

October 28, 2019

# Maternal Mortality Key Driver Diagram

## AIMS

## DRIVERS

## INTERVENTIONS

<p><b>Global Aim</b> Decrease maternal mortality and severe morbidity across races, ethnicities, and regions in the Commonwealth</p>	<p>Recognition of and Response to Racial and Ethnic Disparities</p>	<ul style="list-style-type: none"> <li>Implement training, assessment, and re-assessment of organizations' systemic racism and individuals' implicit bias</li> <li>Build a culture of equity, including systems for reporting, response, and learning, and applying resources towards identified problems</li> <li>Engage diverse patient, family, and community advocates on quality and safety leadership teams</li> <li>Train staff and provide ongoing coaching on shared decision making and motivational interviewing methods</li> </ul>
	<p>Comprehensive Perinatal Assessments &amp; Connections to Behavioral Health and Wraparound Supports</p>	<ul style="list-style-type: none"> <li>Administer validated social determinants of health, mental health, and substance misuse screens during prenatal and postpartum visits</li> <li>Connect patients to mental health, substance misuse services, and community-based social services through warm handoffs, co-location, or integration models</li> <li>Engage women who smoke in smoking cessation programs</li> <li>Establish processes for screening, managing, and preventing intimate partner violence</li> <li>Apply trauma-responsive principles</li> <li>Offer access to comprehensive prenatal care that adheres to guidelines, including group education models and virtual options</li> <li>Implement policies on risk factor assessment, counseling, and follow-up for high risk patients prior to discharge</li> <li>Create and implement communication and referral workflows between hospitals/clinics and care manager, home visiting, and community support programs to meet patients where they are</li> <li>Deploy care managers (with health plans) for women with individualized needs, to ensure connections to wrap around supports, track outcomes, and increase self-efficacy in identifying warning signs and when to seek care</li> </ul>
	<p>Establish Levels of Maternity Care</p>	<ul style="list-style-type: none"> <li>Establish levels of risk and levels of maternity care to properly triage patients and connect to the right provider</li> <li>Educate families and providers to make informed decisions about the appropriate place of birth</li> <li>Ensure integration and communication across levels of maternity care to ensure appropriate transfers</li> </ul>
	<p>Review of Mortality &amp; Severe Maternal Morbidity</p>	<ul style="list-style-type: none"> <li>Review records of severe maternal morbidity and mortality with multi-disciplinary teams and support the PA Maternal Mortality Review Committee's (PA MMRC) collection of complete medical records</li> </ul>
	<p>Team-Based Care</p>	<ul style="list-style-type: none"> <li>Educate families and providers to make informed decisions regarding diverse clinical provider options and appropriate scope of practice (e.g., licensed physicians (OBGYNs and family physicians) and midwives)</li> <li>Increase the use and impact of integration of CHWs and doulas in prenatal, laboring/intrapartum and postpartum care</li> <li>Create workflows and establish procedures related to communication and coordination between providers (supported by technology)</li> </ul>
	<p>Standardized Protocols for Hemorrhage, VTE, and Severe Hypertension</p>	<ul style="list-style-type: none"> <li>Establish and implement standardized protocols for identifying and reducing delays in diagnosis and effective treatment, missed diagnosis, and ineffective treatments for hemorrhage, VTE, and severe hypertension</li> </ul>
	<p>Expand Postpartum Care</p>	<ul style="list-style-type: none"> <li>Document postpartum care plans with warning signs, responses, and support teams</li> <li>Provide post-partum care within three weeks from delivery with ongoing care as needed (based on ACOG's fourth trimester guidelines, including telehealth, home visits, and other innovative patient-centered approach)</li> <li>Ensure that each woman has a source of ongoing primary care and a pediatrician</li> <li>Use evaluation and management strategies for issues facing the mother-infant dyad</li> <li>Increase access to immediate postpartum contraception LARC and other options</li> </ul>
	<p>Pre-Conception and Inter-conception Care</p>	<ul style="list-style-type: none"> <li>Increase utilization of pre-conception and inter-conception care, and prevent or control various conditions (e.g., high blood pressure and diabetes, depression, multivitamin use)</li> </ul>
	<p>Availability of Comprehensive Reproductive Services</p>	<ul style="list-style-type: none"> <li>Optimize and measure utilization of comprehensive reproductive services</li> </ul>

