



**Department
of Health**

Maternity Care

Clinical Advisory Group (CAG) Meeting

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Agenda

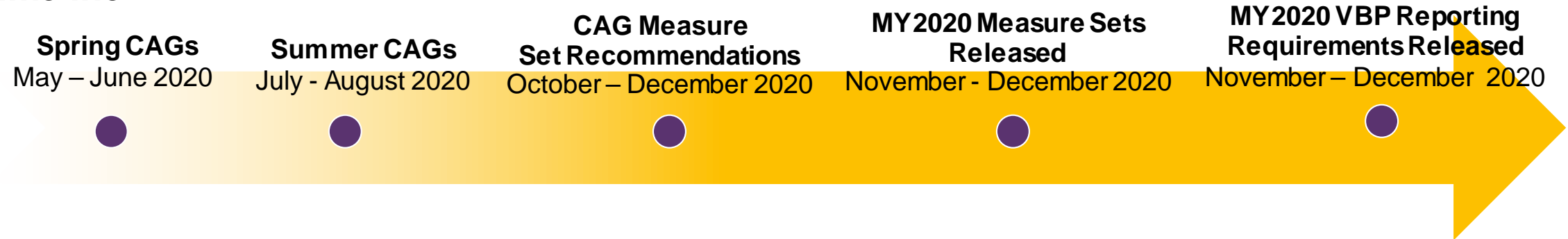
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| 1. Introduction | 20 mins |
| <ul style="list-style-type: none">~ Roll Call~ CAG 2020 Timeline, Highlights, & Goals | |
| 2. The Maternity Arrangement | 15 mins |
| 3. COVID19 & VBP | 5 mins |
| <ul style="list-style-type: none">~ Quality Measures / Reporting Requirements | |
| 4. 2021 Maternity Measure Set Review | 10 mins |
| <ul style="list-style-type: none">~ 2021 Measure Set~ New Measure | |
| 5. NYS Medicaid Quality Strategy | 15 mins |
| 6. Maternal Care Initiatives | 20 mins |
| 7. Summary & Next Steps | 10 mins |

