Raising the Bar | FOR MOMS & BABIES

MARCH 2023

Linking Payment to Improving Equity in Maternal Health Access, Care and Outcomes

Operational Guidance

Why

Linking provider payment incentives to improvements in equity for certain conditions and procedures is gaining traction across several payer and provider systems. While linking payment to performance is not new, the concept of establishing performance goals related to health equity is a refocus from the traditional incentives linked to care processes and outcomes.

Strategies that link payment to improvements in equity are a key marker that a health care organization is committed to transforming care delivery to address inequities. While current programs that link payments to improving health equity typically address non-maternity related conditions or procedures, they provide a template for the work that can be done in the maternity care space. Maternity care is well suited to such a program as care is provided in a time-limited fashion for the birthing individual, and can be adapted to advance the community-based model of maternity care. The community-based model of care integrates doulas, midwifes, and freestanding birth centers into a birthing individual's care and proves to effectively improve outcomes in maternity care, especially for Black, Indigenous, or People of Color (BIPOC) individuals.

Health care payers and providers should use their positions to advocate for, develop, and implement (respectively) maternity care delivery and payment reforms that align resources and incentives with achieving maternal health equity, and incorporate new models into the contracted systems.

How

The operational steps shared below borrow from traditional incentive payment strategies but reflect additional efforts required to execute this in the context of a maternal health equity goal. These strategies—which do not reflect the entirety of actions necessary for this process—are organized according two broad categories: (1) overarching strategic considerations to address health equity in health care and (2) tactical considerations for linking payment to maternal health equity. Since organizations are at different places in their journey toward addressing health inequities in maternity care, this resource is designed as a roadmap that starts anywhere depending on the work already accomplished.

Overarching Strategic Considerations to Address Health Equity in Health Care

Before jumping into designing a program that links payment to maternal health equity, it is necessary to take several steps to ensure the organization is on track to successfully design and implement the program.

■ Securing Buy-In from Leadership

- ☐ Securing C-suite support is imperative both to set the direction for the entire organization that health equity is a priority and to secure the necessary funding for designing and implementing the venture. The Health Care Transformation Task Force released "Building the Business Case for Health Equity Investment: Strategies to Secure Sustainable Support," which details how to bring leadership on board. A few examples include:
  - Place health equity strategies in a long-term strategic context, noting the demographic and societal pressures that will make a lack of investment a losing battle for building public trust and increasing or maintaining market share.
  - Identify the risks to the organization of not addressing health equity, including higher costs from untreated illnesses, losing and/or not attracting employees, alienating important community partners, and losing significant market share in the coming years.
- ☐ Similar to achieving buy-in from C-suite leadership, take the necessary steps to gain buy-in from health systems and providers with whom the payer contracts. These will be similar to those listed above to achieve buy-in from the C-suite level.
- ☐ To ensure organizational commitment to and sustainability for investment in health equity, leadership—at both the payer and health system level—should make achieving health equity a priority co-equal with existing priorities.
  - Advocate for the inclusion and priority of health equity in the organization's short-term and long-term strategic plan.
  - In all communications, place health equity on par with other priorities such as patient access to quality and affordable care.
  - Recognize that concurrent changes in organizational culture and leadership commitment that may be necessary to support this initiative, and develop messaging and other communications to drive that change.

■ Foundational Considerations for Program/Policy Development

- ☐ Decide upon a definition of health equity, as well as maternal health equity, to guide this work. Several organizations provide definitions that can be used to inform the development of a shared definition:
  - World Health Organization
  - Robert Wood Johnson Foundation
  - Centers for Disease Control and Prevention
  - Optimal Maternal Health

- ☐ Incorporate health equity pursuit into existing work streams. Health equity efforts should not stand as their own pillar; to be truly effective, these efforts should be woven into all aspects of a health care organization's work.
- ☐ Assess and refocus the organization's current infrastructure to aid in implementing programs and policies that address health equity, including:
  - Data collection, stratification, and sharing infrastructure.
    - An accompanying briefer outlines best practices for building a sustaining a data collection and stratification infrastructure.
  - Evaluate existing partnerships—and the trust and investment needed to form new ones—with community-based organizations, as these organizations can play a role and are valuable partners in addressing the full range of a patient population's needs.
    - Where partnerships and trust do not already exist, invest in developing those relationships and co-creating the path forward.
    - Explore opportunities for the health care organization to leverage its funding to help support and sustain community-based organizations as true partners.

Tactical Considerations for Linking Payment to Maternal Health Equity

Programs that specifically link payment to improving maternal health equity have great power to improve care delivery and outcomes. The following steps provide a template—pulled from existing models in the field—to build a maternal health focused payment model.

- ■ **Execute the Steps Required to Design, Test, and Implement a Payment Structure to Effectively Improve Maternal Health Equity**
  - ☐ Create a team that will develop, implement, monitor, and evaluate the program. This team should include representatives with knowledge of and insights into your organization's activities on:
    - Data collection and measurement
    - Performance measurement
    - Diversity, Equity, and Inclusion (DEI)
    - Maternal health equity
    - Community member lived experience
    - Clinical care and quality improvement
    - Marketing and sales
    - Government Relations/Legal
      - Including the legal perspective is necessary as there may be state or federal barriers/regulations that need to be addressed.

