Maternal and Infant Health Initiative
Improving Maternal Health by Reducing Low-Risk Cesarean Delivery
Affinity Group Expression of Interest Form

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the **Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Affinity Group**. This affinity group will support state efforts to reduce the number of low-risk cesarean deliveries (LRCD) among Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. The affinity group will use quality improvement (QI) science and peer learning to support states and their partners in identifying, testing, and implementing evidence-based change ideas for reducing the number of LRCDs and improving maternal health care. Participating state teams will meet monthly from July 2022 to June 2024 for individual state meetings and all-state group workshops. For more information on the affinity group, please see the fact sheet and sign up for the informational webinar.

To participate in the affinity group, please submit an Expression of Interest (EOI) form by **May 31, 2022, 8:00 PM ET.** Once they receive the EOI form, CMS and the QI technical assistance team will contact the proposed state QI team leader to discuss the state's participation and improvement goals.

Criteria used in selecting participants for the affinity group include:

- Medicaid or CHIP staff leaders or co-leaders who are willing and available to work about 10 hours each month on the QI project

- Well-articulated goals for reducing LRCD rates

- An understanding of the challenges and opportunities faced by state Medicaid and CHIP agencies in working to reduce rates of LRCD

- Access to data on low-risk cesarean delivery through partners and/or vital records, and access to other data as needed for QI

- Identification of a well-rounded state planning team and an ability to convene and engage partners to drive improvement

- Demonstrated support from Medicaid or CHIP agency executive leadership

1. **Project leadership:** Please complete the following. Either the lead or co-lead must be from the state's Medicaid or CHIP agency. Note the time for this project shared between co-leads is estimated at 10 hours/month.

Project lead	
Name:	Title:
Agency name:	
Phone:	Email:

Project co-lead	
Name:	Title:
Agency name:	
Phone:	Email:

2. **Participation goals:** Briefly share your goals for participating in the affinity group, including reducing the LRCD rate and any other outcomes you would like to improve (for example, improving the percentage of birthing individuals receiving non-clinical support during birth, or improving Medicaid or CHIP participation in a perinatal quality collaborative).

_____

_____

_____

_____

_____

3. **State challenges and opportunities:** Please share the following for your state, including any data available:

   a. What are the key challenges and opportunities related to reducing rates of LRCD in your state?

   b. Are you aware of any disparities in LRCD rates in your state?

   c. Briefly describe the LRCD initiatives that have been implemented in your state, if any (for example, using doulas in the delivery rooms, or establishing maternity medical homes).

_____

_____

_____

_____

4. **QI data:** Quality improvement requires regular and frequent (for example, monthly or more often) access to data that will help you learn about the impact of the changes you're making. What data does your state have access to or currently use to track LRCDs for Medicaid and CHIP beneficiaries? What other data do you or your partners have access to that would support a QI project on reducing LRCD (for example, vital records or hospital charts)? How often are you able to get these data (for example, weekly, monthly, quarterly)?

_____

_____

_____

_____

_____

5. **Your QI partners:** Successfully reducing LRCD rates will require working with partners in your state. In addition to the relevant state Medicaid and CHIP staff, states are strongly encouraged to include representatives from hospitals, state hospital associations, state perinatal quality collaboratives (where available), obstetric providers, and state obstetric associations. States are also encouraged to work with their Medicaid and CHIP managed care plans, health departments, their State Title V MCH Programs, and other relevant state partners as part of their QI work. We also encourage states to include someone who can help collect and understand your data.

In the table below, provide the names, titles, and affiliations of your proposed partners.

Name	Title	Organizational affiliation	Email	Confirmed (Yes or No)

6. **Leadership support:** State teams should have the backing of the Medicaid or CHIP director, medical director, or other senior or executive agency leader to support the state team in achieving their goals. Please give the name and contact information of the senior Medicaid or CHIP official supporting your state's participation.

State Medicaid or CHIP executive leader
Name:
Title:

Email:	
Phone:	

7. Is there any other information you would like to provide?

_____

_____

_____

_____

_____

Thank you for your interest!
Please your submit questions to:
MACQualityImprovement@mathematica-mpr.com