Doulas and Perinatal Community Health Workers in Medicaid:
A Learning Series on Leveraging Community-Based Support Services in Medicaid

Session 5: Capturing Value and Demonstrating Impact in Medicaid

Virtual Learning Series
April 6, 2023
Learning Series Fast Facts

• 8 monthly 1-hour Zoom sessions
• Pre-session activities to enhance participation
• Interactive Q & A with national experts
• Participant feedback used for future sessions
• Use Q & A feature to pose questions to the panelists; chat is disabled
• All sessions recorded and materials posted approximately 2 weeks after session
Session #5 Learning Objectives

• Understand the challenges and opportunities in ensuring **data collection, monitoring, and evaluation** of community-based doula and perinatal community health worker programs in Medicaid.

• Identify **ways to communicate the value and impact of Medicaid coverage** for community-based doulas and perinatal community health workers.

• Become familiar with **state examples of impact measurement for Medicaid programs** for community-based doulas and perinatal community health workers.
Birth equity will only be achieved through...

A systems-wide transformation that centers maternity care on the holistic needs, outcomes, and experiences of birthing people.

A systems-wide approach means that there are many elements that require transformation.

Access to and coverage of doula and perinatal community health worker services in Medicaid is one part of the essential elements.
Moderator

Yontii Wheeler, MPH (she/her)
Health Policy and Research
Assistant- Birth Equity
Institute for Medicaid Innovation

Panelist/Speaker

Alli Cuentos (she/her)
Director of Evaluations
SisterWeb

Panelist/Speaker

Dr. Cassondra Marshall, DrPH, MPH (she/her)
Assistant Professor
UC Berkeley School of Public Health

Panelist/Speaker

Dr. Ellen Tilden, PhD, CNM, FACNM (she/her)
Associate Professor
Oregon Health and Science University

| Doula and Perinatal CHW Learning Series |
Ellen Tilden, CNM, PhD, FACNM, FAAN
Oregon Health & Science University

Stork Club Fertility, Inc  Stork Club

CenterMom
PURPOSE:
This study evaluated the cost-effectiveness of professional doula support during a woman’s first birth in a theoretical population of US women, with all women having a second birth without doula care.
Cost Effectiveness Analysis

Cost-effectiveness analysis:
• models costs of decisions in addition to the health effectiveness or utility of that decision
• allows researchers to estimate efficiency and costs related to an intervention (vs. no intervention
• health outcomes are valued with quality-adjusted life years (QALYs), where one QALY is equal to one year of life multiplied by the utility of the outcome.

Sensitivity analysis:
• allow the researchers to vary the uncertain variables across a range of plausible values, thereby estimating what effect this uncertainty has on the final decision of the model.

*When a randomized controlled trial is unable to be performed due to ethical or monetary constraints, or a randomized controlled trial does not include all important clinical decisions and outcomes, decision analysis and specifically cost-effectiveness analyses may be used to derive evidence-informed estimates of healthcare decisions.*
This half of the model is the same as the branches above, but has been collapsed to facilitate display.
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Probability</th>
<th>Utility^a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Pregnancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cesarean birth$^{28}$</td>
<td></td>
<td>0.996</td>
</tr>
<tr>
<td>With a professional doula$^{5,6}$</td>
<td>0.1078</td>
<td></td>
</tr>
<tr>
<td>With no doula$^{5,6}$</td>
<td>0.1894</td>
<td></td>
</tr>
<tr>
<td>Maternal death</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>After cesarean$^{17}$</td>
<td>0.000163</td>
<td></td>
</tr>
<tr>
<td>After vaginal birth$^{17}$</td>
<td>0.0000170</td>
<td></td>
</tr>
<tr>
<td><strong>Subsequent Pregnancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOLAC$^{18}$</td>
<td>0.580</td>
<td></td>
</tr>
<tr>
<td>Cesarean after unsuccessful TOLAC$^{18}$</td>
<td>0.280</td>
<td></td>
</tr>
<tr>
<td>Planned cesarean after prior vaginal birth$^{19}$</td>
<td>0.00650</td>
<td></td>
</tr>
<tr>
<td>Cesarean after prior vaginal birth (planned and unsuccessful trial of labor)$^{19}$</td>
<td>0.0310</td>
<td></td>
</tr>
<tr>
<td>Uterine rupture$^{18}$</td>
<td>0.00470</td>
<td></td>
</tr>
<tr>
<td>Cesarean hysterectomy after uterine rupture$^{20,23}$</td>
<td>0.263</td>
<td>0.963</td>
</tr>
<tr>
<td>Maternal death</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>After planned repeat cesarean$^{20}$</td>
<td>0.000443</td>
<td></td>
</tr>
<tr>
<td>After TOLAC$^{20}$</td>
<td>0.000168</td>
<td></td>
</tr>
<tr>
<td>After uterine rupture$^{21}$</td>
<td>0.00114</td>
<td></td>
</tr>
<tr>
<td>After cesarean hysterectomy$^{22}$</td>
<td>0.0194</td>
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</tr>
</tbody>
</table>
1) If a professional doula provided care during labor to all low-risk nulliparous women in the United States using the current cesarean birth rate, our model estimates that this would result in $247 million in savings and 10,483 additional QALYs every year.

