NEW YORK STATE | Department of Health | Medicaid Redesign Team

# Maternity Care
# Clinical Advisory Group (CAG) Meeting

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May 11, 2018

# Agenda

| | | |
|---|---|---|
| 1. | New York State (NYS) Core Outcome Measure Strategy | 40 min |
| 2. | National Quality Measurement Updates | 5 min |
| 3. | VBP Program and Maternity Care Arrangement Update | 10 min |
| 4. | Introduction to Bureau of Social Determinants of Health (SDH) | 10 min |
| 5. | Overview of Initial Maternity Bundle Data | 15 min |
| 6. | Children's Health CAG Maternity Measure Set Recommendations | 10 min |
| 7. | Measurement Year (MY) 2018 Priority Clinical and Care Delivery Goals | 30 min |

# Section 1: NYS Core Outcome Measure Strategy

*Roll Call*
*Update on Quality Measure Consolidation*
*Discussion of Measure Consolidation*

# Quality Measure Consolidation: Goals for MY 2018

- Implement a focused list of high value quality measures for VBP in MY 2018.
- Key Principles:
  - Process → Outcome
  - Determine the “right” outcomes
  - Focus on efficient measurement:
    - HIT enablement
    - Lab Clearinghouse
    - Integration of Registry Information
- Align quality measurement efforts across stakeholder communities and State-led quality programs
  - DOH and other Health-related Agencies
  - Managed Care Organizations (to include commercial payers)
  - Qualified Entities
  - Electronic Health Record Vendors/ Data Aggregators
  - Healthcare Providers

# CMS Meaningful Measures Framework

**Focus everyone's effort on the same quality areas:**

- Address high-impact measure areas
- Patient-centered and meaningful to patients
- Outcome-based where possible
- Relevant and meaningful to providers
- Minimize level of burden for providers
  - Remove measures where performance is already very high
- Significant opportunity for improvement
- Address measure needs for population-based payment through alternative payment models
- Align across programs and/or other payers

*Acronym: CMS = Centers for Medicare and Medicaid Services*

# NYS Focus on Meaningful Measures Objectives

**Focus Areas:**

1. Align across programs and/or other payers
2. Outcome-based where possible
3. Relevant and meaningful to providers
4. Minimize level of burden for providers
   - Remove measures where performance is already very high
5. Address measure needs for population-based payment through alternative payment models

**State Efforts:**

- Medicaid Involvement in Advanced Primary Care (APC) Initiative
- Reevaluate Quality Measure Sets (Clinical Advisory Groups, Measure Support Task Force, VBP Workgroup)
- VBP Pilot Measure Testing (Controlling High Blood Pressure)

# Measure Consolidation Efforts by CMS

**Measure Consolidation**

CMS FY 2019 IPPS/LTCH PPS Proposed Rule

- Recognizing the burden currently on providers, CMS is proposing to ***remove unnecessary, redundant, and process-driven quality measures*** from a number of quality reporting and pay-for-performance programs
- This will eliminate a significant number of measures acute care hospitals are required to report and will remove duplicative measures across the five hospital quality and value-based purchasing programs
    - 19 measures removed from the programs
    - De-duplicate another 21 measures
    - Maintain *meaningful* measures of hospital quality and patient safety

*Acronyms: FY = Fiscal Year; IPPS = Inpatient Prospective Payment System; LTCH = Long-Term Care Hospital, PPS = Prospective Payment System*

# Discussion: Consolidation of VBP Quality Measures

*Reducing provider burden and achieving alignment across programs*

- The current number of quality measures and the reporting challenges across programs place a significant reporting burden on providers.
- Given this context, please consider the following questions:

1. Should the VBP Maternity Arrangement Quality Measure Set be condensed to achieve greater alignment with other payers? How should measures be prioritized?
2. Should the Measure Set be condensed to a core set of outcome-based measures where possible? How should measures be prioritized (outcome and process measures)?
3. What are the most appropriate outcome measures for the Maternity arrangement population? Where none exist, what are the most appropriate process measures, e.g., related to children's care?

# 2018 VBP Maternity Arrangement Measure Set

| Maternity Measure | Category | Classification | Measure Steward | NQF Endorsed? |
|---|---|---|---|---|
| ***Outcome Measures*** | | | | |
| Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)] | Cat 1 | P4R | AHRQ | N |
| ***Process Measures*** | | | | |
| C-Section for Nulliparous Singleton Term Vertex (NSTV) | Cat 1 | P4R | TJC | Y |
| Contraceptive Care - Postpartum Women | Cat 1 | P4R | US Office of Population Affairs | Y |
| Incidence of Episiotomy | Cat 1 | P4R | Christiana Care Health System | Y |
| Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay | Cat 1 | P4R | TJC | Y |
| Percentage of Preterm Births | Cat 1 | P4R | NYS | N |
| Prenatal & Postpartum Care (PPC)—Timeliness of Prenatal Care & Postpartum Visits | Cat 1 | P4P | NCQA | N |
| Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | Cat 1 | P4R | CMS | Y |

*Acronyms: NQF = National Quality Forum; Cat = Category; P4R = Pay-for-Reporting; AHRQ = Agency for Healthcare Research & Quality; TJC = The Joint Commission; NYS = New York State; NCQA = National Committee for Quality Assurance; CMS = Centers for Medicare and Medicaid Services*

