



**Department
of Health**

Maternity

Clinical Advisory Group (CAG) Meeting

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Agenda

- | | |
|---|---------------|
| 1. Introduction | 35 min |
| <ul style="list-style-type: none">-w- Roll Call-w- Value Based Payment in New York State-w- CAG 2019 Timeline, Highlights and Goals-w- VBP Contract Analysis & VBP Roadmap Changes | |
| 2. 2019 Maternity Care Measure Final Set | 30 min |
| <ul style="list-style-type: none">-w- 2018 Measure Results by Pregnant/Non-pregnant-w- Reinstate – Appropriate Level of Care Measure-w- Implementation Timeline and Strategy for Prioritized Measures | |
| 3. National Quality Measurement Updates | 20 min |
| 4. MY 2019 Priority Clinical and Care Delivery Goals | 25 min |
| <ul style="list-style-type: none">-w- Recap of Identification of 2018 Gap Areas-w- Depression Remission and Response | |
| 5. Summary & Next Steps | 10 min |

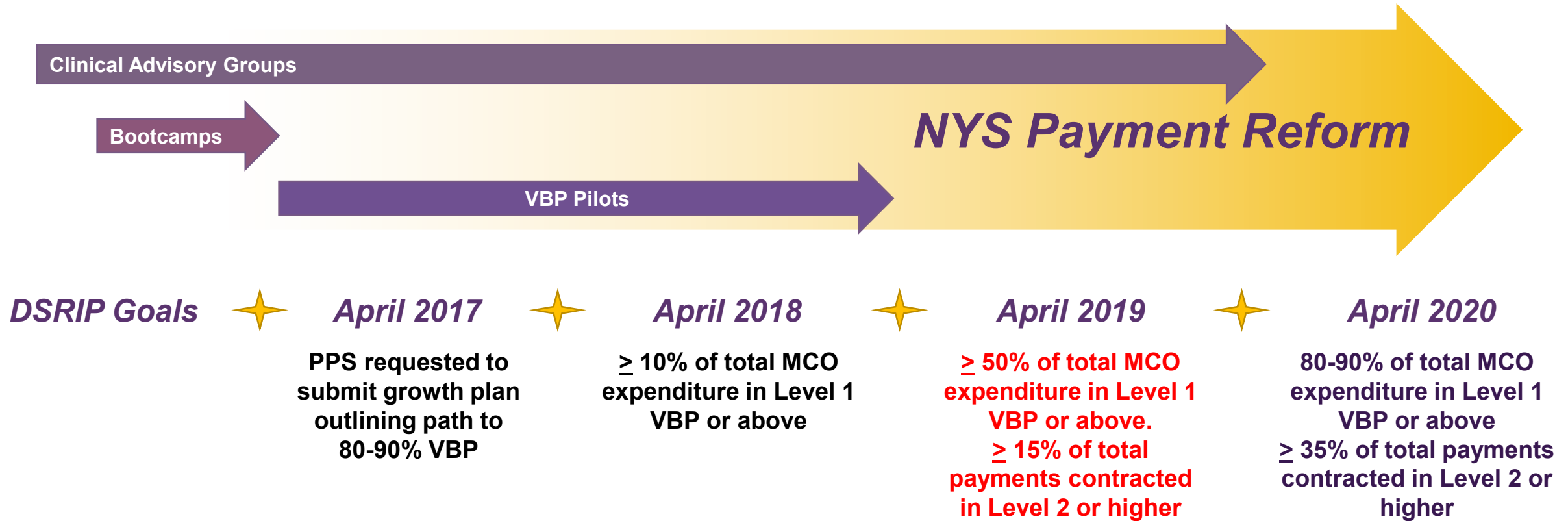
Section 1: Introduction

- *Value Based Payment in New York State*
- *CAG Timeline & Expectations for 2019*
- *VBP Contract Analysis & VBP Roadmap Changes*

Value Based Payment in New York State

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.



How is VBP Different from the Current Payment Structure?

- 1) Efficiency Component** - A **target budget** is set at the beginning of the year, against which costs (expenditures) are reconciled at the end of the year.
 - Services may be reimbursed as *fee-for-service* as they are now, or as a *per member per month (PMPM)* prospective payment.
- 2) Quality Component** - A **percentage of performance measures** on the attributed population (those included in the arrangement) **must be passed** to share in any savings (or to determine the percentage of losses that must be made up).



