



Case Study: Kentucky State-Based Team

National Medicaid and Midwifery Learning Collaborative

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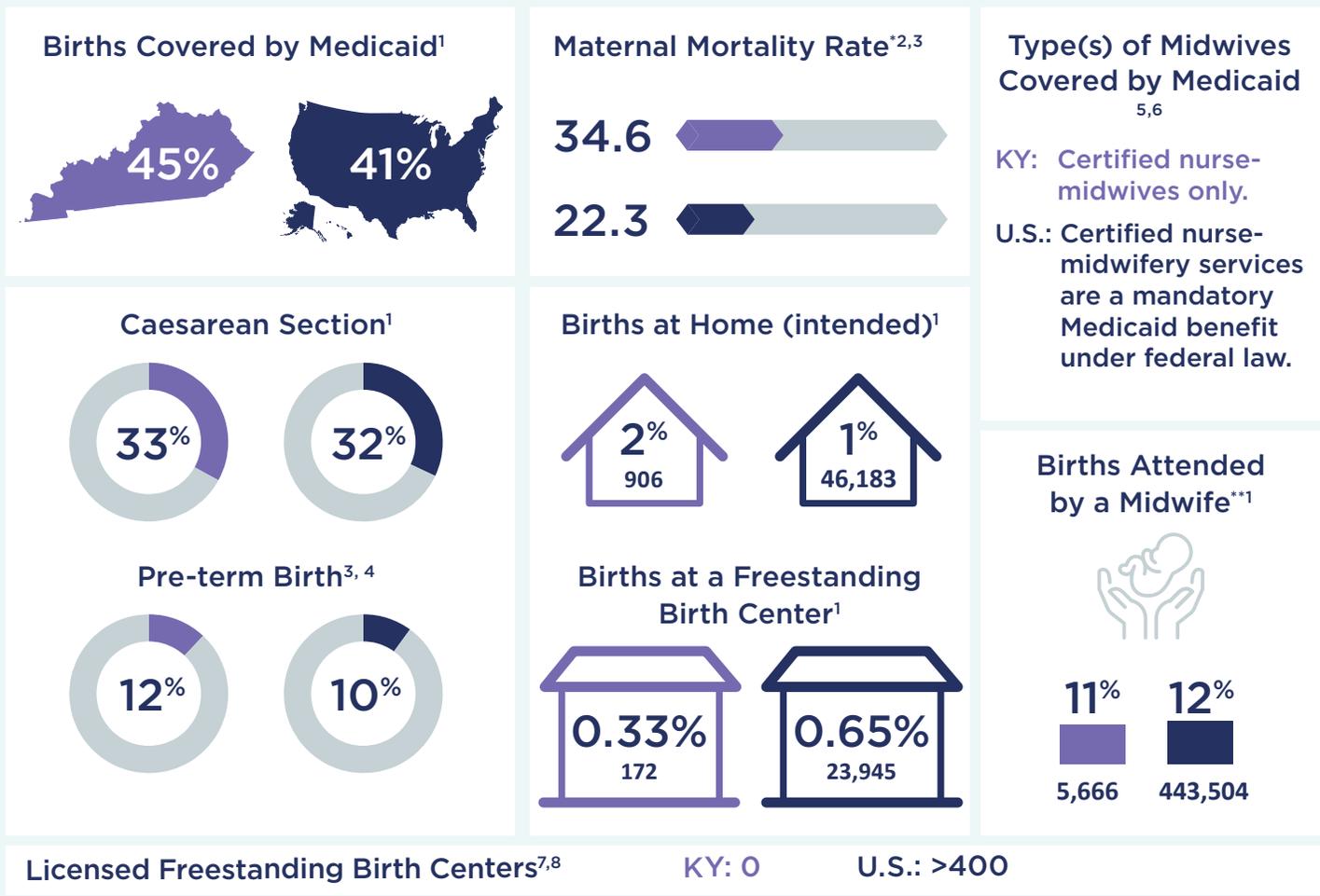
Case Study | Institute for Medicaid Innovation

