Tackling Health Equity by Creating A Payor - Funded Community Doula Program for HealthNet

Pooja Mittal, D.O., Pooja.C.Mittal@healthnet.com
HealthNet, CA, https://motherbabysupport.net/; https://healthnet.com/

Project Description

I wanted to address birth equity issues among African American women from the perspective of a MediCaid managed care organization. I believed I could do this through a pilot community doula project.

Why Does This Matter?:

Historical data indicates race/ethnicity disparities in both birth outcomes and maternal mortality rate (MMR) in California. African American (AA) women continually have higher incidence of poor quality measures for childbirth and maternal health with maternal mortality rates among AA women being four times higher than White women.

Prior studies show that continuous support during labor has clinically meaningful benefits for women and infants and reduces risk of caesarian section, instrumental delivery, and need for analgesics compared to standard care. Therefore, expanding Medicaid coverage to include doula services has the potential to improve access to low intervention, physiologic birth, and also reduce cost of maternity services for all women.

Discovery:

I was encouraged to find that there is national momentum around doula care for women insured by MediCaid. Based on my 93 interviews and research, developed a plan to provide doula services to 150 African American women in Los Angeles County as a pilot project to evaluate the potential impact of the community doula on pregnancy outcomes.

Goal:

To reduce the disparities in birth outcomes for African American women in Los Angeles through a pilot program using community based doulas. Using the results of this pilot to expand the program and impact outcomes statewide.

Objective:

To improve prenatal and postpartum HEDIS measures. To provide a sustainable model for other payors to adopt to improve outcomes and realize cost savings.

Results

Preliminary data expected 12/19
Final data expected 9/20
Type of data being collected: Extensive data collection platform called Maternity Neighborhood for collection of quantitative data. Qualitative data will come from focus groups with both the doulas and the clients.

Accomplishments:

Number of Doulas hired: 9
Number of doula supervisors: 2
Total number of mothers to be enrolled: 150
Number of mother's enrolled to date: 29
Number of Father's groups completed to date: 3
Scale at which the ROI would tip to positive: >1500 mothers (total annual at HN 1520)
Number of births in the program to date: 4

HealthNet Doulas

Lessons Learned

- Maintaining the spirit of the project while still being efficient is complicated when two very different agencies are working together – even while working towards a common goal.

- The doulas are truly the stars of the project – with their pulse on the community, their willingness to partner with a health plan, and their strong desire to advocate for patients.

- Joining a movement that already has momentum and then adding to it allows for an amplification of work that may not otherwise have been possible.

- This project allowed me to learn how to put together a strategy and then how to socialize that strategy broadly, on a national level, to move the needle in an area of need. This has broader lessons which are applicable to other types of change management. Because of my strategy work during this project, I have been entrusted with more work around equity and also broader population health management strategic initiatives that are of high value to my organization.

Next Steps:

The project is still in its early phases and we will begin collecting data towards the end of the year. The goal is to publish the work to use the outcomes to effect policy change at the State level. This work is informing the legislative strategy pushing for coverage of doula care in California through the National Law Health Program.

Mission Model Canvas

Key Partners	Key Activities	Value Propositions	Buy-in & Support	Beneficiaries
• **HealthNet:** Quality/Culture and Linguistics • **Community partner:** The Association for Maternal and Newborn Health and their staff (CBO) • **USC OB/GYN:** Study partner for qualitative analysis • **Maternity Neighborhood:** Data collection platform for doula care • **Patients:** Pregnant African American women in Los Angeles • **National Experts/Supporters of doula care**	Contracting with CBO. Expanded training for doulas. Development of the project plan with input of clear national experts. Recruiting patients and improving processes.	• Long term goal of improving birth and maternal outcomes in this high risk population with clear health disparities. • Improving engagement in care, HEDIS measures, postpartum follow up and outcomes. • Reducing costs associated with poor birth outcomes to result in an overall savings for the plan above the investment required. • Providing a model for how to do this work for other payors by demonstrating the value proposition.	I developed relationships within the company, with the CBO and with national experts through networking. Key stakeholders are all supportive.	**Pregnant African American members of HealthNet** in the Los Angeles area and their partners. **Doulas:** We are partnering with an organization that trains so this project will provide training and pay a living wage. **Longer goal:** Doulas in CA and nationally by providing continued evidence of benefit in improving equity. African American and other pregnant women if this is supported more broadly.
	Key Resources National Experts/Supporters of doula care. Funding and project support from Culture and Linguistics in Quality at HealthNet. CBO collaboration.		**Deployment** We are working with the CBO and other community contacts to advertise the program and recruit. We are targeting a specific geographical area and patient population.	

Mission Budget/Cost
Total cost of the initiative: $560,000.00 for 150 pregnant women
Estimated cost savings from pilot: 468,450
ROI: -16%
Other benefits, not quantified: reduction in maternal depression, improved breastfeeding rates, increased member satisfaction, reduced additional procedures (i.e. episiotomy), increased PP visits (HEDIS)

Mission Achievement/Impact Factors
Reducing the disparities in birth outcomes for African American women. Improving prenatal and postpartum HEDIS measures. Providing a sustainable model for other payors to adopt to improve outcomes and realize cost savings. When scaled, would see reduction in PTB which aligns with goal to decrease African American Infant Mortality both in LA and statewide.