LOGISTICS

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- Right-click on your name in Zoom, select “Rename,” and **add your organization to your name**.

Transforming Maternal Health (TMaH) Webinar:
Building Referral Networks and Care Teams

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PRESENTED BY:
Kelli Stannard, BSN, RN
Michele Bosworth, MD

Tuesday, September 8, 2026
11:30 AM–12:30 PM ET

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DHCF Department of Health Care Finance

HMA

TODAY'S AGENDA

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- Welcome and Session Orientation
- Key Emphasis About the TMaH Model
- Partnership Continuum
- Patient-Centered Matching
- Building Your Doula Referral Profile
- Reminders and Next Steps

Image Source: Microsoft 365 Stock Photos

LEARNING OBJECTIVES

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- Define your organization's current approach to partnering with doulas and identify opportunities to strengthen referral relationships.
- Recognize operational characteristics of effective physician/federally qualified health center (FQHC)-doula partnerships, including communication, role clarity, referral workflows, and care coordination.
- Identify information providers should consider when matching patients with doulas based on patient needs, language, culture, geography, and service availability.
- Develop one or two practical next steps that can be implemented now to strengthen team-based maternal care before TMaH payment changes occur.

PRESENTERS

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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 completing this course receive 1 continuing education credit.
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- 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 1 Online Only, Live AAFP Prescribed credit.
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  - You will receive a link to the evaluation shortly after this webinar.
- Certificates of completion will be emailed within 12 business days of course completion.

JULY/AUGUST WEBINAR RECAP

TMAH PAYMENT MODEL

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The TMaH Value-Based Payment (VBP) Model is designed to:

- **Provide maternal health providers with upfront funds** and predictable revenue to invest in prevention
- **Incent screening, identifying, and providing continuous care for high-risk patients** across the spectrum of physical and behavioral health and broader prevention
- **Reward maternal health providers for improved outcomes** and resultant cost savings

Outcomes of interest

Reduced rates of low-risk caesarean deliveries

Reduced incidence of severe maternal morbidity

Reduced rates of low-birth weight infants

Improved experience of care for pregnant women

TMAH PAYMENT MODEL

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Overall Approach	**Maternal Health Episode of Care** • 280 days prior to delivery through….60 days postpartum
Accountable Providers	• OB-GYNs, Federally Qualified Health Centers, Birth Centers • Held accountable for their attributed beneficiaries' perinatal journey
Considerations	• Encourages services to improve overall quality of care and cost • Required service delivery elements include prenatal care, labor and delivery (L&D), postpartum care, and community supports encouraging integration of doulas, community health workers (CHWs), community-based organizations (CBOs), and referral pathways • TMaH encourages use of telehealth and home monitoring services where appropriate • Accountable providers are encouraged to establish formal partnerships with doulas
Payment	• Monthly Case Rate Payment + Shared Savings/Shared Risk Incentive Payment • Centers for Medicare & Medicaid Services (CMS)-directed Infrastructure Payments

IMPORTANT! The TMaH payment model is **not** final.

KEY EMPHASIS

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- For the retrospective TMaH Model payments, the cost of doula services will **not** be included in the calculations
  - **WHY:** To incentivize and facilitate doula-provider relationships and increase utilization of doula services.

One key takeaway about team-based maternal care from previous webinar breakout discussions:

- Models/relationships with doulas vary across sites and referral partnerships vary in formality.
- Relationship building is key to “growing” these networks/partnerships.

BUILDING YOUR DOULA REFERRAL PROFILE

COMPLEMENTARY ROLES, SHARED PURPOSE

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Doula Role

- Emotional and physical support
- Health education and preparation
- Navigation and linkage to resources
- Support for patient and self-advocacy
- Help communicating preferences

Clinical Team Role

- Clinical assessment and diagnosis
- Medical advice and treatment
- Clinical monitoring and documentation
- Management of medical risks
- Shared decision-making with the patient

Source: American College of Obstetricians and Gynecologists (ACOG): Partnering with Doulas

WHY ACT NOW?

