



**Department
of Health**

**Medicaid
Redesign Team**

Maternity Care Clinical Advisory Group (CAG) Meeting

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August 16, 2018

Section 1: Introductions and Roll Call

Roll Call

Agenda

1. Introductions & Roll Call 10 min
2. Tennessee Medicaid Experience in VBP for Maternity Care 30 min
3. Highlights/Takeaways – 5/11/18 Maternity CAG meeting 10 min
4. VBP Program and Maternity Care Arrangement Update 10 min
5. National Quality Measurement Updates 5 min
6. New York State (NYS) Core Outcome Measure Strategy 5 min
7. Children’s Health CAG Maternity Measure Set Recommendations 10 min
8. Maternity Measures: Recommended 2019 Set 20 min
9. Measurement Year (MY) 2018 Priority Clinical and Care Delivery Goals 15 min
10. Wrap Up and Next Steps 5 min

Section 2: Tennessee Medicaid Experience in VBP for Maternity Care

Vaughn Frigon, MD
Chief Medical Officer
TennCare

Section 3: May Maternity CAG Highlights /Takeaways

Highlights/Takeaways from Spring Meeting

Recap: Spring Maternity CAG Highlights

- Given small measure set in Maternity, is it worth condensing?
- The **VALUE** of doing a Maternity Care arrangement in combination with a TCGP/IPC arrangement ensures that women's physical health is addressed appropriately out ahead of any pregnancy.
- Should SDH measures be included?
- Given the feedback from previous meeting about SUD affecting women, what **NEW** measure could be included in the Maternity arrangement that assist us in getting out in front of potentially avoidable complications that could otherwise arise?
- No standard for C-section, what is the right percentage?

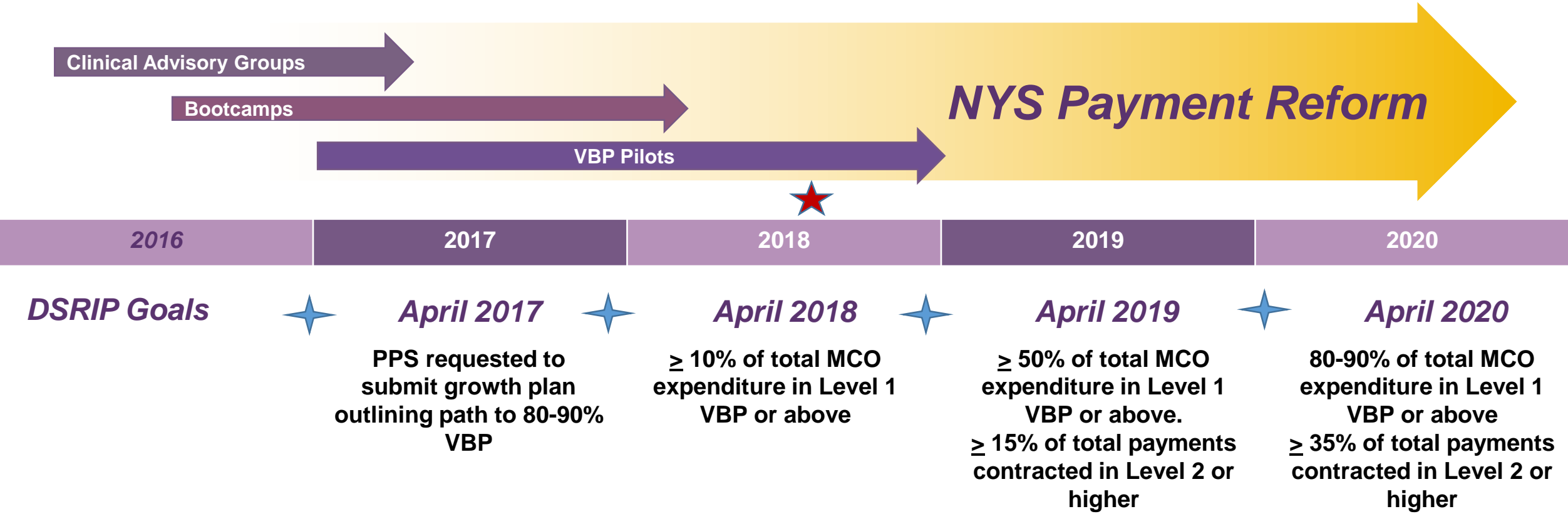
Section 4: VBP Program and Maternity Care Arrangement Update

Timelines and Expectations

Quality Measure Integration Timeline

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.



