
Bree Collaborative | Maternity Care Bundled Payment Model Workgroup

June 6th, 2019 | 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

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

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

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

Blair Dudley,* Pacific Business Group on
Health

Jonathan Fischer,* Washington State Health
Care Authority

Ellen Kauffman,* MD, OBCOAP

Alicia Parris, Bree Collaborative

Suzanne Swadener,* Washington State Health
Care Authority

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 then thanked Rosie Fitzgibbon and Kelsie Brewer for the literature review.

Motion: Approve 5/09/2019 minutes

Outcome: Passed with unanimous support pending addition of information on how many women remain on Medicaid postpartum

DEFINING THE CARE PATHWAY

Ms. Weir shared the *Draft Maternity Bundle* and asked group for feedback on the post-delivery length of 84 days (3 months):

- Judy Zerzan, MD, Chief Medical Officer, would like the time to be longer but is a reasonable start
 - Group agreed to include statement reflecting the aspirational length of one year
- Dale Reisner, MD, Obstetrics and Gynecology, Swedish Medical Center, easier access to and coverage of programs while pregnant and also maintaining postpartum
 - Most programs for pregnant women are not available to women who are not pregnant
- Telehealth as a way to address Lack of support, childcare and geographic barriers
 - Not ideal but would address some access problems
 - Existing models such as Providence Telehealth
 - Not enough programs available that keep mother and baby together
- Dr. Reisner objected to the wide age inclusion (12-49), suggested changing to 16-40

- Additionally, may be difficult for providers to eat costs in anticipation of a retroactive reimbursement
 - Dr. Hsu advised that high costs may prevent rural hospitals from offering obstetrical care
 - Retroactive reimbursement could cause uncertainty

Group considered the “*Care Pathway for Obstetric Care Providers – Prenatal Care*” and discussed:

- Ellen Kauffman, MD, OBCOAP, considered whether a cardiology consult could be done via telehealth
 - Suggested further definition e.g. combining with records
 - Telehealth is reimbursed but not adequately
- Janine Reisinger, MPH Director, Maternal-Infant Health Initiatives Washington State Hospital Association, suggested the state of Arkansas as a good resource for telehealth implementation
 - Dr. Reisner suggested South Dakota

Action Item: Dr. Reisner will send South Dakota contact

- Group included a global cardio risk assessment for patients with red flags for cardiovascular disease
 - Added language, “*This may be done via telemedicine if available*”
- Dr. Olden discussed the possible misdiagnosis of asthma
 - Dr. Reisner suggested incorporating warning signs from presentation given to the Maternal Early Warning Triggers as part of the Safe Deliveries Roadmap
 - Vivienne Souter,* MD, Research Director, Obstetrics Clinical Outcomes Assessment Program suggested recommending inclusion of questions in intake form
- Mark Schemmel,* MD, Obstetrics and Gynecology, Spokane Obstetrics and Gynecology, Providence Health and Services, requested specification that it is often necessary to see patients more frequently in the first trimester
 - Added language to specify “at minimum” monthly, and biweekly visits

Group discussed who would be the accountable entity for the bundle:

- Dr. Reisner gave the opinion that if the majority of the hospital is focused on prenatal and postpartum care, it should be the provider
 - Apportioning the reimbursement will be very important
 - Much of the prevention of postpartum maternal morbidity takes place outside of the hospital
 - Administrative burden in distributing payments to delivery center, hospital, referrals or pediatricians etc.

Action Item: Blair Dudley, Pacific Business Group on Health, will send logistics of UnitedHealthcare and Cinga’s implementation of a provider-centric bundle

- Group agreed to a behavioral health screening at intake, at least every trimester, and postpartum
 - Dr. Olden recommended the Edinburg Postnatal Depression Scale
 - Dr. Souter added the CDC is developing screening tools
 - Also advised that anything recommended will need to be simple because providers are already overwhelmed
 - Including resources and when/who to refer
 - Recommendations and resources in the Suicide Care Report and Recommendations
 - Neva Gerke, LM, President Midwives Association of Washington, presented the challenge to find a prescriber for pregnant women needing medication and medications that are safe for pregnant women

- Treating prenatally can prevent worse postpartum mood disorders
- PAL line expansion for pregnant women
 - Excellent resource but extends a visit from 15 to 45 minutes
- Suzanne Swadener, Washington State Health Care Authority, would like group to consider building team based support throughout the recommendations
 - Access to managed care through Medicaid
- Dr. Kauffman asked about the *Infectious Disease Screening* timing and reimbursement
 - Added syphilis, hepatitis C, rubella immunity, influenza

Action Item: Group make additions to the screening list offline

Group considered what can be done outside a clinical space to support families and discussed:

- Providing an option for group visits
- Doulas not funded but required to be reimbursed
 - Dr. Zerzan updated that HCA is trying to work out, complications due to licensing
- Ms. Dudley suggested including recommendations for contraceptive education and discussion of reproductive life plan in *Prenatal Care*
- Dr. Hsu stated that the bundle may be so inclusive it may be intimidating for the accountable entity to meet all the elements and disperse the funding

Action Item: Ms. Weir asked the group to consider how the bundle could be constructed to support moms, babies, and providers

NEXT STEPS AND PUBLIC COMMENTS

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