## Maternal Mortality Quality Metrics

The PA PQC will rely on the PA Maternal Mortality Review Committee (MMRC) to track rates of maternal mortality at the state-level, including pregnancy-associated and pregnancy-related deaths. To help serve as an action arm of the MMRC, the PA PQC sites will measure severe maternal morbidity. The PA PQC also recommends measuring and tracking optional measures that could prevent maternal mortality and morbidity and drive quality improvement projects at facilities. To ensure a focus on the optional measures, the PA PQC will prioritize certain categories of optional measures in phases. Initially, the optional measures in the hemorrhage, hypertension, and ACOG Fourth Trimester categories will be prioritized.

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
<b>Severe Maternal Morbidity</b>  <i>(Required)</i>	Number of cases with any severe maternal morbidity (SMM) code	All mothers during their birth admission, excluding ectopics and miscarriages	Hospital Discharge Data File (ICD-10)	<p>Report the aggregate numbers across all races/ethnicities <i>quarterly</i>, starting in January 2019</p> <p>Report by race/ethnicity <i>annually</i> (non-Hispanic white, non-Hispanic black, Hispanic, and non-Hispanic other), starting in January 2019</p> <p>Using the <a href="#">AIM SMM Codes List</a>, use the tabs called “ICD-10 SMM Numerator Codes” and “Denominator   Birth Admit Codes” for the numerator and denominator codes, respectively. (For the purposes of this PA PQC measure, please disregard the other tabs, including “SMM Denominator   Hemorrhage” and “SMM Denominator   Preeclampsia.”)</p> <p>For an FAQ about Blood Transfusion Coding, please <a href="#">click here</a>. A national task force is working on updated guidance.</p> <p>The extracted data should be based on discharge date, representing inpatient discharges during the reporting period.</p> <p>Exclude cases where the birth occurred in a location other than the hospital or birth center (e.g., home, car, and ED).</p>	<p><a href="https://safehealthcareforeverywoman.org/aim-data/">https://safehealthcareforeverywoman.org/aim-data/</a></p> <p><a href="https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Severe-Maternal-Morbidity-Screening-and-Review">https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Severe-Maternal-Morbidity-Screening-and-Review</a></p>

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
<p><b>Severe Maternal Morbidity (excluding cases with only a transfusion code)</b></p> <p><i>(Required)</i></p>	Number of cases with any non-transfusion SMM code	All mothers during their birth admission, excluding ectopics and miscarriages	Hospital Discharge Data File (ICD-10)	<p>Report the aggregate numbers across all races/ethnicities <i>quarterly</i>, starting in January 2019</p> <p>Report by race/ethnicity <i>annually</i> (non-Hispanic white, non-Hispanic black, Hispanic, and non-Hispanic other), starting in January 2019</p> <p>Using the <a href="#">AIM SMM Codes List</a>, use the tabs called “ICD-10 SMM Numerator Codes” and “Denominator   Birth Admit Codes” for the numerator and denominator codes, respectively. <b>However, in the case of this measure that excludes cases with only a transfusion code from the numerator, remember to exclude cases with only a blood transfusion code.</b> (For the purposes of this PA PQC measure, please disregard the other tabs, including “SMM Denominator   Hemorrhage” and “SMM Denominator   Preeclampsia.”)</p> <p>The extracted data should be based on discharge date, representing inpatient discharges during the reporting period</p> <p>Exclude cases where the birth occurred in a location other than the hospital or birth center (e.g., home, car, and ED).</p>	<p><a href="https://safehealthcareforeverywoman.org/aim-data/">https://safehealthcareforeverywoman.org/aim-data/</a></p> <p><a href="https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Severe-Maternal-Morbidity-Screening-and-Review">https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Severe-Maternal-Morbidity-Screening-and-Review</a></p>
<p><b>Treatment of Severe HTN within 1 hour</b></p> <p><i>(Optional; prioritized)</i></p>	Cases who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine	Women with persistent (twice within 15 minutes) new-onset Severe HTN (Systolic: ≥ 160 or Diastolic: ≥ 110)	Hospital logbooks, EHR, and pharmacy records	<p>Report monthly, starting in January 2019</p> <p>Denominator excludes women with an exacerbation of chronic HTN</p> <p>It is best to use at least two systems (i.e. logbooks, EHR, pharmacy records) for identification of denominator cases</p>	<p>AIM Severe Hypertension P4</p> <p><a href="https://safehealthcareforeverywoman.org/aim-data/">https://safehealthcareforeverywoman.org/aim-data/</a></p> <p><a href="https://www.acog.org/Clinical-Guidance-and-Publications/Committe">https://www.acog.org/Clinical-Guidance-and-Publications/Committe</a></p>