2) Doula support was both cost-effective and cost-saving when reimbursement for this care was less than $1153, and doula support costing $1153-$1808 remained cost-effective. Given the limitations of a decision analysis model, this estimated cost-effectiveness threshold is likely conservative.
40+ Years of Research: Doula Care Outcomes

↓ Cesarean
↓ Preterm Birth
↓ Length of labor
↓ Need for pain medication
↓ Perinatal depression

↑ Neonatal birth weight
↑ Breastfeeding initiation
↑ Satisfaction with care
↑ Childbirth experience
40+ Years of Research: Doula Care Outcomes

Cesarean is the outcome used in our model

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40+ Years of Research: Doula Care Outcomes

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These beneficial outcomes are not included in the model

Therefore- our cost effectiveness estimates are Conservative and are very likely a sizeable underestimate of the true cost effectiveness of doula care
We have a profound level of evidence that doulas protect and sustain birthing people and their families.

So how are we going to create the systems that:

a) increase people’s access to doula care?
and
b) protect and sustain doulas?
Capturing Value and Demonstrating Impact in Medicaid

Doulas & Perinatal Community Health Workers

April 6, 2023

Cassandra (Cassie) Marshall, DrPH, MPH
Assistant Professor
Maternal, Child, and Adolescent Health
UC Berkeley School of Public Health
# Projects related to community doula care

<table>
<thead>
<tr>
<th>Partnered evaluation of SisterWeb San Francisco Community Doula Network</th>
<th>Barriers and facilitators to payer investment in community doula care</th>
<th>Partnering with community doulas to improve maternal and infant health equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SisterWeb community doulas support Black, Pacific Islander, and Latinx pregnant people in San Francisco</td>
<td>• Interviewed Medi-Cal managed care plans and other stakeholders about preparing to implement the Medi-Cal doula benefit in California</td>
<td>• Capacity-building project for future doula- and client-centered research on community doula care</td>
</tr>
<tr>
<td>• SisterWeb provides professional development opportunities for doulas</td>
<td>• Interviewed commercial plans and employers about future investments in doula care</td>
<td>• Formed a Steering Committee made up of community doulas, doula clients, public health professionals, clinicians, advocates, policymakers, and researchers</td>
</tr>
<tr>
<td>• Utilized the Equitable Evaluation Framework to conduct process and outcome evaluations</td>
<td></td>
<td>• Conducted a research prioritization process with Steering Committee to develop a shared research agenda</td>
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</table>
Consider the breadth of doula work when measuring impact and which data collection methods are fitting

Measuring impact:

- Focus should include but not be limited to clinical outcomes we often see
  - What does doula support prevent?
- Doulas also:
  - Mitigate racism and foster accountability in care settings
  - Connect clients to resources
- Some things cannot be captured quantitatively

Takeaway: Partnering with community doulas to improve maternal and infant health equity

Stakeholders expressed a preference for **qualitative data collection methods**, which can create opportunities for storytelling and community healing.

