



# Case Study: Washington State-Based Team

## National Medicaid and Midwifery Learning Collaborative

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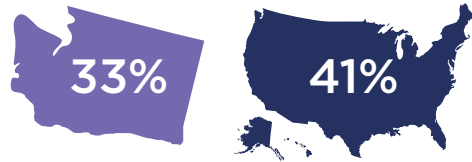
*The national Medicaid and Midwifery Learning Collaborative was an intensive, 3-year initiative led by the Institute for Medicaid Innovation (IMI) and funded by the W. K. Kellogg Foundation. Five state-based teams (Arizona, California, Kentucky, Michigan, and Washington) were selected as part of a competitive 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 Washington**

■ Washington ■ United States

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



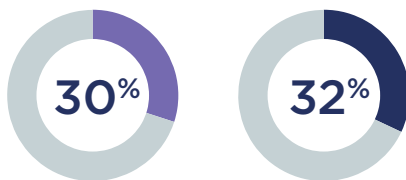
**Maternal Mortality Rate<sup>2,3</sup>**



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

WA: Certified nurse-midwives and licensed midwives.  
 U.S.: Certified nurse-midwifery services are a mandatory Medicaid benefit under federal law.

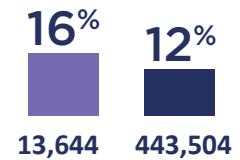
**Caesarean Section<sup>1</sup>**



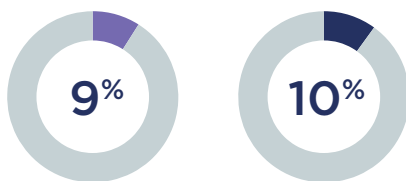
**Births at Home (intended)<sup>1</sup>**



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



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



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



**Licensed Freestanding Birth Centers<sup>7,8</sup>**

WA: 21

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 Washington**

Team Washington was the only team led by people working full time in Medicaid roles—one in state government and the other at a health plan—which positioned them to support their team in pursuing unique opportunities throughout the learning collaborative. They demonstrated how state agencies and health plans can partner and serve in active roles in support of midwifery efforts, which proved illustrative for the other four state-based teams in the learning collaborative. The sharing was mutual. Team Washington applied knowledge gained from other teams in cross-team interactions facilitated by IMI, noting that “learning and insights across the five state teams with diverse perspectives was informative and inspirational.”



Team Washington members at the site visit meeting on June 14, 2023, in Seattle, Washington.

## Organizations Represented on Team Washington

Medicaid Health Plan	Midwifery Provider	Community-Based Organization	State Agency
 <ul style="list-style-type: none"> <li>Community Health Plan of Washington</li> <li>UnitedHealthcare Community Plan of Washington</li> </ul>	 <ul style="list-style-type: none"> <li>Global Perinatal Services</li> <li>Quilted Health</li> </ul>	 <ul style="list-style-type: none"> <li>Midwives Association of Washington State</li> <li>The Maternal Coalition</li> </ul>	 <ul style="list-style-type: none"> <li>Washington State Health Care Authority, the state Medicaid agency</li> </ul>

## Establishing the Framework for the Team

The learning collaborative broke down silos and brought together people and organizations to form Team Washington, many meeting one another for the first time. IMI's 10-step foundational curriculum facilitated the members in developing a team charter and strong team dynamics through transparent and vulnerable conversations needed to advance equitable goal setting. The team found that IMI's guidance, the curated resources, and the structured learning collaborative meetings were all valuable, especially the dedicated time to complete challenging activities, like a root cause analysis that generated the team's priorities. As part of this process, they classified priorities according to their importance and feasibility. For Team Washington, the top priority was to understand what factors helped and hindered access to midwifery-led models of care for people enrolled in Medicaid.



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

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## Team Washington's Story Celebrating Successes

The team's primary goal was to collect data and map ways in which pregnant and postpartum people in Washington state are engaging with midwifery models of care. Their scope included midwives of all licensures (i.e., community- and hospital-based midwifery models) and prioritized people and communities who are historically excluded in the use of midwifery care (i.e., individuals enrolled in Medicaid; Black, Indigenous, and people of color; refugees and/or immigrants; those in rural areas). They used these data to inform the team's subsequent goal to build on existing pathways to care by amplifying communication and outreach strategies.

To collect that data, Team Washington and collaborative partners designed and deployed two surveys: one for midwives and one for existing midwifery clients enrolled in Apple Health, Washington's Medicaid program. The survey completed by midwives garnered 177 responses and revealed that most clients reported to their midwives that they learned about their services



through word of mouth, web searches and social media, and their insurance carrier. Based on these results, the team advised the state Medicaid agency to update their website with expanded content on midwives and birth centers on two key pages: **pregnancy services** and **pregnancy care resources**. The Washington State Health Care Authority encouraged Medicaid managed care organizations to use this information in their own messaging as preapproved outreach and education material, which the Community Health Plan of Washington has already done. The state Medicaid agency was in the unique position to offer “open office hours,” hosted by the Health Care Authority leaders and members of Team Washington, to share the results of the surveys with midwives and other interested parties.