Section 1: Introduction

Roll Call & CAG 2020 Timeline

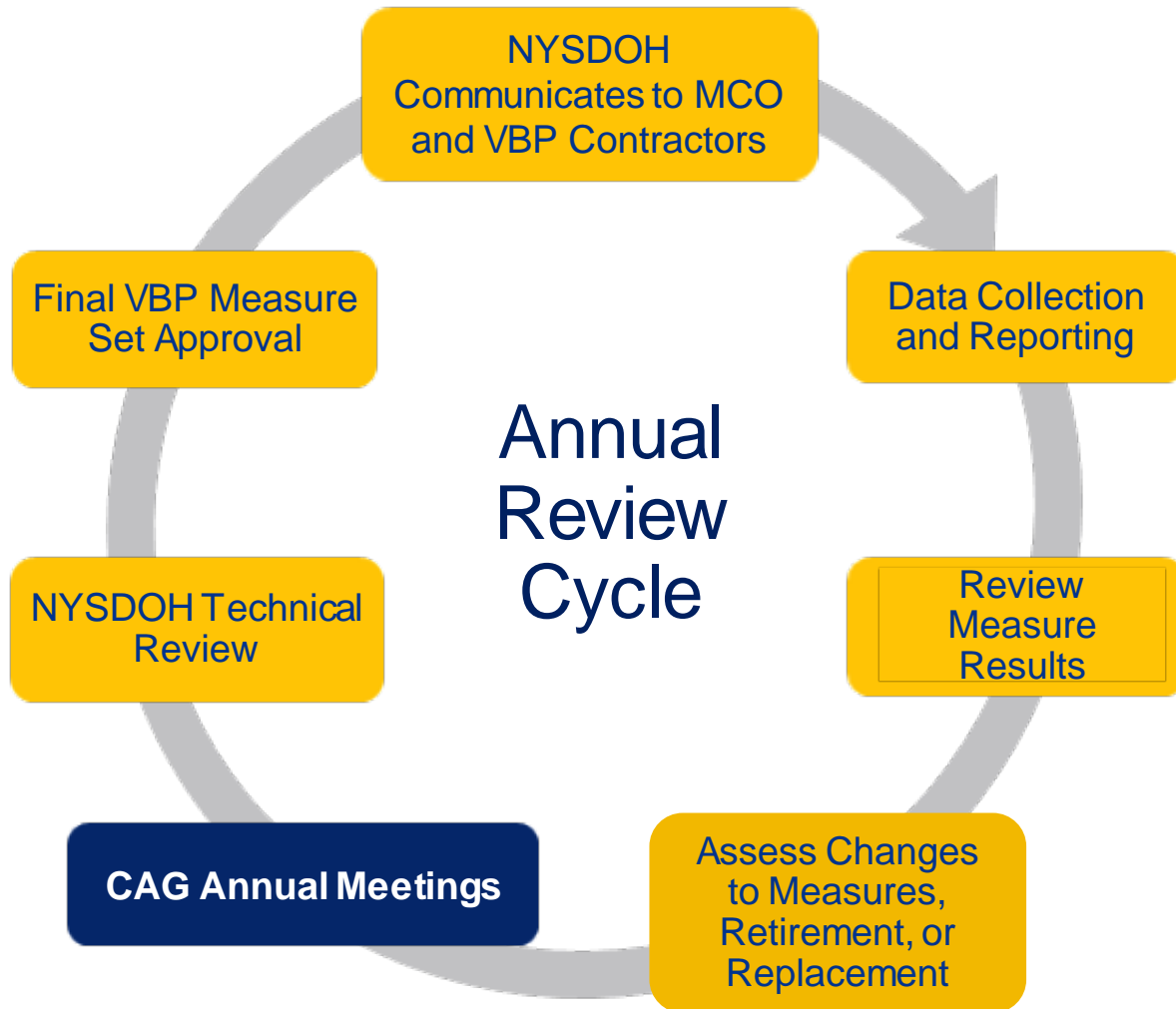
CAG Timeline for 2020

Timeline



- Spring Cycle to convene April through May, with Summer cycle to begin in June with a goal of ending in August.
- Feedback from the CAGs will be processed and presented in the form of recommended measure sets to the VBP Workgroup for approval in **October – December 2020** .
- (MY) 2021 Quality Measure Sets will be released in **November – December 2020**.
- The MY 2021 VBP Reporting Requirements Technical Specifications Manual will also be released in **November – December 2020**.

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).

Roadmap Requirements Established for 2020: Quality Measures

Managed Care Organizations (MCOs) (excluding MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must base shared savings and risk distribution on quality measures that include at least one, Category 1 P4P measure from each of the following domains:

- I. Primary Care
- II. Mental Health
- III. Substance Use Disorder
- IV. HIV/AIDS
- V. Maternity**
- VI. Children's

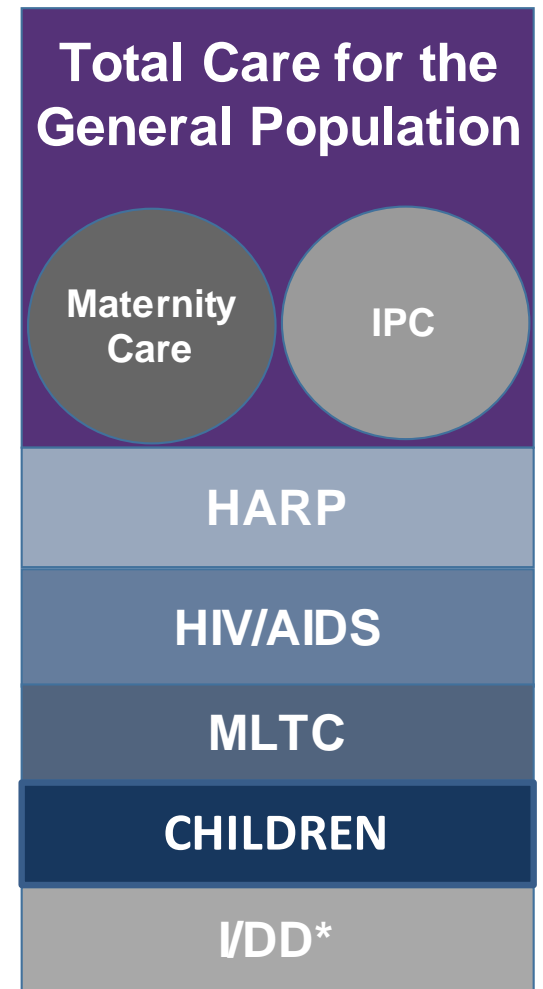
- All new contracts submitted on or after January 1, 2020 must meet this requirement.
- **All other existing contracts must be updated to meet this requirement by January 2021.**

