NYSDOH Medicaid Prenatal Care Quality Improvement Project

2014 Births-Phase I Aggregate Results Review

May 2016

Office of Quality and Patient Safety, IPRO

Objectives/Background

- Medicaid is the payer for almost 50% of all births in NYS
- Improve care….Improve outcomes
- This reporting tool was developed for assessment and improvement at the point of care delivery
  - Assessment tied to areas with improvement opportunities related to standards
  - Value of self assessment informed the initiative
- Progress will be tracked over time

Medicaid Prenatal Initiatives Background and Purpose

- New York State Medicaid Prenatal Standards history
  - Updated and Unified Standards (2009-10)
    - PCAP as separate program eliminated
    - Baseline Evaluation (completed in 2011)
- Statewide prenatal/postpartum practice self-evaluation and reporting tool
  - Based on evaluation, opportunities, and focus areas
  - Developed with input from clinical advisory group
  - First year of reporting completed; second currently underway

Identified Focus Areas

- Aligned with Prevention Agenda 2013-2017: New York State's Health Improvement Plan goals
  - Reduction of preterm births by 12% and preterm disparity by 10%
- Focus areas include:
  - Tobacco use
  - Influenza immunization status
  - Domestic violence
  - Recurrent preterm birth
  - Depression
  - Obesity

Practice Online Reports: Practice-specific and aggregate results format

Medicaid Perinatal Care Quality Improvement Project

Provider Report

	Practice		State	
Demographics	**% Yes**	**Denominator**	**% Yes**	**Denominator**
Provider Type		20		769
Family Medicine	0.0		0.7	
MFM	0.0		1.4	
Multiple	75.0		38.4	
Nurse Practitioner, Midwife, or Physician's Assistant	0.0		9.6	
OB-GYN	25.0		49.9	
Other	0.0		0.0	
Did patient transfer into practice?	15.0	20	13.4	769
Did patient transfer out of practice?	10.0	20	6.4	769
Trimester entered practice		20		769
First	70.0		69.6	
Second	20.0		24.4	
Third	10.0		6.0	
Gestational age entered practice (days)		20		768
Median	63.5		76.0	
Minimum	16.0		16.0	
Maximum	210.0		260.0	
Number of prenatal visits		20		768
Median	12.0		11.0	
Minimum	2.0		1.0	
Maximum	21.0		27.0	

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Practice Demographics

A total of 48 facilities participated in 2014 births Phase 1:

Practice Type (n = 45)	n	%
FQHC	12	26.7
Hospital Clinic	16	35.6
Perinatal Regional Referral Center	3	6.7
Independent Practice	14	31.1
Other	1	2.2
None of the above checked	3	---

Practice Demographics

Case Management Criteria (n = 45)*	n	%
Assistance scheduling multiple appointments	19	42.2
Follow up for missed appointments	20	44.4
Tobacco cessation services	17	37.8
Alcohol or drug abuse services	19	42.2
Facilitation of referrals	22	48.9
Facilitation of 17 alpha hydroxyprogesterone treatment	22	48.9
Transportation	16	35.6
Home visitation	16	35.6
Do not refer patients to health plan case management	18	40.0
None of the above checked	3	---

*Practice criteria for referral to Health Plan High Risk OB Care Management

Practice Demographics

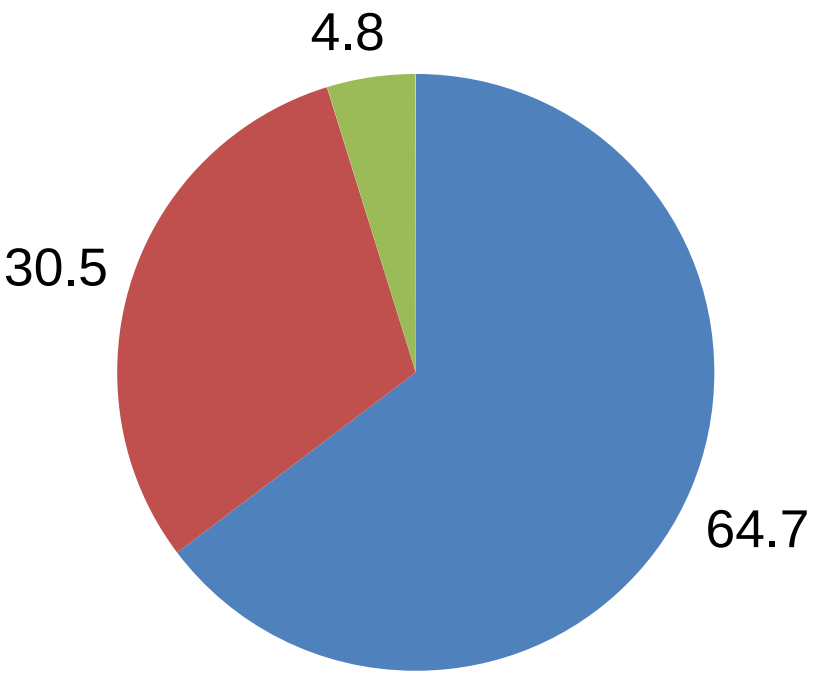
Practice administers vaccinations (n = 48)	n	%
Yes	45	93.8
No	3	6.3

