

# Joint CalAIM Children & Youth and PHM Advisory Group Meeting

Tuesday, October 29, 2024

# Agenda

- » Welcome & Opening Remarks
- » Birthing Care Pathway Public Report
- » Q&A

# Birthing Care Pathway Public Report

# DHCS's Vision for Maternity Care in Medi-Cal (2/2)



- » The Birthing Care Pathway is a comprehensive policy and care model roadmap that will cover the journey of all pregnant and postpartum Medi-Cal members from conception through 12 months postpartum.
- » The goals of the Birthing Care Pathway are to **reduce maternal morbidity and mortality** and **address the significant racial and ethnic disparities** in maternal health outcomes among Black, American Indian/Alaska Native, and Pacific Islander individuals in California.

# DHCS's Vision for Maternity Care in Medi-Cal (2/2)

**With the launch of the Birthing Care Pathway, DHCS envisions a future in which:**

- » Pregnant and postpartum Medi-Cal members have access to a comprehensive menu of maternity care providers and services regardless of where they live.
- » Pregnant and postpartum members can access risk-appropriate care and are empowered to choose the provider team and birthing location that align with their needs and preferences.
- » All Medi-Cal members feel respected and heard throughout their pregnancy and postpartum journeys.
- » Pregnant and postpartum members are educated on the services available to them and receive the navigational support they need for all aspects of their care.
- » Behavioral health services and social supports are accessible to all pregnant and postpartum members, their newborns, and their families.
- » Data collection and sharing are improved to strengthen care for pregnant and postpartum members.

# Public Report Overview

DHCS plans to publish a **public report on the Birthing Care Pathway in February 2025.**

DHCS is still finalizing the contents of the public report. The information in these slides is subject to change.

## **The Public Report will:**

- » Summarize the current state of maternal health in Medi-Cal and outline DHCS' vision for the Birthing Care Pathway
- » Provide an overview of the partner engagement conducted to date
- » Share findings from Birthing Care Pathway Medi-Cal member engagement
- » Discuss the policies DHCS is implementing for the Birthing Care Pathway and share progress to date
- » Discuss additional policies DHCS may explore for the Birthing Care Pathway

# Public Report Development

## To develop the Birthing Care Pathway DHCS:



**Conducted a landscape assessment** to review California's existing maternal health policies and initiatives, and identify evidence-based programs, policies, and interventions



**Interviewed** over 25 state leaders, providers, community-based organizations, associations, health plans, and advocates to inform the design of the Birthing Care Pathway



**Launched** the **Clinical Care Workgroup**, **Social Drivers of Health Workgroup**, and **Postpartum Sub-Workgroup** to identify challenges and opportunities in perinatal care and develop and validate policy options for the Birthing Care Pathway



**Engaged Medi-Cal members** through a Member Voice Workgroup, interviews, and member journaling to ensure their experiences shaped the design of the Birthing Care Pathway

# Birthing Care Pathway Workgroups

Workgroup	Participant Charges	Composition
<b>Clinical Care</b>	Identifying what needs to happen in the hospital, birthing center, provider office, and other community settings from a Medi-Cal member's perspective	Physicians; midwives; lactation consultants; doulas; Tribal health providers; freestanding birth center (FBC), behavioral health, and federally qualified health center (FQHC) providers; managed care plans (MCPs); and local public health
<b>Social Drivers of Health</b>	Identifying best practices and needs from programs and providers that currently work to address perinatal health-related social needs	Community health workers (CHWs); doulas; violence prevention organization representatives; local public health and social service program representatives; home visitors; and providers with Black birthing expertise
<b>Postpartum Sub-Workgroup</b>	Designing a clinical pathway for what providers can do during the postpartum period to achieve positive health outcomes	Cross-representation from the Clinical Care and Social Drivers of Health Workgroups, as well as additional physicians

# Medi-Cal Member Engagement Activities

- A foundational priority for DHCS has been to ensure the Birthing Care Pathway design is shaped by Medi-Cal members with lived experience.
- DHCS partnered with **Everyday Impact Consulting (EIC)** — a California-based organization focused on community engagement that is also supporting the Medi-Cal Member Advisory Committee — to conduct the member engagement activities for the Birthing Care Pathway.

