



High-Value, Evidence-Based Maternal Models of Care: Midwifery & Medicaid Learning Collaborative

Overview

Background

In 2018, the Institute for Medicaid Innovation (IMI) launched the high-value, evidence-based maternal models of care initiative. With support from the Yellow Chair Foundation, a comprehensive report was developed for state Medicaid agencies and Medicaid health plans to support their exploration of opportunities to improve maternal health outcomes. After the release, Medicaid stakeholders, including state Medicaid agencies, health plans, and provider groups, requested more information. In response, IMI launched an 8-part virtual learning series, inviting national experts to dive deeper into the topics highlighted in the report while also sharing their personal experiences and answering participant questions in real time. We are fortunate to now embark upon the third phase of this work, a **midwifery learning collaborative (MLC)**.

Attention by public health professionals, managed care entities, and advocates of midwifery have gained momentum in recent years. Despite this attention, access to midwifery-led care continues to encounter constraints including long-term financially sustainable models for freestanding birth centers, access by people of low-socioeconomic and culturally diverse status, lack of awareness by the public and key stakeholders of the benefits of midwives, and lack of cohesiveness between the health care systems, payers, and clinicians. Inequitable access to midwifery-led care has shaped IMI's framework to focus on access and reform to current practices. From the onset of addressing barriers to equitable maternal health, IMI understood the importance of creating alignment and transparency among key stakeholders to accomplish changes within a fragmented system and aim for consensus to addressing systemic challenges. To this end, our approach has shown promise for positive changes in debunking the factors contributing to poor maternal and infant outcomes, improving health equity, and spearheading actionable steps to implement the midwifery-led model, both in hospitals and in freestanding birth centers. Emphasis on this work is placed on the interplay between policy, health care systems, payers, and clinicians sharing common associations with gaps in knowledge, research, policy, and practice. Specifically, efforts are directed at the individual state level with an emphasis on delivery systems and payment reform with a health equity lens to reduce maternal mortality and morbidity disparities.

The MLC is an intensive 3-year learning collaborative that will provide support, resources, and guidance for state-based teams looking to develop **sustainable initiatives to advance midwifery-led models of care** for the Medicaid population in their communities. Each team will customize their journey, selecting their focal areas (e.g., licensure, reimbursement, contracting terms and modifications), to ensure that it reflects their needs. The learning collaborative will offer individualized team support with the goal of increased access to the model and better birth outcomes.

Goals of Learning Collaborative

The goals of the MLC are to:

1. Expand dissemination and support a deeper, structured discussion on key topics and resources from the report and learning series such as payment reform, modernization of policies, credentialing, and licensures, etc.
2. Increase the uptake of key concepts that are critical for advancing midwifery-led care for the Medicaid population.
3. Provide learning opportunities, strategic planning, and capacity building through technical support for Medicaid stakeholders.
4. Explore the required steps to develop and implement models into state, organization, and/or clinical practice settings.
5. Facilitate opportunities for Medicaid stakeholders to engage with each other in partnership to identify opportunities and problem solve to provide access and coverage to high-value, evidence-based models of maternal care for the Medicaid population.
6. Build on the existing learning series curriculum's success, industry expertise of the authors, and national experts by offering technical assistance, shared learning opportunities, and consultative services to stakeholders.

Key Components of Learning Collaborative

The MLC will include six key components including:

- **National Advisory Committee** – providing guidance and consultation for the state-based teams.
- **National Learning Collaborative** – up to 5 state-based teams will be selected to participate.
- **Site Visits** – each state-based team will receive a site visit from a team of experts in year 2 and 3.
- **Case Studies** – each state-based team will be featured through co-development of a case study.
- **Toolkit** – the resources featured in the MLC will be collated into a single toolkit.
- **Convening Meeting** – all state-based teams will come together in year 3 to share and celebrate.

National Advisory Committee	National Learning Collaborative	Site Visits	Case Studies	Toolkit	Convening Meeting
<ul style="list-style-type: none"> • Leading national experts • Commit to 96 hours over 3 years • Committee meets 18 times • Participate in site visits 	<ul style="list-style-type: none"> • Up to 5 state-based teams • Competitive process • 24 hours of technical assistance • 112 hours of structured meetings 	<ul style="list-style-type: none"> • Intensive on-site technical assistance • One site visit during Year 2 and Year 3 	<ul style="list-style-type: none"> • Best practices • Lessons learned • Standalone publication 	<ul style="list-style-type: none"> • Implementation roadmap • Assessments • Readiness review • Overcoming roadblocks 	<ul style="list-style-type: none"> • State-based teams collaborative meeting • Policy discussion • Journey mapping

