



# Case Study: Arizona State-Based Team

## National Medicaid and Midwifery Learning Collaborative

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August 2024

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 Arizona

■ Arizona ■ United States

## Births Covered by Medicaid<sup>1</sup>



## Maternal Mortality Rate<sup>2,3</sup>

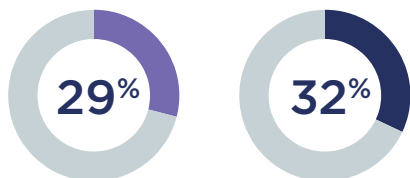


## Type(s) of Midwives Covered by Medicaid<sup>5,6</sup>

**AZ:** Certified nurse-midwives, licensed midwives, certified professional midwives.

**U.S.:** Certified nurse-midwifery services are a mandatory Medicaid benefit under federal law.

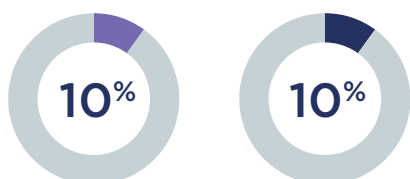
## Caesarean Section<sup>1</sup>



## Births at Home (intended)<sup>1</sup>



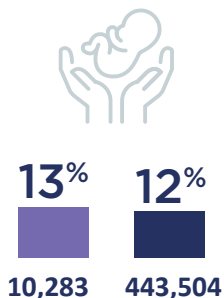
## Pre-term Birth<sup>3, 4</sup>



## Births at a Freestanding Birth Center<sup>1</sup>



## Births Attended by a Midwife<sup>\*\*1</sup>



Licensed Freestanding Birth Centers<sup>7,8</sup> AZ: 6 U.S.: >400

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 Arizona

The Arizona team of the Midwifery Learning Collaborative exemplifies perseverance and the power of prioritizing equity and justice. After the first year of the collaborative, most members of the initial team confronted the realization that they had incompatible priorities and stepped down. An individual affiliated with the initial team took the initiative, with the support of IMI, to form a new team of midwives and community members representing communities of color and historically excluded groups in Arizona. After the second year of the collaborative, many of the new team members also decided to step down, this time due to the competing demands of serving as frontline healers in their communities. However, some members of the core group remained active into the third year. In Year 3, Team Arizona added new team members slowly and strategically, with a goal of long-term sustainability and commitment to advancing midwifery access to Arizonans with Medicaid health insurance coverage.

As finally constituted, Team Arizona now describes themselves as a “dream team” with shared leadership, expertise, commitment, and accountability. Their composition is unique. “We are a team of all people of color,” the team co-lead explains, “with a shared agreement of moving at the pace of healing as well as honoring our respective capacities to advance equitable access to midwifery for families of color.” They have fostered relationships with individuals in their state Medicaid agency and Medicaid health plans, and they are thoughtfully inviting new members based on readiness to commit to the team’s mission and goals.



Team Arizona members at the August 30, 2023, site visit meeting in Phoenix, Arizona.

## Organizations Represented on Team Arizona

### Medicaid Health Plan



*Team Arizona is actively working with representatives from Medicaid health plans to strategically identify individuals to formally join their team.*

### Midwifery Provider



- Indigenous Birth
- MODABA
- New Phase at the Birth Nest
- Odaa Birth, LLC Midwifery Care Services
- Phoenix Midwife

### Community-Based Organization



- Cihuapactli Collective
- Our Mothers and Us

### State Agency



*Team Arizona is actively working with representatives from their state Medicaid agency to strategically identify individuals to formally join their team.*

## Establishing the Framework for the Team

The Arizona team described the learning collaborative framework as extremely beneficial, particularly the tailored resources and guidance in forming a sustainable team, setting equity-centered goals, and developing action plans. Their team valued in-person work in addition to monthly virtual meetings. The team held periodic in-person meetings and retreats and reaped the benefits of an extra site visit from IMI between Years 1 and 2 to help the newly formed team succeed.

IMI's implementation toolkit guided the learning collaborative teams to annually revisit their charter, including the mission statement and group agreements. Team Arizona found this exercise particularly helpful and used their mission statement as a literal and figurative banner for most of their gatherings to steer discussions.

IMI's learning collaborative framework emphasized inclusion and equity through investing in



Team Arizona members participating in ceremony prior to the August 30, 2023, site visit meeting in Phoenix, Arizona.

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community partnerships. Team Arizona pursued this strategy first within their own team, honoring team members' time by offering stipend payments for each meeting team members attended. To extend their reach, the team advanced community partnerships with collaborators and allies. They organized a conference for the Indigenous birth community, held talking circles with doulas, and met with the midwifery association working on regulatory issues affecting midwives.

