Telehealth & Maternity Care

Strategies and Resources for State Policymakers and Payers To Improve Access to Telematernity

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M2 Health Care Consulting

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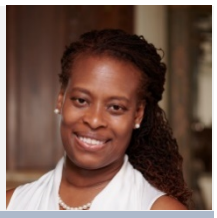

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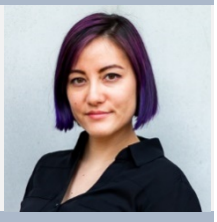

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Content guide *(this document is highlighted in gray below)*

REDESIGNING PRENATAL CARE: THE ROLE OF TELEHEALTH

An interview with Dr. Alex Peahl and Dr. Michelle Moniz, University of Michigan

Alex Friedman Peahl, M.D., M.Sc., Clinical Lecturer in Obstetrics and Gynecology, University of Michigan School of Medicine, Institute for Healthcare Policy and Innovation and Program on Women's Healthcare Effectiveness Research, University of Michigan.

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The prenatal schedule of visits recommended in the U.S. hasn't changed since the 1930s. Dr. Alex Peahl from the University of Michigan is leading a team to consider how the typical prenatal visit schedule and content of those visits should change, including incorporating telehealth visits. We chatted over Zoom with Dr. Peahl and her colleague, Dr. Michelle Moniz, about how this work arose, and what they think needs to happen next for the broader system to change in a way that improves disparate maternal outcomes in the U.S.

That conversation follows, lightly edited for length and clarity.

Question: You published a paper proposing a redesign of prenatal care that includes delivering some visits via telehealth. What was the catalyst for that?

Dr. Alex Peahl: We started over two years ago as part of health services research I was completing during a fellowship at the University of Michigan. As part of my medical residency, I was providing prenatal care in a clinic that primarily served people with low income and people of color, and I noticed a number of people were opting out of certain prenatal visits. Looking at the international evidence base, we found peer countries generally recommended fewer visits, longer intervals between visits, and less reliance on obstetrician-gynecologists for routine, low-risk prenatal care compared to the U.S.

Dr. Alex Peahl: Through a human-centered design project in Detroit, we learned people were making tough choices between missed wages, finding child care, transportation, etc., and going to an in-person prenatal appointment. We also learned through surveys at Michigan Medicine, that two-thirds of patients preferred fewer than the traditional 12-14 visits, and there could be flexible contact between visits. We also learned patients were comfortable with using monitoring certain health parameters outside an office setting, such as weighing themselves at home and using blood pressure cuffs. This got us thinking about which prenatal visits could be provided differently, maybe as check-ins or virtually.

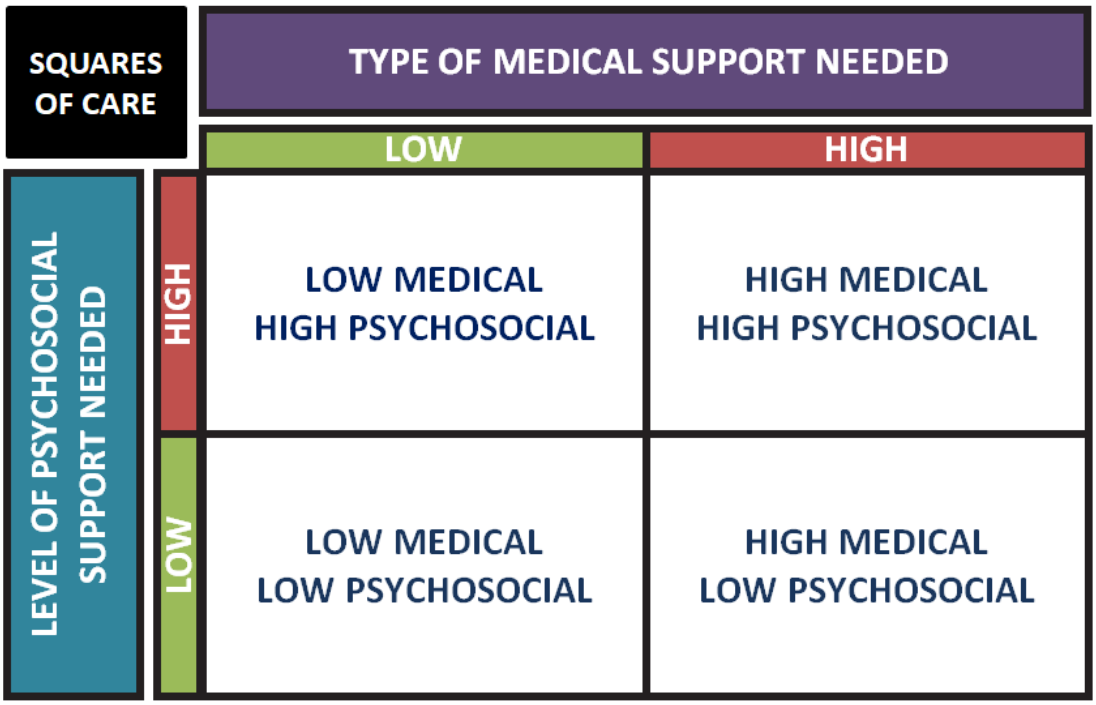
Question: How did these learnings inform your proposed redesign of prenatal care?

