



May 23, 2016

Lewis Sandy, MD, MBA
Chair, Clinical Episode Payment Work Group
Health Care Payment Learning & Action Network

Dear Dr. Sandy:

Lamaze International appreciates the opportunity to respond to the Health Care Payment Learning & Action Network's (LAN) Clinical Episode Payment (CEP) Work Group's draft white paper, *Accelerating and Aligning Clinical Episode Payment Models: Maternity Care*. Standardizing accessible and high quality maternity care is critical to eliminating health disparities, reducing costs, and improving the health of mothers and babies. Lamaze commends the LAN for initiating this effort.

As the nation's leading childbirth education organization, Lamaze can attest to the critical role that high-value support services, such as evidence-based childbirth education, have in consistent prenatal care. Lamaze's mission is to advance safe and healthy pregnancy, birth, and early parenting through evidence-based education and advocacy. In doing so, Lamaze's Certified Childbirth Educators (LCCE) use the latest, evidence-based curriculums to help women and their partners make informed and shared decisions regarding pregnancy, childbirth, and breastfeeding.

A comprehensive maternity care model that includes evidence-based childbirth education is critical to realizing the Work Group's goal of creating a more patient-centered approach to maternity care. Without adequate prenatal care, women and their children face many short- and long-term setbacks that contribute to life-long disadvantages. Comprehensive prenatal care goes well beyond screening, measuring bellies, and checking weights and blood pressures. Women who receive information from trusted resources such as childbirth educators are more likely to integrate healthy behaviors and make decisions based on best known practices. While medical practitioners often have limited time to explore the social, cultural, and informational variables that impact the health behaviors of pregnant women, childbirth education provides more extended opportunities to explore the benefits and risks of health decisions.

LCCE instructors see firsthand how fragmented healthcare delivery prevents many women who are pregnant from seeking and accessing quality and comprehensive childbirth education as part of their prenatal care. The lack of a robust set of standardized quality metrics that can assess the impact of childbirth education and other practices hinders efforts to evaluate best practices for comprehensive prenatal care and shared-decision making. Lamaze supports the Work Group's initiative to call upon payers to encourage their pregnant beneficiaries to assess how their values and birthing preferences align with their providers' practices and care arrangements. Lamaze encourages the Work Group to further call upon payers to include evidence-based childbirth as a covered service.

Lamaze applauds how the Work Group framed its maternity care episode and offers three recommendations to strengthen the proposed model.



1. Explicitly Define Childbirth Education

Lamaze appreciates the Work Group’s acknowledgement of childbirth education as a component of comprehensive prenatal care. It is critical, however, that the final model explicitly defines childbirth education in terms of content and instructor credential. Often, what counts as childbirth education is in practice an afterthought in prenatal care. A brochure that a woman receives from a nurse during a prenatal wellness visit or a tour of a hospital’s labor and delivery suite is not adequate childbirth education. To optimize the role that childbirth education should have in prenatal care, Lamaze recommends that the Work Group explicitly define childbirth education as “a comprehensive, evidence-based curriculum taught by childbirth educators who are certified by a National Commission for Certifying Agencies-accredited certification body,” such as Lamaze International.

2. Develop a Plan for Measuring the Effect that Specific Interventions have within the CEP

Lamaze agrees that a bundled payment model will help facilitate a continuum of care for mothers and newborns, but recommends that the Work Group develop a mechanism for measuring the effect that specific interventions have within the bundle. Systematic change requires data. And while bundled episodes increase efficiency, they make it difficult to assess how each component within the model affects the process and outcome. The maternity care CEP may increase childbirth education access and utilization, but without a means to measure its value, does not safeguard its long-term or widespread implementation. Lamaze supports a plan for measuring the effects of specific interventions.

3. Define Outcomes and Measures

Lamaze applauds the Work Group’s intent to use the Patient-Activation Measure as a means to track patient-engagement and generate data regarding prenatal care. Although the Work Group’s proposed model does not define specific quality metrics, Lamaze recommends that future metrics include “comprehensive, evidence-based childbirth education taught by childbirth educators who are certified by a National Commission for Certifying Agencies-accredited certification body,” such as Lamaze International.

Lamaze appreciates the opportunity to provide feedback on the LAN’s CEP for maternity care—and acknowledges the tremendous amount of work and collaboration that the Work Group has devoted to this initiative. The Work Group’s commitment to transparency in developing and implementing the model episode payment is laudable and Lamaze stands by as a resource, advocate, and partner in streamlining comprehensive maternity care for all women.

Sincerely,

A handwritten signature in black ink that reads "Maria J. Brooks". The signature is written in a cursive, flowing style.

Maria Brooks, BSN, RNC-OB, LCCE, FACCE
President