


Case Study

Metro Nashville Public Schools achieves a 25% reduction in c-section rates with maternity care bundles

Motivation & background

At MNPS, nearly 40% of births were performed through a cesarean section, a figure that surpasses both the World Health Organization's recommended benchmark of 15%, and the much higher national average of 32%. While c-sections can save the lives of mothers and babies when medically necessary, so-called "elective" c-sections – those not medically indicated – can introduce additional health risks both in pregnancy and after delivery, and also increase costs. With approximately 250 births per year in its covered population, MNPS first implemented a program for pregnant people, which rewarded individuals for attending recommended care visits during and after their pregnancy. However, the program wasn't driving demonstrable improvements in maternal health outcomes (e.g., decreasing unnecessary c-sections and NICU stays).

 *"The Babies First" program, which rewards pregnant women for attending doctors' appointments before and after pregnancy, was not impacting qualitative outcomes. We had to impact the delivery system."*

(David Hines, Executive Director, Benefits, MNPS)

Ultimately, MNPS pursued a value-based payment strategy that tied a bundled payment to the quality of care provided by the health system. Additionally, MNPS pivoted from solely employee-facing incentives to engaging the providers in improving the value of maternity care delivered to their employees.

Implementation

MNPS reached out to three major local hospital systems to collaborate on creating a value-based maternity care bundle. One health system, which understood that offering quality and affordable health benefits was important to employers, was the first in the region to offer bundled services directly to employers. Over the course of a year, MNPS and the health system created a maternity bundle (despite only providing maternity care for 17% of MNPS employees at the time) that addressed the needs and desires of expectant parents. Their approach:

Engage and empower employees

- **Listen and respond:** MNPS surveyed 600 employees, securing nearly a 50% response rate, to identify unmet needs in maternity care. The survey asked about barriers to access, decision-making related to c-sections, and perspectives on care options (e.g., doulas and birthing centers). MNPS and its health system partner utilized the survey responses to identify and prioritize clinical and operational tactics, including prenatal telehealth visits, postpartum lactation home visits, care navigation support throughout pregnancy, and access to midwives as primary care providers throughout prenatal care.

Innovator



Metro Nashville Public Schools (MNPS) serves approximately 80,000 students and 11,000 full- and part-time employees in the city of Nashville and Davidson County, Tennessee.

David Hines, Executive Director of Benefits, has been with MNPS for more than 18 years. His strategies for creating effective value-based bundles that can improve care quality and reduce cost are described in this case study.

The state of maternal health

Maternal health outcomes are worse in the United States than in any other developed country, and yet one in every six dollars that an employer spends on inpatient health care goes towards maternity services. The good news is that employers have a unique opportunity to help drive innovation in maternal health care by looking closely at the maternal health outcomes for their employee populations. Doing so will help ensure expecting parents receive the best quality care possible and, in turn, foster a healthier workforce.

- **Guide employees through decisions:** Patient navigators, provided by the health system as part of the bundled payment, helped MNPS employees understand the suite of services in the maternity care bundle and offered guidance and support throughout the process from the initial pregnancy visit to 90 days post-birth.
- **Communicate and educate:** MNPS delivered strategic communications to employees about health care quality, like the risk of elective c-sections, to help employees make more informed decisions about their care.

Forge strong partnerships

- **Build champions:** MNPS and the partnering health system designated champions, like David Hines, to spearhead the initiative and foster a team of internal supporters who would sustain the maternal health work through challenges, such as leadership transitions.
- **Reinforce shared goals:** MNPS navigators educate providers on the value of the maternity bundle, and MNPS consistently messages the importance of health care quality to health system partners.

Innovate on the care model

- **Enhance access to care:** MNPS improved access to care and helped their employees get seen more quickly at primary care clinics by leveraging telehealth and offering diverse care modalities like chiropractic care and acupuncture.
→ *MNPS also offered new services such as prenatal telehealth visits, postpartum lactation visits, concierge care navigation throughout pregnancy, and access to midwives as primary providers throughout prenatal care.*
- **Prioritize maternal mental health:** MNPS and the health system worked together to integrate postpartum psychiatric care into the bundle because maternal mental health disorders are the most common medical complication after childbirth.
- **Integrate technology:** Tools like fetal monitors enabled virtual care visits, offering greater flexibility and convenience for expectant parents.
- **Drive continuous improvement:** Every quarter, MNPS evaluated outcomes and analyzed trends to identify changing needs for their employee population. MNPS' flexibility and commitment to quality improvements helped them adapt when challenges or unidentified needs arose.

Align incentives

- **Cover the care continuum:** The MNPS bundle includes the entire maternity journey, from pre-conception to postpartum, to capture important prenatal and postpartum support that impacts both parent and child health outcomes.
- **Simplify the fee structure:** The health system changed its reimbursement structure from traditional fee-for-service to a *single flat rate for both vaginal and c-section deliveries*. MNPS also used co-pay and cost structures to guide employees towards better quality care and to encourage them to utilize the hospital with the bundled care program.

What is a bundled payment?

A bundled payment is a single payment made to health care providers to cover all the services a patient needs for a specific treatment or condition, encouraging more coordinated and cost-effective care.

Bundled payments are commonly used when treating complex medical conditions (e.g., diabetes) or procedures that involve multiple providers and settings across an episode of care (e.g., labor and delivery).

To set up a bundled payment, first, the payer sets a “target price” for an episode of care. Providers and health care facilities are paid this “target price.” If the actual cost of care delivered is less than the target price, the providers keep the difference. If the cost of care is more than the target price, the providers are financially liable.

In this case study, MNPS' bundled payment provided care for expecting mothers across the entire pregnancy journey and covered new services like prenatal telehealth visits and postpartum lactation visits.

“If you can't tell the story, if you can't get support, you're not going to get where you need to be.”

“Don't be afraid to change as things evolve.”

Results

The MNPS bundled care program improved employee maternal health and helped manage health care costs. Among the results they achieved:

- ↓ **Reduced cesarean section rates** from ~40% to 30%
- ↓ **Lowered out-of-pocket expenses for employees** through the streamlined fee structure
- ↓ **Reduced the use of neonatal intensive care unit (NICU) services** by 50%
- ↓ **Fewer emergency room admissions and readmissions**, indicating better overall health management of employees

Insights

MNPS' experience offers valuable lessons for other organizations looking to implement similar programs.

- ☆ Employers have a powerful opportunity to remove financial incentives that often drive unnecessary cesarean sections and related practices through **quality-first fee structures**. This helps promote safer birth experiences at more affordable price points.
- 👤 While partners can be instrumental in achieving goals and scaling initiatives, they can also hinder progress if not chosen carefully. It's essential to select **partners who share a clear vision** on both short and long-term goals, and designate champions to help support change along the way.
- ✚ To sustain the quality improvements achieved by a program, it's essential to ensure employees have access to **high-quality care as well as resources to tackle the root causes** of their health challenges.

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☞ “We’ve been pragmatic on what we can achieve and not achieve.”

☞ “Don’t be afraid of what you don’t know. Find people you can work with and trust and build relationships.”

Actions for employers

1 — Understand the state of maternal health in your employee population. Consider clinical outcomes data like c-section rates and feedback from employees shared in surveys or focus groups.

2 — Find partners who can address root cause challenges to help improve maternal health quality. Seek out partners that are committed to the same goals as your organization and forge strong partnerships together.

3 — Consider alternative payment options that incentivize better health outcomes and meet the maternal health needs of your employees.