Background Information

- Total number of women in sample= 879
- 96.6% of records were EHR
- 90.3% of records were sent to delivery site
- 14.7% of patients transferred into practice
- 5.9% of patients transferred out of practice

Sample Characteristics

Trimester Entered Practice



Gestational Age at Delivery
Completed Weeks:
Median = 39; Denominator = 812

Preterm (<37 weeks) = 7.9% (n=64)
Very preterm (<32 weeks) = 0.7% (n=6)

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Sample Characteristics

- Number of Prenatal Visits
  - Median = 11; Range = 1 to 38

- Primary Language
  - English 71.4%
  - Spanish 21.0%
  - Other 7.6%

- Translation Services (among women whose primary language was not English, excluding responses “no language barrier” and “unknown”)
  - Yes 89.4%
  - No 4.3%
  - Refused 6.2%

Section A - NY Medicaid Standards. Providers/Specialists/Consultations

Providers/Specialists/Consultations

29.0% had any pre-existing chronic condition identified:

Condition	Identified		Among Identified, Addressed in Practice		Among Identified, Referral Provided or Consultation Obtained	
	n	%	n	%	n	%
Diabetes	25	2.8	25	100.0	17	68.0
Hypertension	30	3.4	29	96.7	15	50.0
Current Asthma	45	5.1	38	84.4	20	74.1*
Obesity	114	13.0	106	93.0	80	70.2
Other**	131	14.9	126	96.2	82	62.6

* 18 cases with current asthma were missing data on referral/consultation

**Examples of “other” include anemia, thyroid disease, renal disease, seizures

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Providers/Specialists/Consultations

Any Pre-existing Behavioral Health Conditions Identified	n	%
Yes	25	2.8
No	854	97.2
Behavioral Health Conditions *		
Depression	16	64.0
Anxiety	7	28.0
Bipolar disorder, Schizophrenia / Other Psychosis	0	0.0
Other	4	16.0
Behavioral Health Consultations / Referrals *		
MFM, Psychiatrist, Other Behavioral Health Specialist, or Ancillary Provider **	18	72.0

* Among women with any pre-existing behavioral health condition

** Eight women were referred to psychiatrists (32.0%)

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Providers/Specialists/Consultations

11.5% had any of the following pregnancy-related conditions identified

Condition	Identified		Among Identified, Addressed in Practice		Among Identified, Referral Provided or Consultation Obtained	
	n	%	n	%	n	%
Gestational diabetes	77	8.8	76	98.7	52	67.5
Gestational hypertension	31	3.5	31	100.0	11	35.5

Providers/Specialists/Consultations

- Only 26 women (3.0%) had a short cervical length identified during the index pregnancy
- For 220 women (25.0%), the index pregnancy was the first pregnancy
- A total of 577 women (87.6%) had a prior live birth *
- Months between birth immediately prior to index delivery and index delivery was < 24 months for 144 women (25.0%) and > 60 months for 172 women (29.8%). Unable to determine (UTD) = 4.9%.*
- A total of 131 women (19.9%) had a prior delivery by cesarean section *

* Excluding women with first pregnancy

Providers/Specialists/Consultations

- 20.0% had any prior pregnancy complications or poor birth outcomes identified:

Historical Complication or Outcome*	n	%
Gestational diabetes	21	3.6
Gestational hypertension	12	2.1
Preeclampsia/eclampsia	15	2.6
Intrauterine growth restriction and/or newborn small for gestational age	7	1.2
Preterm birth	42	7.3
Low birthweight infant	13	2.3
Other	50	8.7

•Among women with a prior live birth

*Examples of “Other” include spontaneous ab, fetal anomaly, pp hemorrhage

Providers/Specialists/Consultations

- A total of 42 women (7.3%) had a history of preterm birth documented
- Among these women, 33.3% (n = 14) had a documented prior spontaneous preterm birth (Unable to determine spontaneity for 33.3%; n = 14)