# Section 2: National Quality Measurement Updates

*Maternity*

# National Quality Measurement Updates

**Maternity**

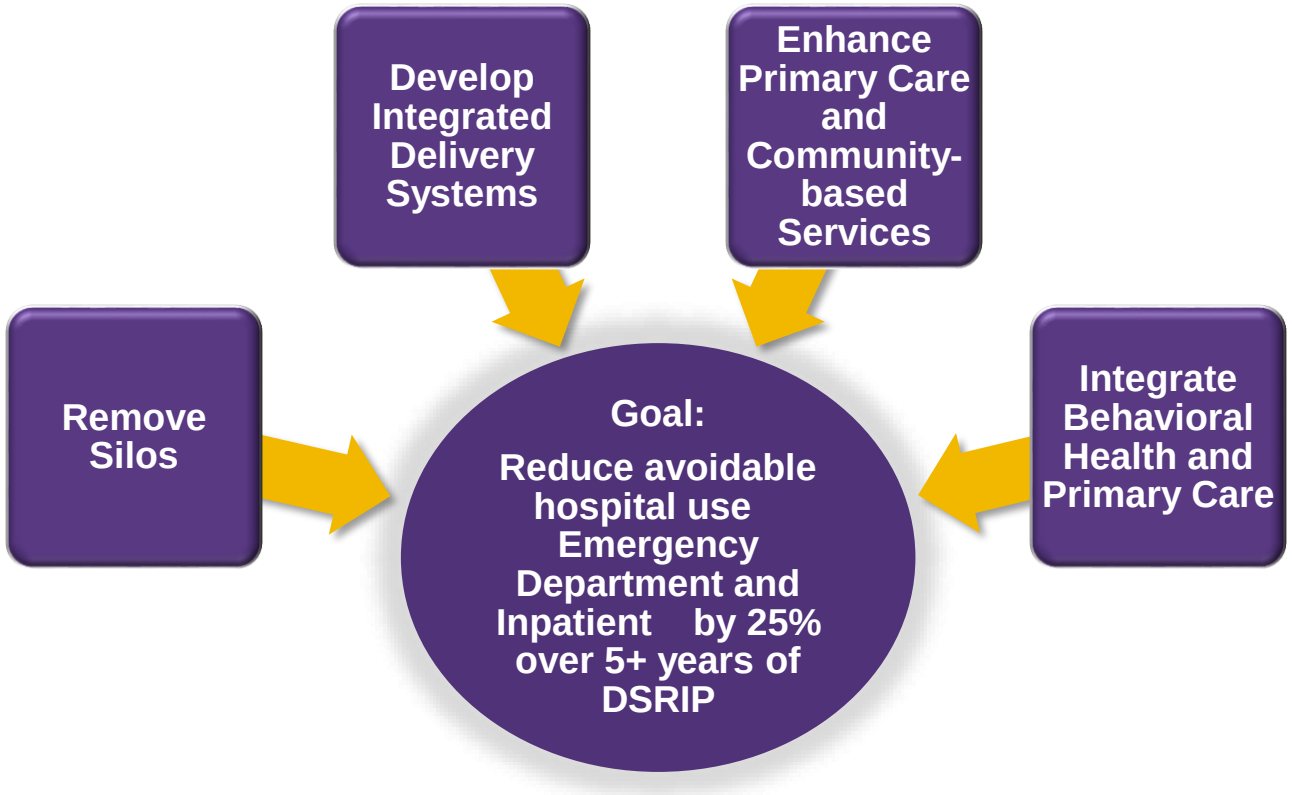
HEDIS 2019 Public Comment

- New Measure – Prenatal Immunization Status
  - *Influenza Rate:* Influenza vaccine received on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.
  - *Tdap Rate:* Tdap vaccine administered any time during pregnancy through the date of delivery.
  - *Combination Rate:* Numerator-compliant for both indicators.

# Section 3: VBP Program and Maternity Care Arrangement Update

*Delivery System Reform Incentive Payment (DSRIP) Program Objectives*
*Timelines and Expectations*
*Maternity Care Arrangement Update*

# Delivery System Reform Incentive Payment (DSRIP) Program Objectives




DSRIP delivery system changes → VBP Readiness

- DSRIP was built on the CMS and State goals in the Triple Aim:
  - Improving quality of care
  - Improving health
  - Reducing costs
- DSRIP program goes through March 31, 2020 & NYS DOH 1115 Waiver renewed in December 2016 for 5 years, until 2021.

Source: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/. Accessed May 5, 2016.

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# VBP Transformation: Overall Goals and Timeline

**Goal**: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.


| 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| ***DSRIP Goals*** | ***April 2017*** | ***April 2018*** | ***April 2019*** | ***April 2020*** |
| | **PPS requested to submit growth plan outlining path to 80-90% VBP** | **≥ 10% of total MCO expenditure in Level 1 VBP or above** | **≥ 50% of total MCO expenditure in Level 1 VBP or above. ≥ 15% of total payments contracted in Level 2 or higher** | **80-90% of total MCO expenditure in Level 1 VBP or above ≥ 35% of total payments contracted in Level 2 or higher** |

*Acronyms: NYS = New York State; PPS = Performing Provider System; MCO = Managed Care Organization*

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# CAG Timeline & Expectations for 2018

2018 CAG Goals

- Conduct annual review of the quality measure sets
- Identify and analyze clinical and care delivery gaps in current measure sets
- Propose recommendations for 2019

Timeline

- CAGs will convene in **April/ early May & August**
- Based on CAG feedback, the State will present the proposed measure set to the VBP Workgroup for approval in **September**
- The final Measurement Year (MY) 2019 Quality Measure Sets will be released in **October**
- The MY 2018 VBP Reporting Requirements Technical Specifications Manual will be released in **October**

# VBP Quality Measure Integration Timeline

## *Summary of 2017 Measure Readiness by VBP Measure Set*

In February of 2017, a total of **76** unique quality measures were approved by the VBP Workgroup for further review and incorporation into the 2017 VBP Program. Of the unique measures approved by the VBP workgroup, the following were approved for reporting as Cat 1 or Cat 2 in 2017 through the following VBP arrangements:

| TCGP/IPC Measure Set (40 Total Measures) | HARP Measure Set (41 Total Measures) | HIV/AIDS Measure Set (44 Total Measures) | Maternity Care Measure Set (18 Total Measures) |
|---|---|---|---|
| • **5** measures are unique to the TCGP/IPC Arrangements<br>• **35** measures are shared with at least one of the other measure sets. | • **9** measures unique to the HARP Arrangement<br>• **32** measures that are also included in the TCGP/IPC Arrangement | • **10** measures unique to the HIV/AIDs Arrangement<br>• **34** measures that are also included in the TCGP/IPC Arrangement | • **17** measures unique to the Maternity Care Arrangement<br>• **1** measure that is also included in the TCGP/IPC Arrangement |

*Acronyms: TCGP = Total Care for the General Population; IPC = Integrated Primary Care; HARP = Health and Recovery Plan*

# VBP on the Federal Level

The Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA), the bipartisan legislation signed into law on April 16, 2015, is pursuing *Advanced* Alternative Payment Models (APMs)

- These programs are part of the Centers for Medicare and Medicaid Services' (CMS) larger quality strategy to reform how health care is delivered and paid.

