Birthing Care Pathway Public Report Briefing for Tribes and Indian Health Program (IHP) Representatives

Tuesday, November 19, 2024

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Pre-Decisional Discussion Draft

Public Report Overview

- DHCS plans to publish a **public report on the Birthing Care Pathway in December 2024.**
- **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 has implemented/is implementing for the Birthing Care Pathway and share progress to date
  - ✓ Identify opportunities for further exploration for the Birthing Care Pathway

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

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DHCS' Vision for Maternity Care in Medi-Cal

- The Birthing Care Pathway is a care model that will cover the journey of all Medi-Cal members from conception through 12 months postpartum. DHCS's goal is to **reduce maternal morbidity and mortality** and **address the significant racial and ethnic disparities** in maternal health outcomes among American Indian/Alaska Native, Black, and Pacific Islander individuals in California.
- 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.
  - Data collection and sharing are improved to strengthen care for pregnant and postpartum members.
  - Behavioral health services and social supports are accessible to all pregnant and postpartum members, their newborns, and their families.

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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 lived experiences shaped the design of the Birthing Care Pathway

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

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Birthing Care Pathway Community Engagement

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Birthing Care Pathway Workgroups

Workgroups & Sub-Workgroup	Workgroup Participant Charges	Workgroup Composition
Clinical Care Workgroup	Identifying what needs to happen in the hospital, birthing center, provider office, and other community settings from a Medi-Cal Member's perspective	Obstetrician-gynecologists (OB/GYNs), certified nurse midwives (CNMs), lactation consultants, doulas, Tribal health providers, pediatricians, freestanding birth centers (FBCs), behavioral health providers, federally qualified health centers (FQHCs), family medicine providers, managed care plans (MCPs), and Comprehensive Perinatal Services Program (CPSP) and other local public health program representation
Social Drivers of Health Workgroup	Identifying best practices and needs from programs and providers that currently work to address perinatal health-related social needs	Community health workers (CHWs), doulas, and other providers representing organizations addressing the social needs of birthing people including violence prevention organizations, local Maternal Child & Adolescent Health (MCAH) programs including CPSP and Black Infant Health programs, Women, Infants, and Children Program (WIC), and food and diaper banks, organizations addressing housing and financial insecurity, home visiting providers, and providers with Black birthing expertise

Birthing Care Pathway Workgroups cont.

Workgroups & Sub-Workgroup	Workgroup Participant Charges	Workgroup Composition
Postpartum Sub-Workgroup	Designing a clinical pathway for what providers can do during the postpartum period to achieve positive health outcomes	Cross-representation from the Clinical Care Workgroup and Social Drivers of Health Workgroup, as well as additional pediatricians, family physicians, and FQHC providers

American Indian/Alaska Native & Tribal Partners

DHCS prioritized gathering input from American Indian/Alaska Native and Tribal partners in the Birthing Care Pathway partner engagement process, as Workgroup members and interviewees.

Workgroup Members:

- **Ninoska (Nina) Ayala** (Social Drivers of Health Workgroup)
  - Women, Infants, & Children (WIC) Director, Native American Health Center
- **Virginia Hedrick** (Clinical Care Workgroup)
  - Executive Director, California Consortium for Urban Indian Health; Board of Directors Member, The California Wellness Foundation; Member of the Yurok Tribe of California
- **Antoinette Martinez, MD** (Clinical Care Workgroup; Postpartum Sub-Workgroup)
  - Provider, United Indian Health Services (Humboldt and Del Norte Counties); Co-Director, Program in Medical Education – Transforming Indigenous Doctor Education (PRIME-TIDE), University of California Davis School of Medicine; Member of the Chumash Tribe

Interviewees

- **Barbara Hart**
  - Nurse Consultant, Office of Tribal Affairs, DHCS
- **Antoinette Martinez, MD**
  - *See affiliations in Workgroup Members section.*
- **Andrea Zubiate**
  - Chief, Office of Tribal Affairs, DHCS

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. All members were compensated for their participation.