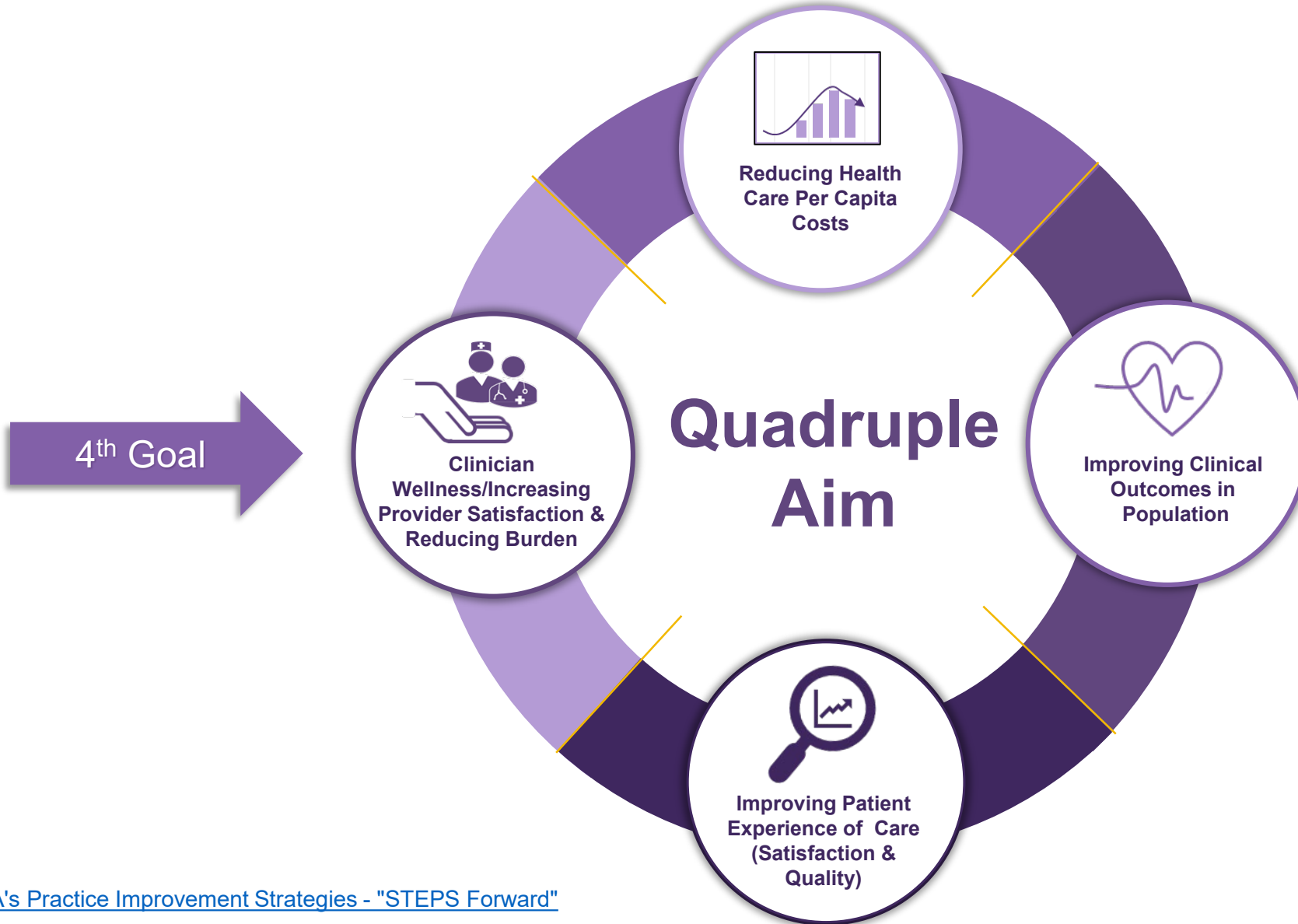
Upside & Downside Risk-Sharing Arrangement

(NYS Guideline)

Upside ↑
Downside ↓

- While VBP encourages efficiency, QUALITY is paramount!
- No savings will be earned without meeting minimum quality thresholds.
- NY State Medicaid's CMS-approved VBP Roadmap recommends that 50% of Pay-for-Performance (P4P) measures should be "passed" to qualify for any shared savings or to determine the proportion of any losses to be shared.
 - Other measures are required to be reported (Pay-for-Reporting (P4R)), but are not used for performance payments.

