Clinical Episode Payment for Maternity Care: Opportunities and Challenges

April 26, 2016
1:00pm – 2:15pm
WELCOME

Cara Osborne, CNF
Chief Operating Officer
Baby+Company
SESSION OBJECTIVES

- Learn about the work of the CEP Work Group and its recommendations for maternity care episode payment design.
- Describe current innovations in paying for the delivery of high quality maternity care
- Provide insight into strategies for engaging patients and their families in the design of high quality care delivery
- Offer opportunity for audience questions and facilitated discussion
## AGENDA

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<tr>
<th>Time (ET)</th>
<th>Topic &amp; Speaker</th>
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<tr>
<td>1:00 – 1:20</td>
<td>CEP Work Group Overview and Maternity Episode Payment Recommendations Cara Osborne</td>
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<td>1:20 – 1:35</td>
<td>Maternity and Newborn Care Bundled Payment Pilot Karen Love</td>
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<td>1:35 – 1:50</td>
<td>Implications of Episode Payment on Women and Families Maureen Corry</td>
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<td>1:50 – 2:05</td>
<td>Panel Discussion</td>
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<td>2:05 – 2:15</td>
<td>Facilitated Audience Q&amp;A</td>
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The group will identify the most important elements of clinical episode payment models for which alignment across public and private payers could accelerate the adoption of these models nationally. The emphasis will be on identification of best practices to provide guidance to organizations implementing clinical episode payment models.

Key Activities

- Identifying the elements for elective joint replacement, maternity, and cardiac care episode payments
- Identifying best practices for implementing clinical episode payment models
Lewis Sandy, MD, MBA  
Executive Vice President, Clinical Advancement, UnitedHealth Group

Amy Bassano, MPP  
Director, Patient Care Models Group, Centers for Medicare and Medicaid Services

Edward Bassin, PhD  
Chief Analytics Officer, Archway Health

John Bertko, FSA, MAAA  
Chief Actuary, Covered California

Kevin Bozic, MD  
Chair of Surgery and Perioperative Care, Dell Medical School at the University of Texas at Austin

Alexandra Clyde, MS  
Corporate Vice President of Global Health Policy, Reimbursement and Health Economics, Medtronic, Inc

Brooks Daverman, MPP  
Director of the Strategic Planning and Innovation Group, Tennessee Division of Health Care Finance and Administration

François de Brantes, MS, MBA  
Executive Director, Health Care Incentives Improvement Institute, Inc.

Mark Froimson, MD, MBA  
Executive Vice President and Chief Clinical Officer Trinity Health, Inc.

Rob Lazerow  
Practice Manager, Research and Insights The Advisory Board Company

Catherine MacLean, MD, PhD  
Chief Value Medical Officer, Hospital for Special Surgery

Jennifer Malin, MD, PhD  
Staff Vice President, Clinical Strategy, Anthem, Inc.

Cara Osborne MSN, CNM, ScD  
Chief Clinical Officer, Baby+Co.

Dale Paton Reisner, MD  
Maternal Fetal Medicine Specialist Swedish Medical Center

Carol Sakala, PhD, MSPH  
Director of Childbirth Connection Programs National Partnership for Women & Families

Richard Shonk, MD, PhD  
Chief Medical Officer, the Health Collaborative

Steve Spaulding  
Senior Vice President, Enterprise Networks Arkansas BlueCross BlueShield

Barbara Wachsman  
Chair, Pacific Business Group on Health

Jason Wasfy, MD  
Director, Mass General Heart Center
The draft white paper titled *Accelerating and Aligning Clinical Episode Payment Models: Maternity Care*, describes design recommendations for using bundled payment to pay for patient-centered prenatal, birth, and postpartum care as one comprehensive episode. The white paper reviews existing maternity care episode payment efforts in order to develop a set of recommendations that can potentially pave the way for broad adoption of bundled payment in a way that has not yet occurred.

Key Components
- Design Elements
- Recommendations
- Operational Issues

**Development**
February – April 2016

**Draft Release**
April 22, 2016

**Public Comment**
April – May 2016

**Revise**
May–June 2016

**Final Release**
June 24, 2016
WORK GROUP CHARGE

Provide a Directional Roadmap to:

- Providers
- Health Plans
- Consumers
- Purchasers
- States

Promote Alignment:
- Design Approach
- Alignment Approach

Find a Balance Between:
- Alignment/consistency and flexibility/innovation
- Short-term realism and long-term aspiration
PURPOSE OF EPISODE PAYMENT

Episode Payment Can:
- Create incentives to break down existing siloes of care
- Promote communication and coordination among care providers
- Improve care transitions
- Respond to data and feedback on the entire course of illness or treatment

Episode Payments Reflect How Patients Experience Care:
- A person develops symptoms or has health concerns
- He or she seeks medical care
- Providers treat the condition
- The patient receives care for his or her illness or condition

Goal: The treatments the patients receive along the way reflect their wishes and cultural values.
EPISODE SELECTION CRITERIA

**Empowering Consumers**
Conditions & procedures with opportunities to engage patients and family caregivers’ through the use of decision aids support for shared decision-making; goal setting and support for identifying high-value providers.

