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Launching the Transforming Maternal Health (TMaH) Learning Collaborative: Peer Learning, Technical Assistance in Practice, and Cross- Provider Journey Mapping

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INTEGRATED CARE DC
A learning community for District of Columbia Medicaid providers

PRESENTED BY:

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Tuesday,
May 12, 2026
1:00 PM–2:30 PM ET

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF). This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS). A total of \$1,527,057.67, or 57 percent, of the project is financed with federal funds, and \$1,147,478.36, or 43 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS or the U.S. Government.



- » Welcome and Session Orientation
- » TMaH Learning Collaborative Overview and Peer Learning Approach
- » Cross-Provider Breakout Sessions: Journey Mapping Spotlights and Discussion
- » Group Debrief: Emerging Themes and Opportunities
- » Conclusion and Next Steps



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Describe the value proposition of the TMaH Learning Collaborative, including how incentives, technical assistance (TA), and peer-based learning support maternal health transformation.

Identify specific examples of TA provided by HMA to support maternal health providers with implementation, operational problem-solving, and cross-sector collaboration.

Explain the peer learning model used in the TMaH Learning Collaborative and how learning across provider types will accelerate improvement.

Interpret provider-developed journey maps created with technical assistance from The Lab @DC to understand distinct and shared maternal health workflows.

Identify opportunities for collaboration, integration, and alignment across physician groups, federally qualified health centers (FQHCs), doulas, and perinatal community health workers (PCHWs) based on shared journey mapping insights.

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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A

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- » Health Management Associates (HMA), #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2025–09/22/2028.
 - Social workers **will not** receive continuing education credits for completing this course, but will for future courses.
 - *To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.*

- » The American Academy of Family Physicians (AAFP) has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 05/12/2026 to 05/11/2027. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 0.5 Online Only, Live AAFP Prescribed credits.
 - **If you would like to receive CME credit, the online evaluation will need to be completed.**
 - You will receive a link to the evaluation shortly after this webinar.

- » Certificates of completion will be emailed within 10–12 business days of course completion.

TMAH LEARNING COLLABORATIVE AND TECHNICAL ASSISTANCE

- » Integrated Care DC enhances current and aspiring Medicaid providers' capacity to sustain whole-person care for the physical, behavioral health, and social needs of beneficiaries.
- » The technical assistance program is managed by the DC Department of Health Care Finance (DHCF).

To deliver individualized TA and training/coaching across three core competencies:

- 1 Patient-centered, value-based care**
- 2 Data and population health analytics**
- 3 Integration of physical, behavioral, and social needs**

WHY PARTICIPATE IN INTEGRATED CARE DC?

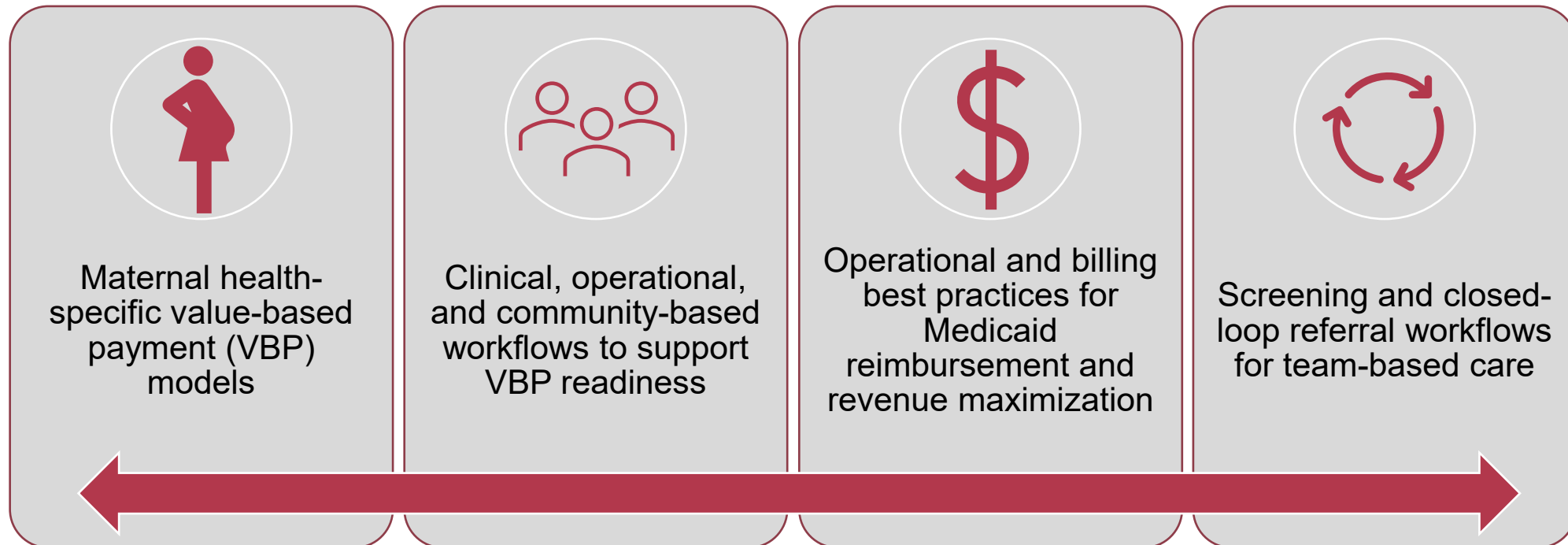
- » Integrated Care DC will help ensure you have the infrastructure, knowledge, and tools you need to deliver high-value care.
- » Our coaching team has experience in primary care, behavioral health, justice-involved settings and deep expertise in integrated care models.
- » Educational credit (CE/CME) is offered at no cost to attendees for live webinars.