Triple Aim → Quadruple Aim in Health Care



CAG 2019 Timeline, Highlights and Goals

Clinical Advisory Group (CAG) Goals for 2019

2019 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 2020.

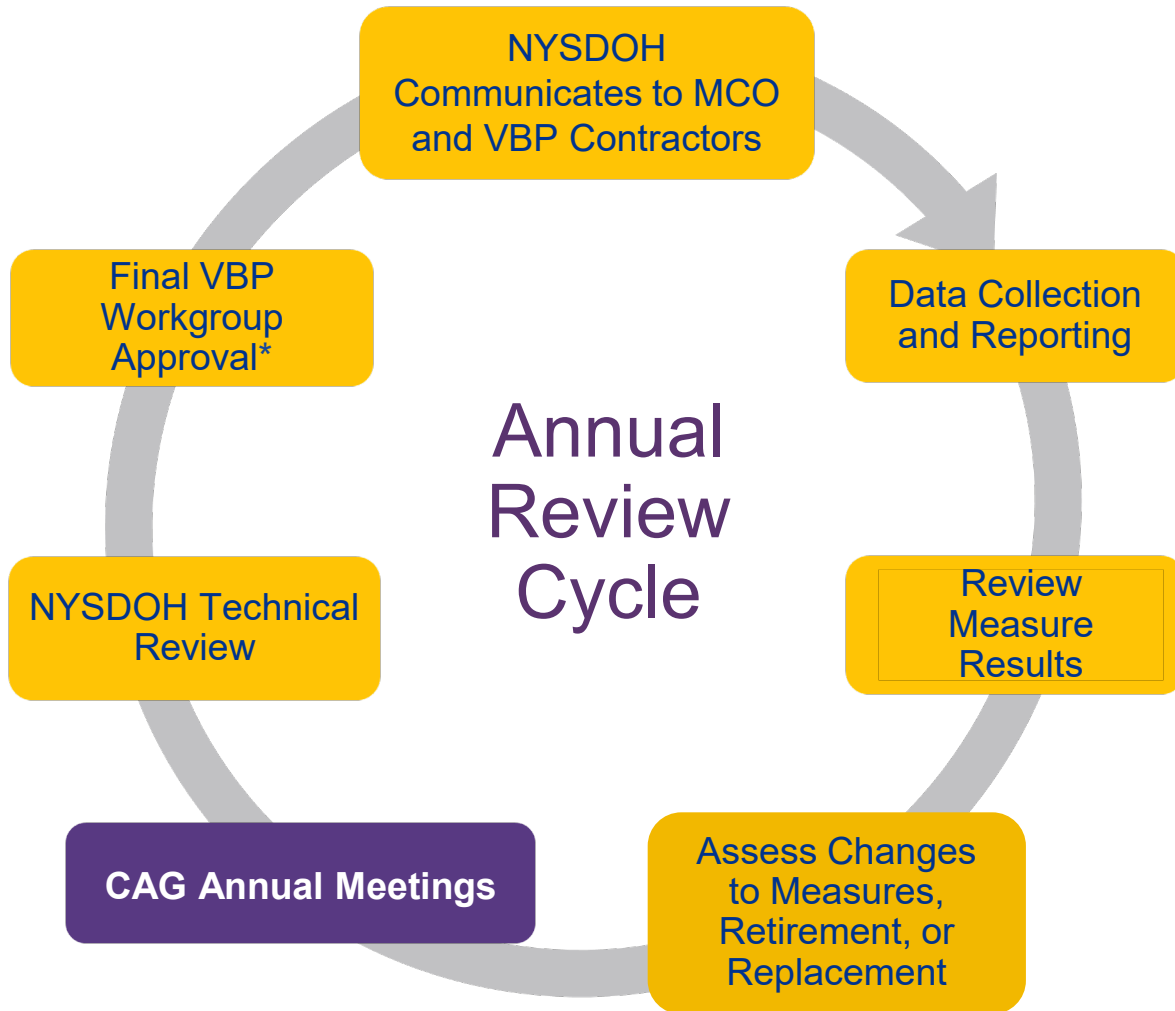
Clinical Advisory Group (CAG) Timeline for 2019

