CQC
CALIFORNIA QUALITY COLLABORATIVE
A program of the Pacific Business Group on Health

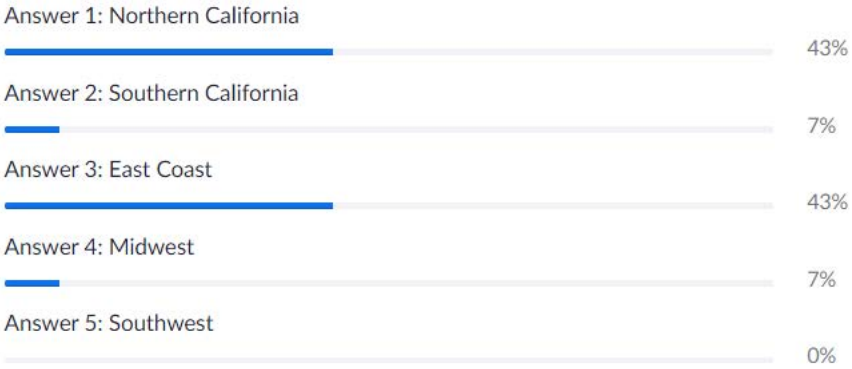
California Quality Collaborative

October 22, 2020 11:00am PT

Resilient Primary Care:
Primary and Maternity Care Integration (recording link)

Poll: Who's in the (virtual) room?

From where are you dialing?



What type of organization do you represent?

About CQC

California Quality Collaborative (CQC) is a healthcare improvement program of the Pacific Business Group on Health (PBGH) dedicated to advancing the quality and efficiency of the health care delivery system in California.

- Generates scalable and measurable improvement in the care delivery system important to patients, purchasers, providers, and health plans.
- Governed by a multi-stakeholder committee and is administered by PBGH.

PBGH
PACIFIC BUSINESS GROUP ON HEALTH

Visit CQC's homepage for additional information and resources **calquality.org**

Visit PBGH's homepage for additional information and resources **pbgh.org**

Resilient Primary Care

- CQC's "Resilient Primary Care" webinar series supports high quality, patient-centered primary care through the impacts of COVID-19 and beyond
- Build and strengthen your internal capacity through:

Peer sharing

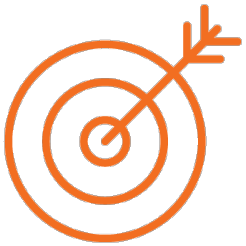
Building blocks of high-performing primary care

Hearing from successful practices

Health care innovations

- At the end of this this webinar, please share your ideas for future topics

Today's Objectives



By the end of the webinar, attendees will have:

- heard a definition and recognize **key elements of primary maternity care**
- understood opportunities to **reimagine maternity care** and the potential impact for patients
- identified foundational elements **providers need to support healthy pregnancy and birth**
- **obtained lessons learned and successful practices** from leaders in the primary care/maternity field

Maternity Work Background

The mission of PBGH's Transform Maternity Care Program is to **promote high value maternity care in the US** by:

- Decreasing preventable maternal morbidity and mortality, including physical and mental health
  - Vaginal birth, primary C-sections, early elective deliveries, early screening and treatment (e.g. preventing hemorrhage & mental health)
- Promoting patient-centered maternity care and addressing healthcare disparities
  - Choice in care team and care location, access to high value care for people of color and rural/underserved areas, consumer education
- Aligning payment with targeted outcomes

Visit PBGH's Maternity website

Today's Guest Speakers

Blair Dudley
Director,
Transform Maternity Care
Pacific Business Group
on Health

Amy Romano
CEO,
Primary Maternity Care
@midwifeamy

Pooja Mehta, MD
Women's Health Lead,
Cityblock Health

Your questions

- **Operationalizing primary maternity care** in the provider office
- **Improving communication** between pregnant individuals and their providers
- Providing **longitudinal care**
- Measuring **quality indicators** that increase accountability
- Supporting **maternal mental health**
- Ensuring **birth equity**
- Integrating **community organizations**
- **Supporting employees** to better align maternity care quality with employee experience

What is Primary Maternity Care?