# 2017 VBP Maternity Care VBP Arrangement Summary

The Maternity Care Quality Measure Set requires significant work to address feasibility concerns, including the specification of hospital based measures for attribution of the denominator patient population to the provider delivering a plurality of prenatal care. Measures will be incorporated as tested and deemed feasible.

| 2017 Maternity Care VBP Quality Measure Set | 2017 Measure Feasibility Review | | | | Anticipated Integration | | | |
|---|---|---|---|---|---|---|---|---|
| | Feasible in 2017 | | Not Feasible in 2017 | | | | | |
| **Measure Set Total*** | **All Measures** | **Unique** | **All Measures** | **Unique** | **2018** | **2019** | **2020** | **Integration Date Unknown** |
| **18** | **2/18** | 2/17 | **16/18** | 15/17 | **+3** *(3 unique)* | **+1** *(1 unique)* | **+12** *(11 unique)* | **0** |
| **Category 1** | | | | | | | | |
| **P4P** | **1/2** | 1/2 | **1/2** | 1/2 | 0 | 1 | 0 | 0 |
| **P4R** | **1/7** | 1/6 | **6/7** | 5/6 | 3 | 0 | 3 | 0 |
| **Category 2** | | | | | | | | |
| | **0/9** | 0/9 | **9/9** | 9/9 | 0 | 0 | 9 | 0 |

*17 measures are unique to the Maternity Care Measure Set

*Acronyms: P4R = Pay-for-Reporting; P4P = Pay-for-Performance*

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# Maternity VBP Arrangement Anticipated Measure Integration

| Total New Measures | 2018 | 2019 | 2020 | Unknown |
|---|---|---|---|---|
| | **+ 3** *(3 unique)* | **+ 1** *(1 unique)* | **+ 12** *(11 unique)* | **0** *(0 unique)* |
| **Category 1 Measures** | | | | |
| **P4P** | | *Frequency of Ongoing Prenatal Care Retired* | | - |
| **P4R** | *C-Section for Nulliparous Singleton Term Vertex (NSTV)* | - | *Incidence of Episiotomy [% of Vaginal Deliveries With Episiotomy]* | - |
| | *Contraceptive Care - Postpartum Women* | - | *Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay* | - |
| | *Percentage of pre-term births* | - | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | - |
| **Category 2 Measures** | | | | |
| | - | - | *Antenatal hydroxyprogesterone* | - |
| | - | - | *Antenatal Steroids* | - |
| | - | - | *Appropriate DVT prophylaxis in women undergoing cesarean delivery* | - |
| | - | - | *Experience of Mother With Pregnancy Care* | - |
| | - | - | *Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge* | - |
| | - | - | *Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)* | - |
| | - | - | *Monitoring and reporting of NICU referral rates* | - |
| | - | - | *Postpartum Blood Pressure Monitoring* | - |
| | - | - | *Vaginal Births after Cesarean Section [Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated]* | - |

# Maternity Care Arrangement Update

- Ongoing discussions with Altarum regarding the Prometheus Grouper.
- Conversations with other States on their experience with Maternity VBP arrangements.
- Working to better understand and address concerns with Maternity Care arrangements.
- Experiences generally have been positive.
- Most have been Level 1, upside only arrangements.
- New Jersey obstetrics group reports very positive experience in the commercial realm.
  - Focus has been to follow American College of Obstetricians and Gynecologists (ACOG) guidelines and standardize care delivery.
  - Meeting quality metrics, improving care, and sharing in savings.

# Section 4: Introduction to Bureau of Social Determinants of Health

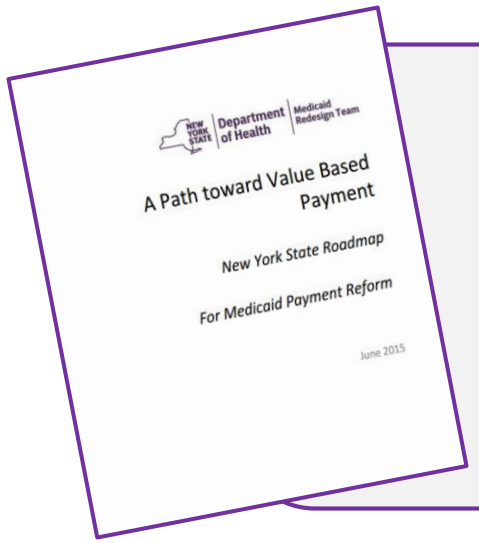
*Martina Ahadzi | Bureau of Social Determinants of Health*

# Bureau of SDH: 2018 Goals

| | |
|---|---|
| Implement the VBP Roadmap Requirements Related to SDH and CBOs | • Review VBP Level 2 and 3 Contracts and Amendments<br>• Track SDH Interventions and CBO<br>• Provide support and technical assistance |
| CBO Engagement | • Learning collaboratives with MCOs, VBP contractors, CBOs, & health care providers<br>• Maximize CBO and SDH interventions in the health care system. |
| Improve SDH Measures in Population Health and Payment Reform | • Increase data collection on SDHs (i.e. electronic health records)<br>• Standardize SDH Quality Measures and incorporating into QARR<br>• Risk Adjustment MMC Plans for SDH |
| Prevention Agenda | The State intends to introduce a dedicated value based payment arrangement pilot to focus specifically on achieving potentially trailing Prevention Agenda targets through CBO-led community-wide efforts |
| Create a New Housing Referral Process | • Integrate MRT SH with PPSs, VBP Contractors, and Health Systems<br>• Create a plan to expand to families to align with the First 1,000 Days |

*Acronyms: SDH = Social Determinants of Health; CBOs = Community Based Organizations; QARR = Quality Assurance Reporting Requirements; MMC = Medicaid Managed Care; MRT = Medicaid Redesign Team; PPS = Performing Provider System*

# Standard: Implementation of SDH Intervention

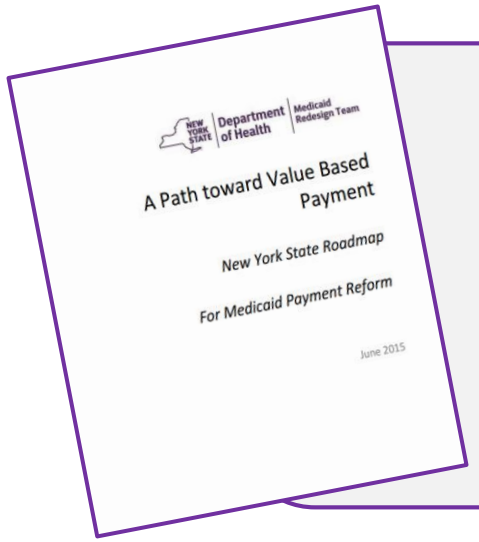



*"To stimulate VBP contractors to venture into this crucial domain, VBP* ***contractors in Level 2 or Level 3 agreements*** *will be* ***required****, as a statewide standard,* ***to implement*** *at least* ***one social determinant of health intervention****. Provider/provider networks in VBP Level 3 arrangements are expected to solely take on the responsibilities and risk." (VBP Roadmap, p. 41)*

**Description:**

VBP contractors in Level 2 or 3 arrangement must implement at least one social determinant of health intervention. Language fulfilling this standard must be included in the MCO contract submission to count as an "on-menu" VBP arrangement.

# Guideline: SDH Intervention Selection




*"The **contractors will have the flexibility to decide on the type of intervention** (from size to level of investment) that they implement…The guidelines recommend that selection be based on information including (but not limited to): SDH screening of individual members, member health goals, impact of SDH on their health outcomes, as well as an assessment of community needs and resources." (VBP Roadmap, p. 42)*

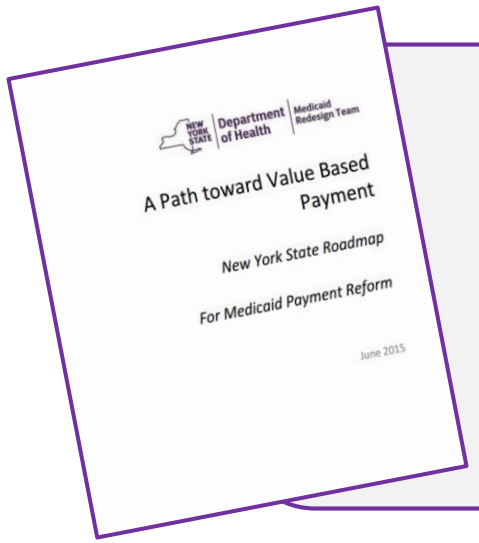
## Description:

VBP contractors may decide on their own SDH intervention. Interventions should be measurable and able to be tracked and reported to the State. SDH Interventions must align with the five key areas of SDH outlined in the *SDH Intervention Menu Tool,* which includes:

*1) Education, 2) Social, Family and Community Context, 3) Health and Healthcare 4) Neighborhood & Environment and 5) Economic Stability*

The SDH Intervention Menu Tool was developed through the NYS VBP SDH Subcommittee and is available here: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/

# Standard: Inclusion of Tier 1 CBOs




*"Though addressing SDH needs at a member and community level will have a significant impact on the success of VBP in New York State, it is also critical that community based organizations be supported and included in the transformation. It is therefore a* ***requirement*** *that* ***starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 CBO****."*
*(VBP Roadmap, p. 42)*

## Description:

Starting January 2018, VBP contractors in a Level 2 or 3 arrangement **MUST contract with at least one Tier 1 CBO**. Language describing this standard must be included in the contract submission to count as an "on-menu" VBP arrangement.

This requirement **does not preclude VBP contractors from including Tier 2 and 3 CBOs in an arrangement** to address one or more social determinants of health. In fact, **VBP Contractors and Payers are encouraged to include Tier 2 and 3 CBOs in their arrangements.**

# Tier 1, Tier 2, and Tier 3 CBO Definitions

01

**Tier 1 CBO**

- Non-profit, non-Medicaid billing, community based social and human service organizations
  - e.g. housing, social services, religious organizations, food banks
- *All or nothing*: All business units of a CBO must be non-Medicaid billing; an organization cannot have one component that bills Medicaid and one component that does not and still meet the Tier 1 definition

02

**Tier 2 CBO**

- Non-profit, Medicaid billing, non-clinical service providers
  - e.g. transportation provider, care coordination provider

03

**Tier 3 CBO**

- Non-profit, Medicaid billing, clinical and clinical support service providers
- Licensed by the NYS Department of Health, NYS Office of Mental Health, NYS Office for Persons with Developmental Disabilities, or NYS Office of Alcoholism and Substance Abuse Services.

Use the **CBO list** on **DOH's VBP website** to find CBOs in your area

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# Section 5: Overview of Initial Maternity Bundle Data

