Maternal Health: A Whole Health Approach

Maternal Health Roundtable

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Overview

- Whole Health Focus
- State of Maternal Health
- Commercial Industry Objectives
- Focus to Drive Better Outcomes
- Our Path Forward

More than one-half of mothers who gave birth in 2021 (51.7%) were covered by private insurance as the source of payment for the delivery.

Addressing Whole Health is Critical

What Goes Into Your Health?

40% Socioeconomic Factors
Education, Job Status, Family/ Social Support, Income, Community Safety

10% Physical Environment

30% Health Behaviors
Tobacco Use, Diet & Exercise, Alcohol Use, Sexual Activity

20% Health Care
Access to Care, Quality of Care

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

Note: Does not include genetics.

- Whole Health is Determined by Social, Environmental, and Behavioral Factors Along with Clinical Care
- 80% of health is driven by factors outside of clinical care
- Good health is largely driven by social and environmental factors in the communities in which we live
- Improving whole health requires the ability to measure whole health at the individual level

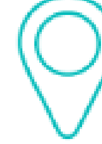
Statistics on Maternal Child Health

Maternal-Child Health

Healthy babies start with healthy pregnancies. The United States has a robust healthcare infrastructure, spending more per capita on healthcare than any other nation, but maternal health in this country has lagged behind that of other developed countries.

More than 80% of pregnancy-related deaths are preventable and more than half (53%) happen from birth to one year.

More than 1,200 women died in 2021 in the United States as a result of pregnancy or delivery complications.



People who are pregnant and live more than 50 miles from a delivery facility are two times more likely to deliver prior to 37 weeks.

23% of pregnancy-related deaths are due to mental health conditions (including deaths to suicide and overdose/poisoning related to substance use disorder).

https://www.elevancehealth.com/our-approach-to-health/maternal-health

Commercial and Medicaid: Trends are similar

1. Severe Maternal Mortality (SMM) rates among both Commercial and Medicaid insured women continue to rise in recent years.

2. SMM rates are higher among Black, Hispanic, and Asian women compared to White women in both the Medicaid and Commercially insured populations, regardless of income and educational background.

3. Black, Hispanic, and Asian women are more likely to experience a host of risk factors that are present prior to childbirth, with a number of these factors increasing the risk of a SMM event many times over.

4. In survey findings, Black and Hispanic women report that they are less likely to make prenatal visits. Barriers include transportation and scheduling challenges, lack of provider diversity.

5. The presence of chronic disease burden preceding pregnancy strongly correlates with higher SMM.

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State of Maternal Health : More than 80% of Maternal Deaths were preventable

The leading underlying causes of pregnancy-related death include:

- Mental health conditions (including deaths to suicide and overdose/poisoning related to substance use disorder) (23%)
- Excessive bleeding (hemorrhage) (14%)
- Cardiac and coronary conditions (relating to the heart) (13%)
- Infection (9%)
- Thrombotic embolism (a type of blood clot) (9%)
- Cardiomyopathy (a disease of the heart muscle) (9%)
- Hypertensive disorders of pregnancy (relating to high blood pressure) (7%)

More than 80% of Maternal Deaths were preventable.

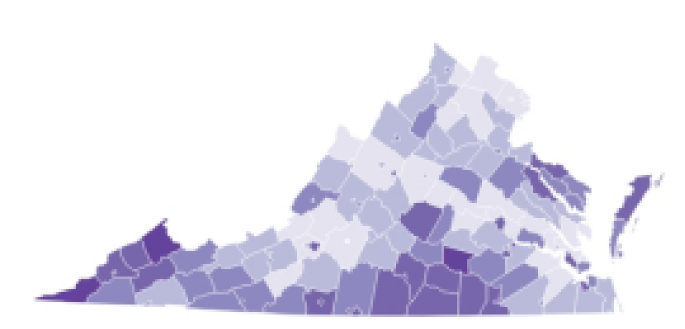
- Factors influencing Maternal Death Rate:
  - Race and ethnicity : Black women are 2.6x more likely to die from pregnancy related complication compared to non-Hispanic white women.
  - Concomitant clinical diagnoses, including gestational diabetes, preeclampsia, complications in labor, and postpartum bleeding
  - Chronic disease burdens like heart disease, stroke, and mental health conditions
  - Poor prenatal care
  - Untreated or undertreated risk factors
  - Advanced Maternal Age

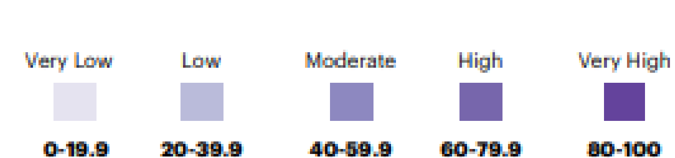
https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html

