

# **PERINATAL QUALITY IMPROVEMENT PROGRAM**

## **QUARTERLY NEWSLETTER**

**March 2024**

### **MEDICAL DIRECTOR HIGHLIGHT**

#### **Enhanced Care Management: Births Equity Population of Focus**



**Dr. Colleen Townsend**  
**SE Regional Medical Director**

While the United States has higher rates of Maternal / Infant complications during and after pregnancy, these rates are more dramatic for Black, Native American and Pacific Islander pregnancies. To address these inequities, the DHCS has added the Birth Equity Population of Focus for Enhanced Care Management Services. Recall that, the ECM programs are a part of the CalAIM initiative that is restructuring how Medi-Cal can be optimized to improve outcomes across California. The Enhanced Care Management programs allow practices or organizations to be paid for care coordination, systems navigation and other related interventions that improve health outcomes. Prior to the Enhanced Care Programs, Medi-Cal did not have a broad mechanism to reimburse provider practices nor organizations for these types of services. As of January 2024, organizations that provide services or outreach to historically marginalized perinatal populations can become contracted with Partnership to be reimbursed for these services.

If your perinatal program serves Black, Native American and/or Pacific Islander populations, please contact Partnership's Enhanced Care Management team at [CalAIM@partnershiphp.org](mailto:CalAIM@partnershiphp.org) to learn more about how this program can benefit your patients and your organization:

### **BIRTH EQUITY: THE CHCF APPROACH TO IMPROVE MATERNITY CARE FOR BLACK FAMILIES**

In California, as in much of the US, Black mothers / birthing people\* experience the highest rates of maternal morbidity (serious complications) and mortality (death) of any racial/ethnic group. Despite impressive reductions in maternal mortality for all racial/ethnic groups in California, Black mothers / birthing people are four to six times as likely to die (PDF) from pregnancy/birth-related causes and twice as likely to suffer a maternal morbidity (such as hemorrhage and infection) than those in all other racial/ethnic groups. These statistics are especially concerning, given that maternal morbidity and mortality metrics are widely considered to be some of the most fundamental barometers of public health.

Importantly, these variations cannot be explained away by factors such as age, income, educational level, and health insurance status. Evidence points to implicit bias and racism, not race, as key causes of disparities in maternity care and maternal outcomes for Black mothers / birthing people. For example, in California, the wealthiest Black mothers / birthing people are twice as likely to die from childbirth as the wealthiest White mothers / birthing people. Implicit biases and racism are known to exist both at the level of the health care system and at the individual provider level.

As found in the Listening to Mothers in California survey (PDF) on the CHCF website, our health care system does not listen to mothers in general, and Black mothers / birthing people in particular are among the least listened to, costing them their health and, in some cases, their lives.

More details and links to resources and trainings for your staff can be found at the [CHCF site](#).

## **DOULA SERVICES**

Doulas are birth workers that provide health education, systems navigation, support and advocacy during pregnancy, delivery and after delivery. Birth workers have participated in caring for birthing people and their families for generations. In recent years, birth workers have been formalized as doulas to support pregnant people throughout pregnancy and to help pregnant people access the health care services they need and prefer in pregnancy. As health care systems became increasingly complex and hospital systems more technical with less emphasis on bedside nursing and support, doula offer pregnant families a consistent source for education, support and connection during and after pregnancy.

Research studies show that birth workers during pregnancy and delivery can result in such as; shorter duration of labor, decreased use of medications for pain and labor augmentation, fewer complicated deliveries that require C-Section, forceps, vacuum assistance. Importantly, births in which doulas are involved show higher rates of maternal birth experience satisfaction, improved newborn bonding, and higher rates of breast feeding.

Doulas can provide services during throughout pregnancy, delivery or in the post-partum period. Some focus on a particular part of pregnancy related care while others offer services throughout the entire pregnancy and post-partum period. Doula training includes coursework on the phases of pregnancy, child birth education, anatomy of pregnancy, stress and pain management techniques, health systems navigation and lactation support. Many doula training programs also include coursework on trauma informed care and more advanced lactation education. Community doulas also offer culturally congruent approach to care, factoring in local, cultural pregnancy practices that resonate with an individual's community values.

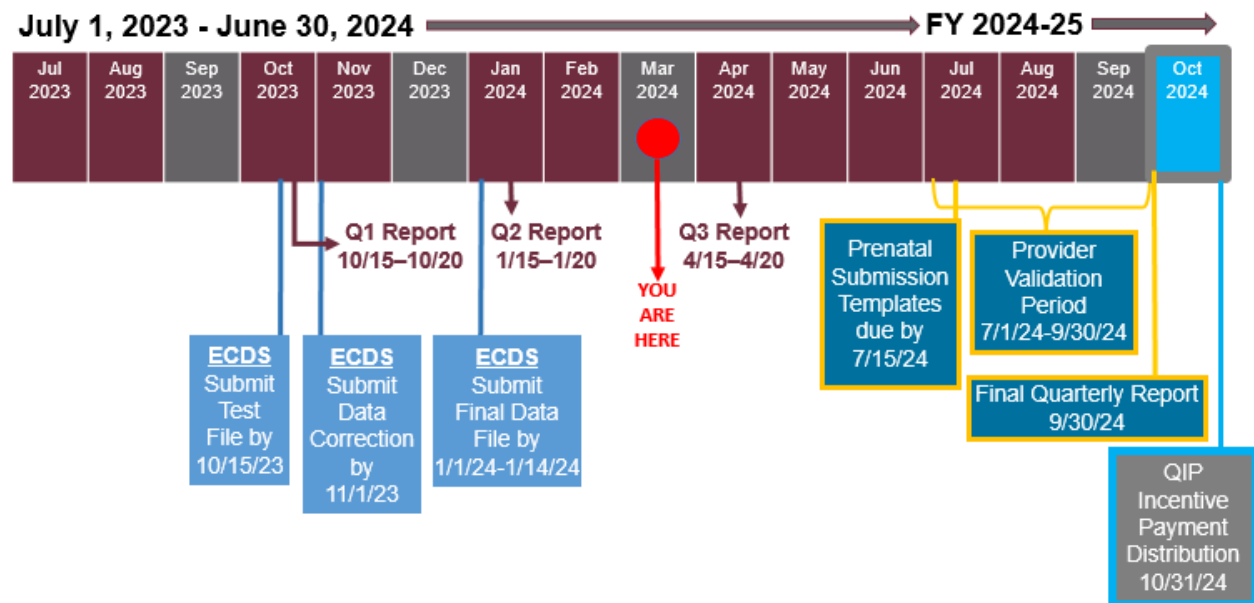
Doula services became a Partnership benefit in January 2023. The benefit includes up to 8 visits before and after delivery and of course labor and delivery support. Doula services are a covered benefit for up to one year after delivery. Partnership has been building a doula network across the communities we serve. Many communities are developing doula training programs that aim to support local needs. Doulas must be enrolled with Medi-Cal through the PAVE program, contracted and credentialed with Partnership to be reimbursed for services provide to Partnership members. Once a doula has successfully credentialed, Partnership enters their contact information in the Provider Directory in the Doula section for the counties in which they work. The standard 8 visit, delivery and postpartum care do not require a referral or order from the medical prenatal team. Partnership members who are or have been pregnant can receive services by contacting a doula who is contracted and credentialed with Partnership.

Please consider how your prenatal team can incorporate doulas into the care you offer your birthing families. Please use the Partnership Provider Directory to find Partnership credentialed doulas in your area. If you are familiar with doulas in your community please encourage them to contact Partnership for more information about joining our Doula Network ([doulaservices@partnershiphp.org](mailto:doulaservices@partnershiphp.org)). If your perinatal team or local perinatal services would like more information please contact me, I will be happy to speak with local perinatal providers and labor & delivery teams about doulas and this benefit ([ctownsend@partnershiphp.org](mailto:ctownsend@partnershiphp.org)).

*The State of Doula Care in 2019*

*NYC Health. Retrieved from <https://www1.nyc.gov/assets/doh/downloads/pdf/csi/doula-report-2019.pdf>.*

## PERINATAL QIP: TIMELINE & DEADLINES



## Quarterly Performance Reports

The Perinatal QIP team distributes Quarterly Performance Reports with the intent to provide you with visibility of progress made within each of the measures throughout the fiscal year. It also allows your organization to reconcile submissions on a quarterly basis instead of at the end of the measurement period.

Please contact us [PerinatalQIP@partnershiphp.org](mailto:PerinatalQIP@partnershiphp.org) with any questions. We also welcome your valued feedback on the usability of these reports.

## Choosing the Right Prenatal Care Attestation Template

This fiscal year PHC added a new measure, Depression Screening at First Prenatal Visit, to our measurement set. With the Prenatal Timely Visit measure, providers are incentivized for submitting visits for members at less than 14 gestation weeks. However, providers are now also incentivized for submitting visits for members 14 or more gestation weeks.

The attestation templates can be confusing; however, the only difference is in the weeks of gestation – see below:

Attestation Template	Use for Members
Prenatal Timely Visit Submission Template	<b>Less than 14 weeks</b> gestation
Depression Screen at First Prenatal Visit Submission Template	<b>14 or more weeks</b> gestation

## Perinatal QIP Webpage

Visit the [Perinatal QIP webpage](#) to access these helpful links:

- ❖ **Perinatal QIP Overview**
  - 2023-24 Perinatal QIP Measure Specifications
  - Attestation Templates
- ❖ **Webinars**
  - 2023-24 Kick-Off Webinar

## YOUR PERINATAL QIP TEAM

*Amy McCune*, QIP Manager

*Deanna Watson*, Program Manager

Our team wishes to thank you for your ongoing engagement in the Perinatal QIP. You have and continue to play a vital role in providing quality care to our members, and we appreciate all you do. Please contact us at [PerinatalQIP@Partnershiphp.org](mailto:PerinatalQIP@Partnershiphp.org) with any questions or feedback regarding the Perinatal QIP.