

# High-Value Maternity Care in NY and NJ

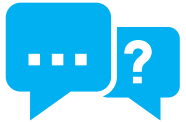
July 14, 2020 | 12:00 - 1:00 PM



# Webinar Procedures



All lines will be muted



Please submit all questions using the “Q&A” dialog box



Email Diane Engel at [dengel@nebgh.org](mailto:dengel@nebgh.org) with any issues during this webinar



**The recording and a PDF of the slides will be shared**



Q&A

You have no question.

What h

☐ Send Anonymously Send



**Sara Rothstein**

Director

*32BJ Health Fund*



# HIGH VALUE MATERNITY CARE

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# Agenda

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What is the 32BJ Health Fund and how do we think about plan design?

Building a high-value maternity network

- Process to identify partner facilities
- Education materials for our plan participants

# About the 32BJ Health Fund

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## Joint labor management partnership

- Provides benefits to union members of SEIU 32BJ and their eligible dependents with contributions from 5000+ contributing employers
- Fund is jointly governed by a board of Union and Employer Trustees

## Self-insured & actively engaged in plan design

- We use a Third Party Administrator to provide a network and adjudicate claims
- We design the benefits – what is covered, out of pocket costs
- We get claims data, so we know where people go for care and what we pay each time they use their benefits

## Federal laws & regulations

Provide benefits to 200,000 people in 11 states

# Principles of Plan Design

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Implement plan design features that reduce total spend

- Solving the challenge of cost containment should be on the 32BJ Health Fund, not the plan participants
- “Shopping” for healthcare is hard. That’s the job of the 32BJ Health Fund.
- Tradeoff on choice for price, when we can identify best choices and promote them

Use claims data to identify opportunities to improve quality and reduce cost

- Our data analysis is in house and drives our work

# Key Plan Features

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No premiums & no deductible for in-network care

Large network with Preferred and Non-Preferred Hospitals

No plan choice

- Mandatory enrollment, no open enrollment, no risk of adverse selection
- Everyone gets the same plan with rich benefits
- Can make plan changes frequently, including mid-year



# Success in Building Clinical Programs

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## Direct contracts for Joint Replacements and Bariatric Surgery

- Fewer complications through our program than through the rest of the network
- 99% net promoter score
- Plan participants pay \$0 for surgery in the program, with Reference Pricing at more expensive hospitals
- Millions in savings to the 32BJ Health Fund and our plan participants
- Bundled payments to providers to incentivize high quality and efficient care

# Developing a Maternity Program

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# Acknowledgements

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*Support for this work was provided by the New York State Health Foundation (NYSHHealth).*

*Forthcoming Purchasers Toolkit will be produce by Catalyst for Payment Reform*

# Data Shows an Opportunity

Having a baby is the most frequent reason for a planned hospital admission (1/3 admissions)

Births are geographically concentrated in downstate NY + NJ

Analysis of our claims data indicated:

- High rate of c-sections
- High rate of episiotomies
- High rate of Severe Morbidity and Mortality
- Wide price variation (3x)

	NJ	NY	Grand Total
Number of Births	115	936	1,051
Total Labor & Delivery Costs	\$1,721,299	\$21,153,071	\$22,874,371
C-Section Rate*	32%	41%	40%

	% of Births		
	Goal	NY State*	32BJ Health Fund**
Episiotomy Rates***	5%	12%	25.6%

\*2016 Measurement Period

\*\*2016-2018 Measurement Period

\*\*\*Methodology used to determine the 32BJ rate differs from the methodology used to determine the Leapfrog target rate & the NY State rate; see Appendix for details