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
					<p>e-Opinions/Committee-on-Obstetric-Practice/Emergent-Therapy-for-Acute-Onset-Severe-Hypertension-During-Pregnancy-and-the-Postpartum-Period</p> <p><a href="https://safehealthcareforeverywoman.org/patient-safety-bundles/severe-hypertension-in-pregnancy/#link_acc-1-4-d">https://safehealthcareforeverywoman.org/patient-safety-bundles/severe-hypertension-in-pregnancy/#link_acc-1-4-d</a></p>
<p><b>Fourth Trimester Contact</b></p> <p><i>(Optional; prioritized)</i></p>	<p>Number of patients receiving postpartum care contact within first three weeks from discharge</p>	<p>All patients who were discharged due to a birth 3 weeks prior to the end of the month and no later than 3 weeks prior to the month</p>	<p>EHR and Claims Data</p>	<p>Report on a monthly basis, starting in May 2019</p> <p>“Postpartum care” can be counted as OB or OB/GYN provider visits, home health visits, nursing care visits, or telemedicine visits (i.e., videoconferencing but not including telephone calls)</p>	<p>Based on ACOG Fourth Trimester</p> <p><a href="https://www.acog.org/Womens-Health/Optimizing-Postpartum-Care?IsMobileSet=false">https://www.acog.org/Womens-Health/Optimizing-Postpartum-Care?IsMobileSet=false</a></p>

