



Perinatal Quality Improvement Program (QIP)

Extended Pilot Kick-Off and Measurement Set Webinar

Date: September 24, 2019

Presenters:

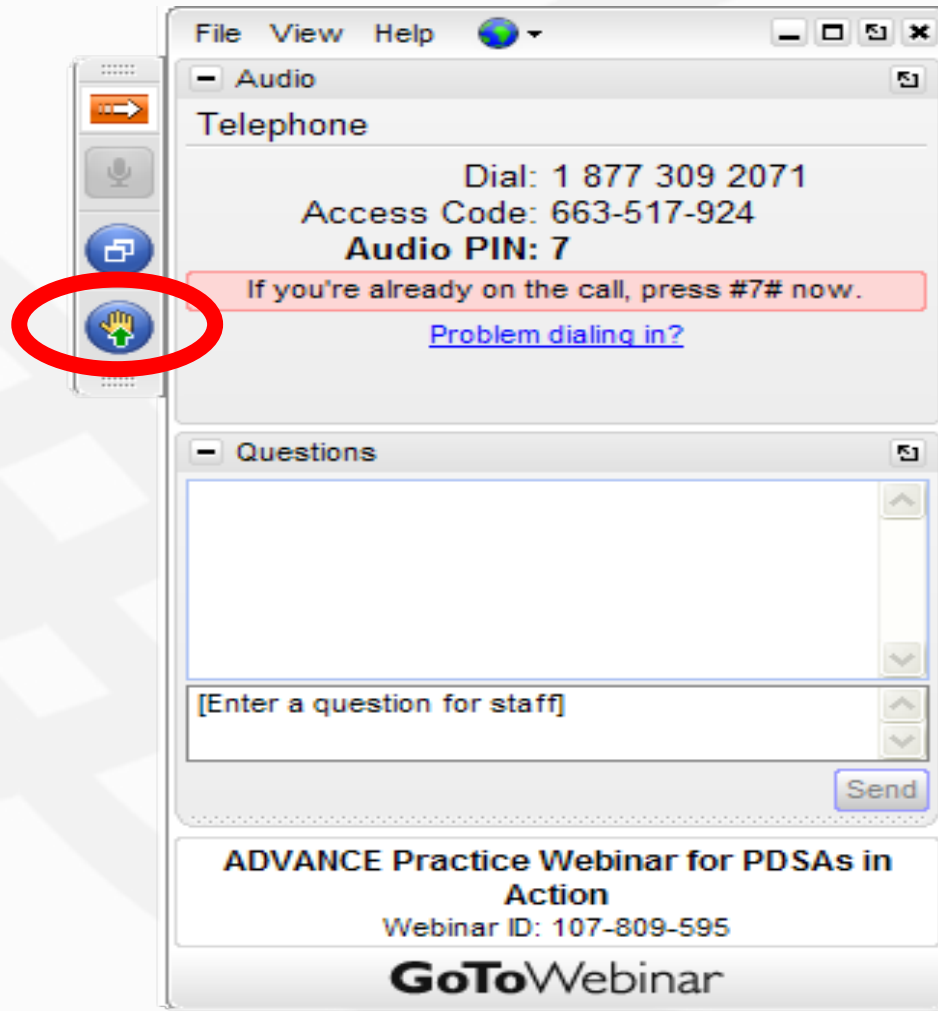
Dr. Colleen Townsend, Regional Medical Director
Dorian Roberts – QIP Project Manager, Northern Region
John Hunsaker – QIP Manager

Audio Instructions

You are currently muted!

To avoid echoes and feedback, we request that you **use the telephone** *instead* of your computer microphone for listening/talking during the webinar.

THIS WEBINAR IS BEING RECORDED!