PBGH and CQC

October 2020

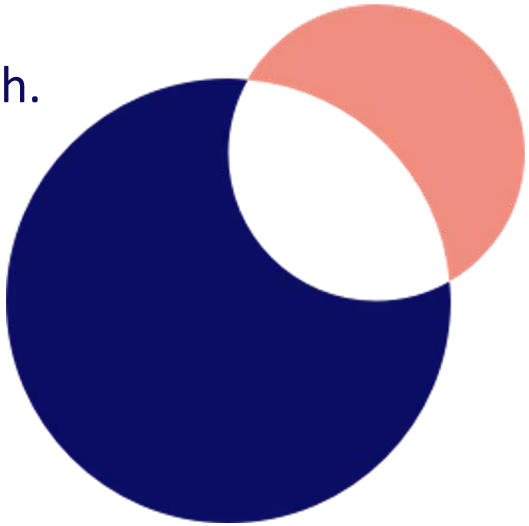
Primary Maternity Care
Start here.

Outline

- How maternal and infant health relate to population health
- Defining primary maternity care
- Exploration of promising models at the intersection of primary care and maternity care

How maternal and infant health relate to population health

- **Everyone is born**
- The mother is the "**first environment**"
  - Impact of hunger vs. nourishment, trauma vs. love, pollution vs. clean air and water
  - Childhood chronic disease linked to maternal health.
- Pregnancy can trigger or exacerbate **chronic disease**
  - Type 2 Diabetes, heart disease, obesity
- Pregnancy can trigger or enhance **healthy behavior and "salutogenesis."**
  - Positive changes in nutrition, exercise
  - Cessation of smoking, substances
  - Social connection and community building



primary /ˈprīˌmerē/

adjective

1. First.
2. Most Important.
3. Fundamental.

What is primary maternity care?

"Primary maternity care is the umbrella term for the **fundamental healthcare services** that women access during pregnancy, childbearing and the postpartum period.

[It] takes a **holistic, woman-centered approach** to service delivery, health promotion, and the prevention and treatment of disease and illness.

Primary maternity care is the **first contact with our healthcare system** for maternity care needs,...[is] **part of a comprehensive maternity care system for a community,** and includes plans for addressing the needs of women and their infants who need care from other providers.

It is based on the **philosophy that pregnancy and childbirth are natural processes that require a focus on health and should be individualized**.

Within the context of primary health care, it is an important way of working towards **developing healthy communities**."

– Multidisciplinary Collaborative Primary Maternity Care Project (Canada)

The Multidisciplinary Collaborative Maternity Care Project. (2006). Guidelines for Development of a Multidisciplinary Primary Maternity Care Model. Health Canada: Ottawa. Accessed at https://www.homebirthsummit.org/wp-content/uploads/2013/09/Multidisciplinary-Collaborative-Primary-Maternity-Care-May_Ottawa.pdf.

What's "fundamental" for a healthy pregnancy and birth?

