

CT Maternity Bundled Payment Program

Advisory Council Meeting

October 18th, 2022

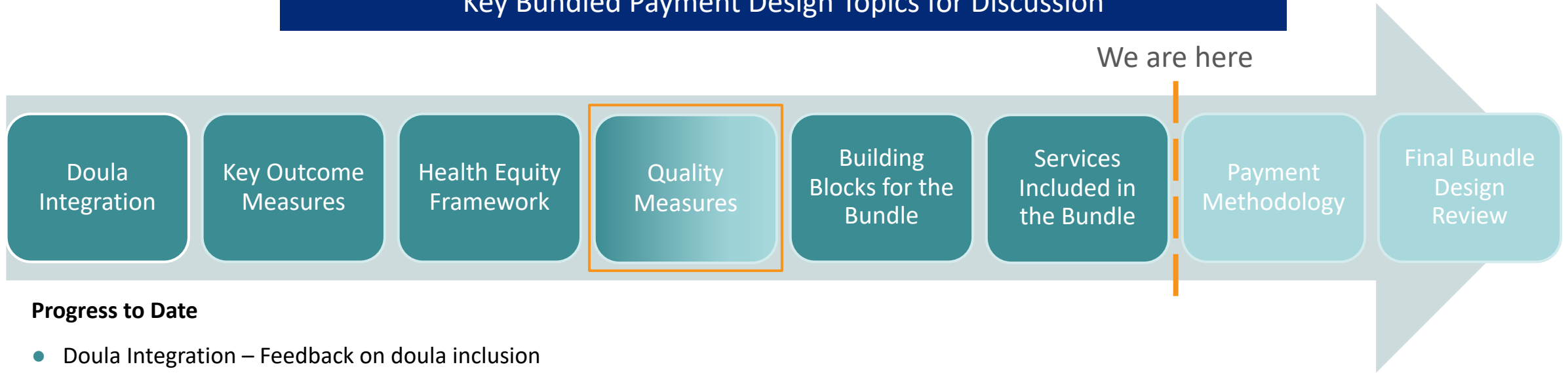


Agenda

Topic	Timing
Welcome	5 Minutes
Process Update	5 Minutes
Quality Measure Update (Yale CORE)	40 Minutes
Introduction to Financial Methodology (Optumas)	30 Minutes
Next Steps	5 Minute

Maternity Bundle Roadmap – Process Update

Key Bundled Payment Design Topics for Discussion



Progress to Date

- Doula Integration – Feedback on doula inclusion
- Key Outcome Measures– Updated based on stakeholder feedback received; Working to include patient experience measure(s)
- Health Equity Framework – Updated based on stakeholder feedback received
- Quality Measures – Initial feedback to inform future decisions around the quality slate
- Building Blocks for the Bundle – Feedback received for newborn care, postpartum care, and provider/member inclusion/exclusion criteria
- Services included in the bundle – Updated based on stakeholder feedback

Goal for Today:

- Share Quality Measure Updates
- Introduce Payment Methodology Concepts

Upcoming Discussions

- Hybrid approach: Prospective payment/ Retrospective reconciliation against bundle benchmark
- Pricing Methodology

Revisions to Proposed Quality Measures

Overview

- DSS engaged with Yale-CORE to:
 - Confirm proposed measurement areas
 - Conduct additional research on existing quality measures to determine best choice within same measurement areas
 - Revise recommendations for Year 1 quality measures

