Bree Collaborative | Maternity Care Bundled Payment Model Workgroup
January 7th, 2020 | 8:00-9:30
Foundation for Health Care Quality

Members Present

Carl Olden,* MD, Family Physician, Pacific Crest Family Medicine (Chair)
Molly Firth, MPH, Patient Advocate
Rita Hsu,* MD, FACOG, Obstetrics and Gynecology, Confluence Health
Ellen Kauffman,* MD, OBCOAP
Janine Reisinger,* MPH Director, Maternal-Infant Health Initiatives Washington State Hospital Association
Dale Reisner,* MD, Obstetrics and Gynecology, Swedish Medical Center
Mark Schemmel,* MD, Obstetrics and Gynecology Spokane Obstetrics and Gynecology, Providence Health and Services
Judy Zerzan, MD, Chief Medical Officer, Washington State Health Care Authority

Staff and Members of the Public

Cara Bilodeau, Upstream USA
Blair Dudley,* Pacific Business Group on Health
Alex Kushner, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative
Elizabeth Campbell,* Health Care Authority
Carla Cowan,* Health Care Authority
Lauren McDonald,* Washington State Hospital Association
Beth Tinker,* Health Care Authority

* 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.

Motion: Approve 10/10/19 minutes
Outcome: Passed with unanimous support

REVIEW OF PUBLIC COMMENTS

Dr. Olden and Ms. Weir began a discussion of the public comments that the group received:

- The group discussed comments regarding extension of Medicaid care to 12 months postpartum. The group agreed to change the extension from 3 months to 12 months if the state changes laws to mandate 12 months of Medicaid.
    - Add: "If and when Medicaid extension to 12 months occurs, this bundle should extend to 12 months postpartum. Pediatric care should be family centered"
- On page 24, removed ""anesthesia/epidural"
- On page five, the group changed the exclusion bullet: "Exclude anesthesia, insertion of contraceptive device, contraceptive device, genetic testing, and pediatric service.
- After this the group had a discussion about whether or not pediatric service should be excluded.
    - Dr. Zerzan argued that pediatrics should not be excluded because it divides up care of the baby and care of the mother. Treatment outcomes are better for the family when mother and child care are both taken into account together.
    - Counter argument made that smaller accountable entities such as small family practices would struggle to take on baby care and mother care at the same practice.

    - Dr. Zerzan felt strongly that the bundle needs to ask for stronger care than what currently exists in Medicaid. She expressed doubt about whether or not Medicare would be able to do anything with the recommendations without pediatric care.
    - Ms. Weir suggested creating language to prompt the HCA to create a bundle that would include the dyad of gestational parent and child. She also mentioned that a difficulty for this group is that it is trying to create a bundle that works for both Medicare and private insurers, and the group also has not looked at pediatric best practices, so it is not equipped currently to create a pediatric pathway.
- On page 5, bullet added: "All services not explicitly addressed in the bundle should be discussed during contracting.
- On page 23 added "The following are meant as examples".
- The group discussed a comment saying that BMI should not be used as an exclusion criteria for the bundle.
    - The University of Washington wants to use BMI as an exclusion criteria because they feel that not considering BMI would unfairly disadvantage health systems that see high risk patients and lead to more C-sections.
    - The group agreed to include a specific, high, BMI limit for exclusion. High BMIs do have a high risk, so the group wants to include a realistic BMI.
    - Since this is a "low-risk" bundle, the group settled on greater than or equal to 45 BMI.
    - On page 5, added: <= 45 body mass index (BMI).
- On page 6, change "At a minimum…" bullet was changed to "At a minimum, visits every four to six weeks up to 28 weeks gestation."
- In the prenatal care section, changed line beginning with "At a minimum, monthly visits" to "At a minimum, visits every four to six weeks…"
- Comment made about creating a tool kit for providers to make a group visit format for their patients.
- Under Labor Management and Delivery section, comment about whether or not extensive lacerations are paid for.
    - Group agrees not to address this and to let it be negotiated in contracting.
    - Often billed separately because midwives would not be equipped to repair a 3rd or 4th degree laceration. You would not want to dis-incentivize vaginal deliveries needing extra care.
- Language about contraceptive counseling in the Labor Management and Delivery section copied to the Prenatal Care section because counseling should happen both during prenatal care and labor and delivery. Contraceptive counseling is also in the postpartum section.
- Terms such as "mom" and "woman" are changed to "gestational parent" throughout to be gender inclusive.
- The group discussed what the title of the bundle should be.
    - Suggestion to change the name to perinatal bundle.
    - Concern that perinatal would not capture the aspirational nature of the bundle—that it would cover both the gestational parent and the baby.
    - Another concern is that people would not know the meaning of perinatal.
- The group discussed changes that should be made to the Quality Metrics section:
    - Comment asking for NQF 2902 to be included. Not included because it has language not intended for a bundle.
    - Changed "Unexpected Complications in Term Newborns" to "Unexpected Severe Complications in Term Newborns". Moved this bullet and "Q1: Severe Maternal Morbidity" bullet up to be directly beneath the "Cesarean Section" bullet.
    - On page five, added "Cost of care should be tracked but is not a quality metric".
- The group moved on to discussing WSHA's public comments:
    - The group agrees to remove "overall cost" from the Quality Metrics section.

- Question is asked about whether hospital delivery would be included in the bundle. Decided that contracting and finances fall outside the scope of the workgroup.
- The group discussed location of birth: whether or not to include home birth.
    - Support voiced for including home birth. Argument is that it is lower cost, higher quality, and has good outcomes for select patients.
    - A concern was raised that including home birth might dis-incentivize transfers to hospitals for patients who need it since that would increase costs.
    - If intent of the bundle is to bring cost of care down and improve quality at the same time, home births are not where that opportunity lies. Also, many of the concerns of this bundle are based on facility care. Home birth falls outside of scope; would need to be considered separately.
        - The group decided to leave out home births from the bundle for this reason.
- Under the Health Plans section on page 11, add "offer a bundled payment model aligned with the framework described in these recommendations".

CLOSING COMMENTS

Dr. Olden thanked all for attending. The meeting adjourned.