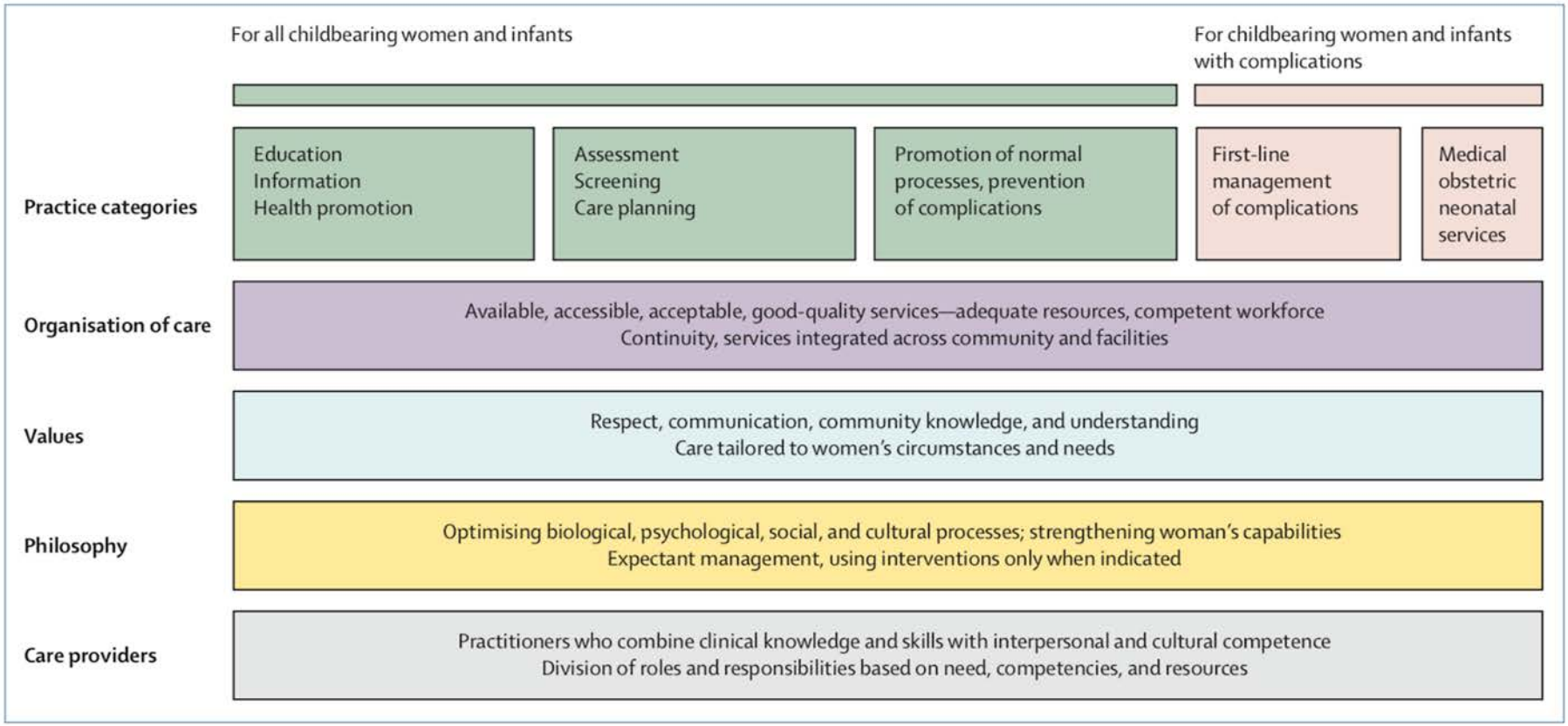
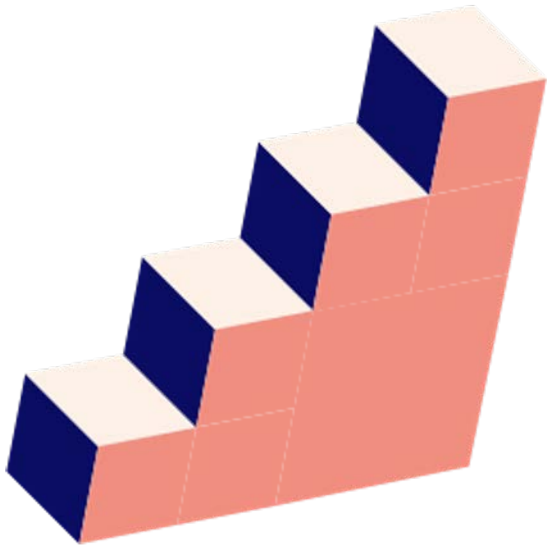


Figure 1: **The framework for quality maternal and newborn care**
Maternal and newborn health components of a health system needed by childbearing women and newborn infants (as re-drawn for Renfrew et al[1]).

Renfrew MJ, McFadden A, Bastos MH, et al. Midwifery and quality care: Findings from a new evidence-informed framework for maternal and newborn care. *Lancet*. 2014;384(9948):1129-1145. doi: 10.1016/S0140-6736(14)60789-3 [doi].

What are the services that everyone needs?

- Prenatal and postpartum routine visits
- Basic labs, ultrasound
- Preventive care (wellness, vaccines, screening)
- Education and shared decision making
- Monitoring for risk factors and complications and coordinating higher levels of care
- Urgent care/triage through all phases of care
- First-line management of common conditions
- Screening and integrated services/support for mental, social, and behavioral health concerns
- Coordination of community-based services and social supports
- Access to risk-appropriate location/facility for birth and a plan if risk changes
- Dignity, autonomy, safety, and support throughout the entire process



What are the services that everyone needs?