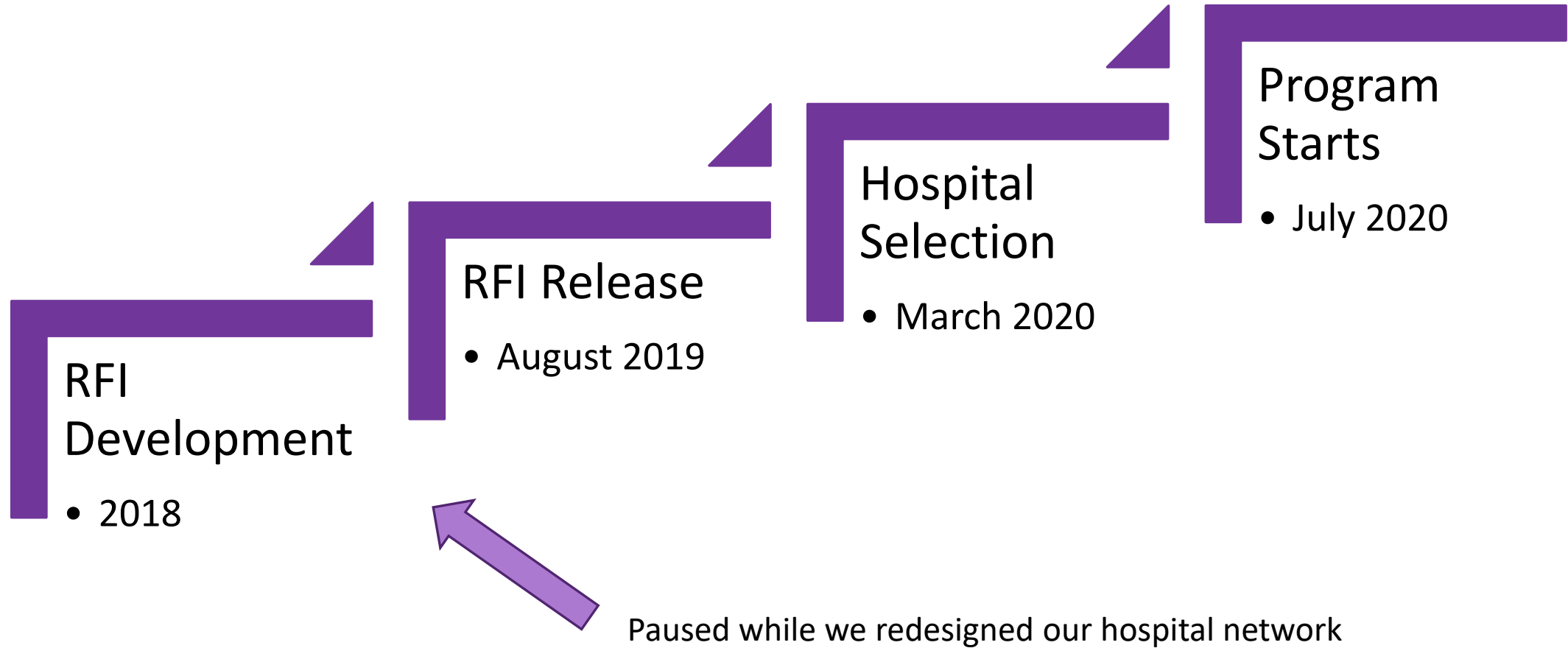
	# of Cases Per 10,000 Births		
	U.S.*	NYC*	32BJ Health Fund**
SMM Rates	144.0	277.8	290.1

\*2014 Measurement Period

\*\*2016-2018 Measurement Period

# Putting Theory into Action

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# RFI to Hospitals

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Established minimum criteria to apply

- Network status, quality, willingness to publicly report quality data

Leveraged best practices from national and state organizations:

- The Leapfrog Group
- American College of Gynecologists
- California Maternal Quality Care Collaborative
- Alliance for Innovation in Medicine
- Centers for Disease Control
- NY and NJ Department of Health

Established a glide path to bundled payments in Phase 2

RFI available online: <https://bit.ly/2xg8Js7>

# Selecting Hospitals

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# Characteristics of Selected Hospitals

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8 hospitals in NYC + NJ

Mix of public hospitals, community hospitals, academic medical centers

Most hospitals have integrated midwives into their clinical staff

Some hospitals have incorporated doulas into their model

All were able to speak about their continuous quality improvement process:

- Patient safety
- Patient reported outcome measures
- Racial and ethnic disparities

Some already had direct contracts with purchasers, some are new to this model



# Member Education

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## Focus groups to test messaging

- Plan participants want help shopping, healthcare is hard to navigate
- NICU care for baby, postpartum care for mom, and no surprise bills were compelling messages

## Development of a communication strategy & materials

- What is 32BJ Maternity Program
- Why we developed the program
- How do plan participants use the program

## The 32BJ Maternity Program



# Materials

**If there's a baby in your future, choose the 32BJ Health Fund Maternity Program**

**Si está planeando tener un bebé en el futuro, elija el 32BJ Health Fund Maternity Program**



[www.32BJmaternity.org](http://www.32BJmaternity.org) | 866-230-3225



# Incentives

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Package	For Baby	For Mom
Package 1	Pack N Play	Delivery and Nursing Gown Mom Care Gift Set Nursing Pads
Package 2	Car Seat	Delivery and Nursing Gown Mom Care Gift Set Nursing Pads
Package 3	Baby Carrier	Delivery and Nursing Gown Mom Care Gift Set Nursing Pads
Package 4	Monitor	Delivery and Nursing Gown Mom Care Gift Set Nursing Pads



\$0 Maternity Program  
hospital copay (after rebate)



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