*If a VBP contractor & MCO are contracting for a total care for HARP explicitly carving them out of the TCGP arrangement, then the TCGP contract does not need to include the measure(s) for the respective population since these measures would be incorporated in the population-specific arrangement (e.g., HARP contract). [\[See slides 30-35 for a complete list of Measures\]](#)



VBP Arrangement Types

- **Total Care for the General Population (TCGP):** All costs and outcomes for care, excluding MLTC; may or may not include HARP, HIV/AIDS, and I/DD* populations.
- **Episodes of Care**
 - **Maternity Care:** Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for the mother
 - **Integrated Primary Care (IPC)** All costs and outcomes associated with primary care, sick care, and a set of 14 chronic conditions selected due to high volume and/or costs.
- **Total Care for Special Populations:** Costs and outcomes of total care for all members within a population exclusive of TCGP.
 - **Health and Recovery Plans (HARP):** For those with Serious Mental Illness or Substance Use Disorders
 - **HIV/AIDS**
 - **Managed Long Term Care (MLTC)**
 - **Children**
 - **I/DD***



*Total Care for the Intellectually/Developmentally Disabled (I/DD) population will become available as an arrangement as the population moves to managed care.

2020 Highlighted Changes: TCGP Maternity Domain + New Measures

TCGP: Maternal Care Domain Requirement

- Prenatal & Postpartum Care (**CAT 1 P4P**)

New Measures in Maternity Set: Addressed existing care gaps

- Prenatal Depression Screening and Follow-up (CAT 2 P4R)
- Postpartum Depression Screening and Follow-up (CAT 2 P4R)

Section 2: Maternity Arrangement

Evolution of the Value Equation in Maternal Care:

Total Care for the General Population:

incorporates costs and outcomes for care, **including pregnant women**; excludes MLTC members.

Attribution based on Primary Care Practitioner, not OB/GYN Practitioner as in Maternity Care episode.

New VBP Quality measurement requires a Category 1 P4P Maternity Care measure.

Considerations For Providers:

Is your organization contracting with a Total Care arrangement that includes maternal care provisions?

What measures have been included in your contract that support NYS-aligned maternal care outcomes?

How closely are OBGYNs and PCPs working together?

Future State Policy Considerations:

