Doula Implementation Stakeholder Meeting

DHCS Benefits Division September 14, 2023



September 14, 2023



Agenda

| 1 | Welcome, Purpose, and Agenda (10 minutes) | DHCS Staff Deitre Epps, CEO, RACE for Equity |
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| 2 | Overview of Doula Services to Date (20 minutes) | DHCS Staff, RACE for Equity |
| 3 | Birthing Care Pathway (30 minutes) | DHCS Staff |
| 4 | Break (10 minutes) | |
| 5 | Responsibilities (15 minutes) | RACE for Equity |
| 6 | Planning for Future Doula Implementation Workgroup Meetings (15 minutes) | DHCS Staff, RACE for Equity |
| 7 | Co-design Process of Future Doula Implementation Workgroup Meetings (15 minutes) | DHCS Staff, RACE for Equity |
| 8 | Closing and Next Steps (5 minutes) | RACE for Equity |

Workgroup Logistics

- » Workgroup members are the only stakeholders who have the ability to speak during the meeting.
- » All other attendees will be in listen-only mode.
- » All stakeholders can use the chat feature.
- » All stakeholder workgroup meetings are open to the public in listenonly mode.
- » DHCS will review all feedback/comments on discussion topics submitted via email (<u>DoulaBenefit@dhcs.ca.gov</u>) and via the chat function.

Overview of Doula Services to Date



Targeted Medi-Cal Rate Increases

- » Managed Care Organization (MCO) Provider tax revenues will be used to support the Medi-Cal program, including new targeted provider rate increases and other investments that advance access, quality, and equity for Medi-Cal members and promote provider participation in the Medi-Cal program.
- » Phase 1 Effective January 1, 2024
 - Primary care services, including those provided by physician and nonphysician professionals
 - Obstetric services, including doula services
 - Non-specialty mental health services

Resources for doulas

» Doulas – Training as Medi-Cal Providers webpage

- How to get a National Provider Identifier
- PAVE training slides and training videos
- Training videos on billing DHCS
- Presentation on working with managed care plans
- Managed care contacts for assistance with contracting and billing

Links at <u>https://www.dhcs.ca.gov/provgovpart/Pages/Doula-</u> <u>Services.aspx</u>



Updates

- » A directory of enrolled doulas is available on the DHCS webpage and will be updated regularly.
- » Webpage dedicated to assist with enrollment
 - <u>https://www.dhcs.ca.gov/provgovpart/pages/doula.aspx</u>
- » DHCS is developing a flow chart to assist doulas with how to enroll with the Department of Health Care Services.
 - To be posted on the doula training webpage in October

Provider Enrollment Division

» Doula Enrollment

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- Applications Received: 309
- Applications Approved: 202
- Applications Assigned: 40
- Applications Withdrawn: 23
- Applications Returned: 7
- Applications Denied: 37
- * As of September 8, 2023

350 309 300 250 202 200 150 100 40 37 50 23 7 0 Applications Applications Applications Applications Applications Received: Approved: Assigned: Withdrawn: Returned: Denied:

Count of Application Status

Applications Received:
Applications Approved:
Applications Assigned:
Applications Withdrawn:
Application Returned:
Applications Denied:

Managed Care Quality and Monitoring Division (MCQMD) Updates

- » Eighteen Managed Care Plans (MCPs) reported having doulas in their networks.
- » MCP contact information for Doulas regarding Contracting and Onboarding and Billing, Claims, and Payments can be found at the Doula Services as a Medi-Cal Benefit webpage
 - <u>https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx</u>

Birthing Care Pathway



Overview of Birthing Care Pathway

DHCS is developing a comprehensive **Birthing Care** Pathway that is envisioned as a care model to cover conception through 12 months postpartum with related benefit and payment strategies in Medi-Cal, to reduce maternal morbidity and mortality and address significant racial and ethnic disparities in maternal health outcomes among Black, American Indian/Alaska Native (AI/AN), and Pacific Islander individuals.

Birthing Care Pathway Organization Chart

The development of the Birthing Care Pathway will be designed with input from workgroups focused on member voice, clinical care, social drivers of health, and the postpartum period; and an internal DHCS Policy & Payment team.



DHCS' Quality & Population Health Management (QPHM) division, Manatt Health, and the California Quality Collaborative facilitate and support coordination across workgroups

> **Policy & Payment Team** Deputy Directors and Assistant Deputy

Directors from DCHS Divisions

Overview of Birthing Care Pathway

The Birthing Care Pathway will encompass physical health, behavioral health, and health-related social needs.

- DHCS will develop Medi-Cal care delivery policy and program initiatives for pregnant and postpartum individuals that translate and promote adoption of best practice clinical and whole person care management guidelines into standard care processes and workflows across settings.
- » DHCS and the Birthing Care Pathway participants and partners will focus on best practices in the field from conception through 12 months postpartum.
- To inform the design of the Birthing Care Pathway, DHCS has created Clinical Care and Social Drivers of Health Key Informant Workgroups as well as the Postpartum Sub-Workgroup.
 - <u>Clinical Care Workgroup</u>: charged with identifying what needs to happen in the hospital, birthing center, provider office, and other community settings from a Medi-Cal Member's perspective.
 - <u>Social Drivers of Health Workgroup</u>: charged with **identifying best practices and needs from programs** and providers that currently work to address perinatal health-related social needs.
 - <u>Postpartum Sub-workgroup</u>: charged with designing a clinical pathway for what providers can do during the postpartum period to achieve positive health outcomes.

