Comprehensively Integrating Equity into Maternity Care Alternative Payment Models

APM Design Elements of the Health Care Payment Learning & Action Network's Health Equity Advisory Team (HEAT), and Adaptation to Maternity Care

Alignment Categories	HEAT APM Design Elements	Maternity-Specific Application of Design Elements
Care Delivery Redesign	Partnership with CBOs and social service agencies	Partnership with perinatal and other CBOs and social service agencies
	Organizational mechanisms for partnering with patients to drive decision-making and investments	Organizational mechanisms for partnering with birthing people and the community groups that support them to drive decision-making and investments
	Provision of person-centered, culturally and linguistically appropriate care	Provision of person-centered, culturally and linguistically appropriate maternal and newborn care, including culturally congruent care
	Integrated care to address medical, behavioral health, and health-related social needs	Integrated care to address physical, mental health, and health-related social needs during pregnancy and postpartum period (ideally to 12 months). This includes early prenatal and postpartum screening, development and maintenance of co-created care plans, and proactive follow-up to meet physical, mental health, and social needs.
	Organizational capabilities to support implementation and uptake of APMs to promote health equity	Organizational capabilities to support implementation and uptake of APMs to promote quality improvement and health equity (e.g., through periodic meaningful data reports, technical assistance, and collaborative learning)
	NOT INCLUDED	Proactive provision of access to high-performing, underused maternal care models (and community-based forms of these, when possible), including midwifery, community birth settings, doula support, and support and care from community-based perinatal health worker groups.

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Alignment Categories	HEAT APM Design Elements	Maternity-Specific Application of Design Elements
Payment & Incentives Structures	Population-based payment models with prospective cash flows	APMs with prospective cash flows that cover the entire pregnancy or pregnancy beginning with entry into care through postpartum (ideally to 12 months) and newborn periods, and offer flexibility to provide high-impact services that may not have billing codes (e.g., doula support and services of community-based organizations)
	One-time infrastructure payments for care delivery transformation	One-time or periodic (e.g., annual) infrastructure payments for care delivery transformation
	Payments designed to focus on populations historically harmed and underserved in health care systems	Maternity episode payment programs should be designed to provide the care necessary to support populations historically harmed and underserved in health care systems, and not on historical spending experience. Episode payment budgets should also reflect the expenses associated with using an expanded workforce of non-physicians (e.g., doulas and lactation counselors) Maternity care homes should be designed to provide adequate payments to care and support personnel serving historically harmed and underserved populations.
	Payment incentives to reduce health disparities in quality of care, outcomes, and patient experience	Payment incentives to advance health equity during pregnancy, birth, and in the postpartum and newborn periods
	Clinical and social risk adjustment for payment	Payment adjustment for social, physical, or mental health risk, to provide more services to birthing families with greater needs and more resources to providers caring disproportionately for such families
	Payments to community-based organizations to fund collaborative partnerships	Payments to community-based organizations providing perinatal services to fund collaborative partnerships
Performance Measurement	Collection of data related to health disparities	Complete accurate and standardized collection of data related to childbearing people's racial and ethnic, language, sexual orientation, gender, disability status, and geographic identities
	NOT INCLUDED	Selection of consensus-based performance measures on experience of maternal and newborn care and other issues important to childbearing families, that address performance gaps and have potential for population-level impact
	Stratified and risk-adjusted performance measures	Stratified and risk-adjusted performance measures that can be used to measure, track, and reduce inequities
	Integration of state, public health, social services, and community-level data	Integration of state, public health, social services, and community-level data, which may include Maternal Vulnerability Index or similar geographic indices