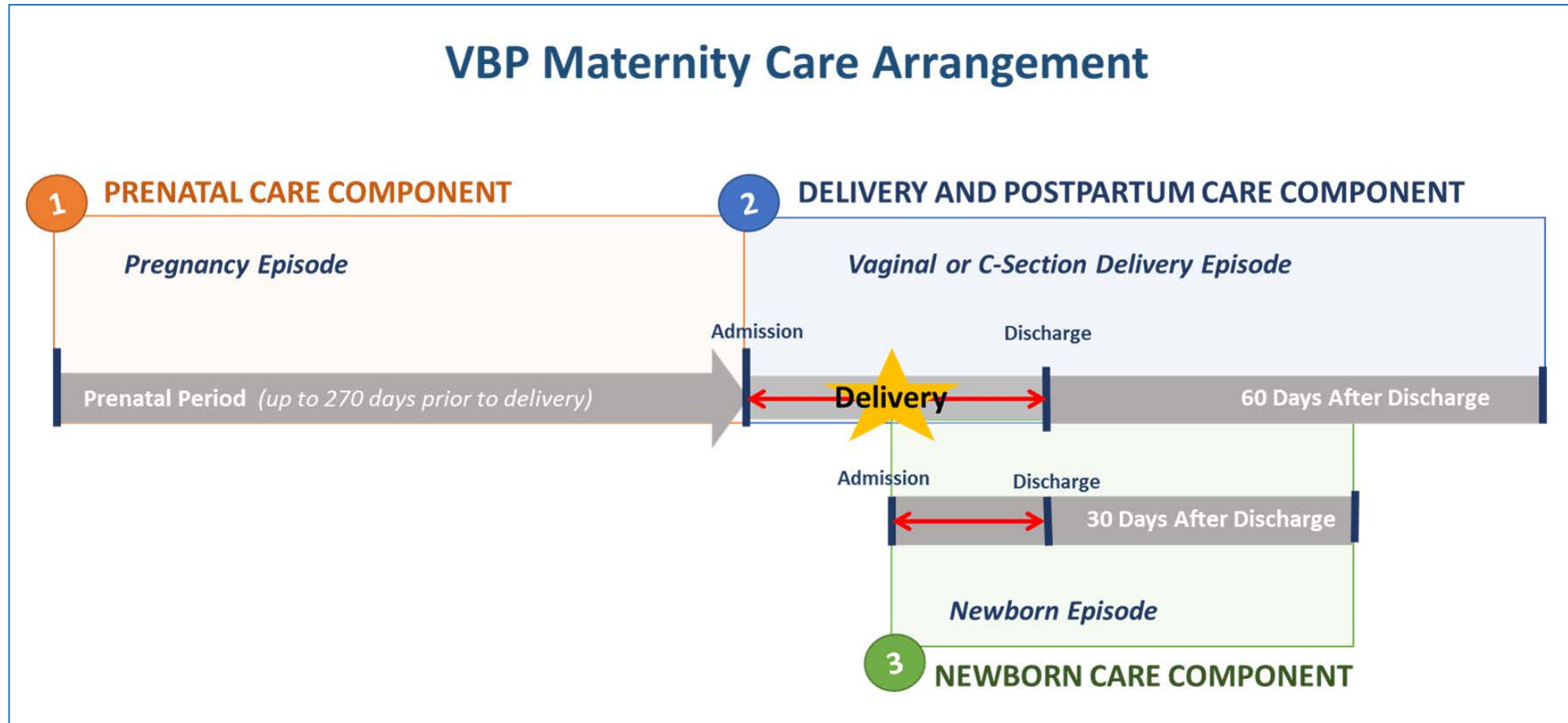
VBP contracts should consider inclusion of coverage for doulas, certified nurse midwives, low cost evidence-based interventions e.g. **Centering Pregnancy**

Greater adoption of models that link payment to reductions in maternal morbidity and mortality, unnecessary c-sections performed on low-risk births etc.

Link payment to Mother-Infant Dyad health outcomes.



Maternity Care Arrangement



The Maternity Care Arrangement represents three components including 1) *prenatal care*, 2) *delivery and postpartum care*, and 3) *newborn care*.

When considering a Maternity Arrangement:

Remember to keep in mind:

- **Risk Level** - Level 1 Arrangement (Upside only – no financial risk)
- **Neonatal Episode** - Can be included or left out
 - If included, stop-loss provision can account for high-cost neonatal outliers.
- **Attribution** - Plan and Provider agreement
 - Can exclude high-risk hospital transfers if desired
- **Quality Targets** – Plan and Provider agree on measure performance

Section 3: COVID19 & VBP

2020 Quality Measurement and COVID-19

- Quality, Cost, and Utilization targets have been set based on prior experience;
- Changes in outpatient care delivery will impact visits for preventive care and access-related quality measures;
- Increase use of telehealth
 - 53% of 2020 TCGP Measures include telehealth component
 - 10% of 2020 Maternity Measures include telehealth component
 - Telehealth not always possible (e.g. Childhood immunizations)
- Change and duration of care pattern changes are unclear due to uncertain course of COVID-19 and behavior change.
- Trending all measures will be an issue in Measurement Year 2020

