COLORADO
Department of Health Care Policy & Financing

New Maternity Alternative Payment Model (APM) Design Review Team
Session 3 – Quality Measures
Meeting Minutes
June 27, 2024
7:30-9:30 am MT via Zoom

- **Facilitator**: Lauren Bell and Suman Mathur
- **Scribe**: Breelyn Brigola
- **Purpose and Goals**:
  - Review discussion and feedback from the previous Design Review Team (DRT) session (June 13, 2024; Goals and Objectives)
  - Provide feedback on proposed quality measures for the new Maternity Alternative Payment Model (APM)

Key Decisions or Takeaways

1. DRT members generally felt proposed measures in Goals #1 were impactful and feasible, but raised concerns or considerations with the following measures:
   a. Prenatal and Postpartum Care: Lags in claims data may cause this measure to be less feasible/actionable for providers. There are also many barriers to entry with prenatal care that impact timeliness and are outside the control of providers, for example, people who transition care or are vulnerable populations. The measure should also be inclusive of nurse intake visits and holistic total person care, for example when transitioning outside of the postpartum space. Finally, DRT members noted that prenatal care has not been tied to better outcomes while postpartum care is.
   b. Cesarean Birth: DRT members noted this measure is difficult as the Joint Commission doesn't acknowledge specific diagnoses that would be taken into account of why a C-Section would be necessary, such as fetal distress.
   c. Postpartum Follow-up and Care Coordination: HCPF should consider the codes that are allowable for care coordination to ensure there are no billing errors. DRT members also noted there may be duplication between this measure and the Postpartum Depression Screening and Follow-up measure.
   d. Low Birth Weight: This measure may unfairly penalize mountain communities as lower birth weight has been correlated with higher altitudes, but are still healthy.
2. DRT members also felt measures in Goal #2 were impactful and feasible, but raised considerations for the following measures:
   a. Telehealth Use: Telehealth access may not always equate with a patient's preferred method of provider contact and the needs of individuals must be considered.
   b. Social Needs Screening and Intervention: DRT members noted possible duplication between this measure and the work of regional accountable entities. Additionally, intervention is less feasible given current infrastructure.
   c. Postpartum Visits in the 12-month Period: There must be consensus on what the postpartum journey looks like before implementation and measurement of postpartum visits.

3. DRT members noted that with regard to Goal #3 (which focuses on member experience), members may feel survey fatigue when there is no meaningful feedback loop. Further, duplication in surveys, for example across regional accountable entities and other program requirements can also create survey fatigue. Surveys should also be validated and ask the right questions regarding respectful maternity care. Finally, HCPF should consider adding neonate experiences to Objective Set #3.
4. To support providers and Goal #4, HCPF should work with other partners doing similar work such as the Department of Health and Human Services, CPCQC, and other state agencies. HCPF should also track provider disenrollment and reasoning, as well as member's preferred providers who may not be enrolled.

Agenda

1. Welcome and Introductions
2. Session 2 (June 13, 2024) Recap (Goals and Objectives)
3. Quality Measurement
4. Break
5. Quality Measurement Continued
6. Looking Ahead

Meeting Minutes

1. Welcome and Introductions

Lauren Bell called the meeting to order and welcomed participants.

Gisela Escobedo, interpreter for our session today, reminded folks that **to support interpretation, please speak at a slower pace and refrain from using acronyms.**

Lauren then reviewed HCPF's mission, today's agenda and meeting objectives, and reminders for participation and virtual interaction. Note that while target setting was initially planned to be a part of today's discussion this topic has been moved to the next DRT meeting.

She then introduced additional members of the HCPF team joining today's call, including Lynn Ha, Nicole Nyberg, Helen Desta Fraser, and Dr. Peter Walsh.

Lauren then led the group through a Mentimeter icebreaker activity.

2. Session 2 (June 13, 2024) Recap (Goals and Objectives)

Lauren noted that DRT Session 2 meeting minutes will be sent to the group as a follow-up after today's meeting. DRT members should review the minutes and email the Stakeholder Engagement team at HCPF_VBPStakeholderEngagement@state.co.us by end of day Wednesday, July 3 with any proposed changes to the meeting minutes.

