

Building State Capacity to Improve Maternal and Infant Health: Overview of the QI 201 Series

About the QI 201 Series

The Center for Medicaid and CHIP Services (CMCS) led a 9-month collaborative learning series to build state capacity for quality improvement (QI). The series, known as QI 201, provided training and support to teams implementing QI projects related to the Maternity Core Set Measures (see Table 1). Ten teams came together as a learning collaborative to share their experiences developing QI plans, engaging stakeholders, implementing interventions, specifying measures, and considering opportunities to build on lessons learned. This brief summarizes the participating teams' projects and activities. The brief also presents data on the Maternity Core Set measures reported for federal fiscal year (FFY) 2012 by state Medicaid and CHIP programs, and provides the median rate where available.

Overview of QI 201 Team Projects

California

PPC: 83.8% with first trimester prenatal visit
W15: 62.1% with 6+ visits in first 15 months

The California Team identified tobacco use as a priority for improvement. The team developed a QI project that scales up small tests of a provider intervention to increase maternal smoking cessation rates.

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Florida

PPC: 75.0% with first trimester prenatal visit
FPC: 49.5% had $\geq 81\%$ of expected prenatal visits
CSEC: 30.2% of NSV births resulted in a c-section
LBW: 9.8% of infants born weighing <2,500 grams
W15: 62.1% with 6+ visits in first 15 months

Table 1. Maternity Core Set Measures

Abbr.	Description	Median Rate
BHRA	Behavioral Health Risk Assessment (for Pregnant Women): Percentage of pregnant women, seen at least once for prenatal care who received a behavioral health screening risk assessment.	NA
CSEC	Cesarean Rate for Nulliparous Singleton Vertex (NSV): Percentage of low-risk first-birth women who had a cesarean section.	NA
FPC	Frequency of Ongoing Prenatal Care: Percentage of live births that received the expected number of prenatal visits.	58.7% had $\geq 81\%$ of expected prenatal visits (25 states)
LBW	Live Births Weighing Less Than 2,500 Grams: Percentage of live births that weighed less than 2,500 grams.	NA
PC-01	Elective Delivery: Percentage of women with elective deliveries between 37 and 39 weeks gestation.	NA
PC-03	Antenatal Steroids: Percentage of women at risk of preterm delivery between 24 and 32 weeks gestation that received antenatal steroids prior to delivering preterm newborns.	NA
PPC-CH	Timeliness of Prenatal Care: Percentage of live births that received a prenatal care visit in the first trimester.	83.4% with first trimester prenatal visit (31 states)
PPC-AD	Postpartum Care Rate: Percentage of live births that had a postpartum visit between 21 and 56 days after delivery.	NA
W15	Well-Child Visits in the First 15 Months of Life: Percentage of children that had the recommended number of well-child visits with a PCP during their first 15 months of life.	62.1% with 6+ visits in first 15 months (43 states)

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2013-Core-Set-of-Maternity-Measures.pdf>.

Note: The median rate is shown for the measures reported by at least 25 states for FFY 2012.

NA = not available.

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Florida's patient-centered medical home (PCMH) initiative, funded through the CHIPRA Quality Demonstration Grant, holds promise for improving perinatal and pediatric outcomes. The Florida Team decided to explore optimal ways to sustain and spread the PCMH model using QI and implementation science.

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Georgia

PPC: 52.3% with first trimester prenatal visit
FPC: 50.9% had ≥ 81% of expected prenatal visits
CSEC: 16.5% of NSV births resulted in a c-section
LBW: 8.5% of infants born weighing <2,500 grams
W15: 48.9% with 6+ visits in first 15 months

The Georgia Team is leveraging its managed care partners to focus on reproductive life planning for women. The team developed a plan to encourage providers to discuss births and birth spacing with women at postpartum visits.

QI Team Lead: Janice Carson, Deputy Director of the Department of Community Health
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Illinois

PPC: 58.3% with first trimester prenatal visit
FPC: 51.4% had ≥ 81% of expected prenatal visits
LBW: 8.6% of infants born weighing <2,500 grams
W15: 71.6% with 6+ visits in first 15 months

The Illinois Team engaged in a multi-stakeholder collaborative process to develop a Prenatal Care Quality Tool (PCQT) that identifies the clinical services, laboratory tests, education, and referrals to be provided at prenatal and postpartum visits. The team is working to identify the best routes for dissemination of this tool into provider practice and to measure its impact on maternal health outcomes.

QI Team Lead: Jeffrey W. Todd, Chief of the Bureau of Quality Management
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Iowa

PPC: 88.7% with first trimester prenatal visit
FPC: 28.7% had ≥ 81% of expected prenatal visits
CSEC: 27.8% of NSV births resulted in a c-section
LBW: 6.6% of infants born weighing <2,500 grams
W15: 57.5% with 6+ visits in first 15 months

The Iowa Team identified maternal tobacco use as a critical issue, with prevalence rates of 25 to 30 percent and the association of tobacco use with 11 percent of Medicaid spending. The team decided to leverage the state's Quitline in order to reduce maternal smoking rates and improve perinatal outcomes.

QI Team Lead: Lori Jarmon, Program Manager
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Kentucky

PPC: 86.8% with first trimester prenatal visit
FPC: 49.5% had ≥ 81% of expected prenatal visits
W15: 66.9% with 6+ visits in first 15 months

The Kentucky Team sought to implement a QI project to reduce infant mortality by increasing the number of women who receive interconception care services. The team sought to identify data resources and tools to design measureable interventions and track progress toward improving outcomes.

QI Team Lead: Catherann Terry, Nurse Consultant Inspector
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Minnesota

W15: 63.7% with 6+ visits in first 15 months

The Minnesota Team developed a Pediatric Medical Home model to incorporate aspects of maternal health, such as screening for postpartum depression during well-child visits. The QI project focused on identifying the best tools to encourage screening and connecting mothers to needed resources.

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Nebraska

The Nebraska Team leveraged its managed care organization's (MCO) Performance Improvement Project on prenatal care and postpartum measures. The MCO implemented a comprehensive care management program, including member outreach, provider education, and enhanced benefits to encourage utilization of maternity care services.

QI Team Lead: Ron Childress, Program Analyst
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Pennsylvania

PPC: 86.7% with first trimester prenatal visit
FPC: 72.9% had ≥ 81% of expected prenatal visits
CSEC: 16.2% of NSV births resulted in a c-section
LBW: 7.0% of infants born weighing <2,500 grams
W15: 65.3% with 6+ visits in first 15 months

The Pennsylvania Team sought to build on state activities such as pay-for-performance programs and reporting requirements to drive improvement on various Maternity Core Set measures. The team conducted analyses to identify racial disparities in measure rates, and is working with MCOs to actively monitor performance on an ongoing basis.

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Puerto Rico

*PPC: 35.1% (Postpartum Care Rate)**

The Puerto Rico Team identified large regional disparities in the proportion of women receiving timely postpartum care. Using available data for a "hotspot" analysis, the team targeted a geographic area to launch its QI project to improve women's access to and utilization of postpartum care.

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* This rate is based on Puerto Rico's analysis of postpartum care utilization for its QI 201 project.

For Further Information

Background information on CMCS's Maternal and Infant Health Initiative is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html>.

Technical assistance (TA) resources related to the QI workshop series are available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>.

For TA related to calculating, reporting, and using the Core Set measures contact MACQualityTA@cms.hhs.gov.