Section 4: 2021 Maternity Measure Set Review

Proposed 2021 Maternity Care Measure Set *Category 1*

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Contraceptive Care - Postpartum	United States Office of Population Affairs	NQF 2902	Cat 1 P4R
C-Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission (TJC)	NQF 0471	Cat 1 P4R
Exclusive Breast Milk Feeding	TJC	NQF 0480	Cat 1 P4R
Incidence of Episiotomy	Christiana Care Health System	NQF 0470	Cat 1 P4R
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	National Committee for Quality Assurance (NCQA)	NQF 0004	Cat 1 P4P
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Agency for Healthcare Research and Quality (AHRQ)	NQF 0278 (lost endorsement)	Cat 1 P4R
Percentage of Preterm Births	NYS	-	Cat 1 P4R
Prenatal and Postpartum Care	NCQA	NQF 1517 (lost endorsement)	Cat 1 P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	NQF 0418	Cat 1 P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	American Medical Association Physician Consortium for Performance Improvement	NQF 0028	Cat 1 P4R

Acronyms: NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting

Proposed 2021 Maternity Care Measure Set *Category 2*

Maternity Care Measures	Measure Steward	Measure Identifier	Classification
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	-	Cat 2 P4R
Antenatal Steroids	TJC	NQF 0476	Cat 2 P4R
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America (HCA)	NQF 0473	Cat 2 P4R
Experience of Mother with Pregnancy Care	-	-	Cat 2 P4R
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Centers for Disease Control (CDC)	NQF 0475	Cat 2 P4R
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus	Massachusetts General Hospital	NQF 1746	Cat 2 P4R
Prenatal Depression Screening and Follow-Up*	NCQA	-	Cat 2 P4R
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle		Cat 2 P4R
Postpartum Depression Screening and Follow-up*	NCQA		Cat 2 P4R
Vaginal Births after Cesarean Section	NYS	-	Cat 2 P4R

Acronyms: TJC: The Joint Commission, NCQA: National Committee for Quality Assurance, P4P = Payment for Performance; P4R = Payment for Reporting

* Added in 2020

Preview Measure Updates

- Prenatal Immunizations (e-measure)
 - The percentage of deliveries in the Measurement Period in which women had received
 - Influenza vaccine
 - Tdap vaccine

Measure Rate	Description
Influenza	Influenza vaccine between July 1 of the year prior to the measurement period and the delivery date
Tdap Rate	At least one Tdap vaccine during the pregnancy
Composite Rate	Deliveries where patients received both vaccines

Section 5: NYS Medicaid Quality Strategy

NYS Medicaid Quality Strategy

- Federal regulations at [42 CFR Part 438, subpart D](#) (Quality Assessment and Performance Improvement) lay the groundwork for the development and maintenance of quality strategies to assess and improve the quality of managed care services offered within a state.
- **Why?** Quality improvement is pivotal to driving more value into the health system and lowering costs.
- **Quality Strategy:** Serves as a road map for states and their contracted health plans in assessing quality of care that beneficiaries receive, and sets forth measurable goals and targets for improvement.

NYS Medicaid Quality Strategy Aims & Goals

Aim 1: Improved Population Health

Goal 1: Improve Maternal Health

Goal 2: Ensure a Healthy Start

Goal 3: Promote Effective and Comprehensive Prevention and Management of Chronic Disease

Goal 4: Promote the integration of suicide prevention in health and behavioral healthcare settings

Goal 5: Prevent and Reduce Nicotine, Alcohol and Substance Use Disorder

Aim 2: Improve Quality of Care

Goal 6: Improve Quality of Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) Treatment