Goal: Prepare providers for value-based maternal care by creating a space for group and individual learning and peer sharing of best practices.

Participant Expectations:

- » Engage in peer learning and discussion via virtual and group learning sessions.
- » Take advantage of individualized support via 1:1 coaching session to achieve your priority goals for improvement within the following focus areas:



*Peer learning accelerates **change** and **improvement** within your expert organization and across the community.*

What You'll Receive

Structured learning and applied TA

Experienced coaches with maternal health, Medicaid, and systems expertise

Peer learning across provider types (e.g., clinical, community-based, administrative) to learn with and from one another

How the Learning is Applied

Sessions build from shared understanding, coordination, and sustainability

Emphasis on applying concepts to real-world workflows and care delivery settings

Space to surface common pain points and intersections

Partnership & System Learning

Opportunities to share provider perspectives

Opportunities for coordination and integration

Strengthen readiness to deliver maternal health value-based care within DC Medicaid and managed care

- » HMA brings together experts with backgrounds in policy, medicine, operations, and research.
- » Our team has supported stakeholders in the District and at least 10 states to increase access to maternal health services, including integration of care delivery with doulas and perinatal community health workers.
- » **Through Integrated Care DC, HMA can help your organization to:**

Implement newly reimbursable services in Medicaid, measure their impact and value, and support sustainability.

Engage the wide range of stakeholders needed to support access to maternal health services early and often through a process structured for long-term success.

Develop constructive strategies to engage healthcare providers and health plans.

Explore workforce development needs and opportunities

Identify potential partners with whom to collaborate to expand and integrate services.

WHAT HMA CAN DO: INDIVIDUAL COACHING

HMA has provided technical assistance to physicians, FQHCs, doulas, and other maternal health providers in the District of Columbia and nationwide.



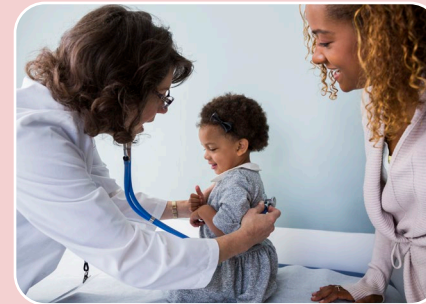
Assisted with primary care and hospital collaboration on two-hour glucose tolerance tests (GTTs) prior to discharge.



Helped a multi-site FQHC launch a pilot program for pregnant women with hypertension.



Helped an FQHC improve postpartum depression screening by enhancing data collection and workflows.



Supported birthing hospitals to implement federally required Plans of Safe Care.



Provided TA to community-based organizations to address maternal and infant health disparities.

TIMELINE FOR 2026



May

Cross-Provider Journey Mapping (5/12/26)
1:1 TA

July

Group Learning (7/14/26)
1:1 TA

September

Group Learning (9/8/26)
1:1 TA

November

Group Learning (11/10/26)
1:1 TA



We are here!



June

Improving Coordination Across Screening and Referral Workflows (6/9/26)
1:1 TA

August

Group Learning (8/11/26)
1:1 TA

October

In-Person Workshop (10/20/26)
1:1 TA

December

Group Learning (12/8/26)
1:1 TA

MILESTONE 7 ACTIVITIES DUE DATE

All Milestone 7 activities (Learning Collaborative participation) and required documentation must be completed and uploaded in D-TIPs by **December 15, 2026**, to receive the incentive payment of \$15,000.



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Image Source: Microsoft 365 Stock Photos

Where do you most want support this year through this Learning Collaborative (*check all that apply*)?

- Care coordination and referrals
- Billing and sustainability
- Team-based workflows
- Managed care navigation
- Other (specify in the chat)

WHAT ARE YOUR PRIORITY GOALS?



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Tell Us!

***In the chat or come on video
and off mute!***

- 1. What is one challenge you hope this Learning Collaborative helps address?**
- 2. Which focus area feels most urgent for your team?**

JOURNEY MAPPING OVERVIEW AND BREAKOUT SESSIONS

>> Journey maps:

- Provide a **visual representation** of how a patient interacts with your practice.
- Allow for understanding of a patient's path by **walking in their shoes** and asking about every step of their engagement with your practice.
- Promote **unbiased identification** of system strengths and weaknesses with their interactions to generate innovative improvements for your practice.



Journey Mapping in the Learning Collaborative

- *Promote a shared understanding of maternal health workflows across clinical and community-based settings*
- *Surface system-level opportunities for improved coordination, integration, and alignment*

How Journey Maps Will Be Used Today

- *Support cross-provider discussion focused on understanding workflows, not evaluating performance*
- *Help participants compare roles, responsibilities, and touchpoints across the maternal care journey*

Breakout Group Composition

- Participants will be placed into three to four mixed-provider groups
 - Physician groups, FQHCs, doulas, and PCHWs
- Up to eight participants to support meaningful discussion

Breakout Group Activities

- Introduce yourself; join on video and come off mute!
- Select one participant to report back key themes
- Groups will review two journey maps
 - One representing a doula or PCHW
 - One representing a physician group or FQHC

Breakout Discussion

- Review and discuss journey maps to identify intersections and coordination opportunities
- Not intended to refine, edit, or finalize journey maps during this session
- Insights gathered will inform future Learning Collaborative topics and technical assistance priorities

» Review the two journey maps and discuss:

- *Where do roles and workflows intersect across provider types?*
- *Where do transitions, handoffs, or duplications occur along the maternal care journey?*
- *What opportunities exist for improved coordination, integration, or alignment of care?*

» Participant Reflection

- *Share one success and one pain point for initial peer input and address through future sessions and coaching.*



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FULL GROUP DEBRIEF: KEY AREAS OF REFLECTION

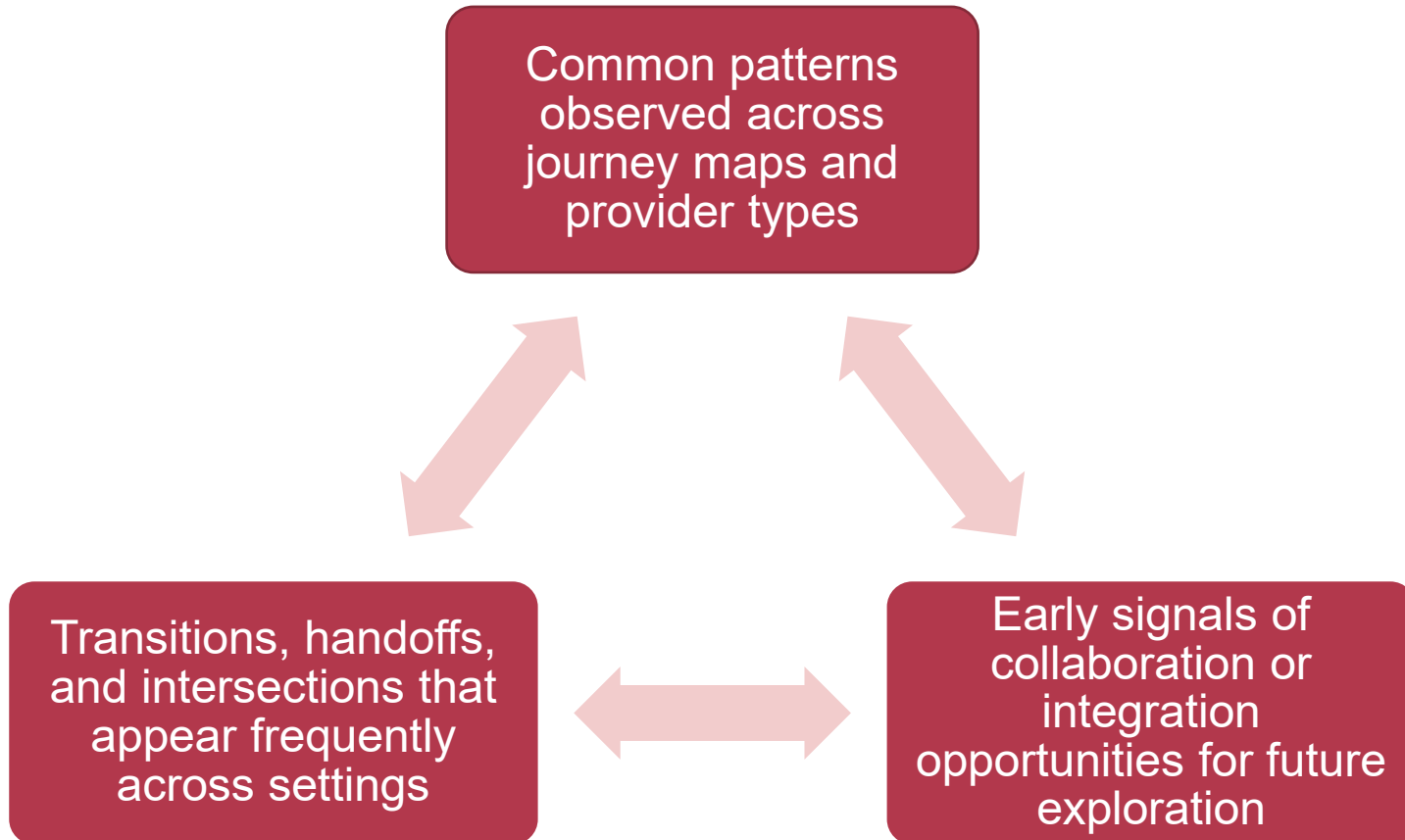


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Common Patterns Observed	Transitions, Handoffs, and Intersections	Early Signals of Collaboration or Integration
<ul style="list-style-type: none"> • Having a menu of services available throughout the perinatal period. • Providing in-house integrated care on the FQHC side, allowing for referrals with colleagues in the same location to lead to warm handoffs and an easy ability to see a closed-loop for care. <ul style="list-style-type: none"> • Includes support for domestic violence, mental health, etc. 	<ul style="list-style-type: none"> • Wolomi’s unique model with Unity encourages warm handoffs early in the pregnancy, promoting engagement with trusted providers all the way through the postpartum period. • Community of Hope’s home-based care provides strong care intersections. • Community of Hope’s virtual introductory visits for patients also provides a convenient access point. 	<ul style="list-style-type: none"> • Identify ways to integrate EHRs/technology to promote information sharing and cross-provider collaboration. • Limitations in grant funding and staffing for referrals may be a sign for future collaboration to fill gaps. • Emphasize to patients with Medicaid as to which doula services are being covered. • Coordinate the obstetric and pediatric sides to promote care continuity. • Integrate doulas to make connections in the first trimester allows for comprehensive screening and service provision.



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Connecting Insights to What's Next

- Themes identified will help shape:
 - Upcoming group learning topics
 - Areas for deeper peer discussion
 - Priority focus for practice-specific TA

NEXT STEPS

LOOKING AHEAD: NEXT STEPS



Homework

- >> Consider where your organization's workflows intersect with other provider types.
- >> Identify one or two coordination challenges to bring forward into individual coaching sessions.



Collaboration and Support

- >> **Individual Coaching:** If you haven't already, please reach out to Zipatly (zmendoza@healthmanagement.com) and set up an initial session to share your priority goals for TA and get connected with your lead coach.
- >> **Goal:** Complete initial sessions by Friday, May 29, 2026.



Coming Next!

- >> **Session 2:** Tuesday, June 9, 2026, 11:30 AM–12:30 PM
 - **Focus:** To apply journey mapping insights to improve coordination across screening and referral workflows.
- >> **In-Person Workshop:** Tuesday, October 20, 2026 (**SAVE THE DATE!**)

» Please complete the [online evaluation!](#)

- **If you would like to receive CME credit, the evaluation will need to be completed.** You may use the link in the chat box or scan the QR code to access the evaluation.



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*For the Amazing
Work You Do!*