



High-Value Maternity Network

RFI How-to Guide

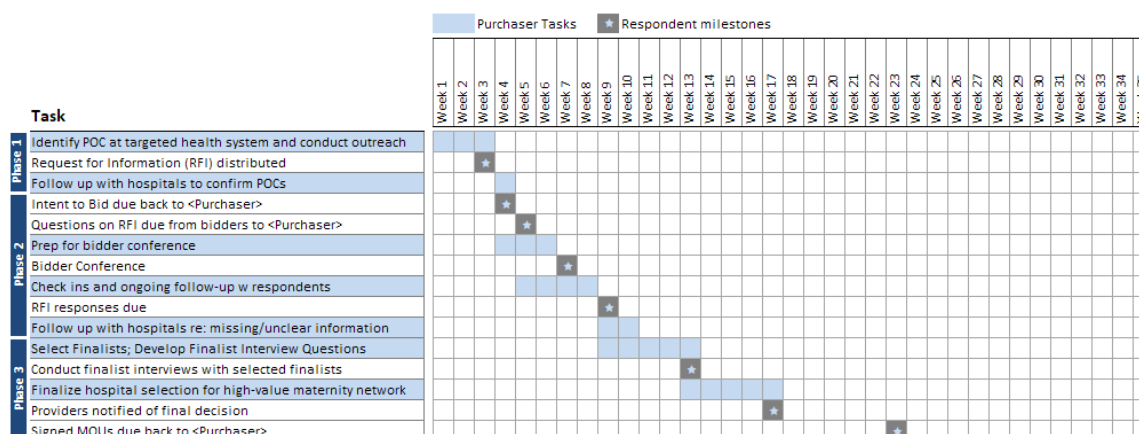
Overview

The High-Value Maternity Network Request for Information (RFI) provides a template of questions to pose to hospitals and health systems to curate a high-performing maternity network. Many hospitals may be new to working directly with purchasers. Consequently, while having the right questions is an important first step, successfully deploying an RFI requires strategic outreach, project management, and ongoing communication.

Ideally, the entire process of recruiting a high-value maternity network - from the date of first reaching out to hospitals to the date of a contract going live - would span approximately six months, and proceed in four major phases:

1. Phase 1: Reach out to hospitals, finding the right point of contact
2. Phase 2: Manage the RFI process, submissions and deadlines
3. Phase 3: Analyze and interpret results
4. Phase 4: Final steps to launch the new network

An overview of the process is provided in the Gantt Chart below and discussed in turn for each phase.



Phase 1: Conduct Hospital Outreach; Find the Right Point of Contact

Responding to a purchaser RFI/RFP may be new for a hospital. Identifying the right point of contact who will understand why it could be valuable to respond to an RFI from a purchaser and who can marshal resources across departments within a hospital is key to success.

A. *Build the case for self-funded payer partnership*

It may be helpful to explain to hospitals why they should respond to a purchaser RFI. Educating hospital leadership early on will create buy-in to the RFI process. This is why it's critical to communicate with them prior to sending out the document. The *High-Value Maternity Network Hospital Outreach Tool* includes core messages purchasers should emphasize in their initial communications with hospital leadership.

B. *Start at the top*

Once the purchaser has secured initial buy-in from the hospital or health system's leadership, such as the Chief Financial Officer (CFO) or Director of Managed Care, the purchaser should work with the hospital to identify an internal lead to manage their RFI submission.

C. *Include clinical leadership*

Although the primary signatory in the hospital's RFI submission must have contracting authority, it is advisable to require hospitals to have the chair of the obstetrics and gynecology department serve as the secondary signatory. The majority of hospital commitments in the RFI require participation, cooperation and collaboration from the OB/Gyn department, and it is therefore critical to have the clinical leadership's direct buy-in and participation.

D. *Involve the legal department*

Hospital legal teams may raise questions and concerns that are separate from the focus of a health system's clinical leadership teams. By involving the hospital or health system's counsel from the beginning of the process, purchasers address any concerns they may have.

Phase 2: Manage the RFI Process, Submission & Deadlines

During this intermediate phase of the RFI (between the time that hospitals commit to responding and the RFI response deadline), purchasers will be busy fielding questions, tracking responses, and engaging their points of contact. It is strongly recommended that the purchaser set a deadline by which hospitals must submit questions about the RFI and use the questions and responses to seed a *bidder's conference*, a live question and answer session between the purchaser and hospital candidates. During the weeks that follow, purchasers should continue to engage with respondents to ensure that they are on track to meet the proposal deadline.

Purchasers will need to dedicate staff resources to address follow-up questions from respondents and track milestones and deadlines. Proactive and consistent follow-up are critical to sustain respondent engagement and ensure a timely and thorough response. Purchasers should also build a buffer of several weeks into the timeline in anticipation of unforeseen events on either side. If more than 10 hospitals signal an intent to respond to the RFI, it is ideal to dedicate at least one staff member full-time to manage the RFI process.

Phase 3: Analyze and Interpret Results

The High Value Maternity Network RFI requires hospitals to submit a considerable amount of clinical and operational data to a purchaser with whom they lack an established contractual relationship. This is intentional as the requested data allows the purchaser to evaluate the hospital's adherence to clinical guidelines and industry best practices for inclusion in the high value network. It is also a means of assessing their willingness to ongoing information sharing for the purposes of quality improvement and benchmarking.

Once the purchaser has reviewed the responses, the next step is to schedule *finalist interviews* for hospitals who meet the minimum requirements for participation. These provide the opportunity for the purchaser to review a hospital's response in detail and in real time, ask questions, and engage in discussion.

Challenge #1: Collecting Data

Health systems may not be accustomed to providing data requested in the RFI. Although the questions in the RFI rely on established clinical standards, hospitals may not be able to easily report data by race and ethnicity. The RFI instructions can address this situation by stating the following, "We understand that some hospitals may not have access to the data needed to summarize this reporting at the race/ethnicity and/or payer type level. If you are unable to provide this information by race/ethnicity and/or payer type you can still apply to participate in the HVMN. However, the purchaser will be placing extra focus on hospitals that can provide this level of reporting and expecting this level of reporting going forward."

In addition to struggling to access the data, some hospitals may be averse to providing outcomes data, especially if they fear that the data reflects poorly upon the institution, or that purchasers lack the clinical expertise to interpret it correctly. Consequently, establishing trust early in the process is imperative.

Challenge #2: Interpreting Data

Clinical data can be sensitive, and interpreting it requires clinical expertise. Purchasers may therefore want to examine the data with independent clinical experts to interpret variations in SMM rates between populations and providers. Finalist interviews provide an opportunity for bidders to offer context around outcomes data – metrics that may be influenced by case mix. The purchaser should schedule the interviews to include both the clinical and contractual leadership involved in preparing the bidder's response. To

accommodate for busy hospital schedules, the purchaser should budget two weeks to complete all finalist interviews.

Challenge #3: Leveraging Data to Create A High-value Network

Every purchaser will need to define its own hospital inclusion criteria, depending on its priorities, population health needs, and access constraints.

Beyond the initial eligibility criteria, purchasers may want to use the following framework to identify high-performing maternity hospitals:

- How well does the hospital's response align with industry standards?
- How do the hospital's outcomes compare to the purchaser's current maternal outcomes?
- How does the hospital's response compare to other respondents' responses?
- Was the hospital able to speak about its continuous quality improvement process?

Final Steps to prepare for launching the High-Value Maternity Network:

Once the purchaser has identified which hospital bidders to include in a high-value maternity network, the purchaser should determine if a participation agreement with each hospital is necessary. If needed, the agreement between the purchaser and the hospital should outline a mutually developed set of program participation terms and goals. The agreement may also include information on hospital payment. Purchasers may elect to pay hospitals fee-for-service at first and then gradually transition to alternative payment models – like bundled payment – that require the hospital to accept financial risk for cost and quality outcomes. The purchaser should carve out at least one month to execute agreements with the selected hospitals, as there will likely be many iterations between the two entities' legal departments.

Another step for the purchaser during this phase is to maintain an open line of communication with hospitals not selected to participate in maternity program. The purchaser should be thoughtful in the way it communicates the decision to decline a hospital's bid for participation, recognizing the value of having an established relationship with local provider and hospital leadership and opportunities for partnership on future initiatives.

With these steps in place, the purchaser can then focus on the plan participant and implementation aspects of the high-value maternity network.

Resource Guide:

The following organizations provide additional data, tools and resources on high-value, equitable maternity care.

[The Leapfrog Group](#) is a nonprofit watchdog organization that serves as a voice for health care consumers and purchasers, using their collective influence to foster positive change in U.S. health care. Leapfrog collects, analyzes, and disseminates data to inform value-based purchasing and improved decision-making.

[California Maternal Quality Care Collaborative](#) (CMQCC) is a multi-stakeholder organization established in 2006, based out of Stanford University. CMQCC hosts the California Maternal Mortality Review Committee and, in 2012, established the Maternal Data Center. CMQCC develops Quality Improvement Toolkits, leads QI Collaboratives to help hospitals implement the interventions described in the toolkits, and works directly with purchasers to hold the health system accountable. As of 2020, CMQCC is hosting a quality improvement initiative to improve birth care, experiences, and outcomes for Black mothers and birthing people in California, known as the California Birth Equity Collaborative. CMQCC also has [patient education resources](#) available that purchasers can use in their communication campaigns around high-value maternity care.

The [Alliance for Innovation on Maternal Health Program \(AIM\)](#) is a collaborative of collaboratives run by the American College of Obstetrics. The purpose of AIM is to share resources across states, specifically with respect to implementation and data support for AIM-supported Patient Safety Bundles and Tools. As of March 2020, 29 states are participating in AIM's perinatal quality collaborative, with 11 more states in the process of enrolling.