Improving Postpartum Care through Quality Improvement

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Using Data to Improve Maternity Care in California: Research Collaborations and Future Opportunities

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Intro to the Adult Medicaid Quality Grant

Three main goals:

1. Testing and evaluation
2. Staff capacity
3. Quality improvement projects

DHCS Quality Improvement Projects

- Maternal health and diabetes management
- QI principles
- Collaboration

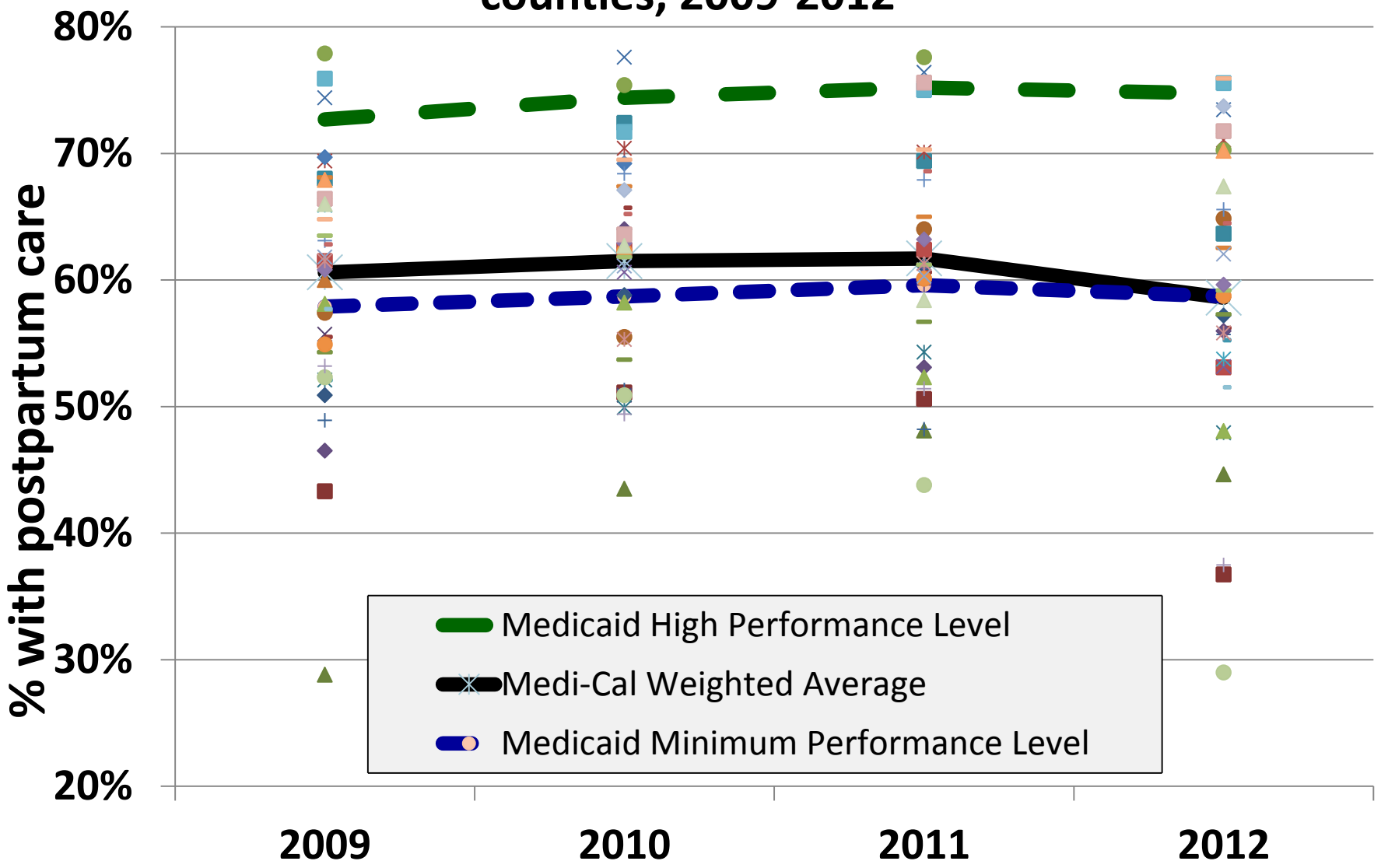
Postpartum Care: High priority

- Breast feeding
- Screening for postpartum depression
- Follow-up of medical problems managed during pregnancy (e.g., gestational diabetes)
- Contraception
- Physical exam/Cervical cytology screening

