www.maternityconsumernetwork.org.au

"Better outcomes for mothers and babies means better outcomes for the whole community"

Pricing Framework Consultation Paper 2018-19
Feedback for Maternity Bundled Payments

Introduction

Maternity Consumer Network is a consumer based organisation, with members across Australia. Our goal is for Australian families to have access to high quality maternity care, in a framework of informed choice. We particularly promote access to public available data on maternity care providers, community-based continuity of midwifery care as a primary care strategy, and also bundled maternity payments, ideally where the woman is responsible for where her bundled payment goes, whether hospital, private obstetric or midwifery care, or GP.

We believe a major contribution of the quality and costs in the maternity sector is driven by the current payment system that rewards intervention and encourages volume-centric care over value-driven care.

This is consistent with international experience where a fee for service system of provider payment is increasingly viewed as an obstacle to achieving effective, coordinated, and efficient care, because it "rewards the overuse of services, duplication of services, use of costly specialised services, and involvement of multiple physicians in the treatment of individual patients. It does not reward the prevention of rehospitalisation, effective control of chronic conditions, or care coordination" (Davis, 2009).

In the current maternity care climate, it is important the focus moves to improving a range of outcomes for mothers and babies, particularly around mother's experience of birth and emotional and mental well-being. Currently, almost one third are experiencing postnatal depression and over 14% experiencing PTSD as a result of birth (Boorman, Devilly, Gamble, Creedy, & Fenwich, 2014).

We see the potential for well-designed bundled primary maternity care funding mechanism to address Australia's excessive rates of medical intervention in maternity care. The Lancet medical journal articles into national maternity care have identified Australia as falling into a situation where they provide "too much, too soon" (an over-medicalised model of care), leading to worse outcomes for mothers and babies (Miller, et al. 2016). We believe the benefits to consumers will only truly be seen if treatment and outcomes by clinicians are made publicly available, as recommended and practiced in other parts of the world. According to Miller (2008) 'Health care providers should be required to report publicly on the level and quality of services provided to patients, particularly to minority and disadvantaged populations'.

Do you support the proposed bundled pricing model for maternity care?

We support the proposal to introduce bundled payments for maternity care. We believe bundled payments are an opportunity to drive continuity of midwifery carer, in a primary

maternity care setting. Primary based maternity care is supported by evidence for improved outcomes and women consistently indicate their preference for this model of care.

We note there is an abundance of Australian and international evidence supporting the improved outcomes and lower cost of continuity of midwifery care through antenatal, labour and birth, and postnatal care. A review of midwifery continuity of care models in the Cochrane Library included 16 trials involving over 17,000 women from around the world including trials from Australia. Women who had continuity of midwifery care were less likely to need epidurals or to use other drugs for pain relief in labour, or have an instrumental birth. Women in the midwifery care groups were also more likely to have a normal birth, more likely to feel in control during labour and birth, and commenced breastfeeding earlier than women who had other models of care (Sandall, Soltani, Gates, & Devane, 2016).

Britain, New Zealand and several European countries, with stronger primary care models in their maternity services, achieve similar or better clinical outcomes. Caesarean birth rates are approximately 10 percent lower than Australia, indicating lower costs, reduced harm to women, and a better start to parenting for families is possible in Australia.

We recommend newborns be acknowledged, and a separate newborn care bundled payment be introduced, to ensure adequate care for mother and baby is adequately funded.

Do you agree with IHPA's assessment of the preconditions to bundled pricing?

We acknowledge there are varying factors which may warrant risk adjustment of payments, including twins and diabetes. We caution the use of loading for Gestational Diabetes diagnosed using the current Oral Glucose Tolerance Test, as there are many maternity consumers with a diagnosis of diabetes based solely on abnormal glucose tolerance testing who in fact do not have true Gestational Diabetes Mellitus.

We agree with a basic bundled payment, as 95% of births, including those with minor complications, have largely homogenous costs aside from mode of birth (Schmitt, Sneed, & Phibbs, 2006).

We also recommend a system for cost-sharing amongst care givers, for women who change care providers.

We also believe the maternity indicators need to be widened beyond basic clinical outcomes, to include mother's satisfaction, mental and emotional well-being.

Do you support investigation of whether the Individual Healthcare Identifier or another unique patient identifier could be included in IHPA's national data sets?

We believe it is imperative for consumer identifiers to be included, which enable service delivery patterns of maternity consumers to be traced across episodes and settings. We will reiterate, this data should be made publicly available, to improve productivity, clinical practice and allow informed choice by consumers.

We recommend a focus on maternity consumer outcomes, including emotional well-being of mothers, and minimum datasets to drive a continued improvement of safe, high-quality maternity care.

References:

Boorman, R., Devilly, G., Gamble, J., Creedy, D., & Fenwich, J. (2014). Childbirth and criteria for traumatic events. Midwifery, 255-262.

Davis, K. (2007). Paying for care episodes and care coordination. New England Journal of Medicine. 356:1166-1168

Miller, H. D. (2008). From volume to value: Transforming health care payment and delivery systems to improve quality and reduce costs. Recommendations of the NRHI Healthcare Payment Reform Summit. Pittsburgh, PA: Network for Regional Healthcare Improvement.

Sandall, J., Soltani, H., Gates, S., Shennan, A., Devane, D. (2016). Midwife-led continuity models of care compared with other models of care for women during pregnancy, birth and early parenting.

Cochrane Library. Schmitt S.K., Sneed, L. & Phibbs C.S. (2006). Costs of newborn care in California: A population-based study. Pediatrics, 117, 154–160

Contact

Alecia Staines
Director
Maternity Consumer Network
Ph: 0401 033 348
E: management@maternityconsumernetwork.org.au
W: www.maternityconsumernetwork.org.au