CHILDREN & YOUTH ADVISORY GROUP AND POPULATION HEALTH MANAGEMENT (PHM) ADVISORY GROUP MEETING

Tuesday, October 29th, 2024 | 10:30 – 11:30am PT | Virtual Meeting

Key Takeaways

During the discussion on the **Birthing Care Pathway:**

- DHCS introduced the Birthing Care Pathway as a foundational element of its vision for the future of maternity care in Medi-Cal and provided an overview of the Birthing Care Pathway public report (expected publication in February 2025).
- DHCS highlighted the Birthing Care Pathway public report development process which included conducting a landscape assessment of California's existing maternal health policies and initiatives; launching three workgroups to identify challenges and opportunities in perinatal care and develop and validate policy options for the Birthing Care Pathway; facilitating 25 key informant interviews; engaging pregnant and postpartum Medi-Cal members through interviews, journaling, and a Member Voice Workgroup to ensure their lived experiences shaped the design of the Birthing Care Pathway; and soliciting additional input from clinical and non-clinical maternity care providers, social services providers, state leaders, Medi-Cal managed care plan (MCP) representatives, Tribal health providers, local public health, and birth equity advocates.
- DHCS provided an overview of the policies DHCS has implemented/is implementing for the Birthing Care Pathway which do not need additional budgetary or legislative authority and respond to problem statements in 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 and Quality; and State Agency Partnerships.
- CalAIM Children & Youth Advisory Group Members, PHM Advisory Group Members, and other meeting attendees requested more information about DHCS' Medi-Cal member engagement and partner engagement processes for the Birthing Care Pathway; encouraged DHCS to embed flexibility in existing home visiting programs to ensure they are able to serve pregnant and postpartum Medi-Cal members who need these services; expressed support for DHCS' focus on expanding access to maternal behavioral health care and

suggested behavioral health-related policy actions for DHCS to consider; and asked additional questions and highlighted areas of opportunity for DHCS to strengthen the Birthing Care Pathway focus areas and policies.

Summary Meeting Notes

During the discussion on the **Birthing Care Pathway:**

- DHCS:
    - Introduced the Birthing Care Pathway as a care model that will cover the journey of all Medi-Cal members from conception through 12 months postpartum. The goal of the Birthing Care Pathway is 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.
    - Shared its vision for the future of maternity care in Medi-Cal 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.
        - All Medi-Cal members feel respected and heard throughout their pregnancy and postpartum journeys.
        - Behavioral health services and social supports are accessible to all pregnant and postpartum members, their newborns, and their families.
        - 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.
        - 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.
        - Data collection and sharing are improved to strengthen care for pregnant and postpartum members.
    - Provided an overview of the Birthing Care Pathway public report (expected publication in February 2025) which 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 has implemented/is implementing for the Birthing Care Pathway and share progress to date; and discuss additional policies DHCS may explore for the Birthing Care Pathway.
    - Highlighted the public report development process which included:

- Conducting a landscape assessment to review California's existing maternal health policies and initiatives and identify evidence-based programs, policies, and interventions;
- Launching 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;
- Facilitating key informant interviews with over 25 state leaders, providers, community-based organizations (CBOs), associations, health plans, and advocates to inform the design of the Birthing Care Pathway;
- Engaging pregnant and postpartum Medi-Cal members through interviews, journaling, and a Member Voice Workgroup to ensure their lived experiences shaped the design of the Birthing Care Pathway; and
- Soliciting additional input on the Birthing Care Pathway through meetings with clinical and non-clinical maternity care providers, social services providers, state leaders, Medi-Cal managed care plan (MCP) representatives, Tribal health providers, local public health, and birth equity advocates.

- Provided an overview of the policies DHCS has implemented/is implementing for the Birthing Care Pathway. Many of these policies align with DHCS' CalAIM program areas currently being operationalized (e.g., PHM, Enhanced Care Management (ECM), Community Supports, Justice-Involved Reentry Initiative). These policies do not need additional budgetary or legislative authority and are in 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 and Quality; and State Agency Partnerships.
- Previewed the problem statements in each focus area that the policy solutions in the public report will respond to, including:
    - <u>Provider Access and MCP Oversight and Monitoring:</u> Limited racial and ethnic diversity of Medi-Cal maternity care providers presenting barriers to racially and culturally concordant care; confusion among MCPs and providers on Medi-Cal coverage, provider enrollment, contracting, and reimbursement for midwifery care, home births, and lactation and doula services; delays in members receiving breast pumps; limited member and provider

awareness of the full array of available maternity care services; and a need for smoother hospital discharges after birth.

