Maternal Health Advisory Group

May 20, 2025

Today's Agenda

Welcome - 5 min

Whole-Person Care and TMaH Model - 15 minutes

Presentation from Community Provider - 10 minutes

Discussion and Next Steps - 30 minutes

Whole-Person Care and TMaH Model

(15 minutes)

TMaH Award Required Notice

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Whole-Person Care: What does it Mean for Maternal Health?

- **Whole-Person Care:** Helping and empowering individuals, families, communities, and populations to improve their health in multiple interconnected biological, behavioral, social, and environmental areas
  - Instead of treating only a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan

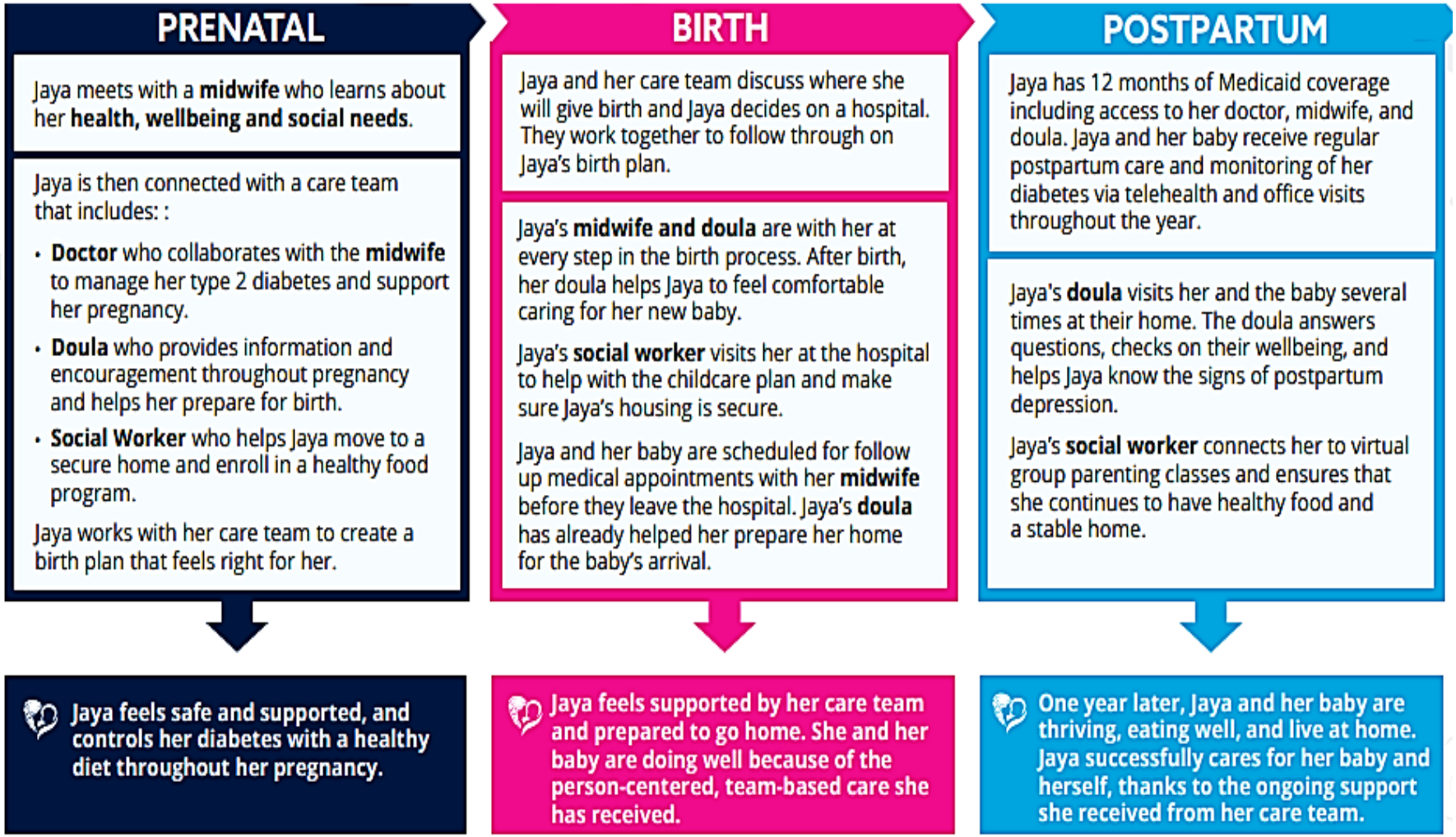
- **Maternal Health Whole-Person Care:** The approach to pregnancy, childbirth, and postpartum care addresses the physical, mental health, and social needs
  - Care is person-specific, culturally sensitive, and rooted in active listening and development of trust, with a goal of making mothers more empowered to manage their birth experience

