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

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<thead>
<tr>
<th>Plan</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Plan A</td>
<td>25%</td>
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<td>Plan B</td>
<td>25%</td>
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<td>Plan C</td>
<td>21%</td>
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<td>Plan D</td>
<td>39%</td>
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<td>Plan E</td>
<td>50%</td>
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<td>Plan F</td>
<td>34%</td>
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Overall Rate: 44%

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
Increase Medi-Cal weighted average of PPC measure to 62% by measurement year 2015

- Members
- Data
- Providers
- Managed Care Plans
- State (DHCS)

- 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
Lessons learned

Collaboration

I love Data

Fishbone Diagram

Toyota
Many Thanks to the DHCS Maternal Health Team

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