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 **spring and summer.**
- Based on CAG feedback, the State will present the proposed measure set to the VBP Workgroup for approval in **October**
- The final Measurement Year (MY) 2019 Quality Measure Sets will be released in **October/early November.**
- The MY 2018 VBP Reporting Requirements Technical Specifications Manual will be released in **October/early November.**

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)
<ul style="list-style-type: none"> • 5 measures are unique to the TCGP/IPC Arrangements • 35 measures are shared with at least one of the other measure sets. 	<ul style="list-style-type: none"> • 9 measures unique to the HARP Arrangement • 32 measures that are also included in the TCGP/IPC Arrangement 	<ul style="list-style-type: none"> • 10 measures unique to the HIV/AIDS Arrangement • 34 measures that are also included in the TCGP/IPC Arrangement 	<ul style="list-style-type: none"> • 17 measures unique to the Maternity Care Arrangement • 1 measure that is also included in the TCGP/IPC Arrangement

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		2018	2019	2020	Integration Date Unknown
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 <i>(3 unique)</i>	+1 <i>(1 unique)</i>	+12 <i>(11 unique)</i>	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

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

Section 5: National Quality Measurement Updates

Maternity

National Quality Measurement Updates

Maternity

HEDIS 2019

- 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.

Not currently being reported by Health Plans in NYS, but these measures do align with clinical goals

Section 6: NYS Core Outcome Measure Strategy

*Update on Quality Measure Prioritization
Recommendation Consolidation and Prioritization*

Quality Measure Prioritization: Goals for 2018

- Prioritize a focused list of high value quality measures for VBP in MY 2019.
- Key Principles in measure prioritization:
 - Process → Outcome
 - Gather feedback from stakeholders on what are the “right” outcomes
 - Focus on efficient measurement
- Align quality measurement efforts across stakeholder communities and State and Federal-led quality programs
- Reduce the number of measures in use for VBP

Recommendation: Consolidation and Prioritization

- The current number of quality measures and the reporting challenges across programs place a significant reporting burden on providers.
 - We are recommending no measures be removed from Category 1; Maternity VBP Quality Measurement set remain the same for 2018/2019
 - Should any Category 2 measures be removed?
- Maternity Health outcome measure prioritization
 - Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]
 - Should any additional measures be included?

2018 CAT 1 VBP Maternity Arrangement Measure Set

Maternity Measure	Category	Classification	Measure Steward	NQF Endorsed?
<i>Outcome Measures</i>				
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Cat 1	P4R	AHRQ	N
<i>Process Measures</i>				
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

2018 CAT 2 VBP Maternity Arrangement Measure Set

Measure	State Category	Classification
Antenatal Hydroxyprogesterone	2	P4R
Antenatal Steroids	2	P4R
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	2	P4R
Experience of Mother with Pregnancy Care	2	P4R
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	2	P4R
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	2	P4R
Monitoring and Reporting of NICU Admission Rates	2	P4R
Post Partum Blood Pressure Monitoring	2	P4R
Vaginal Birth after Cesarean (VBAC) Delivery Rate, Uncomplicated	2	P4R

Section 7: 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: Questions from Children’s Clinical Advisory Group

Questions:

1) Should any of the Maternity measures (1 – 5 below) recommended by the Children’s Health CAG be added to the Total Care for the General Population?

- The Category 1 P4P “prenatal and postpartum care visits” measure may be most appropriate to include. Is there agreement?

2) Can the *Behavioral risk assessment for pregnant women* measure be added to the Maternity Care measure set?

- The state does not recommend the addition of this measure as there is misalignment with clinical practice and measure guidelines; rates are already high (Baseline among high volume practices 80%).

