
Bree Collaborative | Perinatal Bundled Payment Model Workgroup

June 1st, 2021 | 8:00-9:30

Virtual

Present

Trish Anderson, Washington State Hospital
Association

Mike Barsotti, MD, Providence Spokane

Angela Chen, MD, Ob COAP

Blair Dudley, MPH, Purchaser Business Group on
Health

Sage Nakagawa, Signify Health

G McDonald

Amita Rastogi, MD, Signify Health

Dale Reisner, MD, Swedish Medical Center

Mark Schemmel, MD, Providence Spokane

Beth Tinker, PhD, MPH, MN, RN, Health Care
Authority

Mandy Weeks-Green, Officer of the Insurance
Commissioner

Ginny Weir, MPH, Foundation for Health Care
Quality

Josephine Young, MD, Premera Blue Cross

Judy Zerzan-Thul, MD, MPH, Washington State
Health Care Authority

INTRODUCTIONS

GENERAL DISCUSSION

Ginny Weir, MPH, Bree Collaborative, opened the meeting and explained the goal to react to the extension of Medicaid eligibility to 12 months postpartum and to see if the bundle, currently extending to three months postpartum, can be reasonably extended to twelve.

- How to separate pediatrics for the 12 months.
- Exciting to offer more comprehensive set of services for mom especially in the mental health space.
- From pediatrics perspective is most opportunity to have multiple touchpoints with mom.
 - With obstetrics, not many natural touchpoints with mom.
 - Significant role where pediatrics has that opportunity to have that conversation.
 - Pediatrics is very geared toward a child and to pull more of the adult piece into it, unsure how to incorporate more and is out of scope of practice.
- By convention we have stopped maternity care at 6 weeks postpartum. For normal postpartum care, and without a separate diagnosis we are missing things. We should be seeing moms at 2 weeks, 12 weeks, going back to work, all the milestones that can trigger mental health crisis.
 - Obstetrics providers are not incented to have more visits.
- Do not have extension yet as it requires a waiver and funding the Legislature did not give the HCA.
 - When we started bundle HCA wanted to include three months of infant coverage.
 - Pediatricians can screen for postpartum depression.
 - Bits about parenting and bonding.
- Struggle with what extension truly means. If you build it will they come. What is our logic model?
 - The most important environment is the environment of relationships and especially with the birth parent. This is within the realm of the obstetrics provider – and identifying when there is rupture there.
 - Falls within behavioral health.
 - Family doc – very clear. Obs, are they going to have capacity?
 - Accounting for various provider types.
- Do we have examples from socialized systems in how they address postpartum care? Are they doing better with behavioral health?
 - Physical medical needs are not as big as mental health needs.
 - Better to reach out into the community.
 - Where baby has been separated from the gestational parent. Huge issue – societal issue.

- Even family medicine does not see mom and baby that often.
 - Triads – the gestational family.
- Home visits – in the UK there are home nurse visits. The system needs a huge overall. Need postpartum doulas who can go out into the community. Home visits are important to see what people need.
- Lot of vendors out there who are capitalizing on these gaps.
 - Maven is an example of a virtual platform, a potential way to enhance virtual care. If they meet with a client with concerns, they go back to a care coordinator and get an in-person visit for that person.
 - How to integrate virtual health platforms.
 - Multiple companies.
- On episodes of care side where bundle is so long from an insurance point of view this is a challenge. Could be a postpartum bundle that is separate similar to oncology care model with an acute phase and a chronic, maintenance phase.
 - How to you incentivize coordination between two groups with two bundles. Worry about someone falling through the cracks.
 - Keeping as one bundle would be more continuation of care. Are we truly routing back to the Ob provider or is it someone else.
- Peripartum care more about behavioral health. May be better to have someone with more expertise manage this.
- Capacity of obstetrics but also the pediatricians. People struggle with finding resources – in order to put this in play would need resources laid out.
 - More touch points in pediatrics than obstetrics.
- Community resource – home care. Why still using same model of a medical office.
- Very difficult to get a home health referral – there is not home health system, no one to refer.
 - Yakima has done an assessment. 4% of eligible families in Yakima received a visit. Everyone on Medicaid in Washington are eligible for maternity support services. Varies by county. Is Medicaid carve out – is paid for by FFS. How most clients see a behavioral health provider. Nurse, RD, behavioral health specialist, and a coordinator.
 - MSS from identification of pregnancy and ends last day of month that contains 60 days postpartum so can be three months.
 - Including this is in the bundle – same issue as with doulas. Scientific thinking and rationale. Who should be the “manager” in the period – should not land on shoulders of obstetrics providers only or pediatricians only.
- Would be big lift if not every mom needed a home visit but could be virtual? Oregon has started with Family Connects – a universal home visiting program. Strong evidence for this visit – three-four weeks. Assessing the coping of the family with the change. Some visits have a second visit but only 10% of families need that. Phone follow-up.
 - Legislature gave money to pay for it.
- Wallstreet Journal article of personal experience in which author almost died because of sepsis. This is a big miss at 6 weeks postpartum.
- Connected Mom’s act – remote monitoring for the mom the third trimester. Many opportunities. Telehealth and remote patient and in-person.
- Who would manage that late postpartum period (months 4-12). Signify does not limit who can be the accountable provider.
 - How does this work with continuity for the patient?
 - Difficult to have providers take this on but once they do they generally like this.
- If the care required is of a different nature, then you need a different level of expertise.

- Implementing an episodes of care model most important thing is to build the infrastructure for that practice to win.

Action Item:

- Research NHS postpartum period care.
- Research Family Connects in Oregon.

CLOSING COMMENTS

Ms. Weir thanked all for attending. The meeting adjourned.