Year 1 Quality Measures: Current Recommendations

Overview of Year 1 measures tied to payment

Measurement Area	Year 1 Measures Tied to Payment	Reporting Required
Cesarean Delivery / Nulliparous, Term, Singleton, Vertex (NTSV)	Use proportion of cesarean deliveries among NTSV deliveries Suggest using TJC claims-based measure PC-02 (NQF #0471) , which DSS has implemented	Claims based
Low Birth Weight (LBW)	Use DSS LBW measure (low birth weight and small for gestational age ICD-10 codes)	Claims based
Preterm Birth / Preterm Labor	Measure preterm birth using preterm birth ICD-10 codes from SEHP measure	Claims based
Maternal Adverse Event	Use NQF/TJC outcomes (from claims) that measure 21 maternal morbidities plus maternal mortality occurring during the delivery hospitalization	Claims based
Prenatal Care	Suggest creating custom measure of proportion of pregnancies where first prenatal care visit occurred in first trimester	Shadow claim or encounter form
Postpartum Care	Suggest creating custom measure of proportion of deliveries with a postpartum visit within 7-84 days after delivery	Shadow claim or encounter form
Breastfeeding	Recommend starting with NQF #0480 PC-05 Consider developing new measure using data from an encounter form	Claims
Doula Utilization	Recommend starting with a measure of proportion of births attended by a doula Consider developing new measure(s)	Encounter form or claims

Measures Under Consideration for Future Development

Under consideration for Year 2 or beyond

Measurement Area	Recommendations	Reporting Required
Vaginal Births After Cesarean (VBAC)	Consider developing a Trial of labor after cesarean (TOLAC) measure	Claims or an encounter form
Early Elective Delivery	Could pursue developing a measure of elective deliveries 37-38 weeks if/when gestational age becomes available in data (not from ICD-10)	Electronic Health Record (EHR)
Contraception	Consider DSS measure as a reporting only, not tied to payment Consider developing new measure	Claims
Patient Care Experience	Continue to research scales and measures	Patient reported

Approach to Recommendations

For each measurement area:

- Reviewed:
 - State Employee Health Plan (SEHP) measures
 - DSS custom measures produced by Community Health Network of Connecticut, Inc. (CHNCT)
 - Other measures in national use
- Gave preference to DSS measure unless external measure had compelling advantage
 - Allows for alignment and consistency for providers

Cesarean Delivery / Nulliparous, Term, Singleton, Vertex (NTSV)

Key measures considered and proposed recommendations

● Measures considered

- **SEHP measure**
 - Low risk Cesarean rate
- **DSS custom measure**
 - All cesarean deliveries
 - NTSV cesarean deliveries
- **Other (3)**
 - **TJC measure NQF #0471 PC-02 Cesarean Birth: NTSV (nulliparous, term, singleton, vertex)**

● Recommendation(s)

- Recommend using proportion of cesarean deliveries among NTSV deliveries
 - **Use TJC claims-based measure PC-02 (NQF #0471),** which DSS has implemented

Low Birth Weight

Key measures considered and proposed recommendations

● Measures considered

- **SEHP measure LBW or Premature babies in nursery level 1**
- **SEHP measure Incidence of LBW or Premature babies**
- **DSS custom measure Low Birth Weight:** ICD codes for light for gestational age, small for gestational age, low birthweight, or ICU care for low birthweight infant on newborn record; denominator is all births
- **CDC / Medicaid Core Measure / NQF #1382:** Live Births Weighing Less Than 2,500 grams from birth certificate data

● Recommendation(s)

- Recommend using **DSS LBW measure** because it satisfactorily captures low birthweight or small for gestational age and uses claims data

Preterm Birth / Preterm Labor

Key measures considered and proposed recommendations

● Measures considered

- **SEHP measure LBW or Premature babies in nursery level 1**
- **SEHP measure Incidence of LBW or Premature babies**
- **DSS measure Preterm Birth** measures preterm birth, preterm labor, and placental issues among all delivery encounters (including those < 20 weeks' gestation)
- **Create new measure** based on preterm birth codes

● Recommendation(s)

- Recommend measuring the rate of preterm births using preterm birth ICD-10 codes as defined by the **SEHP measure** (not LBW codes) because codes are more exclusively aligned with preterm birth than CHN
 - Includes codes for maternal and newborn record

Maternal Adverse Event

Key measures considered and proposed recommendations

- **Measures considered**

- **SEHP measure Maternity Adverse Actionable Event (AAE)** – risk adjusted; adverse outcomes not necessarily related to pregnancy
- **DSS measure Adverse Outcomes** – not risk adjusted; includes all pregnancies as denominator and numerator complications can occur before delivery
- **TJC measure NQF #3687e ePC-07 Severe Obstetric Complications** – risk adjusted; is an eCQM but most variables based on ICD-10 codes