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. 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. 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

Section 8: Maternity Measures: Recommended 2019 Set

Cat 1 Measures

Cat 2 Measures

2019 CAT 1 VBP Maternity Arrangement Measure Set

Maternity Measure	Category	Classification	Measure Steward	NQF Endorsed?
<i>Outcome Measures</i>				
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Cat 1	P4R	AHRQ	N
<i>Process Measures</i>				
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

2018 CAT 2 VBP Maternity Arrangement Measure Set

Measure	State Category	Classification
Antenatal Hydroxyprogesterone	2	P4R
Antenatal Steroids	2	P4R
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	2	P4R
Experience of Mother with Pregnancy Care	2	P4R
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	2	P4R
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	2	P4R
Monitoring and Reporting of NICU Admission Rates	2	P4R
Post Partum Blood Pressure Monitoring	2	P4R
Vaginal Birth after Cesarean (VBAC) Delivery Rate, Uncomplicated	2	P4R

Section 9: MY 2018 Priority Clinical and Care Delivery Goals

Recap of 2017-18 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 May 2018 was based on a review of the CAG and Integrated Care Workgroup (ICWG) Measure Set recommendations.
- Following the May 2018 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
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Worksheet: Recommendation of Additional Priority Goals

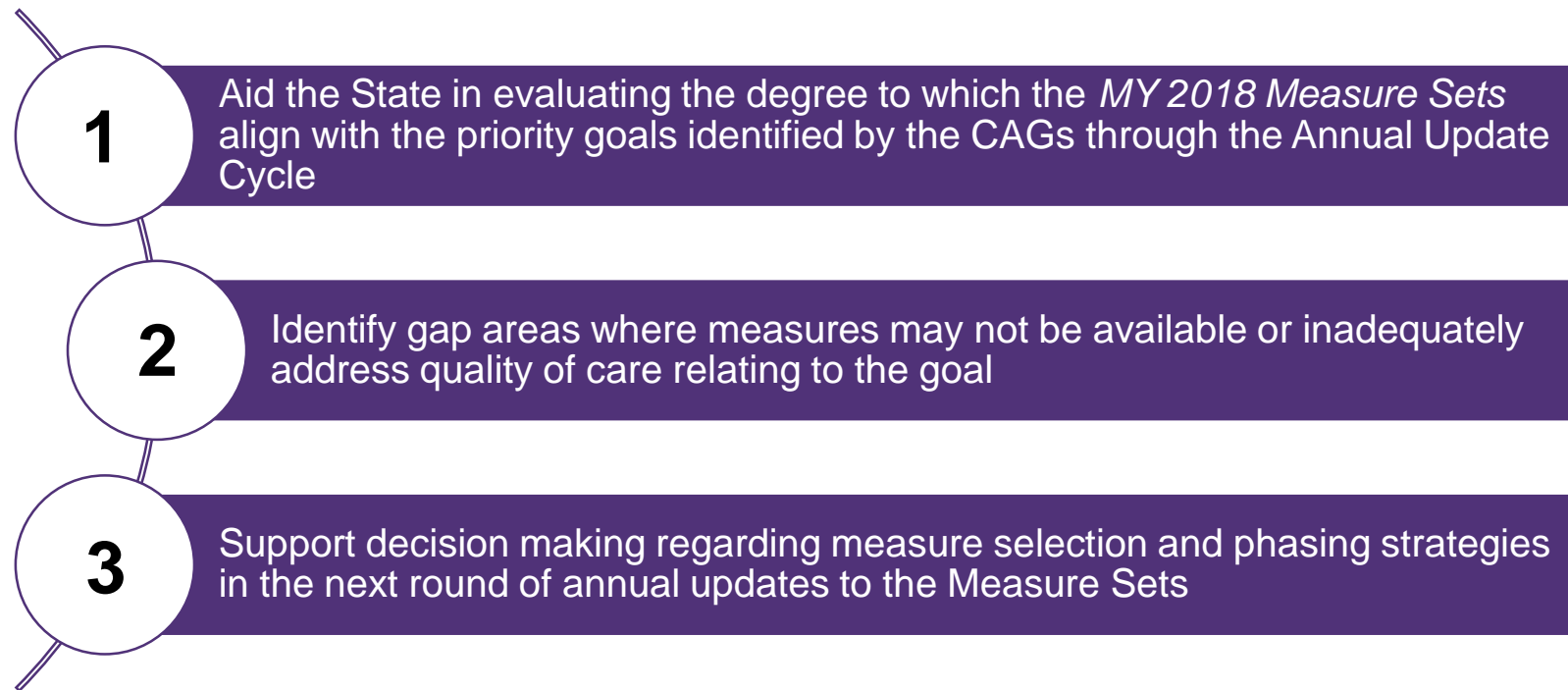
Phase	Clinical and Care Delivery Goals	Description	Additional Subgoals
	Suggested Priority Goal 1	Description	(No Subgoals)
1) Phase of Care	Suggested Priority Goal 2	Description	<ul style="list-style-type: none"> • Subgoal 1 • Subgoal 2
2) Phase of Care	_____	_____	_____
3) Phase of Care	_____	_____	_____
4) Phase of Care	_____	_____	_____

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

Department of Health

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:



- The CAG was asked to review this document in advance of today's meeting.