Stakeholders also noted that asking doulas to provide documentation and collect data for research purposes can be **overly burdensome**, especially when funders, including health plans, and researchers do not seek doula input.
Consider the breadth of doula work when measuring impact

Community doulas wear many hats. They:

• **Build kinship** with clients
• Listen to their clients’ concerns and may **facilitate communication** with providers
• Help their clients understand the information they receive from clinicians and **spend time** discussing what questions they still need answered
• **Connect clients to a range of resources** related to food, housing, transportation, health care, including mental health, and more

Read the full definition:
http://tiny.cc/communitydoula

(Ashanti Gardner)
Gaining buy-in

Three Medi-Cal managed care plans ran doula pilot programs prior to benefit implementation. These participants described:

- The importance of evaluating their plans’ doula pilot programs and collecting member success stories
  - Helped gain leadership buy-in
  - Challenges: Asking doulas to collect data and a small sample size

- Continually seeking and listening to doula feedback
  - Helped improve pilots and gain doula buy-in

“We’ve had really great outcomes, and we have data points that we can speak to. We’re really excited about the benefit going live. ... We’re looking forward to the fact that all of our members will be able to leverage the services and also the fact that we have connections within the community and county level as well. I think that’ll help us position ourselves for the benefit as well because they know that we’ve been doing this and that they can trust us with the whole process.”

—Medi-Cal managed care plan participant
Thank you!

Questions?

Findings from SisterWeb evaluation: http://tiny.cc/sisterwebeval

Findings from Community Doula Research Project: http://tiny.cc/commdoulareport

Funders:
Doula Time and Equitable Compensation
In February 2021, SisterWeb doulas tracked their daily work activities over the course of a month.
Fun February

SisterWeb conducted the time-use project, focusing on the creative best practices used to sustain the doulas’ engagement and lessons learned for implementing this type of data collection in a small community doula organization.
Doulas’ work categories:

**Client care & support**
- Prenatal doula visits (3 visits)
- Labor/birth support
- Postpartum doula visits (4 visits)
- Research and resource gathering for clients
- Client encounters (follow-ups, reminders, responding to questions outside of scheduled visits)
- Distributing supplies to clients (diapers, food, etc.)
- Care coordination with other providers & community partners
- Documentation (online case management notes)

**Client care-focused meetings**
- Cohort meetings & check-ins
- Supervision meetings with program coordinators
- Program meetings for each SisterWeb program

**SisterWeb organizational work**
- Committee work
- All-staff meetings
Doulas’ work categories:

**Training & professional development**
- Training workshops & professional development sessions
- Individual mentorship meetings (doulas meet 1-on-1 with their mentors)
- Cohort mentorship meetings (doula cohorts meet with their mentors)

**Administration**
- General emails, planning, other administrative tasks
- Human resources (resolving payroll or other issues with fiscal sponsor)
- Organization of SisterWeb cottage (sorting supplies to distribute to clients)

**Community work**
- Community meetings, meetings with public health nurses

**Research/evaluation work**
- Participant recruitment for outcome evaluation
- Participation in evaluation as interviewee
Percent of total average hours worked per week by category

- 52% Client Care Direct Support
- 14% Client Focused Meetings Including Reflective Supervision and Mentorship
- 19% Administrative work including documentation of client care
Findings:

Given the unpredictable nature of doula work, no two weeks or two months are going to be the same, but we can see some overall trends for a growing community doula organization.
On average, for every hour spent in prenatal or postpartum appointments with clients, doulas spend:

- An additional hour working with their cohort and supervisor to coordinate care.
- About 47 minutes on client follow-ups and reminders to ensure consistent care.
- About 22 minutes doing research and gathering resources, distributing supplies to clients, and coordinating care with other providers.

