Pennsylvania Perinatal Quality Collaborative

Recommend Standards of Care and Quality Measures for Perinatal Value-Based Payment Models

The PA Perinatal Quality Collaborative's (PA PQC) Policy Group created the recommended standard of care and quality measures for perinatal value-based payment models by:

1. Assembling a resource packet of maternity care improvement opportunities, standards of care for those improvement opportunities, and existing maternity care quality measures
2. Convening a group of providers in-person to prioritize the improvement opportunities and recommend standards of care and quality measures for each improvement category
3. Convening a larger group of providers, regional business groups on health, commercial and Medicaid health plans, state agencies, and other stakeholders to get feedback on the initial recommendations via virtual meetings, a survey to quantify input, and a comment period

Based on this input, the table on pages 2-12 includes recommended standards of care and quality measures for perinatal value-based payment models.

In regard to setting benchmarks for these measures, the PA PQC Policy Group recommends to base benchmarks on peer performance and to have the benchmarks discussed and agreed to between providers and payers. In response to the health equity and SDOH categories that are included in the table below, the group recommends to stratify all measures by race and ethnicity (non-Hispanic white, non-Hispanic black, Hispanic, and non-Hispanic other).

Improvement Category	Standards of Care	Quality Measures
Health Equity and SDOH	* AIM's Reduction of Peripartum Racial/Ethnic Disparities Patient Safety Bundle (including racial/ethnic implicit bias training) * ACOG Committee Opinion and Care Guidelines: Social Determinants of Health ***Including response to transportation needs**	**Severe Maternal Morbidity rate by race and ethnicity** (AIM measure) • **Numerator:** Number of cases with any severe maternal morbidity (SMM) code • **Denominator:** All mothers during their birth admission, excluding ectopics and miscarriages **NOTES:** "Severe Maternity Morbidity," covers the following diagnoses: Acute myocardial infarction, Acute Renal Failure diagnosis, Adult Respiratory Distress Syndrome diagnosis, Amniotic fluid embolism, Aneurysm, Cardiac arrest/ventricular fibrillation, Disseminated Intravascular Coagulation, Eclampsia, Heart failure/arrest during procedure or surgery, Puerperal Cerebrovascular Disorder, Acute Heart Failure / Pulmonary edema, Severe anesthesia complications, Shock, Sickle Cell Disease with Crisis, Air and thrombotic embolism, Blood transfusion, Conversion of cardiac rhythm, Hysterectomy, Temporary tracheostomy, and Ventilation. Please see the following page for additional details: https://safehealthcareforeverywoman.org/aim-data/. For an FAQ about Blood Transfusion Coding, please click here. A national task force is working on updated guidance. Providers in the PA PQC have had success with using blood bank databases.

		Social Determinants of Health Screening and Follow-Up Services (PA PQC optional measure informed by the NQF #0418 Depression Screening Measure)
		
		• **Screening Measure:**
		  ○ **Numerator:** Number who were screened for social determinants of health (SDOH) at least once in a year, using a standardized SDOH screen that includes the SDOH Domains in the DHS SDOH Resource and Referral Tool
		  ○ **Denominator:** Deliveries during the Measurement Period
		• **Follow-up Measure:**
		  ○ **Numerator:** Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total)
		  ○ **Denominator:** Deliveries in which members had documentation of SDOH screening performed using a standardized instrument that includes the SDOH Domains in the DHS SDOH Resource and Referral Tool, with a positive finding for SDOH needs

		NOTES: The statewide SDOH Resource and Referral Tool is expected to help track the "follow-up services within 30 days." Please click here for an overview of the standardized SDOH screens. A "follow-up service" is defined as: • An outpatient or telephone follow-up visit, with an ICD-10 Z SDOH code. • A SDOH care management encounter in-person or via the phone that documents SDOH assessment and shared-decision making for the options to respond to the SDOH needs • Receipt of an onsite SDOH-related resource • An encounter with a social/human service agency

SUD	* **ACOG's Committee Opinion on Opioid Use and OUD in Pregnancy**
	
	* **Consensus Bundle on OB Care for Women with OUD**
	
	***AIM Bundle for Maternal OUD**
		SUD Screening and Follow-Up Services
		
		• **Screening Measure:**
		  ○ **Numerator:** Number of women screened for SUD with a validated screen at any time during the pregnancy
		  ○ **Denominator:** Number of women with a prenatal visit or delivery visit during the measurement period
		• **Follow-up Measure:**
		  ○ **Numerator:** Among the denominator, the number who received follow-up care on or 30 days after the date of the first positive screen (31 days total)
		  ○ **Denominator:** Number of women with a prenatal visit or delivery visit during the measurement period who had documentation of a SUD screening performed using a standardized instrument, with a positive finding for SUD needs
		
		NOTES:
		
		A data collection method would need to be developed to enable providers to report this measure to health plans, because it is not a claims-based measure.
		