The screenshot shows a GoToWebinar interface with a sidebar on the left and a main content area. The sidebar contains several icons: a microphone (muted), a telephone handset, a hand with a green arrow pointing up (highlighted with a red circle), and a hand with a green arrow pointing down. The main content area has a menu bar (File, View, Help) and a window titled 'Audio'. The 'Audio' window is set to 'Telephone' mode and displays the following information: 'Dial: 1 877 309 2071', 'Access Code: 663-517-924', and 'Audio PIN: 7'. A red box highlights the text 'If you're already on the call, press #7# now.' Below this is a link for 'Problem dialing in?'. The 'Questions' window is also visible, with a text input field containing '[Enter a question for staff]' and a 'Send' button. At the bottom of the interface, the text reads: 'ADVANCE Practice Webinar for PDSAs in Action', 'Webinar ID: 107-809-595', and the 'GoToWebinar' logo.

Agenda

- QIP Background
- Timeline
- Measures
- Next Steps and Resources
- Questions

Perinatal QIP Background

- Partnership HealthPlan of California (PHC) launched a pilot project in 2017 to introduce the Perinatal Quality Improvement Program (Perinatal QIP) with two large practices in PHC's major regions.
- On April 1, 2018, the program invitation was extended to all Comprehensive Perinatal Services Program (CPSP) providers in the PHC network.
- The Perinatal QIP offers substantial financial incentives to all CPSP providers providing quality and timely prenatal and postpartum care to PHC members. A simple and meaningful measurement set was developed with PCPs and OB/GYNs in mind.

Guiding Principles

1. Pay for outcomes, exceptional performance and improvement
2. Sizeable incentives
3. Actionable measures
4. Feasible data collection
5. Collaboration with providers
6. Simplicity in the number of measures
7. Comprehensive measurement set
8. Align measures that are meaningful
9. Stable measures

Moving Forward

Healthy Moms and Healthy Babies

Laying the ground work for Healthy Communities

- Accessing services in pregnancy, identify and addressing risks and complications for mom and baby
- Avoiding infections: influenza during pregnancy and preventing pertussis for the newborn
- Support safer intervals between pregnancies
- Establish relationship for patient with healthcare system

Extended Pilot 2019-20 Provider Eligibility

Invited Comprehensive Perinatal Services Program (CPSP), and non-CPSP perinatal providers who generally have at least 50 deliveries per year, and who are in good standing with PHC are eligible for participation.

Eligible providers can enroll in the program by:

- Signing an initial Letter of Agreement (LOA) or amendment LOA.
- Completing the Perinatal QIP Provider Survey (sent with LOA emails).

Payment Eligibility

In order to qualify for payment, sites must submit at least 10 attestations.