The national Medicaid and Midwifery Learning Collaborative was an intensive, 3-year initiative led by the Institute for Medicaid Innovation (IMI) and funded by the W. K. Kellogg Foundation. Five state-based teams (Arizona, California, Kentucky, Michigan, and Washington) were selected as part of a competitive application process. They received tools and resources grounded in implementation science theories and community power building to develop sustainable initiatives to advance midwifery-led models of care for those enrolled in Medicaid. Teams also received technical assistance, guidance, and support from IMI staff and a dedicated group of experts on the project national advisory committee. When IMI staff recognized that additional expertise might support the teams, IMI adapted, identified, and procured that expertise. Each team consisted of leaders and innovators representing four key groups: state Medicaid agencies, Medicaid health plans, community-based organizations, and provider groups, including midwives of all credentials. As part of the project funding from the W. K. Kellogg Foundation, IMI prioritized providing an annual honorarium to each state-based team for their participation and funds to support in-person site visits. Team members eligible for the honorarium included midwifery provider groups and community-based organizations. The goal of the learning collaborative was to leverage the underused high-value, evidence-based midwifery-led model of care to address disparities and improve birth equity.

At a Glance:

Maternal Health and Medicaid in Kentucky

■ Kentucky ■ United States



When applicable, data is reported as an annual rate or percentage.

*Per 100,000 live births. **Births attended by a certified nurse-midwife, certified midwife, and other midwife.

About Team Kentucky

Kentucky boasts extensive midwifery assets: the oldest and largest continually operating nurse-midwifery education program in the United States, a statewide network of midwives trained in birth center care who also offer the option of home birth, and an environment with rich traditions of community-based maternity care. Yet midwifery is underused, especially by pregnant, birthing, and postpartum people with Medicaid health insurance. Therefore, Team Kentucky’s top priority was focused on increasing awareness of the midwifery model of care to drive use through a multimedia equity-focused educational campaign. The primary audience included individuals enrolled in Medicaid, health care administrators, legislators, and the general public.



Team Kentucky members at the June 21, 2024, convening meeting in Detroit, Michigan.

Organizations Represented on Team Kentucky

Medicaid Health Plan



- Anthem
- Humana Healthy Horizons in Kentucky

Midwifery Provider



- Frontier Nursing University
- Kentucky Affiliate of the American College of Nurse-Midwives
- National Association of Certified Professional Midwives, Kentucky State Chapter
- UK Midwife Clinic
- Taylor Regional Hospital

Community-Based Organization



- Granny's Birth Initiative
- Hope's Embrace
- Kentucky Birth Coalition
- Kentucky Voices for Health
- Louisville Coalition for Black Maternal Health