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TRUST

- Repeated interaction
- Shared expectations
- Respect for complementary roles

WORKFLOW

- Consistent referral process
- Clear points of contact
- Follow-up engagement across the journey

LEARNING

- Patient and doula feedback
- Shared issue resolution
- Ongoing refinement

THE PARTNERSHIP MATURITY CONTINUUM

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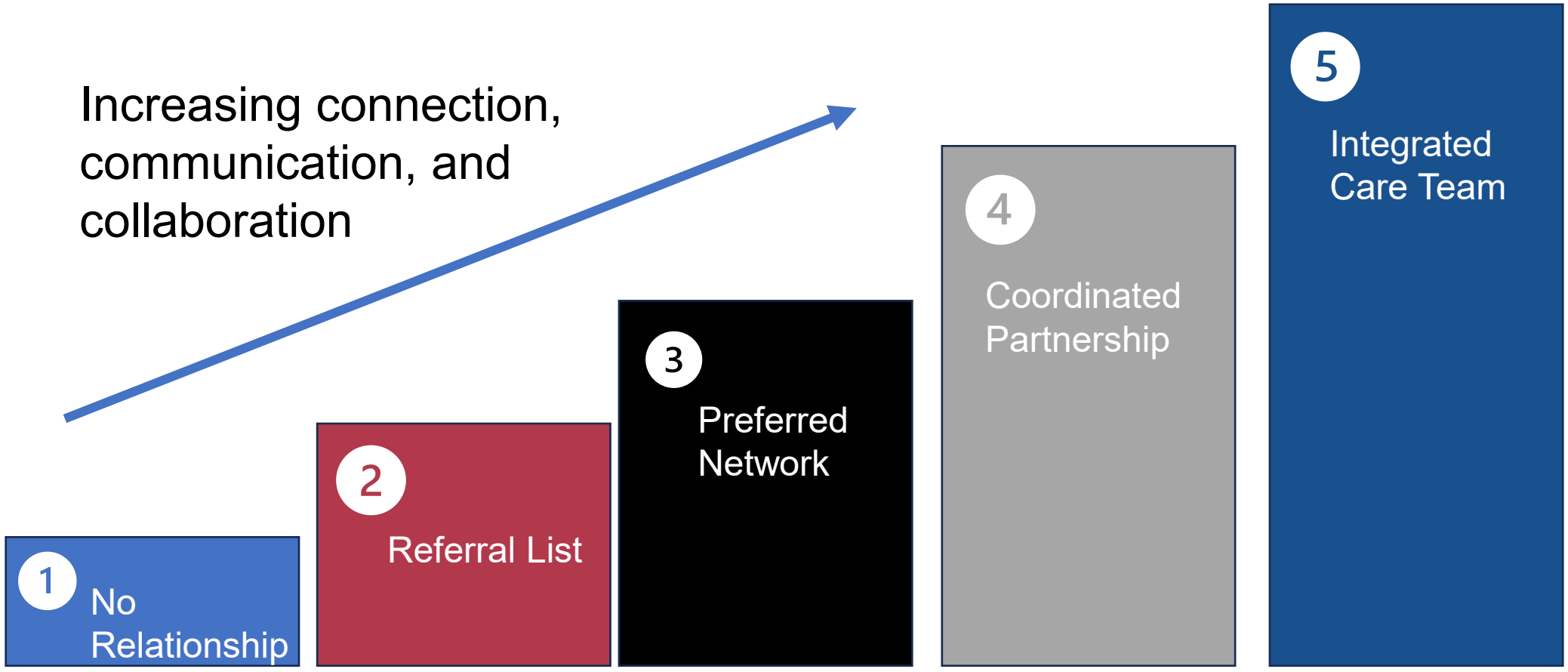

ONE PATIENT. FIVE LEVELS OF PARTNERSHIP

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Image Source: Microsoft Copilot.