Member Engagement Activity	Description
Member Interviews	Conducted **1:1 interviews** with **6** members who were pregnant or postpartum in March and April.
Member Journaling	Invited **6** members who were pregnant or postpartum to submit five biweekly **journal entries** about their perinatal experience from late March through mid-May.
Member Voice Workgroup	Launched a **Member Voice Workgroup** composed of **20** members who were pregnant or postpartum. Three meetings were held between March and April.

- Four Medi-Cal members who participated in the Birthing Care Pathway member engagement activities identified as American Indian or Alaska Native, including one from a Tribal nation and indigenous community.

Birthing Care Pathway Medi-Cal Member Engagement Key Findings

- **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 and culturally 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.
- 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); WIC/CalFresh; and transportation services).

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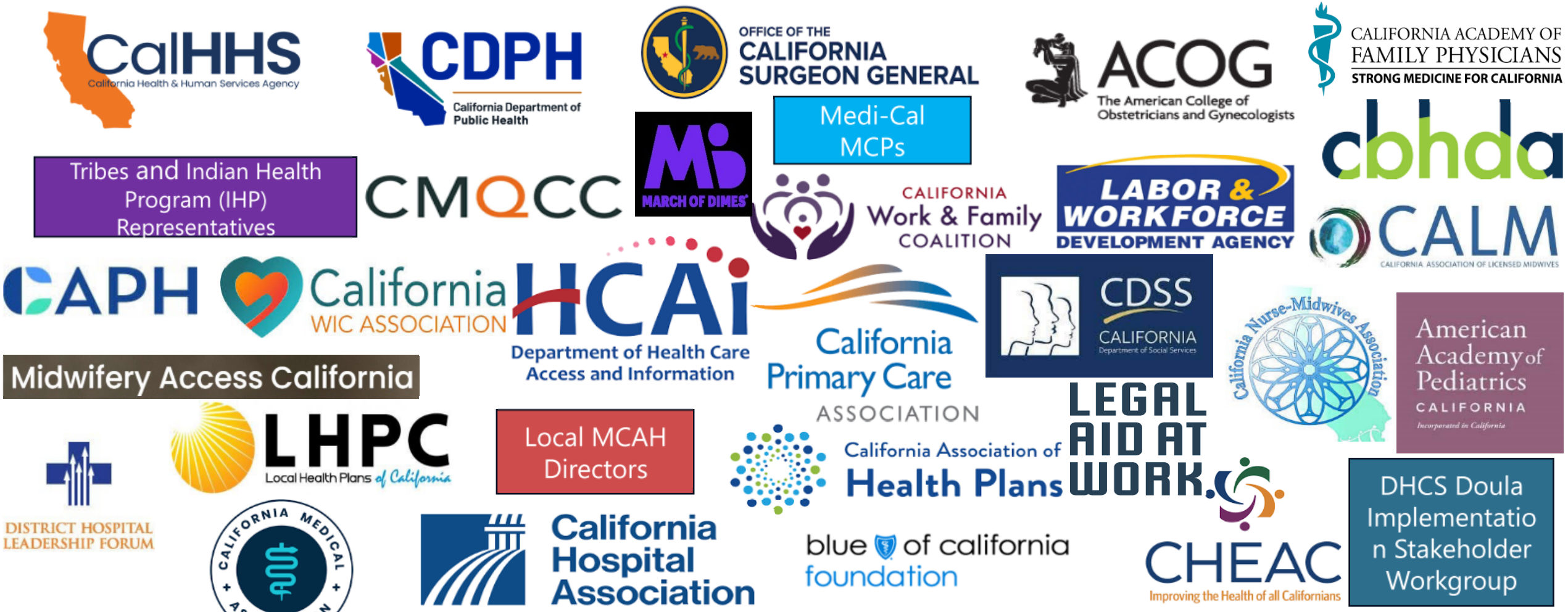
Additional Input for the Birthing Care Pathway

- 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

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Overview of Birthing Care Pathway Focus Areas

The landscape assessment and partner and member engagement led to the crystallization of problem statements and the identification of an array of policies within DHCS' purview 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' 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.