		A follow-up service is defined as:

		• A Brief Intervention via an outpatient visit, telephone follow-up visit, or care management contact that provides feedback on the positive screen, offers follow-up options, and uses motivation interviewing-informed skills (e.g., pros/cons, readiness to change, etc.) • A SUD encounter with a COE, PacMAT, SCA, or SUD treatment agency (see https://data.pa.gov/stories/s/Treatment/fvkx-eumb for a map of these resources) • A dispensed MAT medication (buprenorphine or methadone) for OUD • Receipt of an assessment on the same day and subsequent to the positive screen • Documentation of additional SUD screening indicating either no SUD or no symptoms that require follow-up. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Billing Codes (https://www.samhsa.gov/sbirt/coding-reimbursement) • 99408 (alcohol and/or substance abuse screening and brief intervention services; 15 to 30 min.) • 99409 (alcohol and/or substance abuse screening and brief intervention services; greater than 30 min.) • H0049 (alcohol and/or drug screening) • H0050 (alcohol and/or drug service, brief intervention, per 15 min)
		Percentage of pregnant and postpartum women with OUD and 180-day continuity of MAT pharmacotherapy for OUD (PA PQC required measure informed by NQF 3175) • **Numerator:** 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 • **Denominator:** 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 **NOTES:** The data for this measure should be collected by the health plans (e.g., they could track pharmacy data). The data collection plan will need to account for patients who may not stay with their plan through 180 days. Please see ttps://data.pa.gov/stories/s/Treatment/fvkx-eumb for a map of OUD COEs, PacMATs, and DDAP licensed facilities. Due to the time period of the measure, the maternity value-based payment models would need to include reconciliation to look back and make adjustments based on the performance of this measure.

Cardiovascular	* Recommendations from the ACOG Committee Opinion No. 743 Summary: Low-Dose Aspirin Use During Pregnancy * ACOG's Recommendations for Clinical Management of Hypertension * AIM OB Hemorrhage Bundle * AIM Severe Hypertension in Pregnancy Bundle * Joint Commission Standard PC.06.01.01: Reduce the likelihood of harm related to maternal hemorrhage (based on AIM Bundles) * Joint Commission Standard PC.06.01.03: Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia * **Postpartum contact (including telehealth monitoring, PCP contact, or specialist consultation) within 1-2 weeks**	**Evidence of meeting 100% of the Joint Commission Standards** **NOTE:** Due to the new Joint Commission Standards, all hospitals will be working towards this already. A data collection would need to be developed for this measure to enable providers to report this measure to the health plans, because it is not claims-based.

Expanded Postpartum Care	* Recommendations of ACOG's Committee Opinion no. 736: Optimizing Postpartum Care (including viewing postpartum care as an ongoing process of support that begins prenatally and utilizing telemedicine, doulas, care coordination, and other resources to ensure that patients can access appropriate care throughout pregnancy and during the postpartum period)	**Quality measures for postpartum contraceptive care (including LARC) are not recommended for maternity value-based payment models. However, health plans that use maternity value-based payment models should reimburse for contraceptive care (including LARC) in a fee-for-service (FFS) system.** **NOTE:** Please see the following link for information about how the contraceptive care measures should be used (e.g., benchmarks have intentionally not been set): https://www.hhs.gov/opa/performance-measures/index.html. In response, the group recommend to carve-out contraceptive care (including LARC) so it is incentivized in a FFS system.
		Fourth Trimester Contact (PA PQC Optional, Prioritized Measure) • **Numerator:** Number of patients receiving postpartum care contact within first three weeks from discharge ("Postpartum care" can be counted as OB or OB/GYN provider visits, home health visits, nursing care visits, contact via Apps or texting, telephone contacts, or telemedicine visits. • **Denominator:** All patients who were discharged at least three weeks prior to the end of the measurement period **NOTE:** A data collection plan would need to be developed for this measure to enable providers to report this measure to health plans, since it is not a claims-based.
		Postpartum Care (NCQA and PA Performance Measure) • **Numerator:** Number with a postpartum visit within 7-84 days post-partum • **Denominator:** The percentage of deliveries of live births between November 6th of the year prior to the measurement year and November 5 of the measurement year **NOTE:** The above numerator is the new NCQA definition. The previous definition for the numerator was the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Perinatal Mental Health	* **ACOG Committee Opinion on Screening for Perinatal Depression** ***ACOG and APA Management of Depression During Pregnancy** ***ACOG Practice Bulleting on Use of Psychiatric medications** ***AIM Mental Health (Depression and Anxiety) Bundle**	**Behavioral Health Risk Assessment for Pregnant Women** (AHRQ) • **Numerator:** Patients who received all behavioral health screening risk assessments at the first prenatal visit: depression, alcohol use, tobacco use, drug use, and intimate partner violence • **Denominator:** All patients, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care **Prenatal Depression Screening and Follow-Up (**NCQA HEDIS 2020**)** • **Screening Measure** ○ **Numerator:** Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during pregnancy. ○ **Denominator:** Deliveries during the Measurement Period (excluding deliveries in which members had weeks of gestation less than 37 or hospice services) • **Follow-up Measure:** ○ **Numerator:** Follow-up Measure: Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up. ○ **Denominator:** Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during pregnancy, with a positive finding for depression during pregnancy. **Postpartum Depression Screening and Follow-Up** (NCQA HEDIS 2020) • **Screening Measure** ○ **Numerator 1:** Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during the 84-day period following the date of delivery. ○ **Denominator:** Deliveries during September 8 of the year prior to the Measurement Period through September 7 of the Measurement Period. • **Follow-Up Measure** ○ **Numerator:** Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