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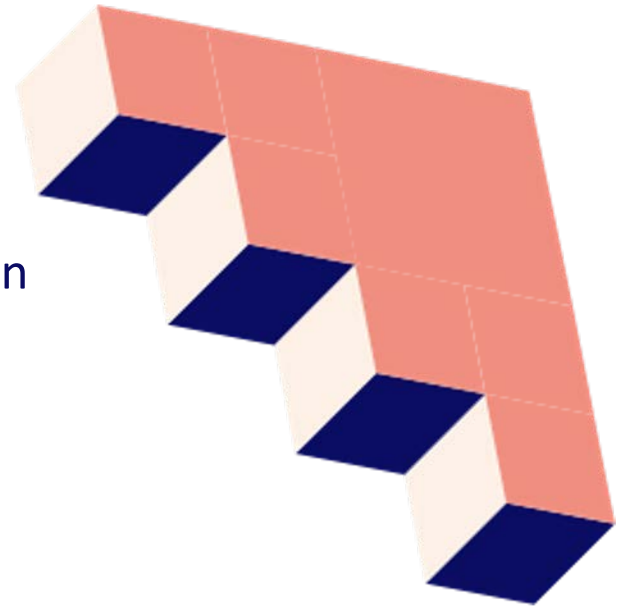
Although **everyone needs these** fundamentals, accessing them all is **the exception**, not the rule.

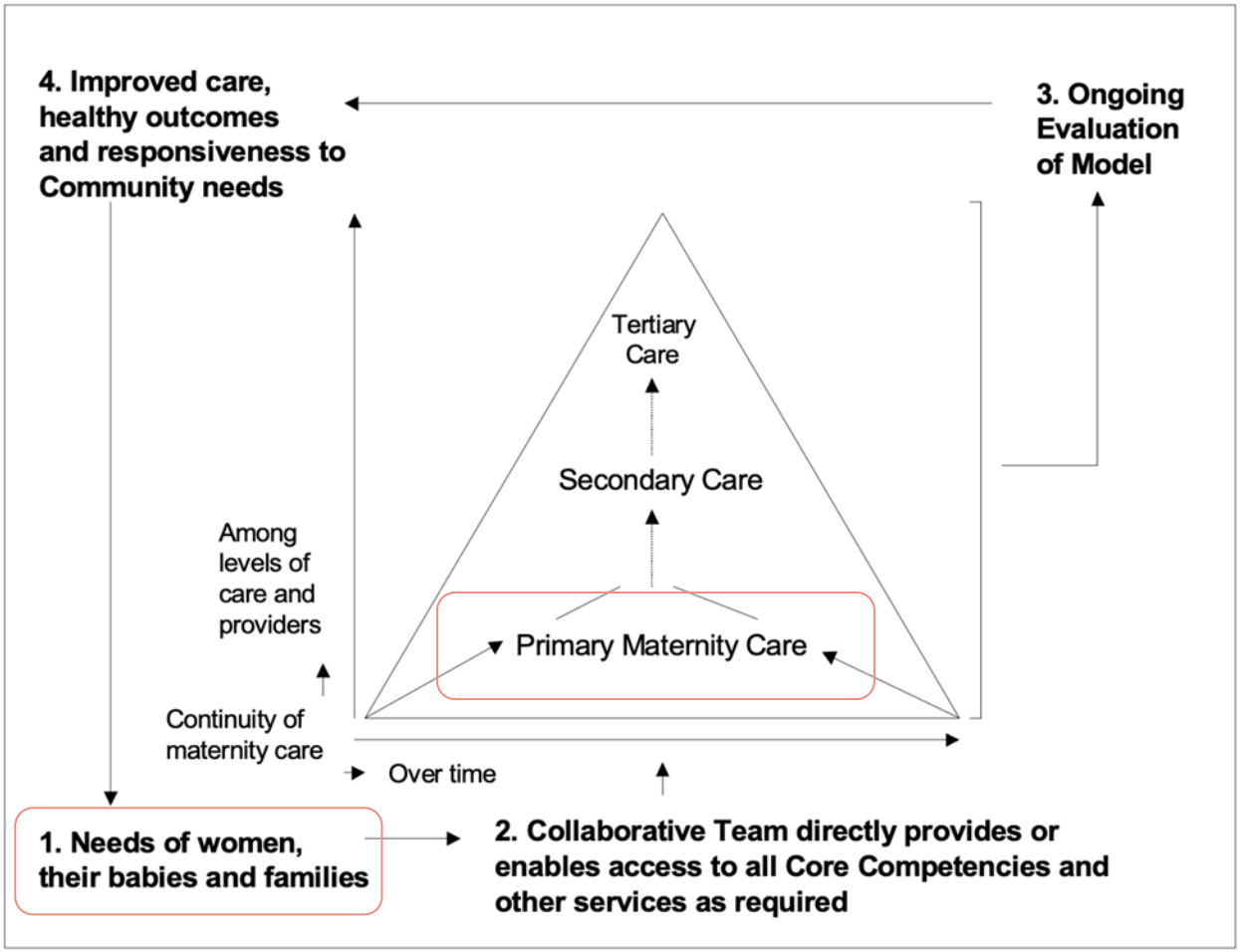
Our current system is "designed" upside down

