

Transformation Project Proposal: Medicaid Reimbursement for Doula Care

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Project Title	Medicaid Reimbursement for Doula Care
Rationale for the Project	
<p>Problem statement: In recognition of the significant and persisting disparities in adverse birth outcomes that exist in the state for infant mortality,¹ low birthweight,² and preterm delivery rates³, among others, the Governor’s Interagency Council on Health Disparities recently issued a recommendation for Medicaid reimbursement for doulas as Community Health Workers or Community Health Representatives. The integration of doula care should: (1) allow reimbursement for prenatal visits, attending the birth, and postnatal follow-up; (2) ensure that qualified doulas receive professional doula training and be certified through a certifying organization such as PALS Doulas or DONA International; and (3) contract with Tribal or Urban Indian Health Organizations or accredited community-based doula programs that ensure competency and appropriately match childbearing individuals to doulas that align with their culture, language, religion, and other characteristics.</p> <p>Supporting research:</p> <ul style="list-style-type: none"> • A 2013 Cochrane research review concluded that, “Continuous support during labour has clinically meaningful benefits for women and infants and no known harm. All women should have support throughout labour and birth.” The review found doula support was associated with lower rates of cesarean births and lower use of pain medications and vacuum extraction or use of forceps. Those who received doula care had slightly shorter labor and were more likely to report being satisfied. Babies born to individuals receiving doula care were less likely to have low five-minute Apgar scores. Doula care was not associated with any adverse effects. The review also found that doula support was most effective when the doula was not affiliated with the hospital nor a part of the childbearing person’s own social network.⁴ • In 2014, the American College of Obstetricians and Gynecologists released a consensus statement that concluded, “Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula...Given that there are no associated measurable harms, this resource is probably underutilized.”⁵ • Women of color and those with public health insurance are more likely to experience adverse birth outcomes and are more likely to desire but not have access to doula care.⁶ • Recent research comparing birth outcomes for Medicaid recipients in Minnesota who received coverage for prenatal and birth support from doulas to outcomes from a national sample of Medicaid recipients demonstrates that doula care is associated with a 41% reduced odds of cesarean delivery (22.3% vs. 31.5%) and demonstrated potential cost savings to Medicaid programs⁷. The authors conclude that, “Among vulnerable subgroups, such as Black women, lower cesarean and preterm rates for doula-supported births are indicative of the role doulas could play in reducing persistent racial/ethnic disparities in these outcomes...” • Another recent study found doula care is associated with 22% lower odds of preterm birth⁸. The same study modelled cost effectiveness estimates and found that Medicaid coverage of doula services would be cost effective as doula support is associated with lower rates of preterm birth and cesarean delivery. Specifically, a reimbursement rate of \$986 for doula services would be cost-neutral (i.e., costs of providing doula support would be offset by savings resulting from lower preterm birth rates and lower rates of cesarean delivery). • Evidence exists that having doula support reduces the rates of cesarean delivery even among women who would all want to have a doula, addressing concerns about potential selection bias⁹. • Community-based doula programs are evidence-based, culturally appropriate programs that match childbearing persons to doulas from their community. Evidence shows their effectiveness, particularly in lowering cesarean rates and improving breastfeeding rates.¹⁰ 	

Note: Research recent by the Washington State Institute of Public Policy¹¹ found that hospital-based doula support was not cost-effective reducing cesarean delivery rates; however, the recent research cited above reveals that doula care has potential to demonstrate return on investment for Medicaid programs as doula services are associated not only with lower rates of cesarean delivery, but also lower rates of preterm birth. Moreover, there is evidence (cited above) that hospital-based doula programs are not as effective as community-based doula programs.

Relationship to federal objectives for Medicaid.

This project relates to the following Medicaid objectives: (1) Increase and strengthen coverage of low income individuals, (2) Increase access to, stabilize, and strengthen provider networks serving Medicaid and low-income populations, and (3) Improve health outcomes for Medicaid and low-income populations.

Project Description

Which Medicaid Transformation Goals are supported by this project/intervention?

- ✓ Improve population health, focused on prevention
- ✓ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved?

- ✓ Population Health Improvement – prevention activities

Region(s) and sub-population(s) impacted by the project. Include a description of the target population

This project has potential to impact all regions and all Medicaid births in the state.

Relationship to Washington’s Medicaid Transformation goals.

This project is based on scientific evidence that doula care is associated with improved labor and delivery outcomes, including reduced rates of cesarean delivery and preterm birth. Therefore it has strong potential to improve population health, which is one of the Medicaid Transformation goals. This project is also based on scientific evidence that Medicaid coverage for doula services is cost-effective. Therefore, this project will help ensure Medicaid per-capita growth is below national trends, a second Medicaid Transformation goal.

Project goals, interventions and outcomes, including relationship to improving health equity/reducing disparities.

The proposed intervention is to provide reimbursement for doula care for Medicaid births with the following specifications: (1) allow reimbursement for prenatal visits, attending the birth, and postnatal follow-up; (2) ensure that qualified doulas receive professional doula training and are certified through a certifying organization such as PALS Doulas or DONA International; and (3) contract with Tribal or Urban Indian Health Organizations or accredited community-based doula programs that ensure competency and appropriately match childbearing individuals to doulas that align with their culture, language, religion, and other characteristics. Strong evidence cited above demonstrates that community-based doulas improve labor and birth outcomes and cause no harm. By ensuring the provision of culturally and linguistically appropriate doula services (i.e., those provided through community-based doula programs) that match women to doulas based on factors such as race/ethnicity, language, religion, etc., this project has potential to redress persistent racial/ethnic disparities in adverse birth outcomes.