POLL 1: YOUR CURRENT RELATIONSHIPS

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Share your thoughts in the chat or come off mute!

Where is your organization today?

A. No formal relationship with doulas
B. Informal referrals only
C. Preferred referral list
D. Regular communication and coordination
E. Integrated care team member

BUILD A USEFUL, REPRESENTATIVE REFERRAL PROFILE

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Gather information that supports fit, access, and patient choice.

ACCESS

- Service area
- Availability and lead time
- In-person or virtual interactions

FIT

- Languages
- Communities served
- Experience and support approach

SERVICES

- Prenatal, birth, postpartum
- Home visits
- Birth settings served

OPERATIONS

- Preferred contact method
- Medicaid/managed care plan (MCP) participation
- Information last verified

PATIENT-CENTERED MATCHING

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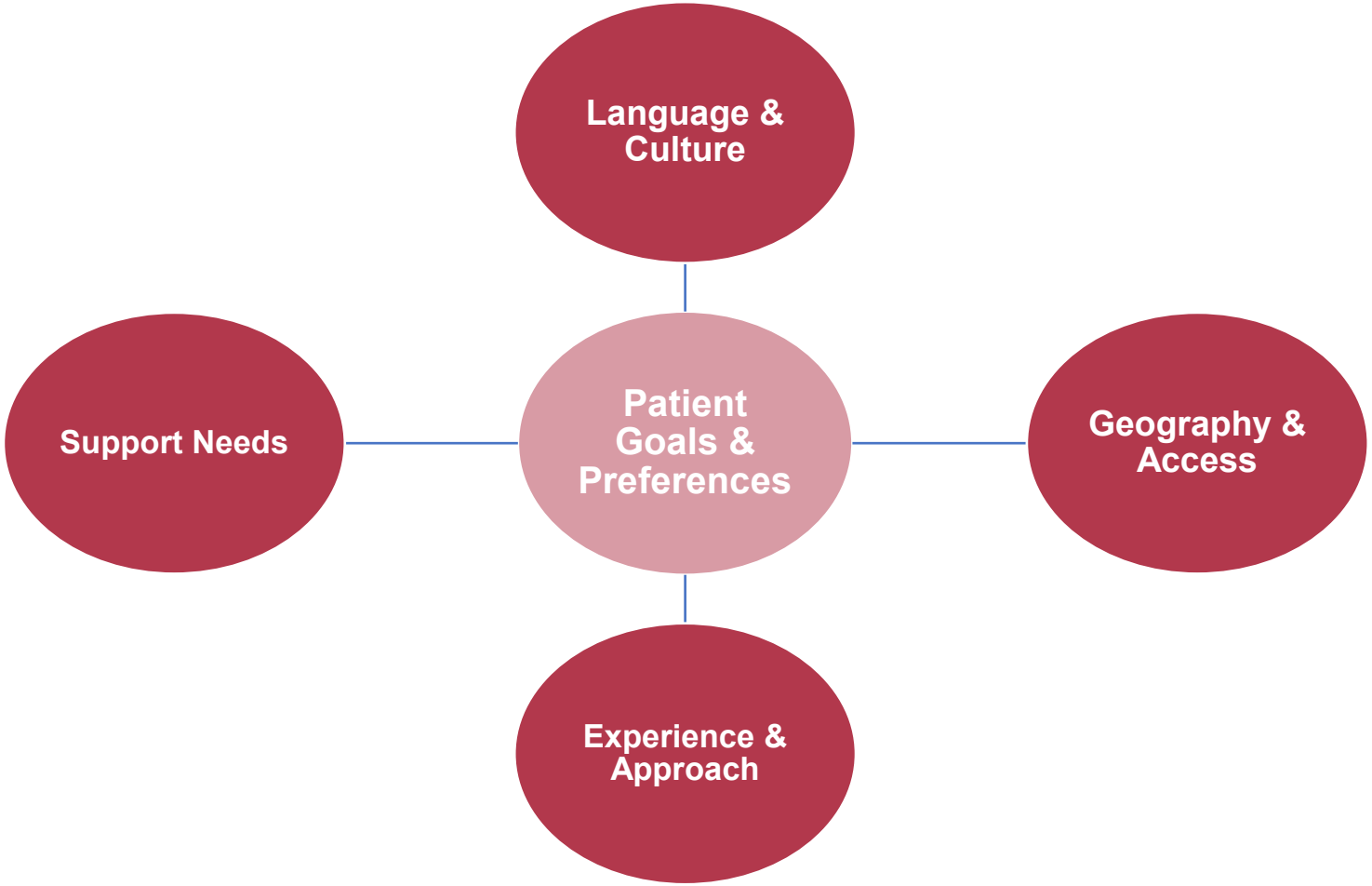
Start with what matters to the patient, then identify options that can meet those needs.