Data before the AMQG

- Healthcare effectiveness data information set (HEDIS)
- Reported by managed care plans
- Aggregate level data
- Validated by an external quality review organization (EQRO)
- Perform at Minimum Performance Level (MPL)

Proportion of postpartum women with visit 21-56 days after delivery, Medi-Cal Managed Care Plan-counties, 2009-2012



Source: Adapted from http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/CA2012_HEDIS.pdf

A deeper look into postpartum care

- Comparative analysis: Information Management Division and Family PACT
- Use of MIS/DSS data warehouse
  - Claims/Encounter
  - Eligibility
  - KICK (Maternal Supplemental Payment)

Stratifications

Race/ethnicity
Plan type (Fee for service vs. managed care)
Primary language
Rural/urban
SSI status
Diabetes status
Global codes

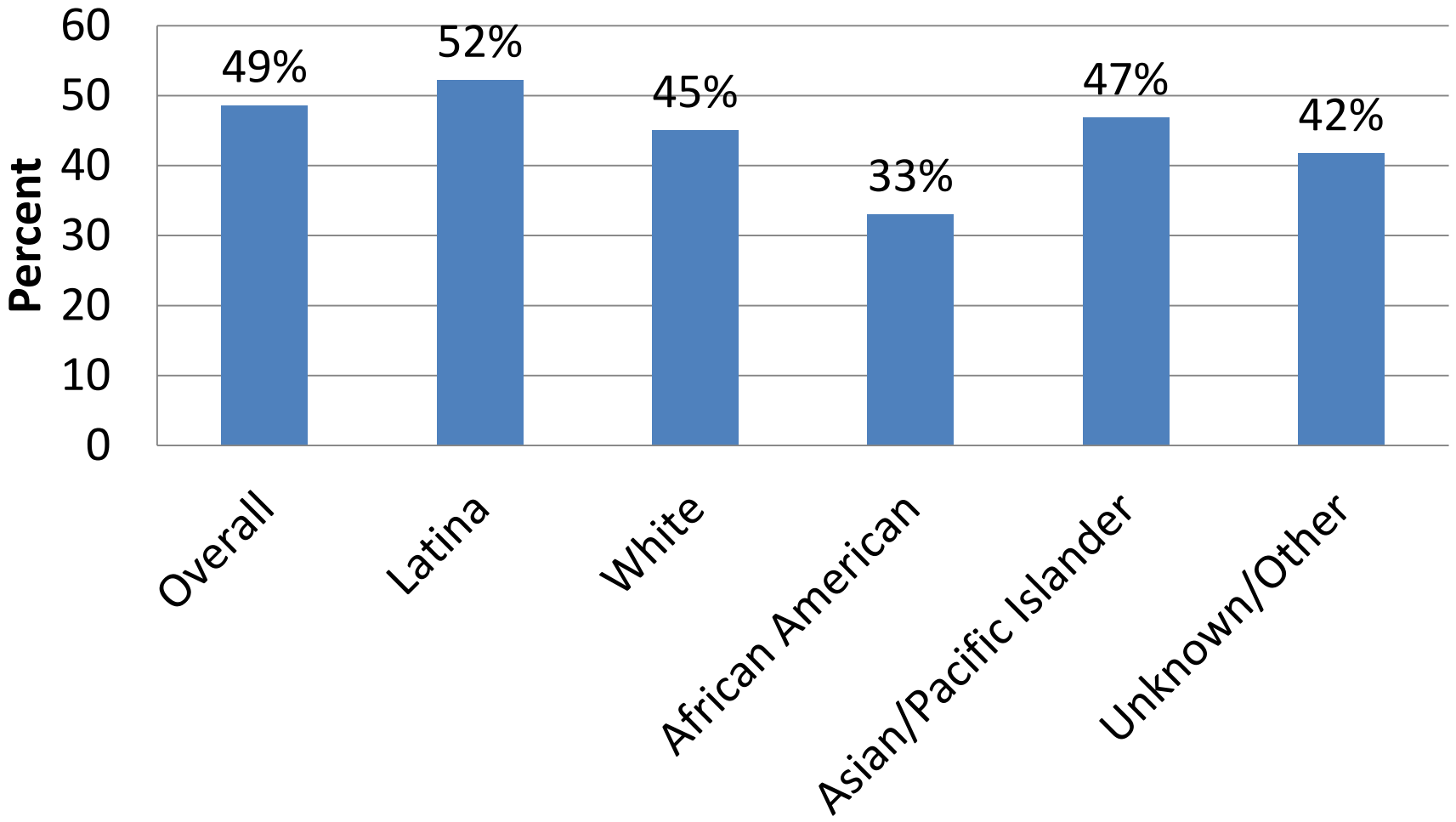
AMQG Data Limitations/Assumptions

- No dedicated delivery date field
- Administrative only
- Global OB codes

Summary of analyses

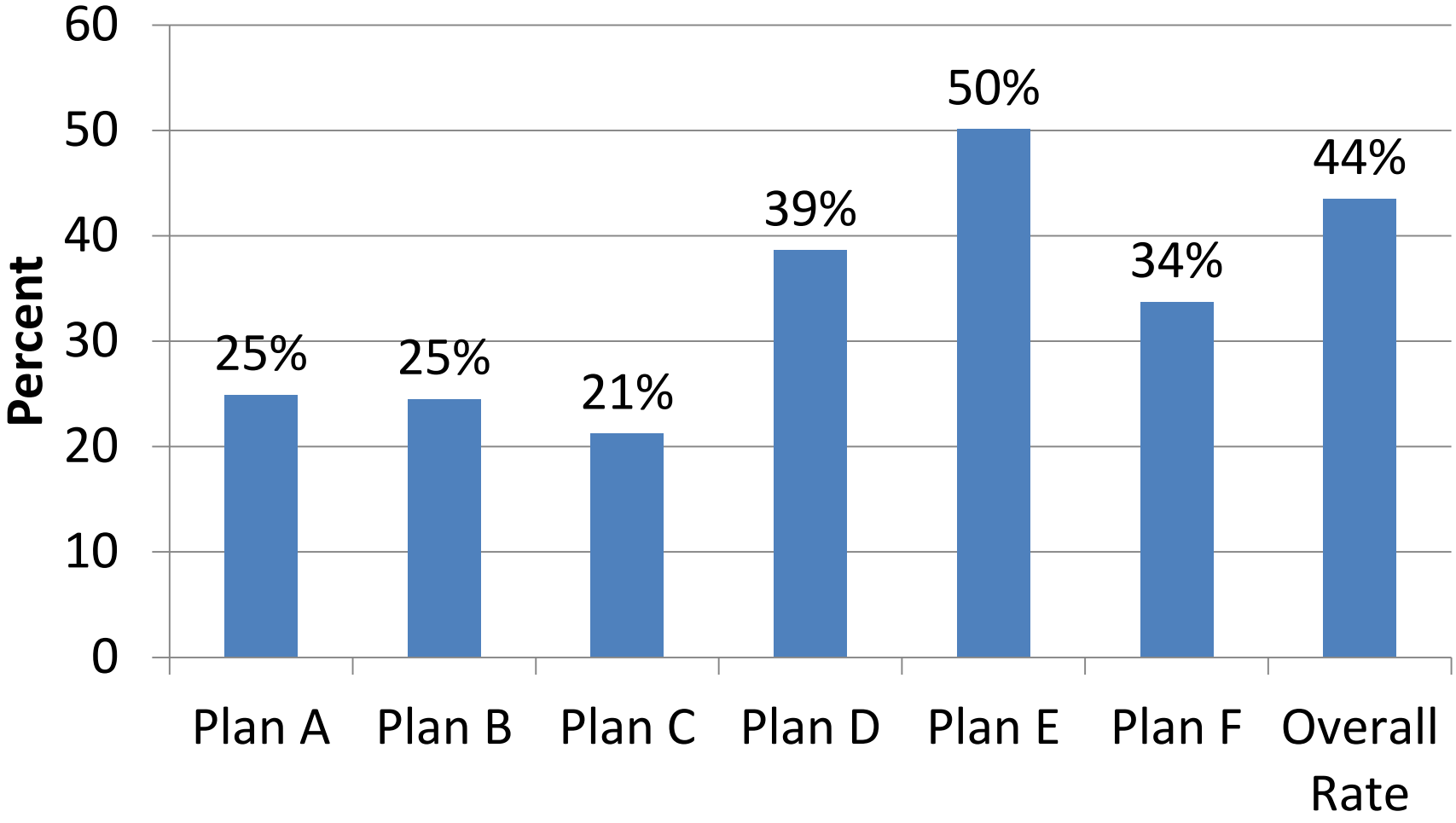
- EQRO (hybrid) 59% vs. DHCS rates (admin) 42%
- Most deliveries in managed care were to English- speaking women
- Including global codes increases rates
- African American women have lowest postpartum care rates, with wide variation
- Women with diabetes have higher rates of postpartum care

