

Midwives Association of Washington State

Talking Points & Further Info

Describe the Midwifery Model of Care Secret Sauce

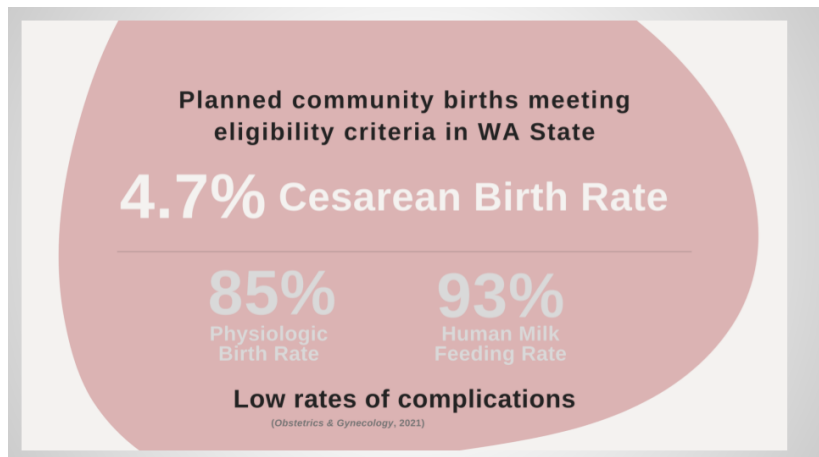
- Trust, intimacy, psychosocial focus, relationship building, continuity of care, uncomplicated & safe physiological birth
- Leads to fewer preterm births, less low birth weight babies, increased rates of exclusive human milk feeding
- Midwives offer high quality care and community birth is a legitimate cost saving policy that families want the option to choose
- Midwives take care of the whole person with attention not just to the physical, but also emotional and psychosocial.

Antiquated Billing & Coding System

- The type of care midwives offer is not valued; the coding system doesn't have a way to reimburse for the care midwives give!
- Midwifery model of care is not translatable into a particular code for CMS so midwives are not getting paid for the things they do that contribute to good outcomes (hour long visits, on call 24-7, labor support without rushing families, home visits, lactation support)
- Current coding system was completely developed only considering hospital birth. As a result, facility fees are gigantic, ICU is well paid and fee for service became the norm. Outcomes and contributions to health were not given monetary value. The current system has built in perverse incentives to use stuff and do stuff. Someday we hope the system is going to work better, but for now, we are “working around the edges” of a broken system that doesn't fit our model of care; trying to eke something out of a system that isn't structured or designed to capture what midwives do.
- We see some little signs that quality care and evidence-based care is where compensation should be (and hopefully is moving too), but since the system can't currently capture what midwives do, we are asking for increased reimbursement for “supplies for home delivery.”

Our Budget Provisos would create a Cost Shift

- When families choose community birth, it results in savings for the state, as birth care is an entitlement and the alternative is families going to a hospital.
- What we are asking is lower than that a hospital is already being paid. *We aren't asking to increase the budget, only to reallocate the funds!*
- This reallocation can result in more birth centers staying open, this would allow for more people to have the option for a community birth, thus saving the state much more money than if they were to plan a hospital birth.



Cost information:

- \$1742 Current BC facility fee
- \$75 home birth supply fee
- Low risk, cost to Medicaid is difficult to discern from publicly available data, maybe ~\$10,000
- Private pay average hospital cost is ~\$16K for Washington “According to the most recent data from the U.S. Department of Health and Human Services, the national median charges for childbirth hospital stays in the United States include \$13,524 for delivery and care for the mother and \$3,660 for newborn care. That adds up to \$16,884...Here are the median costs by birth type:

Vaginal with no complications: \$10,958

Vaginal with complications: \$13,010

Cesarean with no complications: \$18,570

Cesarean with complications: \$21,704”

(<https://www.uwhealth.org/news/how-much-does-it-really-cost-have-baby> June 9, 2018)

Rationale

- “Supplies for Home Delivery” must include all of the costs to operate a mobile birth clinic:

	Includes	Total Startup/ Replacement Cost	Monthly Recurring Fees	Per Birth
Disposable supplies and tools	gloves, underpads, gauze, catheters, sharps, resuscitation supplies, IV supplies, NB exam supplies, PP perineal care supplies			\$250
Medications	anti-hemorrhagics, emergency meds, IV fluids, antibiotics, newborn medications, oxygen			\$450
Durable medical goods	Eg. oxygen tank and regulator, BVM (adult and infant), stethoscope, doppler, BP cuff, (reg & large) pulse ox, glucometer, thermometer, infant resus cradle, etc.			\$300
Additional Supplies (Costs of mobile clinic)	Computers, autoclave, cell phone device	\$10,000	\$250	
-vehicle	Must be large enough and have AWD	\$40,000		
-gas using standard mileage rate to incorporate other expenses	Mileage reimbursement is \$0.655/mile so \$9,825 per year for 15,000 miles		\$818.75	
Monthly recurring costs	EHR subscriptions, biohazard disposal, cell/wifi service		\$250	
TOTALS		\$50,000	\$1,319	\$1,000