Index Pregnancy Interventions (n = 12) *	n	%
17 alpha-hydroxyprogesterone caproate injections prescribed	5	41.7
Other progestogen	1	8.3
Cervical cerclage	1	8.3
None – refused	6	50.0

* Table results exclude 2 women for whom interventions were contraindicated

Note: One woman had both 17P therapy and cervical cerclage

Providers/Specialists/Consultations

Reasons if 17P not Prescribed (n = 9) *	n	%
Late presentation for care	2	22.2
Multiple gestation	0	0.0
Medical condition	0	0.0
Patient refusal	4	44.4
Difficulty obtaining prior authorization	0	0.0
Other reason	3	33.3

* Among women with spontaneous preterm birth, not prescribed 17 alpha-hydroxyprogesterone caproate injections

Section C/D - NY Medicaid Standards. Psychosocial Risk Assessment, Screening, Counseling and Referral for Care

Psychosocial Risk Assessment, Screening, Counseling and Referral for Care

Psychosocial Risk Assessment and Identification:

Risk	Screened Initial 2 Visits (n = 879)		Rescreened 3rd Trimester* (n = 790)		Risk identified**	
	n	%	n	%	n	%
Environmental tobacco smoke	711	80.9	399	50.5	39	5.3
Alcohol abuse	771	87.7	428	54.2	3	0.4
Substance abuse	756	86.0	418	52.9	15	1.9
Domestic violence	698	79.4	397	50.3	16	2.2
Depression	746	84.9	452	57.2	41	5.3

*Cases entered practice in third trimester (37) or cases transferred out of practice (52) excluded
**Among cases screened or rescreened

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Psychosocial Risk Assessment, Screening, Counseling and Referral for Care

Psychosocial Risk Management and Follow Up:

Risk	Identified	Addressed/ Referred/ Consultation*		Followed-up*	
	n	n	%	n	%
Environmental tobacco smoke	39	27	69.2	20	51.3
Alcohol abuse	3	3	100.0	3	100.0
Substance abuse	15	14	93.3	9	60.0
Domestic violence	16	15	93.8	15	93.8
Depression	41	37	90.2	33	80.5

*Among cases identified

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Psychosocial Risk Assessment, Screening, Counseling and Referral for Care

Tobacco Use	n	%
Patient smoker before pregnancy	80	9.7
Smoked during pregnancy	36	4.1
Quit smoking during pregnancy *	18	51.4
Quit smoking on own during pregnancy * +	16	55.2
Identified risk reassessed during pregnancy *	31	86.1
Rescreened for tobacco use during 3rd trimester *♦	24	70.6
Tobacco abstinence during last 3 months of pregnancy *♦	10	50.0

* Among women who smoked during pregnancy

+ Unknown for 7 women

♦ Excluded transferred out of practice (n = 1)

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Psychosocial Risk Assessment, Screening, Counseling and Referral for Care

Tobacco Interventions Documented *	n	%
Advice to quit	24	72.7
Advice to quit only	15	45.5
Pregnancy-tailored counseling / materials	11	33.3
Pharmacologic cessation adjunct	0	0.0
Referral to NYS Smokers' Quitline	5	15.2
Referral to other cessation program / support group	2	6.1
No intervention documented	6	18.2

* Among women who smoked during pregnancy

Psychosocial Risk Assessment, Screening, Counseling and Referral for Care

Standardized Depression Tool Used*	n	%
Yes	458	62.5
No	275	37.5

* Among women screened or rescreened for depression. Excludes NA responses.

Psychosocial Risk Assessment, Screening, Counseling and Referral for Care

Heroin or other opioid abuse during pregnancy *	n	%
Yes heroin abuse	1	6.7
Yes other opioid abuse	4	26.7
Both heroin and other opioid abuse	0	0.0
Neither heroin nor other opioid use	10	66.7
Consultations requested / referrals provided **		
Pharmacologic treatment	1	20.0
Behavioral treatment	0	0.0
Both pharmacologic and behavioral treatment	2	40.0
Neither pharmacologic nor behavioral treatment	2	40.0