- Specialist care for everyone
- Tertiary care as the gold standard
- Payment tied to procedures and poor outcomes
- Frequent testing and monitoring of normal physiologic processes, leading to excess intervention
- Out-of-pocket costs high for preventive/high-value care options
    - Doulas, midwives, birth centers
    - Nutrition and fitness programs
    - Mental health support
    - Childbirth and parenting education



Designing Optimal Maternity Care

Figure 1: The Multidisciplinary Collaborative Primary Maternity Care Model



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Opportunities at the intersection of primary care and maternity care

- Urgent care for pregnancy and postpartum mother-baby care
- Early pregnancy prevention planning
- Wrap-around services and support

Triage and Urgent Care

- 23-84% of people use **ED in pregnancy**, with less than 1% requiring admission.[1-3]
- 4-8% use the **ED postpartum** and of these just 2-22% are readmitted.[4-5]
- 7.7% of **newborns are seen in the ED**, with most visits associated with mild or moderate conditions. [6]
- Many **urgent care centers** won't assess and treat pregnant people.
- Substantial **quality gaps and variation** in ED and urgent care for perinatal concerns

1. Baird S, Gagnon MD, deFiebre G, Briglia E, Crowder R, Prine L. Women's experiences with early pregnancy loss in the emergency room: A qualitative study. *Sex Reprod Healthc*. 2018;16:113-117. doi: S1877-5756(17)30238-0 [pii].
2. Cunningham SD, Magriples U, Thomas JL, et al. Association between maternal comorbidities and emergency department use among a national sample of commercially insured pregnant women. *Acad Emerg Med*. 2017;24(8):940-947. doi: 10.1111/acem.13215 [doi].
3. Kilfoyle KA, Vrees R, Raker CA, Matteson KA. Nonurgent and urgent emergency department use during pregnancy: An observational study. *Am J Obstet Gynecol*. 2017;216(2):181.e1-181.e7. doi: S0002-9378(16)30908-5 [pii]
4. Batra P, Fridman M, Leng M, Gregory KD. Emergency department care in the postpartum period: California births, 2009-2011. *Obstet Gynecol*. 2017;130(5):1073-1081. doi: 10.1097/AOG.0000000000002269 [doi].
5. Brousseau EC, Danilack V, Cai F, Matteson KA. Emergency department visits for postpartum complications. *J Womens Health (Larchmt)*. 2018;27(3):253-257. doi: 10.1089/jwh.2016.6309 [doi].
6. Lee, H. C., Bardach, N. S., Maselli, J. H., & Gonzales, R. (2014). Emergency department visits in the neonatal period in the United States. Pediatric emergency care, 30(5), 315–318. https://doi.org/10.1097/PEC.0000000000000120

Quotes from Moms

- "**I've [gone to the ER] almost every pregnancy, mostly out of anxiety, not medical need**. One time I went, it was a Saturday night and I was like 9 weeks pregnant with him and had a cease of all my pregnancy symptoms and it just worried me and I had to go to the ER. I didn't have to, but I chose to. Everything was fine, obviously. It was frustrating to have to go to the ER." – Grace, 1 month postpartum with third baby
- "With my first, I had hyperemesis [severe nausea and vomiting requiring IV therapy]… I had to go to an urgent care near my house. I went there and basically it was hard to figure out if they could take me or would send me somewhere else. I ended up not getting treated because I didn't know what was covered and it was really confusing, but yeah **I went for weeks being severely dehydrated in my first trimester because I didn't feel like I had anywhere to go**." - Sarah, mom of 2

Promising strategies for maternity urgent care

- Integrate midwives and other perinatal workers into **existing urgent care services.**
- Expand **existing community-based maternity facilities/practices** to offer urgent care and follow-up.
- Utilize **tele-health and tele-consultation**.

Early Pregnancy Care

- Timing of first visit often driven by **administrative or testing needs**, not patient preferences or needs
- High rates of uninsurance prior to pregnancy → **insurance navigation is major factor** for people.
- High level of need for **information, education, and support**; low need for medical care
- Window of **prevention opportunity**

Case Study:
Redesign of Early Pregnancy Program

- Baby+Co., a 4-site network of midwife-led birth centers integrated with regional health systems.
- Education-intensive, wellness oriented, family-centered model of care
- QI project focused on early pregnancy with goals to:
  - Identify **prevention opportunities** and engage clients in a plan for a healthy pregnancy
  - Initiate **evidence-based interventions** to prevent gestational hypertension, gestational diabetes, and preterm birth.
  - Improve **client and family experience**
  - Provide **education, support, and a "lifeline"** for early pregnancy concerns

baby+co.

Start Right Now

Between 4 and 9 weeks

Meet your provider, get your questions answered, and get your pregnancy off to a great start.

What's going on with you?

As your body begins to adapt to its new pregnant state, hormone levels rise rapidly. Perhaps a missed period led you to find out about your pregnancy, or you may have figured it out from other symptoms. Sheer exhaustion, breast changes, ravenous hunger, or nausea are all normal and temporary signs of early pregnancy. Hang in there—you should feel like yourself again in a few weeks.

What's going on with your baby?

The size of a poppy seed at four weeks, your baby is as big as a raspberry by about eight weeks. The neural tube that becomes the spinal cord and brain is forming in these early weeks. Prenatal vitamins with at least 400 mcg of folic acid or folate are recommended for proper development. Baby's hands and feet have webbed fingers and toes! Within a few weeks, the extra tissue will absorb into the skin so that baby will have the individual digits they will [illegible] born with.

Pro tip for morning sickness:

Ginger and mint are popular home remedies. Vitamin B6 supplements have also been shown to help reduce morning sickness. Start with these natural remedies first, and if you still experience nausea after trying these meth[illegible]

Early Pregnancy Primary Prevention Strategy

Program Element	Description
"Start Right Now" early pregnancy visit	Designed and implemented an early pregnancy (<10 weeks) visit focused on identifying and discussing **early pregnancy prevention opportunities** and orienting the client to the **wellness-oriented midwifery model of care.**
Standardized Prevention Opportunity Screening	Developed and implemented a tool to help **identify clients with high risk of developing GHTN/PE or GDM in the pregnancy**, including those with multiple moderate risk factors that combine to impart a high risk of disease development.
Standardized Prevention Plans	Developed an **algorithm with standard recommendations** for aspirin, nutritional supplementation, and/or lifestyle modification (Mediterranean Diet, regular aerobic exercise, classes/coaching programs) based on risk level for each condition (low, moderate, or high).
Educational classes and materials to support Prevention Plans	Developed and curated **educational materials** on aspirin, Mediterranean Diet, and blood pressure management and configured **communications templates** to send resources to client. Developed and promoted **classes** to promote healthy nutrition and mindfulness-based stress reduction.

Preliminary Results

Characteristics of Clients Ultimately Diagnosed with Gestational Hypertension or Pre-eclampsia and Care Received at Baby and Company

Process or Outcome Measure	Pre-Intervention (n=27)	Post-Intervention (n=21)
Established prenatal care prior to 10 weeks	23%	67%
Prevention Opportunity Screening documented in clinical record	0%	86%
Correct interpretation of algorithm	n/a	67%
Documentation of at least one prevention recommendation for those with moderate or high risk of GHTN (e.g. aspirin, Mediterranean diet, lifestyle classes, health coach referral)	12%	100%
HTN /PE diagnosis made prior to term (<37 weeks)	27%	12%
Cases occurring in low-risk clients (with no known prevention opportunities)	30%	45%

Lessons Learned

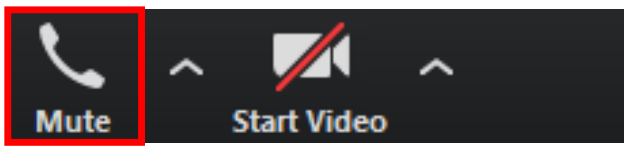
- A **person-centered approach to early pregnancy care** can increase access.
- **Prevention Opportunity Screening** supports identification of people who would benefit from evidence-based prevention interventions.
- Screening tools should be **validated, designed for usability, and integrated into standard workflows.**
- Prevention of lifestyle-related conditions of pregnancy requires a coordinated, team-based approach including non-clinical support

Discussion
Chat in or share

- How can primary care providers benefit from coordination and integration with maternity providers?
- How do maternity providers benefit?
- Consider
  - Communication, division of responsibilities
  - PCP understanding of patient history (physical and behavioral health)
  - Coordination around behavioral health (especially medication)

Click

Press *6 or click



Cityblock Maternity

Building a value-based care solution for individuals with social, behavioral, *and* clinical needs, before, during, and following birth

PBGH & CQC Resilient Primary Care Series
Primary & Maternity Care Integration
October 22, 2020

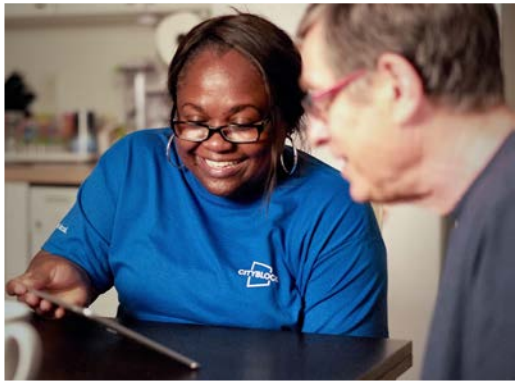
CITYBLOCK

CITYBLOCK

Cityblock Health was founded in 2017 on the premise that health is local. By uniting primary care, behavioral health, and social services to address the root influencers of health with custom-built technology, Cityblock aims to deliver better care for healthier neighborhoods — especially those that have historically had poor access to healthcare services.

In order to provide personalized care for every member, Cityblock partners with community-based organizations, health plans, and other risk-bearing organizations to design and deploy a differentiated member experience.

We leverage personalized care teams, Neighborhood Hubs, and technology designed to engage members and improve outcomes

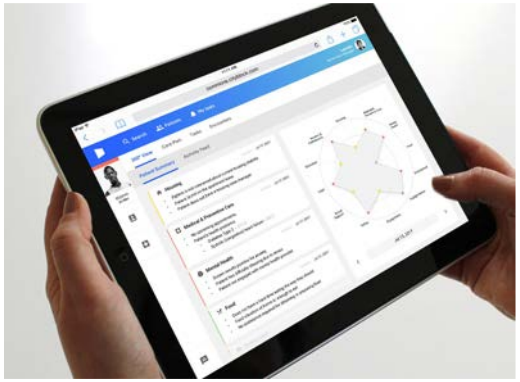


PERSONALIZED CARE TEAMS

Our integrated care teams include MD, NP/PA, RN, BH, LSW, and Community Health Partners who deliver advanced primary, behavioral health (including SUD), and palliative care,
and connect members with social services.

NEIGHBORHOOD HUBS

Multi-functional Hubs anchor integrated care teams and provide a community space for members. Field-based and home-based care teams flex out from the Hub, meeting members wherever is most convenient
for them.



PURPOSE-BUILT TECHNOLOGY

Commons, our care delivery platform, provides a 360° view of individual health and social needs, enabling inclusive care planning, multiple and integrated modalities of care delivery, protocolized alerts, and seamless care team workflows.

Cityblock is able to care for patients across the population acuity spectrum with a variety of in-person and virtual modalities

CITYBLOCK

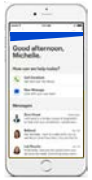
Community Integrated Care

Hub, community and home-based model targeted towards high risk populations with integrated care teams providing intensive physical, behavioral and social care.

Virtual Integrated Care

Integrated virtual care team providing longitudinal care across physical, behavioral and social needs and targeting high and rising risk patients who can be engaged through virtual engagement (phone, video, text), synchronously and asynchronously.

Virtual Care Now



Virtual care teams available through app-based interface 24/7 to meet acute physical, behavioral or social needs, including virtual visits, Rx management, specialist, social services referrals and chronic condition management. Targeted at lower risk populations.