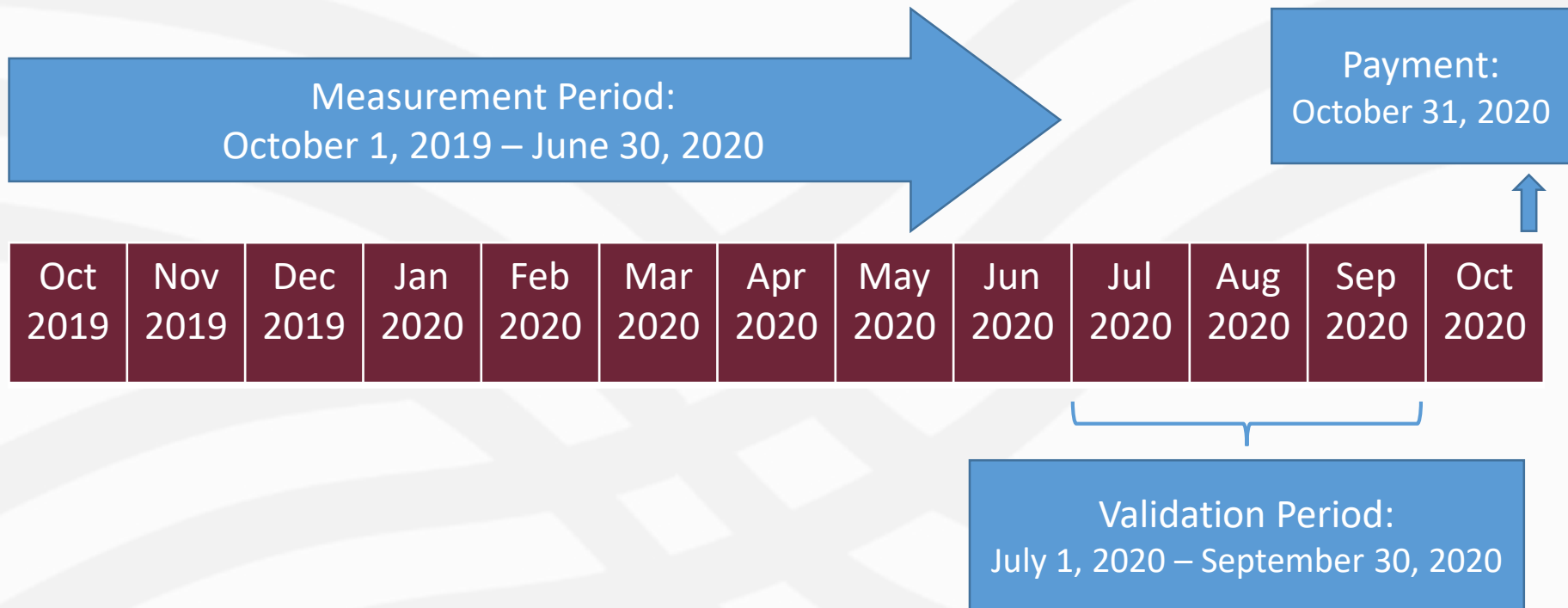
Sites that are eligible for the DHCS VBP (Prop 56) are only permitted to participate in the Perinatal QIP through submissions for the Timely Prenatal Care measure and the influenza portion of the Vaccine measure.

In general, FQHCs and RHCs are ineligible for Prop 56 Payments. PHC will let participants know which set of measures they are eligible for.

Perinatal QIP – Pilot Program 2018 Recap

- October 1, 2018 – September 30, 2019
- 59 Participating sites
- Grace Period: October 11, 2019
- Final reports sent: January 6, 2020
- Validation Period: January 6, 2020 – January 14, 2020
- Payments and Final Reports Sent: January 31, 2020

Timeline for 2019-20 Extended Pilot



Summary of Measures

- Prenatal Immunization Status
- Timely Prenatal Care
- Timely Postpartum Care

Prenatal Immunization Status

The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy (i.e. within 40 weeks of delivery date).

Incentive:

- \$37.50 for Tdap vaccine
- \$12.50 for Influenza vaccine

Documentation Source:

- PHC claims database

Providers who are able to participate in the DHCS' VBP are not eligible for the TDAP portion of this incentive.

Vaccinations

ACIP recommends Influenza and TDaP during pregnancy:

- Influenza: All women pregnant in influenza season should be vaccinated
 - All women who deliver in the measurement period for whom influenza vaccine code were billed within 40 weeks prior to the delivery date
- Tdap: At least one vaccination in **each** pregnancy
 - ACIP recommends in third trimester for maximum benefit to newborn
 - Perinatal QIP: All women who deliver in the measurement period for whom Tdap vaccine code were billed within 30 weeks prior to the delivery date

Timely Prenatal Care

Timely prenatal care services rendered to pregnant PHC members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization.

Incentive:

- \$75 for each timely visit

Documentation Source:

- Submitted attestation template

Components of Timely Prenatal Visit

- A note indicating the date when the prenatal care visit occurred
- Documentation of estimate date of delivery (EDD) and gestational age in weeks
- A comprehensive physical and obstetrical examination that includes weight, blood pressure, and **one** of the following:
 - Auscultation for fetal heart tone
 - Pelvic exam with obstetric observations
 - Measurement of fundus height (a standardized prenatal flow sheet may be used)
 - Ultrasound
- Assessment of a complete medical and social history including but not limited to:
 - History of gestational diabetes
 - Use of drugs, alcohol, or tobacco during pregnancy
 - C-section prior to the pregnancy
 - Issues with previous pregnancy
- Depression screening using one of the approved tools

Timely Postpartum Care

Two Timely postpartum care services rendered to PHC members with one occurring within 21 days after delivery and the other occurring between 22 and 84 days after delivery.

