

MAP TO ACTION THEMES

Build the **WORKFORCE**

Needed to Achieve Birth
Equity and Quality



Build interest in the health care workforce earlier than college, with a focus on engaging historically marginalized communities.

Embed anti-racism training and DEIB practice in all educational institutions and health care settings while including the impact of social and race-based drivers of health.

Hold leaders and care providers accountable for unacceptable, inequitable behavior.

Support “shared decision-making” models that create a culture of hearing and listening to patients.

Improve understanding of the role of doulas and work across sectors to incorporate doulas as part of the team providing care during the perinatal period.

Use and Collect
DATA
to Improve Equity
and Quality



Collect and use qualitative data from patients, providers, and caregivers to improve health equity.

Publicly present data in user friendly ways.

Use standardized definitions to make reporting easier, enable performance comparisons at local, state, and national levels, and have more timely data reported.

Use data for payment and performance accountability.

Use data for AIM bundles and other quality improvement initiatives that involve not only hospitals but other interested organizations.

Reform
**PAYMENT
SYSTEMS**
to Drive High Quality
Holistic Maternal Infant
Health Care



Link reimbursement to health plans, hospital systems, and clinicians to improved maternal and infant health outcomes through alternative payment models.

Improve and simplify the Medicaid credentialing system (Gainwell FFS and MCOs) to address delays, complexity, and support greater provider participation in Medicaid.

Deploy care and payment models throughout the entire reproductive health period that lead to care that is based on the principles of Reproductive Justice.

Improve
Community-Based
**SOCIAL
SUPPORTS**



Publicly share evaluations and impact of Title V MIH programs, and how these programs can be accessed and expanded as needed.

Increase public awareness of Connecting NJ throughout health care sectors and within communities.

Improve usability of the Perinatal Risk Assessment tool for providers, health plans, and community-based organizations for referrals and follow-ups for patients who need various services.

Support implementation of Medical-Legal Partnerships within health systems and other health sectors to address patients’ legal barriers to care and services.

GLOSSARY

AIM: [Alliance for Innovation on Maternal Health](#)

Anti-racism training: [Tools and education to fight against racism](#)

APMs: [Alternative payment models](#)

DEIB: Diversity, equity, inclusion and belonging

Dyadic: birthing person and baby

EOC: [Episode of care](#)

FFS: [Fee for service](#)

MCOs: Managed Care Organizations

MIH: Maternal-Infant Health

OBS: Obstetricians

PRA: [Perinatal Risk Assessment](#)

Reproductive Justice: [the human right to maintain personal bodily autonomy](#)

Title V: [Maternal and Child Health Block Grant](#)

VBP: [Value-based payment/purchasing](#)