Findings:
Findings:

Keeping up with documentation, emails, and general admin tasks does take up time for the doulas each week. However, SisterWeb’s client records are extensive, mostly complete, and accurate.
Accountability and Ethics

SisterWeb values and practices around data collection, research and evaluation:
- Collaboration / Co-Creation
- Compensation
- Clarity of purpose
- Consent
- Carefully protected
- Celebrating community

Acknowledgement of history of oppression using research and data:
“Right or wrong, research can drive decisions. If we do not address the power dynamics in the creation of research, at best, we are driving decision-making from partial truths. At worst, we are generating inaccurate information that ultimately does more harm than good in our communities. This is why we must care about how research is created.”
We use a framework called Results Based Accountability (RBA) to keep our evaluations **Purposeful, Powerful and Practical**.

Every calculation of data is made with a story in mind that should help answer 3 key questions:

- How much did we do?
- How well did we do it?
- Whose better off?
Data to:

- Make a one-time decision.
- Accountability if we’re on track with our goals.
- Make programmatic improvements.
- Make the case for our work.
Non-Appointment Client Interactions
A snapshot of SisterWeb births in just 10 days in November 2021:

- C.R. (Latinx): 39.5 hours of direct care / 35 hours at Birth
- E.L (Latinx): 84 hours of direct care / 57 hours at birth
- K.S (Black): 13.5 hours of direct care / 8 hours at birth
- T.T. (Black): 14 hours of direct care / 8 hours at birth
- D.M. (Black) 8.5 hours of direct care / 0 hours at birth
- P.H. (Black): 18 hours of direct care / 21 hours at birth
“It was an amazing resource, helped me feel calmer and taken care of during a very vulnerable time, and provided great coaching during the birth. Having a doula helped me to not get in the weeds with complicated family relationships; I knew I had someone who would not bring their own agenda to the birth and would just be calm and focused on me.

My doula, Azraa Muhammad, was an amazing support during my pregnancy, birth, and in the vulnerable and challenging weeks postpartum. I am so grateful to Azraa for her calm presence and deep knowledge.”

Kindred Birth Companions Client, August 2021.
2022 Annual Data

99% of clients that said it was important to them that their doula be of a similar cultural background to them and their family.

100% of clients report that their doulas helped them feel more confident navigating healthcare systems and understanding their rights and options.

85% of clients that would someday like to help members of my community by becoming a community doula.

100% of SW clients reported that they felt encouraged by their SisterWeb doulas to use all of the resources available to them during pregnancy and early parenting.

100% of clients that said that SisterWeb doulas helped them feel connected to their baby.
“Being with SisterWeb and having to document everything was very time consuming and sometimes a pain but after watching the video I learned that it’s important to document not only to make sure we keep a recorded of our client care and follow-ups, data, and progress within our program and how other programs can benefit from us. Which I knew was important but at the moment sometimes I forgot.”

*Kindred Birth Companion Doula commenting on data collection, October 2021.*
What are Doulas and Doula Organizations already documenting?
Thank you!
Moderated Panel Discussion
Doula Data Collection Pearls

1- Be less interested in how it should work
   Be more interested in how it does work

2- Be inspired by models that function well and demonstrate impact

3- Track race, but more importantly…
   Track experience of racism and social determinants of health

4- Think Sweden! Link birth data with postpartum data for at least up to one year after birth
1- Be less interested in how it should work
   Be more interested in how it does work


2- Be inspired by models that function well and demonstrate impact: CMQCC
3- Go ahead and track race, but more importantly…
Track experience of racism and social determinants of health


4- Think Sweden! Link birth data with postpartum data for at least up to 1 year after birth
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• Check email
  • Complete 3-Minute Feedback Survey

• Next Session is on May 4, 2023
  • Session #6: Ensuring Community Engagement, Equity, and Accountability in Medicaid
  • Email Yontii Wheeler at YWheeler@medicaidinnovation.org with any questions

• Add Jennifer Moore to your contact list to ensure that you receive all series emails: JMoore@MedicaidInnovation.org