Timeline



- Spring Cycle to convene April through May, with Summer cycle to begin in June with a goal of ending in July.
 - HIV/AIDS CAG is convened in conjunction with the NYS AIDS Institute's Quality Advisory Committee. The Children's CAG as in past years will be convened in conjunction with United Hospital Fund.
- Feedback from the CAGs will be processed and presented in the form of recommended measure sets to the VBP Workgroup for approval in **October 2019**.
- (MY) 2020 Quality Measure Sets will be released in **November 2019**.
- The MY 2020 VBP Reporting Requirements Technical Specifications Manual will also be released in **November 2019**.

VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders; and
- Any significant changes in evidence base of underlying measures and/ or conceptual gaps in the measurement program.

New York State Department of Health (NYSDOH) and State Review Panel

- Review data, technical specification changes or other factors that influence measure inclusion/ exclusion;
- Review measures under development to test reliability and validity; and
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R).

VBP Contract Quality Measurement Analysis & VBP Roadmap Changes

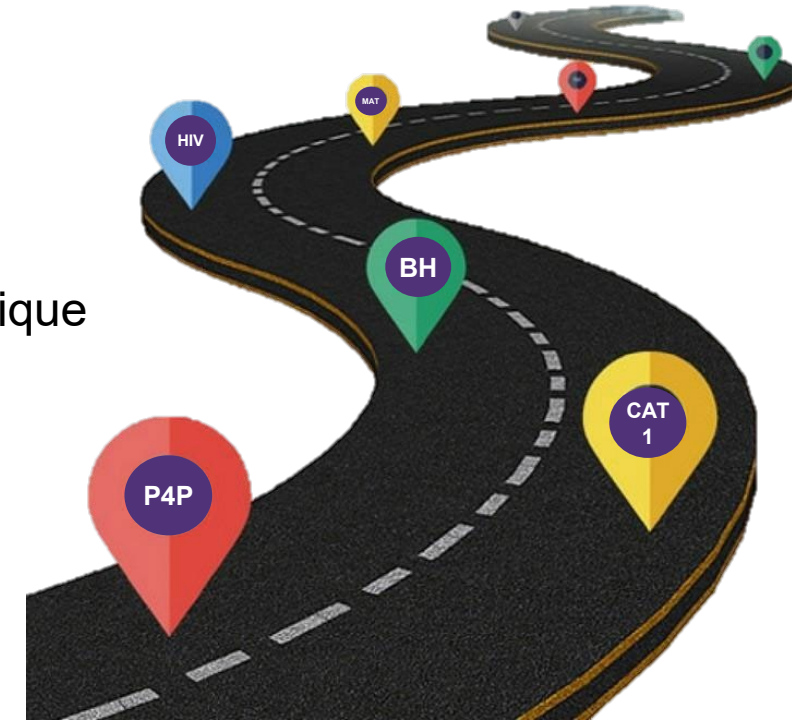
Understanding VBP Quality Measure Use to Date



- OQPS examined 53 VBP contracts from 16 MCOs created/modified between 2016-2018. Findings from the analysis included:
 - All contracts included a TCGP/IPC measure
 - 46% of contracts included a behavioral health measure
 - Room for improvement for including other diverse measures across the VBP quality measure domains (e.g., maternity, children's)
- Findings from the analysis, along with stakeholder feedback, were developed in proposed VBP roadmap changes

Proposed Roadmap Requirements for 2019 – Quality Measures

- Managed Care Organizations (MCOs) (excluding MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must include at least one CAT 1 P4P measure in addition to the following:
 - At least one Category 1 P4P measure from the Total Care General Population Quality Measure Set for each of the following domains:
 - i. Integrated Primary Care
 - ii. Mental Health
 - iii. Substance Use Disorder
 - iv. HIV/AIDS
 - v. Maternity
 - vi. Children's
 - The subpopulation or condition specific measures selected must be unique to the respective measure set.



