

Improve Maternity Care Through Innovative Delivery and Payment Systems and Quality Improvement Initiatives

INTRODUCTION

The *Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing* aims to chart an efficient pathway to a maternity care system that reliably enables all women and newborns to experience healthy physiologic processes around the time of birth, to the extent possible given their health needs and informed preferences. The authors are members of a multistakeholder, multidisciplinary National Advisory Council that collaborated to develop this document.

Knowledge about the importance of perinatal physiologic processes for healthy maternal-newborn outcomes has come into sharper focus and garnered growing attention in recent years. Fostering healthy physiologic processes whenever possible is a preventive approach to health and safety for childbearing women and their newborns. Promoting, supporting and protecting these processes contributes to healthy outcomes in women and their fetuses/newborns. These processes facilitate such crucial matters as fetal readiness for birth and safety in labor, labor progress, reduced stress and pain in labor, safe maternal and newborn transitions and adaptations after birth, effective breastfeeding and secure maternal-newborn attachment. Growing

evidence of longer-term effects of care around the time of birth also underscores the importance of fidelity to optimal maternal-newborn care. Leading professional organizations increasingly provide guidance for promoting, supporting and protecting these processes.

The Blueprint identifies six widely accepted improvement strategies to transform maternity care and a series of specific recommendations within each strategy. Each recommendation is presented with immediate action steps to directly or indirectly increase access to healthy perinatal physiologic processes. The recommendations and action steps address many barriers to optimal care in the current maternity care system.

The recommendations and action steps reflect unprecedented opportunities for innovation in the rapidly evolving health care environment. To realize system transformation, innovation must be accompanied by continuous evaluation and publication of results, refinement, and the scaling up and spreading of effective approaches.

This excerpt includes the full content from the Blueprint report for the first of the six improvement strategies, *Improve Maternity Care Through Innovative Delivery and Payment Systems and Quality Improvement Initiatives*. View the full report and associated materials at NationalPartnership.org/Blueprint.



IMPROVE MATERNITY CARE THROUGH INNOVATIVE DELIVERY AND PAYMENT SYSTEMS AND QUALITY IMPROVEMENT INITIATIVES

STRATEGY OVERVIEW

The National Quality Strategy prioritizes innovative delivery and payment systems and quality improvement.¹ New maternity care delivery and payment initiatives that pay for better care and results (versus paying for provided services without regard to quality or outcome) are essential to achieving high-value care.² Two models provide exceptional potential for innovative, transformative maternity care. Making a single *episode payment* for all services from prenatal through postpartum/newborn care is an especially promising way to align all members of the maternity care team in pursuit of shared priority goals and to accelerate care transformation.³ Episode payment can incorporate

multiple effective strategies, including financial incentives, performance measurement, consumer engagement and health information technology. *Maternity care homes* can infuse prenatal and postpartum care with currently unavailable resources (typically a fixed payment per beneficiary per month) to engage women in their care, meet individual needs across the full episode and reduce disparities.⁴ Such payments complement the relatively small proportion of total payments currently flowing to ambulatory maternity services.⁵ Both models offer the opportunity to better use high-performing elements of maternity care, whether covered in current fee schedules or offered as

enhanced benefits that currently lack reimbursement codes. (Other promising payment reform strategies, such as reference pricing and nonpayment, are lower priorities in the present context because they offer less potential for concurrent care transformation.) As upcoming policies similar to the Medicare Quality Payment Program reach the Medicaid population, high-performing elements of maternity care will help health systems succeed and will be in greater demand. Many approaches to improving quality and safety can also advance high-value maternal and newborn care and foster the success of these new delivery and payment models.⁶

Recommendations here aim to accelerate the use of innovative delivery and payment systems and quality improvement initiatives to encourage care that fosters healthy perinatal physiologic processes in women and their fetuses/newborns, thereby improving outcomes, experiences and wise spending.



IMPLEMENT EPISODE PAYMENT PROGRAMS

Implement, assess, strengthen, scale up and spread maternity care episode payment programs.

