

The following measures were proposed during the November 1<sup>st</sup> OB enrollment Form meeting:

- Referral to WIC
- Breastfeeding
- Family Planning:
  - Was the member given an RX for birth control during her PP visit
- Dental care
  - Referral
  - Counseling
- Depression Screening
  - Prenatal
  - Postpartum

The above measures represent interventions that provide overall good prenatal care and are important. The OBP4P is looking to focus on a *few simple, core, evidence-based measures*.

*With that said*, the OB P4P initiative will need to focus on a specific measurable outcome and define a select number of measures to achieve the selected outcome. It is proposed that this OBP4P focus on the **reduction of preterm birth among Medicaid recipients**.

In preparation for the implementation of the OBP4P I would like to review how the OB notification form is **currently used**:

- The medical ASO uses the OB notification form to identify and risk stratify pregnant members for Intensive Care Management outreach.
- Utilizing the data that the OB provider has provided the ASO will risk stratify members into one of two groups:

Risk	ICM Program
High	RN Intensive Care Management
Low	LPN Health Coaching

- The OB notification form is designed to capture both medical and social data elements to provide **a means of initial risk stratification**. Once a member is outreached by ICM and agrees to enrollment the nurse will do a comprehensive person centered assessment. It is the ICM initial assessment, ongoing assessments, and person centered care plan of the high risk member that provides a comprehensive view of the member needs and risks. The person centered care plans looks to engage the member in positive behavior to reduce her risk. The OB notification form sole purpose is to serve as a means of **initial risk** (both medical and social) identification and does **not require an extensive medical/social history**.

In preparation for the OB P4P the current OB notification form **will have additional data elements specifically related to the OBP4P measures**.

The proposed measures represent a focused approach to reduce the incidence of pre term birth among Medicaid recipients by incentivizing OB providers for specific evidence based care given to members to reduce prematurity.

**Sample of OB notification forms:**

Data elements highlighted in **green** relate directly to the OBP4P

Data elements highlighted in **yellow** relate directly to initial ICM risk stratification

**OBSTETRIC (Prenatal) NOTIFICATION RISK ASSESSMENT FORM**

<b>Pt Name</b>	<b>HUSKY ID #</b>		<b>DOB</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Phone</b>	<b>Primary language</b>		<b>Race</b>
<b>Gravida</b>	<b>Para</b>	<b>EAB</b>	<b>SAB</b>
<b>Date the pregnancy was confirmed:</b> Click here to enter a date.		<b>1<sup>st</sup> prenatal visit:</b> Click here to enter a date.	<b>EDD:</b> Click here to enter a date.
<b>Gestational Weeks as of this date:</b>			
<b>Provider</b>		<b>Provider Plan ID:</b>	
<b>Office Phone</b>		<b>Office FAX</b>	
<b>Prenatal Care Provider/Practice</b>		<b>Hospital for Delivery</b>	
<b>Are there any unmet Social Needs (Such as unstable housing, lack of adequate food. utilities, clothing needs, transportation):</b> Choose an item.			
<b>HIV Test/Info Offered:</b> Choose an item.			
<b>WIC Referral Made:</b> Choose an item.			
<b>BMI</b>	<a href="http://www.nhlbisupport.com/bmi/">http://www.nhlbisupport.com/bmi/</a>		
<b>Is this pregnancy considered to be high risk or at higher risk?</b> Choose an item.			
<b>If yes, please identify her risks:</b> Choose an item. Choose an item. Choose an item.			
<b>Does the member have a contraindication to the use of 17 -hydroxyprogesterone Caproate?</b> Choose an item.			
<b>Does she have any unmet behavioral health needs?</b> Choose an item.			
<b>Was a depression screening done?</b> Choose an item.			
<b>Medications:</b>			
<b>Signature of Clinician's Representative</b>			<b>Date:</b> Click here to enter a date.
<b>(Placeholder---Potential HEDIS Disclaimer-)</b>			