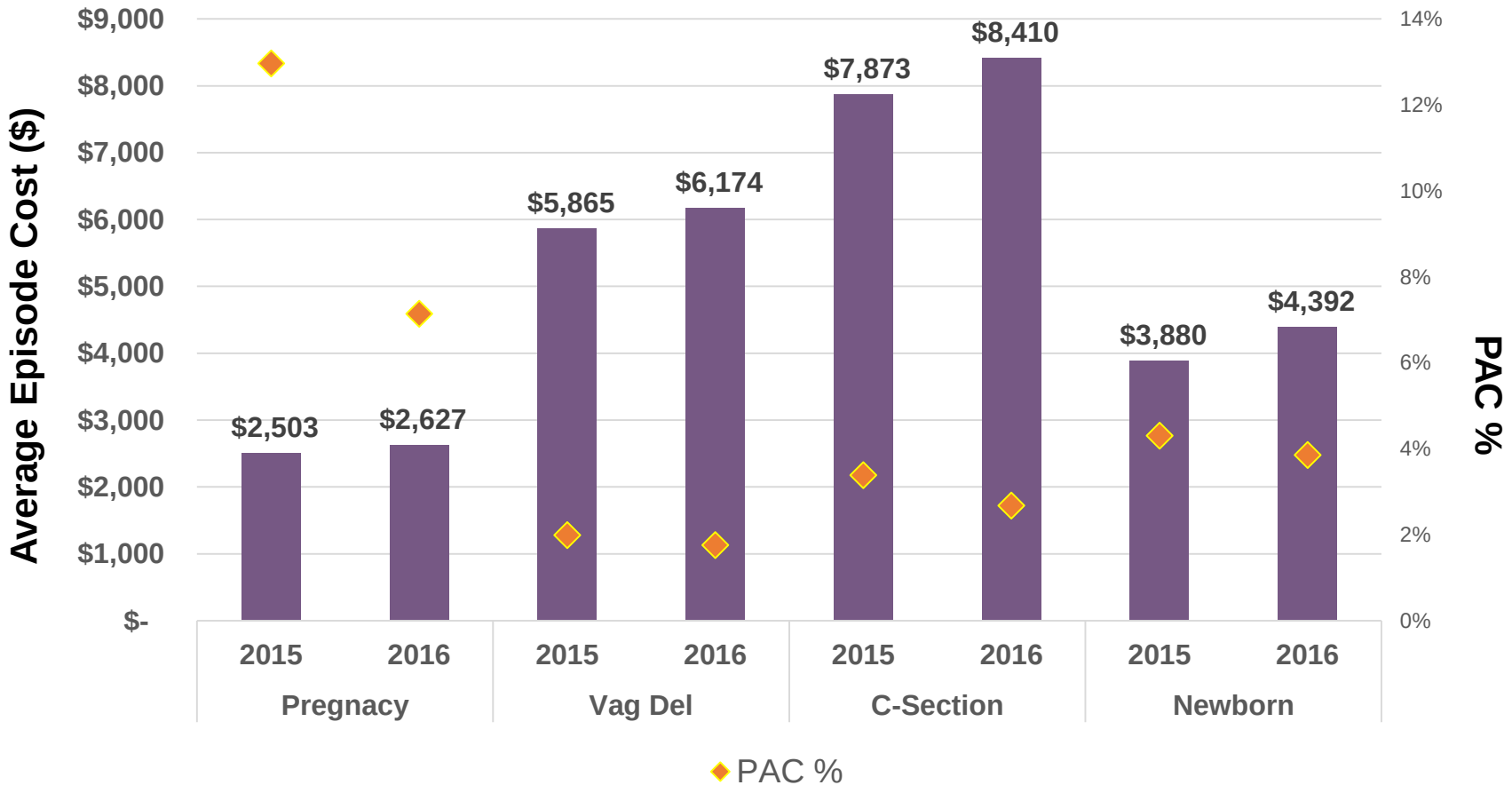
*Andrew Wilson &* Jenna Slusarz | *Altarum*

# Data Overview

- Maternity episodes in 2015 and 2016 NY Medicaid claims
  - Pregnancy, delivery (vaginal delivery or C-Section), newborn
- TCGP Population only
- Exclusions:
  - No mom-baby link
  - Multiple births
  - Babies linked to multiple mothers
  - Multiple episodes for same newborn
  - Incomplete newborn or delivery episode
  - <12 and >65 years of age
  - Cost outliers (top and bottom 1%)
  - Lack of facility claims
  - Dual-eligible

