

2021/2022 Quality Measure Highlight

Timely Prenatal Care

MEASURE DESCRIPTION

The total number of members with a documented diagnosis of pregnancy who participated in a prenatal care visit to an OB/GYN or other perinatal care practitioner or PCP in the first trimester (less than 14 weeks of gestation, as documented in the medical record). New members seen within 42 days of PHC enrollment regardless of gestational age (e.g. if greater than 14 weeks), will also be eligible. A diagnosis of pregnancy must be present.

Measure Type: Hybrid (medical record/ claims/ lab data)

Intent / Importance: Timely prenatal care is proven to improve health outcomes of pregnancy for mothers and their children.¹ Ensuring early initiation of prenatal care is an important component of safe motherhood programs that aim to improve maternal and infant health outcomes. Increased access to health care during pregnancy and childbirth can prevent pregnancy-related deaths and diseases. A pregnant woman's contact with her provider is more than a simple PCP visit because it establishes care and support throughout the pregnancy.² The goal of the prenatal contact is to exchange information and identify existing risk factors that may impact the pregnancy.

Coding:

Please refer to the current code-set or send a request to the Perinatal QIP Team at perinatalqip@partnershiphp.org.



¹U.S. Department of Health and Human Services Health Resources and Services Administration (2015). Clinical Quality Measures: Prenatal – First Trimester Care Access. Web. 3 May 2017. <https://www.hrsa.gov/quality/toolbox/508pdfs/prenatalmoduleaccess.pdf>

²World Health Organization. (2017). Sexual and Reproductive Health: New guidelines on antenatal care for a positive pregnancy experience. Retrieved from: <http://www.who.int/reproductivehealth/en/>

Please Note

- As part of the Perinatal QIP (PQIP), participating providers enrolled in the Perinatal QIP can earn up to **\$75 per patient** in the eligible population by filling out the submission tracker indicating a complete, timely prenatal visit occurred.
- 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

Prenatal care visit to an OB/GYN or other prenatal care practitioner, or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when prenatal care visit occurred, and evidence of **one** of the following”

- Documentation indicating the woman is pregnant or references to the pregnancy; for example:
 - Documentation in a standardized prenatal flow sheet, **or**
 - Documentation of LMP, EDD or gestational age, **or**
 - A positive pregnancy test result, **or**
 - Documentation of gravidity and parity, **or**
 - Documentation of complete obstetrical history (e.g. Hx of C-section, prior pregnancies/deliveries, if any, the outcomes of each [delivered, terminated, miscarried], health history related to current pregnancy [morning sickness, gestational diabetes, preeclampsia]), **or**
 - Documentation of prenatal risk assessment and counseling/education (e.g. Use of drugs, alcohol, or tobacco during pregnancy, depression screening).
- A comprehensive physical and obstetrical examination that includes weight (lbs.), blood pressure, and **one** of the following:
 - Auscultation for fetal heart tone
 - Pelvic exam with obstetric observations
 - Fundus height measurement (a standardized prenatal flow sheet may be used)
 - Ultrasound
- Evidence that a prenatal care procedure was performed, such as:
 - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), **or**
 - TORCH antibody panel alone, **or**
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
 - Ultrasound of a pregnant uterus.

Non-Compliant Documentation

- A Pap test does not count as a prenatal care visit for the Timeliness of Prenatal Care
- A colposcopy alone

Exclusions

- Members receiving hospice services
- Non-live births

Best and Promising Practices

- Train Front Office/Phone staff to use pregnancy wheels/calculators to schedule first visits in appropriate time frame
- If new to a practice and prenatal care during this pregnancy was received elsewhere, request previous prenatal records
- Use PHC sponsored patient incentives to engage patient in prenatal visits
- Refer to PHC Care Coordination to support patients accessing necessary services and appointment access
- Screen for depression and depression risk at first visit and throughout pregnancy
- Refer for Behavioral Health therapy for depression risk and depression diagnosis
- Seek to empower and educate families, to 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).
- Staff to identify structural barriers to care, such as a lack of childcare for other children or a lack of health insurance, and offer practical solutions tailored to each individual.
- Throughout the pregnancy, staff engage parents' support network, including their partners, extended family, and friends per request/permission of the patient.
- Connect /refer with mother's support group when possible.
- Effective Documentation and Attestation for PQIP
 - EDD **and** date of visit
 - Assessment and physical exam
 - Depression screening tool used and score
 - Use of pregnancy surveillance related codes (Z34.90)
- Discuss the importance of postpartum care during prenatal visits; begin to develop a postpartum care plan and care team. Per request/permission of the patient, be inclusive of family and friends who will provide social and material support in the months following birth, as well as the medical provider(s), who will be primarily responsible for care of the parent and the infant after birth.
- Discuss a patient's reproductive life plans, including desire for and timing of any future pregnancies