

Measure #336: Maternity Care: Post-Partum Follow-Up and Care Coordination – National Quality Strategy Domain: Communication and Care Coordination

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:

Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breast feeding evaluation and education, post-partum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for all patients seen for post-partum care within 8 weeks of giving birth during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:

All patients, regardless of age, who gave birth during a 12-month period seen for post-partum care visit before or at 8 weeks of giving birth

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Patient encounter during reporting period (CPT): 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622

AND

Post-partum Care Visit before or at 8 weeks post-delivery

NUMERATOR:

Patients receiving the following at a post-partum visit:

- Breast feeding evaluation and education, including patient-reported breast feeding
- Post-partum depression screening
- Post-partum glucose screening for gestational diabetes patients and
- Family and contraceptive planning

Definitions:

Breast Feeding Evaluation and Education – Patients who were evaluated for breast feeding before or at 8 weeks post-partum.

Post-Partum Depression Screening – Patients who were screened for post-partum depression before or at 8 weeks post-partum. Questions may be asked either directly by a health care provider or in the form of self-completed paper- or computer administered questionnaires and results should be documented in the medical record. Depression screening may include a self-reported validated depression screening tool (e.g.,

PHQ-2, Beck Depression Inventory, Beck Depression Inventory for Primary Care, Edinburgh Postnatal Depression Scale (EPDS).

Post-Partum Glucose Screening for Gestational Diabetes – Patients who were diagnosed with gestational diabetes during pregnancy who were screened with a glucose screen before or at 8 weeks post-partum.

Family and Contraceptive Planning – Patients who were provided family and contraceptive planning and education (*including contraception, if necessary*) before or at 8 weeks post-partum.

Numerator Instruction: To satisfactorily meet the numerator ALL components (breast feeding evaluation and education, post-partum depression screening, family and contraceptive planning and post-partum glucose screening for patients with gestational diabetes) must be performed.

Numerator Options:

Performance Met: Post-partum screenings, evaluations and education performed (**G9357**)

OR

Performance Not Met: Post-partum screenings, evaluations and education not performed (**G9358**)

RATIONALE:

Managing and ensuring concrete post-partum follow-up after delivery is a critical challenge to the health care system impacting the quality of care mothers receive. Post-partum follow-up for depression screening, breast feeding evaluation, family planning, and glucose screening are important risk factors to evaluate after childbirth. Maternal depression is one of the most common perinatal complications; however, the disorder remains unrecognized, undiagnosed, and untreated. The various maternal depression disorders are defined by the severity of the depression and the timing and length of the episode. Studies report that three to 25 percent of women experience major depression during the year following childbirth. Establishing the diagnosis of gestational diabetes mellitus offers an opportunity not only to improve pregnancy outcome, but also to decrease risk factors associated with the subsequent development of type 2 diabetes. The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice recommends that all women with gestational diabetes mellitus be screened at 6-12 weeks postpartum and managed appropriately.

This measure is a measure of the adequacy of the care provided for those that come for postpartum care, as patients who do not have post-partum visits are excluded from this measure.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

The following should be included in the postpartum visit (VA/DoD Clinical Practice Guideline for Pregnancy Management, 2009):

- Pelvic and breast examinations.
- Cervical smear should be completed as indicated by cervical cancer screening guidelines. [A]
- Initiate or continue the HPV vaccine series for women age < 26 years [C]
- Screening for postpartum depression
- Screening for domestic violence [B]
- Diabetes testing for patients with pregnancies complicated by gestational diabetes. The two-hour 75g oral glucose tolerance test (GTT) is recommended but a fasting glucose can also be done. [B]
- Education about contraception, infant feeding method, sexual activity, weight, exercise and the woman's assessment of her adaptation to motherhood. Pre-existing or chronic medical conditions should be addressed with referral for appropriate follow-up as indicated. [I]

Breast Feeding

The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.

This recommendation applies to pregnant women, new mothers, and young children. In rare circumstances involving health issues in mothers or infants, such as human immunodeficiency virus (HIV) infection or galactosemia, breastfeeding may be contraindicated and interventions to promote breastfeeding may not be appropriate. Interventions to promote and support breastfeeding may also involve a woman's partner, other family members, and friends.

Depression Screening

Edinburgh Postnatal Depression Scale (EPDS): The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool. Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks.