- More about Midwives' Secret sauce:
 - Intimately knowing the client and family and recalling what is going on for families in the present and in their history. Personalized and person-centered care including adapting care to what makes sense for the family while still being able to spend time having full conversations and shared decision-making; lengthy discussions about why something is recommended enabling them to make choices for themselves. Enabling new families to take an empowering role in their own family (as they are about to step into their new role as parents).
 - Intimacy: people rather than patients, not just numbers in a system. Clients want to be known by their care providers
 - Midwives help to birthing families not just babies
 - Midwives don't just measure things and note medical indicators, but we focus substantially on education addressing the whole person, not just their physical self
 - Midwives track medical care and needs but focus on social determinants of health when caring for the whole person, noting all factors that might be impacting their health physically and mentally
 - There is lots of talk right now in policy circles about how to help providers be better at addressing social determinants of health and it is already part of the midwifery model of care. Midwives are often taking on the roles described for a community health worker and a public health nurse.
 - Trust is built up over time because midwives answer phone calls, draw blood and more
 - With midwifery care, they aren't just getting ahold of customer service. Clients get personalized, patient-centered, person-centered care
 - Home visits are a routine part of care. Midwives are invited in because we are a trusted person in their lives during a very intimate time in the family's life
 - Also magic :)

Since birth care is an entitlement, it is a big chunk of the budget; it's a fixed number of people and the only variation is where they will be to give birth. If the number of midwives and birth centers increases, they can draw and attract more clients which would result in more savings for the state. It would be great if we could afford to take all of the persons with Medicaid who ask for our care. Unfortunately, though, at present, since the type of care we offer and what we do is not valued, our profession is not very sustainable. Too many midwives are not returning, birth centers are closing because they can't afford to pay support staff. And if midwives stop practicing or birth centers close, families lose the option to choose midwifery care. It is in state's interest for midwives to keep practicing and offering high quality care at a lower cost.

See also our Action Alert for more ideas: <https://www.washingtonmidwives.org/action.html>

Recently Closed Birth Centers:

Cascade Birth Center - Everett, WA

Greenbank Birth Center - Whidbey Island

Empowered Pregnancy

With at least two more are planning on closing this year (Moonrise and Center for Birth, if they don't find a new leaser)

?Seattle Birth Center (on Madison in the Central District)

www.washingtonmidwives.org Contact: Amber Ulvenes, amber@ulvenesconsulting.com

Excerpts from MMR report:

“3. Expand equitable and high-quality health care by improving care integration, expanding telehealth services, and increasing reimbursement”

“Prioritize access to perinatal care in communities experiencing inequities, disparities, bias, or discrimination as apparent in maternal mortality data. Fund: o Culturally competent care, including community health workforce and value-based payment models that focus more on outcomes than on number of services delivered. o Increased access to out-of-hospital birthing care such as midwifery and doula services (e.g., funding for free-standing birth centers, rate increases for midwives, etc.). o Interpreter services, including services in a wider variety of languages.”

“Support legislation to increase access to doulas and midwives through one year postpartum across the state, prioritizing areas with limited access to these providers. o Support legislation and provide funding to establish a reimbursement rate for doulas, to be implemented by the Health Care Authority (HCA), once prior work to establish a credential for doulas is complete. 3.3 Increase funding for out-of-hospital birthing care, such as midwifery. Fund start-up costs for birthing centers in rural areas or areas that serve populations with disproportionate” see original for their emphasis

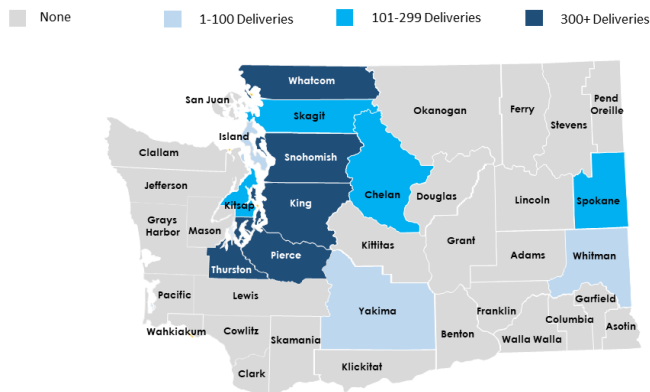
Cost of care gets very complicated but can be estimated using this report posted to the HCA website:

<https://www.hca.wa.gov/about-hca/data-and-reports/reproductive-health>

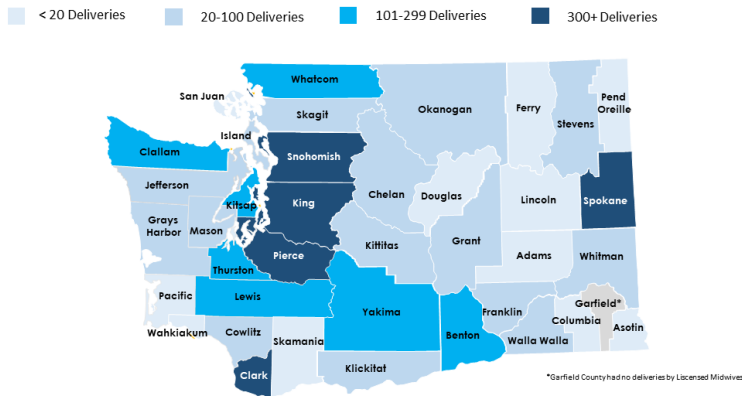
Direct link to the report -

<https://www.hca.wa.gov/assets/billers-and-providers/medicaid-paid-maternal-services.pdf>

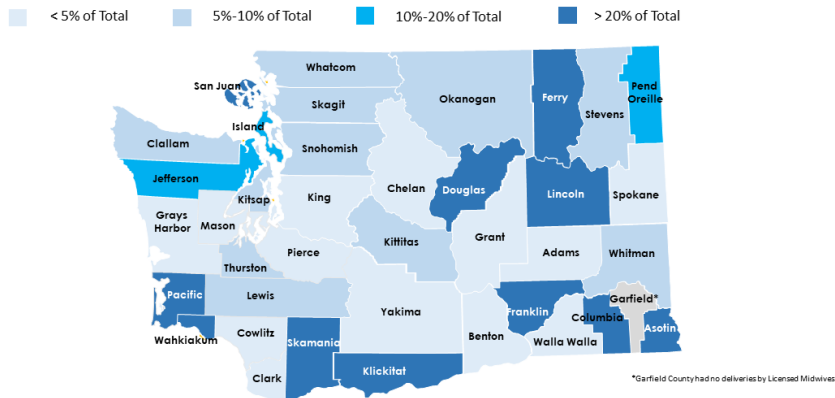
Deliveries at Birthing Facilities by Licensed Midwives 2019-2021



Deliveries at Home by Licensed Midwives 2019-2021



Deliveries by Licensed Midwives As Percent of Total Deliveries 2019-2021



Licensed Midwife Delivery Data

Births per county by WA residents for 2019-2021

Washington State Birth File; 2019, 2020 & 2021.

Data contained in this workbook reports on deliveries to Washington State residents attended by Licensed Midwives in dedicated birthing facilities or at home.

County	# of Births delivered by Lic Midwives	Total Births in County	Percent by Lic Midwives	Home Birth	Facility Birth
Garfield	0	0	0.0%	0	0
Adams	<10	1,254	0.6%	<10	0
Asotin	<10	<10	66.7%	<10	0
Columbia	<10	<10	100.0%	<10	0
Ferry	<10	<10	50.0%	<10	0

Lincoln	<10	<10	100.0%		<10		0
Pacific	<10	<10	50.0%		<10		0
San Juan	<10	<10	44.4%		<10		0
Skamania	<10	18	44.4%		<10		0
Wahkiakum	<10	<10	50.0%		<10		0
Douglas	15	17	88.2%		15		0
Pend Oreille	16	145	11.0%		16		0
Walla Walla	30	1,575	1.9%		30		0
Klickitat	38	49	77.6%		38		0
Mason	42	1,004	4.2%		42		0
Grant	43	3,227	1.3%		43		0
Cowlitz	44	2,219	2.0%		44		0
Grays Harbor	52	1,053	4.9%		52		0
Franklin	57	68	83.8%		57		0
Jefferson	57	343	16.6%		57		0
Whitman	48	956	5.0%		21	43.8%	27
Kittitas	54	930	5.8%		54		0
Stevens	68	696	9.8%		68		0
Okanogan	79	1,037	7.6%		79		0
Benton	119	13,444	0.9%		119		0
Clallam	121	1,563	7.7%		121		0
Lewis	117	2,029	5.8%		117		0
Island	139	1,104	12.6%		74	53.2%	65
Yakima	160	9,193	1.7%		111	69.4%	49
Skagit	253	4,295	5.9%		92	36.4%	161
Clark	300	16,469	1.8%		300		0
Kitsap	395	7,106	5.6%		238	60.3%	157
Thurston	511	8,846	5.8%		196	38.4%	315
Whatcom	515	6,172	8.3%		106	20.6%	409
Chelan	195	4,368	4.5%		31	15.9%	164
Spokane	778	18,953	4.1%		620	79.7%	158
Snohomish	929	18,594	5.0%		626	67.4%	303
Pierce	1,277	34,893	3.7%		564	44.2%	713
King	1,615	85,679	1.9%		727	45.0%	888
County Unknown	127	4,574	2.8%		126	99.2%	1
	8,194				4784		3410
						1,615	