

Unpacking the Modular Payment of the Lead Maternity Carer Service in New Zealand: Developing Initial Programme Theory in Realist Economic Evaluation

Oladimeji O.J; Tenbense T; Lorgelly P; Bissell K

School of Population Health, University of Auckland, New Zealand

Background

- The Lead Maternity Carer (LMC) service is the maternal care initiative in New Zealand, and the bundled (modular) payment model is applied in the service.
- Bundled payment model has been applied to reduce healthcare expenditure, minimize the utilization of unnecessary services, and improving care coordination.
- There is limited knowledge on what works, how, why, and under what circumstances from an economic lens in implementing bundled payment.

Methods

- Realist evaluation approach was applied for the framework of the study.
- We conducted a desk review of existing publications and documents on LMC service in New Zealand.
- Semi-structured interviews were conducted with policy experts, stakeholders' organisations, and Service providers who have been involved with the LMC service, followed by a thematic analysis.

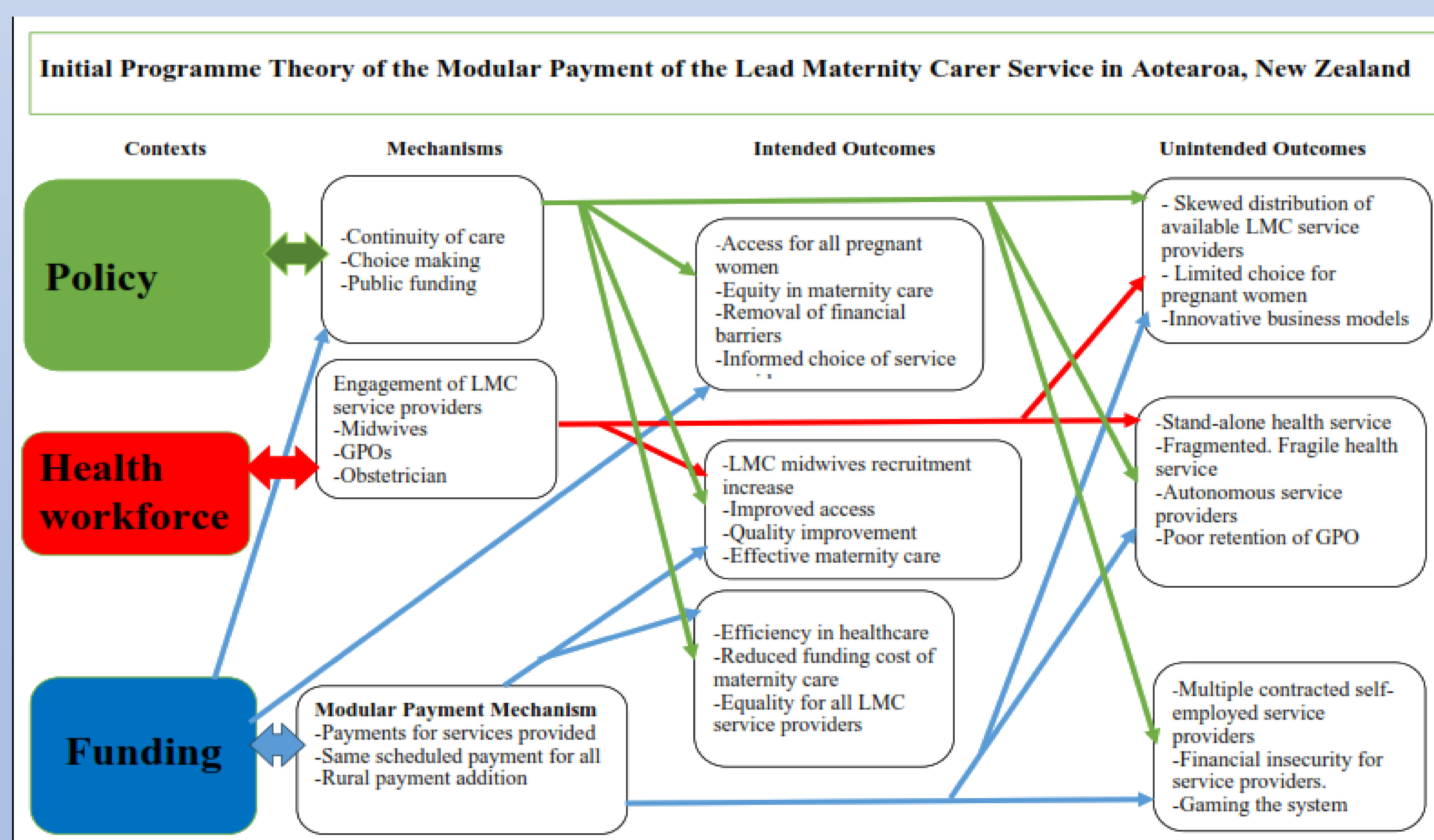
Aims

- To determine the programme theory of the Modular payment of Lead Maternity Carer service in New Zealand.
- To examine what works for whom, how, why, and under what circumstances with the modular payment of the LMC service.

Programme theory

Paying independent self-employed LMC service providers according to modules for services provided would reduce waste, ensure resource efficiency, and improve workforce recruitment.

Modular payment in the LMC service would motivate job autonomy, job satisfaction, and improve coordination of care of maternity care.



Conclusions

Existing maternity policies and the health workforce context in New Zealand were influential in developing and implementing the modular payment of the Lead Maternity Carer service.

The modular payment system provided unintended outcomes that need further exploration to highlight evidence for policymaking.