- **Recommendation(s)**

- Recommend using **NQF/TJC outcomes (from claims)** that measure 21 maternal morbidities plus maternal mortality occurring during the delivery hospitalization, using claims information for risk adjustment (30 of 34 risk variables)
- Could also consider **SEHP measure and phase into NQF/TJC**

Prenatal Care

Key measures considered and proposed recommendations

- **Measures considered**

- **SEHP measure Missing Chlamydia, Group B Strep (GBS) and other Screening, Missing Vaccines**
- **HEDIS[®] measure** from the National Committee for Quality Assurance (NCQA) measure (hybrid with chart reviews): Prenatal Care: The percentage of deliveries in which women had a prenatal care visit in the first trimester
- **Other (7)**

- **Recommendation(s)**

- Suggest creating a custom measure of proportion of pregnancies where first prenatal care visit occurred in first trimester (aligns with HEDIS[®] definition)
 - Requires use of either an encounter form or shadow claims, given new bundle structure
- Recommendation pending for prenatal screening for mental health/SUD/IPV

Postpartum Care

Key measures considered and proposed recommendations

● Measures considered

- **SEHP measure Missing Postpartum Depression Screening and Visits**
- **HEDIS® Postpartum Care:** NCQA measure (hybrid): Postpartum Care: percent of deliveries with postpartum visits within 7-84 days after delivery (included in the Medicaid Core measure set)
- **Other (3)**

● Recommendation(s)

- Suggest creating a custom measure of proportion of deliveries with a postpartum visit within 7-90 days after delivery
 - Requires use of either an encounter form or shadow claims, given new bundle structure

Breastfeeding

Key measures considered and proposed recommendations

● Measures considered

- No specific measure had been identified
- No existing DSS measure
- **NQF #0480 TJC PC-05 Exclusive Breast Milk Feeding:** Assesses the number of newborns exclusively fed breast milk during the newborn's entire hospitalization; not mandated reporting in federal programs

● Recommendation(s)

- **Recommend starting with NQF #0480 TJC PC-05** because it is nationally endorsed
- Consider development of measure using data from an encounter form
 - Proportion of postpartum persons offered breastfeeding support services after delivery discharge
 - Rates of postpartum breastfeeding