**OBSTETRIC (Postpartum) NOTIFICATION RISK ASSESSMENT FORM**

<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Phone</b>	<b>Primary language</b>	<b>Race</b>	
<b>EDD</b>	Click here to enter a date.		
<b>Total number of prenatal visits</b>			
<b>Actual date of delivery</b>	Click here to enter a date.		
<b>Gestational Age</b>			
<b>Birth Weight</b>			
<b>Type of Delivery</b>	Choose an item.		
<b>Was this an induction?</b>	Choose an item.		
<b>Postpartum Appointment Date (Date of completed/ kept appointment)</b>	Click here to enter a date.		
<b>PP Depression Screening</b>	Choose an item.		
<b>What date was the member coached on early recognition and intervention (steps to take) of pre term labor?</b>			
Click here to enter a date.			
<b>What date was the member given a written action plan that outlines recognition of PTL and the steps to take if PTL is suspected?</b>			
Click here to enter a date.			
<b>What date was PTL recognition and action planning reviewed the member?</b>			
Click here to enter a date.			
<b>Provider's Representative Signature</b>		<b>Date</b>	
		Click here to enter a date.	

The following are the proposed measures with the associated new OB notification form data elements:

<b>Proposed measure:</b> <i>Timely entry into Prenatal care:</i>		
<b>Date the pregnancy was confirmed:</b> Click here to enter a date.	<b>1<sup>st</sup> prenatal visit:</b> Click here to enter a date.	<b>EDD:</b> Click here to enter a date.
<b>Gestational Weeks as of this date:</b>		
***Data from the OB notification form will be used for this proposed measure.		

<b>Proposed measure:</b> <i>Use of 17 -hydroxyprogesterone Caproate for the prevention of preterm birth</i>	
<b>Is this pregnancy considered to be high risk or at higher risk?</b>	Choose an item.
<b>If yes, please identify her risks:</b>	Choose an item. Choose an item.
<b>Does the member have a contraindication to the use of 17 -hydroxyprogesterone Caproate?</b>	Choose

an item.	
<b>Actual date of delivery</b>	<a href="#">Click here to enter a date</a>
<b>Gestational Age</b>	
Evidenced Based Guidelines for this measure : Specific criteria for the use of <i>17 -hydroxyprogesterone Caproate</i> will be identified using nationally recognized standards such as American Congress of Obstetricians and Gynecologist (ACOG).	
***Pharmacy claims with the data captured on the OB notification form will be utilized for this proposed measure.	

<b><u>Proposed measure: Early recognition of pre term Labor through patient education and written action planning.</u></b>	
<b>What date was the member coached on early recognition and intervention of pre term labor?</b> <a href="#">Click here to enter a date</a>	
<b>What date was the member given a written action plan that outlines recognition of PTL and the steps to take if PTL is suspected?</b> <a href="#">Click here to enter a date</a>	
<b>What date was PTL recognition and action planning reviewed?</b> <a href="#">Click here to enter a date</a>	
***All three components (initial education, written plan and review) must be completed with the member to meet this measure. *** Data from the OB notification form will be used for this proposed measure.	

<b><u>Proposed measure: No induction before 39 weeks gestation</u></b>	
<b>Was this an induction?</b>	Choose an item.
<b>Actual date of delivery</b>	<a href="#">Click here to enter a date</a>
<b>Gestational Age</b>	
***Data from the OB notification form will be used for this proposed measure.	

<b><u>Proposed measure: No primary C-section performed without medical indication.</u></b>				
<b>Type of Delivery</b>		<a href="#">Choose an item</a>		
<b>Gravida</b>	<b>Para</b>	<b>EAB</b>	<b>SAB</b>	<b>Number of Living Children</b>
Evidenced Based Guidelines for this measure : Specific criteria for medically necessary C-sections will be identified using nationally recognized standards such as American Congress of Obstetricians and Gynecologist (ACOG).				
***Claims data and the data captured on the OB notification form will be utilized for this proposed measure.				

The participating OB practice will be required to complete the *online OB notification form twice*:

Prenatal

- After the member has completed her first prenatal visit

Postpartum

- After the member has completed her postpartum visit

Pending Review