TCGP Quality Measure Domains

Maternity Measures ~ *Category 1*

You must choose at least 1 measure from the following domain

Measure Name	Measure Steward	Measure Identifier	Classification
Prenatal and Postpartum Care	NCQA	NQF 2082	P4P

TCGP Quality Measure Domains

IPC Measures ~ *Category 1*

You must choose at least 1 measure from the following domain

Measure Name	Measure Steward	Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	NQF 1880	P4P
Antidepressant Medication Management	NCQA	NQF 0105	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Initiation and Engagement of Alcohol & Other Drug Abuse or Dependence Treatment	NCQA	NQF 0004	P4P

See the IPC measure set for the full list of IPC measures

TCGP Quality Measure Domains

Mental Health Measures ~ Category 1

You must choose at least 1 measure from the following domain

Measure Name	Measure Steward	Measure Identifier	Classification
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	NQF 1879	P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	P4P
Follow-Up After Hospitalization for Mental Illness	NCQA	NQF 0576	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS	-	P4P

TCGP Quality Measure Domains

Substance Use Disorder Measures ~ Category 1

You must choose at least 1 measure from the following domain

Measure Name	Measure Steward	Measure Identifier	Classification
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS	-	P4P
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS	-	P4P
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	NQF 2605	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS		P4P

TCGP Quality Measure Domains

HIV/AIDS Measures ~ *Category 1*

You must choose at least 1 measure from the following domain

Measure Name	Measure Steward	Measure Identifier	Classification
HIV Viral Load Suppression	HRSA	NQF 2082	P4P

Quality Measure Categorization

- Category 1 and 2 quality measures are recommended by the Clinical Advisory Groups (CAGs), accepted by the State, and approved by the VBP Workgroup.

The State classified each Category 1 measure as P4P or P4R:

Pay for Performance (P4P)

- Measures designated as P4P are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

Pay for Reporting (P4R)

- Measures designated as P4R are intended to be used by MCOs to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract.
- MCOs and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting.

- Category 2 measures are P4R and are not required to be reported, with the exception of the VBP Pilots.

TCGP ~ Measure Categorization Change

- **NYS DOH recommends moving Prenatal/Postpartum Care to P4P.**
 - Do you agree that this measure should be moved to P4P in the TCGP measure set as it is in the Maternity measure set?



- **Levels of Consensus**
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support



Section 2: 2019 Maternity Care Quality Measure Final Sets

- *2018 Measure Results*
- *Implementation Timeline and Strategy for Prioritized Measures*

2019 Maternity Care VBP Quality Measure Set ~ *Category 1*

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Contraceptive Care – Postpartum	United States Office of Population Affairs	2902	Cat 1 P4R
C-Section for Nulliparous Singleton Term Vertex (NSTV) (PC-02 Cesarean Birth)	TJC	0471	Cat 1 P4R
Exclusively Breast Milk Feeding (PC-05)	TJC	0480	Cat 1 P4R
Incidence of Episiotomy	Christiana Care Health System	0470	Cat 1 P4R
 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	0004	Cat 1 P4R
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	AHRQ	0278	Cat 1 P4R
Percentage of Preterm Births	NYS	Not endorsed	Cat 1 P4R
Prenatal & Postpartum Care	NCQA	1517 (lost endorsement)	Cat 1 P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	0418	Cat 1 P4R
 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA/PCPI	28	Cat 1 P4R

Acronyms: TJC: The Joint Commission, NCQA: National Committee for Quality Assurance, AHRQ: Agency for Healthcare Research and Quality, CMS: Centers for Medicare and Medicaid Services

2019 Maternity Care VBP Quality Measure Set ~ Category 2

Maternity Care Measures	Measure Steward	Measure Identifier
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	-
Antenatal Steroids	TJC	NQF 0476
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America (HCA)	NQF 0473
Experience of Mother with Pregnancy Care	-	-
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Centers for Disease Control (CDC)	NQF 0475
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	Massachusetts General Hospital	NQF 1746
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle	-
Vaginal Births after Cesarean Section	NYS	-