# Average Episode Costs and PAC Rates, 2015 vs 2016

| Total Maternity Episodes | |
|---|---|
| 2015 | 77,403 |
| 2016 | 76,137 |




*Note: Data is not risk-adjusted*

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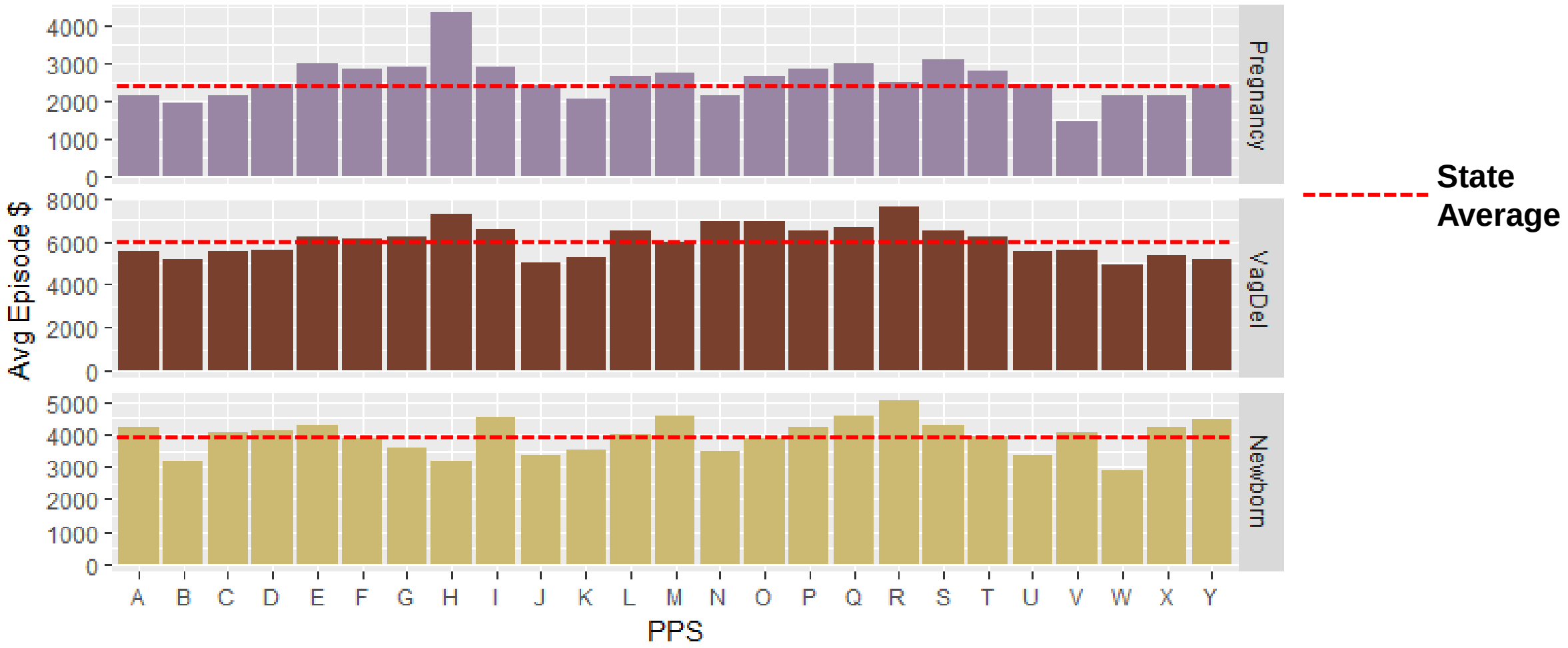
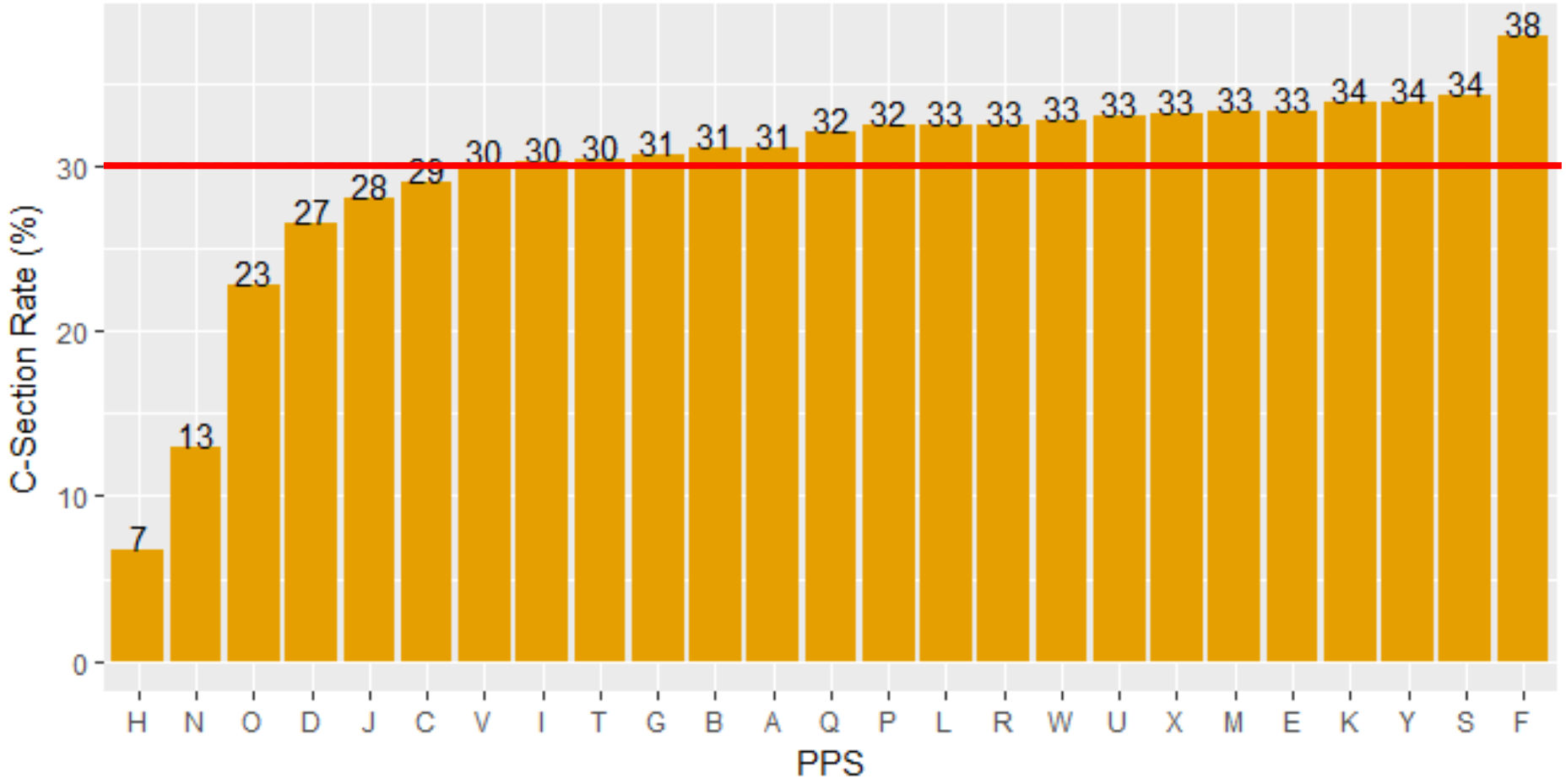
# Variation in Average Episode Costs by PPS - 2016




*Note: Data is not risk-adjusted*

# C-Section Rates by PPS - 2016




**State Rate**

18 (75%) of PPSs above state rate

*Note: Data is not risk-adjusted*

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# Section 6: Children's Health CAG Maternity Measure Set Recommendations

*Discussion of Maternity Measure Set Recommendations*

# Children's Health CAG Recommendations

- In fall 2016, the State established a Children's Health VBP CAG to bring a uniquely child-focused perspective to payment reform
- The Children's Health CAG met between October 2016 and July 2017 and developed three products for the State over that period:
  1. A conceptual framework intended to guide the State's future deliberations about value-based payment for children;
  2. A set of draft recommendations pertaining to a child-specific VBP model, measures, and future work focused on children with complex needs; and
  3. A specific set of measures which could be applied to VBP arrangements for children in 2018.
- A group of maternity measures were recommended based on their relevance to child health quality.
- **The Children's Health CAG recognized that these measures may require additional deliberation and recommendations from the Maternity CAG to the VBP Workgroup.**

# Discussion: Recommended Additions to Maternity Measure Set

***Question: Should any of the measures recommended by the Children's Health CAG be added to the Total Care for the General Population , and for measure 6 below, the Maternity measure set?***

- It is suggested that that "timeliness and frequency of prenatal and postpartum care visits" may be most appropriate to include. *Do you agree?*

| Recommended Measure | Description | Category | Classification | Measure Steward | NQF Endorsed? |
|---|---|---|---|---|---|
| 1. Infants exclusively fed with breast milk in hospital | The number of newborns exclusively fed with breast milk during the newborn´s entire hospitalization. | Cat 1 | P4R | TJC | Y |
| 2. Live births less than 2500 grams | The adjusted rate for live infants weighing less than 2500 grams among all deliveries by women continuously enrolled in a plan for 10 or more months. | Cat 1 | P4R | AHRQ | Y |
| **3 & 4. Timeliness and frequency of prenatal and postpartum care visits** | **Prenatal Care: The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization.**<br>**Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.** | **Cat 1** | **P4P** | **NCQA** | **N** |
| 5. Women provided most or moderately effective methods of contraceptive care within 3 to 60 days of delivery | Among women aged 15-21 who had a live birth, the percentage that is provided a most effective (sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS)) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery. | Cat 1 | P4R | OPA | Y |
| 6. Behavioral risk assessment for pregnant women | Percentage of women who gave birth during a 12-month period who were seen at least once for prenatal care and who were screened for depression, alcohol use, tobacco use, drug use, and intimate partner violence. | Cat 2 | N/A | No Current Steward | N |