- Behavioral Health: Challenges accessing timely maternal behavioral health care with limited providers who accept Medi-Cal, are taking new patients, and have perinatal experience; prevalence of substance use disorders (SUDs) among pregnant and postpartum individuals and confusion among Medi-Cal providers around how long a pregnant or postpartum member can receive residential SUD treatment; and adverse member outcomes, relationships with health care providers, engagement with the health care system, and adherence to treatment due to trauma.
- Risk Stratification and Assessment: A need for a statewide, standardized risk stratification and tiering methodology for pregnant and postpartum members and inconsistent intimate partner violence (IPV) screening with limited follow-up care or support.
- Medi-Cal Maternity Care Payment Redesign: Reimbursement rates for licensed and non-licensed maternity care providers not high enough to incentivize Medi-Cal participation; challenges with existing Medi-Cal maternity payment model not recognizing or reimbursing freestanding birth centers (FBCs) or midwives providing home births for their birthing approaches and not incentivizing providers to appropriately transfer a patient to a higher level of care based on their needs; and a lack of incentives for clinics to provide dyadic services.
- Care Management and Social Drivers of Health: 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; limited member awareness of what ECM and Community Supports cover and how to determine eligibility or which Community Supports are offered by an MCP; lack of perinatal expertise among ECM and Community Supports providers; and 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: An increase in the number of incarcerated pregnant and postpartum individuals in California 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 connection to needed services post-release; high rates of SUDs – particularly opioid use disorder (MOU) – among incarcerated pregnant and postpartum individuals; and abrupt discontinuation of medications for OUD (MOUD) after delivery.
        - Data and Quality: No 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; inconsistent eligibility and enrollment data sharing across California public benefits and programs causing gaps in care and service delivery; and limited maternity care quality metrics used for MCP quality improvement and accountability.
        - State Agency Partnerships: 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; siloed services, programs, and interventions; and a lack of coordination of home visiting programs across state agencies causing limited member awareness and underutilization of these programs.
    - Facilitated a Q&A with Advisory Group members and other meeting attendees, asking them what Birthing Care Pathway focus areas they were most excited about, what else DHCS should consider for the Birthing Care Pathway, and how DHCS can continue to engage Medi-Cal members and other partners in the Birthing Care Pathway.
    - Invited Advisory Group members and other meeting attendees to provide written feedback on the Birthing Care Pathway focus areas and policies.
- CalAIM Children & Youth Advisory Group Members, PHM Advisory Group Members, and Other Stakeholders:
    - Requested more information about DHCS' process for selecting Medi-Cal members to participate in the Birthing Care Pathway member engagement activities and suggested that DHCS consider engaging members later in the postpartum period for future initiatives.
    - Asked if DHCS included family medicine physicians in the Birthing Care Pathway workgroups.
    - Inquired whether there were any specific tools utilized when analyzing member and provider feedback on the Birthing Care Pathway.
    - Encouraged DHCS to provide infrastructure support to and embed flexibility in existing home visiting programs to ensure they are able to

serve pregnant and postpartum Medi-Cal members who need these services.
- Asked whether there were automatic pathways to connect Medi-Cal-enrolled families to housing supports, home visiting services, and child care programs.
- Requested that DHCS elaborate on how the doula services and ECM benefits should work together and clarify whether a doula can also be an ECM provider.
- Encouraged DHCS to include local maternal, child, and adolescent health (MCAH) programs in efforts to break down existing siloes in maternity care service delivery.
- Expressed support for DHCS' focus on expanding access to maternal behavioral health care and asked whether DHCS had data demonstrating specific gaps in access to psychotropic medications and higher levels of care (e.g., acute, inpatient) for pregnant and postpartum Medi-Cal members.
- Highlighted that many pregnant and postpartum members' partners are interested in engaging in SUD treatment but have limited opportunities.
- Raised concerns about a lack of provider and program capacity to serve pregnant and postpartum Medi-Cal members.
- Asked whether DHCS had discussed providing incentives or financial support to help prevent or mitigate hospitals with licensed obstetric units from closing.
- Called attention to community birth reimbursement coding and limited approved codes for licensed midwives (LMs) as barriers to practice for midwives.
- Urged DHCS to consider long-term sustainable funding for supervision and administration of ECM and community health worker (CHW) supports at CBOs.
- Inquired about DHCS' efforts to address food insecurity among pregnant and postpartum Medi-Cal members through the Birthing Care Pathway.
- Asked whether DHCS had considered particular approaches for incarcerated pregnant and postpartum youth versus adults.
- Inquired what data DHCS used to develop the Birthing Care Pathway policies.
- Asked about how the Birthing Care Pathway will intersect with the work needed to improve infant health-related Managed Care Accountability Set (MCAS) measures.

- Expressed support for DHCS' development of a statewide approach for navigating Women, Infants, and Children (WIC) program data sharing.

Attendees

- Attendees of the October meeting included DHCS leaders and staff and members of the CalAIM Children & Youth Advisory Group and PHM Advisory Group. There were 45 members of the public in attendance, including but not limited to representatives from DHCS's Doula Implementation Stakeholder Workgroup, MCPs, hospitals/health systems, local public health, academic institutions, and advocacy organizations in California.