Integrated Care for High Risk Pregnancies

www.healthyblackpregnancies.org

BILL REQUEST

We are requesting ongoing Medical Assistance funding for a stand-alone public-private African American community-driven partnership to support Integrated Care for High Risk Pregnancies (ICHRP).

Who We Are

ICHRP is a public-private partnership serving Ramsey and Hennepin Counties that advocates for prenatal and postpartum African American maternal and child health and is a culturally responsive service provider, offering screenings, referrals to health and social services, education for healthy pregnancies and babies, and peer support for expectant families. Community engagement and health professionals training and technical assistance related to the ICHRP Model are also offered to inform the community, launch other initiatives and advance existing health care organizations.

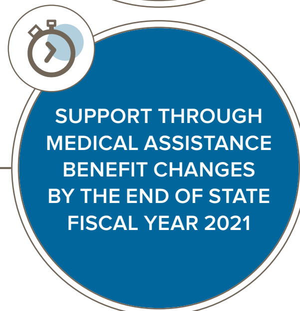
ICHRP Service Model

A community-led collaborative care model focusing on early prenatal identification of families with elevated psychosocial risk levels. Its goal is to stabilize these risk factors that impact birth outcomes. Based on identified needs and risks, the collaborative care team puts together a comprehensive care plan, which is used to connect the client to supports and services, including prenatal care. Paraprofessionals are critical in connecting families to resources.

Strategies to Accomplish ICHRP Work

Culturally responsive upstream prevention services for expectant families including fathers; advocacy and issues campaigns; collaboration with the Minnesota Department of Human Services (DHS), partner clinics, and hospitals; convenings (conferences, learning networks, summits, updates, presentations, workshops); policy (legislative bills); and public education/training, and learning and services data gathering.

Timeframe for ICHRP Sustainability



The DHS base budget has sufficient funding to continue the pilot program at the current level. With Legislative and CMS (Centers for Medicare and Medicaid Services) support, it would be reasonable to expect ICHRP could be supported through Medical Assistance benefit changes by the end of state fiscal year 2021. Continued grant support will be required thereafter for the African American community leadership component of ICHRP infrastructure.

We have an **urgent maternal and infant health crisis** in the U.S. Preterm birth rates are rising and disparities persist.

—March of Dimes, 2019

Articles about the **staggering number of American women losing their lives to pregnancy-related complications** have gained traction both in the media [e.g., *New York Times, CNN, NBC News, NPR*, and *PBS NewsHour*] and on the campaign trail.

—"*Out of Sight, Out of Mind*," Rockefeller Institute of Government, 2019

Black women are 2-3 times more likely to die from pregnancy-related causes than white women.

—"Childbirth For Black Moms Is More Dangerous Even Within The Same Hospital," *Romper*, 2020.

2020–2021 Policy Platform

SYNOPSIS: The 2019 "Minnesota Department of Human Services Legislative Report: Integrated Care for High Risk Pregnancies—A Pilot Project to Improve Medical Assistance Birth Outcomes" documented the ICHRP pilot project's accomplishments in addressing long-standing disparities in birth outcomes. The ICHRP pilot demonstrated proof-of-concept, using community-based paraprofessionals to successfully recruit high-risk families, assess their unmet needs, and connect them to supports and services during pregnancy.

Based on that success, the report recommended that DHS support expansion of the ICHRP model of collaborative care for high-risk pregnancies by making use of potentially available ongoing Medical Assistance funding options. It also recommended engaging stakeholders and legislators to develop a timeline for legislation to support the community leadership and administrative infrastructure necessary to offer the collaborative care program to as many African American and American Indian women on Medical Assistance as possible.

AFRICAN AMERICAN WOMEN ARE 3-4 TIMES AS LIKELY TO DIE FROM PREGNANCY-RELATED CAUSES AS THEIR WHITE COUNTERPARTS

Part of the legislative development process is the development of a budget. This will involve documenting what client services and administrative components should be funded based on the ICHRP model, and projecting a budget based on the anticipated number of families and their need for services. As part of this process, there is a need to distinguish what funding can come from Medicaid and what can come from grants).

THE OPPORTUNITY

Minnesota leads the nation in many aspects of health care and has excellent overall birth outcomes, including among the lowest rates nationally for prematurity, low birth weight, and infant mortality. Yet the state's African American women, like those in the rest of the nation, are 3-4 times as likely to die from pregnancy-related causes and their infants more than twice as likely to die as their white counterparts. In fact, Minnesota has some of the nation's highest disparities in the pregnancy-related outcomes of African Americans and American Indians. ICHRP is uniquely positioned to listen to the needs of the African American community and join forces to develop policies and practices that will make health care work better for pregnant African American women and their families.