*Acronyms: OPA = U.S. Office of Population Affairs*

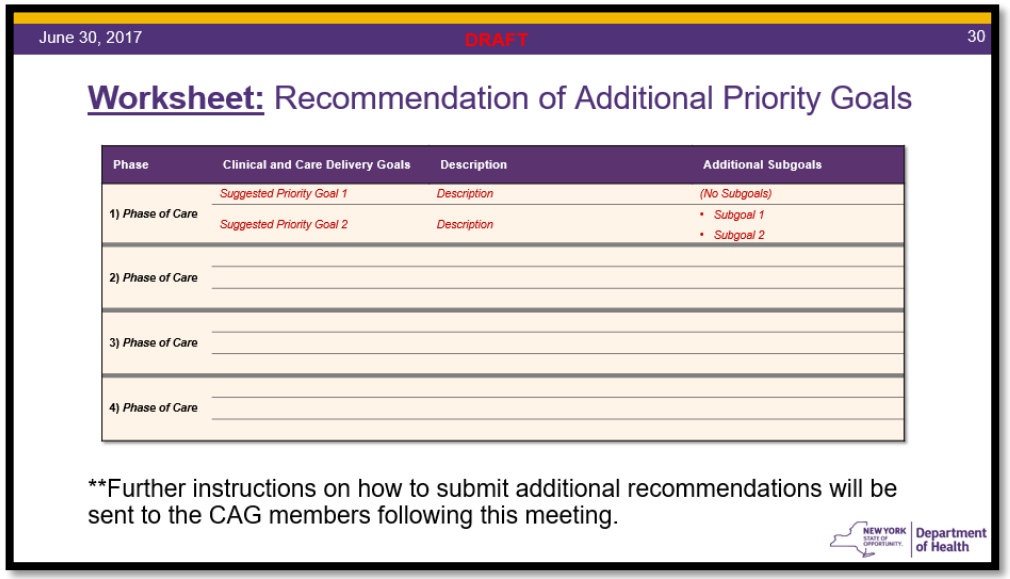
# Section 7: MY 2018 Priority Clinical and Care Delivery Goals

*Recap of 2017 CAG Feedback*

# 2017 Clinical Advisory Group Feedback Process

*Work to Date*

- The initial set of Priority Clinical and Care Delivery Goals presented to the CAG in July 2017 was based on a review of the CAG and Integrated Care Workgroup (ICWG) Measure Set recommendations.
- Following the July 2017 CAG meeting, members were asked to submit their feedback on the priority clinical and care delivery goals and sub-goals for each arrangement's measure set.
- Responses were aggregated and used to update the goals and sub-goals targeted for the Maternity Care arrangement.



June 30, 2017 DRAFT 30

**Worksheet:** Recommendation of Additional Priority Goals

| Phase | Clinical and Care Delivery Goals | Description | Additional Subgoals |
|---|---|---|---|
| 1) *Phase of Care* | *Suggested Priority Goal 1* | *Description* | *(No Subgoals)* |
| | *Suggested Priority Goal 2* | *Description* | • *Subgoal 1*<br>• *Subgoal 2* |
| 2) *Phase of Care* | | | |
| 3) *Phase of Care* | | | |
| 4) *Phase of Care* | | | |

**Further instructions on how to submit additional recommendations will be sent to the CAG members following this meeting.

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# Summary of Feedback

*Clinical and Care Delivery Goals*

Recommendations for updates and modification of the Clinical and Care Delivery Goal tables have been extracted from both the July 2017 CAG meeting member discussion and the worksheets subsequently submitted to the Department of Health (DOH).

Feedback has been analyzed to create a summary of key themes and incorporate recommendations into the updated Clinical and Care Delivery Goal tables.

## Key Themes

| | |
|---|---|
| **1** Maternal Morbidity and Mortality | Most of the feedback received addressed goals for maternal health with primary focus on reduction of maternal morbidity and mortality throughout the maternity episode. |
| **2** Drivers of Maternal Morbidity | While improved maternal health outcomes are of high-level interest, commenters emphasized the addition of goals related to the specific drivers of maternal morbidity, including chronic conditions, pregnancy-related conditions and complications throughout prenatal care, labor and delivery, and postpartum care. |
| **3** Fetal Development and Neonatal Care | We received no feedback or recommendations addressing additions, deletions, or modifications to goals for newborn care. The clinical and care delivery goals for this area of focus remain as presented in the previous meeting. |

# Priority Clinical and Care Delivery Goals

*Maternity*

Based on feedback received, the Clinical and Care Delivery Goals table for Prenatal Care has been modified to include:

- Drivers of maternal morbidity and mortality:
  - Chronic Conditions including screening and referral for previously undiagnosed/ uncontrolled conditions and management of existing diagnoses
  - Pregnancy-related Conditions associated with maternal morbidity and pregnancy outcomes
  - Modifiable Risk Factors and lifestyle behaviors
  - Psychosocial risks including depression/anxiety and drug and alcohol use
- Influenza Immunization
- Goals related to maternal morbidity and mortality outcomes associated with prenatal care
- Patient self-management goals supported by education on risks and warning signs of maternal morbidity and management of hypertension

| Phase of Care | Priority Clinical and Care Delivery Goals | |
|---|---|---|
| **1) Prenatal Care** | **Access to Care**<br>– *Timely initiation of prenatal care*<br><br>**Screening and Referral for Previously Undiagnosed or Uncontrolled Chronic Conditions**<br><br>**Management of Existing Chronic Conditions** (focus on drivers of maternal morbidity/mortality)<br>– *Diabetes*<br>– *Hypertension*<br>– *Obesity*<br>– *Heart Disease*<br><br>**Early Identification and Management of Pregnancy-Related Conditions**<br>– *Gestational Diabetes*<br>– *Pregnancy Related Hypertension*<br>– *Eclampsia*<br>– *Preeclampsia*<br>– *Obstetric Venous Thromboembolism (VTE)*<br>– *Pregnancy Related Infection*<br><br>**Early Intervention to Reduce the Risk of Preterm Labor and Related Complications**<br>– *Antenatal Hydroxyprogesterone; Antenatal Steroids* | **Immunizations/Vaccinations**<br>– *Influenza Immunization*<br><br>**Maternal Health Risk Assessment**<br><br>**Modifiable Risk Factors**<br>– *Nutrition*<br>– *Weight*<br>– *Tobacco Avoidance and Cessation*<br>– *Physical Activity/Exercise*<br><br>**Outcomes of Maternity Care**<br>– *Maternal Morbidity*<br>– *Maternal Mortality*<br>– *Low Birth Weight*<br>– *Patient Experience of Maternity Care*<br><br>**Patient Self-Management**<br>– *Education about the risk and warning signs of maternal morbidity*<br>– *Patient education and self-management of hypertension*<br><br>**Psychosocial Risk Assessment and Intervention**<br>– *Depression, anxiety, and other mental illness*<br>– *Drug and/or alcohol use*<br>– *Stress management*<br>– *Interpersonal violence* |

