Reproductive-Perinatal Continuum

Pivotal Points of Action Across the Continuum

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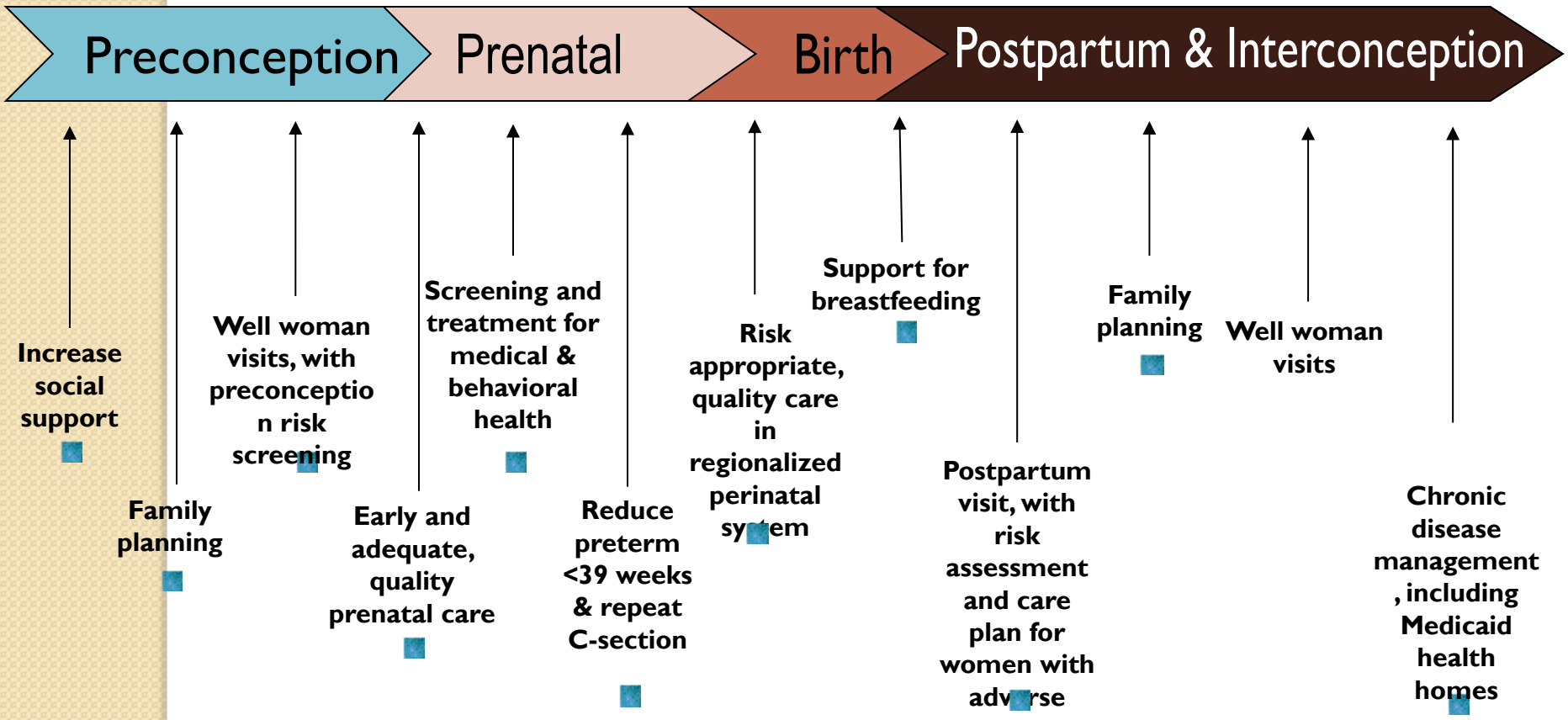
Continuum of Women's Health Interventions to Improve Birth Outcomes



SACIM Preconception Health Recommendations to HHS Secretary

- Provide explicit support for preconception/ interconception care, both new and existing initiatives:
  - Accelerate implementation of the DHHS **guidelines for women's clinical preventive services for well-woman visits** without cost-sharing.
  - Continue support of **Medicaid financing for interconception care,** through flexibility in Medicaid state plan amendments, waivers, and other mechanisms (e.g., health homes).