Community Rapid Response

In-home response with community paramedics to provide diagnostics, IV treatment, and other higher-intensity services, aimed at ED diversion. Connection via tele-visit for physician visit, used across full population

Sadie's journey: Our maternity program improves outcomes through comprehensive and compassionate interdisciplinary care

CITYBLOCK

1

Member identification: Sadie is identified as pregnant in claims data, through an HIE, or on direct assessment.
Early engagement in care

2

Virtual or in-person outreach: Perinatal CHP (pCHP) performs outreach by video or in-person, does assessment for risk stratification.
Builds trust

3

Digital support: Sadie is invited onto Cityblock's app, gets educational content, network steerage & can request virtual care on demand while awaiting an in-person visit with a primary OB provider. Her pCHP drops off a remote monitoring kit at home, as well as resources from a local food pantry after reviewing her social needs assessment.
ED visit avoided

4

Prenatal care: Sadie has hypertension and depression. She meets her Cityblock CNM virtually, who engages with a local MFM to recommend HTN medication. They review desired lab testing. Sadie chooses group over individual prenatal care, and individual, virtual behavioral health visits.
Unnecessary testing and low-value visits avoided

5

Acute triage and need: At 26 weeks, Sadie calls her pCHP with a headache. Her pCHP and CNM do a combined virtual visit to check in, and follow up with a home visit. Sadie then texts her BPs to an RN case manager using her Cityblock app twice daily, for a week.
Acute inpatient utilization avoided

6

Birth plan and support: Sadie is scheduled for a 37wk IOL. Her pCHP provides virtual childbirth education, then continuous labor support. Structured huddles ensure person-centered measures to prevent a primary cesarean.
Primary cesarean and preterm birth avoided

7

Postpartum care: Sadie texts BP readings, has virtual visits with BHS and CLC. The pCHP and CNM do home visits at 1 & 4 weeks. The wrap team provides pediatric triage, vaccination & developmental screening support.
Pediatric ED visit avoided
***Transition to Cityblock primary care**

Cityblock's vision for value-based maternity care: take risk on a perinatal episodic payment to radically redefine care.

Community-based prenatal/postpartum care Cityblock delivers care for members without relationships or where access is limited.

Digital and virtual support help us show up...even in times of crisis.

Wrap-around care management seamlessly augments and supports existing OB and pediatric provider relationships.

Culturally-centered care in the community--at home, virtually, and at community hubs, integrating behavioral health & care of SUDs

Perinatal Community Health Partner support with community-based doula certification anchors the team

APC-led primary maternity care on group or individual basis as member prefers + 24/7 virtual triage on demand + lactation support

Birth centers and high quality providers/ birth facilities included in care arrangements and supported in the payment episode

Value-based payment model across maternity and newborn cost is critical to shift outcomes

CITYBLOCK

PROGRAM DESIGN

Maternal Episode: 9 months from delivery to 2+ months postpartum

Neonatal Episode: 1 year from birth

- Prior attempts at maternity VBP in NY, TN, and OH give us important lessons to learn from.
- Cityblock is working with national stakeholders and prospective partners to build broad support for a combined bundle optimizing care for up to one year postpartum.
- We see primary maternity care as existing along a continuum of primary care. Our members and communities need identity-resonant, gender-specific, trans-inclusive care along the life-course.

"After I had my baby, I needed someone to help me deal with my depression...I needed someone to see me right then and there."

"I believe that Medicaid should be offered fully to the parents...if [you are] sick then you can't fully take care of a sick child."

"I've been reading a lot about Black women dying in childbirth and that's been freaking me out...my biggest question- what are they doing for Black women?"

"You don't let go of someone post heart attack - you shouldn't do it for maternity. But here we are."

Thank You

KEY CONTACTS
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CITYBLOCK

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Q & A

Upcoming Events

- **California Medical Association and California Quality Collaborative Joint Webinar**
  Telehealth Series for Small and Medium Sized Practices: Lessons from the Field: Post-Telehealth Implementation
  Thursday, 11/12, 12:15pm PT
  Registration link

CALIFORNIA QUALITY COLLABORATIVE
A program of the Pacific Business Group on Health

Thank you!
Stay Connected to CQC

Register for event emails & our quarterly newsletter **calquality.org/about/email-signup**

For questions or feedback, email us **cqcinfo@pbgh.org**