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 and May 2018 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 and pertussis 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
<p>1) Prenatal Care</p>	<p>Access to Care - Timely initiation of prenatal care</p> <p>Screening and Referral for Previously Undiagnosed or Uncontrolled Chronic Conditions</p> <p>Management of Existing Chronic Conditions (focus on drivers of maternal morbidity/mortality) - Diabetes - Hypertension - Obesity - Heart Disease</p> <p>Early Identification and Management of Pregnancy-Related Conditions - Gestational Diabetes - Pregnancy Related Hypertension - Eclampsia - Preeclampsia - Obstetric Venous Thromboembolism (VTE) - Pregnancy Related Infection</p> <p>Early Intervention to Reduce the Risk of Preterm Labor and Related Complications - Antenatal Hydroxyprogesterone; Antenatal Steroids</p> <p>Immunizations/Vaccinations - Influenza Immunization - T-Dap – (tetanus, diphtheria, pertussis)</p> <p>Maternal Health Risk Assessment</p> <p>Modifiable Risk Factors - Nutrition - Weight - Tobacco Avoidance and Cessation - Physical Activity/Exercise</p> <p>Outcomes of Maternity Care - Maternal Morbidity - Maternal Mortality - Low Birth Weight - Patient Experience of Maternity Care</p> <p>Patient Self-Management - Education about the risk and warning signs of maternal morbidity - Patient education and self-management of hypertension</p> <p>Psychosocial Risk Assessment and Intervention - Depression, anxiety, and other mental illness - Drug and/or alcohol use - Stress management - Interpersonal violence</p>

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	<p>Access to Risk-Appropriate Care</p> <p>Complications of Labor and Delivery</p> <ul style="list-style-type: none"> - Deep Vein Thrombosis (DVT) - Hemorrhage - Obstetric Embolism - Obstetric Trauma - Sepsis - Surgical/Anesthesia Complications <p>Appropriate Use of Clinical Services/Procedures</p> <ul style="list-style-type: none"> - Episiotomy - C-Section 	<p>Breast Feeding Support</p> <p>Full Term Pregnancy</p> <p>Outcomes of Maternity Care</p> <ul style="list-style-type: none"> - Maternal Morbidity - Maternal Mortality - Postpartum Readmissions <p>Prevention of Healthcare Associated Infection</p> <p>Prevention of Neonatal Infection</p>

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	<p>Access to Care</p> <ul style="list-style-type: none"> - Timely postpartum follow up - Continuity/Coordination of Care: Transition from obstetrical care to ongoing care with PCP (Primary Care Provider) - Patient Experience of Maternity Care <p>Postpartum Counseling/Education</p> <ul style="list-style-type: none"> - Counseling on safe pregnancy spacing and family planning - Management of chronic disease and modifiable risk factors for any future pregnancy - Management of Chronic Hypertension 	<p>Psychosocial Risk Assessment and Intervention</p> <ul style="list-style-type: none"> - Early Identification of Depression/Anxiety - Screen for Tobacco, Drug and/or alcohol use - Stress management - Intimate partner violence <p>Screening and Referral for chronic conditions</p> <ul style="list-style-type: none"> - Chronic Hypertension - Diabetes - Cardiovascular Disease <p>Weight and Nutrition</p>
4) Newborn Care	<p>Prevention of Neonatal Infection</p> <p>Appropriate Use of Clinical Services/Procedures</p>	

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: Should these goals be included in Total Care of General Population arrangements?

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

Summary / Takeaways

- Please provide any feedback on the evolving Maternity VBP Quality Measure set and send suggestions or recommendations.
- Consider the content of the *Closing Care Gaps* document and provide any recommendations of Maternity outcome measures that drive value.
- Provide any additional feedback and send your recommendations to Valerie Clark Valerie.clark@health.ny.gov by August 30, 2018.
- The final Measurement Year (MY) 2019 Quality Measure Sets will be released in **October/early November**.
- The MY 2018 VBP Reporting Requirements Technical Specifications Manual will be released in **October/early November**.

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov