facility and provider payments for vaginal birth relative to cesarean payments, to shift perverse incentives for cesarean birth.
- **Continuously evaluate and refine** the model to strengthen its impact.

## Achieving effective person-centered maternity care home programs

- **What:** A maternity care home is a healthcare delivery model designed to provide tailored services that complement standard clinical maternal and newborn care for better, more equitable outcomes.
- **Why:** Well-designed maternity care homes that prepare, task, and resource personnel, as well as holding them accountable, can provide needed services that current brief prenatal and postpartum visits do not accommodate, including care navigation, identifying and helping to meet social and mental health needs, and timely access to needed care.
- **Key design elements for impact:**
  - **Make access convenient** through, e.g., extended hours, same-day appointments for time-sensitive concerns, telehealth, 24/7 telephone access to a team member, and language translation and interpretation.
  - **Develop and maintain a directory of social and community resources,** and use platforms designed for this purpose.
  - **Identify and engage optimal personnel,** such as community-based perinatal health workers, nurses, or social workers who provide respectful, trustworthy, culturally centered support.
  - **Integrate robust processes into care plans, electronic health records, and clinical workflows** to facilitate teamwide communication (including the birthing person), coordination, record-keeping, and other functions.
  - **Develop a payment mechanism to support the provision of these services,** for example, per-member, per-month payments.
  - **Screen for physical and mental health, as well as unmet social needs** at key points in pregnancy and the postpartum period, help those with identified needs obtain appropriate services, and follow up to assess impact and the possible need for further intervention.
  - **Tailor support to meet the needs of both the birthing person and their infant.**
  - **Incorporate performance measures that are stratified by race and ethnicity,** and other characteristics associated with structural inequities, and financially reward reduced inequity. Examples include screening for mental health and social needs and following up on positive screens, and patient activation change scores during pregnancy.
  - **Continuously evaluate and refine** the model to strengthen its impact.

For more details about specific maternity care quality measures to incorporate in delivery and payment programs, please see our operational guidance: [Priority Maternity Care Quality Measures to Improve Outcomes and Equity](#).

## References

<sup>1</sup> Carol Sakala and Megan Burns. *Realizing the Transformational Potential of Maternity Care Payment Reform* (Washington, DC: National Partnership for Women & Families), forthcoming.

<sup>2</sup> Health Care Payment Learning & Action Network. *Advancing Health Equity Through APMs: Guidance for Equity-Centered Design and Implementation*, 2021, <http://hcp-lan.org/workproducts/APM-Guidance/Advancing-Health-Equity-Through-APMs.pdf>

Find detailed recommendations and more resources at [nationalpartnership.org/raisingthebar](https://nationalpartnership.org/raisingthebar)

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