Offer meaningful choice. The patient selects who is part of the care team.

COMMUNICATION ACROSS THE REFERRAL JOURNEY

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Agree on what should happen before, during, and after the referral.

BEFORE

- Ask about doula interest
- Clarify patient goals
- Obtain consent

DURING

- Share only necessary information
- Confirm receipt and availability
- Center the patient

AFTER

- Confirm connection
- Coordinate agreed-upon touchpoints
- Invite feedback
- Debrief

Communication expectations should be explicit, patient-centered, and bidirectional.

POLL 2: LINKU FOR DOULA REFERRALS

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As more doulas maintain updated LinkU profiles, how likely would your organization be to use LinkU to identify or refer patients to doulas?

A. Very likely
B. Somewhat likely
C. Unsure
D. Unlikely
E. Not at all likely

Share your thoughts in the chat or come off mute!

PROVIDER SPOTLIGHT

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UNITY HEALTH CARE
Healthier You. Healthier Communities.

- What helped to build trust?
- What communication practices worked best?
- What challenges occurred early?
- How were patient preferences protected?
- What advice would you give to organizations just beginning this work?

ARE YOU READY TO BUILD PREFERRED REFERRAL PARTNERSHIPS?

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Preparing for October: Meet potential partners and begin building relationships

Checklist:

- ☐ We know which doulas serve our population
- ☐ We know what our patient population needs
- ☐ We have identified potential doula partners
- ☐ We understand referral workflows
- ☐ We have defined communication expectations
- ☐ We have a process for obtaining feedback

The more items to which your organization can confidently answer "Yes," the further along you may be on the Partnership Maturity Continuum. Use the checklist to identify both your current level and your next step.

POLL 3: BARRIERS TO MOVING FORWARD

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- Given the items in the checklist we just discussed, what are the barriers preventing you from checking off all the boxes on the list (select all that apply)?
  - A. C-Suite leadership buy-in
  - B. A clinical champion
  - C. Assistance with understanding the value proposition for your specific organization
  - D. Operations supports to develop and implement new policies and workflows
  - E. Other: Add in the chat