Through extensive community engagement, DHCS has identified opportunities for future exploration for the Birthing Care Pathway. These opportunities, subject to additional assessment and planning, can inform future discussion and help to lay the foundation for the "next generation" of policy solutions.

Overview of Policies DHCS Has Implemented/Is Implementing

Through the landscape assessment and partner and member engagement, DHCS identified policies that it will implement for the Birthing Care Pathway. DHCS has already implemented some of these policies while others are in progress. Partners and Medi-Cal members provided recommendations for how DHCS can implement these policies most effectively.

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

- Provider Access and MCP Oversight and Monitoring
- Behavioral Health and Trauma-Informed Care
- 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
- 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**, with low representation of American Indian/Alaska Native providers**. Partners shared that racism in health care and a **lack of culturally, linguistically concordant care** results in biased care across races and ethnicities and can **exacerbate health disparities** amongst Black, **American Indian/Alaska Native**, and Pacific Islander pregnant and postpartum individuals.
- Some members shared positive feedback on midwives and doulas, noting that they listened to their **needs and preferences** and made them feel **supported** during **labor and delivery**, but partners reported **confusion among MCPs and providers** on Medi-Cal coverage and reimbursement for midwifery care, home births, and lactation and doula services.
- Partners – including Medi-Cal members – expressed a need for improved and timely access to a range of **high-quality breast pumps** that meet their needs.
- 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 and Trauma-Informed Care

» **Problem Statements:**

- Black and American Indian/Alaska Native postpartum individuals report **higher rates** of **anxiety** and **depression** compared to other races/ethnicities.
- 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.
- Statewide, 1.5 percent of pregnant Californians had an SUD at delivery in 2022. This rate is **highest** among **American Indian / Alaska Native** (7%) and Black (5%) individuals.
- **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 **lack of standardization regarding how MCPs use risk stratification algorithms, employ risk tiers, and connect members to services,** including for pregnant and postpartum members.
- Partners shared that **IPV screening was inconsistent** with limited follow-up care or support. 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.
- American Indian/Alaska Native pregnant and postpartum individuals in California report IPV rates that are **nearly twice as high** as those reported by **other races/ethnicities**

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 does not incentivize providers to appropriately transfer a patient to a higher level of care based on their needs.
- Lastly, partners report that the **existing FQHC and rural health clinic (RHC) reimbursement methodology does not incentivize clinics to provide dyadic services** because they do not get reimbursed for the dyadic services separately from and in addition to the Prospective Payment System (PPS) reimbursement rate for dyadic services provided during or on the same day as an eligible FQHC/RHC visit.

Care Management and Social Drivers of Health

» Problem Statements:

- Partners expressed a **need for** education on **which Community Supports can best support** pregnant and postpartum Medi-Cal members as well as **more provider technical assistance (TA), support, and educational materials around the ECM Birth Equity Population of Focus** to better leverage the benefit and ensure that eligible Black, **American Indian/Alaska Native**, and Pacific Islander pregnant and postpartum individuals access the **benefit.**
- Some Medi-Cal **members reported being unaware of ECM and Community Supports, what they include,** 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:

- Today, there are an estimated 58,000 admissions of pregnant individuals into prisons and jails every year across the country; **8,000 of those admissions** are pregnant individuals **with opioid use disorder (OUD)**. Up to **4%** of women entering a **correctional facility** are pregnant.
- 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**, meaning many individuals are abruptly discontinued from these medications postpartum.

Data and Quality

» Problem Statements:

- Like every other state in the nation, 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 additional metrics are needed to fully understand the scope and quality of Medi-Cal maternity care.

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, including the DHCS** American Indian Maternal Support Services (AIMSS) program, for pregnant and postpartum members, but they are not coordinated across state agencies, causing a **lack of member awareness and underutilization** of these programs.

Question and Answer

- What Birthing Care Pathway focus areas are you most excited about?
- What else should DHCS consider for the Birthing Care Pathway to better address the needs of American Indian/Alaska Native Medi-Cal members?
- How can DHCS continue to engage American Indian/Alaska Native Medi-Cal members and partners in the Birthing Care Pathway?