Lauren reminded the group that DRT Session 2 focused on goals and objectives. DRT members will see feedback received from this session that has been incorporated into the goals and objectives reflected throughout today's presentation, as well as in pre-meeting materials.

3. Quality Measurement

As a level-set into today's conversation, Suman reviewed what is in and out of scope for today's DRT session.

Lynn Ha provided an overview of what measures can be used for and considerations for selecting measures for the new Maternity APM, including alignment with industry standards, such as the Centers for Medicare and Medicaid Services (CMS).

Lynn then reviewed the proposed measures for Goal #1/Objective Set #1 (note that a link to the measure description/steward is provided if applicable):

- Prenatal and Postpartum Care: Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment. Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
- Prenatal Depression Screening and Follow-up: The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported.
- Postpartum Depression Screening and Follow-up: The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported.
- Cesarean Birth: The proportion of live babies born at or beyond 37.0 weeks gestation to women in their first pregnancy, via cesarean birth.
- Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated: Vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries.
- Live Births Weighing Less Than 2,500 Grams (LBW-CH): Percentage of live births that weighed less than 2,500 grams at birth during the measurement year.
- **Weeks of Gestation**: Monitored via administrative data.
- Unexpected Complications in Term Newborns: Unexpected complications among full term newborns with no pre-existing conditions.
- Severe Obstetric Complications: Patients with severe obstetric complications which occur during the inpatient delivery hospitalization.
- **CCP: Contraceptive Care – Postpartum** Ages 15 to 20 **and** Ages 21 to 44: Among people ages 15 to 44 who had a live birth, the percentage that:

  - Were provided a most effective or moderately effective method of contraception within 3 and 90 days of delivery

  - Were provided a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery

- **Maternity Care: Postpartum Follow-up and Care Coordination:** Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for postpartum care before or at 12 weeks of giving birth and received the following at a postpartum visit: breastfeeding evaluation and education, postpartum depression screening, postpartum glucose screening for gestational diabetes patients, family and contraceptive planning counseling, tobacco use screening and cessation education, healthy lifestyle behavioral advice, and an immunization review and update.

Suman led the DRT members through a discussion on whether any of the proposed measures inaccurately capture the objective and if there are other measures HCPF should consider to support evaluating and tracking program success and continuous improvement activities for providers. Summarized feedback from DRT members is described below:

- DRT members generally felt proposed measures in Goals #1 were impactful and feasible, but raised concerns or considerations with the following measures:
  a. Prenatal and Postpartum Care: Lags in claims data may cause this measure to be less feasible/actionable for providers. There are also many barriers to entry with prenatal care that impact timeliness and are outside the control of providers, for example, people who transition care or are vulnerable populations. The measure should also be inclusive of nurse intake visits and holistic total person care, for example when transitioning outside of the postpartum space. Finally, DRT members noted that prenatal care has not been tied to better outcomes while postpartum care is.
  b. Cesarean Birth: DRT members noted this measure is difficult as the Joint Commission doesn't acknowledge specific diagnoses that would be taken into account of why a C-Section would be necessary, such as fetal distress.
  c. Postpartum Follow-up and Care Coordination: HCPF should consider the codes that are allowable for care coordination to ensure there are no billing errors. DRT members also noted there may be duplication between this measure and the Postpartum Depression Screening and Follow-up measure.
  d. Low Birth Weight: This measure may unfairly penalize mountain communities as lower birth weight has been correlated with higher altitudes, but are still healthy.