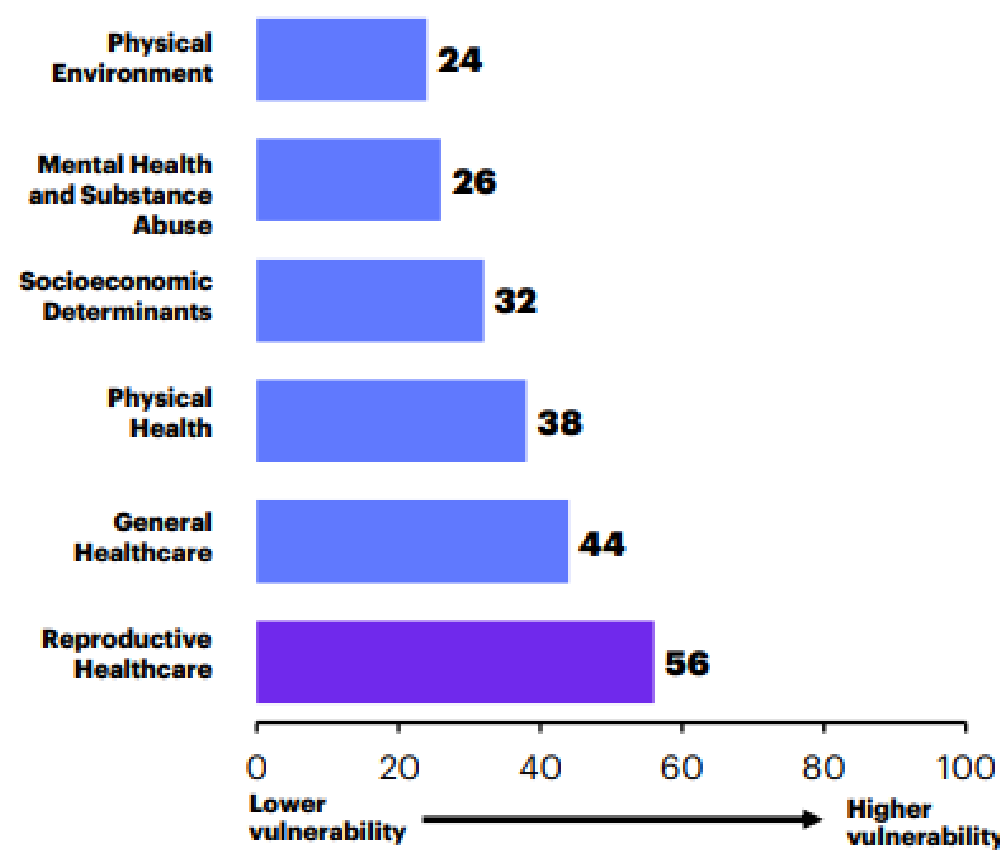
What makes an individual more likely to have a poor maternal outcome in Virginia?

The Maternal Vulnerability Index is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors.

MVI by county in Virginia







Source: Surgo Health, Maternal Vulnerability Index, 2023 /March of Dimes

Focus areas for Health Plans

A comprehensive approach navigating the health care system addressing various factors influencing the health and wellbeing of individuals before, during, and after childbirth

- Close gaps in care: Access to prenatal/postpartum care (including promoting breastfeeding)
- Promote maternal nutrition / address SDOH
- Manage chronic conditions
- Ensure skilled birth attendance / expand access to alternative providers
- Prevent and manage obstetric complications
- Address mental health needs
- Educate / empower women
- Facilitate Community / Provider / Family support and engagement
- Monitor and evaluate outcomes of interventions and identify action areas

Strategies to reduce disparities, optimize whole health, and drive better outcomes

Provider Enablement: Support and integrate providers to drive cost and quality outcomes, aligning financial incentives with full range of perinatal care

Member Engagement / Case management / Disease Management: Leverage digital tools for members throughout all stages of their journey with a whole health lens

Utilization Management: Support evidence-based care

Expand access to care: Ensure a wide range of health care professionals are included in plan's network with diverse providers

Manage Chronic Disease: Strongly encourage disease management prior to and throughout pregnancy

Identify high risk members: Reinforce criteria to providers for what scenarios are high risk for SMM

Address drivers of health: Underscore attention to transportation and scheduling barriers, partner on solutions

Monitor population level trends to identify opportunities: Enable success and alignment through robust predictive analytics, risk stratification, and innovation

Optimizing personalized integrated care to drive better outcomes : An Elevance Health example

	Scenarios	Provider enablement	Utilization management	Member engagement and CM/ DM	VBC/ FFS network	Cross pillar initiatives
Low Risk	**Kelly** • 26-year-old single, White, Mother • 2nd pregnancy; previous c-section • No history of high-risk conditions • No PCP	• Kelly sees a **virtual provider** between in person visits due to access issues and her info is shared with her OBGYN	• Kelly is supported with detail on provider quality and **OOP price** before choosing a provider and facility to have her baby	• Kelly learns about the **digital app** and is engaged with **self-guided content** on how to have a healthy pregnancy and is supported by an online community	• Kelly can connect to a **virtual and/or in-person doula** for coaching and help	• Kelly's previous C-section triggers her provider to share delivery options due to recent **OBPC** training/ reporting tools
		Digital and self-guided focus, interventions as needed, community support				
High Risk	**Maribel** • 34-year-old married, Latina, prefers Spanish, Mother 2 kids • 3rd pregnancy; experienced high BP in previous pregnancy • Obese, history of diet-controlled gestational Type 2 diabetes • Has PCP	• **OBPCs** share information from Maribel's past pregnancies and alert to care gaps with her current provider to improve quality of care	• Maribel is connected to virtual **midwife/ doula/BH** supports in between visits with her OBGYN to address her whole health	• Maribel is contacted by a **care manager** and enrolls her in **nutritional coaching/ diabetes mgmt. plan**, and ensures she has access to the **digital app** with relevant content	• Maribel can connect to a **virtual and/or in-person doula** for coaching and help	• Maribel is **identified as high risk** upon pregnancy and triggers **care management intervention** with outreach to her provider by OBPC
		High touch care management, extensive collaboration with care team and providers				

Our Path Forward: Future State of Maternal Health

Our vision for the future is that Virginia will be considered the best place in the country for maternal health.

Care will be tailored to the individual with a whole health lens – addressing physical, behavioral, and social drivers of health while supporting women through all ages and stages.

Health plans will facilitate high-quality outcomes though equitable, culturally appropriate, integrated, comprehensive, and sustainable care for all.

Thank you