SACIM Preconception Health Recommendations to HHS Secretary

- Endorse the 2013 Action Plan of the National Preconception Health and Health Care Initiative.
  - Expand the Initiative's *Show Your Love* campaign.
- Encourage dissemination of a preconception care clinical toolkit for providers, such as that created by the Initiative.
  - Focus on "All Women, All the Time" or "Every Woman, Every Time"
- Support states' actions to collect the recommended preconception health indicators.

Current Gaps: Role of Preconception Care in the Continuum

- **For Women-** Medical Home concept needs continued explication; preconception care not necessarily well-integrated into primary care/well-woman care; Every Woman, Every Time concept far from reality
- **For Providers-** Multiple toolkits emerging/many labor intensive --not clear what is reimbursable; providers not typically involved in well-woman health care (e.g., endocrinologists, cardiologists) need to accept a "new" role and be educated with respect to preconception care
- **For System-** Outside of the prenatal/postpartum care periods, unclear what entity or entities have responsibility to ensure that women have medical home and health care coverage which includes preconception health assessment; **collection and monitoring of preconception indicators** not routine

- **Note:** elevation of well-woman preventive health visit as part of routine care provides opportunity for standardization but may be difficult with multiple insurance and delivery systems

SACIM Reproductive Health Recommendations to HHS Secretary

- **Continue to support efforts that ensure women are able to plan their pregnancies and prevent unintended and unwanted pregnancies and births:**
  - Provide continued support for the **Title X Family Planning Program**, despite ACA.
  - Develop/ implement a public education campaign regarding **contraceptive coverage** without cost sharing (ACA).

Current Gaps: Role of Reproductive Health Care/FP in the Continuum

- **For Women:** Women with private health insurance coverage are not universally aware of their right to contraceptive coverage without co-pay; little emphasis on quality of reproductive health care beyond attempts to increasingly monitor safety/quality of abortion care (increasing inaccessibility of abortion in many states)
- **For Providers:** Providers are not universally aware of the ACA contraceptive provision; variety of issues related to provision of and reimbursement for LARC
- **For System:** ACA mandate for contraceptive coverage needs to be monitored to ensure effective implementation across various health insurance providers/health systems; Title X's role in newly aligned health care system remains unclear- increased potential for marginalization or for new reinvigorated role related to pre/interconception/well-woman health care; encourage use/development of "effective" contraception measure to be added to core preconception indicators

SACIM Prenatal Health Recommendations to HHS Secretary

- Provide renewed attention to prenatal care access, content, and quality.
  - Provide continued support for implementation of effective innovations in prenatal care such as those being demonstrated through Strong Start
    - Centering Pregnancy, Birthing Centers, Maternity Care Home.
- Convene a process regarding the Content of Prenatal Care.
  - Twenty-five years after the report *Caring for Our Future: The Content of Prenatal Care*, need to consider new evidence.

SACIM Prenatal Health Recommendations to HHS Secretary

- Request that NCHS resume regular reporting of prenatal care data.
- Launch a public awareness campaign to promote early entry into prenatal care.
- Ensure aggressive monitoring of implementation of the ACA mandate for smoking cessation during pregnancy.

Current Gaps: Role of Prenatal Care in the Continuum

- **For Women:** Early Entry into Prenatal Care is not uniformly valued or supported; Access to coverage for PNC including MPE still problematic for uninsured women; Women not universally aware of what is considered high quality PNC
- **For Providers:** Early entry into prenatal care not universally supported (e.g., health systems delay appts. until after 12 wks.); insufficient support for non-physician prenatal care providers (e.g., N-M), and alternative models of care (e.g., CP); relationship to care in postpartum/interconception period apparent in guidelines but not always in fact; role of OB-GYNs with respect to women's medical care home varies depending on culture/plan/system
- **For System:** Bundling of payment with delivery and postpartum care in many states/insurance plans makes it difficult to provide incentives to reward provider behaviors related to the continuum (e.g., **transfer of prenatal information to delivery hospital**; assurance that woman has postpartum visit appt.); measurement of quality of PNC not routine (historical focus has been on number , not content of visits)

SACIM Maternal Health Recommendations to HHS Secretary

- Invest in initiatives to reduce maternal morbidity and mortality through risk appropriate, high-quality maternity care, particularly for higher risk mothers.
  - Support the **Maternal Health Initiative** through MCHB-HRSA and partners.
  - Adopt actions called for by CMS Expert Panel on Improving Maternal and Infant Health Outcomes related to the quality and appropriateness of Medicaid maternity care.
- Strengthen states' regionalized perinatal care systems.
- Adopt a unified, national process for reporting maternal deaths.

Current Gaps: Role of High-Risk Maternity Care in the Continuum

- **For Women:** access to quality maternity care for high-risk women not universal; access for rural women particularly problematic;
- **For Providers:** Women with complex medical problems often require multiple providers of different disciplines and/or maternal-fetal medicine specialists who may not be available in many locales/plans/systems
- **For System:** Regionalized Perinatal Care not uniform throughout US; in states with RPS, implementation often affected by alliances related to health system/health plans/economic (dis)incentives; Transition of woman and medical record back to non-high-risk provider/primary care/pp care/interconception care receives little attention particularly if newborn is high-risk

SACIM Postpartum Recommendations to HHS Secretary

- Support a "two-generation" focus on infant and women's needs in the postpartum/interconception period
  - Healthy Start
  - Maternal and Child and Infant Health Home Visiting (MIECHV) Program.
- Create CMS innovations project focused on improvement in postpartum care.
  - Build upon current state efforts (e.g., California, Louisiana, Ohio) to redesign the timing and content of postpartum visits.
- Support expansion of Centering Parenting and similar program models that focus on women's physical and mental health and social needs in the postpartum period.

SACIM Postpartum Recommendations to HHS Secretary

- Build on proposals by the CMS Expert Panel, ACOG, and others to unbundle the PNC payment from the postpartum care payment to increase incentives to provide postpartum visits.
- Monitor implementation of ACA provisions and Department of Labor regulations that require employer action to support breastfeeding in the workplace, as well as state action to use Medicaid financing to promote breastfeeding.

Current Gaps: Role of Postpartum Care in the Continuum

- **For Women:** Current Timing/Site/Provider of PP Visit may not be meeting women's needs for breastfeeding, contraception, PP depression, chronic health conditions; Transition from PP care to Women's Medical Home complicated by variety of system issues (including what/where is women's medical home?)
- **For Providers:** Prenatal Care provider/sites and delivery hospitals often do not have systems in place to ensure that women has a PP visit appt./accesses PP contraception and services; PP visit guidelines lack strong evidence base
- **For System:** Lack of coordination between well-baby visits and women's postpartum visit; lack of coordination between postpartum visit and well woman health care in the first year postpartum; **Need for uniform data collection focused on PP care across states in multiple databases**

SACIM General Well-Woman Recommendations to HHS Secretary

- Build on public-private partnerships to support a call by ACOG for 2013 to be the Year of the Woman and Woman's Health.
- Include OB-GYNs in list of providers eligible for Medicaid primary care incentives payments.
- Delegate HRSA/MCHB to support development of clinical guidelines for well-woman visits:
  - Suggested in ACA women's health amendment
  - Through a process similar to the development of "Bright Futures" guidelines for well-child visits

SACIM General Well-Woman Recommendations to HHS Secretary

- **SACIM supports the development and implementation of a national campaign to ensure women take advantage of the preventive health visit.**
  - **Women need to know about their "right" to preventive health care**
  - **Health care providers need education about well-woman health care across the life course**
  - **Develop systems of care in which women do not fall through the cracks (e.g., medical care home; link between prenatal, postpartum and well-woman health care) – Key Role for Title V**

Current Gaps: Role of Well-Woman Health Care in the Continuum

- **For women:** need for education and understanding about the importance of preventive services/well-woman visit ; need to understand the medical home (What is it? Where is it?)
- **For providers:** need to understand who is "responsible" for well-woman visit; need guidelines for content across lifecourse; need to clarify messages related to preconception/interconception care and well-woman visit
- **For system:** need for provider incentives for the delivery of the well-woman visit and incentives for women to support attendance at this visit

Additional Recommendations for the Secretary with Respect to the Continuum

- **Discussion**

Every Woman, Every Time!!!!