

2021/2022 Quality Measure Highlight

Timely Postpartum Care

MEASURE DESCRIPTION

The total number of members with live births who had two postpartum services rendered by an OB/GYN practitioner or midwife, family practitioner or other Primary Care Provider. First visit to occur within 21 days after delivery and second visit occurring between 22 and 84 days after delivery.

PHC members who delivered a live birth on or between April 8 of the year prior to the measurement year and April 7 of the measurement year. Includes women who delivered in any setting.

Any of the following types of visits meet criteria per the specifications:

- A postpartum visit
- Cervical cytology
- A bundled service where the organization can identify the date when postpartum care was rendered.

Measure Type: Administrative (claims, pharmacy data)

Intent / Importance: Timely postpartum care is a measure of quality care and can contribute to healthier outcomes for women after delivery. Comprehensive postpartum care is critical for setting the stage for the long-term health and well-being of new mothers and their infants. The postpartum visit is an important opportunity to educate new mothers on expectations about motherhood, address concerns, and reinforces the importance of routine preventive health care.¹ The American College of Obstetricians and Gynecologists (ACOG) recommends that a timely postpartum visit be used to assess the health of the infant, mother's medical and psychological condition, breastfeeding, and contraceptive plan.¹

Coding:

Please refer to current code-set or send a request to the Perinatal QIP Team at:

perinatalqip@partnershiphp.org.

¹Stuebe, A., Borders, A. "Optimizing Postpartum Care." The American College of Obstetricians and Gynecologists: Committee Opinion No.666 (2016). Web. 3 May 2017.

Please Note

- As part of the Perinatal QIP, participating providers can earn up to **\$75 per patient. \$25 for the first timely postpartum visit for eligible populations and \$50 for the second visit.**
- A two-step exam to include a telephone visit, e-visit or virtual check-in will qualify with the following conditions;
 - 1) Telephone visit, e-visit or virtual check-in is limited to depression screening.
 - 2) Member must be evaluated in person.
- For more information, please refer to the [Perinatal QIP webpage](#), or contact the Perinatal QIP Team at perinatalqip@partnershiphp.org.

Compliant Documentation

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and the following:

- Date of delivery and a complete postpartum visit that includes all of the following:
 - Weight, blood pressure, and evaluation of the abdomen and breasts.
 - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component
 - Notation of “X” in a form or chart qualifies for evaluation of the breasts for non-lactating patients
- Date of depression screening and use one of the approved tools at each visit
- The provider also attests that the following evaluation occurred:
 - Evaluation of lactation
 - Discussion of family planning

Additionally, on the date of the postpartum visit, documentation must include one of the following:

- Pelvic exam
- Notation of postpartum care, including, but not limited to:
 - Notation of “postpartum care,” “PP care,” “PP check,”
 - A preprinted “Postpartum Care” form in which information was documented during the visit.
 - Perineal or cesarean incision/wound check.
 - Screening for anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
 - Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics:

- Infant care or breastfeeding
- Resumption of intercourse, birth spacing or family planning
- Sleep/fatigue
- Resumption of physical activity
- Attainment of healthy weight

Non-Compliant Documentation

- A colposcopy alone

Best and Promising Practices

- Schedule post-partum visits prior to discharge from hospital
- The timing of the comprehensive postpartum visit should be individualized and person-centered.
- The postpartum care plan should be reviewed and updated after the member gives birth. The care plan includes contact information and written instructions regarding the timing of follow-up postpartum care.
 - Develop weekend and holiday discharge call back system
- Use PHC patient incentive program to encourage appointments
- Enroll at-risk patients in PHC Care Coordination during pregnancy
- Seek to empower and educate families, ensure patient information is consistent, welcoming, in plain and person-centered appropriate language, and when applicable - delivered in traditional and electronic applications (based on member's preference).
- Essential Documentation
 - Delivery date and confirmation of birth outcome
 - Depression screen (tool and score)
 - Assessment and physical exam as indicated
 - Use of correct codes for post-partum visits Z39.2