		○ **Denominator:** All deliveries from Numerator 1 with a positive finding for depression during the 84-day period following the date of delivery. **NOTES:** A data collection plan would need to be developed for both of these measures to enable providers to report this measure to health plans, because it is not a claims-based measure. For example, the PA Medicaid Obstetric Needs Assessment Form (ONAF) could be used. Please see the following link for a table of depression screening tools: https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression. "Follow-up care within 30 days of screening positive for depression" is defined by NCQA as "any of the following on or 30 days after the first positive screen": • An outpatient or telephone follow-up visit, with a diagnosis of depression or other behavioral health condition. • A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition. • A behavioral health encounter, including assessment, therapy, collaborative care or medication management • A dispensed antidepressant medication. • Receipt of an assessment on the same day and subsequent to the positive screen ○ Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up. For example, if the initial positive screen resulted from a PHQ-2 score, documentation of a negative finding from a subsequent PHQ-9 qualifies as evidence of follow-up. Depression screening billing codes include 96127 and G044, and behavioral health integration codes include 99492, 99493, 99494, 99484 (see https://aims.uw.edu/sites/default/files/Basic_BHI_Coding_0.pdf). The group suggested to consider adding anxiety screening in the future. Although professional societies include recommendations, such as "screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool" (see https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression), additional studies appear to be needed to validate screening tools specifically for anxiety during the perinatal

		periods (e.g., there is some emerging evidence for PASS, Anxiety Disorder – 13, EPDS anxiety subscale, and GAD-7).
Pre-term birth policies	* Recommendations of ACOG's Care Guidelines for Prediction, Prevention, and Management of Preterm Birth	•
		Timeliness of Prenatal Care (Prenatal Care in the 1st Trimester) (NCQA and PA Performance Measure; NQF #1517) • **Numerator:** Deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • **Denominator:** Deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year **NOTES:** One of the inclusion steps is to determine if enrollment was continuous 43 days prior to delivery through 84 days after delivery, with no gaps. Please see the following link for additional specifications: https://www.ncqa.org/wp-content/uploads/2019/02/20190208_15_PPC.pdf
Prenatal Care	USPSTF Gestational diabetes mellitus screening USPSTF Hep B screening USPSTF HIV screening USPSTF Bacteriuria screening	**Prenatal Care Screening** • **Numerator:** o Patients who received the following screening tests during the prenatal period within the specified timeframes: ▪ Screening for neural tube defects: screening using maternal serum alpha-fetoprotein (MSAFP) between weeks 15-20 weeks gestation or screening by ultrasound after 16 weeks gestation. ▪ Screening for gestational diabetes before or at 28 weeks gestation (patients with a diagnosis of diabetes are excluded). ▪ Screening for asymptomatic bacteriuria before or at 16 weeks gestation.

