

MATERNITY



CARE

MATERNITY
MULTI-STAKEHOLDER
ACTION
COLLABORATIVE



MATERNITY CARE is a population health matter

It impacts everyone in the early development stages and 85% of women at least once. The associated costs affect patients, their families, employers, and payers.¹

1) National Health Statistics Report, Number 51, April 12, 2012.



25% Labor and birth account for almost a **quarter** of all hospital discharges in the U.S.²



Between 2010 and 2013, **Medicaid** paid for about **45%** of births.³

2) Truven Health Analytics. (2013). The Cost of Having a Baby in the United States
3) National Governors Association Center for Best Practices, 2015

THE CURRENT STATE OF MATERNITY CARE



The U.S. maternal mortality rate is

1 in **3,800**

Making it

48 out of **183** countries⁴

4) Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

2015 CLINICAL OUTCOMES⁵



Birth by cesarean section **increased by 55%** between 1996 and 2015.



Almost **26%** of low risk pregnancies were delivered by cesarean section, resulting in higher costs of care.

9.63% of babies were preterm (<37 weeks).

8.07% of newborns weighed less than 2,500 grams (low birth weight).

THE COST OF MATERNITY CARE



There is significant variation in maternity care costs that is not attributable to the informed preferences or needs of women and newborns.



Low cost birth settings, such as birthing centers, are used less frequently because they are not always reimbursable.

THE QUALITY OF MATERNITY CARE



Rising maternity care costs do not directly correlate to quality improvements.



Communication and coordination of care often fall short for low-risk women as well as those with chronic conditions and pregnancy complications.

PATIENT EDUCATION, ENGAGEMENT, & SUPPORT

Commercial health plans and Medicaid do not often reimburse for services such as patient education, breast feeding support, or doula care, even though these services are critical to the health and well-being of the baby and family.⁶

Communication and coordination of care for women with chronic conditions prior to pregnancy – and patient engagement in general – is infrequent and does not provide adequate support.

5) National Vital Statistics Reports, Vol. 66, No. 1, January 5, 2017

6) National Partnership for Women & Families. (2016). Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health.



ISSUES WITH OUR CURRENT MATERNITY CARE DELIVERY MODEL INCLUDE:



Increased use of unnecessary high-cost interventions and underuse of many beneficial practices



Reliance on use of high-cost settings when lower-cost settings (e.g. birth centers) are shown to lead to successful outcomes



Fragmentation of care across the prenatal, labor and birth, and postpartum settings and providers



Traditional fee-for-service payments for maternity care, as well as higher rates for cesarean births may lead to unnecessary medical interventions

VALUE OF EPISODE PAYMENT IN MATERNITY CARE



In an episode payment model, providers accept accountability for patients over a set period of time and across multiple care settings, creating the following improvements for patients:

- ✓ Encourage greater coordination across the continuum of care
- ✓ Provide incentives for the use of lower cost services that may support better outcomes for the woman and baby (e.g. doula care, midwives, birth centers, group prenatal care, parenting education)
- ✓ Allow for greater flexibility in choice of provider and care settings



Episode payment will require a strong commitment and leadership from States (both Medicaid and public employee insurance agencies), Medicaid Managed Care Organizations, and Commercial Payers. A growing number of commercial and Medicaid pioneers are showing that episode payment programs are feasible and offer great potential for advancing high-value maternity care.

ABOUT THE MATERNITY MULTI-STAKEHOLDER ACTION COLLABORATIVE



The Maternity Multi-Stakeholder Action Collaborative (MAC) is a LAN-supported learning collaborative composed of stakeholders that have committed to implementing maternity care episode payment. It is designed to provide support and resources to organizations that want to drive improvement in maternity care outcomes via alternative payment.

To learn more about the MAC, please visit <https://hcp-lan.org/maternity-action-collaborative>.