# Priority Clinical and Care Delivery Goals

*Maternity*

Based on feedback received, the Clinical and Care Delivery Goals table for Labor and Delivery has been modified to include:

- Addition of goals related to complications of pregnancy, labor and delivery that have been identified as leading drivers of maternal morbidity and mortality
- Emphasis on goals for improvement in maternal outcomes tied to care during labor and delivery

| Phase of Care | Priority Clinical and Care Delivery Goals | |
|---|---|---|
| **2) Labor and Delivery** | **Access to Risk-Appropriate Care**<br>**Complications of Labor and Delivery**<br>– *Deep Vein Thrombosis (DVT)*<br>– *Hemorrhage*<br>– *Obstetric Embolism*<br>– *Obstetric Trauma*<br>– *Sepsis*<br>– *Surgical/Anesthesia Complications*<br>**Appropriate Use of Clinical Services/Procedures**<br>– *Episiotomy*<br>– *C-Section* | **Breast Feeding Support**<br>**Full Term Pregnancy**<br>**Outcomes of Maternity Care**<br>– *Maternal Morbidity*<br>– *Maternal Mortality*<br>– *Postpartum Readmissions*<br>**Prevention of Healthcare Associated Infection**<br>**Prevention of Neonatal Infection** |

# Priority Clinical and Care Delivery Goals

*Maternity*

Based on feedback received, the Clinical and Care Delivery Goals table for Postpartum Care has been modified to include:

- Goals focused on timely access to and continuity of care after delivery, including effective transitions from obstetrical care
- Early identification and intervention to address postpartum depression, anxiety, and substance use disorder
- Screening, referral, and care coordination to support management and ongoing care for newly diagnosed chronic conditions
- Postpartum counseling and education to address:
  - Guidance on safe pregnancy spacing, contraception and family planning services, and the importance of inter-conception health for healthy future pregnancies
  - Ongoing management of conditions determined to be chronic and more than pregnancy associated (e.g., chronic hypertension)

| Phase of Care | Priority Clinical and Care Delivery Goals | |
|---|---|---|
| **3) Postpartum Care** | **Access to Care**<br>– *Timely postpartum follow up*<br>– *Continuity/Coordination of Care: Transition from obstetrical care to ongoing care with PCP (Primary Care Provider)*<br>– *Patient Experience of Maternity Care*<br>**Postpartum Counseling/Education**<br>– *Counseling on safe pregnancy spacing and family planning*<br>– *Management of chronic disease and modifiable risk factors for any future pregnancy*<br>– *Management of Chronic Hypertension* | **Psychosocial Risk Assessment and Intervention**<br>– *Early Identification of Depression/Anxiety*<br>– *Drug and/or alcohol use*<br>**Screening and Referral for chronic conditions**<br>– *Chronic Hypertension*<br>– *Diabetes*<br>– *Cardiovascular Disease*<br>**Weight and Nutrition** |
| **4) Newborn Care** | **Prevention of Neonatal Infection** | **Appropriate Use of Clinical Services/Procedures** |

# Children's Health CAG

*Priority Clinical and Care Delivery Goals – Maternity*

The Children's Health CAG met between October 2016 and July 2017. During deliberations the committee discussed maternity care and its impact on the newborn child. As a result, some of the clinical and care delivery goals underpinning the Maternity Quality Measure Set were also recommended for inclusion in Total Care for the General Population (TCGP).

All clinical and care delivery goals put forward by the Children's Health CAG are in alignment with the Maternity CAG goals.

**Question: Do you agree that these clinical and care delivery goals (see table) should be included in TCGP arrangements?**

| Phase of Care | Priority Clinical and Care Delivery Goals | |
|---|---|---|
| 1) **Prenatal Care** | ***Access to Care***<br>– *Timely initiation of prenatal care*<br><br>**Modifiable Risk Factors**<br>– *Nutrition*<br>– *Weight*<br>– *Tobacco Avoidance and Cessation*<br>– *Physical Activity/Exercise* | **Psychosocial Risk Assessment and Intervention**<br>– *Depression, anxiety, and other mental illness*<br>– *Drug and/or alcohol use*<br>– *Stress management*<br>– *Interpersonal violence*<br><br>**Outcomes of Maternity Care**<br>– *Low Birth Weight* |
| 2) **Labor and Delivery** | **Breast Feeding Support**<br><br>**Full Term Pregnancy** | |
| 3) **Postpartum Care** | **Access to Care**<br>– *Timely postpartum follow up* | **Postpartum Counseling/Education**<br>– *Counseling on safe pregnancy spacing and family planning* |

# HOMEWORK: Priority Clinical and Care Delivery Goals Analysis

- The *MY 2018 Measure Sets* have been reviewed against the priority clinical and care delivery goals identified by the CAGs through the MY 2018 Annual Update Cycle.
- The resulting report, *Measurement Year (MY) 2018 Priority Clinical and Care Delivery Goals: Supporting Measure and Gap Analysis,* aims to:

1. Aid the State in evaluating the degree to which the *MY 2018 Measure Sets* align with the priority goals identified by the CAGs through the Annual Update Cycle
2. Identify gap areas where measures may not be available or inadequately address quality of care relating to the goal
3. Support decision making regarding measure selection and phasing strategies in the next round of annual updates to the Measure Sets

- The CAG is asked to review this document in advance of the next CAG meeting this summer.

# Thank you!

***Please send questions and feedback to:***

**vbp@health.ny.gov**