Links to complementary transformation initiatives - those funded through other local, state or federal authorities

Unknown.

Potential partners, systems, and organizations needed to be engaged

Doula organizations such as PALS Doulas and DONA International. Current community-based doula programs, such as Open Arms Perinatal Services, to ensure the project is implemented based on program standards. Workforce development organizations to help ensure a diverse and culturally competent doula workforce.

Core Investment Components

Proposed activities and cost estimates (“order of magnitude”) for the project

Recent evidence suggests that a reimbursement rate of \$986 for doula services would be cost-neutral (i.e., the costs associated with providing doula support would be offset by savings resulting from lower preterm birth rates and lower rates of cesarean delivery).

How many people you expect to serve, on a monthly or annual basis, when fully implemented

In 2013, there were 41,555 Medicaid births. It is unclear how many women will choose to have a birth doula when the program is fully implemented.

How much you expect the program to cost per person served, on a monthly or annual basis.

Program costs will depend on the reimbursement rate provided for doula services. Currently, Minnesota Medicaid's state plan amendment funds up to 6 antepartum and postpartum doula services at \$25.71 per session and doula services provided during labor and delivery at \$257.10, for a total of \$411.36. An evaluation of the Minnesota program finds that most doulas that provide services to Medicaid beneficiaries find the current rates to be inadequate¹². Evidence cited above estimates a rate of \$986 for doula services would be cost neutral.

How long it will take to fully implement the project within a region where you expect it will have to be phased in.

Currently only King County has a community-based doula program. With technical assistance from the program in King County, it could take a few months to start a program in a new area and 6 months to a year to bring it to scale.

The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline

As outlined above, community-based doula programs have potential to deliver cost savings as they are associated with lower preterm births and lower rates of cesarean delivery. Evidence indicates a reimbursement rate of \$986 would be cost-neutral. Since savings associated with fewer cesarean deliveries and fewer preterm births can be achieved at the birth the associated ROI timeline can be as short as pregnancy (9 months), though additional savings from reduced health care costs associated with lower rates of preterm birth can have longer (unknown) timelines.

Project Metrics

Key process and outcome measures (and specific benchmark performance data if known)

First Trimester Care (a priority measure in the Waiver application), Preterm Births, Low Birthweight, Infant Mortality, Cesarean Rates, Breastfeeding Rates. Benchmark data available from First Steps.

¹ Washington State Department of Health (June 2014). Infant Mortality: MCH Data Report. DOH 160-015.

² Washington State Department of Health (March 2013). Infant Mortality: Health of Washington State.

³ Washington State Department of Health. Preterm Delivery for Singleton Births. Accessed at:

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptPrenatalDeliv.pdf>

⁴ Hodnett et al. (2013). Continuous support for women during childbirth. Cochrane. Accessed at:

http://www.cochrane.org/CD003766/PREG_continuous-support-for-women-during-childbirth on 11/24/2015.

⁵ Caughey et al. & American College of Obstetricians and Gynecologists (2014). Safe prevention of the primary cesarean delivery. *American journal of obstetrics and gynecology*, 210(3), 179-193.

⁶ Kozhimannil et al. (2014). Potential Benefits of Increased Access to Doula Support During Childbirth. AJMC. Accessed at:

<http://www.ajmc.com/journals/issue/2014/2014-vol20-n8/potential-benefits-of-increased-access-to-doula-support-during-childbirth/P-7> on 11/24/2015.

⁷ Kozhimannil et al. (2013). Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries. *American Journal of Public Health*. 103(4):e113-e121.

⁸ Kozhimannil KB, Hardeman RR, Alarid-Escudero F, Vogelsang CA, Blauer-Peterson C, Howell EA. Modeling the cost effectiveness of doula care associated with reductions in preterm birth and cesarean delivery. *Birth*, 2016 Jan 14. [E-pub ahead of print].

⁹ Kozhimannil KB, Attanasio LB, Jou J, Joarnt LK, Johnson PJ, Gjerdingen DK. Potential benefits of increased access to doula support during childbirth. *Am J Manag Care*. 2014 Aug 1;20(8):e340-52.

¹⁰ Health Connect One (2014). The Perinatal Revolution: New research supports the critical role Community-Based Doula Programs can play in improving maternal and child health in underserved birthing populations. Accessed at:

http://www.healthconnectone.org/pages/new_study_the_perinatal_revolution/362.php on 11/24/2015.

¹¹ Washington State Institute for Public Policy (2015). Interventions to Promote Health and Increase Health Care Efficiency: December 2015 Update. Accessed at: <http://www.wsipp.wa.gov/Reports/576>.

¹² Kozhimannil KB, Almanza J, Vogelsang CA, Hardeman RR. Medicaid Coverage of Doula Services in Minnesota: Findings from the first year. University of Minnesota. December 2015. Available at <http://sph.umn.edu/faculty1/hpm/name/katy-kozhimannil/>