Workgroup Participant Representation

- Clinical Care Workgroup Participants include OB/GYNs, certified nurse midwives, lactation consultants, Tribal health providers, pediatricians, and other providers representing birth centers, behavioral health services, family medicine services, Federally Qualified Health Centers (FQHC), the Comprehensive Perinatal Services Program (CPSP) and other local public health programs, and managed care plans.
- Social Drivers of Health Workgroup include community health workers, doulas, and other providers representing organizations addressing the social needs of birthing people including violence prevention organizations, local public health Maternal Child & Adolescent Health (MCAH) programs including CPSP and Black Infant Health programs, Women, Infants and Children (WIC), and food and diaper banks, Tribal social service partners, organizations addressing housing and financial insecurity, home visiting providers, and providers with Black birthing expertise.
- Postpartum Sub-Workgroup include cross-representation from the Clinical Care Workgroup and Social Drivers of Health Workgroup, as well as additional pediatricians, family physicians, and FQHC providers.

Birthing Care Pathway Member Engagement

A foundational priority for DHCS in the Birthing Care Pathway project is to ensure the design is shaped by Medi-Cal members with lived experience.

- DHCS will create a Member Voice Workgroup in fall 2023 comprised of members that are currently or have recently been pregnant or postpartum while enrolled in Medi-Cal. DHCS will focus particularly on engaging Black, Al/AN, and Pacific Islander members for the Member Voice Workgroup given the disparities in maternal health outcomes among these populations.
- DHCS will also conduct 1:1 interviews in fall 2023 with a subset of Medi-Cal members who are currently or have recently been pregnant or postpartum and invite a small group of members to journal about their individual pregnancy and postpartum experience in Medi-Cal.
- The Birthing Care Pathway project will culminate with a public-facing report estimated for summer 2024 outlining the policy recommendations for how DHCS can most effectively reduce maternal morbidity and mortality and address racial and ethnic disparities.

The Birthing Care Pathway project, which is led by DHCS, is generously supported by the California Health Care Foundation and the David & Lucile Packard Foundation.

Questions?





Responsibilities





Requirements for Doula Implementation Workgroup

- » Welfare & Institutions Code section 14132.24 requires the Department to convene a workgroup "to examine implementation of doula services in Medi-Cal."
- >> Workgroup shall consider the following:
 - Ensuring doulas services are available
 - Minimizing barriers and delays in payment or reimbursement to doulas or members
 - Making recommendations for outreach efforts
 - » Workgroup will make recommendations to reduce any identified barriers for the report

Reporting Requirements

- The number of individuals with Medi-Cal utilizing doula services, broken down by race, ethnicity, primary language, health plan, and county.
- » Any barriers that impede access to doula services.
- » A numerical comparison in birthing outcomes of Medi-Cal members who receive doula services with those who do not, including:
 - Rates of cesarean delivery births
 - Maternal or infant mortality
 - Other maternal morbidity
 - Breast and chest feeding outcomes.

Workgroup Considerations

- » Ensuring that doula services are available to Medi-Cal members who are eligible for and want doula services.
- » Minimizing barriers and delays in payments to a Medi-Cal doula or in reimbursement to a Medi-Cal member for out of pocket expenditures for doula services.
- » Making recommendations for outreach efforts so that all Medi-Cal members are aware of the option to use doula services.

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DHCS Role with the workgroup

- » Work with the Doula Implementation Workgroup to address the SB 65 requirements.
- » Collect and provide data for the workgroup to consider in its recommendations and include in the report to the Department and Legislature.
- » Write the report and share draft report with stakeholders
- » Finalize the report and post it on the DHCS website.

RACE for Equity

- » Facilitates meetings and conversations during meetings
- » Works with stakeholders to develop needs assessment to share with DHCS and the workgroup
- » Assists DHCS and the co-design team to create the structure of workgroup meetings

Planning for Future Doula Implementation Workgroup Meetings





Doula requests for assistance

- » Additional support for enrollment, contracting with managed care plans, and billing DHCS and plans.
- » Doula access in hospitals for birth and postpartum care
- » Additional resources
 - <u>Doula Training Webpage</u>

Co-Design Process of Future Doula Implementation Workgroup Meetings



Co-Design Team

- » Purpose of the Co-Design Team
 - Support a deeper understanding of local history and context.
 - Engage in frequent communication to share progress of workgroup deliverables
 - Develop topics and discussions for stakeholder meetings to meet the intent of the legislation.
- » Group Membership
 - Two members of each affinity group
 - DHCS staff
 - RACE for Equity members

Co-Design Team

- » Affinity Groups designated by state law
 - Doulas, health care providers, consumer and community advocates, health plans, county representatives, and other stakeholders with experience with doula services.
- » Expectations of Co-Design Team
 - Collaborate for the entirety of the project.
 - Attend virtual planning meetings before and debrief meetings after workgroup meetings.
 - Review and provide feedback on session agenda and materials.
 - Actively participate in sessions and model engagement for the other participants.

Questions?





Closing and Next Steps



Input requested regarding Stakeholder scheduled meetings

» DHCS will seek input from our Doula Benefit stakeholders regarding revising the current schedule of Stakeholder meetings from one, 2-hour quarterly meeting to more frequently held meetings.

Contact Information

» Written comments can be sent to the dedicated doula mailbox:

» <u>DoulaBenefit@dhcs.ca.gov</u>.

» For more information:

https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx