Prematurity Collaborative

Clinical Public Health Practice

October 18, 2018
General Housekeeping

Please note the following:

All participants will be muted on entry

To speak to the group, remember to unmute yourself:

1. If you are connected through the computer audio, click the mic in the lower left hand corner of your screen to unmute and mute.
2. If you are connected through the phone press *6 to unmute and mute

Be sure to mute yourself when you are not speaking

Please do **not** place call on hold

Use the chat box, if you would like a moderator to call on you or share your comments with the group
Agenda for today’s meeting

- Welcome & Introductions
- 2018/2019 Work Plan Review
- Exploring a PTB Prevention Bundle:
  - Jeanne Mahoney, RN, BSN, Senior Director, AIM Program, ACOG
  - Defining our collective vision and goals-group discussion
- Exploring Advocating for Quality Measures
  - Nicole Garro, MPH, Director of Public Policy Research, March of Dimes
  - Discussing strategy and next steps-group discussion
- Next Steps and Adjourn
Meeting Goals

1. Explore and gain a deeper understanding of the work required and necessary elements to build a PTB Prevention Bundle

2. Explore and gain a deeper understanding of quality metrics and steps necessary to implement them

3. Engage in group discussion to further identify our scope, goals, next steps and establish consensus
1. CPHP Work Plan Review
## CLINICAL PUBLIC HEALTH PRACTICE WORK PLAN

<table>
<thead>
<tr>
<th>ACTION (WHAT)</th>
<th>NATIONAL OR LOCAL?</th>
<th>PRIORITY IN STRATEGIC MAP</th>
<th>RANK</th>
<th>PARTNER</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate for PTB prevention best clinical practices to be Quality Measures</td>
<td>NATIONAL</td>
<td>(3) Optimize Clinical Practices to improve the health of women and adolescents. Ensure all women have appropriate prenatal care.</td>
<td>1</td>
<td></td>
<td>2018+</td>
</tr>
<tr>
<td>A prematurity prevention bundle</td>
<td>NATIONAL SPREAD/ LOCAL IMPL.</td>
<td>(4) Optimize Clinical Practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care. Ensure appropriate care for women with a previous PTB.</td>
<td>1a</td>
<td></td>
<td>2018+</td>
</tr>
<tr>
<td>ACTION (WHAT)</td>
<td>NATIONAL OR LOCAL?</td>
<td>PRIORITY IN STRATEGIC MAP</td>
<td>RANK</td>
<td>PARTNER</td>
<td>TIMING</td>
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<tr>
<td>Identification or creation of a universal screening tool to identify social risk factors that may influence birth.</td>
<td>National &amp; Local</td>
<td>Foster and support population based solutions.</td>
<td>2</td>
<td>Yes in HE</td>
<td>2018/2019</td>
</tr>
<tr>
<td>Toolkit or resource guide related to Group Prenatal Care- including integration of doulas and CHW’s.</td>
<td>NATIONAL SPREAD/ LOCAL IMPLEMENT</td>
<td>(3+)Optimize Clinical / Public Health systems and Practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care.</td>
<td>5/5</td>
<td>Yes, HE &amp; Policy</td>
<td>2019</td>
</tr>
</tbody>
</table>

*Add suggestions, other activities to consider, edits or additions in the chat*
2. Building a PTB Prevention Bundle
Jeanne Mahoney, RN, BSN
Senior Director
Alliance for Innovation on Maternal Health
Group Discussion

• Where do we start?
• What is the scope of work? | What is our vision?
• Who else can we partner with?
• What resources do we have available to us?
  • How might that change our vision?
• Where is our sphere of influence? Where should it be?
  • Clinic only or does this live across the community?
• What do we want this to look like?
  • Is it on paper? An App? Online?
• How is equity woven throughout this?
  • How do we integrate an equity lens?
• Who is our audience?
  • Providers? Community based organizations? Public Health Practitioners? Others?
3. Quality Measures
PERINATAL QUALITY MEASURES

Clinical Practice and Health Promotion
Prematurity Prevention Collaborative
October 18, 2018
QUALITY CARE FOR MOMS AND BABIES ACT

- Establishes a program to identify and implement an initial core set of maternal and infant health quality measures for data collection and reporting under Medicaid and CHIP.

- The bill also ensures dedicated funding for maternity and infant care quality collaboratives led by diverse multi-stakeholder groups (including state Medicaid agencies and health departments, insurance issuers, and health care providers).

- To be eligible, collaboratives must have clear goals designed to improve quality of care such as reducing maternal and newborn morbidity, improving breast feeding rates, and reducing hospital readmissions.
NQF PERINATAL QUALITY MEASURES

• 19 endorsed perinatal and women’s health measures

• A variety of measure developers including large quality organizations, hospital systems, academic researchers, and the federal government.
NQF ENDORSEMENT PROCESS

1. Intent to submit
2. Call for nominations
3. Measure review (5 part criteria)
4. Public comment with member support
5. Measure endorsement
6. Measure appeals
NQF MEASURE REVIEW

• Importance to Measure and Report

• Scientific Acceptability of Measure Properties

• Feasibility

• Usability and Use

• Related and Competing Measures
ORGANIZATIONS THAT DEVELOP QUALITY MEASURES

• NCQA - A private, nonprofit that reviews and accredits health insurance plans. Created HEDIS, a set of health plan performance measures used for both public reporting and accreditation

• AHRQ - Federal agency which aims to improve quality, safety, efficiency, and effectiveness. They developed AHRQuality Indicators are measures of health care quality that use readily available hospital inpatient administrative data and the Consumer Assessment of Health Providers & Systems (CAHPS), a comprehensive series of patient satisfaction surveys regarding health care services.

• The Joint Commission - An independent not-for-profit that accredits more than 20,000 health care organizations and programs in the United States. States and CMS require hospitals and other health care organizations to be accredited by the Joint commission in order to participate in Medicare and Medicaid.

• The Centers for Medicare and Medicaid Services adjusts payment based on 4 areas, one of which is quality reporting for specific quality measures applied to the Medicare population, the Merit-based Incentive Payment System.
  • CMS funds measure development. In 2017, they spent 3.4 million to develop 22 measures.
JOINT COMMISSION MEASURE DEVELOPMENT

• Uses a standardized process for adapting existing measures consisting of a series of specific steps.

• The Joint Commission focuses on developing its measures in sets, and defines a "core measure set" as "a unique grouping of performance measures, carefully selected to provide, when viewed together, a robust picture of the care provided in a given focus area.

• Steps:
  • Background literature/data
  • Convene expert panel
  • Issue call for measures
  • Evaluate measures/reconvene expert panel
  • Post measure candidates for comment
  • Field testing
JOINT COMMISSION PERINATAL CARE CORE MEASURE SET

PC-01: Elective Delivery

PC-02: Cesarean Section

PC-03: Antenatal Steroids

PC-04: Health Care–Associated Bloodstream Infections in Newborns

PC-05: Exclusive Breast Milk Feeding

PC-06 (2019): Complications in Newborns
HEDIS MEASURE DEVELOPMENT

- Assessment of a measure's importance, scientific soundness and feasibility
- Field testing
- Public comment
- One-year trial period in which results are not reported publicly
- Evaluation of publicly reported measures by "statistical analysis"
- Review of audit results and user comments
HEDIS PERINATAL QUALITY MEASURES

Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a member 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.

Testing Flu/Tdap immunization for pregnant women

Testing Perinatal Depression Screening with CMQCC
HEDIS WELLNESS MEASURES

Examples:

• Cervical cancer screening
• Chlamydia screening
• Access to annual visit
• Tobacco Cessation
CMS MEASURE DEVELOPMENT

• Assess environment to determine quality measure needs for their quality improvement and payment programs

• Core sets for maternal and child health
The 2018 Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP (Maternity Core Set) was developed to support CMS’s maternal and perinatal health-focused efforts. It includes a core set of 13 measures for voluntary reporting by state Medicaid and CHIP agencies. The Core Set consists of 8 measures from CMS’s Child Core Set and 5 measures from the Adult Core Set. These measures will be used by CMS to measure and evaluate progress toward improvement of maternal and perinatal health in Medicaid and CHIP.

<table>
<thead>
<tr>
<th>NQF #</th>
<th>CMS Measure Set</th>
<th>Measure Steward</th>
<th>Measure Name</th>
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<tbody>
<tr>
<td>0139</td>
<td>Child Core</td>
<td>CDC</td>
<td>Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)</td>
</tr>
<tr>
<td>0469/0460e</td>
<td>Adult Core</td>
<td>TJC</td>
<td>PC-01: Elective Delivery (PC01-AD)</td>
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<tr>
<td>0471</td>
<td>Child Core</td>
<td>TJC</td>
<td>PC-02: Cesarean Birth (PC02-CH)</td>
</tr>
<tr>
<td>0476</td>
<td>Adult Core</td>
<td>TJC</td>
<td>PC-03: Antenatal Steroids (PC03-AD)</td>
</tr>
<tr>
<td>1360</td>
<td>Child Core</td>
<td>CDC</td>
<td>Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH)</td>
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<tr>
<td>1382</td>
<td>Child Core</td>
<td>CDC</td>
<td>Live Births Weighing Less Than 2,500 Grams (LBW-CH)</td>
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<tr>
<td>1392</td>
<td>Child Core</td>
<td>NCQA</td>
<td>Well-Child Visits in the First 15 Months of Life (W15-CH)</td>
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<td>1517*</td>
<td>Child Core</td>
<td>NCQA</td>
<td>Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)</td>
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<tr>
<td>1517*</td>
<td>Adult Core</td>
<td>NCQA</td>
<td>Prenatal and Postpartum Care: Postpartum Care (PPC-AD)</td>
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<td>2002</td>
<td>Child Core</td>
<td>OPA</td>
<td>Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)</td>
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<td>2902</td>
<td>Adult Core</td>
<td>OPA</td>
<td>Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)</td>
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<td>2903/2004</td>
<td>Child Core</td>
<td>OPA</td>
<td>Contraceptive Care – All Women Ages 15–20 (CCW-CH)**</td>
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<tr>
<td>2903/2004</td>
<td>Adult Core</td>
<td>OPA</td>
<td>Contraceptive Care – All Women Ages 21–44 (CCW-AD)**</td>
</tr>
</tbody>
</table>
QUESTIONS?
Group Discussion

• Where do we start?
  • Research—what measures are already out there?
  • Gap analysis—what is missing that we maybe able to fill?
  • Identification of a measure or of our audience?

• What resources are available to us? Are there partners out there to collaborate with?

• Where is our sphere of influence? Where should it be?
  • Provider level? Health plan level? Hospital? Clinic?

• How is equity woven throughout this? Can we play an important role?

• If we needed to identify the two most impactful measures—what would they be? Is that data readily available?
4. Next Steps
5. Wrap Up
## 2018 Collaborative Meeting Schedule (EST)

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td><strong>Full Collaborative</strong></td>
<td>2/28</td>
<td>1-2:30</td>
<td></td>
<td></td>
<td>5/21-22 Summit</td>
<td></td>
<td>8/29</td>
<td>1-2:30</td>
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<td></td>
<td>11/29</td>
<td>2-3:30</td>
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<tr>
<td><strong>Steering Committee</strong></td>
<td>1/23</td>
<td>3-4:30</td>
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<td>4/26</td>
<td>1-2:30</td>
<td></td>
<td>7/26</td>
<td>1-2:30</td>
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<td>10/25</td>
<td>1-2:30</td>
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<tr>
<td><strong>Clinical &amp; Public Health Practice</strong></td>
<td>2/20</td>
<td>3-4:30</td>
<td>4/17</td>
<td>2-3:30</td>
<td></td>
<td>7/19</td>
<td>2-3:30</td>
<td>8/22</td>
<td>1-2:30</td>
<td>10/18</td>
<td>1-2:30</td>
<td>12/12</td>
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<tr>
<td><strong>Policy</strong></td>
<td>2/6</td>
<td>2-3</td>
<td>4/3</td>
<td>2-3</td>
<td>6/11</td>
<td>2-3</td>
<td>7/19</td>
<td>2-3:30</td>
<td>8/7</td>
<td>2-3</td>
<td>9/14</td>
<td>2-3</td>
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<tr>
<td><strong>Communication</strong></td>
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<td>3/8</td>
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</tbody>
</table>

If you are interested in attending Workgroup meetings please email us at collaborative@marchofdimes.org to receive specific meeting information.
• If you are not an official member of the Clinical Public Health Practice Work Group, please email us at Collaborative@marchofdimes.org to join and receive all of our emails, calendar appointments, meeting summaries, slide decks, resources and more.
In the chat box, you will see a link to a brief post-meeting survey that will take you less than 5 minutes to complete. Your feedback is very important to us, so thank you in advance.

The link for the survey is: http://marchofdimes.org/workgroup

Click on the Chat icon in your toolbox to access the survey link.
6. Adjourn