# NAS Driver Diagram

## AIMs

## KEY DRIVERS

## INTERVENTIONS

<ul style="list-style-type: none"> <li>Optimize the health and well-being of pregnant women with OUD and their infants</li> <li>Increase standardized, compassionate care for Opioid-Exposed Newborns (OEN)</li> </ul>	<p>Standardize compassionate, non-judgmental maternal/infant screening, prenatal education, support, and tracking</p>	<ul style="list-style-type: none"> <li>Create and use standardized coding and documentation for SENs and NAS, including specific ICD-10 codes for OENs</li> <li>Use trauma-informed principles for compassionate care for SENs and mothers</li> <li>Educate staff re: OEN and NAS, trauma-informed care, and MDWISE guidelines</li> <li>Develop screening criteria for prenatal identification of infants at risk for NAS</li> <li>Provide family education about NAS and what to expect</li> </ul>
<p><b>SMART Objective and Primary Aim</b></p> <ol style="list-style-type: none"> <li>Decrease hospital LOS for NAS by 1 day by December 2019 and 2 days by September 2020</li> </ol> <p><b>Secondary Aim</b></p> <ol style="list-style-type: none"> <li>Increase identification of OENs and diagnosed NAS</li> <li>Increase percentage of OENs who receive non-pharmacologic treatment</li> <li>Increase breastfeeding by 5% among mothers with OUD within one year</li> <li>Increase recommended well-child visits through 15 months</li> </ol> <p><b>Tertiary Aims</b></p> <ol style="list-style-type: none"> <li>Increase % of infants who stay with their families during the stay and go home with their mother</li> <li>Increase safe and optimized discharge plans for OENs</li> <li>Increase linkage to pediatrician or PCP</li> <li>Increase percentage of babies referred to and seen by Early Intervention services</li> </ol>	<p>Attain high reliability with NAS scoring by nursing staff</p>	<ul style="list-style-type: none"> <li>Train hospitals on validated screens for NAS (e.g., Finnegan and Eat, Sleep, Console)</li> <li>RN staff at Level 2 and 3 NICUs complete NAS scoring training and achieve 90% reliability with a validated screen (e.g., Finnegan and Eat, Sleep Console)</li> </ul>
	<p>Adherence to standardized non-pharmacological measures for all OENs</p>	<ul style="list-style-type: none"> <li>Create and use NAS order sets</li> <li>Ensure each facility has a standardized protocol and adheres to it</li> <li>Create standardized prenatal consult template and pamphlet to help families understand beginning to end the process of their hospital stay</li> <li>Rooming-in (with safety measures) where the parent is present throughout stay</li> <li>Promote Kangaroo care (skin-to-skin contact)</li> <li>Swaddling, rocking, dimmed lighting, limited visitors, quiet environment</li> <li>Establish breastmilk guidelines and support breastfeeding guidelines</li> <li>Use empowering messaging to engage the mother</li> </ul>
	<p>Standardize medical management of all NAS patients</p>	<ul style="list-style-type: none"> <li>Create and use EHR order sets</li> <li>Create standardized prenatal consult template and pamphlet to help families understand beginning to end the process of their hospital stay</li> <li>Initiate Rx if NAS score <math>\geq 8</math> three times</li> <li>Stabilization / Escalation Phase</li> <li>Wean when stable for 48 hrs by 10% daily</li> </ul>
	<p>Ensure Safe Discharge</p>	<ul style="list-style-type: none"> <li>Partner with families to establish plans of care for the infant, using MDWISE guidelines</li> <li>Collaborate with social and child services to ensure infant safety</li> <li>Provide home visits post-discharge with counties and health plans</li> <li>Follow-up to ensure that the plans of safe care are adopted (MDWISE)</li> </ul>
	<p>Support Mother/Infant Dyad</p>	<ul style="list-style-type: none"> <li>Connect dyad to wrap around supports and treatment prior to discharge</li> <li>Facilitate communication with Pediatrician and PCP</li> <li>Provide training to pediatricians for managing mother/infant dyad post-discharge</li> <li>Provide lactation support</li> <li>Use Cuddler Program to free up mom for treatment</li> <li>Follow the mother/infant dyad for up to 18 months</li> <li>Link babies to Early Intervention (EI) Services.</li> <li>Prepare mom for post-discharge, home-based services</li> </ul>

## NAS Quality Metrics

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
<p><b>Median hospital length of stay for newborns with NAS</b></p> <p><b>(required)</b></p>	Median number of hospital days from birth of newborns with NAS through discharge to home among newborns greater than 34 gestational weeks with NAS		Birth Hospital Data Form or State Data with NAS ICD 10 code and total hospital LOS	<p>Report quarterly, starting in January 2019</p> <p>The data should be pulled based on discharge date (for example, for January 1 to March 31, data should be pulled for all patients who were <i>discharged</i> in that quarter)</p> <p>Newborns are those admitted at 0 days old, transferred up to 1 week old, or readmitted from home/ER/clinic up to 1 week old (i.e., admitted at less than 7 days old)</p> <p>Newborns diagnosed with NAS are defined by:</p> <ul style="list-style-type: none"> <li>• ICD 10 Code P96.1 (Neonatal Withdrawal Symptoms from Maternal Use of Drugs of Addiction), or</li> <li>• OEN with clinical signs of opioid withdrawal (e.g., Finnegan score <math>\geq 8</math> three consecutive times)</li> </ul> <p>This measure is among those who have been discharged</p> <p>Includes all days hospitalized whether transferred outside of a NICU or transferred to another institution</p> <p>Median calculations assume some sites will have outliers that will skew the normal distribution of data. The median is the value separating the higher half from the lower half of a data sample this ordered from low to high numbers. (In response to outliers, conduct a root cause analysis to understand the causes of the outliers.)</p> <p><u>Protocol for how to handle transfers:</u></p>	<p>Informed by AIM Opioid Metrics Spreadsheet (O4)</p> <p>Informed by ILPQC protocol for handling transfers</p>