Percentage of Medi-Cal Women with Timely Postpartum Care, by Race/Ethnicity, 2012



Source: OFP/UCSF, 2014 (PRELIMINARY)

Percentage of African American Women with timely postpartum visits, by 6 largest Medi-Cal Managed Care Plans



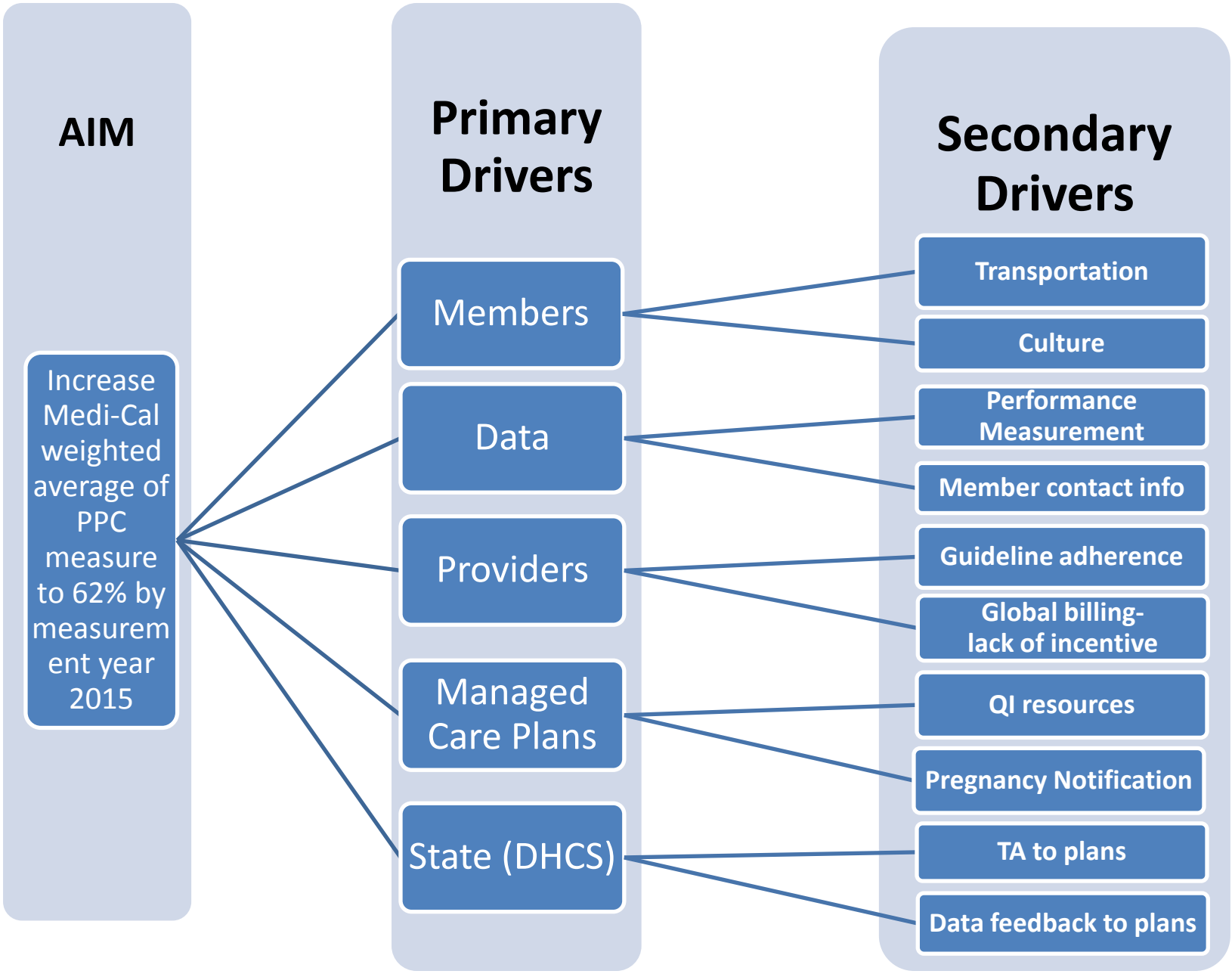
Source: OFP/UCSF, 2014 (PRELIMINARY)