Incentive:

- \$25 for completion of the first postpartum visit
- \$50 for completion of a second postpartum visit
- Totaling \$75 for each member receiving 2 timely visits

Documentation Source:

- Submitted attestation template

Providers who are able to participate in the DHCS' VBP are not eligible for this incentive.

Components of Timely Postpartum Visit

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

- Date of delivery and live birth confirmation
- A complete postpartum visit that includes all of the following:
 - Weight, blood pressure, and physical evaluation
 - Notation of “normal” / “abnormal” components of a medically necessary physical exam
 - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- Depression screening using one of the approved tools at each visit
- Evaluation of lactation (if breastfeeding)
- Discussion of family planning

Attestation Tracker

Perinatal QIP: Prenatal and Postpartum Timely Visit Submission Template

For visits completed during the Extended Pilot between October 1, 2019 and June 30, 2020. All information provided here is subject to an audit by Partnership HealthPlan of California. See specifications for details.

Timely Prenatal Visit: < 14 weeks gestation, or within 42 days of enrollment

Postpartum Visit: 2 visits; one > 22 days after delivery, one between 22 and 84 days after delivery

Provider Site Name (Physical Site)	Provider Number	Patient Name	CIN	DOB	Date of Service	Type of Visit (Prenatal/ Postpartum)	Delivery Date (Estimated or Actual)	Depression Screening Tool Used	Score	Gestational Age	Days Since Delivery	Follow Up Needed:
	1234	Minnie Mouse	12345678A1	12/1/1928	10/8/2019	Prenatal	5/3/2020	Patient Health Questionnaire (PHQ-9) [®]	4.00	10 2/7		
	1234	Daisy Duck	12345678B2	12/16/1940	10/19/2019	Prenatal	1/29/2020	Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	1.00	25 3/7		
	1234	Ursula	12345678C3	6/1/1989	10/19/2019	Prenatal	4/24/2020	PRIME MD-PHQ2 [®]	5.00	13 1/7		FOLLOW UP NEEDED
	1234	Wendy Darling	12345678D4	2/5/1953	10/20/2019	Prenatal	5/7/2020	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®*}	6.00	11 3/7		FOLLOW UP NEEDED
	1234	Belle	12345678E5	9/29/1991	10/21/2019	Postpartum	9/20/2019	Center for Epidemiologic Studies Depression Scale-Revised (CESD-	1.00		31	
	1234	Princess Jasmine	12345678F6	11/25/1992	10/25/2019	Postpartum	10/10/2019	PROMIS Depression	1.00		15	
	1234	Tiana	12345678G7	11/25/2009	10/26/2020	Postpartum	9/25/2019	My Mood Monitor (M-3) [®]	4.00		397	
	1234	Maleficent	12345678H8	5/28/2014	10/28/2019	Postpartum	8/22/2019	Beck Depression Inventory (BDI-II)	15.00		67	FOLLOW UP NEEDED
	1234	Esmerelda	12345678I9	6/21/1996		Prenatal	5/3/2020	Patient Health Questionnaire (PHQ-9) [®]	4.00	-6239 1/7		
	1234	Princess Aurora	12345678J1	1/29/1959	10/8/2019	Prenatal		Patient Health Questionnaire (PHQ-9) [®]	4.00			
	1234											
	1234											
	1234											
	1234											

What Measures Can I Participate In?

Are You Eligible for DHCS' VBP?



If Yes...

- Prenatal Immunization Status
 - **ONLY** Influenza vaccine
- Timely Postpartum Care

If No...

- Prenatal Immunization Status
 - TDAP
 - Influenza vaccine
- Timely Prenatal Care
- Timely Postpartum Care

Next Steps and Resources

- **Measure Specifications Document**
- **Inbox: PerinatalQIP@PartnershipHP.org**



Questions?