State Agency

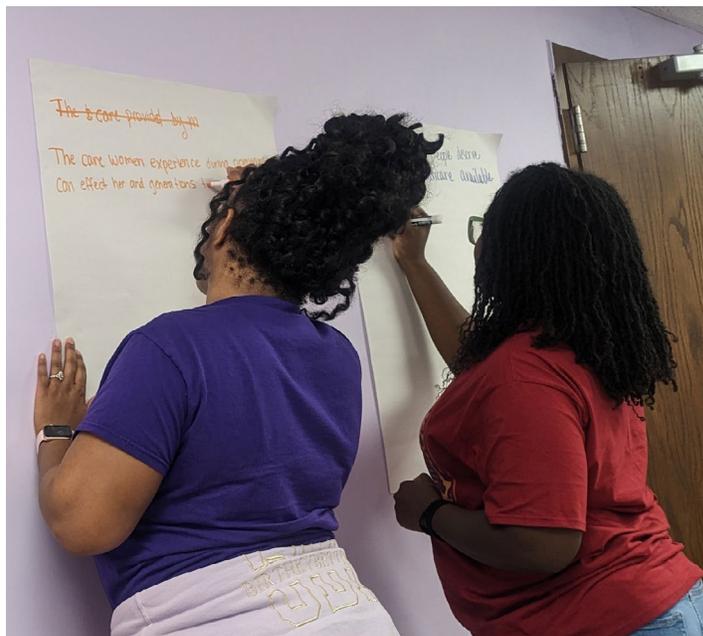


- Kentucky Department for Medicaid Services

Establishing the Framework for the Team

Before designing and implementing their action plan, Team Kentucky participated in IMI-facilitated virtual sessions on inclusive and equitable goal setting using an implementation toolkit designed by IMI. During these sessions, the team conducted a root cause analysis to better understand why barriers existed in expanding access and coverage to the midwifery model of care for those enrolled in Medicaid. The root cause analysis revealed that a major factor contributing to why individuals enrolled in Kentucky do not have access to midwifery-led models of care stemmed from a lack of understanding of the benefits of the model by pregnant individuals, health plans, and the state Medicaid agency. With the new information, the team completed a priority matrix to identify their intended areas of focus for the duration of the learning collaborative by prioritizing goals that were both feasible and important. Their primary goals focused on an educational campaign with

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March 3, 2023, site visit meeting at Granny's Birth Initiative in Louisville, KY.

an accompanying website and report targeted to the general public, those enrolled in Medicaid, health care administrators, and legislators.

A key component of the learning collaborative was site visits, which provided the opportunity for the team to meet in-person with experts aligned with their goals. On March 3, 2023, in Louisville, members of Team Kentucky gathered at Granny's Birth Initiative, one of the team's community partner organizations, in a beautiful birth education classroom with light purple walls and floor-to-ceiling mirrors. Due to COVID-19 precautions, this was the first time many team members met in person after 18 months of virtual meetings. Despite hurricane-force winds outside, inside was as warm and safe as the model of care that this team was dedicated to promoting.

The work completed during the site visit determined the central message and branding for their educational materials. With guidance from

project national advisory committee member Dr. Cathy Collins-Fulea, team members brainstormed “why” statements at the heart of their campaign to describe the importance of access to midwifery care. Some examples of these statements included:

- “Everyone should have a safe birthing experience and personal body autonomy,”
- “Rural Black women exist and matter,”
- “Every person deserves the best health care available,” and
- “The future of our community/state/country is dependent on giving birthing people comprehensive, safe birthing options.”

Team Kentucky’s Story

Celebrating Successes

With the “why” of their goal articulated, the team created four workgroups—data, survey, presentation(s), and website—to further refine the “what” and the “how.” Each contributed to the development and launch of their website (www.midwivesofkentucky.com) to amplify their message and serve as the central hub of midwifery information in Kentucky. It includes information on two types of certified midwives, a “Find a Midwife” live map and directory, information on how those enrolled in Medicaid can access midwifery care, and links for associated services (e.g., doulas, breastfeeding support, access to postpartum psychological support).



Midwives of Kentucky website

The team created tailored slide presentations for various audiences (e.g., professional groups, legislative committees, community organizations) and presented in several settings, including as part of grand rounds, a formal meeting of physicians and other health care providers, at the University of Kentucky HealthCare hospital in Lexington, Kentucky.

The team identified the learning collaborative structure of four required partner groups—midwifery providers, community and advocacy groups, health plans, and their state Medicaid agency—as the key to their success: “Bringing together various stakeholders who share a common perspective on this topic but have worked in silos to address problems via their own mission and organization’s objectives is exceedingly valuable. ... [This cross-discipline work] has developed alliances not previously identified or formed. These connections will be valuable for future endeavors.”

Overcoming Challenges

Team Kentucky described themselves as a small team, which they identified as a challenge. The team was fortunate to have multiple dedicated community representatives, but there was only one representative from a Medicaid health plan and one from the state Medicaid agency. They were concerned about lack of representation from people in the western part of the state and Appalachia, where deep poverty is more common. Additionally, the team hoped to recruit more midwives of other credentials, such as certified professional midwives. Several nurse-midwives were members of Team Kentucky; however, the midwives' clinical practices and faculty schedules frequently competed with the time needed to participate in the learning collaborative. Recognizing time constraints of everyone, the team intentionally established goals that were ambitious but also realistic and achievable, given their size.