Key measures considered and proposed recommendations

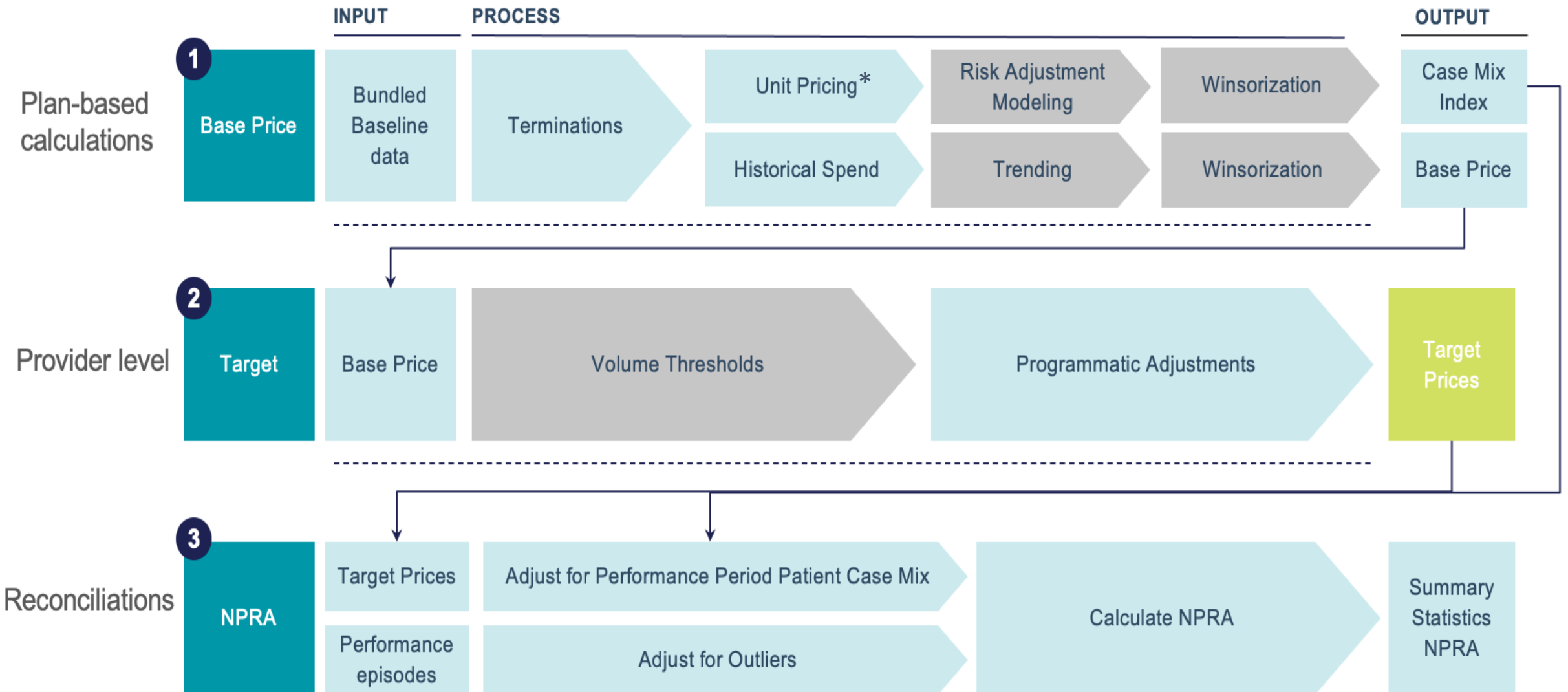
● **Measures considered**

- No specific measure had been identified
- No existing DSS measure

● **Recommendation(s)**

- **Custom measure of proportion of births attended by a doula**
- Consider future work on development of:
 - Proportion of pregnancies with prenatal doula support (claims)
 - Proportion of postpartum persons with doula support (claims)
 - Proportion of pregnant persons offered doula services (patient or provider reported)
 - Experience of doula care

Pricing Methodology



NPRA= Net payment reconciliation amount - essentially the savings rate

*Control for facility price variation when setting bundled payment benchmarks, so providers' shared savings potential is not dependent on choice of facility for delivery

1. Exclusion Criteria

To ensure only complete and accurate episodes are used for pricing, exclusion criteria is applied to remove episodes and members from the pricing process.

2. Standardized Episode Cost

The total standardized episode cost is used as the predicted outcome in the risk adjustment models.

3. Winsorize Outliers

Total allowed amounts for episodes below and above the 5th and 99th percentiles are reset to those thresholds.

4. Trend Prices

Historical claims data is used to develop baseline price and then trend factors are applied to update historical prices and make them applicable to the performance period.

5. Risk Adjustment

- Member Demographics: age and gender.
- Episode Subtypes: subcategories of an episode that identify different modalities and cost trajectories.
- Risk factors: comorbidities present at the start of the episode which could influence episode cost.
- ***Potential for further risk adjustments for social and environmental factors***
- Supplemental risk adjustors: enrollment duration and line of business, if appropriate.

6. Base Price and Case Mix

Provider	Base Price	Predicted Price Baseline	Population Avg Price	Case Mix Baseline
Provider A	\$1,000	\$1,200	\$1,100	$\$1,200/\$1,100=1.09$
Provider B	\$1,000	\$1,100	\$1,100	$\$1,100/\$1,100=1.00$
Provider C	\$1,000	\$1,000	\$1,100	$\$1,000/\$1,100=0.91$

Risk Adjustment Reconciliation

Provider	Case Mix Performance	Case Mix Adjustor	Risk Adjusted Price	Performance FFS	Net Saving or Loss
Provider A	1.05	$1.05/1.09=0.96$	$\$1000 \times 0.96 = \963	\$980	$\$963 - \$980 = - \$17$
Provider B	1	$1.00/1.00=1.00$	$\$1000 \times 1.00 = \1000	\$980	$\$1000 - \$980 = \$20$
Provider C	0.98	$0.98/0.91=1.08$	$\$1000 \times 1.08 = \1078	\$980	$\$1078 - \$980 = \$98$

