

## The Bree Collaborative Maternity Bundle Workgroup Charter and Roster

### Problem Statement

The United States has the highest maternal death rate among developed nations with more than 50,000 mothers having life-threatening complications annually.<sup>1,2</sup> Mortality also differs greatly based on race with black mothers being three to four times as likely to die in childbirth than white mothers and more likely to suffer complications that lead to maternal death and injury.<sup>1,3</sup> Bundled payment models can address some of these preventable complications and are currently being used across the country.<sup>4</sup>

### Aim

To recommend a bundled payment model for maternity care that includes pre- and post-natal care, addresses disparities, and includes relevant metrics.

### Purpose

To propose evidence-based recommendations for bundling maternity care to the full Bree Collaborative on:

- Addressing racial and income disparities.
- Process and patient outcome metrics.
- Addressing preventable complications.
- Inclusion and exclusion criteria.
- Pre and post-natal care.
- Addressing barriers to integrating recommendations.
- Implementation pathway(s).
- Identifying other areas of focus or modifying areas, as needed.

### Duties & Functions

The Maternity Bundle workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

## Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative program director and program assistant will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

## Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization
Carl Olden, MD (Chair)	Family Physician	Pacific Crest Family Medicine
Anaya Balter, RN, CNM, MSN, MBA	Clinical Director for Women's Health	Washington State Health Care Authority
David Buchholz, MD	Medical Director, Collaborative Health Care Solutions	Premera
Andrew Castrodale, MD	Family Physician	Coulee Medical Center
Francie Chalmers, MD	Pediatrician, Member	Washington Chapter of the American Academy of Pediatrics
Angela Chien, MD	Obstetrics and Gynecology	EvergreenHealth
Neva Gerke, LM	President	Midwives Association of Washington
Molly Firth, MPH	Patient Advocate	
Lisa Humes-Schulz, MPA/ Lisa Pepperdine, MD	Director of Strategic Initiatives/ Director of Clinical Services	Planned Parenthood of the Great Northwest and Hawaiian Islands
Rita Hsu, MD, FACOG	Obstetrics and Gynecology	Confluence Health
Caroline Kline, MD	Obstetrics and Gynecology	Overlake Medical Center
Dale Reisner, MD	Obstetrics and Gynecology	Swedish Medical Center
Janine Reisinger, MPH	Director, Maternal-Infant Health Initiatives	Washington State Hospital Association
Mark Schemmel, MD	Obstetrics and Gynecology	Spokane Obstetrics and Gynecology, Providence Health and Services
Vivienne Souter, MD	Research Director	Obstetrics Clinical Outcomes Assessment Program

<sup>1</sup> Centers for Disease Control and Prevention. Pregnancy-Related Deaths.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

<sup>2</sup> Save the Children. State of the World's Mothers 2015. 2015. Available:

<https://www.savethechildren.org/content/dam/usa/reports/advocacy/sowm/sowm-2015.pdf>

<sup>3</sup> Tucker MJ, Berg CJ, Callaghan WM, Hsia J. The Black-White disparity in pregnancy-related mortality from 5 conditions: differences in prevalence and case-fatality rates. *Am J Public Health*. 2007 Feb;97(2):247-51.

<sup>4</sup> HCP-LAN Maternity Multi-Stakeholder Action Collaborative. Issue Brief: The Business Case for Maternity Care Episode-Based Payment.

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=9&ved=0ahUKEwjc1ZKvnLPbAhUPB3wKHZWMCbQQFghfMAG&url=http%3A%2F%2Fhcp-lan.org%2Fworkproducts%2FMAC-maternity-care-VBP-business-case-03-20-2017.docx&usg=AOvVaw1qxa2iOXAOQ4Y5vK762-C2>