ICHRP partners acknowledge that preventing and ending pre- and post-natal health disparities is a bold mission. Still, our work and experience suggests that it is essential to the African American community's well-being and the state's economic and social health. We know that preventing and ending pre- and post-natal health disparities requires that health systems in need of repair are fixed. Because of ICHRP"s bold mission we are requesting the creation of a **BILL THAT WILL**:

- Support a stand-alone public-private ICHRP multi-partner service hub serving Hennepin and Ramsey Counties (currently funded by Minnesota Department of Human Services/DHS through grants).
- Focus on long-term strategies (including changes in law, policies, and systems) to define and implement Medicaid funding for the core paraprofessional and case management services that are integral to the ICHRP operating model.
- Expand access to care for high risk pregnant African Americans, expectant fathers, and their families.
- Drive systemic change in clinical settings.
- Advance other upstream initiatives aimed at eradicating African American pregnancy disparities.
- Advocate for the expansion of efficient and effective services that respond to African American pregnancies.

RATIONALE

Although Minnesota statutes do not directly address enhanced pregnancy benefits, the last sentence of Subd. 14(b) of Minn. Stat. § 256B.0625 states, "Preventive services available to a woman at risk of poor pregnancy outcome may differ in an amount, duration, or scope from those available to other individuals eligible for medical assistance." This closely mirrors the language in federal Medicaid regulations related to enhanced pregnancy benefits in 42 CFR 440.250(p), which gives states broad latitude in selecting services and benefit structures. Almost all state Medicaid agencies offer enhanced pregnancy benefits in as many as nine different categories: prenatal risk assessment, targeted case management, home visiting, psychosocial counseling, health education, nutritional counseling, smoking cessation, substance abuse treatment, and dental care. Thus, state law and federal Medicaid regulations already contain enabling language that offers broad flexibility in posing a revised set of enhanced pregnancy benefits for high risk women that would allow coverage for current ICHRP services. DHS has recommended redesigning enhanced pregnancy benefits as a policy option for sustaining ICHRP services through Medical Assistance.

STATE AND FEDERAL REGULATIONS OFFER FLEXIBILITY FOR REVISING PREGNANCY BENEFITS THAT WOULD ALLOW COVERAGE FOR CURRENT ICHRP SERVICES

Context for ICHRP 2020 Policy Platform

(Read the sections below if additional information about ICHRP is desired)

The following sections provide details that will help readers better understand ICHRP's policy platform, the issues (High Risk Pregnancy Facts) that ICHRP is designed to address, and how ICHRP helps Minnesota (Benefits to the State and the Targeted Population). Also discussed is ICHRP's background, focus areas, and infrastructure; projects in other states and the District of Columbia that are funded by Medicaid; and other options for sustaining ICHRP through Medical Assistance that were suggested by the DHS Medical Director's Office.

ICHRP's Policy Platform

Our policy platform is informed by a community-centered and community-directed approach based on three key pillars.

Together, these pillars support efforts to build control and resilience that help buffer families against stressors associated with high risk pregnancies, health-related behavior, and management of health conditions.

KEY PILLARS

MOBILIZING ASSETS WITHIN MINNESOTA'S AFRICAN AMERICAN COMMUNITIES TO PROMOTE HEALTH EQUITY AND INCREASE FAMILIES' CONTROL OVER THEIR HEALTH AND LIVES;

BUILDING ON EXISTING RESEARCH AND PRACTICES RELATED TO HIGH RISK AFRICAN AMERICAN PREGNANCIES IN MINNESOTA (ICHRP'S PROOF OF CONCEPT REPORT) AND AROUND THE COUNTRY;

HIGHLIGHTING COMMUNITY ENGAGEMENT, SOCIAL CONNECTIONS, AND HAVING A VOICE IN DECISIONS AS FACTORS THAT MAKE A VITAL CONTRIBUTION TO FAMILIES' HEALTH AND WELLBEING.

ICHRP Background

In 2015 the Minnesota Legislature directed the Department of Human Services to implement a pilot program to improve birth outcomes, the Integrated Care for High Risk Pregnancies (ICHRP) Initiative (Minnesota Statutes § 256B.79, Integrated Care for High Risk pregnant Women).