Dr. Michelle Moniz: We actually know A LOT about evidence-based screening in prenatal care; but what we know is the what, not the how. We don't know nearly enough about quality and patient preferences when it comes to the frequency of visits, the modality of how those visits could be delivered (in-person or virtually), whether visits could be group visits, etc.

The message is not as simple as "we are doing too much" and we should just dial down the number of visits. In some populations maybe we are doing too much medically, but far too little psychosocially. Prenatal care is treated as one size fits all, but obviously it shouldn't be.

Dr. Alex Peahl: We think of prenatal care in a framework we call "Squares of Care" (see Exhibit 1). The way prenatal care visits are designed is based on risk, and we tend to think of patients as medically low risk or medically high risk. Much of prenatal care is structured to address patients in the lower right corner – high medical risk. But this isn't always clear in practice and often doesn't include much consideration of a patient's psychosocial needs. This is in part because clinicians aren't really trained to address psychosocial needs, so we tend to refer patients out for those types of supports which is really just layering on care in an already complicated system.

Exhibit 1. Squares of Care



Credit: Dr. Alex Peahl, Michigan Medicine

Question: In the redesign you propose several prenatal visits that could be offered virtually (see Exhibit 2), and we know you are leading some other work on prenatal care redesign that will be published by The American College of Obstetricians and Gynecologists (ACOG) soon. Based on your research and collaborations so far, what policy changes do you think are needed to support virtual visits in prenatal care?

Dr. Alex Peahl: First, there needs to be parity in payment for audio-only prenatal visits. This is really important for equity. Second, we need a way to get blood pressure cuffs for patients to use at home. This issue of access to devices and remote monitoring is extremely important. There are codes for cardiac remote monitoring, for example, but prenatal care is a wellness state so payers may not use those same codes for prenatal care, and there is a concern about how this might influence payment in the current model. Twenty percent of prenatal patients develop high blood pressure, and it can be advantageous to train people earlier to monitor themselves, which can help postpartum as well. We also know from focus groups that patients want this information, so if some visits are delivered virtually, access to these devices is key.

Dr. Michelle Moniz: Psychosocial supports and services, and delivering anticipatory guidance also need to be reimbursed. If the clinician is being paid through a maternity bundle, these services could be added to the bundle, and the overall payment rate increased.

Question: Lastly, in your opinions, what are we not thinking about when it comes to implementing telematernity?

Dr. Alex Peahl: From a research perspective, we need more information about how prenatal care is billed for. Because many providers are paid for maternity care in a bundled payment, specific visits and the purpose of those visits are invisible in the claims data.

Dr. Michelle Moniz: If we prospectively designed care to prepare someone for childbirth, what would that look like? The frequency and types of guidance people need, not just during pregnancy but also after pregnancy require a continuum of care that really goes against a traditional value-based payment approach with a single bundled payment rate. We also need to be thinking more about the affordability of this care. Even for those covered by commercial plans (health insurance purchased on the Exchanges or provided by their employer), there is a huge crisis in affordability. If there are massive out-of-pocket costs for care, in the form of high deductibles, for example, people face a major financial barrier to accessing the care they need.