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
				<p><i>For infants transferred between hospitals, this data is reported by the hospital that provided the majority of care during the acute period of risk. Typically, for mother this is during delivery and for infants this is approximately day 3 to day 10 of life. We are defining that hospital as the BIRTH hospital if the infant remains there for at least 5 days of life, and the RECEIVING hospital if the infant is transferred at day of life 5 or less. For all mother/infants, the data should only be reported ONCE. Examples are listed below</i></p> <p><b>Scenarios:</b></p> <ul style="list-style-type: none"> <li>• Infant born at hospital A, remains at hospital A until discharge (Hospital reports data)</li> <li>• Infant born at hospital A, transferred to hospital B on day of life 20 for convalescent care, remains at hospital B until discharge (Hospital A reports data)</li> <li>• Infant born at hospital A, transferred to hospital B on day of life 2 for acute care, remains at hospital B until discharge (Hospital B reports data)</li> <li>• Infant born at hospital A, transferred to hospital B on day of life 2 for acute care, transferred back to hospital A on day of life 20 for convalescent care, remains at hospital A until discharge (Hospital B reports data)</li> </ul> <p><i>The hospital reporting the data should attempt to contact transferring or receiving hospitals for information needed. If an infant was transferred for acute care at day of life 5 or less, the receiving hospital should get information on the perinatal and birth history from the birth hospital. If the infant is transferred after day 10 for convalescent care, the transferring hospital should get information from the receiving hospital on eventual disposition and length of stay.</i></p>	

# OUD Driver Diagram

## Aims

1. Increase SUD, OUD, and NAS **education** among patients and staff
2. Increase pregnant women **screened** and appropriately **diagnosed** for SUD
3. Increase prenatal and postpartum women with OUD who are **referred** to and initiate MAT
4. Increase **duration** of MAT use among prenatal and postpartum women
5. Increase women with OUD who receive **prenatal care** in the 1<sup>st</sup> trimester and **postpartum care**

## Drivers

Educate patients and their families on OUD and NAS

Provide staff-wide education and training on substance use, stigma and trauma-responsive care

Screen all pregnant women for substance use

Screen all pregnant women for commonly occurring physical and behavioral co-morbidities

Link all pregnant women with OUD to substance use treatment programs that provide MAT, behavioral health counseling and social services support

Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD

Know state and local notification guidelines for maternal substance use and substance-exposed infants

## Key Interventions

- Provide staff-wide (clinical and non-clinical) education on SUD/OUD with an emphasis on stigma and trauma-informed care
- Provide evidence-based patient education materials on OUD and NAS in inpatient and outpatient settings
- Define culture of equity and trauma-responsive care

- Screen all pregnant women for SUD/OUD using validated screening tools and SBIRT
- Check PDMP for opiate use
- Screen women with SUD/OUD for commonly occurring co-morbidities, including HIV, Hepatitis, STIs, mental health conditions, physical and sexual violence, smoking and ETOH use, and social determinants of health (SDOH)
- Screen for pregnancy intention and provide comprehensive contraceptive counseling
- Provide access to immediate postpartum contraceptive options (e.g. LARC) prior to hospital discharge.

- Map local SUD treatment options that provide MAT and women-centered care including local resources that support recovery
- Ensure and follow OUD treatment engagement during pregnancy and postpartum
- Provide Naloxone prescriptions
- Obtain patient consent to communicate with OUD treatment providers
- Ensure that women who are incarcerated have continuous access to MAT across the State

- Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD
- Identify a lead coordinator to ensure that all women with OUD/SUD are enrolled in clinical pathways
- Create a “plan of safe care” prior to discharge, using MDWISE guidelines
- Create multidisciplinary case review teams for patient, provider and system-level issues