* Among women with substance use identified

** Among women with heroin or other opioid abuse documented

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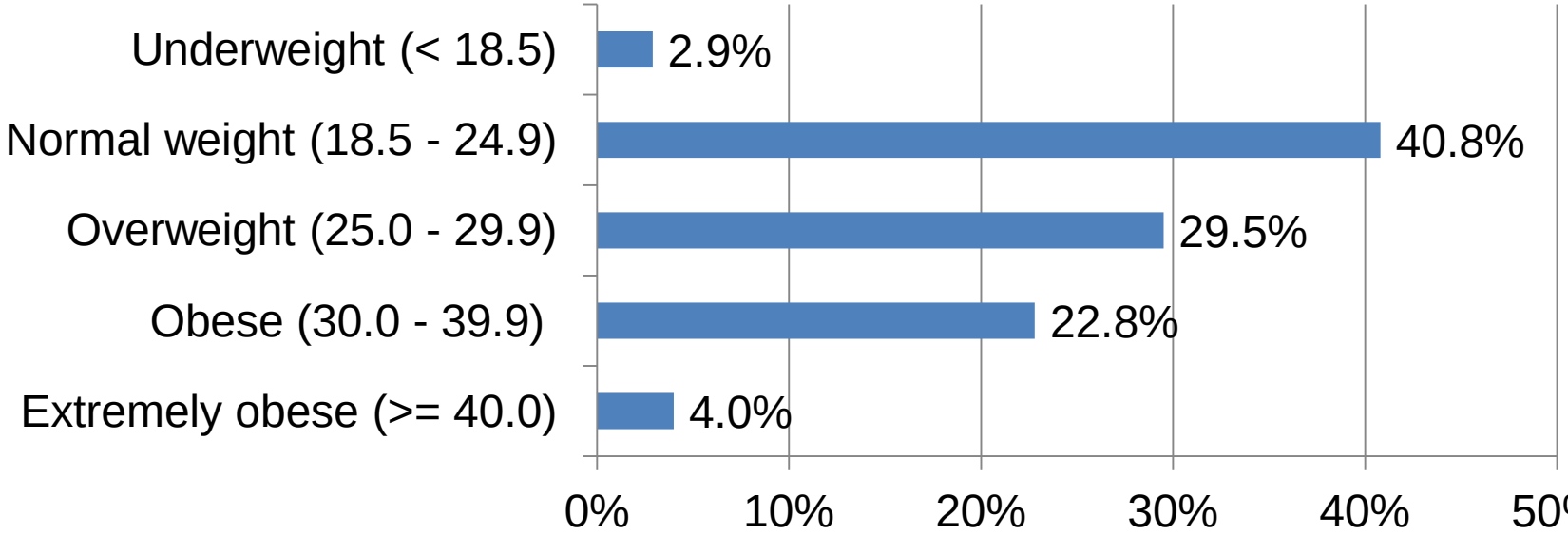
Section E - NY Medicaid Standards. BMI Screening, Counseling and Referral for Care

BMI Screening, Counseling and Referral for Care

Pre-pregnancy or Initial Visit BMI Categorization



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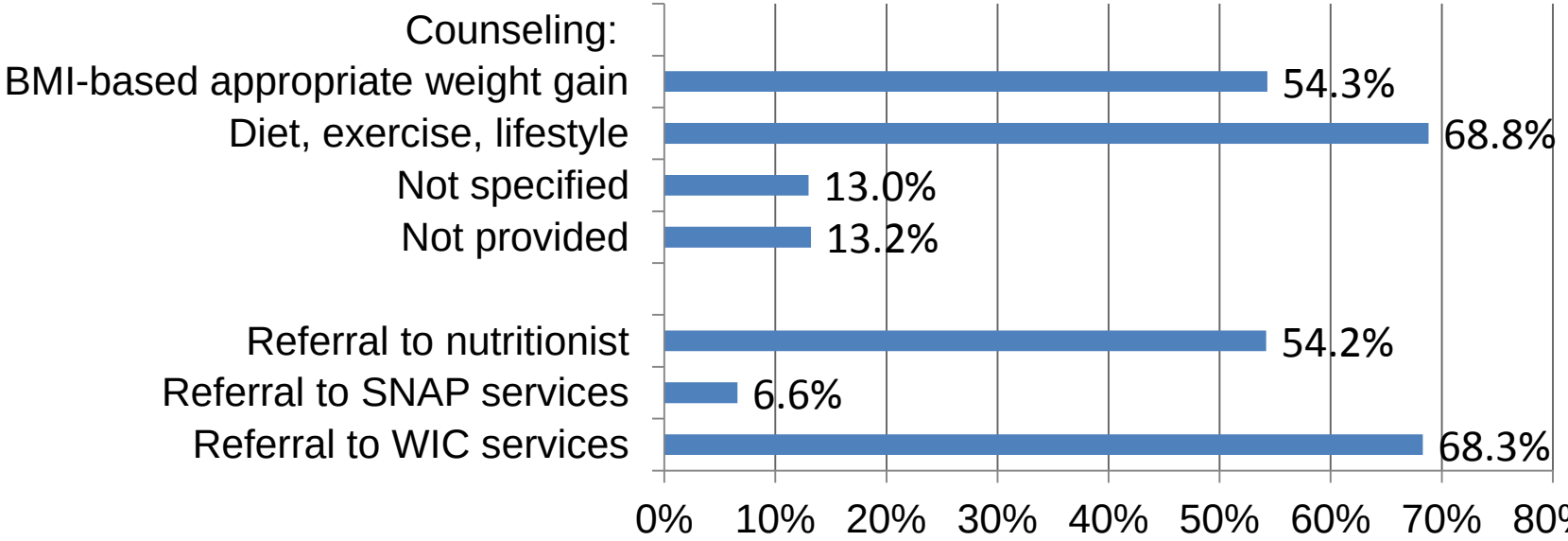
BMI Screening, Counseling and Referral for Care

Nutritional Counseling and Referral



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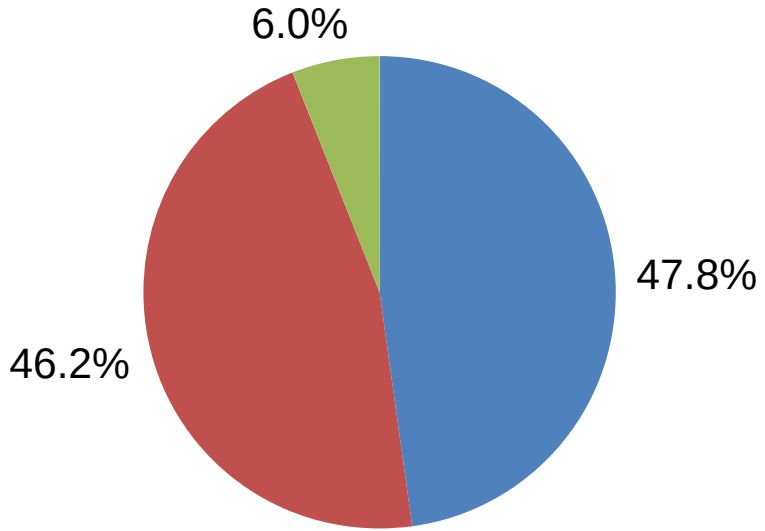
BMI Screening, Counseling and Referral for Care

Gestational Weight Gain within IOM recommended range according to pre-pregnancy BMI*



Among overweight and obese women, rates were:

- 41.5% Yes
- 52.1% No
- 6.5% Unable to determine

44.0% of these women gained more than recommended weight.

* Excludes women transferred out of practice and NA responses.

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Section F/G - NY Medicaid Standards. Health Education, Development of a Care Plan and Care Coordination

Health Education, Development of a Care Plan and Care Coordination

Care Coordination Needs Identified	n	%
Scheduling appointments	320	36.4
Follow-up with missed appointments	319	36.3
Transportation	76	8.6
Social services	198	22.5
Telephonic outreach	139	15.8
Home visits	39	4.4
Health education	294	33.4
Other care coordination needs	48	5.5
No care coordination needs	390	44.4

Health Education, Development of a Care Plan and Care Coordination

Care Coordination Settings*	n	%
Prenatal care practice	407	83.2
Health plan OB case management	54	11.0
Other community/government agency	64	13.1
Declined case management/social services	5	1.0
No care coordination documented	75	15.3

* Cases with no care coordination needs excluded

Health Education, Development of a Care Plan and Care Coordination

- Breastfeeding education provided for 676 women (76.9%)
- A total of 423 women (48.1%) were asked if they would like to become pregnant next year
- Contraceptive options were discussed antenatally for 529 women (60.2%)

Section H - NY Medicaid Standards. Prenatal Care Services

Prenatal Care Services

Diagnostic Testing and Screening	n	%
Bacteriuria. Urine culture obtained at 12-16 weeks gestation – or 1st visit if later	585	66.6
No. But urine culture obtained at < 12 weeks	217	24.7
Group B streptococcus. Vaginal/rectal culture obtained at 35-37 weeks gestation*	749	94.6
HIV. Tested at initial visit **	851	97.7
Declined	5	0.6
HIV. Retested during 3rd trimester***	466	66.9
Declined.	16	2.3

*Cases transferred out of practice (52), NA, and Not Indicated responses excluded.
**Not Indicated responses excluded.
***Cases entered practice in third trimester (37) or cases transferred out of practice (52) excluded.
NA and Not Indicated responses excluded

Prenatal Care Services

Diabetes Screening*	n	%
At initial visit	83	9.6
At 24-28 weeks gestation	599	69.0
At both initial visit and at 24-28 weeks gestation	169	19.5
No screening documented	17	2.0

* Excludes Not Indicated responses.

Prenatal Care Services

Diagnostic Testing and Screening:

Aneuploidy	n	%
Discussion/Counseling about screening and testing *	721	90.8
Screening performed *	550	69.7
Declined	146	18.5
Testing performed *	213	29.2
Declined	173	23.7
Patient at high risk for aneuploidy	98	11.1

Note: Among those at high risk for aneuploidy, 45 (46.9%) had testing, and 36 (37.5%) declined testing.

* Excludes NA responses.

Prenatal Care Services

Dental Care	n	%
Oral health care needs assessed	431	49.0
Problem identified/without care ≥ 6 months *	98	22.7
Referred for dental care **	67	68.4

* Among women with oral health status assessed
** Among women with oral health problem identified

Prenatal Care Services

Immunizations	n	%
Hepatitis B *	32	7.9
Declined	10	2.5
Tdap **	396	47.3
Declined	62	7.4
Influenza Offered or Referred ***	542	70.2
Influenza ****	362	70.6
Declined	138	26.9

* Among women with negative HBsAg test result. Excludes not indicated: vaccination current (n=68) or documented not at risk (n=352).
**Not Indicated responses excluded.
***NA and Not Indicated responses excluded.
**** Among women with influenza vaccine offered or referred

Prenatal Care Services

Low-dose Aspirin Prescribed for Preeclampsia Risk	n	%
Yes*	17	5.3
No	300	93.5
Contraindicated	4	1.2
Not Indicated	558	---

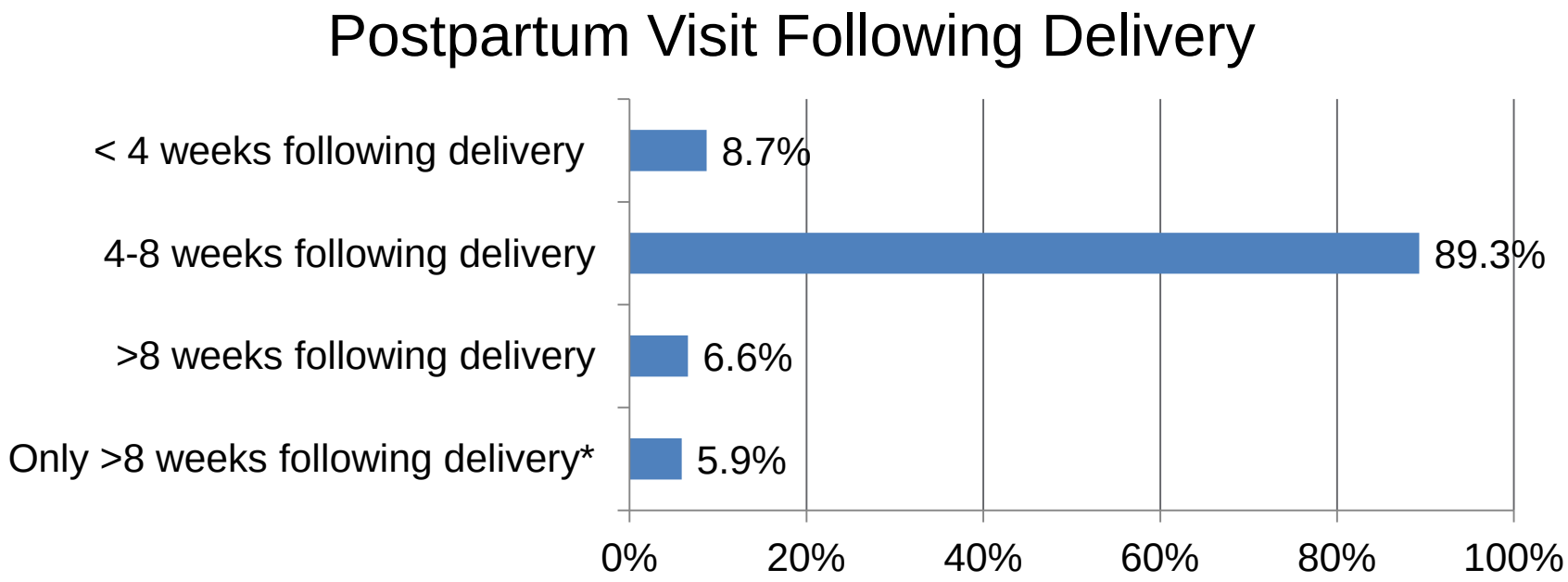
*Conditions among those receiving low-dose aspiring include prior preeclampsia, diabetes, hypertension, obesity

Section I - NY Medicaid Standards. Postpartum Services

Postpartum Services

- 84.6% had a Postpartum Visit documented
- Cases transferred out of practice or postpartum visit not documented are excluded from all items in Section I

Postpartum Services



* Calculated field

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Postpartum Services

Postpartum Psychosocial Risk Assessment and Identification:

Risk	Screened		Risk identified *	
	n	%	n	%
Alcohol abuse	447	63.9	1	0.2
Substance abuse	420	60.0	2	0.5
Domestic violence	438	62.6	5	1.1
Depression	591	84.4	25	4.2
Tobacco use	485	69.3	21	4.3

* Among women screened

Postpartum Services

Tobacco Interventions Documented *	n	%
Advice to quit	10	58.8
Counseling/literature	7	41.2
Pharmacologic cessation adjunct	0	0.0
Referral to NYS Smokers' Quitline	3	17.6
Referral to other cessation program / support group	2	11.8
No intervention documented	5	29.4

* Among women with risk identified

Postpartum Services

Postpartum Counseling and Referral:

Location Contraception Received	n	%
Immediately post delivery	80	11.4
Postpartum visit	391	55.9
Offered but declined postpartum	183	26.1
No documentation offered / received contraception	46	6.6

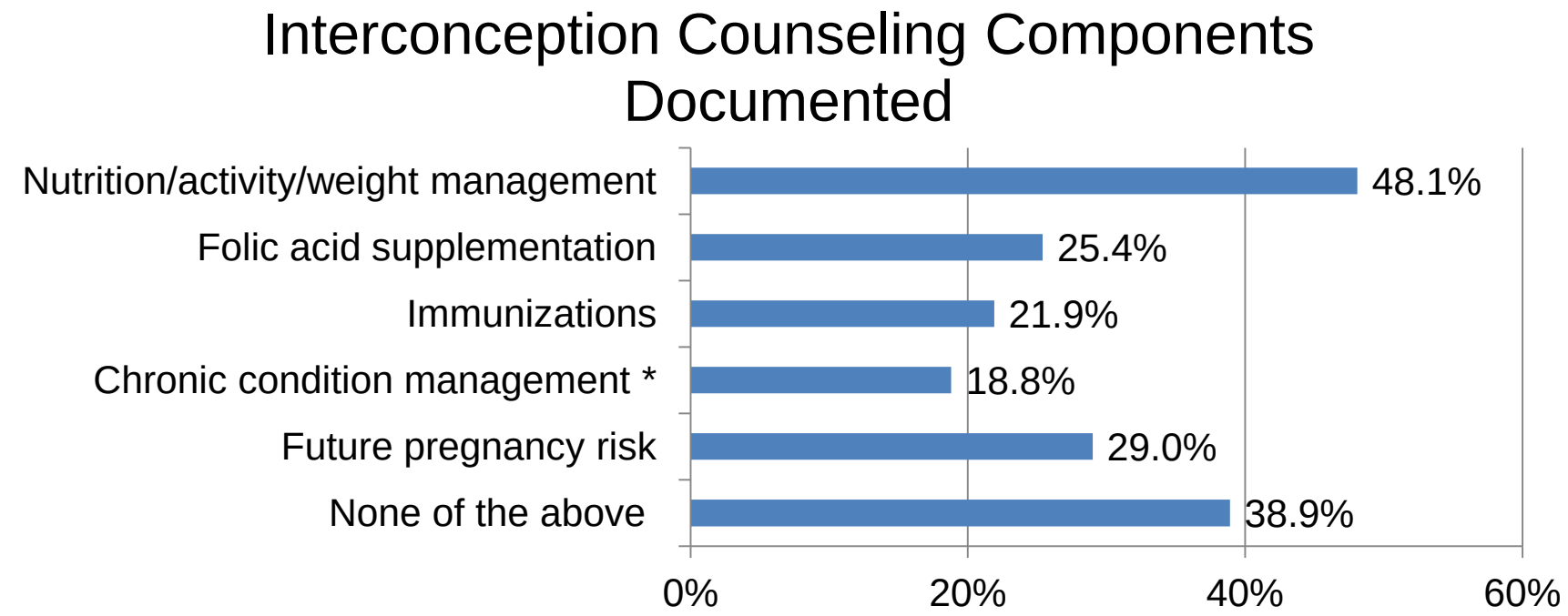
Postpartum Services

Postpartum Counseling and Referral:

Type of Contraception Received	n	%
Sterilization	45	9.6
LARC	135	28.7
Moderately effective method	291	61.8
NA	229	---

Patient asked if would like to become pregnant in next year	375	53.6

Postpartum Services



* Based on women with either a pre-existing condition or BMI is obese or extremely obese

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Postpartum Services

Postpartum Immunization:

Influenza immunization	n	%
Status assessed		
Yes	234	48.4
No	249	51.6
NA	344	---
Vaccine administered		
Yes	79	59.8
No	13	9.8
Declined	40	30.3
NA / Not indicated	443	---

Postpartum Services

Postpartum Additional Items	n	%
Follow-up arranged for linkage to ongoing care		
Yes	362	51.7
No	338	48.3
NA	127	---
Diabetes screening addressed at the postpartum visit		
Yes	84	39.3
No	130	60.7
NA / Not indicated	613	---

Note: Among obese women, diabetes screening was addressed for 51.5%. Among women with gestational diabetes, diabetes screening was addressed for 69.6%

Next Steps And Resources

Next Steps

- Ongoing monitoring
- Practice's use of data for internal quality improvement
- State's use of data for improvement initiatives targeting focus areas
  - Tobacco Use
  - Influenza immunization status
  - Domestic violence
  - Recurrent preterm birth
  - Depression
  - Obesity

Focus Area Action Plan

- Coordination with existing State programs/initiatives
- Collaboration with other organizations and programs
- Identification of targeted improvement actions for DOH, health plans and providers
  - Coordinated communication to payers, providers, populations, patients
  - Identification and elimination of barriers to evidence-based care
    - e.g.17OH-P, flu vaccine administration

Updates to the NYS Medicaid Prenatal Care Standards

- Risk Assessment: Prior Preterm Birth
- Immunizations:
  - Influenza Vaccination
  - Tdap
- Prenatal Lead Level Guidelines - under review

The current NYS Medicaid Prenatal Care Standards can be accessed at:

http://www.health.ny.gov/health_care/medicaid/standards/prenatal_care

Focus Area Resources

- Tobacco-NYS Quitline: http://www.nysmokefree.com/
- Recurrent preterm birth-ACOG District II: http://www.acog.org/About_ACOG/ACOG_Districts/District_II/Preventing_Preterm_Birth_Series
- Domestic Violence-NYS Office for the Prevention of Domestic Violence: http://www.opdv.ny.gov/professionals/index.html
- Depression: NYS DOH: http://www.health.ny.gov/community/pregnancy/health_care/perinatal/maternal_depression/providers/

Flu Vaccine Resources

- Information for clinicians and patients:
  - http://www.health.ny.gov/prevention/immunization/publications.htm
  - http://www.cdc.gov/flu/pdf/freeresources/pregnant/flushot_pregnant_factsheet.pdf
  - http://www.immunizationforwomen.org/immunization_facts/immunization_schedules
  - http://www.flu.gov/at-risk/pregnant#

Accessing Results, Case Management Contacts

- Your practice and aggregate state data using your data entry log-in credentials: https://prenatal.ipro.org/
- List of Medicaid Managed Care plan case management contacts: http://www.health.ny.gov/community/pregnancy/health_care/prenatal/mmc_high_risk_ob_care_management_contacts.htm

Medicaid Managed Care and Presumptive Eligibility Resources

- The NYSDOH maintains a toll-free telephone line, 1-800-206-8125, and e-mail address, managedcarecomplaint@health.ny.gov, that is available to anyone wishing to file a complaint regarding a New York State managed care plan's inadequate or inaccessible health care.
- Presumptive Eligibility for Pregnant Women, Contact Information for Providers:
  - 518-473-6397 (Unit phone number)
  - 518-473-7541
  - megan.gagliardi@health.ny.gov

Questions, Comments and Discussion

- Your input on process and content are greatly appreciated
- Please take a moment to complete our survey-an invitation will be emailed to you

Contact Information

- For questions regarding the reporting tool/slides/data:
  - Jeanne Alicandro, MD jalicandro@ipro.org
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  - Judith White judith.white@health.ny.gov