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New Maternity Alternative Payment Model (APM) Design Review Team Session 2 – Goals and Objectives Meeting Minutes

June 13, 2024
7:30-9:30 am MT via Zoom

- **Facilitator:** Lauren Bell and Suman Mathur
- **Scribe:** Kimberly Phu
- Purpose and Goals:
 - Review discussion and feedback from the previous Design Review Team (DRT) session on May 23, 2024
 - Provide feedback on the draft program goals and objectives for the new Maternity APM

Key Decisions or Takeaways

1. DRT members would like to see reduced disparities called out in the program goals.
2. DRT members had varied feedback on Objective Set #1, including adding explicit language for reducing C-sections, promoting best practices to reduce low birthweight, improving care coordination, providing evidence-based quality care, including language on reducing maternal morbidity and mortality, focusing on the postpartum period, avoiding incentivizing low-risk pregnancies, and balancing outcome and process-focused objectives.
3. DRT members felt there was some duplication in Objective Set #2. They also suggested modifications such as language inclusive of advance practice providers, objectives that specify challenges rural communities face, incentivizing providers to complete FAMILI paperwork, remote patient monitoring, member awareness of programs, and supporting enrollment in Medicaid.
4. DRT members noted that there also seemed to be duplication of Objective Set #3 with some of the items in Sets #1 and #2. They also noted that health outcomes will impact member experience and that time spent with patients is a significant issue impacting both patient and provider experiences. DRT members felt that shared decision-making and empowering pregnant members were missing from these objectives.
5. DRT members stated that to improve provider experiences and sustainability, there must be an emphasis on holistic, clinical care, in addition to improving the time spent with patients. Risk stratification, billing support, and reimbursement for interpretive services were other factors mentioned that can support program Goal #4. DRT members also noted that administrative pain points include enrollment and staff turnover/burnout.



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Agenda

1. Welcome and Introductions
2. Session 1 (May 23, 2024) Recap
3. Goals of the New Maternity Alternative Payment Model
4. Break
5. Objectives of the New Maternity APM
6. Looking Ahead

Meeting Minutes

1. Welcome and Introductions

Lauren Bell called the meeting to order and welcomed participants.

Olga Sosa, interpreter for our session today, made a language justice statement thanking the organizers for allowing people to participate in the language of their hearts. **To support interpretation, Olga asked that folks speak at a slower pace and refrain from using acronyms.**

Lauren then reviewed HCPF's mission, today's meeting objectives, agenda, and reminders for participation and virtual interaction.

She then re-introduced the HCPF, new Maternity APM Support Team, and the Stakeholder Engagement Team. DRT participants re-introduced themselves in the chat.

Lauren then led the group through a Mentimeter icebreaker activity.

2. Session 1 (May 23, 2024) Recap

Suman then reviewed key topics and discussion points from the first DRT session held on May 23, 2024, including the role of the DRT, schedule/topics, and feedback received on the new Maternity APM North Star Goal.

- A DRT member suggested including safe and high-quality care to the North Star.

The group was reminded that DRT Meeting 1 minutes were sent via email earlier this week. DRT members should review the minutes and email the Stakeholder Engagement team at HCPF_VBPStakeholderEngagement@state.co.us with any proposed changes to the meeting minutes.





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3. Goals of the New Maternity Alternative Payment Model (APM)

As a level-set into today's conversation, Suman reviewed what is in and out of scope for today's conversation.

Kathleen Le then presented information on why goals and objectives should be created as well as how the North Star Goal, Program Goals and Objectives, and Key Performance Indicators and Measurable Outcomes are interrelated.

Anoushka Milliar then reviewed the four draft program goals for the new Maternity APM:

1. Improve the medical and behavioral health outcomes of every pregnant/postpartum person and newborn, if applicable.
2. Increase access, community, and social support for pregnant/postpartum persons.
3. Enhance member experience for pregnant/postpartum persons.
4. Develop a program that enhances provider participation, experience, and value.

Lauren Bell led the group through a Mentimeter activity and discussion to provide feedback on the program goals.

- DRT members agreed that the new Maternity APM program goals address what's important to Health First Colorado members and providers (average rating of 3.9 on a scale of 1 to 5).
- DRT members also agreed the new Maternity APM program goals align with the North Star (average rating of 4.4 on a scale of 1 to 5).

