MATERNAL MORTALITY IN MEDI-CAL

The United States has the highest maternal mortality (MM) rate among industrialized nations.

Over 80% of maternal deaths (based on 2017–2019 data) are preventable and are often preceded or precipitated by severe maternal morbidity (SMM).

79.7 of every 10,000 birth hospitalizations in 2019 were complicated by SMM.

California accounts for almost 1 in 8 U.S. births and has consistently lower rates of MM than the rest of the nation.

Gains in California have not been experienced equally by all birthing people—particularly those with Medicaid (Medi-Cal) coverage.

Medi-Cal members account for slightly less than half of state births yet experience almost two-thirds of pregnancy-related deaths and a disproportionate share of SMM.

LISTENING TO AFFECTED COMMUNITIES

California can attribute part of its success in decreasing MM to the implementation of a research-driven statewide portfolio of quality improvement activities focused on the leading causes of maternal death.

This quality improvement infrastructure has not previously been leveraged to respond in a focused way to the relatively large shares of MM and SMM that persist in the Medi-Cal-insured population. These quality improvement initiatives are currently guided by the assumptions, priorities, and (mis)perceptions of researchers and clinicians, not the experiences of patients and their providers in Medi-Cal.

THE B-CORE PROJECT

The B-CORE in Medi-Cal community engagement project was conducted by the RAND Corporation using deliberative democracy methods to engage stakeholders with lived experience in California’s Medi-Cal perinatal care system to research priorities and generate an actionable and specific agenda of recommendations to decrease MM and SMM in the Medi-Cal population.

- 37 Medi-Cal stakeholders: birthing people, providers, health plan administrators, and maternal health advocates
- 8 monthly virtual co-learning sessions on the topics of MM and SMM in Medi-Cal
- Virtual structured deliberation sessions for stakeholders to develop recommendations for preventing MM and SMM in Medi-Cal births
Stakeholders made recommendations for Medi-Cal administrators and contracted health plans across all domains. Medi-Cal and health plans were viewed as holding strong levers to shape key factors affecting maternal deaths, such as **timely enrollment into Medi-Cal**, coverage of **standard comprehensive benefits**, **quality of care received** (influenced through data and incentives), and the network of providers available to members.

**Recommendations for Medi-Cal and Health Plans**

- **Disaggregate data into additional race/ethnicity categories**
- **Provide enrollment and eligibility resources in languages other than English**
- **Eliminate coverage gaps during transitional periods (e.g., release from incarceration, changing health plans)**
- **Extend postpartum coverage (18-24 months after birth)**
- **Develop network adequacy requirements specific to pregnancy services**
- **Cover support groups, community birth, home visitation, and lactation support**
- **Invest in technology to improve mental health care access**
- **Expans the scope of non-licensed mental health professionals**
- **Transparency share payer-level MM and SMM data with communities**
- **Make quality data available to patients**
- **Use data to support new patient care efforts (e.g., clinical registries)**
- **Use MM and SMM data to drive incentives**
- **Make quality data available to patients**
- **Use data to support new patient care efforts (e.g., clinical registries)**
- **Tie reimbursement to patient experience scores**
- **Expand contracts with community health workers, doulas, midwives, birth centers, and care management programs**
- **Disaggregate data into additional race/ethnicity categories**
- **Increase reimbursement rates to all perinatal providers to achieve parity with commercial plans**
- **Use MM and SMM data to drive incentives**
- **Tie reimbursement to patient experience scores**
- **Expand contracts with community health workers, doulas, midwives, birth centers, and care management programs**
- **Disaggregate data into additional race/ethnicity categories**
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This infographic depicts work done in the RAND Health Care Division and documented in Birth-Centered Outcomes Research Engagement (B-CORE) in Medi-Cal: Community-Generated Recommendations to Decrease Maternal Mortality and Severe Maternal Morbidity, by Priya Batra, Gabriela Alvarado, and Chloe E. Bird, RR-A2630-1-v2, 2023 (available at www.rand.org/t/RRA2630-1-v2). To view this infographic online, visit www.rand.org/t/IGA2630-3. The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark. © 2023 RAND Corporation.