
Bree Collaborative | Maternity Care Bundled Payment Model Workgroup

April 11th, 2019 | 8:00-9:30

Foundation for Health Care Quality

Members Present

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

Neva Gerke,* LM President Midwives Association of Washington

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

Janine Reisinger,* MPH Director, Maternal-Infant Health Initiatives Washington State Hospital Association

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

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

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

Staff and Members of the Public

Maya Cates-Carney,* Maine Department of Education

Blair Dudley,* Pacific Business Group on Health

Kelsey Jenkins*

Ellen Kauffman,* MD, OBCOAP

Melissa Moran-Hodge,* Proliance Surgeons

Alicia Parris, Bree Collaborative

Shawn Quigley,* Proliance Surgeons

Mandy Weeks-Green*

Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

INTRODUCTIONS AND APPROVAL OF MINUTES

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 3/14/2019 minutes

Outcome: Passed with unanimous support.

DELIVERY STATISTICS AND CHARACTERISTICS

Judy Zerzan, MD, Chief Medical Officer, Washington State Health Care Authority presented *Characteristics of Washington State Women Who Gave Birth*:

- David Buchholz, MD, Medical Director, Collaborative Health Care Solutions, Premera, asked the reimbursement rates for vaginal births vs cesarean sections
 - \$1200 for vaginal delivery and \$450 for cesarean section
 - Managed care organizations may adjust their reimbursement rates
 - Lower c-section rate due to younger patient population rather than the disincentive
 - Providers do not give c-sections based on reimbursement, rather do so when it is clinically indicated
 - Unintended consequence will be providers becoming unwilling to treat Medicaid patients

- Dr. Buchholz supported including anesthesia as part of the bundle
- Molly Firth, MPH, Patient Advocate, asked about the number of counties in Washington state that don't offer maternity services
 - Also consider the size of the county, distance traveled
 - Janine Reisinger, MPH, Hospital Association, confirmed there are two counties that don't offer delivery services
- Ms. Weir asked about the incidence of epidurals
 - 80% among first time mothers. This is higher than in the UK.
 - Perhaps due to fewer alternative pain control methods such as nitrous oxide

Vivienne Souter, MD, Research Director, Obstetrics Clinical Outcomes Assessment Program, presented *Delivery Statistics Report Washington State Non-Military Hospitals*:

- Idea of a women's level of risk determining her obstetric care provider such as low-risk women being cared for by midwives and higher risk women being cared for by OB/GYN
 - OB COAP paper presenting on different care providers is not peer reviewed at this point
 - Importance of educating women about their options
- Angela Chien, MD, Obstetrics and Gynecology, EvergreenHealth, as an OB she would like to provide care for low-risk and high-risk patients
- How OB COAP defined "low-risk"
 - Prevalence of the risk factors as defined by OB COAP
 - Filtering out all risk factors defined by OB COAP would exclude 38% of the population
 - These are overlapping risk factors, some persons may have multiple risk factors
 - Excluding obesity, multiples, in vitro fertilization, would exclude nearly half the population
 - Referring to group that qualifies for bundle as "lower risk" rather than "low risk"
 - Dr. Buchholz suggested using Cardinal Learning to calculate risk scores based on combinations of risk factors
 - Different risk factors have specific risks for mother or baby

Action Item: Dr. Buchholz will follow up with group about possibility of using Cardinal Learning and risk scores

- Group discussed inclusion goals
 - Greater than 50%
 - Dr. Souter suggested starting with absolute exclusions
 - Would be helpful to work with someone from family medicine to look at that population
 - Ms. Weir suggested starting with NIH list and adjusting to capture more people
 - Being specific about BMI rather than "obesity"
 - No mental health conditions included

Action Item: Dr. Buchholz will speak to Veronika Zantop, MD, Reproductive Psychiatry

- If a person is stable, with access to care, a mental health diagnosis does not change care
 - Should not exclude all mental health diagnoses

Action Item: Ms. Weir asked group members to view and edit list and send thoughts with citations included

NEXT STEPS AND PUBLIC COMMENTS

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