Whole-Person Care: What does it Mean for TMaH Model?

- **TMaH Aims to Promote a More Positive and Supportive Approach to Care**
  - Allow mothers to play an active role in the development of their birth plan
  - Leverage relationship building and education during care
  - Promote patients feeling that their physical health, mental health, and health-related social needs are met

- **TMaH Care Delivery and Payment Reforms Incentivize Whole-Person Care**
  - Ensure access to clinical and non-clinical care
  - Improve access, outcomes, and experience of mothers
  - Payment and delivery system reforms that incentivize whole-person care
  - Improve tailoring of prenatal care for pregnant individuals

Whole Person Care-TMaH Model in Action with a Case Example, Jaya



Today's Whole-Person Care Topics: We Want Your Feedback on Best Practices

- **Screening, Referral, Closed Loop Referral:** Under TMaH, women will be screened during their initial prenatal visit to determine what, if any, additional supports they may need for health-related social needs, mental health, or substance use disorder.
  - Based on their physical, social, and mental health needs, a care plan will be developed in collaboration with the mother.

- **Birth Plans:** Under TMaH, states must strive to ensure that every mother receives care that is customized to meet their specific needs by supporting the development of a unique birth plan.

- **Role of Managed Care Plans (MCP):** Existing MCP requirements on screening and referral for care needs, provider network adequacy and access, and case management; MCPs may offer additional optional "value-added" benefits that align with TMaH model.

Screening, Resource Connection, and Follow up for Care Needs Integral to TMaH

- **Screen:** Implement a health-related social needs (HRSN) and behavioral health screening at first prenatal visit, and during perinatal care
- **Refer:** Connect the individual to necessary resources to increase access and support
- **Closed Loop Referrals:** Ensure the individual accessed the services via closed loop referrals; use quality measurement to enhance data collection

TMaH Supports Development of Unique Birth Plans that Reflect Choice and Preferences

Health Care Provider	• OB-GYN • Midwifery • Doula
Birth Location	• Hospital of Choice • Birth Center • Proximity to Home, Work, or Family
Birth Method	• Medical Interventions • Pain Management • Mobility During Labor • Access to Tubs or Showers for Labor

Role of Managed Care in Advancing Whole-Person Care Aligns with TMaH Model

- **Required screening and subsequent referral for care needs**: Screen for risks, including social, behavioral, and physical health needs and make referrals for WIC and other care needs

- **Provider network adequacy**: Promote beneficiary access to birthing hospitals, doulas, birth centers, and other providers.

- **Access**: Ensure initial appointments for pregnant women within 10 calendar days of the enrollees' request

- **Care management and value-add benefits:** Provide tailored supports for social needs and education on pregnancy; promote engagement and preventative care through the provision of diapers and other baby care items.