Dr. Alex Peahl: Ultimately, we will need to maintain a hybrid model in prenatal care. Telematernity is promising for some patients, but not for everyone. Systems and policies should not be forcing patients into a specific visit schedule. To move forward, we need to figure out how patient preferences can inform the optimal frequency and modality of prenatal visits. Each aspect of care needs to be tailored for the patient.

For more information, look for these upcoming reports:

- Agency for Healthcare Research and Quality (AHRQ), Effective Health Care Program Key Questions, Antenatal Care. Topic initiated December 4, 2020. https://effectivehealthcare.ahrq.gov/products/antenatal-care

- American College of Obstetricians and Gynecologists (ACOG), Workgroup on Prenatal Care. Upcoming. https://www.acog.org/

See next page

Exhibit 2. Prenatal Visit Redesign Proposal

Prenatal care service delivery before and after prenatal care redesign

Visit timing	Usual care			New care model		
	In-person visit	virtual visit	Medical screening and treatment	In-person visit	virtual visit	Medical screening and treatment
Intake		1	Full history		1	Full history
			Prenatal labs			Prenatal labs
Week 8	1		Physical examination	1		Physical examination
			Vitals			Vitals
			Viability Ultrasound			Viability Ultrasound
			Influenza vaccine			Influenza vaccine
			Cervical cancer screening			Cervical cancer screening
Week 12	2		Vitals, fetal heart rate			
			Pregnancy symptoms			
Week 16	3		Vitals, fetal heart rate		2	Vitals, fetal heart rate[a]
			Pregnancy symptoms			Pregnancy symptoms
Week 19	4		Anatomy ultrasound	2		Pregnancy symptoms
						Vitals
Week 20	5		Vitals, fetal heart rate			
			Pregnancy symptoms			
Week 24	6		Vitals, fetal heart rate		3	Vitals, fetal heart rate[a]
			Pregnancy symptoms			Pregnancy symptoms
			Diabetic screen			
			Complete blood count			
Week 28	7		Vitals, fetal heart rate	3		Vitals, fetal heart rate
			Pregnancy symptoms			Pregnancy symptoms
			Rhogam as indicated			Diabetic screen
						Complete blood count
						Pertussis vaccine
						Rhogam as indicated
Week 30	8		Vitals, fetal heart rate			
			Pregnancy symptoms			
Week 32	9		Vitals, fetal heart rate		4	Vitals, fetal heart rate[a]
			Pregnancy symptoms			Pregnancy symptoms
			Pertussis vaccine			
Week 34	10		Vitals, fetal heart rate			
			Pregnancy symptoms			
Week 36	11		Vitals, fetal heart rate	4		Vitals, fetal heart rate
			Pregnancy symptoms			Pregnancy symptoms
			Group B strep			Group B strep
			Fetal presentation assessment			Fetal presentation assessment
Week 37	12		Vitals, fetal heart rate			
			Pregnancy symptoms			
Week 38	13		Vitals, fetal heart rate		5	Vitals, fetal heart rate[a]
			Pregnancy symptoms			Pregnancy symptoms
Week 39	14		Vitals, fetal heart rate	5		Vitals, fetal heart rate
			Pregnancy symptoms			Pregnancy symptoms
			Cervical examination			Cervical examination

Color key: *yellow*, in-person visit; *orange*, ultrasound visit; *blue*, virtual visit; *red*, laboratory testing; *brown*, physical examinations; *green*, vaccinations and/or injections; *purple*, ultrasounds.

[a] To be completed with home monitoring tools as available.

Peahl. Prenatal care redesign: creating flexible maternity care models through virtual care. Am J Obstet Gynecol 2020.

Reprinted with permission from "Prenatal care redesign: creating flexible maternity care models through virtual care," by Alex F. Peahl, Roger D. Smith, and Michelle H. Moniz, May 2020. American Journal of Obstetrics and Gynecology, 223(3):389.e1-389.e10, by Elsevier.