	ACOG Prenatal Genetic Screening and Diagnostic Testing ACOG Committee Opinion on Prevention of Group B Strep Early-Onset Disease in Newborns	▪ Hepatitis B specific antigen screening at first visit (patients with documented immunity to hepatitis B or active hepatitis B are excluded). ▪ HIV screening at first visit (patients with a diagnosis of HIV are excluded). ▪ Group B streptococcus screening (GBS) at 35 to 37 weeks gestation (patients with previously diagnosed GBS or a prior baby that was infected are excluded). • **Denominator**: ○ All patients, regardless of age, who gave birth during a 12 month period and were seen at least once for prenatal care. **NOTES:** The measurements specifications from AHRQ are available here https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/chipra/factsheets/fullreports/chipra-170-prenatal-screening-full-report.pdf. Although these measurement specifications only count people in the numerator if they received all six screens, the PA PQC policy group suggests that health plans and providers could follow this measurement specification or measure each separately, depending on population health goals.
	ACOG Guidance on Immunization	**Prenatal Immunization Status (NCQA/HEDIS Measure)** • Percentage of deliveries in which women received influenza and Tdap vaccinations **NOTES:** See: https://www.ncqa.org/wp-content/uploads/2019/02/NCQA-AIS-PRS-Webinar-Slides-Feb-2019.pdf https://www.cdc.gov/vitalsigns/maternal-vaccines/index.html
Newborn standards of care	* **Newborns connected to pediatrician** * **Plan of Safe Care for infants born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or FASD**	**Well-Child Visits in the First 15 Months of Life** (NQF Endorsed NCQA Measure and PA Performance Measure) • **Numerator:** Children who received six or more well-child visits with a primary care physician during their first 15 months of life • **Denominator:** Children who turn 15 months old during the measurement year

	*Reliable NAS screening and standardized NAS protocols (Rx and non-RX treatment bundles) **VON Day Quality Audit Standards for NAS**	***OPTIONAL Measure:* Percent of OENs who are treated with a non-pharmacologic bundle** • Numerator: Number who are treated with a non-pharmacologic bundle • Denominator: Number of OENs ***OPTIONAL Measure:* Percent of newborns diagnosed with NAS who receive pharmacologic treatment** • Numerator: Number receiving pharmacologic therapy • Denominator: Number of newborns > 34 gestational weeks with NAS **NOTES:** These are **OPTIONAL measures** that providers and health plans could consider when designing a maternity value-based payment model to support the adoption of NAS treatment bundles. If this measure is used, it is recommended to treat it only as a "Report Only" measure at least in the first year in order to establish benchmarks and to refine the measurement specifications and data collection methods. After this testing and development phase, it could be part of the VBP in subsequent years. For definitions for the NAS and OEN measures, please see the PA PQC data specifications for NAS here: https://www.whamglobal.org/data-collection.
C-Section	AIM Bundle: Safe Reduction of Primary Cesarean Birth	**PC- 02 Cesarean Birth (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)** • **Numerator:** Patients with cesarean births with ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for cesarean birth • **Denominator:** Nulliparous patients with an ICD-10-CM Principal or Other Diagnosis Code for outcome of delivery with a delivery of a newborn with 37 weeks or more gestation completed or with an ICD-10-PCS Principal or Other Procedure Codes for delivery **NOTES:** https://manual.jointcommission.org/releases/TJC2016B1/MIF0167.html
VBAC	ACOG VBAC Practice Bulletin	**IQI-22: Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated** • **Numerator:** Number of vaginal deliveries, identified by DRG or MS-DRG code, among cases meeting the inclusion and exclusion rules for the denominator. DRG codes: 372, 373, 374, 375 MS-DRG codes: 767, 768, 774, 775

		• **Denominator:** All deliveries identified by DRG or MS-DRG code, with any-listed ICD-9-CM diagnosis codes for previous Cesarean delivery. DRG codes: 370, 371, 372, 373, 374, 375 MS-DRG codes: 765, 766, 767, 768, 774, 775 **NOTES:** https://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2018/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf

Elective Delivery	CMQCC Early Elective Deliveries Toolkit	**PC-01 Elective Delivery**
		
		• **Numerator:**
		  ○ Patients with elective deliveries with ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for one or more of the following:
		  ▪ Medical induction of labor as defined in Appendix A, Table 11.05 while not in Labor prior to the procedure
		  ▪ Cesarean birth as defined in Appendix A, Table 11.06 and all of the following: not in Labor; no history of a Prior Uterine Surgery
		• **Denominator:**
		  ○ Patients delivering newborns with >= 37 and < 39 weeks of gestation completed with ICD-10-PCS Principal or Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1 and with ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for planned cesarean birth in labor as defined in Appendix A, Table 11.06.1.
		
		NOTES:
		
		See: https://manual.jointcommission.org/releases/TJC2016B1/MIF0166.html