We have the data, let the QI begin

- QI instruction led by Institute for Population Health Improvement (IPHI)
- Team members
- QI 101 and beyond
- Managers and Supervisors

Team Aims

- Medi-Cal weighted average of HEDIS postpartum care measure to 62% by measurement year 2015
- percentage of Medi-Cal health plan/counties above the MPL of postpartum care measure to 75% by measurement year 2015
- percentage of African-American women with timely postpartum care to 35% by measurement year 2015


AIM
Increase Medi-Cal weighted average of PPC measure to 62% by measurement year 2015
Primary Drivers
Members
Data
Providers
Managed Care Plans
State (DHCS)
Secondary Drivers
Transportation
Culture
Performance Measurement
Member contact info
Guideline adherence
Global billing- lack of incentive
QI resources
Pregnancy Notification
TA to plans
Data feedback to plans

Interventions: Managed Care Plans

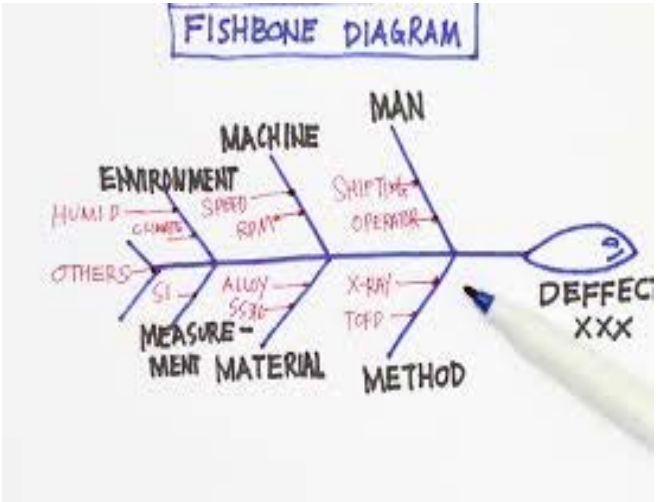
- Review of Quality Improvement Projects and Improvement Plans
- In-home visits
- Gap reports
- Targeted interventions: P4P
- Incentives
- Provider report card

DHCS Interventions/Levers

1. Investigation/evaluation
2. Convene/engage
3. Standards
4. TA
5. Outreach
6. Incentives/disincentives
7. IT standards and processes

Next Steps

Lessons learned



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