**High Volume, High Cost**
Conditions & procedures for which high cost is due to non-clinical factors such as inappropriate service utilization and poor care coordination that correlate with avoidable complications, hospital readmissions and poor patient outcomes.

**Unexplained Variation**
Conditions & procedures for which there is high variation in the care that patients receive, despite the existence evidenced based “best” practices.

**Care Trajectory**
Conditions & procedures for which there is a well-established care trajectory, which would facilitate defining the episode start, length and bundle of services to be included.

**Availability of Quality Measures**
Conditions & procedures with availability of performance measures that providers must meet in order to share savings which will eliminate the potential to incentivize reductions in appropriate levels of care.
EPISODE PARAMETERS
Episode Design and Operational Considerations

- **Stakeholder Perspectives:**
  Ensure that the voices of all stakeholders – consumers, patients, providers, payers, states and purchasers – are heard in the design and operation of episode payments

- **Data Infrastructure:**
  Understand and develop the systems that are needed to successfully operationalize episode payments

- **Regulatory Environment:**
  Recognize and understand relevant state and/or federal regulations, and understand how they support or potentially impede episode payment implementation
MATERNITY EPISODE

Goal: Improve the value of maternity care by improving outcomes and experience of care, and reducing costs, for the woman and her baby by:

- Increasing the percentage of births that are done vaginally; decrease C-sections;
- Increasing the percentage of births that are full-term; decrease preterm and early elective births;
- Decreasing complications and mortality, including readmissions, higher levels of NICU use
- Engaging women and families in their maternity care
- Improving coordination across the providers, settings, and phases of maternity care
- Reliably providing woman- and family-centered care
MATERNITY - TIMELINE

Episode Timeline for Prenatal through Postpartum Care

Starting Point
~ 40 weeks prior or pregnancy

Delivery
Post 37 weeks for Nulliparous Term Singleton Vertex (NTSV) - lowest risk pregnancy

Stopping Point
~ 60 days post-birth

Goals
Use of evidenced-based care to achieve Woman- and family-centered care
Improving coordination across providers, settings and maternity care

Episodic Duration

Prenatal
~ 37-40 weeks

Labor & Birth
~ 3-10 days

Postpartum
~ 60 days

Track Quality Measures

Reimbursable Services

Directly Related
- Monthly prenatal visits
- Routine ultrasound
- Blood testing
- Diabetes testing
- Genetic testing

Not Typically Reimbursed
- Doulas
- Care navigators
- Group education meetings

NOT Directly Related
- Preventive screenings (chlamydia, cervical cancer)

Services

• Depression Screening
• Contraception Planning
• Ensuring Link from Birth to Pediatric Care Provider Occurs

GOALS
Increase:
• ↑ % of full-term births
• ↑ % of vaginal births

Decrease:
• ↓ % of pre-term and early elective births
• ↓ % of unnecessary C-sections
• ↓ Complications and mortality (inc. readmission & levels of NICU use)
# MATERNITY – DESIGN ELEMENTS

Episode Design Parameters for Maternity and Prenatal Care

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<td>Episode includes prenatal care, labor and birth, and postpartum care for all low-risk women and babies</td>
<td>Episode begins 40 weeks weeks pre-birth and ends at 30 days post birth for the baby, 60 days postpartum for the woman</td>
<td>Women whose pregnancies are considered to be low-risk and their babies</td>
<td>All services provided during pregnancy, labor and birth, and post-partum for the woman. Pediatric services are not included</td>
<td>Patient engagement must be supported at all stages, stages, including provider selection, shared care planning, and prenatal and parenting education.</td>
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<td>Provider best able to engineer</td>
<td>Payment flow – either upfront FFS or prospective prospective payment – depends on the unique characteristics of the model’s players.</td>
<td>Balance single and multiple multiple providers and regional utilization history. Reflect the cost of services services needed to achieve achieve the goals of the episode payment model.</td>
<td>Upside and/or downside risk, depending on the model.</td>
<td>Clinical and Patient-Reported Reported Outcome Measures of both the woman and the baby</td>
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**DRAFT FOR PUBLIC COMMENT**
PANEL SPEAKERS

Karen Love
Executive Vice President and Chief Operating Officer
Community Health Choice

Maureen Corry
Senior Advisor
Childbirth Connection Programs
National Partnership for Women & Families
Access the white paper:
https://hcp-lan.org/groups/cep/maternity-care/
CONTACT US
We want to hear from you!

www.hcp-lan.org

@Payment_Network

PaymentNetwork@mitre.org

Search: Health Care Payment Learning and Action Network

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