2018 Measure Results

Use of Opioids and Other Substances Among Medicaid Enrolled Pregnant Women

Introduction

- Medicaid covers the medical expenses for more than 40% of births in the US¹
- The rates of prescription opioid use are reported to be disproportionately high among Medicaid enrollees compared to the general population²
- Untreated substance abuse during pregnancy can have devastating consequences for the unborn baby.
 - e.g., Fluctuating levels of opioids in the mother may expose the fetus to repeated periods of withdrawal, which can harm placenta function³



1. Garcia, G. Maternal and Child Health (MCH) Update: Stress Increase Eligibility for Children's Health in 2007. National Governors Association, 2008
2. Sullivan, MD, Edlund MJ, Fan M-Y, DeVries A, Brennan Braden J, Martin BC,. Trends in use of opioids for non-cancer pain conditions 2000-205 in commercial and Medicaid insurance plans: The TROUP Study. Pain.2008; 138(2):440-449. [PubMed:18547726]
3. Kaltenbach K, Berghella V, Finnegan L. OPIOID DEPENDENCE DURING PREGNANCY: Effects and Management. Obstetrics and Gynecology Clinics of North America. 1998; 25(1) 139-151.



Methods

- Study population
 - Medicaid women continuously enrolled who had a live birth in measurement year 2017
- Data source
 - New York State Medicaid claims and encounters

Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment

Measure Description	<p>The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following.</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment. The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. • Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
Measure Numerator	<ul style="list-style-type: none"> • Initiation of AOD Dependence Treatment: Initiation of AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the index episode start date. • Engagement of AOD Treatment: Initiation of AOD treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive).
Measure Denominator	<p>Patients age 13 years of age and older who were diagnosed with a new episode of alcohol or other drug dependency (AOD) during the first 10 and ½ months of the measurement year (e.g., January 1-November 15).</p>

Initiation and Engagement in AOD Treatment- Results

Measure Name	Measure ID/Category	Total Women	Non-Pregnant Women	Pregnant Women	
		Rate	Rate	N	Rate
Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment	IET Initiation - Total	45	44	3,064	59
	Alcohol Abuse & Dependence	39	39	511	41
	Opioid Abuse & Dependence	54	53	474	73
	Other Drug Abuse & Dependence	46	45	2,079	61
	IET Engagement - Total	19	18	3,064	24
	Alcohol Abuse & Dependence	15	15	511	21
	Opioid Abuse & Dependence	32	31	474	46
	Other Drug Abuse & Dependence	17	17	2,079	19

Implementation Timeline and Strategy for New & Prioritized Measures

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Office of Quality and Patient Safety

High Priority Measures for Discussion (1/2)

Measure	Included in Quality Measure Set?						Reporting Status
	TCGP	IPC	Maternity	HIV	HARP	Pediatric	
<i>Priority Evidence-Based Process Measures</i>							
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention			✓		✓		NR
Asthma Medication Ratio	✓	✓		✓	✓		R
Initiation and Engagement of Alcohol and Other Drug Dependence	✓	✓	✓	✓			R
Childhood Immunization Status, Combination 3	✓	✓					R
Immunization in Adolescents, Combination 2	✓	✓					R
Developmental Screening in the First 3 Years of Life						✓	NR
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan			✓				NR

High Priority Measures for Discussion (2/2)

Measure	Included in Quality Measure Set?						Reporting Status
	TCGP	IPC	Maternity	HIV	HARP	Pediatric	
Outcome Measures							
Comprehensive Diabetes Care: HbA1c Poor Control > 9%	✓	✓		✓	✓		R
Controlling High Blood Pressure	✓	✓		✓	✓		R
Maintenance of Stable or Improved Housing Status					✓		R
No or Reduced Criminal Justice Involvement					✓		R
Maintaining and Improving Employment or Higher Education Status					✓		R
HIV Viral Load Suppression				✓			R
Depression Remission or Response for Adolescents and Adults ^{±*}	✓	✓		✓			NR

Maternity VBP Arrangement Anticipated Measure Integration

Total New Measures	2018	2019	2020	Integration Date Unknown
		+ 3	+ 2	+ 2
Category 1 Measures				
P4P	-	-	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
	-	-		Depression Remission or Response for Adolescents and Adults
Category 2 Measures				
P4R	-			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)
	-	-	-	Postpartum Blood Pressure Monitoring
	-	-	-	Vaginal Births after Cesarean Section

New Measure

Under 1500g infant Not Delivered at Appropriate Level of Care*

STEWARD: California Maternal Quality Care Collaborative

Measure Description	The number per 1,000 livebirths of <1500g infants delivered at hospitals not appropriate for that size infant.
Measure Numerator	Liveborn infants (<1500gms but over 24 weeks gestation) born at the given birth hospital.
Measure Denominator	All live births over 24 weeks gestation at the given birth hospital. NICU Level III status is defined by the State Department of Health or similar body typically using American Academy of Pediatrics Criteria.
Exclusions:	Stillbirths and livebirths <24weeks gestation.

