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## Bree Collaborative | Maternity Care Bundled Payment Model Workgroup

July 11<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)

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

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

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Blair Dudley,\* Pacific Business Group on  
Health

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

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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.

*Motion:* Approve 6/06/2019 minutes

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

### FINALIZING THE CARE PATHWAY

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Group viewed the Care Pathway in the [Draft Maternity Bundle](#) – Prenatal Care and discussed:

- Group discussed when monthly visits should begin
  - Provider is limited by when patient contacts them
    - Need for public education about early entry into care and better outcomes
    - Early entry could address ectopic pregnancy as a cause of maternal mortality
  - Dr. Olden shared that in rural areas he has seen some patients are not seen until 14-15 weeks due to capacity
  - Patient can initially be seen by someone other than an obstetrician or nurse midwife to provide important information

**Action Item: Group will send information to include in the first visit (e.g. nutrition, alcohol consumption)**

- Diabetics or persons with signs of complications should be seen the same day

- Everyone should be seen within the first 12 weeks
- Need for available providers to see those patients
  - Most early pregnancy needs could be addressed by primary care
  - Swedish pathway includes a visit that is not with an OB provider
    - Getting patients into the system is important
- Group discussed *Cardiovascular Disease*
  - Added the suffix “or” to the list of red flags to indicate that not all signs need to be present
  - Dr. Olden suggested adding language that new onset of asthma in pregnancy should be considered to be heart failure until proven otherwise

**Action Item: Dr. Olden will send language discussed above**

- Added to first sub-bullet of *Cardiovascular disease* that patients with red flags should be “*managed as appropriate as per current ACOG guidelines and/or other national guidelines.*”
  - Added “*consider*” to the second sub-bullet of *Cardiovascular Disease* recommending consultation
- Added “*tobacco and marijuana*” to *Behavioral Health Screening*
- Added “*Varicella immunity*” and “*Gonorrhea*” and reference to ACOG screening guidelines to *Infectious Disease Screening*
- Group agreed to separate *Education* into 1<sup>st</sup> and 3<sup>rd</sup> trimester
  - Added “*Nutrition*”
  - Added “*Birth spacing*” and “*Breastfeeding*” to *Third trimester education*
- Group considered *Social Determinants of Health*
  - Having lists of resources to address identified issues
    - Accounting for regional variation of services
    - WSHA Safe Deliveries Roadmap contains resources
      - Group will wait to update pending final draft of updated WSHA roadmap

Group viewed the Care Pathway in the [Draft Maternity Bundle](#) – Postpartum Care and discussed:

- Some patients will need to be seen weekly for hypertension
  - Adjusting for high risk patients up front so that providers are not penalized for seeking appropriate consultations
  - Pediatric care may not fit in the bundle
  - Pediatric care could possibly be its own model

**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.