They embraced a mindset of “leaning in” to the process of bringing different groups together for the first time to work on creating comprehensive resources about the state of midwifery in Kentucky with an emphasis on Medicaid. Despite ebbs and flows and periods of uncertainty and waning engagement, the team found that working through the 10 IMI-facilitated foundational sessions grounded in implementation science theories and community power building helped team members address disagreements and uncertainty through open sharing of their respective priorities and perspectives. The team described how the deep dedication and commitment of each member provided the collective strength to power them through any roadblocks.

One of these roadblocks occurred halfway through the 3-year collaborative, when a team co-lead decided to transition out of her leadership role and remain an active member of the team. The remaining team co-lead could not shoulder this volunteer responsibility on her own. After exploring multiple options, the team decided to have four team leads, one midwife and three community leaders. Although not the usual structure, it was embraced in recognition that there is no one-size-fits-all approach to a learning collaborative. Team Kentucky knew best how to leverage their assets to sustain their community-based initiative.



What's Next?

The next component of the team's awareness campaign is a statewide Kentucky midwifery report that includes Medicaid-specific maternal and infant health data in the state, statistics on midwifery outcomes, and recommendations for policymakers and other key players. When completed, the report will be available on the Midwives of Kentucky website.



Advice for Others on the Journey

Team Kentucky shared the following wisdom: "Involvement of key partners representing multiple groups is critical for those who wish to work on shared goals to increase access to midwifery-led care in Medicaid." They noted the value of having team members share the team's needs and messages broadly, including identifying individuals with connections to political and/or social "clout" to champion their work in all arenas. A connection like this led to an invitation for a team member to present about barriers to midwifery in Medicaid on the floor of the state legislature during a legislative session.

Opportunities for Policymakers and Champions



Team Kentucky identified a number of ways they thought policymakers could support their work in the future:

- Support Medicaid reimbursement for licensed certified professional midwives.
- Enact equitable reimbursement at 100% of the physician rate (currently certified nurse-midwives are paid at 75%).
- Remove the certificate-of-need requirement for opening freestanding birth centers.

The team also identified opportunities for champions of midwifery-led models of care to further the cause, including:

- Promote midwifery as a key role in health care teams by increasing communication about the evidence-based value that midwives provide in both hospital and out-of-hospital settings.
- Educate policymakers and others on the importance of access to midwifery services, including the benefits for those enrolled in Medicaid.
- Share the [Midwives of Kentucky](#) website widely within networks and refer to it for key information.

Notes

The Institute for Medicaid Innovation (IMI) recognizes that transgender and nonbinary people become pregnant or seek perinatal health care services. In response, IMI is committed to creating resources that are gender inclusive and affirming, limiting gendered language, and only using such terms when specified in Medicaid requirements, statutes, policies, research publications, and database variable names. As such, IMI's resources use both gender inclusive and affirming terms but also gender-specific terms like "women/woman" and "maternal."

The IMI national Medicaid and Midwifery Learning Collaborative project team included Rebecca Johnson, MA, MPH; Andrea G. McGlynn, MSN, APN, CNM; Jennifer E. Moore, PhD, RN, FAAN; Karen Shea, MSN, RN; Yontii Wheeler, MPH; and Nana Nimako, MBE.

The views expressed here do not necessarily reflect the views of the W. K. Kellogg Foundation or any named organization participating on the Kentucky state-based team.

Before publication of the final case study, IMI sought input from independent clinical, scientific, and policy experts as peer reviewers who do not have conflicts of interest. However, the conclusions and synthesis of information presented in this case study do not necessarily represent the views of individual peer reviewers or their organizational affiliation(s). The peer reviewers were compensated for their time and expertise.

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