ACTION STEPS

- Compile, widely disseminate and periodically update results of reports about the organization, financing and performance of commercial and Medicaid maternity care episode payment programs implemented to date. Identify attributes of programs that attain excellent outcomes.
- Commercial plans and Medicaid fee-for-service programs and managed care plans should continue to pilot, evaluate and publish results and refine maternity care episode payment programs.⁷
- Business groups on health should continue to sponsor pilots of maternity care episode payment programs and encourage payers to use payment and care delivery reforms to drive high-value maternity care.⁸
- As appropriate, build into episode programs other payment reforms, such as blended case rate, dedicated care coordination resources, coverage of postpartum long-acting reversible contraception and increased reimbursement for low-volume rural care.⁹
- Encourage the Center for Medicare and Medicaid Innovation (CMMI) within the Centers for Medicare & Medicaid Services to foster the development of maternity care episode payment programs, both agency-designed and from other entities. Models based in standard hospital care and models that feature the benefits of “focused factory” birth center care are both needed.¹⁰ Encourage CMMI to provide incentives for those with Medicaid and other reimbursement to implement these models, evaluate and publish results and refine them.
- Develop maternity care episode payment programs based on the maternity care model in the clinical episode payment white paper of the Health Care Payment Learning and Action Network (LAN);¹¹ and benefit from the rich offerings in the LAN’s Maternity Multi-Stakeholder Action Collaborative resource bank,¹² as well as lessons from pioneering episode payment programs.
- Structure maternity episodes to include the great majority of both women and newborns across an episode from pregnancy through the postpartum/newborn period, rather than limiting the episode to a shorter segment of care or restricting it to only women or newborns or to a low-risk population. Extend to multiple payers in the state or region whenever feasible.
- Use quality improvement initiatives, performance measurement, engagement of women and interprofessional education to educate payers and all members of the episode care team that physiologic childbearing is a core strategy for value-based practice, prevention, safety, improving outcomes and experiences and using resources wisely (see: 2, *Performance Measurement*; 3, *Engage Childbearing Women*).
- Foster fairness to providers by using risk adjustment, stop-loss levels and exclusion of selected high and uncertain cost outlier conditions.
- Integrate high-performing elements of maternity care, such as midwifery care, birth centers and doulas, to advance high-value care and excel in episode program performance, where appropriate.
- Incorporate consumer engagement strategies, largely overlooked in maternity episode programs to date, across episodes to advance high-value maternity care. The many possible strategies include fostering informed choice of care provider and birth setting and shared care planning and shared decision-making (SDM) (see: 3, *Engage Childbearing Women*).
- In all maternity care episode programs, use high-impact performance measures with incremental, safely achievable thresholds that adjust over time as systems learn and improve. Among current national standardized measures, Cesarean Birth (NQF 0471), Exclusive Breast Milk Feeding (NQF 0480) and Vaginal Birth After Cesarean Delivery Rate, Uncomplicated (IQI-22) are especially likely to foster healthy perinatal physiologic processes and appropriate use of interventions on a large scale (see: 2, *Performance Measurement*).¹³
- Integrate episode programs with woman- and family-centered interoperable health information technology that is available to clinicians and women and families. Use this technology to facilitate shared care planning and implementation, care coordination, sharing of the full health record, access to curated educational and decision support resources, communication and convenience functions, and delivery and collection of woman-reported outcome and experience measures. Prioritize mobile-first design for greatest access (see: 3, *Engage Childbearing Women*).
- Routinely measure and report the effects of episode payment programs on experience of healthy perinatal physiologic processes, reduced over- and underuse of care practices and other outcomes (see: 6, *Research*).



IMPLEMENT MATERNITY CARE HOMES

Implement, assess, strengthen, scale up and spread maternity care home programs.