*Measure is not currently aligned with any other federal or state payment programs (e.g. MIPS, CPC+, etc....) or endorsed.

Appropriate Level of Care Measure Discussion

- **Recommended to be added to the Maternity Measure Set**
 - Do you agree that the Appropriate Level of Care measure should be added to the Maternity Measure Set?
- **Levels of Consensus**
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support



Section 3: National Quality Measurement Updates

HEDIS 2020

NCQA Proposed Changes Quality Measures for HEDIS® 2020

- **Changes to Existing Measures**

- ↪ Postpartum Care

- **New Measures**

- ↪ Follow-up after High-Intensity Care for Substance Use Disorder

- ↪ Pharmacotherapy for Opioid Use Disorder **

- ↪ Prenatal Depression Screening and Follow-up

- ↪ Postpartum Depression Screening and Follow-up



* Aligned with NYS Category 2- Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care

** Aligned with NYS Category 2- Use of Opioid Dependence Pharmacotherapy

Postpartum Care

- **Previously** only postpartum visits on or between 21 and 56 days after delivery counted as numerator compliant.
- **ACOG** [*American College of Obstetricians and Gynecologists*] recently published an updated guideline for postpartum care and now recommends an initial postpartum visit within 3 weeks after birth to address acute issues, followed by ongoing care as needed and concluding with a visit from 4 to 12 weeks after birth.
- **NCQA** [*National Committee for Quality Assurance*] proposes replacing the current postpartum rate with three rates to better align with guidelines:
 1. **Early postpartum visit:** percentage with a postpartum visit within 21 days after delivery.
 2. **Later postpartum visit:** percentage with a postpartum visit during 22 and 84 days after delivery.
 3. **Early and later postpartum visit:** percentage with both an early and a later postpartum visit (numerator compliant for both indicators).

Postpartum Care

- **NCQA Measure Changes**
 - Do you agree that NCQA measure changes address the issues brought up around this measure of postpartum care?
- **Levels of Consensus**
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support



Prenatal Depression Screening and Follow-up

Assesses whether women were screened for clinical depression during pregnancy, and whether those who screened positive received follow up.

1. ***Depression screening:*** The percentage of deliveries in which women were screened for clinical depression using a standardized tool during pregnancy.

Denominator 1 The initial population, minus exclusions.

Numerator 1 Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during pregnancy.

2. ***Follow-up on positive screen:*** The percentage of deliveries in which pregnant women received follow-up care within 30 days of screening positive for depression.

Denominator 2 All deliveries from Numerator 1 with a positive finding for depression during pregnancy.

Numerator 2 Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Postpartum Depression Screening and Follow-up

Assesses whether women were screened for clinical depression within 12 weeks post-delivery, and whether those who screened positive received follow-up.

1. ***Depression screening:*** The percentage of deliveries in which women were screened for clinical depression using a standardized tool within 12 weeks (84 days) post-delivery.

Denominator 1 The initial population, minus exclusions.

Numerator 1 Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during the 84-day period following the date of delivery.

2. ***Follow-up on positive screen:*** The percentage of deliveries in which postpartum women received follow-up care within 30 days of screening positive for depression.

Denominator 2 All deliveries from Numerator 1 with a positive finding for depression during the 84-day period following the date of delivery.