Comments and suggestions received regarding the program goals are as follows:

- Misalignment (3.9 out of 5.0 rating) may be due to the North Star not being granular which may be resolved as we dive deeper into each goal and how they meet the perceived needs of members and providers.
- Reducing disparities should either be incorporated into each goal, or as a standalone goal.
- While some DRT members noted that member experience could be included as components to Goal #1 and Goal #2, others noted that they appreciated Goal #3 (focused on member experience) being standalone as it speaks to respectful maternal care, holistic care, shared decision-making, and patient engagement and involvement. Supporting member experience is especially critical due to stigma surrounding Medicaid participants.
- Improved perinatal health equity and dyadic care should be included as program goals.



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- DRT members raised a question about how value-based payment models will increase community and social support, acknowledging that the mechanism for doing so may be flushed out in the objectives/metrics.

4. Break

The group took a 5-minute break.

5. Objectives of the New Maternity APM

Objective Set #1

Lauren called the group back after a 5-minute break and reviewed guiding criteria for how the draft objectives were developed.

Kathleen then introduced Objective Set #1:

- Increase timeliness of prenatal/postpartum care
- Improve facilitation of the transition of care between antepartum, labor and delivery, and postpartum teams
- Reduce incidence of low birthweight (for single live births)
- Monitor the use of postpartum contraceptive care
- Reduce unexpected complications in term newborns
- Promote vaginal delivery when appropriate
- Increase comprehensive behavioral health screenings, including substance use disorder and depression screenings, and timely follow-up at each phase of the perinatal period

Suman led the group through a Mentimeter feedback activity and discussion.

- DRT members agreed that Objective Set #1 aligns with their values and priorities for Goal #1 (average rating of 4.1 on a scale of 1 to 5).

Suggestions received from DRT members on adding to, or modifying, Objective Set #1 are as follows:

- Including language on accessibility to the providers and birth setting of a member's choice
- Including language on reducing C-sections
- Specifying how the APM will promote best practices towards reducing low birthweight as opposed to only penalizing hospitals with higher rates of low birthweight. A DRT member also noted that Colorado's low birth weight rate is consistently higher than the national average and doesn't necessarily correlate to complications. They suggested a measure focused on babies born 38 weeks or later



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- Adding increased care coordination and integrated care between clinical and community systems
- Adding providing quality care, based on evidence and identified best practice
- Including verbiage specific to reducing maternal morbidity and mortality
- Specifying what timeliness of care entails in the first objective, for example, entry to care in the 1st trimester
- Adding improved rate of patients getting desired sterilizations
- Increasing focus on the 42-365 days postpartum which is where we are seeing maternal mortality. Focusing on the 12 months of postpartum care could be its own objective
- Including a measure related to preeclampsia

General comments related to the objectives were:

- Being cognizant to not incentivize health facilities to prioritize taking care of low-risk pregnancies vs higher-risk pregnancies
- Being consistent on whether objectives focus on outcomes (e.g. reduce unexpected complications in newborns) versus process (behavioral health screening), with a noted preference they should be process-based

Objective Set #2

Anoushka then introduced Objective Set #2 to the group:

- Improve care coordination across the pregnant/postpartum person's care journey
- Increase provider awareness of supportive programs (for example, WIC and SNAP) and community organizations, so that providers can effectively utilize referral networks to connect members with programs specific to their unique needs
- Increase the creation and execution of transition of care plans from the designated perinatal team during the postpartum period to the primary care physician and pediatrician
- Increase the collaboration between perinatal team and specialists on the management of mental, behavioral and medical conditions (for example, diabetes, hypertension, substance use disorders, or depression)
- Leverage telehealth during the prenatal and postpartum period where appropriate
- Improve social needs screening and intervention

Lauren led the group through a Mentimeter and open discussion feedback activity.

- DRT members generally agreed that Objective Set #2 aligns with their values and priorities for Goal #2 (average rating of 4.6 on a scale of 1 to 5).