ACTION STEPS

- Compile, widely disseminate and periodically update results of reports about the organization, financing and performance of maternity care home programs implemented to date (e.g., those in North Carolina, Texas and Wisconsin and CMMI's Strong Start program).¹⁴ Identify attributes of programs that reduce disparities and attain excellent outcomes.
- The payers and the purchasers of maternity care homes should continue to support provider entities in establishing, financing, piloting, assessing and strengthening maternity care home programs, and in sharing experiences.
- Encourage CMMI to foster the development of maternity care home models, provide incentives to those receiving Medicaid reimbursement to adopt these models and assess and strengthen them.
- Dedicate resources for care coordination to support women in developing shared care plans (including SDM), navigating their maternity care and achieving care goals as feasible. Reduce disparities by optimizing care (see: 3, *Engage Childbearing Women*).
- Dedicate resources for care coordination to help women gain access to needed social and community services (e.g., food, housing, mental health, tobacco cessation and other substance misuse). Reduce disparities by complementing clinical services with social and community services.
- Enable clinical practices, community health centers, birth centers and other entities to serve as maternity care homes. Use high-performing elements of maternity care, such as midwifery care, birth centers and doulas, in maternity care home programs and reimburse them sustainably.
- In all maternity care home programs, use high-impact performance measures with safely achievable incremental thresholds that adjust over time as systems learn and improve. Among current national standardized measures, Cesarean Birth (NQF 0471), Exclusive Breast Milk Feeding (NQF 0480) and Vaginal Birth After Cesarean Delivery Rate, Uncomplicated (IQI-22) are especially likely to foster healthy perinatal physiologic processes and appropriate use of interventions on a large scale (see: 2, *Performance Measurement*).¹⁵
- Encourage the National Committee for Quality Assurance to work with stakeholders to develop standards and establish a recognition program for Maternity Care Homes within its broader Patient-Centered Specialty Practice program.¹⁶
- Integrate maternity care homes with woman- and family-centered interoperable health information technology that is available to clinicians and women and families. Use this technology to facilitate shared care planning and implementation, care coordination, sharing of the full health record, access to curated educational and decision support resources, communication and convenience functions, and delivery and collection of woman-reported outcome and experience measures. Prioritize mobile-first design for greatest access (see: 3, *Engage Childbearing Women*).
- Routinely measure and report the effects of maternity care home programs on experience of healthy physiologic perinatal processes, reduced over- and underuse of care practices and other outcomes (see: 6, *Research*).



EXPAND HIGH-PERFORMING ELEMENTS OF MATERNITY CARE

Foster increased access to well-integrated, high-performing elements of maternity care that minimize overuse and underuse and foster physiologic processes (see: 5, *Workforce*).¹⁷

ACTION STEPS

- Develop and widely disseminate issue briefs, infographics and other communication tools to inform administrators, policymakers and others about high-performing elements of maternity care. Include both reimbursed services such as midwifery and birth center care and enhanced benefits that are not reliably reimbursed such as doula support.
- Work with policymakers to resolve a leading barrier to growth in the number of certified nurse-midwives, certified midwives and certified professional midwives – inadequate compensation for preceptors and educators – through return on investment and workforce shortage analyses and allocation of resources parallel to Medicare Graduate Medical Education funds for residency education (see: 5, *Workforce*).¹⁸
- To increase women’s access to providers and settings that routinely foster healthy perinatal physiologic processes and address workforce shortages and maldistribution, adapt state-level model legislation to extend practice authority to certified professional midwives and certified midwives in all remaining states and ensure that practice acts enable midwives to practice to the full scope of their education and expertise (see: 5, *Workforce*).¹⁹
- To increase women’s access to settings that routinely foster healthy perinatal physiologic processes, develop and adapt model legislation to extend legal recognition of birth centers to all remaining states. Ensure that statutes foster integration of freestanding birth centers – with effective consultation, referral, transfer and transport – with systems of care, including hospitals. Avoid restrictions that pose needless barriers to access.
- Develop and enact federal legislation to create, pilot, evaluate and publish results and refine birth centers that are integrated into the broader maternity care system to provide access to maternity care in rural areas (see: 5, *Workforce*).²⁰
- Develop and make widely available model contracts to facilitate access to birth centers, midwives and doulas within alternative maternity care payment programs and within Medicaid and commercial health plans. Address growing support for collaboration and care transfer and transport models. Address perceived concerns about vicarious liability.²¹
- Ensure thorough integration of the maternity care system, including interprofessional collaboration and appropriate policies and processes for consultation, shared care, transfer and transport from out-of-hospital to hospital settings (see: 4, *Interprofessional Education*).²²
- Ensure that high-performing care elements with proven effectiveness promote health equity by implementing them and providing access in safety net settings and with disadvantaged populations, including among Medicaid fee-for-service and managed care organization beneficiaries.
- Educate all stakeholders about sustainable reimbursement levels for midwives, birth centers, doulas, community health workers and other time-intensive care models. Address sustainable reimbursement in model legislation, contracts, policy and program development. Add model billing codes to the centralized Medicare fee schedule for birth centers and other high-value services that do not currently have codes, and do likewise with Medicaid fee schedules.
- Routinely measure and report the effects of broader implementation of high-performing elements of maternity care on experience of healthy perinatal physiologic processes, over- and underuse of care practices, maternal and newborn outcomes, health equity, resource use and other outcomes (see: 6, *Research*).