UNDERSTANDING YOUR PATIENTS NEEDS

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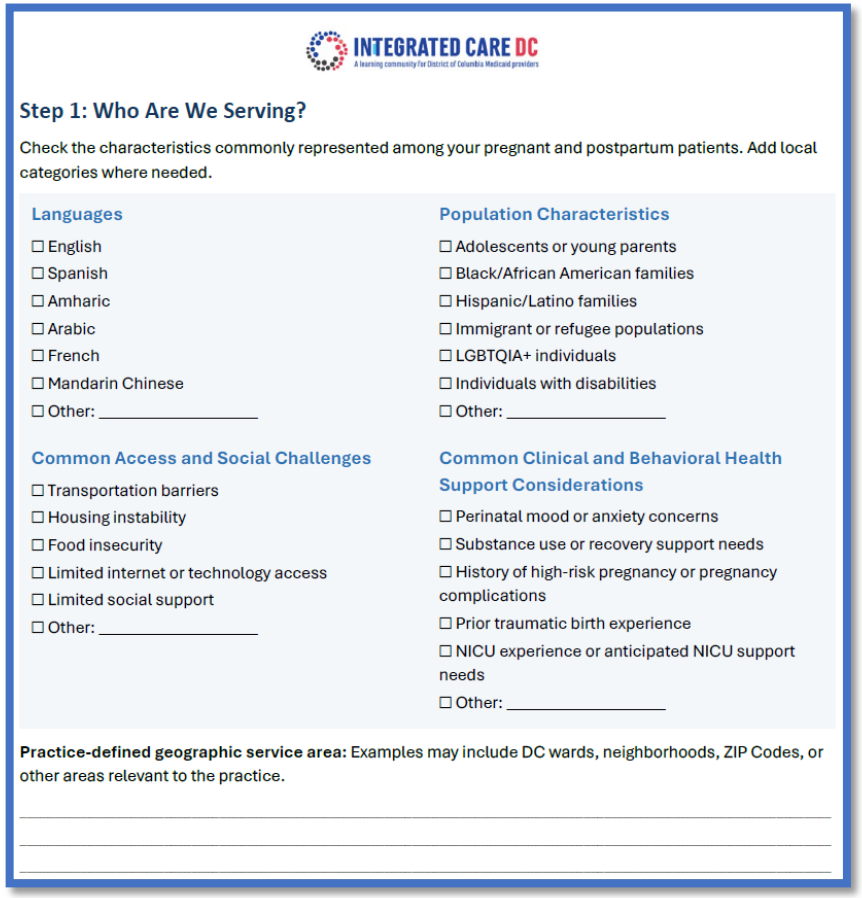
Understand Your Population

- Languages
- Common Challenges
- Population Characteristics
- Support Needs



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Step 1: Who Are We Serving?

Check the characteristics commonly represented among your pregnant and postpartum patients. Add local categories where needed.

Languages

- ☐ English
- ☐ Spanish
- ☐ Amharic
- ☐ Arabic
- ☐ French
- ☐ Mandarin Chinese
- ☐ Other: _____

Population Characteristics

- ☐ Adolescents or young parents
- ☐ Black/African American families
- ☐ Hispanic/Latino families
- ☐ Immigrant or refugee populations
- ☐ LGBTQIA+ individuals
- ☐ Individuals with disabilities
- ☐ Other: _____

Common Access and Social Challenges

- ☐ Transportation barriers
- ☐ Housing instability
- ☐ Food insecurity
- ☐ Limited internet or technology access
- ☐ Limited social support
- ☐ Other: _____

Common Clinical and Behavioral Health Support Considerations

- ☐ Perinatal mood or anxiety concerns
- ☐ Substance use or recovery support needs
- ☐ History of high-risk pregnancy or pregnancy complications
- ☐ Prior traumatic birth experience
- ☐ NICU experience or anticipated NICU support needs
- ☐ Other: _____

Practice-defined geographic service area: Examples may include DC wards, neighborhoods, ZIP Codes, or other areas relevant to the practice.

Image Source: Maternal Population Profile and Doula Partnership Planning Worksheet

UNDERSTANDING YOUR PATIENTS NEEDS

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Understand Your Population

- Desired characteristics in a doula partner
  - Access and Availability
  - Cultural and Linguistic Alignment
  - Specialized Experience
  - Collaboration

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Step 3: What Characteristics Do We Need in Preferred Doula Partners?

Use the population profile and priority needs above to identify the characteristics needed across your referral network. The goal is a diverse network, not one "ideal" doula.

Access and Availability

- ☐ Serves our practice-defined geographic area
- ☐ Available for home visits
- ☐ Provides evening or weekend availability
- ☐ Offers virtual support options
- ☐ Has availability within our typical referral timeframe
- ☐ Other: _____

Cultural and Linguistic Alignment

- ☐ Speaks patients' primary language(s)
- ☐ Provides culturally responsive support
- ☐ Has experience with communities we serve
- ☐ Supports patient preferences and meaningful choice
- ☐ Other: _____

Specialized Experience

- ☐ Adolescents or young parents
- ☐ High-risk pregnancies
- ☐ Substance use recovery
- ☐ Perinatal mental health
- ☐ NICU
- ☐ Postpartum support
- ☐ Childbirth loss support
- ☐ Trauma-informed support
- ☐ Other: _____

Collaboration and Operations

- ☐ Responds in a timely manner
- ☐ Willing to coordinate with providers with patient consent
- ☐ Familiar with Medicaid or managed care plan processes
- ☐ Participates in appropriate care coordination activities
- ☐ Uses agreed communication and issue-resolution pathways
- ☐ Clear understanding of role and scope of work
- ☐ Familiar with clinical workflows and protocols
- ☐ Maintains appropriate up-to-date certifications and liability insurance
- ☐ HIPAA compliant documentation
- ☐ Other: _____

Image Source: Maternal Population Profile & Doula Partnership Planning Worksheet

POLL 4: PREFERRED CHARACTERISTICS

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What characteristics would make you comfortable identifying a doula as a preferred referral partner (choose your top two)?

A. Responsive communication
B. Reliable availability
C. Experience with your population
D. Positive patient feedback
E. Trusted colleague recommendation
F. Participation in care coordination

REMINDERS AND NEXT STEPS

TIMELINE FOR 2026

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

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

July
Operational Sustainability for Maternal Health Services (7/14/26)
1:1 TA

August
Understanding the TMaH Payment Model for Physician Groups
(8/11/26)
1:1 TA

September
Building Referral Networks and Care Teams (9/8/26)
1:1 TA

We are here!

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

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

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

MILESTONE 7 ACTIVITIES DUE DATE

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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.

Image Source: Microsoft 365 Stock Photos

LOOKING AHEAD: NEXT STEPS

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Homework

- Complete your (1) Partnership Readiness Checklist, and (2) Maternal Population Worksheet in advance of the October in-person session.

Collaboration and Support

- **Goal**: Complete Learning Collaborative activities before **December 15, 2026**.

Coming Next!

- **In-Person Workshop**: Tuesday, October 20, 2026 (***SAVE THE DATE!***)
- **Session 6**: Tuesday, November 10, 2026, 11:30 AM–12:30 PM

WRAP UP AND NEXT STEPS

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- Please complete the online **evaluation by <u>September 18</u>!**
  - **<u>If you would like to receive CME and CE credit, the evaluation will need to be completed</u>.** You may use the link in the chat box or scan the QR code to access the evaluation.
- The slides and a recording of the webinar will be emailed to registered participants and available soon on the Integrated Care DC website.
- For more information about Integrated Care DC, please visit: www.integratedcare.dc.gov

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All content was created and delivered by HMA.

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REFERENCES

REFERENCES

INTEGRATED CARE DC
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- ACOG Committee Statement No. 31: Partnering With Doulas in Clinical Settings. (2026). *Obstetrics & Gynecology, 148*(2), e139–e149. https://doi.org/10.1097/aog.0000000000006342.

APPENDIX

A CLOSED-LOOP REFERRAL PROCESS

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A referral is not complete when information is sent. It is complete when the connection is confirmed.

Image Source: Microsoft Copilot.

WHEN COMMUNICATION BECOMES DIFFICULT

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Use a shared approach that maintains respect and centers the patient.

1

Acknowledge

Recognize the doula's input.

2

Verify

Ask the patient to confirm preferences.

3

Clarify

Use direct, neutral questions.

4

Support

Invite another team member when helpful.

5

Debrief

Review concerns after an urgent event.

Issue-resolution pathways should allow both clinical teams and doulas to raise concerns.