- [ ] Evaluate existing data and stratify by race, ethnicity, and language, at minimum, and other demographic factors, such as sexual orientation, gender identify, and disability status if possible, to identify the conditions or procedures in the range of maternity care services experiencing the greatest inequities in care and outcomes.
- [ ] Seek feedback from community members and participating providers to prioritize outcomes that matter to the patients and communities served.
- [ ] Design the mechanics of how the payment will tie to health equity; issues to consider include:
    - Will there be an upfront payment for providers to invest in the necessary infrastructure to address health equity? This could be funding for data infrastructure, developing/funding community relationships, or care coordination. If so:
        - Who would qualify for this payment?
        - What are the parameters for how the payment can be used?
        - In a value-based care model, would the upfront payment cost be recouped from a provider's shared savings?
            - CMS' ACO Investment Model used this strategy for ACO's that received shared savings. Those that did not achieve shared savings were not penalized and did not have to pay back the upfront payment.
    - Will there be technical assistance available for providers in order to implement the payment model? More detail is included under 'establish wrap around support for participating providers' on page five.
    - Will a social risk adjustment calculation that considers a patient's history (including unmet social needs and existing conditions) be used to determine the baseline and incentive payments?
    - What will the actual payment model look like?
        - Will the payment relate to care and outcomes across the entirety of a maternity episode (including prenatal, labor and birth, and post-partum care) or will it apply only to a specific maternity period, procedure or outcome?
        - What metrics will be used to evaluate a provider's performance?
        - Who are the providers compared to? Are providers compared to each other, their past performance, or a set baseline?
            - By comparing the provider to their past performance, it encourages collaboration between different providers on successful practices to achieve health equity.
        - Will the benchmark increase over time as the provider improves?
        - What happens if the performance tops off or if health equity is achieved for the condition or procedure?

■ Establish Wrap-Around Support for Participating Providers

- ☐ Recognize that a model specifically designed to address maternal health equity will require additional investments to ensure that providers who serve birthing populations that are historically marginalized and underserved and/or are at higher risk for morbidity or mortality, are funded appropriately for the delivery of necessary care.
- ☐ Seek input from providers about what they need to succeed in the program.
- ☐ Develop and provide guidance for strategies providers can employ to reduce inequities related to the metrics in the program, based on the feedback received. Several options exist; these can stand alone or be used in tandem to provide maximum support:
  - Provide evidence-based practices and accompanying technical assistance needed to implement the best practices.
  - Establish learning collaboratives that allow participating providers/entities to share best practices and lessons learned.
  - Partner with organizations that have experience in reducing inequities and improving health equity. For example, Blue Cross Blue Shield of Massachusetts partnered with the Institute for Healthcare Improvement, an organization that brought a wealth of experience to their partnership.
- ☐ Consider how providers can be incentivized or encouraged to look beyond the clinic walls to improve care, including how barriers to accessing care can be removed. Several actions to consider are:
  - Expanding office hours outside of the typical 9-5 weekday workday.
  - Offering appointments all days of the week.
  - Using alternative staffing models such as midwives, maternal fetal medicine specialists, mental health providers, doulas, care coordinators, lactation support providers, and other community-based providers.
  - Providing free on-site parking.
  - Collaborating with and referring patients to community-based organizations, such as community-based perinatal organizations or birth centers.
  - Partnering with meal service organizations to ensure that patients are receiving healthy meals.
  - Partnering with public transportation support services to help patients attend their visits.

- **Establish a plan for sustaining the program in the long term. Strategies to consider include:**
  - ☐ Develop a monitoring system that will check to ensure the program is not worsening existing, or creating new inequities in care.
  - ☐ Secure the funding needed to continue the program for the agreed upon timeline by:
    - Setting targets for the selected performance metrics, to demonstrate progress and reason for sustaining funding in the long-term.
    - Implementing surveys or focus groups to gather qualitative feedback from both patients and providers about the impact of the program.
    - Monitor other pathways of care that align or overlap with the program to determine if the program leads to positive or negative spillover effects into other areas of care.
  - ☐ Use the power of the organization to advocate for the coverage of doulas, midwives, community-birth centers, and other community health workers under Medicaid. If the aforementioned workers are already covered by Medicaid and existing payment structures, advocate for payment parity with other maternity care services.
  - ☐ Consider publicly reporting results for accountability towards meeting goals of reducing inequities in care and outcomes.

Resources:

- Advancing Health Equity through APMs (HCP LAN, 2021)
- Health Equity and Value-Based Payment Systems: Moving Beyond Social Risk Adjustment (Health Affairs, 2021)
- Coverage for Doula Services: How State Medicaid Programs Can Address Concerns about Maternity Care Costs and Quality (Birth Journal, 2016)
- Relationship Between Hospital-Level Percentage of Midwife-Attended Births and Obstetric Procedure Utilization (Midwifery Women's Health, 2018)
- Harnessing Payment to Advance Health Equity: How Medicaid Agencies Can Incorporate LAN Guidance into Payment Strategies (CHCS, 2022)
- Developing Health Equity Measures (HHS, 2021)
- Building the Business Case for Health Equity Investment: Strategies to Secure Sustainable Support (HCTTF, 2023)
- BCBS of Massachusetts Announces First IN State Value-Based Contracts with Incentives Tied to Equity (Fierce Healthcare, 2022)
- Raising the Stakes to Advance Equity in Black Maternal Health (Health Affairs, 2022)

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

ABOUT HEALTH CARE TRANSFORMATION TASK FORCE

Health Care Transformation Task Force is a unique collaboration of patients, payers, providers, purchasers, and partners working to lead a sweeping transformation of the health care system. By transitioning to value-based models that support the Triple Aim of better health, better care and lower costs, the Task Force is committed to accelerating the transformation to value in health care. To learn more, visit WWW.HCTTF.ORG.

This resource was made possible thanks to the generous support of the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation or the National Partnership.