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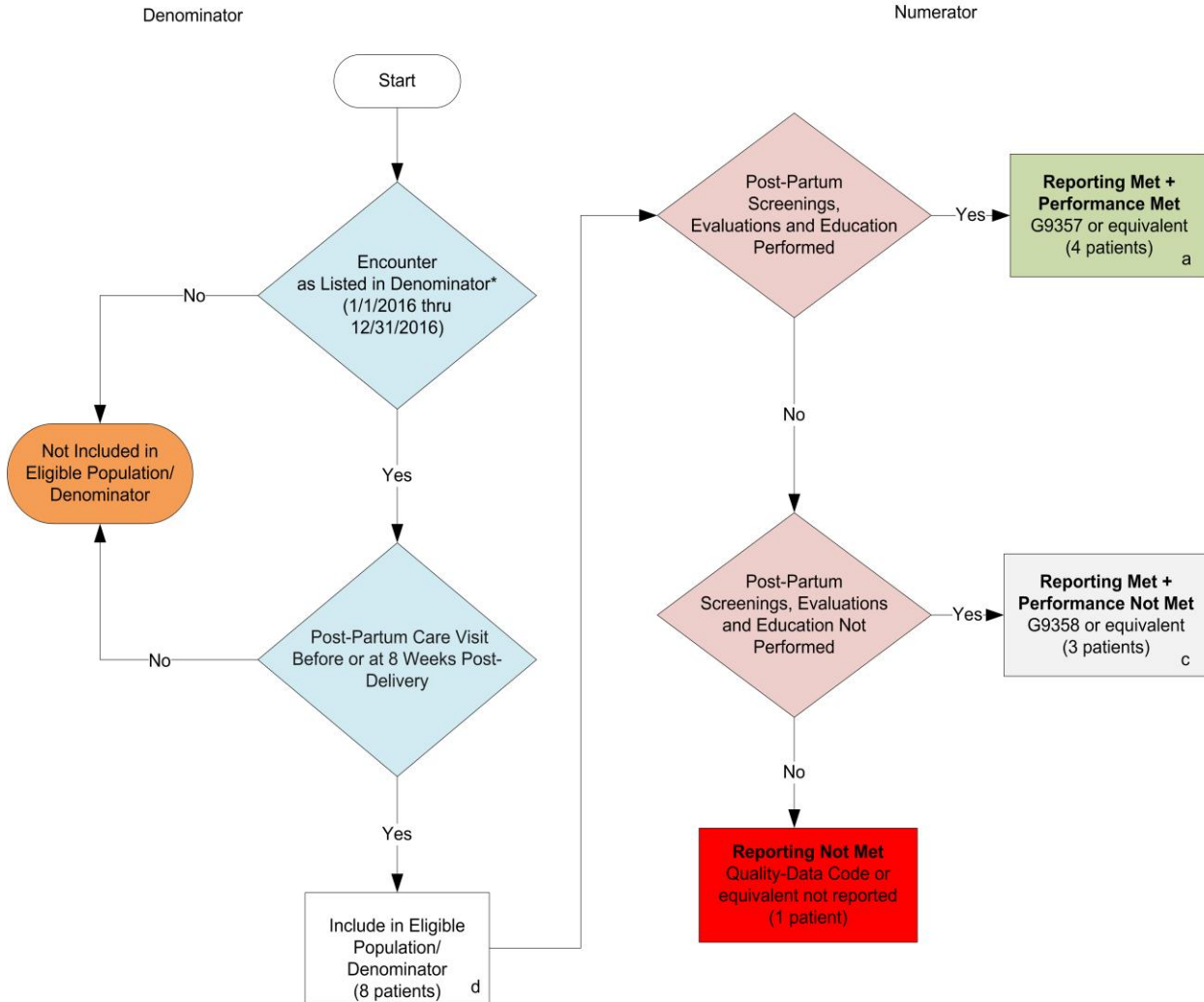
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2016 Registry Individual Measure Flow
PQRS #336: Maternity Care: Post-Partum Follow-Up and Care Coordination



SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients)}} = \frac{4 \text{ patients}}{7 \text{ patients}} = 57.14\%$$

*See the posted Measure Specification for specific coding and instructions to report this measure.
 NOTE: Reporting Frequency: Patient-process

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2016 Registry Individual Measure Flow
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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Post-Partum Care Visit.
3. Check Post-Partum Care Visit:
 - a. If Post-Partum Care Visit Before or at 8 Weeks Post-Delivery equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Post-Partum Care Visit Before or at 8 Weeks Post-Delivery equals Yes, include in the Eligible population.
4. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
5. Start Numerator
6. Check Post-Partum Screenings, Evaluations and Education Performed:
 - a. If Post-Partum Screenings, Evaluations and Education Performed equals Yes, include in Reporting Met and Performance Met.
 - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
 - c. If Post-Partum Screenings, Evaluations and Education Performed equals No, proceed to Post-Partum Screenings, Evaluations and Education Not Performed.
7. Check Post-Partum Screenings, Evaluations and Education Not Performed:
 - a. If Post-Partum Screenings, Evaluations and Education Not Performed equals Yes, include in Reporting Met and Performance Not Met.
 - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 3 patients in the Sample Calculation.
 - c. If Post-Partum Screenings, Evaluations and Education Not Performed equals No, proceed to Reporting Not Met.
8. Check Reporting Not Met

- a. If Reporting Not Met equals No, Quality Data Code or equivalent was not reported. 1 patient has been subtracted from reporting numerator in the sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients)}} = \frac{4 \text{ patients}}{7 \text{ patients}} = 57.14\%$$