Activity	Description
<b>Interviews</b>	Conducted <b>1:1 interviews</b> with <b>6</b> members.
<b>Journaling</b>	Invited <b>6</b> members to submit five biweekly <b>journal entries</b> about their perinatal experience.
<b>Member Voice Workgroup</b>	Launched a <b>Member Voice Workgroup</b> with <b>18</b> members and held three workgroup meetings.

*All members were compensated for their participation.*

# Birthing Care Pathway Medi-Cal Member Engagement Key Findings (1 of 2)



**Feeling respected and heard by health care providers is critical** to a member's perinatal experience in Medi-Cal. Members often feel that their birth plans and breastfeeding choices are not respected. However, members feel like midwives and doulas listen to their needs and preferences.



Some members **experienced discrimination in their health care encounters** during all three perinatal phases. Members felt connected to their health care providers and better supported when they received racially concordant care.



**Key moments for trust building with members are often missed**, particularly around mindful discussions on behavioral health screening results and referrals to services, trauma-informed approaches to intimate partner violence (IPV) screenings, smooth hospital discharges after birth, and timely access to high-quality breast pumps.

***Pre-Decisional Discussion Draft***

# Birthing Care Pathway Medi-Cal Member Engagement Key Findings (2 of 2)



Medi-Cal members often felt like the **onus was on them to independently navigate and coordinate many aspects of their perinatal care** – ranging from coordinating their care across different health care providers to ensuring Medi-Cal coverage for themselves and their newborns.



**Finding mental health providers that accept Medi-Cal, are taking new patients, and have perinatal experience is difficult.** Medi-Cal members want more frequent and intensive mental health supports.



Medi-Cal members often **do not understand what Medi-Cal benefits and public benefits/social services are available** to them in pregnancy or during the postpartum period (e.g., doula services; Enhanced Care Management (ECM); Women, Infants, and Children Program (WIC)/CalFresh; and transportation services).

# Additional Input for the Birthing Care Pathway

DHCS solicited additional input on the Birthing Care Pathway through meetings with clinical and non-clinical maternity care providers, social services providers, state leaders, MCP representatives, Tribal health providers, local public health, and birth equity advocates.



# Birthing Care Pathway Focus Areas

# Birthing Care Pathway Policy Roadmap

The landscape assessment and community engagement led to the crystallization of problem statements and drove DHCS's identification of an array of policies within its purview and in collaboration with other State agencies and key partners to support pregnant and postpartum Medi-Cal members through the Birthing Care Pathway.

## Today's Discussion

### **Policies DHCS Has Implemented/Is Implementing for the Birthing Care Pathway**

- » Many of these policies align with DHCS's CalAIM program areas currently being operationalized (e.g., Population Health Management (PHM), ECM, Community Supports, Justice-Involved Reentry Initiative).
- » These policies do not need additional budgetary or legislative authority.

*DHCS has identified additional policies it may explore for the Birthing Care Pathway. These policies are subject to significant assessment and planning and are subject to external factors, such as legislative authority or additional state budget resources, and will require a longer runway for implementation.*

# Overview of Policies DHCS Has Implemented/Is Implementing

Through the landscape assessment and partner and member engagement, DHCS identified policies to implement for the Birthing Care Pathway in the near term. DHCS has already implemented some of these policies while others are in progress.

**The policies DHCS has implemented/is implementing are in the following eight focus areas:**

- » Provider Access and MCP Oversight and Monitoring
- » Behavioral Health
- » Risk Stratification and Assessment
- » Medi-Cal Maternity Care Payment Redesign
- » Care Management and Social Drivers of Health
- » Perinatal Care for Justice-Involved Individuals
- » Data & Quality
- » State Agency Partnerships

# Provider Access and MCP Oversight and Monitoring

## Problem Statements

- » There is **limited racial and ethnic diversity of maternity care providers** in Medi-Cal today presenting barriers to racially and culturally concordant care.
- » Partners reported **confusion among MCPs and providers** on Medi-Cal coverage, provider enrollment, contracting, and reimbursement for midwifery care, home births, and lactation and doula services.
- » Partners – including Medi-Cal members – have requested that DHCS **minimize delays in obtaining breast pumps**.
- » Members and providers are often **unaware of the full array of available maternity care services**.
- » Members also expressed a need for **smoother hospital discharges after birth** to ease transitions into the postpartum period.