The Minnesota Legislature appropriated approximately $3 million for grant funding over two biennia, and $989,000 annually continues in the state's base budget. Using a competitive bidding process, the Minnesota Department of Human Services (DHS), through its Health Care Administration, awarded grant funds to three community organizations in the Twin Cities focused on decreasing low birth weight births in mothers from the African American community.

A corresponding portion of the ICHRP grant funds were directed to address significantly elevated rates of low birth weight births among African-Americans in the Minneapolis-St. Paul area. Grants totaling $1,334,000 went to the following organizations:

- The African American Babies Coalition, a part of the Amherst H. Wilder Foundation, Saint Paul.
- Ramsey Prenatal Clinical Collaborative made up of Open Cities Health Center and Minnesota Community Care, the fiscal agent is Open Cities Health Center.
- NorthPoint Health & Wellness Center Inc., a multi-specialty agency in North Minneapolis.

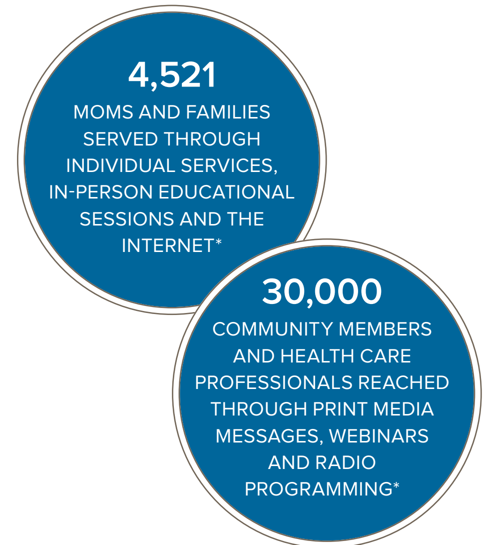
As requested, in January 31, 2019, the Office of the Medical Director, Minnesota Department of Human Services reported to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on the status and progress of the pilot program.

During the last legislative session the House passed **House Bill GH2414A205** (April2019) summarized as:

> An amendment to H.F. No. 2414 to read: Pilot Grant program established. The commissioner shall implement a pilot grant program to improve birth outcomes and strengthen early parental resilience for pregnant women who are medical assistance enrollees, are at significantly elevated risk for adverse outcomes of pregnancy, and are in targeted populations. The program must promote the provision of integrated care and enhanced services to these pregnant women, including postpartum coordination to ensure ongoing continuity of care, by qualified integrated perinatal care collaboratives.

The new 501c.3 ICHRP organization resulting from the ICHRP Board of Directors' commitment to pursue funding for a multi-partner community-driven hub will be a top services provider, as determined by ICHRP partners' two years of operation, and will leverage its African American community expertise to continue to deliver value and best-of-class services primarily to African American families, including babies, moms, dads and other family members assisting pre- and post-natal responsibilities.

As an independent entity, ICHRP will be best positioned to accelerate the execution of its strategic plan, invest to expand its capabilities and to pursue new opportunities that are aligned with pre- and post-natal care. The ICHRP hub has several key competitive advantages,



including scale in a fragmented service area, a strong execution track record, a substantial base of community partners with committed employees and volunteers, all of whom have African American culture knowledge and culture specific service skills.

The 2017-2018 work delivered client growth in fiscal 2019. ICHRP service providers have created additional peer support sessions for moms who are not ready to leave support groups after delivering healthy babies. Today the ICHRP leadership team is of the appropriate size and scale to successfully stand alone as nonprofit service leaders of a public-private partnership.

As leaders in the Integrated Care for High Risk African American pregnancies field, ICHRP is ideally positioned to benefit from a sharpened strategic focus on pursuing growth strategies best suited to each partner and service area. This will allow partners to deliver exceptional value to all its African American families.

** See ICHRP 2017-2018 Proof of Concept Report*

Benefits to the State and the Targeted Population

As Minnesota's only collaborative focused exclusively on leveraging resources to prevent and end pre- and post-natal health disparities, ICHRP has a unique leadership opportunity and responsibility to support the achievement of this big goal, drive change and deepen impact.