Time Commitment for Learning Collaborative

We expect active participation in monthly, one-hour technical assistance meetings (8 per year) and quarterly, two-hour workshops (4 per year) plus completion of readings and/or activities in advance of the meetings and workshops. **Average commitment is 3-4 hours/month.**

Activity	Year One	Year Two	Year Three
Monthly, One Hour Virtual Technical Assistance Meetings for Each State-Based Team	8 meetings per year for each state-based team Commitment: 8 Hours	8 meetings per year for each state-based team Commitment: 8 hours	8 meetings per year for each state-based team Commitment: 8 hours
Quarterly, Two Hour Virtual Meetings to Bring Together State-Based Teams	4 meetings per year, bringing together all state-based teams for shared learning. Commitment: 8 hours	4 meetings per year, bringing together all state-based teams for shared learning. Commitment: 8 hours	4 meetings per year, bringing together all state-based teams for shared learning. Commitment: 8 hours
Full Day Site Visits for Each State-Based Team (Virtual or In-Person Depending on Status of Pandemic)	N/A	One, full day site visit per year for each state-based team Commitment: 8 hours	One, full day site visit per year for each state-based team Commitment: 8 hours
In-Person Convening Meeting	N/A	N/A	One, full day convening meeting, bringing together all state-based teams for shared learning and celebration. Commitment: 8 hours
Total Annual MLC Scheduled Meeting Time	16 hours in year one	24 hours in year two	32 hours in year three
Total Annual Commitment Outside of Scheduled Meetings	Variable based on objectives, estimated at 20 hours in year one	Variable based on objectives, estimated at 20 hours in year two	Variable based on objectives, estimated at 12 hours in year three
Total Estimated Time Commitment (per year)	36 Hours	44 Hours	42 Hours

Cost to Participate & Stipend

- There is **no cost** to participate in the scheduled learning collaborative meetings. Technical assistance and consultative services will be provided as part of a grant from the W.K. Kellogg Foundation.
- **Each state-based team will receive an annual stipend of \$6,000*** to support participation by the midwifery provider group and community/consumer advocacy group.
- Each state-based team will be responsible for securing a location for the annual site visit in year two and three and handling logistics for the meeting (e.g., signage to room, lunch, etc.). A **stipend of up to \$3,000** will be provided to each state-based team in year two and three to cover the annual site visit costs and support participation.
- Each state-based team will receive a **stipend of up to \$10,000** to cover travel expenses for **up to 8 team representatives** to attend the final in-person convening and celebration in year three.

* Federal nonprofit laws prohibit use of awarded funds for the purpose of lobbying or advocacy activities.

Application

We are accepting applications from state-based teams to participate in the learning collaborative. Up to five teams will be selected with preference given to state-based teams that include individuals who completed the learning series. The application can be downloaded [here](#). Email completed applications with the required letters of commitment to JMoore@MedicaidInnovation.org

Application Requirements

Each state-based team **application must include the name of an identified team leader who will serve throughout the project as well as the name of the champions and back-up representative from each of the following stakeholders:** 1) state Medicaid agency, 2) Medicaid health plan, 3) midwifery provider group, and 4) community/consumer advocacy group. The champion will come from one of the 4 stakeholder groups and is responsible for leading the team through the 3-year learning collaborative. Areas of responsibility include, but limited to, providing leadership and guidance, coordinating group activities, facilitating meetings, and keeping the team focused on timelines and deliverables.

Each stakeholder group **must identify a champion and back-up point of contact**. Please note, that this requirement for a designated champion and back-up point of contact does not preclude additional individuals from each of the stakeholder groups to participate. Each team may decide who and how many individuals can participate from each stakeholder group.



Opportunity to Ask Questions

The IMI team will be hosting a web-based meeting for potential applicants to ask questions about this opportunity and the application process. We request that you submit your questions in advance by emailing them to JMoore@MedicaidInnovation.org. This meeting is scheduled for **June 10, 2021 at 3 p.m. ET**. To register for the meeting, email Info@MedicaidInnovation.org with the subject "MLC Registration."

Timeline for Application

June 10th	Live! Web-Based Meeting to Ask Questions (3-4 p.m. ET)
July 9th	Completed Application + Letters of Commitment Due
September 10th	Notification of Selected State-Based Teams
September 23rd	Kick-Off Meeting with Selected State-Based Teams (1-3 p.m. ET)

Review Process

The IMI project team and MLC National Advisory Committee will review, score, and select the state-based teams to participate.