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Suggestions received from DRT members on adding to, or modifying, Objective Set #2 are as follows:

- Using provider language that is inclusive of advance practice providers
- Including the specific access challenges of rural communities as an objective
- Including an objective focused on accepting the FAML benefit and incentivize providers to complete FAML paperwork
- Adding remote patient monitoring to the telehealth objective
- Including an objective around patient awareness of programs, providers, and Medicaid coverage
- Including an objective on supporting enrollment in Medicaid, for example through increasing the number of enrollment specialists allowed by the state
- Changing provider awareness of programs to be more focused on making referrals and success of the referral

General comments related to the objectives were:

- Potential duplication of the first objective with the others in the set

Objective Set #3

Kathleen then introduced Objective Set #3 which is split into Year 1 and Future Objectives:

Year 1 Objectives:

- Define member experience
- Identify a single, validated tool that measures pregnant/postpartum member experience effectively and holistically
- Create an implementation plan for measuring member experience

Future Objectives:

- Promote collaborative creation of birthing plans/preferences between providers and members, stressing the significance of honoring these plans/preferences
- Develop and follow (as appropriate) the plan of safe care for those with perinatal substance use disorder
- Improve support of the member during the post-discharge transition period
- Encourage involvement of a pregnant/postpartum person's family unit as defined by the member
- Promote a culture of equitable and respectful care for pregnant/postpartum persons, fostering an environment where they feel valued, heard, and supported throughout their pregnancy, labor and delivery, and postpartum experiences, ensuring they are treated holistically rather than as a task



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- Foster a diverse and inclusive care experience by encouraging involvement from maternal health providers of marginalized or underrepresented backgrounds, reflecting the full spectrum of the communities served, including various races, ethnicities, nationalities, languages, gender identities, sexual orientations, socioeconomic statuses, disabilities, ages, immigration statuses, geographic locations, religions, and spiritualities

Suman led the group through a Mentimeter and open discussion feedback activity.

- DRT members generally agreed that that the Year 1 Objectives of Objective Set #3 aligns with their values and priorities for Goal #3 (average rating of 3.9 on a scale of 1 to 5).
- DRT members more strongly agreed that that the Future Objectives of Objective Set #3 aligns with their values and priorities for Goal #3 (average rating of 4.3 on a scale of 1 to 5).

Suggestions received from DRT members on adding to, or modifying, Objective Set #3 are as follows:

- Addressing the issue of 15-minute care visits as increased time spent with patients will benefit patients and providers
- Broadening the first objective to include shared decision making throughout prenatal and postpartum care, including (but not limited to) the birth plan
- Addressing possible duplication between future objectives #2 and 3 with objectives under Goals #1 and #2
- Including language on empowering pregnant members to be advocates for themselves
- Including decreasing readmissions, emergency department visits, and complications

Objective Set #4

Anoushka then introduced Objective Set #4:

- Identify administrative burden pain points and work to reduce these burden
- Implement health information technology tools that impart valuable insights into performance metrics
- Create model design which is operationally efficient and financially sustainable for providers

Lauren led the group through a Mentimeter and open discussion feedback activity.

- DRT members generally agreed that Objective Set #4 aligns with their values and priorities for Goal #4 (average rating of 4.1 on a scale of 1 to 5).
- Fewer DRT members agreed that Objective Set #4 addresses support and sustainability for providers (average rating of 3.6 on a scale of 1 to 5).

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Suggestions received from DRT members on adding to, or modifying, Objective Set #4 are as follows:

- Including an objective around creating an environment where providers can provide their best clinical care possible. To an earlier point, visits are often shorter than providers wish. In addition to reducing provider burden, set up an environment that supports holistic, clinical care
- Including an objective around risk adjustment
- Recognizing and addressing strain on provider and burnout, for example through behavioral health support for providers and other members of the care team
- Including reimbursement for interpretative service
- Including both provider and health care system sustainability, for example through billing support, care navigation, enrollment, connecting with community services, staff turn/over, increased rates, and streamlined billing

The final discussion question asked DRT members to reflect on the administrative pain points providers are experiencing. Key themes of feedback include:

- Enrollment – supporting patients in accessing public health and social service issues, such as transportation, housing, communication
- Staff turnover and burnout – as noted, there is moral injury related to being a provider, as well as complex systems to navigate. Related to enrollment and social needs, a DRT member noted that providers need support staff who are included in the reimbursement model to support effective referral to resources that address social needs
- Billing – streamlining processes to be in alignment with other payers and reducing administrative burden

6. Looking Ahead

Lauren wrapped up the meeting by providing next steps.

- There will be an optional office hour session held on Thursday, June 20 from 5-6 pm via Zoom.
- The next DRT session will be Thursday, June 27 from 7:30-9:30 am. The topic will be focused on quality measurement and target setting.
- An email will be sent with follow-up materials for today.
- Pre-work for the June 27 meeting will be sent in advance to the group.
- DRT members can also email the stakeholder engagement team at HCPF_VBPStakeholderEngagement@state.co.us.



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