**Goal:** Optimize the health and well-being of pregnant women with opioid use disorder and their children



## OUD Metrics

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
<p><b>Percentage of pregnant women screened for SUD with a validated screen</b></p> <p><b>(required)</b></p>	Number of women screened for SUD with a validated screen at any time during the pregnancy	Number of women with a prenatal visit or delivery visit in the month	EHR Data	<p>Report on a monthly basis, starting in May 2019</p> <p>“At any time during the pregnancy” means during prenatal and hospital/delivery visits. In other words, SUD screens during prenatal and/or hospital/delivery visits count in this measure.</p> <p>For the purposes of counting who is included in the numerator, at least one SUD screening per person “at any time during the pregnancy” would count for the numerator.</p> <p>Each person screened “at any time during the pregnancy” should only be counted once in the numerator even if the person was screened more than once at any time during the pregnancy (i.e., do not double count someone in the numerator for the PA PQC measures)</p> <p>In regard to the denominator, if a person has multiple prenatal visits in the month, she should only be counted once in the denominator (i.e., do not double count someone in the denominator for the PA PQC measures).</p> <p>To keep track of who has met the criteria to be included in the numerator or denominator, PQC sites have found it helpful to develop a yes/no tracking sheet when reviewing records (see slide 21 from the May 13 2019 Data Collection Webinar Presentation here</p>	<p>AIM Opioid Optional P3 (adapted)</p> <p><a href="https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf?dmc=1&amp;ts=20180803T1619512856">https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf?dmc=1&amp;ts=20180803T1619512856</a></p>

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
				<p><a href="https://www.whamglobal.org/data-collection">https://www.whamglobal.org/data-collection</a> for a visual).</p> <p><u>SUD Domains Include:</u> Alcohol, tobacco, opioids, and other drugs</p> <p><u>Validated SUD screening tools:</u> 4Ps, 4Ps Plus, 5Ps, NIDA Quick Screen, Substance Use Risk Profile Pregnancy (SURP-P) Scale, ASSIST, TICS <a href="http://www.dbhds.virginia.gov/library/mental%20health%20services/screener-perinatal.pdf">http://www.dbhds.virginia.gov/library/mental%20health%20services/screener-perinatal.pdf</a></p>	
<p><b>Percentage of pregnant women diagnosed with OUD at any time of pregnancy</b></p> <p><b>(required)</b></p>	<p>Number of women with an OUD diagnosis at any time during pregnancy</p>	<p>Number of women with a prenatal or delivery visit in the month</p>	<p>EHR Data</p>	<p>Report on a monthly basis, starting in January 2019</p> <p>Clinical Criteria for “Women Diagnosed with OUD”:</p> <ul style="list-style-type: none"> <li>• positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or</li> <li>• Patient endorses or reports misuse of opioids / opioid use disorder, or</li> <li>• using non-prescribed opioids during pregnancy, or</li> <li>• using prescribed opioids chronically for longer than a month in the third trimester (i.e., week 28 of pregnancy until birth), or</li> <li>• newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids or if newborn has symptoms associated with opioid exposure including NAS</li> </ul> <p>ICD-10 codes for OUD: F11 diagnosis codes (O99.320 and Z79.891 may also be used). (The OUD diagnosis should be counted in the</p>	

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
				<p>numerator if it is active between pregnancy start date and the end of the data reporting month.)</p> <p>For all of the PA PQC measures, an individual should only be counted once in the numerator and denominator.</p>	
<p><b>Percentage of pregnant and postpartum women diagnosed with OUD who <u>initiate</u> MAT</b></p> <p><b>(required)</b></p>	<p>Number who filled a prescription for or were administered or ordered an MAT medication (buprenorphine or methadone) for OUD at any time during or after the pregnancy</p>	<p>Number of women with a delivery and OUD diagnosis in the month</p>	<p>EHR Data &amp; Claims Data (based on Rx)</p>	<p>Report on a monthly basis, starting in January 2019</p> <p>“After the pregnancy” is defined as any time up to 30 days after the birth.</p> <p>See above for clinical criteria for “Women Diagnosed with OUD” and ICD-10 codes for OUD</p> <p>Suggestions for gathering information for the numerator:</p> <ul style="list-style-type: none"> <li>• In the scenario where the MAT is being provided by an external MAT provider (methadone or buprenorphine provider outside of your system), PA PQC sites can follow-up with the patient to inquire whether the patient is engaged in MAT treatment. Or the PA PQC sites can follow-up with the external MAT provider to inquire about the initiation and continuing MAT status (with appropriate information sharing consents in place between treating providers).</li> <li>• In the scenario where the MAT is being provided by an internal provider (e.g., a waived OB/GYN), track in the EHR whether buprenorphine was ordered. Depending on your EHR, you may be able to access prescription fill status as well (e.g., via SureScripts and/or PDMP)</li> </ul>	<p>Informed by NQF 3400 (Use of Pharmacotherapy for OUD)</p> <p><a href="http://www.qualityforum.org/QPS/">http://www.qualityforum.org/QPS/</a></p>

