

Levels of Maternal Care Stakeholder Convening

Meeting Summary

July 15-16, 2021

Meeting Overview

From July 15-16, 2021, the Association of State and Territorial Health Officials (ASTHO), in partnership with CDC's Division of Reproductive Health and the American College of Obstetricians and Gynecologists (ACOG), hosted the *Levels of Maternal Care Stakeholder Convening*. The convening was the second of a three-part series on neonatal and maternal risk appropriate care and was preceded by the *Neonatal Levels of Care* meeting in July 2019. Forty participants representing six states, medical providers, ACOG, the American Academy of Pediatrics, and CDC convened to discuss state-level risk appropriate care policies, clinical guidance, challenges, and opportunities in implementing levels of maternal care (LoMC). The first day of the meeting began with opening remarks from CDC, ACOG, and ASTHO leadership, followed by presentations and group discussions on clinical guidance and evidence, CDC's LOCATe tool, and maternal transport protocols and policies. On the second day of the meeting, each state presented on progress towards implementing maternal care. The presentations were followed by a series of group discussions on identifying implementation barriers and opportunities, as well as alignment between stakeholders. The final meeting in this series is scheduled for November 2021 and will focus on joint neonatal and maternal levels of care. Key themes from the meeting are captured below.

Levels of Maternal Care Implementation

Levels of maternal care reduces maternal morbidity and mortality by implementing comprehensive systems for the provision of risk appropriate care specific to maternal health needs. Implementation of levels of maternal care is at the discretion of the state, resulting in state-wide variability in guidelines, designation, and verification processes.

Barriers to Implementation

Multiple barriers exist at the patient, provider, facility, and system level that impact the delivery of risk appropriate care. Participants highlighted key barriers including financing and coverage, transport policies, patient and provider knowledge, and access in rural areas.

- Many policies require transport to the closest hospital or within the county, rather than a hospital that meets patients' level of care needs, which can increase the risk of adverse health outcomes.
- Payment structures, including the sharing of diagnosis-related groups and unbundling of the global professional fee, can disincentivize transferring patients, as facilities receive lower reimbursements when a patient is transferred. Additionally, some payors do not cover Level 3 and 4 facilities.
- A lack of provider knowledge regarding a patient's condition and/or risk can cause significant delays in accessing risk appropriate care.
- There is little emphasis on patient and community education on risk appropriate care. Many patients may be unaware of the level of care they require, nor the care level of their facility.
- Access to risk appropriate care in rural areas continues to be a challenge, including providing transport to and from facilities outside an individual's community and ensuring they receive

appropriate support once home. Implementing telemedicine can help facilities provide specialized care and reduce the need to transfer patients.

Implementation Strategies

Participants discussed various strategies and tools that can be used to assist with LoMC implementation.

CDC Levels of Care Assessment Tool (LOCATe): LOCATe is a survey that facilities can complete to assess their level of care designation. LOCATe provides standardization to the designation process. A comparison between self-reported and LOCATe assessed levels of care found that 42% of surveyed facilities had a discrepancy between the two designations, most of these facilities self-reported at a higher level of care designation.

Engaging Stakeholders: Participants discussed the importance of engaging diverse stakeholders in LoMC implementation. States provided examples of engaging with nontraditional partners including emergency medical services (EMS) and community voices. Massachusetts Levels of Care Taskforce includes diverse stakeholders including provider, hospital, state, and EMS representation. It is also important to include clinical representation in implementation. ACOG's Texas Levels of Maternal Care Verification Program demonstrates an effective example of state and clinical organization conducting complementary work to implement LoMC. Texas requires all maternal facilities to have a levels of care designation and ACOG offers facilities on-site verification to assist with their designation process. Participants also noted the importance of communication between neonatal and maternal levels of care stakeholders as it allows for sharing of best practices and lessons learned and allows for collaboration on overlapping priorities.

Meeting Recommendations

- *Strengthen Policies:* Participants identified multiple areas where policy change or development could improve the delivery of risk appropriate care. These areas include transportation, payment structures, and rural coverage.
- *Expand the Evidence Base:* Participants discussed the lack of data related to risk appropriate care and identified a great need to expand the evidence base. Participants also discussed the need for greater data collection at the facility level. Areas of future research include factors contributing to the delivery of risk appropriate care, the relationship between risk appropriate care and maternal mortality and morbidity and assessing effective implementation strategies.
- *Health Equity:* Participants identified a need for greater efforts to ensure equitable access and delivery of risk appropriate care. Strategies to incorporate health equity in risk appropriate care work include increasing community engagement and assessing racial disparities in levels of care outcome data.
- *Community Engagement:* Participants identified a need for stronger community engagement. Engagement includes both consumer awareness on levels of care and including community voices in the implementation process.
- *Provider Education:* Participants identified a need for enhanced provider education on risk appropriate care. A lack of provider knowledge becomes a barrier for delivering risk appropriate care, especially when transferring a patient to an appropriately designated facility.
- *Quality Improvement Processes:* Participants discussed the importance of facility-level quality improvement processes, particularly strengthening facilities' ability to collect data and use it to inform quality improvement to improve the delivery of risk appropriate care.