Suman then asked DRT members to rank each measure on how feasible and impactful it is (each on a scale of 1 to 5) using Mentimeter. Results are as follows:

Measure	Average Impact Score	Average Feasibility Score
Prenatal and postpartum care	4.2	3.3
Prenatal depression screening and follow-up	4.3	4.4
Postpartum depression screening and follow-up	4.7	4.3
Cesarean birth	3.8	3.8
Vaginal birth after cesarean delivery rate, uncomplicated	3.4	3.2
Live births weighing less than 2,500 grams	2.4	2.6
Weeks of gestation	3.5	2.7
Unexpected complications in term newborns	3.7	2.8
Severe obstetric complications	4.7	3.6
CCP: Contraceptive Care - Postpartum	3.8	4.1
Maternity Care: Postpartum follow-up and care coordination	4.5	3.8

4. Break

The group took a 5-minute break.

5. Quality Measurement Continued

Suman called the group back after a 5-minute break.

Kathleen Le then introduced the proposed measures for Goal#2/Objective Set #2 (note that a link to the measure description/steward is provided if applicable):

- **Postpartum Visits in the 12-month Period**: Occurrence of postpartum visits at 3, 6, and 12 weeks
- **Transition Plans:** Documented process in place for transitioning back into primary care from maternity care
- **Telehealth Use:** TBD - Identified through codes in the claims data
- **Social Needs Screening and Intervention:** The percentage of members who were screened, using prespecified instruments, at least once during the measurement

period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive. Six rates are reported

Lauren led the DRT members through a discussion on whether any of the proposed measures inaccurately capture the objective and whether there are other measures HCPF should consider to support evaluating and tracking program success and continuous improvement activities for providers. Summarized received from DRT members is as follows:

- DRT members also felt measures in Goal #2 were impactful and feasible, but raised considerations for the following measures:
    a. Telehealth Use: Telehealth access may not always equate with a patient's preferred method of provider contact and the needs of individuals must be considered.
    b. Social Needs Screening and Intervention: DRT members noted possible duplication between this measure and the work of regional accountable entities. Additionally, intervention is less feasible given current infrastructure.
    c. Postpartum Visits in the 12-month Period: There must be consensus on what the postpartum journey looks like before implementation and measurement of postpartum visits.

Lauren then asked DRT members to rank each measure in Objective Set #2 on a scale of feasibility and impact using Mentimeter. Results are as follows (each on a scale of 1 to 5):

Measure	Average Impact Score	Average Feasibility Score
Postpartum visits in the 12-month period	4.3	4.1
Transition plans	4.1	4.0
Telehealth use	3.1	3.4
Social needs screening and intervention	4.3	4.1

Suman reviewed Goal #3/Objective Set #3, noting that the Year 1 objectives around member experience will be completed by HCPF and these are essentially the metrics for this objective. Measures for future objectives will be developed upon completion of the Year 1 objectives.

Suman then led the DRT through a discussion on other ways these objectives could be measured and whether members feel survey fatigue. Summarized received from DRT members is as follows:

- DRT members noted that with regard to Goal #3 (which focuses on member experience), members may feel survey fatigue when there is no meaningful feedback loop. Further, duplication in surveys, for example across regional accountable entities

and other program requirements can also create survey fatigue. Surveys should also be validated and ask the right questions regarding respectful maternity care. Finally, HCPF should consider adding neonate experiences to Objective Set #3.

Lauren reviewed Goal #4/Objective Set #4, noting that HCPF will focus on these objectives.

Lauren then led the DRT through a discussion on what else HCPF should consider to support reducing administrative burden, evaluating and tracking program success, and continuous improvement activities for providers. Summarized received from DRT members is as follows:\

- To support providers and Goal #4, HCPF should work with other partners doing similar work such as the Department of Health and Human Services, CPCQC, and other state agencies. HCPF should also track provider disenrollment and reasoning, as well as member's preferred providers who may not be enrolled.

6. Looking Ahead

Lauren wrapped up the meeting by providing next steps.

- There will be an optional office hour session held on Thursday, July 11 from 3-4 pm via Zoom.
- The next DRT session will be Thursday, July 25 from 7:30-9:30 am. The topic will be focused on target setting. Pre-meeting materials will be sent via email.
- An email will be sent with follow-up materials for today, as well as the DRT 2 session meeting minutes for review.
- DRT members can also email the stakeholder engagement team at HCPF_VBPStakeholderEngagement@state.co.us.