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
<p><b>Percentage of pregnant and postpartum women with OUD and <u>90-day continuity of MAT</u> pharmacotherapy for OUD</b></p> <p><b>(required)</b></p>	<p>Cumulative number who have at least 90 days of continuous pharmacotherapy with a medication prescribed for OUD (buprenorphine or methadone) without a gap of more than seven days</p>	<p>Cumulative number of women with a delivery in the past year OUD diagnosis, and at least one claim for an MAT medication (buprenorphine or methadone) at least 90 days ago</p>	<p>EHR Data &amp; Claims Data (based on Rx)</p>	<p>Report cumulatively on a monthly basis, starting in May 2019</p> <p>Example: For the denominator reported for the month of May 2019, pull all deliveries in the past year (e.g., June 1, 2018 to May 31, 2019) for women who (1) had an OUD diagnosis, and (2) had at least one MAT claim <u>at least</u> 90 days prior to the end of May 2019.</p> <p>See above for clinical criteria for “Women Diagnosed with OUD” and ICD-10 codes for OUD</p> <p>See above for “Suggestions for gathering information for the numerator.” The PA PQC also suggests to work with the PA PQC health plans teams to received feedback on these claims-based measures.</p>	
<p><b>Percentage of pregnant and postpartum women with OUD and <u>180-day continuity of MAT</u> pharmacotherapy for OUD</b></p> <p><b>(required)</b></p>	<p>Cumulative number who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD (buprenorphine or methadone) without a gap of more than seven days</p>	<p>Cumulative number of women with a delivery in the past year, OUD diagnosis, and at least one claim for an MAT medication (buprenorphine or methadone) at least 180 days ago</p>	<p>EHR Data &amp; Claims Data (based on Rx)</p>	<p>Report cumulatively on a monthly basis, starting in May 2019</p> <p>Example: For the denominator reported for the month of May 2019, pull all deliveries in the past year (e.g., June 1, 2018 to May 31, 2019) for women who (1) had an OUD diagnosis, and (2) had at least one MAT claim <u>at least</u> 180 days prior to the end of May 2019.</p> <p>See above for clinical criteria for “Women Diagnosed with OUD” and ICD-10 codes for OUD</p>	<p>Informed by NQF 3175</p> <p><a href="http://www.qualityforum.org/QPS/">http://www.qualityforum.org/QPS/</a></p>

Metric	Numerator (Out of the Denominator)	Denominator	Data Source	Notes	Source
				See above for “Suggestions for gathering information for the numerator.” The PA PQC also suggests to work with the PA PQC health plans teams to received feedback on these claims-based measures.	
<p><b>Percentage of women diagnosed with OUD receiving postpartum visit (required)</b></p>	<p>Cumulative number who received a postpartum visit with a provider on or between 21 and 56 days after delivery</p>	<p>Cumulative number of women with a delivery at least 56 days ago who are diagnosed with OUD</p>	<p>Claims Data / EHR Data with Outpatient Post-Partum Information</p>	<p>Report cumulatively on a monthly basis, starting in January 2019</p> <p>Example: For the denominator reported for the month of May 2019, pull data for deliveries between January 1, 2019 and April 5, 2019 (this is 56 days before May 31, 2019). Then, for the denominator reported for the month of June 2019, pull data for deliveries between April 5, 2019 and May 5, 2019 (56 days before June 30, 2019).</p> <p>A provider may include an MD/DO, CRNP, Physician Assistant, or Midwife.</p> <p>See above for clinical criteria for “Women Diagnosed with OUD” and ICD-10 codes for OUD.</p>	<p>Adapted from Medicaid Measures</p> <p><a href="https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html">https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html</a></p>