Team Washington’s commitment to inclusivity and representation was displayed through their work to translate their midwifery client survey (and flyers promoting it) into six languages. To ensure a large response, the team established two distribution strategies, including having midwives directly share the survey with their clients and having Medicaid health plans distribute the survey to their pregnant and postpartum clients. This was feasible because the state Medicaid agency was directly involved in developing the survey; thus, it was automatically approved for distribution by the Medicaid health plans, bypassing an approval process that typically takes months. In Washington Medicaid, there are five health plans, and two have active representatives on the team. All five Medicaid health plans are administering the survey through their member relations departments and, at the time of publication, the survey had more than 900 responses, including 61 in Russian, 35 in Spanish, and 1 in Vietnamese.

## Overcoming Challenges

Team Washington’s initial goal was to pilot a new virtual early engagement pregnancy visit with a midwife for individuals enrolled in one or both of the Medicaid managed care plans participating on the team to improve entry into prenatal care, increase early supports and client-centered visits, and determine if there was a positive effect on midwifery care use. Action on this goal stalled as the team had a series of candid conversations about whether this goal would advance long-term equitable outcomes. The team members “grappled and struggled with how to center patient/client/community voice” and concluded the early engagement visit strategy may not benefit or be desired by all populations. Their best course was to step back and explore other strategies. The goal shifted to better understanding how Medicaid-covered clients learn about and access midwives. The team decided to explore what was working, what were the gaps, and what would empower clients to make the best pregnancy care decisions for themselves. They determined that they had the right resources, a compelling need, and unanimous agreement among the team to deploy the two surveys, one for midwives and one for clients; this became their new initial goal.

Although aligned on the survey strategy, the team experienced logistical challenges with translation, dissemination, and analysis of survey results, which they overcame by leveraging the skills of team members, resources and expertise from their organizations, and technical assistance from IMI. Another challenge was the technological firewalls in place at the state Medicaid agency and Medicaid health plans, which made it difficult for the team co-leads to maintain shared online folders. The team relied on guidance provided by IMI and the team's creativity and flexibility to overcome the challenge. However, if they could go back to the start of the learning collaborative, they would have taken more time to proactively set up a better system for shared communication and coordination tools.



### What's Next?

The team's next phase of work is to create a social media toolkit to initiate, expand, and enhance the social media presence of Washington midwives. The purpose of the toolkit content and social media campaign will be to use information gained through the surveys to aid midwives in reaching clients enrolled in Medicaid as well as to educate the community about the value of midwifery. Launching a social media campaign might have seemed daunting to the team at the outset of their work, but now they are feeling more confident and optimistic about what they can accomplish. Indeed, the team identified that one of their greatest successes through the learning collaborative was developing "trusting and supportive relationships that extend reach and impact beyond the learning collaborative."

The successful pairing of team co-leads representing the state Medicaid agency and a Medicaid health plan presents additional opportunities that the team is considering for the future. The possibilities include creating additional forums for managed care organizations and providers to increase awareness of midwifery-led models of care, using similar strategies to support doula access, and sharing their experience across national networks like the National Association for Medicaid Directors and at Medicaid health plan conferences to further amplify their impact. Team Washington also remains interested in determining an equitable path forward to increase early pregnancy visits for those enrolled in Medicaid.



## Advice for Others on the Journey

Team Washington recommends that teams establish clear expectations around member contributions and levels of commitment to stave off the tendency to feel “oversubscribed”—the unpleasant feeling of not being able to contribute as much as one wants because they are working on multiple worthy causes at the same time while holding a full-time job. Additionally, teams should establish a shared culture that is understanding and supportive—appreciating whatever members can give as part of their participation.

## Opportunities for Policymakers and Champions



Team Washington named the following opportunities for policymakers to support their team’s work:

- Ensure sustainable reimbursement for birth centers and home birth.
- Implement policies that recognize midwifery-led models of care as high-value and evidence-based.
- Educate themselves, their colleagues, and their constituents on the evidence about the value of midwifery care.

The team also identified recommendations for other key partners in advancing midwifery-led models of care:

- Leverage educational and outreach materials as an opportunity to promote choice and available options in selecting a maternal health provider (e.g., midwives, family practice physicians) and birth setting (e.g., hospital, freestanding birth center, home birth).
- Maintain updated webpage materials to further promote midwifery as well as client voice and choice in desired care, including setting and provider type(s).
- Use updated Washington State Health Care Authority materials and the forthcoming social media toolkit designed by Team Washington.



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

## 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 Washington 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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## References

<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). National Vital Statistics System. <https://wonder.cdc.gov/natality.html>

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). Maternal mortality rates: 2018-2022 state data. <https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2022-state-data.pdf>

<sup>3</sup> Centers for Disease Control and Prevention. (2024, May 22). Washington. <https://www.cdc.gov/nchs/pressroom/states/washington/wa.htm>

<sup>4</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). National Vital Statistics Report, Births: Final Data for 2022. <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf>

<sup>5</sup> Washington State Health Care Authority. (2024). Pregnancy services: type of care provider. Pregnancy services | Washington State Health Care Authority. <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/pregnancy-service>

<sup>6</sup> Johnson, R., Eldridge, G. N., Khanal, P., & Zephyrin, L. C. (2023, November). *State policies to improve perinatal health outcomes*. Commonwealth Fund. <https://doi.org/10.26099/x0x0-gt30>

<sup>7</sup> American Association of Birth Centers. (2024). Find A Birth Center. Find a Birth Center - American Association Of Birth Centers. <https://www.birthcenters.org/find-a-birth-center>

<sup>8</sup> American Association Of Birth Centers. (2022). *Birth Centers are Growing*. Birth Centers are Growing - American Association Of Birth Centers. <https://www.birthcenters.org/birth-centers-are-growing/>