STRATEGIC & FINANCIAL BENEFITS

ICHRP is a standalone 501c.3 nonprofit organization with a Board of Directors that unanimously approved a plan to pursue funding for a multi-partner, public-private, community-driven hub serving Hennepin and Ramsey Counties. Families in both counties are expected to benefit from:

- A **strong leadership team** with a honed focus on their respective ICHRP services and financial and accountability structures optimized to the unique characteristics of each partner organization.
- **Added long-term financial flexibility to invest** in each of ICHRP's service areas' **strategic growth priorities**, and to allocate funding to the best and highest use.
- A **board of directors with community-based skillsets and nonprofit organization** experience to provide focused insights and to support strategic and financial objectives and enhanced value creation. Writing about the ICHRP Advisory Council, which is now the Board of Directors of ICHRP 501c.3, the "Minnesota Department of Human Services Legislative Report Integrated Care for High Risk Pregnancies: A Pilot Project to Improve Medical Assistance Birth Outcomes" said:

  > For the part of ICHRP focused on high risk pregnancies in the African American community, leadership has come from an Advisory Council. The Advisory Council was recruited and convened early in the project, and it informed the implementation of procurement and guided selection of respondents. The Council also worked to create the project's conceptual model (Theory of Change). It established and continues to take an active role in understanding and guiding the activities of the clinical practice sites. The Council's participation is essential to continuing ICHRP's work in the African American community. The Council should have the latitude to explore a collective impact strategy that considers strategic partnerships with non-profit organizations and public health and may also consider formalizing its governance structure and becoming an autonomous organization itself.

- **Community-driven performance indicators** to most closely align service opportunities with organizational performance.
- **Enhanced appeal to a broader set of community partners** suited to the particular strategies and characteristics of the ICHRP partnership.
- **Increased access to African American family-centered pre- and post-natal care**, including access to preventive services and essential health benefits.
- Culturally specific and **responsive outreach and services**.
- **Expanded diversity, inclusion, and equity in the health care workforce**, including diversity-intensive outreach, mentoring, networking, paraprofessionals, and leadership development for employees and volunteers.
- **Adopted policies and practices** that improve the organization and integration of ICHRP care systems, including **promoting multidisciplinary team-based care models** that focus on integrating pre- and post-natal care with a whole-family focus, development of new practices that improve service delivery, and structures that more tangibly connect health care delivery systems to other partners outside of the health care sector.
- Serving African American pre- and post-natal families through a coordinated and consistent approach.

MEDICAID-SPECIFIC BENEFITS

Medicaid population health prevention intervention is provided to an entire community or geographic area. The service is aimed at improving the health of the population rather than improving the health of a specific individual. The intervention is not limited to patients in a particular medical practice or enrollees in an MCO/managed care organization (PL-1). Medicaid and another state agency or department share goals and collaborate as partners on a population health/ prevention intervention. The funding of the initiative is often a blend of financing mechanisms including Medicaid (PL-2). The overall goal of ICHRP is primary prevention (i.e., healthy African American pre- and post-natal families). Particular benefits for Medicaid are:

- Opportunities for Medicaid to help transform pre- and post-natal care for African American families, promoting health, development, and health equity.
- Medicaid spends a disproportionate amount on chronic conditions, and therefore can benefit from successful prevention strategies.
- Opportunities can inform and advance state Medicaid policy and implementation efforts designed to improve African American pre- and post-natal families' health and developmental outcomes, support families, and contribute to achieving health equity.

POTENTIAL MEDICAID FUNDED PARAPROFESSIONAL ACTIVITY

Particular benefits are:

- Needs assessments,
- Developing care navigation plans,
- Directing plan implementation,
- Supervising paraprofessionals,
- Client education and activation,
- Motivational interviewing,
- Care plan advocacy,
- Resource navigation, and warm handoffs.

TIME PERIOD WHEN U.S. MATERNAL DEATH OCCURRED—2011-2015 / TOTAL DEATHS 3,400

SOURCE: Jacklynn Blanchard, Rockefeller Institute analysis of Petersen, "*Vital Signs*."

Goals, Focus Areas, and Infastructure

ICHRP's goal is to improve African American pre- and post-natal disparities and transform the way pre- and post-natal care is delivered to African American families.

