Healthy Start Performance Improvement Project

The Minnesota Department of Human Services (DHS), in collaboration with Minnesota Managed Care Organizations (MCOs) selected "Healthy Start" for this three-year Performance Improvement Project (PIP) that runs from 1/1/21 through 12/31/23. Medica joined this projected on 1/1/22 when beginning to serve our new Prepaid Medical Assistance Program (PMAP) and MinnesotaCare (MNCare) population.

MCOs participating in this collaborative PIP for their PMAP and MNCare products include Blue Plus, HealthPartners, Hennepin Health, **Medica**, South Country Heath Alliance and UCare. Stratis Health provides project development support and assistance to the Collaborative.

This Collaborative PIP is intended to promote a "Healthy Start" for Minnesota children in the PMAP and MNCare populations by focusing on and improving services provided to pregnant people and infants, particularly in areas exhibiting the most significant racial and ethnic disparities. The Collaborative is working together to improve birth outcomes and reduce disparities for their PMAP and MNCare members through a variety of interventions that include but are not limited to an increase in the accessibility of doula services, referrals to culturally congruent care, and postpartum visits. Because a child's Healthy Start does not stop at birth, the Collaborative also supports health system efforts to increase rates for childhood immunizations and/or well child visits.

Medica Specific Goals

Medica seeks to decrease identified health disparity gaps in the HEDIS® Well Child and Prenatal and Postpartum care measures year-over-year from 2022 and beyond. Medica will determine final measures once we can review the data and determine where the biggest disparities are within the PMAP/MN Care population, which first started enrolling with Medica as of 1/1/22. Medica is monitoring claims/HEDIS data in year 1 of the project to establish a baseline rate and determine the target goal.

Medica Healthy Start PIP Measures

Measure	Description	Source
Well Child Visits in the First 30 Months of Life	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits	HEDIS

Prenatal and Postpartum Care	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. • Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	HEDIS

Project Interventions

This PIP includes both Medica-specific and Collaborative interventions done in partnership with the participating MCOs.

Medica specific project interventions include:

Pregnancy Program

Medica is providing the multi-channel resources and support of our Pregnancy Program to help women better manage their pregnancy by providing education about healthy pregnancies, incentives to attend prenatal and postpartum exams, and pregnancy mobile apps that educate members. We use an array of health and wellness tools and resources to actively engage members and provide support tailored to each member's circumstances. Our tools and programs educate members about their conditions, provide physical and behavioral health and wellness information and healthy lifestyle tips, give members tools that promote healthy lifestyles, help them find a doctor or an urgent care facility and understand their benefits.

Within the foundation of the Pregnancy Program--and understanding the diversity of members and how they might prefer to engage--we have developed a portfolio of resources with the goal of engaging members on the path to a healthy pregnancy. For example, for members who may have experienced institutional bias or systemic racism, Medica offers culturally similar Care Managers, doulas and community-based support from Community Health Workers. We support members facing barriers related to Social Determinants of Health (SDoH) for themselves and their families in a similar way but with a connection to such resources as childbirth classes, WIC, job training, food pantry, transportation and/or housing support.

The following provides detail around Medica's commitment to the HPP and the methods we use to engage members using a multimodal approach, including:

- Healthy Pregnancy Program member materials, including a pregnancy welcome letter and the benefits available through the Program via mailings, electronic communication and face-to-face connection.
- Electronic member engagement via text messages, emails and mobile apps. We identify the member's preferred communication mode during the initial enrollee screening.
- Incentives for members who complete first trimester and postpartum appointments, chlamydia screening (a risk factor for preterm labor), newborn visits and immunizations. Incentives may be used to purchase a baby stroller, portable playpen, home items or baby supplies.
- Encouraging new mothers to access well-child visits. Because immunizations are frequently given at well-child visits, we engage new mothers to help them access well-child services. At birth, we send the child's mother a letter with reminders about C&TC visits and immunization schedules. Near the child's first birthday, we send a letter and a personalized immunization schedule indicating the immunizations the child has received and required immunizations and their due dates. We continue to provide age-appropriate C&TC education to parents into the first five years of the child's life.
- Postpartum support. Medica's care and support doesn't stop after the delivery. Postpartum needs are as important. Medica offers:
    - Exclusive breast-feeding is supported with breast pumps ordered by their provider; lactation consults are available in the home or office.
    - Incentives are available for postpartum care as well as newborn visits and immunizations.
    - Postpartum depression screenings are an important part of the Ovia app (further described below) as well as assessments completed by Community Health Workers and Care Managers during postpartum encounters. Behavioral health referrals are arranged, including telemedicine visits, as needed.

Community Health Workers

Medica partners with WellShare to provide maternity community health workers (CHW) to support pregnant members with low pregnancy risk who may have socioeconomic risk. The CHW can offer an array of support that starts with a needs assessment that can be conducted in person or via telephone. The CHW can help the member navigate the health care system, and develop the connections to meet social support needs. This support continues postpartum to ensure that the member and their baby are receiving the support and services needed.

Ovia Health Program

Medica partners with Ovia Health, working to reduce and eliminate implicit, explicit and institutional bias experienced by Black parents and Indigenous people during pregnancy, delivery, and postpartum care. The Ovia Health Program uses a digital app to address:

- Social determinants of reproductive and family health**,** including pregnancy preparedness programs for weight, lifestyle, birth spacing, relationship health and pregnancy loss support.
- Ovia's solution provides participants with access and navigation to health services, including Ovia Health's own health coaching, lactation support, navigation to social programs, and doula and midwifery care referrals.
- Health literacy and social support
- Culturally diverse health contexts
- Digital community support and coaching

Collaborative interventions include education and training for providers and Care Coordinators. In Quarter 1 of 2022, the Collaborative offered a webinar on the role of doulas on the health care team and how they can support a healthy pregnancy. Additional training activities are being planned, including a webinar on Child & Teen Checkup coding.

The initiatives implemented within the scope of this project aim to improve health outcomes for pregnant women and babies in the PMAP and MNCare population. Medica will evaluate the Collaborative and plan-specific interventions to determine their effectiveness and how to sustain positive impact in the years to come.