The team also leveraged insight from other Midwifery Learning Collaborative teams. In August 2023, at the end of Year 2, they invited a colleague from Team Michigan to their site visit. The Michigan team's work provided an excellent example of how to analyze policy factors impacting access to midwifery in Medicaid and develop communication strategies to increase awareness. Learning from the Michigan team inspired new goals and action plans for Team Arizona.

## Team Arizona's Story

### Celebrating Successes

At their Year 2 site visit, Team Arizona created a power map and landscape analysis outlining key organizations and individuals that impact midwifery access for those enrolled in Medicaid, work that had never been done before in the state. Using the map to identify decision-makers and influencers, the team felt confident to develop their next goal.

The team decided an important first step was to launch a website, **Midwives for Arizona**, focused on bringing midwifery education and awareness to Arizona families and other interested parties. The landing page states: "Our vision is to educate families on what a midwife is and to ensure that all families can have both physical and financial access to midwifery care if they so desire. We believe that midwives should be valued and respected for their work and need to be compensated and positioned accordingly."

Next, the team worked with the state Medicaid agency to troubleshoot challenges that certified professional midwives face when trying to become Medicaid providers. At the time of publication, team members are conducting a deep dive into the application process by creating a case study of the experience of a midwife and their birth center.

### Overcoming Challenges

The Arizona team faced unique challenges in the complete reformation of their team. They overcame these gradually by following a mantra offered by their team co-leads: "Move at the speed of trust." "Leaders of color have their plates full, and midwives have busy schedules, so the typical challenges of time and resources are exacerbated," they explained. The team co-leads and other team members nurtured their relationships and were intentional about onboarding new members. Over time, Team Arizona became a consistent and dedicated team of healers and results-oriented individuals who shared the weight of the work with a clear vision.

Initially, Team Arizona had limited contacts within the state Medicaid agency and Medicaid health plans. Both IMI and the Arizona team leveraged their networks to identify potential champions in those organizations. The Arizona team members had particular success attending public meetings hosted by the state Medicaid agency and cultivating connections first virtually and then in person.



Team Arizona co-lead, FATIMA Muhammad Roque, at the June 21, 2024, convening meeting in Detroit, Michigan.



## What's Next?

Team Arizona's greatest success is that, after their reformation as a team, they maintained their top priority: centering individuals enrolled in Medicaid who are Black, Indigenous, and people of color. They found that this requires a "process over product" mindset, acknowledging the importance of building healing relationships and embracing the journey in and of itself.

Going forward, the Arizona team intends to work more closely with the state Medicaid agency and Medicaid health plans. They are writing a policy brief that identifies regulatory policies and practices that hinder access to midwifery for pregnant people enrolled in Arizona's Medicaid program. The team hopes the policy brief will promote diverse midwifery care in Arizona to increase access to quality care for all families, especially those in Black and Indigenous communities.

The team will continue discussions with the state Medicaid agency to troubleshoot challenges midwives experience in becoming providers in the state Medicaid program. They have a goal of ultimately increasing the number of certified professional midwives and certified nurse-midwives who become Medicaid providers in Arizona.



## Advice for Others on the Journey

Team Arizona advised others who may want to begin a similar state-based initiative to ensure team members have shared aims and values and to take into account the important dynamics of racial and ethnic diversity and inclusion. They suggested conducting a needs assessment to learn about the needs of the community, health care providers, and healers before determining what opportunities the team will pursue. Last, they recommended seeking guidance and resources from an external convening organization with expertise in Medicaid and community power building, such as IMI.



## Opportunities for Policymakers and Champions

Team Arizona suggests that policymakers can support their work in several ways:

- Revisit Arizona's certified professional midwifery regulations to identify opportunities to advance equity.
- Use resources developed by the **Arizona Association of Midwives**, a coalition of midwives of all certifications and licensure types to update Arizona regulations to reflect midwifery scope.
- Require Arizona legislators to be informed on midwifery standards of care with changes reflected in the legislation.
- Require staff at the state Medicaid agency to learn about and understand the current standards and various forms of midwifery practice in Arizona.

Opportunities for other interested parties to be supportive of this work include:

- Eliminate barriers for midwives to be in-network and reimbursed for out-of-hospital birth through Medicaid managed care organizations.
- Collaborate and amplify midwifery messaging, including the **Midwives for Arizona** website, through Arizona community-based organizations, nonprofit organizations, and health centers, including the Arizona Association of Midwives and the American College of Nurse-Midwives Arizona Affiliate.
- Fund organizations to support this impactful work.

## 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 Arizona 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.

IMI is grateful to the individual peer reviewers for this case study, including the project's national advisory committee member, Ian Hill, MPA, MSW (Urban Institute); and consultant Indra Lusero, JD, MA (Elephant Circle).

## References

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<sup>5</sup> Arizona Health Care Cost Containment System. (n.d.). *Fee-for-service provider billing manual*. <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

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