Joint Levels of Care Stakeholder Convening
Meeting Summary
Nov. 18-19, 2021

Meeting Overview

On Nov. 18-19, 2021, the Association of State and Territorial Health Officials (ASTHO), in partnership with CDC's Division of Reproductive Health, the American Academy of Pediatrics (AAP), and the American College of Obstetricians and Gynecologists (ACOG), hosted the *Joint Levels of Care Stakeholder Convening*. This convening was the final meeting in a three-meeting series on maternal and neonatal risk-appropriate care. The convening was preceded by the *Neonatal Levels of Care* meeting in July 2019 and the *Levels of Maternal Care* meeting in July 2021. Fifty-five participants representing eight states, medical providers, AAP, ACOG, and CDC convened to discuss priority topics related to levels of care implementation, including policy, transport, and telemedicine.

The first day of the meeting began with opening remarks from CDC, AAP, ACOG, and ASTHO leadership, followed by updates from AAP and ACOG on their levels of care implementation work, and an overview from Dr. John Hellerstedt (SHO-TX) on Texas' initiatives to improve maternal and infant health. Meeting participants then engaged in two discussion group sessions focused on levels of care implementation. The second day of the meeting began with a series of presentations, including a landscape analysis of maternal and neonatal transport policies, Alaska's strategy to improve perinatal health outcomes, and The OB Nest Remote Monitoring Model. Meeting participants then engaged in breakout discussion group sessions focused on transport and telemedicine. ASTHO will utilize the findings from this meeting series to inform the upcoming risk-appropriate care learning community, which will launch in early 2022. Key themes from the meeting are captured below.

Levels of Care Implementation

Implementing both maternal and neonatal levels of care is critical to improving maternal and infant health outcomes. Levels of care implementation is at the discretion of the state, which has led to state variability in guidance, designation, and verification processes.

Barriers to Implementation

Participants highlighted key barriers to levels of care implementation including financing, policies, and provider and facility knowledge:

- Payment structures, including the global professional fee and low reimbursement rates for services, can disincentivize providing risk-appropriate care. Poor reimbursement rates for transport, particularly for back-transport, is prohibitive to implementing effective transport policies and protocols.
- Without adequate legislation dedicated to levels of care, implementation may be stalled. Other policy-related barriers include the length of time and processes required to enact legislation or update guidelines.
- Multiple factors may prevent facilities from participating in the levels of care designation process, including insufficient financial or staffing resources and limited awareness of the verification process and its requirements.

- A lack of provider knowledge about risk-appropriate care can delay or prevent a patient from receiving appropriate care.
- Some private insurers require transfers to a facility within their insurance network, which may not be the facility that matches the patient's levels of care needs.
- Infrastructure and licensing requirements may interfere with the ability to utilize telemedicine to provide risk-appropriate care. Rural areas may have limited to no broadband internet access.

Implementation Strategies

Participants discussed strategies and tools to assist with levels of care implementation.

CDC Levels of Care Assessment Tool (LOCATe): LOCATe is a voluntary survey that allows facilities to assess their levels of care designation. States can leverage LOCATe data to strengthen access to risk-appropriate care.

Stakeholder Engagement: Levels of care implementation requires engaging with diverse stakeholders, including providers, facilities, payors, and community members. Perinatal quality collaboratives, hospital associations, and clinical associations (i.e., AAP, ACOG) assist in fostering relationships between states, providers, and facilities.

Verification Programs: Verification programs assist facilities in applying for a level of care designation that matches their resources and capabilities. AAP and ACOG oversee successful levels of care verification programs in Texas. In January 2022, ACOG, in partnership with the Joint Commission, launched The Maternal Levels of Care Program, a voluntary verification program. Although verification programs are beneficial to the advancement of risk appropriate care, the cost of verification programs may prevent facilities from participating.

Opportunities to Strengthen Risk-Appropriate Care Systems

Meeting participants highlighted the following areas to advance risk-appropriate care work.

Health Equity: Ensuring equitable access to risk-appropriate care is crucial to addressing health disparities related to maternal and infant health. States can utilize levels of care data, including LOCATe data, to assess disparities in health outcomes related to risk-appropriate care. Strategies to incorporate equity into risk-appropriate care work include engaging with families and communities and addressing upstream factors, such as access to high-quality pre-and postnatal and reproductive healthcare and structural racism in healthcare, contributing to racial disparities in maternal and infant health outcomes.

Consumer Awareness: There is concern that patient populations equate levels of care designation with quality of care. Meeting participants identified multiple strategies to improve consumer awareness, including highlighting the benefits of receiving care within a patient's community, emphasizing that within a hospital network, a patient will be able to receive care at a facility that matches their needs, and using language that is reflective of the level of care designation.

Strengthen Transport Systems: Strategies to improve transport systems include addressing financing, updating guidance, and strengthening referral systems. This work may require engaging payors to update policies to include reimbursements for back transport. Additional recommendations include developing regional or system-based guidance on when to transfer a patient, as national guidance does not exist.

Sustaining Telemedicine Expansions: During the COVID-19 pandemic, telemedicine flexibilities were introduced, expanding the types of services offered. These expansions have successfully increased the use of telehealth to provide risk appropriate care. Sustaining these expansions post-pandemic will require states to engage with Medicaid and private insurers to continue reimbursements for these services.