ICHRP's programs and services include:
- Preventive primary care advising;
- Screening for psychosocial risks in high-risk populations;
- Community-supported interventions to reduce psychosocial risks;
- Care coordination and case management;
- Health services to augment primary care advising, including multi- and interdisciplinary team-based prenatal and perinatal care approaches (community-based healthcare, social service, and paraprofessional providers in personalized, high-risk maternal support roles);
- Community-led integrated care and enhanced services to women at risk for adverse outcomes;
- Harvesting developed relationships with over a dozen other clinic partners, enabling use of a networked coordinated care model;
- Family recruitment from across the geographically defined target area;
- Health insurance navigation;
- Application assistance for food support;
- Housing stabilization and counseling programs;
- Transportation assistance;
- Asset-building programs and educational opportunities such as financial literacy skills development, and tenant training;
- A referral and outcomes platform so that health care and human service providers can send, coordinate, and track referrals, allowing for a clear feedback loop;
- A community engagement team that works to onboard all community providers and partners to the platform, including food banks, domestic violence support centers, early interventions services, public housing, and health care providers; and
- Encouraging partners to integrate social determinants of health screening into their systems of care.

ICHRP partners continuously engage in outreach activities to market services and programs to African American families; the agency participated in over 85 community-wide events during the 2017-2019 program years and maintains partnerships with over 40 organizations throughout Ramsey and Hennepin Counties. These partnerships are vital to ICHRP's ability to achieve its mission and improve the quality of life for families living in its communities.

ICHRP INFRASTRUCTURE

A primary state-funded grant to the ICHRP Collaborative supports the community-based leadership organization (ICHRP collaborative) that is responsible for organizing the partnership structure and administering the collaborative's functions. It would receive grant funds to support these activities and be recognized as the sole organization authorized to perform this function. With these funds, it would negotiate roles and responsibilities with partnering large service organizations to allow access to resources. These include prenatal care and delivery providers, public and non-government social service providers, behavioral health providers, and managed care organizations.

GRANT FUNDS SUBCONTRACTED TO COLLABORATIVE CARE CENTERS

The ICHRP collaborative would negotiate subcontracts with Collaborative Care Centers, which are within FQHCs (Federally Qualified Health Centers), to recruit families and provide direct services.

MEDICAID FUNDING

In addition, with subcontracted funds (above), the FQHCs would be eligible to be reimbursed by Medicaid for providing specialized paraprofessional services to families in the ICHRP program.

FINANCING COMPONENTS OF THE ICHRP MODEL

Grant funds are needed to support the core functions of the community-based organization which provides leadership to organize and direct the collaborative activities focused on families, including infrastructure development; Collaborative Care Centers' subcontractors; process mapping for interventions; paraprofessional workforce development; training to develop adequate maternal health workers; peer group support activities and education; community outreach/engagement; screenings, assessments; developing care navigation plans; plan implementation; and supervision.

ICHRP's Focus Areas

STRENGTHENING COMMUNITY
- Culturally responsive
- Community owned and driven
- Asset based approaches
- Community involvement and engagement in program planning and implementation
- Cultural networks
- Integrated care teams
- Collaborations and partnerships
- Strong access to culturally-based resources
- Community-based commissioning

ENHANCING PREGNANCY AND FAMILY SUPPORT
Cultually responsive:
- Pregnancy screening
- Prenatal support
- Peer support network
- Peer education and mentoring
- Family support resources
- Mom and family support groups
- Postpartum follow-up

INCLUDING FATHERS
Culturally responsive:
- Health screening for dads
- Father support resources
- Peer network
- Peer education and mentoring
- Father and family support groups

HEALTHY BABIES
- Full term
- Healthy weight

Projects in Other States and D.C. Funded by Medicaid

MARYLAND

After Baltimore City's infant mortality rate hit a record high in 2009—13.5 per 1,000 live births—more than 150 public and private entities came together to launch B'more for Healthy Babies (BHB), a multipronged initiative to improve the health and well-being of families citywide. Baltimore's Promise has also coordinated an effort to research and secure additional Medicaid funding for BHB.

MARYLAND, OREGON AND WASHINGTON

While many states have begun Medicaid delivery system reform, initiatives geared toward upstream prevention and population health are in varying stages of development. Building upon the Medical Roadmap work, Nemours received a grant from AcademyHealth to provide technical assistance to three states—Maryland, Oregon and Washington—as they developed or implemented upstream prevention strategies using Medicaid funds. Nemours also produced "how to" issue briefs illustrating how states can use existing Medicaid authority to finance these upstream prevention initiatives.

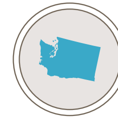
NEW JERSEY

New Jersey Expands Medicaid Program to Include Coverage for Centering Pregnancy® to Improve Maternal Health and Birth Outcomes. New Jersey continues to lead in expanding access to Centering as an aggressive strategy to improve maternal and infant health. The state stands to make significant gains with this comprehensive strategy, which includes the state Department of Health, private philanthropy and now the NJ Medicaid program.

OHIO

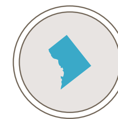
An evolution of both the Ohio Infant Mortality Reduction Initiative (OIMRI) and Ohio Medicaid's Enhanced Maternal Care Services. OIMRI is a component of the Child and Family Health Services Program at the Ohio Department of Health featuring a culturally specific home visitation program for expectant families that utilize peer and/or community connected Community Health Workers (CHW) to coordinate perinatal services for high-risk African American women. The Enhanced Maternal Care Services comprise a geographically targeted Medicaid benefit for CHW services through Medicaid managed care plans.

A new Medicaid grant program that builds on these previous efforts—home visiting and CHWs are core elements—while emphasizing a community based collaborative care model as the vehicle. It's $26 million per year. Ohio had 22,431 African American births in 2017; Minnesota had 3,482 births to US born African Americans. It appears that most of the funds are intended for building the collaborative infrastructure and coordinating the outreach, case management and supervision, and improving provider capacity. It seems to be promoting a community based collaborative care model very similar to ICHRP.



WASHINGTON

The Medicaid agency and the Washington Department of Children, Youth, and Families are exploring care coordination strategies to improve well-child visit rates for three- to six-year-olds. Washington wants to expand the successful strategies of Head Start and the state-funded Early Childhood Education and Assistance Program (ECEAP) to other ECE settings, leveraging the support of MCOs (managed care organization) and physicians. The goal is to design a pilot to test and support care coordination and increased communication of developmental screening results across the ECE and health care systems, encouraging MCOs to take a more holistic approach to child and family well-being and skill-building, beyond the traditional clinical focus.



WASHINGTON, D.C.

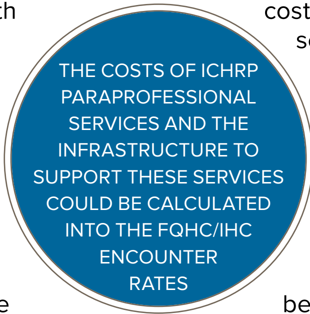
The Medicaid agency, Office of the State Superintendent of Education, and Children's National Health System are jointly embarking on a pilot to improve coordination of developmental screening (monitoring signs that a young child may be delayed in one or more areas of development that begin as early as 9 months), given that screening is provided in both physician offices and ECE settings. Goals include (1) increasing coordination between ECE providers and primary care providers on completion of developmental screening; and (2) ensuring families receive consistent information about screening results and any follow-up that may be necessary.

Other Options for Sustaining ICHRP Through Medical Assistance

Suggested by the Office of the Medical Director, DHS Legislative Report, 2019

Consider the use of encounter rates for professional services.

Federally Qualified Health Care Centers (FQHCs) and Indian Health Care (IHC) clinics receive an encounter rate for professional services by physicians, dentists, and nurse practitioners that is designed to pay for the cost of enhanced services provided by these centers. Although not directly billable as an individual service, the costs of ICHRP paraprofessional services and the infrastructure to support these services could be calculated into the FQHC/IHC encounter rates. As currently designed, these services are all provided through these clinical settings.



We must also consider how best to include DHS' managed care partners in supporting ICHRP. One possibility is to consider contractual incentives for payers to use ICHRP services for high risk pregnancies. This could be limited to families residing in high-risk geographic areas, such as those already identified by ICHRP. This policy option could be considered along with other policy approaches—e.g., redesign of the enhanced pregnancy benefit. If a change is made to Medical Assistance benefits to support ICHRP services, access to these services might still be improved through managed care contractual incentives.

Adverse birth outcomes are strongly associated with behavioral risks and **disadvantaged social conditions.**

Within **Medical Assistance births** in Minnesota, the **low birth weight rate is around 7.3% for whites, and around 13.5% for African Americans**.

—Legislative Report: Integrated Care for High Risk Pregnancies, DHS Office of the Medical Director, 2019

Black babies are at greater risk of dying during the first year of life than babies from other racial/ethnic groups.

—OIMRI Infant Mortality Reduction Initiative, 2014

ICHRP PARTNERS

Birth Equity Community Council (RC-BECC), Ramsey County

Club Dad, Ramsey County

Club Mom, Ramsey County

Community Voices and Solutions

Minnesota Department of Health (MDH)

Minnesota Department of Human Services (DHS)

Minnesota Prenatal to Three Coalition

Parents as Teachers (PAT), Ramsey County

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