INCORPORATE QUALITY IMPROVEMENT INITIATIVES

Implement quality improvement initiatives at national, state, health system, facility and other levels to increase the use of practices that foster healthy perinatal physiologic processes. Use interventions that disturb those processes judiciously.²³

ACTION STEPS

- Reinforce optimal care practice at all levels of the system, including through clinical professional guidance, all levels of professional education, consumer education and suitable performance measures (see: 2, *Performance Measurement*; 3, *Engage Childbearing Women*; 4, *Interprofessional Education*).
- Develop and implement standardized care pathways for clinicians to foster high-reliability, evidence-based practice at point of care, and periodically update the pathways. Complement current focus on pathologic processes with pathways that support healthy perinatal physiologic processes and protect those processes through appropriate use of perinatal interventions²⁴ (see: 4, *Interprofessional Education*).
- Complement perinatal track-and-trigger systems that warn of deteriorating clinical status by developing and implementing upstream evidence-based educate-and-prompt systems that help care team members foster healthy perinatal physiologic processes, reduce the use of interventions and prevent complications. Examples include reminders about ambulation, hydration, intermittent auscultation, non-pharmacologic options for progress and comfort, and other care options to consider before initiating more consequential interventions.²⁵
- Complement problem-focused perinatal simulation programs with those that help care team members foster healthy perinatal physiologic processes and prevent downstream problems. The many suitable topics include external version, vaginal twin birth, vaginal breech birth, many labor comfort measures and skin-to-skin contact after vaginal and cesarean birth.²⁶
- Expand perinatal safety courses and toolkits to include content on preventing harm by helping women and fetuses/newborns experience healthy perinatal physiologic processes, thereby reducing the use of interventions and complications. Present prevention topics before rescue topics.²⁷
- Introduce content into perinatal quality collaboratives on the preventive safety strategy of helping women and fetuses/newborns experience healthy perinatal physiologic processes and on the effects of common interventions on these processes. Engage the National Network of Perinatal Quality Collaboratives in implementing this strategy.²⁸
- Expand initiatives to avoid unnecessary cesarean birth and promote intended vaginal birth. When feasible, implement the Alliance for Innovation on Maternal Health bundle on Safe Reduction of Primary Cesarean Births – Supporting Intended Vaginal Births using the companion toolkit.²⁹
- Purposefully consider implementation populations, settings and approaches to ensure that access to quality improvement initiatives narrows rather than widens disparities.³⁰
- Educate maternity care clinicians about the association between rigorous quality improvement programs and steep declines in liability claims, payouts and premiums.³¹ Also educate them about the potential for SDM to protect against liability.³²
- Routinely measure and publish the results of quality improvement strategies using an upstream preventive model of perinatal harm reduction by increasing access to healthy perinatal physiologic processes and reducing over- and underuse of interventions. Use evaluations to refine improvement strategies (see: 6, *Research*).

Read the full Blueprint report at NationalPartnership.org/Blueprint.

Endnotes

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