Numerator 2 Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Depression Screening Comparison

Preventive Care & Screen: Screening for Clinical Depression & Follow-up

Measure Description:	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.
Measure Denominator	All patients aged 12 years and older
Measure Numerator	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen
Measure Steward	CMS/ NQF #0418
Applicable Programs	VBP Maternity/VBP IPC/VBP TCGP/VBP HIV~AIDs
Category	CAT 1 / P4R
Data Method	Hybrid

This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period

Prenatal/Postpartum Depression Screening

Measure Description:	The proportion of deliveries in which members were screened for clinical depression while pregnant and if screened positive, received follow-up care. Two rates are reported. <ol style="list-style-type: none"> 1. Depression Screening: The proportion of deliveries in which members were screened for clinical depression using a standardized instrument during pregnancy. 2. Follow-Up on Positive Screen: The proportion of deliveries in which members received follow-up care within 30 days of screening positive for depression.
Measure Denominator	Deliveries during the Measurement Period.
Measure Numerator	Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during pregnancy.
Measure Steward	NCQA - potential
Applicable Programs	VBP Maternity/VBP IPC
Category	TBD
Data Method	Hybrid

Receipt of a postpartum visit during 3 to 8 weeks after delivery is a rate within this measure. ACOG recommends an initial postpartum visit within 3 weeks after birth to address acute issues, followed by ongoing care as needed and concluding with a visit from 4 to 12 weeks after birth.

Section 4: MY 2019 Priority Clinical and Care Delivery Goals

- *Recap of Identification of 2018 Gap Areas*
- *Depression Remission and Response*

Maternity Care Gaps

• Prenatal Care

- Screening and Referral: previously undiagnosed or uncontrolled Chronic Conditions
- Management of Existing Chronic Conditions (focus on drivers of maternal morbidity/mortality): *Diabetes, Hypertension, Obesity, Heart Disease*
- Early Identification and Management of Pregnancy-Related Conditions: *Gestational Diabetes, Pregnancy Related Hypertension, Eclampsia, Preeclampsia, Obstetric Venous Thromboembolism (VTE), Pregnancy Related Infection*
- Early Intervention to Reduce the Risk of Preterm Labor and Related Complications: *Antenatal Hydroxyprogesterone; Antenatal Steroids*
- Immunizations/Vaccinations
- Maternal Health Risk Assessment
- Modifiable Risk Factors: *Nutrition, Weight, Tobacco, Avoidance and Cessation, Physical Activity/Exercise*
- Maternity Outcomes: *Maternal Morbidity, Maternal Mortality, Low Birth Weight, Patient Experience of Maternity Care*
- Patient Self Management: *Education about the risk and warning signs of maternal morbidity; patient education and self-management of hypertension*
- Psychosocial Risk Assessment and Intervention: *Depression, anxiety, and other mental illness; Drug and/or alcohol use; Stress management; Interpersonal violence*

• Labor and Delivery

- **Access to Risk-Appropriate Care**
- **Complications of Labor and Delivery:** *Deep Vein Thrombosis (DVT); Hemorrhage; Obstetric Embolism; Obstetric Trauma; Sepsis; Surgical/Anesthesia Complications*
- Appropriate use of Clinical Services
- Outcomes of Maternity Care
- Prevention of Healthcare Associated Infection / Neonatal Infection

• Postpartum Care

- Access to Care
- Postpartum Counseling and Education
- Psychosocial Risk Assessment & Intervention
- Screening and Referral for Chronic Conditions
- Weight & Nutrition

• Newborn Care

- Prevention of Neonatal Infection
- Appropriate Use of Clinical Services/Procedures

Maternity Care Gaps Addressed

- Antenatal Hydroxyprogesterone (CAT 2) – Maternity – TBD
- Controlling High Blood Pressure (CAT 1) – TCGP – NQF 0018
- Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS) (CAT 2) – Maternity – NQF 1746
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan (CAT 1) – TCGP/Maternity – NQF 0418
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (CAT 1) – Maternity/TCGP – NQF 0028
- Low Birth Weight (CAT 1) – Maternity/TCGP – NQF 0278
- Prenatal and Postpartum Care (CAT 1) – Maternity/TCGP – NQF 1517
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (CAT 1) – Maternity/TCGP – NQF 0004
- Maternal Depression Screening (CAT 2) – TCGP – NQF 1401
- Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery (CAT 2) – Maternity – NQF 0473
- Postpartum Blood Pressure Monitoring – (CAT 2) – Maternity – TBD
- Experience of Mother with Pregnancy Care (CAT 2) – Maternity – TBD

Section 6: Summary & Next Steps

Request for Feedback / Submission of suggestions and recommendations

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov