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Ensure Whole-Person Care to Achieve Maternal Health Equity

Operational Guidance for Health Plans

The Opportunity

This guidance document outlines recommendations for ways health plans can raise the bar for maternal health equity and excellence as provider partners.

To mitigate severe pregnancy-related complications, especially for high-risk individuals, early intervention by health plans across their core business functions can optimize whole person care. Two strengths of every health plan are foundational to success: data and understanding populations.

Leverage Data

Health plans should:

- Use available data (e.g., claims, lab records, health risk assessments, emergency department and hospital notification systems, WIC reports) to identify members who may benefit from access to pregnancy-related services and supports.
- Collect race, ethnicity and language (REL) data and sexual orientation and gender identity (SOGI) data at regular intervals. Stratify outcomes using these variables to identify and mitigate disparities.
- Train consumer-facing outreach employees on best practices for gathering REL and SOGI data.
- Use the cultural competence module of the Consumer Assessment of Healthcare Providers (CAHPS) or other assessment tools to understand member experiences, segmented by populations.
- Assess the degree to which providers in your network have participated in cultural competency and implicit bias training and provide training as needed.

Understand Your Population

Health plans should:

- Identify specific reasons for any differences in the data between segments of the covered population by identifying the unique characteristics of each segment that impact health and drive specific health behaviors.
- Identify and engage trusted providers of culturally congruent services and supports to different population segments (e.g., transportation, food), and that act as trusted messengers (such as faith communities).
- Check in with members to understand their experiences with these community partners to ensure they are helpful. See Community Partner Guidance Document for detailed guidance on partnering with community organizations.
- Connect with a diverse range of birthing people to understand their communications preferences and their experiences with translation services; tailor communications and services to meet their needs and to build trust.
- Ensure that your members know about the range of services you offer birthing people and how to access them. Ask pregnant members or members who have recently given birth how to improve awareness of services, what barriers to accessing services may exist, and how to ensure that services are accessed with ease.
- Elicit feedback on your health plan's services and educational materials—both from a content and a health literacy perspective using a variety of methods (surveys, focus groups, one-on-one conversations). Use their feedback to identify gaps and optimize services, identify barriers to accessing services and supports, and develop new services or educational materials. Confirm that you are providing content in the languages your community tells you are most needed.

Keep in mind that achieving maternal health equity requires patient trust and trustworthiness of health care organizations. Trust may be lacking due to well-founded concerns birthing and pregnant people may have about experiencing bias and stigma due to lack of coverage and/or because of finances, racism, education level, substance disorder and more. It is important to be aware of these gaps in trust; the suggestions above will support your work to build trust with your members.

Recommended Strategies for Health Plans to Achieve Progress in the Care Provider Role

Innovative approaches to core business operations can dramatically increase the impact health plans have on birth outcomes and equity. Below are opportunities for health plans to use coverage, network access, benefits and services, and payment as levers for driving whole-person maternity care.

Roadmap for Execution:

1. Recommendation: **Identify and eliminate barriers to access and quality.**
2. Recommendation: **Provide coverage and benefits for both clinical and non-clinical provider types.**
3. Recommendation: **Address both physical and mental health needs and the social needs that impact them.**

Recommendation: Identify and eliminate barriers to access and quality.

Barriers to access and quality are driven by numerous factors, which frequently vary across segments of a population. For example, barriers could include an inability to get to health care appointments, language, lack of trust, disrespectful network providers, etc. Health plans have different levels of impact on those barriers, but there are significant ways health plans can address them to impact maternal health outcomes and experiences.

For example, health plans can screen for social needs, such as transportation, and partner with organizations that can address those needs. Health plans can also use their resources to provide language services and training to providers on maternal health disparities and the factors that drive them. Plans can also hold providers accountable for diversity, equity and inclusion standards and review coverage policies to ensure coverage decisions do not create access issues for populations experiencing disparities.

Recommendation: Provide coverage and benefits for both clinical and non-clinical provider types.

A diverse range of health professionals, such as nurse-midwives, doulas or community health workers, is critical to improving maternal health. Whole person care requires that health plans cover a broad range of services and provider types.

Recommendation: Address both physical and mental health needs and the social needs that impact them.

An integrated approach to maternal health that includes not only physical health but also mental health is vital to good outcomes for both mother and baby. Particularly for segments of a health plan's population that routinely experience toxic stress, marginalization and racism, risks are especially high for adverse maternal mental health outcomes.

Lever 1: Coverage

Research shows that coverage for care before, during and after pregnancy is the gateway to clinical and nonclinical supports for positive health outcomes. Perinatal through post-partum services provide pregnant and birthing people with the information, support and care they need for healthy and safe pregnancies, births and post-partum periods.

- Coverage policies that include the most needed and effective services for different segments of your population can improve outcomes and equity. For example, designing policies and programs that are flexible in the types of telehealth methods reimbursed can mitigate digital divide issues. Similarly, finding ways to leverage modern communication methods, such as text messaging can support access to care.
- Especially for underserved areas where network adequacy is difficult to achieve, including coverage for community-based providers and innovative types of services into health plan coverage policy can support better access to services for pregnant members.
- Provide coverage for freestanding, non-hospital-based care. Partner with or invest in BIPOC-owned, culturally sensitive birth centers, doulas and midwives.

Lever 2: Network Access

Health plans take great pains to ensure access to high quality providers while allowing consumers adequate choice in who provides their care. Continued efforts to align the diversity of your network with the diversity of your community is critical. Health plans also have the opportunity to begin thinking beyond the traditional physician network to consider non-physician – and even non-clinical – networks of providers to ensure their birthing members receive optimal care leading to optimal outcomes and improved equity. For example:

- Research shows that states with the most diverse nurse workforce have significantly reduced risk of severe outcomes for all non-white populations and a 32 percent risk reduction for white mothers. Health plans can actively recruit provider networks that better reflect the diversity of their populations and provide tools to assist their members in identifying providers who look like them and speak their language.
- Midwives, doulas and lactation counselors all have an important role to play in whole person care. They can provide patient-centered approaches that complement the contributions of physicians. Certification requirements for non-clinical personnel such as doulas and peer lactation supporters may pose barriers to entry without providing better quality. Enlist buy-in of health care providers on the use of multidisciplinary care teams by proving outcomes and experience data, as well as testimonials from early adopters.
- Health plans can work with health care providers to engage with and promote the use of community-based birth/health workers. Culturally congruent and community-based members of the team may be especially effective and valued by patients.

Lever 3: Benefits/Services

Understanding the types of services and supports most needed by each segment of your population and ensuring they are included in your coverage and benefits policies can support innovative solutions for maternal health equity.

- There are numerous ways in which health plans can connect pregnant, birthing, and post-partum people with timely services and supports:
 - Support and education resources for prenatal, childbirth and postpartum periods;
 - Care management for members experiencing a high-risk pregnancy;
 - Community resources to address social needs such as transportation, food and housing;
 - Resources and follow-up care for members who may be experiencing a stillbirth or pregnancy loss;
 - Guidance in managing decisions around pregnancy and family planning;
 - Support to address stress management, depression, anxiety, ACES, etc.; and
 - Virtual classes, community forums and support groups on healthy lifestyles, creating and following up on care plans, optimal management of chronic conditions (e.g., diabetes, hypertension), etc.

- Building new types of services into health plan benefits that are tailored to the specific needs of population segments is one way to drive better outcomes and customer loyalty. For example, “Maternal Health on the Move” mobile care units can be effective in rural regions where maternal care is limited.
- Contracting with and providing coverage for community birthing groups as part of a culturally competent continuum of care and advocating with state Medicaid offices to ensure Medicaid provides coverage for community birthing groups are two powerful tools to improve access and quality of care.
- Educating providers about health plan services (perinatal to postpartum care) and partnering with them to help patients engage with and access health plan services and supports can help eliminate barriers to care.
- Partnering with employers to develop innovative and accessible maternal health benefits, as well as information and education about maternal health conditions can support access.
- Complex coverage policy and processes for accessing care and services often present barriers to access. Health plans can collaborate with members to simplify, where possible.
- Leveraging health plan community benefit dollars to create charitable health coverage programs or offering medical financial assistance to pregnant and birthing people can ensure there are no coverage gaps for pregnant people.
- Addressing language barriers is also key to ensuring access. Health plans can provide services and electronic devices for facilitating information sharing, including:
 - ▶ Language translation services for birthing and pregnant people, including for telehealth visits
 - ▶ Bluetooth blood pressure cuffs for monitoring hypertension
 - ▶ Remote glucose monitors for gestational diabetes
 - ▶ Access to online support and advice (e.g., secure messaging or nurse advice chats)

Lever 4: Payment

Health plans routinely use payment models to align incentives for the kind of outcomes they want from their provider network. There is opportunity to think more creatively about how payment can be used to drive better outcomes in maternal health and equity.

- As health plans track and improve performance in collaboration with their provider partners, consider incorporating new measures into value-based payment contracts for accountability. Maternal health care quality and outcomes can also be incorporated into service provider contracts. Consider including expectations for improvements in quality and helping to meet the social needs of childbearing families.
- Incorporate measures designed to advance health equity in provider value-based contracts. For example, elements of respect, communication and psychosocial support are essential components of care experiences.

- Ensure that all employees and providers of all types are compensated fairly, and that they earn a living wage.
- Provide financial support to community services and organizations to which you make a significant number of referrals.
- Contract with key community services and supports for high-utilizer segments of the population.
- Implement bundled payments for maternity care that allow providers and staff the flexibility to spend more time with patients and connect them to needed services. Reimburse for the time it takes to develop and implement a meaningful care plan. Build an early trigger into the model to enable your health plan to deploy resources as early in the pregnancy as possible.
- Create a population-based payment covering all pregnancy and postpartum services, divided into regular payment periods.
- Use a global budget or shared savings payment arrangement. In such a model, maternal care would be considered just one piece of the larger payment for patients' care.
- Consider piloting a payment model that expands payments for the provision of culturally congruent care to better reward the time and expertise required.

The Alliance of Community Health Plans (ACHP) represents the nation's top-performing nonprofit health companies, serving tens of millions of Americans in 37 states and D.C. ACHP is the voice of a unique payer-provider partnership model advancing proven solutions that deliver better value for patients, employers and taxpayers, and their participation focused on reimbursement structures in provider-aligned health systems.

Find detailed recommendations and more resources at nationalpartnership.org/raisingthebar

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