# Behavioral Health

## Problem Statements

- » Pregnant and postpartum Medi-Cal members face **challenges accessing timely behavioral health care** with limited mental health providers who accept Medi-Cal, are taking new patients, and have perinatal experience.
- » **Substance Use Disorders (SUDs) are prevalent** and have been identified as precipitating factors in maternal suicides in California. Medi-Cal providers have reported confusion around how long a pregnant or postpartum member can receive residential SUD treatment.
- » **Trauma** – which may include adverse childhood experiences (ACEs), IPV, community violence, racism, and discrimination – **can negatively impact** a member's physical and mental health outcomes, relationships with health care providers, engagement with the health care system, and adherence to treatment.

# Risk Stratification and Assessment

## Problem Statements

- » There is a **need for a statewide, standardized risk stratification and tiering methodology** for pregnant and postpartum members.
- » Partners also shared that **IPV screening was inconsistent** with limited follow-up care or support. This is troubling because the risk of IPV increases during the prenatal period, and IPV may be a contributing factor in homelessness, other behavioral health conditions, and pregnancy-associated suicides and homicides in California.

# Medi-Cal Maternity Care Payment Redesign

## Problem Statements

- » Partners explained that **Medi-Cal's reimbursement rates for licensed and non-licensed maternity care providers are not high enough** to incentivize participation in Medi-Cal.
- » The existing Medi-Cal maternity payment model is hospital-oriented, causing **challenges for FBCs and midwives providing home births** to be recognized and reimbursed for their birthing approaches. This model also does not incentivize providers to appropriately transfer a patient to a higher level of care based on their needs.
- » Lastly, partners report that **clinics are not incentivized to provide dyadic services.**

# Care Management and Social Drivers of Health

## Problem Statements

- » Providers expressed a **need for more provider technical assistance (TA), support, and educational materials around the ECM Birth Equity Population of Focus** as well as **education on which Community Supports can best support** pregnant and postpartum Medi-Cal members.
- » Some Medi-Cal **members reported being unaware of what ECM and Community Supports cover** and how they can find out if they are eligible or which Community Supports are offered by their MCP.
- » Partners stressed the **need for ECM and Community Supports providers** serving pregnant and postpartum members **to have perinatal expertise.**
- » Partners also identified a need to prevent and address the adverse maternal and infant outcomes that result from **homelessness and housing insecurity.**

# Perinatal Care for Justice-Involved Individuals

## Problem Statements

- » The number of **incarcerated pregnant and postpartum individuals in California has increased** in recent years, highlighting a need to enroll eligible individuals in Medi-Cal for coordinated pre- and post-release care, improve access to services during incarceration, and ensure they are connected to needed services post-release.
- » Amongst other health needs, incarcerated pregnant and postpartum individuals report **high rates of SUDs**, particularly opioid use disorder (OUD). While California prisons and some jails provide medications for OUD (MOUD) during pregnancy, there are **few policies in place to ensure those medications are continued after delivery**, causing abrupt discontinuation during the postpartum period.

# Data and Quality

## Problem Statements

- » Medi-Cal currently **lacks a statewide technology platform for maternity care providers, programs, and MCPs to easily and safely share patient data** and help members manage their medical, behavioral, and social needs.
- » Eligibility and enrollment **data sharing across public benefits and programs are inconsistent** in California causing gaps in care and service delivery.
- » **Maternity care quality metrics that are used for MCP quality improvement and accountability processes are limited**, and partners stressed the need for additional metrics beyond those currently tracked.

# State Agency Partnerships

There are multiple programs and systems serving pregnant and postpartum Medi-Cal members that are under different state agencies' purviews. In developing the Birthing Care Pathway, **DHCS did not limit its scope to areas solely within its purview** but looked for opportunities to partner with other state agencies.

## Problem Statements

- » California state agencies have identified **multiple challenges and gaps in maternal health**, including inadequate culturally appropriate care delivery; a lack of access and links to risk-appropriate care; no universal standards for risk assessment and inconsistent follow-up; limited maternal health data access and transparency; and siloed services, programs, and interventions.
- » California has **multiple home visiting programs** for pregnant and postpartum members, but they are not coordinated across state agencies, causing a **lack of member awareness and underutilization** of these programs.

# Discussion Questions



- » What Birthing Care Pathway focus areas are you most excited about?
- » What else should DHCS consider for the Birthing Care Pathway?
- » How can DHCS continue to engage Medi-Cal members and partners in the Birthing Care Pathway?