Goal 7: Promote Prevention with Access to High Quality Care

Goal 8: Support Members in Their Communities

Goal 9: Improve Patient Safety

Aim 3: Lower Per Capital Cost

Goal 10: Paying for High-Value Care

Social Determinants of Health: Quality Measurement

Current State

- NYS Specific Measures
 - HARP Only
- Social determinant of health screening
 - Many tools used
 - Coding can be used to capture electronically (e.g., z-code)
- National workgroups
 - NYSDOH is a contributing member to the SIREN/Gravity project on development of SDH measures

Demonstration Project: INcK

- Develop and pilot specifications for SDH measures
 - Food Insecurity
 - Housing Stability
 - Chronic Absenteeism (Grades 1-12)
 - Kindergarten Readiness
- Other findings:
 - Children currently screened for SDH with a formal tool
 - Other SDH needs captured informally (e.g., z-code)
 - Utilization of Medicaid claims data to measure documentation of applicable SDH ICD-10 z codes

Section 6: Maternal Care Initiatives

MRTII Maternity: Promote Maternal Health to Reduce Maternal Mortality, NICU stays, and Racial Disparities

Optimize the health of individuals of reproductive age and improve access to prenatal care

Ensure all pregnant people have access to childbirth education/preparation classes

Support the further participation of birthing hospitals in the Department-led NYS Perinatal Quality Collaborative

Ensure all people, who agree, have a home visit after giving birth

NYS DOH Maternal Mortality Initiatives

Governor Cuomo's Comprehensive Initiative to Target Maternal Mortality & Reduce Racial Disparities

Governor Cuomo announced a comprehensive initiative to target maternal mortality and reduce racial disparities in health outcomes

- Establish Taskforce on Maternal Mortality and Disparate Racial Outcomes
- Direct the Department to establish a Maternal Mortality Review Board
- Launch the Best Practice Summit with Hospitals and Obstetricians-Gynecologists
- Establish a Medicaid Doula Pilot
- Support Centering Pregnancy Demonstration Projects
- Require Continuing Medical Education and Curriculum Development
- Expand the New York State Perinatal Quality Collaborative
- Conduct Listening Sessions
- Promote Well Women Care

The NYS Taskforce on Maternal Mortality & Disparate Racial Outcomes

Key stakeholders came together to reduce maternal mortality and racial disparities:

- Convened by Secretary to the Governor, the Lieutenant Governor and New York City Public Advocate
- Comprised of:
 - Appointees from the NYS Senate & Assembly
 - Obstetricians, hospital representatives, doulas
 - Other stakeholders and members of the community

Goal:

- Promote equity in maternal health outcomes within at-risk populations in NYS to:
 - Reduce racial disparities
 - Reduce preventable maternal mortality and morbidity
 - Provide recommendations to the Governor

The NYS Taskforce on Maternal Mortality & Disparate Racial Outcomes

Activities: Met three times between June & December 2018

- Heard from State and national experts on maternal mortality in the US and NYS
- Discussed implicit bias and the impact of racism on black maternal health outcomes
- Taskforce members submitted proposals to the Governor on ways to reduce disparities and preventable maternal mortality and morbidity
- Taskforce members ranked the proposals and advanced 10 recommendations

Voice Your Vision & Share Your Story: *A Community Conversation on Maternal Health*

- **Overall Goal:** Engage African American women in communities most impacted by poor birth outcomes in a conversation about their birth experience

- **Conversation Topics:**
 - Planning for Pregnancy
 - Pregnancy
 - Giving Birth
 - Birth Outcomes

Top 10 Taskforce Recommendations

1. Establish a Statewide Maternal Mortality Review Board (MMRB) in Statute Establish a Pilot Grant
2. Program for Hospitals to Administer Staff-Wide Training on Implicit Bias
3. Establish a Robust Data Repository and Develop a Perinatal Dashboard that includes Disparities
4. Provide Equitable Reimbursement to Midwives
5. Expand and Enhance Community Health Worker (CHW) Services in NYS
6. Create a SUNY Scholarship Program for Midwives to Address Needed Diversity
7. Create Competency-Based Curricula for Providers as well as Medical and Nursing Schools
8. Establish an Educational Loan Forgiveness Program for Obstetric Healthcare Providers that Represent Populations Disproportionately Impacted by Maternal Mortality and Morbidity
9. Convene a Statewide Expert Work Group to Optimize Postpartum Care in NYS
10. Promote Universal Birth Preparedness and Postpartum Continuity of Care for Women in Facilities Most Frequently Providing Maternal Care for Black Women