Presentation: Mary's Center

(10 minutes)

Mary's Center Whole Person Perinatal Care

Elysia Jordan, MPH, BSN, RN

Vice President of Nursing and Community Well-Being

May 20,2025

Mary's Center

Agenda

1) Overview of Mary's Center
2) Overview of Perinatal Services
3) Whole-Person Care
4) Success
5) Lessons

Mary's Center

Mary's Center

Established in 1988, Federally Qualified Health Center since 2005

- Over 60,000 participants
- 5 full-service community health centers
- 26 School-based mental health programs
- Public Charter School co-located at 3 health centers

Mary's Center

Perinatal Services

- Pregnancy/Gynecologic Care
- Perinatal Mental Health Support
- Social Services and Resources
- Guidance and Education
- Support overall wellbeing

Mary's Center

Whole Person Care

Initial New OB Visit

- Comprehensive Medical Care
- Midwifery and OB/GYN Services
- Perinatal Behavioral Health

Family Support Worker Assessment

- Intake for every participant
- Screening and referrals
- Connection to on-going support

On-going Support

- Obstetric Care Coordination
- Healthy Start Initiative
- Nurse Family Partnership

Mary's Center

Success

Outcomes
87% of participants screened for resource needs
98% screened for domestic violence
89% of Nurse Family Partnership (NFP) participants completed all of their prenatal care visits
95% of NFP participants initiated breastfeeding

Mary's Center

Lessons

- Capacity
- Geographical Limitations
- Payment model
- Resources

Mary's Center

Thank You!

Discussion and Next Steps

(30 minutes)

Breakout Group Discussion

Group 1: Screening and Resource Connection for Care Needs

- How do social needs impact early engagement with prenatal care?
- What strategies are prenatal care providers using to increase screening and connection to health-related social needs services, including nutrition resources, housing navigation, transportation, and child care?

Group 2: Creating Person-Specific, Culturally Sensitive Birth Plans

- What are the leading factors that impact quality of care relationship with providers?
- What are the best practices with developing birth plans that honor individual preferences? How are prenatal care providers documenting birth plans and ensuring that preferences are followed during birth?

Group 3: Managed Care Strategies for Whole Person Care

- How are managed care entities leveraging screening and referral and value-added benefits to address social needs?
- How are providers currently receiving and using social risk information from MCPs?

Report Out: (5 minutes)

Next Steps

Next Meeting

- The Maternal Health Advisory Group will convene virtually June 17th, 11am-12pm
  - June Focus: Data and Infrastructure in Maternal Health Care
    - Digital health tools to enhance inter-provider collaboration and quality
- Subsequent Meetings: Every 3rd Tuesday from 11am-12pm (monthly)

Stay in Touch

- Send questions or requests to dhcf.maternalhealth@dc.gov
- Meeting materials at https://dhcf.dc.gov/page/transforming-maternal-health

Spotlight on Community Opportunities

- The Developing Families Maternal Health Fund announced a grant opportunity for nonprofits addressing structural factors impacting infant and maternal health.
  - Awards of $150,000 to $200,000 over a two-year period. Applications due 6/30/25. https://www.thecommunityfoundation.org/developing-maternal-health-loi
- DBH District of Columbia Opioid Response 3 Grant Opportunity Pregnant and Parenting Women Screening for Substance Use Disorders

Background Info

The District Must Meet Milestones for 10 Key Care Elements by End of Year 3

Pillar 1 Access, Infrastructure & Workforce	Pillar 2 Quality Improvement & Safety	Pillar 3 Whole Person Care Delivery
• Increase access to the midwifery workforce • Increase access to birth centers • Cover doula services • Improve data infrastructure • Develop payment model	• Support implementation of AIM patient safety bundles • Support "Birthing-Friendly" hospital designation	• Increase risk assessments, screenings, referrals, and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and health-related social needs (HRSN) • Increase home monitoring of diabetes and hypertension • Develop health promotion and disease prevention plan

The District Can Elect Up To 8 Optional Care Elements; Milestones TBD

Pillar 1 Access, Infrastructure & Workforce	Pillar 2 Quality Improvement & Safety	Pillar 3 Whole Person Care Delivery
• Cover certified midwives (CMs) and certified professional midwives (CPMs) • Cover perinatal community health workers (CHWs) • Create regional partnerships in rural areas • Extend Medicaid eligibility to 12 months postpartum	• Promote shared decision-making	• Expand group perinatal care • Increase use of home visits, mobile clinics, and telehealth • Expand oral health care