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**Bree Collaborative | Maternity Care Bundled Payment Model Workgroup**

March 14<sup>th</sup>, 2019 | 8:00-9:30

**Foundation for Health Care Quality**

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**Members Present**

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Carl Olden,\* MD, Family Physician, Pacific Crest  
Family Medicine (Chair)

David Buchholz, MD, Medical Director,  
Collaborative Health Care Solutions, Premera

Angela Chien,\* MD, Obstetrics and Gynecology,  
EvergreenHealth

Molly Firth, MPH, Patient Advocate

Rita Hsu,\* MD, FACOG, Obstetrics and  
Gynecology, Confluence Health

Lisa Pepperdine,\* MD, Director of Clinical  
Services, Planned Parenthood of the Great  
Northwest and Hawaiian Islands

Dale Reisner,\* MD, Obstetrics and Gynecology,  
Swedish Medical Center

Mark Schemmel,\* MD, Obstetrics and  
Gynecology, Spokane Obstetrics and  
Gynecology, Providence Health and Services

Vivienne Souter, MD, Research Director,  
Obstetrics Clinical Outcomes Assessment  
Program

**Staff and Members of the Public**

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Kelsey Brewer\*

Rosie Fitzgibbon\*

Ellen Kauffman,\* MD, OBCOAP

Alicia Parris, Bree Collaborative

Sarah Peterson,\* Northwest Women's  
Healthcare

Allison Weaver,\* Upstream USA

Mandy Weeks-Green\*

Ginny Weir, MPH, Bree Collaborative

David Willis, MD, Perigee Fund

Judy Zerzan, MD, Chief Medical Officer,  
Washington State Health Care Authority

\* By phone/web conference

**INTRODUCTIONS AND APPROVAL OF MINUTES**

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Carl Olden, MD, Family Physician, Pacific Crest Family Medicine (Chair), and Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves. Dr. Olden introduced discussion topics for the meeting including length of coverage, who is covered, which providers and services to cover, and how to improve care.

*Motion:* Approve 2/14/2019 minutes

*Outcome:* Passed with unanimous support.

**REVIEW OF EXISTING BUNDLED PAYMENT MODELS AND DEFINING PRELIMINARY SCOPE**

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Ms. Weir shared *Maternity Care Bundle* slides and asked for initial reactions to the Tennessee Health Care Improvement Innovation Initiative and Ohio Episode-Based Payment Model:

- David Buchholz, MD, Premera, suggested that if the group wants to improve health care in the way previously discussed, the bundle will need to include things that were intentionally left out of those models e.g. emergency room visits
- Dale Reisner, MD, Obstetrics and Gynecology, Swedish Medical Center, pointed out the need for the group to define patient population
  - To create a bundle that covered everyone would be difficult
    - If only “low risk” persons will be covered, “low risk” needs to be defined
    - Also need to define “risk”, risk for preterm birth, adverse neonatal outcome, genetic abnormalities etc.

- Both Ohio and Tennessee models include an initial payment, then retrospective reconciliation and final payment
  - Group be aware of possible unintended consequences of over-incentivizing vaginal births
    - Providers may not refer or put babies at risk for the sake of a vaginal birth
- Dr. Reisner asked if the group will include pregnant women using substances
  - Ms. Weir suggested a basic bundle with complimentary add-ons
- Dr. Buccholz suggested the 6 week term in the Providence Health & Services in Oregon
  - Treatment of baby changes at 6 weeks
  - Less vulnerable (no longer considered immune compromised)

**Action Item: Ms. Weir will collect more details on Providence Health & Services bundle**

- Will the 6 weeks be the length of coverage for mothers as well?
  - Allison Weaver, Upstream USA, suggested covering the mother long enough to receive contraception as part of postpartum care
- Ellen Kauffman, MD, OBCOAP, suggested a covering mothers for a year
  - Most pregnancy associated maternal mortality was spread out across a year from giving birth
- Rita Hsu, MD, FACOG, Obstetrics and Gynecology, Confluence Health mentioned recent ACOG paper on “4<sup>th</sup> trimester”, 42 days following birth
- Judy MD, Chief Medical Officer, Washington State Health Care Authority, brought to the groups attention that postpartum eligibility for Medicaid does not last that long
  - Benefit of keeping mother and baby together, baby stays eligible for much longer
- Vivienne Souter, MD, Research Director, Obstetrics Clinical Outcomes Assessment, asked Program asked how many Medicaid patients come to the 6 week postpartum visit

**Action Item: Judy Zerzan, MD, Chief Medical Officer, Washington State Health Care Authority, will give presentation on relevant Health Care Authority data**

**Action Item: Dr. Souter will give presentation on OBCOAP data**

**Action Item: Workgroup members will send data requests to Ms. Weir**

- Dr. Reisner shared that ACOG is involved in current legislation to extend care up to a year
  - Dr. Zerzan agreed that Bree recommendations could also help make a case for longer Medicaid postpartum coverage
- Group may make “ideal state” recommendations along with recommendations that are immediately implementable in the current state

**Action Item: Workgroup to consider who would be considered low risk and what add on diagnoses or “modifiers” to include (e.g. depression, substance use, etc.)**

- Exclusion of everyone will not make an impact. A goal of bundle should be to get high risk people into care
- Dr. Hsu asked about other ways to facilitate adoption as hemorrhage response is incentivized but most hospitals are not qualifying
  - Critical Access Hospitals are excluded from those incentives
  - Washington becoming an AIM (Alliance for Innovation on Maternal Health) state
    - Will include Critical Access Hospitals will become eligible for incentives
- Dr. Souter stressed the importance of helping women find the right options for care
  - Most low risk patients are in the care of an OBGYN
    - In some cases CNM or midwife care might be appropriate
    - Limited resources at birthing centers and midwives

- Reimbursement differences for midwives
- Group visits support standardization of information given
- Group discussed various possible resources and definitions that could provide insight
  - AHRQ definition of low-risk
  - MAWS recommendations for out of hospital births
  - Swedish transfer and consult guidelines
  - ACOG prenatal recommendations currently being updated
  - Pilot study of electronic health prenatal care in New York
    - Benefits of keeping a person in their community
- Dr. Souter asked about tracking patient satisfaction
  - Previous Bree bundles have contained reporting requirements
- Lisa Pepperdine, MD, Director of Clinical Services, Planned Parenthood of the Great Northwest and Hawaiian Islands, mentioned the Planned Parenthood contraceptive telehealth app
  - Low cost and effective way of getting information out
- Question of evidence base for telehealth
  - Existing evidence but not available on hand

**Action Item: Dr. Reisner will provide evidence for telehealth**

- Dr. Kauffman shared experience of using group visits as part of a program for pregnant teens

**Action Item: Workgroup will consider definition of low-risk**

#### **NEXT STEPS AND PUBLIC COMMENTS**

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Carl Olden and Ginny Weir asked for final comments and thanked all for attending. The meeting adjourned.