Resources in the Enacted Budget

Taskforce recommendations \$8M over two (2) years:

- Statewide education and training to reduce implicit bias
- Expand Access to Community Health Workers
- Convene the Maternal Mortality Review Board
- Create a data warehouse
- Engage ACOG on an expert workgroup on postpartum care

** Up to \$5M for regional perinatal centers to expand telehealth services

NYS COVID-19 Maternity Taskforce

Chaired by Secretary to the Governor, Melissa DeRosa, this taskforce was convened in April 2020 to analyze and address the impact of COVID-19 and maternity care.

In April 2020, the taskforce released the following recommendations to Governor Cuomo who directed the NYSDOH to begin implementation of this work:

- Diversity birthing site options to support patient choice (including temporary birthing sites and midwifery-led birthing centers)
- Ensure support persons are allowed to accompany a pregnant individual for the duration of their hospital stay
- Support universal COVID-19 testing for all pregnant patients
- Center health equity in all COVID-19 and other NYSDOH work
- Conduct a literature review on the impact of COVID-19 on pregnancy

Section 7: Summary and Next Steps

Summary

- Most arrangements being contracted are total cost of care arrangements (Total Care for the General Population) and include pregnant women.
- As of January, 2020 DOH expected to see a Category 1 P4P Maternity Care measure in all new TCGP contracts, and by January 2021, in all existing contracts.
- Beyond 2020, DOH anticipates more nuanced contracting that would include:
 1. Episodes of care, such as a Maternity Care arrangement, and/or
 2. Special population arrangements.

Next Steps

- Additional comments may be submitted in the next 2 weeks.
- The Maternity Care Clinical Advisory Group will reconvene in 2021.
- Thank you for your time and input to improve the VBP Quality Measurement Program for NYS Medicaid!

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov

Appendix: 2021 TCGP Measures by Domain

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2020 TCGP Primary Care Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	NQF 0105	P4P
Asthma Medication Ratio	NCQA	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening in Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
2020 TCGP Primary Care Domain [continued]			
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy*	NCQA	NQF 0062	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*	NCQA	NQF 0004	P4P
Medication Management for People with Asthma*	NCQA	NQF 1799	P4P

* Measure to be removed from HEDIS 2021

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2020 TCGP Mental Health Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	NQF 1879	P4P
Depression Remission or Response for Adolescents and Adult	NCQA		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

* Measure to be Changed for HEDIS 2021

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
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Unless you are excluding or carving out HIV+ individuals, pregnant women, or children members in your TCGP arrangement, you must choose at least one Category 1 P4P measure from each of the applicable domains below*.

2020 TCGP Children's Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Asthma Admission Rate - PDI #14	AHRQ	NQF 0728	P4P
Childhood Immunization Status – Combination 3	NCQA	NQF 0038	P4P
Immunizations for Adolescents – Combination 2	NCQA	NQF 1407	P4P
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life*	NCQA	NQF 1516	P4P
Well-Child Visits in the First 15 Months of Life*	NCQA	NQF 1392	P4P

* Measure to be Changed for HEDIS 2021

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2020 TCGP Substance Use Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Follow-Up After High-Intensity Care for Substance Use Disorder	NCQA		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
Pharmacotherapy for Opioid Use Disorder	NCQA	NQF 3175	P4P

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
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Unless you are excluding or carving out HIV+ individuals, pregnant women, or children members in your TCGP arrangement, you must choose at least one Category 1 P4P measure from each of the applicable domains below*.

<u>2020 TCGP HIV/AIDS Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Viral Load Suppression	HRSA	NQF 2082	P4P
<u>2020 TCGP Maternity Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Prenatal & Postpartum Care	NCQA	NQF 1517 (lost endorsement)	P4P