

Principles for Reproductive Health in Delivery System and Payment Reform

Guiding Statement: The health care delivery system transformation underway has the potential to expand access, improve care experience and outcomes, and lower costs for all people. However, unless alternative payment and delivery system models recognize the centrality of reproductive health to women and men's wellbeing, significant opportunities to improve outcomes and lower costs will be lost. For many women of reproductive age, reproductive health providers are their primary or exclusive source of health care. As we develop and implement new models of care and financing we must promote effective integration of essential reproductive and primary health care by providers who serve this population, especially in community-based settings.

The unique opportunities presented by ongoing health system reform are particularly promising for those who face unfair barriers to care, including low-income people and people of color. The integration of comprehensive reproductive and primary health care services should greatly enhance efforts to improve health equity.

Improving women's health care and outcomes should be a priority as new payment and care delivery models are designed, implemented, and evaluated. To achieve these goals, reproductive health care must be fully integrated into the broader spectrum of care. The following principles are intended to guide transformation so that we ultimately create a seamless system that meets the full range of women's health care needs.

Transformed Delivery of Care

STAKEHOLDER ENGAGEMENT AND COLLABORATION

- **Patients and reproductive health providers must collaborate and engage in all levels of development and implementation of payment and delivery system reform.**
 - Women of reproductive age should be included as partners in payment and delivery system reform initiatives –including in program governance, design/redesign, implementation, and evaluation.
 - Reproductive health providers should be meaningfully engaged in (and supported with sufficient resources for) the development of payment and delivery system reforms that affect essential health care for their patients, including both reproductive and primary care.
- **New models of care delivery must address the unique needs of women and men of reproductive age.**
 - New models should build in sustainable capacity for reproductive health providers to play lead roles in high-quality interdisciplinary care.
 - New models of care delivery should engage women as partners in their own health and care management, and should be rooted in a patient-centered approach to care.

ACCESS TO HIGH-QUALITY, COORDINATED REPRODUCTIVE HEALTH SERVICES

- **All care delivery and payment models should be grounded in, and incentivize, evidence-based clinical practice that promotes delivery of safe, effective, appropriate and high quality reproductive health care.**

- **Women and men must have ready access to reproductive health care and other preventive services in a system that affords every patient flexibility and autonomy in reproductive planning over their lifespan.**
 - Models of payment and care delivery should prioritize reproductive health service delivery and guarantee access to the full range of services related to contraception, abortion, STI screening and treatment, and maternity care.
 - Models should not interfere with the ability of patients, in partnership with their provider, to choose the reproductive health services and supplies (such as a method of contraception) that best fit their needs and preferences at various points in their reproductive lives.
- **Care coordination efforts should reflect the value of the services, including preventive services and supportive services, that meet the diverse health care and coordination needs of all patients of reproductive age.**
 - Care delivery should not be based on a one-size-fits-all model, and patients should be able to choose the provider who is responsible for coordinating their care, so long as that provider is qualified, willing and able to assume the responsibility. Payment models should recognize that for some patients and patient populations, reproductive health providers may be best positioned to engage the patients and ensure that the patient's care is appropriately comprehensive and coordinated.

ACCESS TO COMPREHENSIVE NETWORKS OF REPRODUCTIVE HEALTH PROVIDERS

- **Patients should have a robust choice of reproductive health providers, including safety-net family planning centers, specialized abortion providers, STI clinics, public health departments, OB/GYNs, and advanced practice clinicians.**
 - Models should recognize roles for safety-net providers of reproductive health services and prioritize community-based settings where women of reproductive age are most likely and effectively able to access care that meets their needs.
 - Value-based initiatives and care coordination programs should preserve patients' ability to choose their usual source of care.
 - Models should preserve and enhance existing insurance protections related to access to qualified providers, including Medicaid's freedom of choice for family planning and direct access to obstetric and gynecologic care.
 - Delivery models should work to overcome the challenges of providing and accessing care in rural and other underserved areas, and payment models should provide incentives for caring for patients in these areas.
 - Delivery models and the entities leading them must not discriminate against reproductive health providers (e.g., by excluding them entirely or through reimbursement or administrative rules) and must enable providers to furnish all services within their scope of practice, including abortion and family planning services, so that patients are able to effectively and efficiently access care from their chosen provider.

CONSUMER SAFEGUARDS

- **All care delivery and payment models should have robust consumer safeguards.**

- Models should ensure that patients have choice in enrollment and provider selection, transparency that providers may be rewarded for value, access to a fair appeals process, and respect for their individual values and preferences regarding all care, inclusive of reproductive health care.
- Models should protect patients against discrimination on the basis of race, color, national origin, religion, age, sex, sexual orientation, gender identity, marital status, health status, or disability.
- Models should ensure that health care services and recommendations are based on a patient's needs and preferences, in line with evidence-based standards and medical guidelines, and not on a provider's or institution's religious or moral beliefs. Delivery models should also guarantee each patient access to all legal, covered health care services without barrier or delay.
- Models of care and payment should protect patient confidentiality and give patients full control over and full access to their health information and records.
- At point of care, models of delivery and payment should demonstrate a commitment to shared care planning and shared decision-making between the patient and her provider. Proactively and explicitly engaging patients in the development of a care plan and in treatment decisions helps to protect against patient coercion and ensure that patients' abilities, preferences, and values are respected.
- Models of care should be culturally competent, trauma-informed, and accessible to patients regardless of language or literacy. Patients should not face additional charges for culturally or linguistically appropriate care.

Transformed/Alternative Payment

- **Public and private investments must be adequate to build and sustain capacity for reproductive health providers to participate effectively in new care and payment models and to provide the highest quality care for their patients.**
 - Investments should support workforce strategies that ensure capacity to effectively implement new, innovative models of care and meaningfully engage patients in all aspects of care.
 - Priority should be given to enabling reproductive health providers to adopt and maintain state-of-the-science information technology.
 - Measure development in the area of reproductive health should be accelerated, inclusive of patient-generated data such as patient-reported outcomes and patient experience of care.
 - Incentivized quality improvement efforts should focus on eliminating reproductive health inequities and recognize appropriate roles for reproductive health providers in improving health outcomes and care.
- **Alternative payment models must fairly and accurately value the delivery of comprehensive reproductive health care, including family planning and other preventive services, taking into account its essential role in achieving the triple aim of better care, better outcomes, and lower costs.**

- Payments to reproductive health providers should take into account the full value of the services they offer along the spectrum of care, including the value of preventing unintended pregnancies, STIs, and cancer, and of treating the mother-infant dyad.
- Models should recognize the role and value of reproductive health providers in treating, coordinating care and providing community supports for women of reproductive age who have chronic or complex conditions.
- Financial incentive programs should balance cost-saving interests at the system level with patient preference, quality performance, and health outcomes at individual and population levels. Financial incentive programs should guard against coercion or stinting on care by ensuring patients' abilities, preferences, and values are respected.
- Models must include a sufficient number of quality measures on reproductive health and the preventive services provided in reproductive health settings (e.g., contraceptive use and counseling, and screening for BMI, cancer, STI, depression, tobacco use, and intimate partner violence).

Signatories

American Congress of Obstetricians and Gynecologists
Guttmacher Institute
MergerWatch
National Family Planning and Reproductive Health Association
National Health Law Program
National Partnership for Women and Families
National Women's Law Center
Planned Parenthood Federation of America
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