Next Steps

- Incorporate feedback from today's discussion to finalize selected quality measures for Year 1 and to inform future direction on financial methodology
- Upcoming Meetings:
 - November 15th– next Provider Payment focused discussion
 - November 22nd – next Advisory Council meeting

Upcoming Maternity Bundle Advisory Meetings

- Feedback will be gathered in the monthly advisory meetings with ad hoc sessions, scheduled as needed to offer more focused discussions on specific topics
- The process will be iterative with opportunity to share feedback to drafted design elements

Advisory

Focused Discussions

Date	Meetings	Agenda Topic
8/9	<i>Focus: Provider Payment</i>	<i>Solicit feedback on postpartum and newborn care</i>
8/23	Maternity Bundle Advisory	Provide process update and solicit feedback on draft maternity bundle building blocks design on postpartum, newborn care, and member/provider inclusion and exclusion criteria
9/20	Maternity Bundle Advisory	Solicit feedback on services included in the bundle
9/27	<i>Focus: Provider Payment</i>	<i>Introduce financial process</i>
10/18	Maternity Bundle Advisory	Discuss quality measure slate updates and introduce financial methodology
11/15	<i>Focus: Provider Payment</i>	<i>Discuss proposed hybrid prospective & retrospective payment methodology, quality measure updates, and Adverse Actionable Events</i>
11/22	Maternity Bundle Advisory	Solicit feedback on proposed hybrid prospective & retrospective payment methodology and quality measure updates
12/13	<i>Focus: Provider Payment</i>	<i>Discuss payment methodology, including financial risk, social risk adjustment, target pricing, and baseline performance</i>
12/20	Maternity Bundle Advisory	Solicit feedback on financial risk, target pricing, and baseline performance, as well as provide update on Doula Integration
1/24	Maternity Bundle Advisory	Review final bundle design

Appendix



Updated: Services Included in the Bundle

Yellow text was added based on stakeholder feedback

Design Element	Straw Recommendation			Rationale						
<p>For each covered service:</p> <p>(A) Include in bundle</p> <ol style="list-style-type: none"> 1. Pay prospectively 2. Settle retrospectively <p>(B) Exclude from the bundle (Pay Fee for Service (FFS))</p>	<p>Hybrid model: pay prospectively for a select set of services included in bundle, with retrospective settlement of other services. Defined list of services excluded from the bundle and paid fee-for-service.</p> <table border="1" data-bbox="479 285 2025 1253"> <thead> <tr> <th data-bbox="479 291 1123 376">A) Include in Bundle</th> <th data-bbox="1131 291 1490 376">A) Include in Bundle</th> <th data-bbox="1498 291 2025 376">B) Exclude from Bundle</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 381 1123 1253"> <ol style="list-style-type: none"> 1. Pay Prospectively <ul style="list-style-type: none"> • OB/licensed midwife Professional Services • OB/licensed midwife Professional-related hospitalization costs (Inpatient, Outpatient, Emergency Dept) • OB/licensed midwife Professional-related Behavioral Health Evals, including screening for depression & substance use • In-house OB/licensed midwife imaging • In-house labs & diagnostics • Screenings (general pregnancy screenings + screenings for chlamydia, cervical cancer + screenings for IPV, anxiety) • Routine vaccinations • Doulas • Breastfeeding support (breastfeeding support is included with broad spectrum of provider types, not limited to CHWs) • Child education services • Care coordination activities • Any of the above services provided via telehealth </td> <td data-bbox="1131 381 1490 1253"> <ol style="list-style-type: none"> 2. Settle retrospectively <ul style="list-style-type: none"> • Hospital-based costs related to maternity (Inpatient, Outpatient, Emergency Dept) • Birth Centers • Specialist/Professional Services related to maternity (e.g. anesthesia) • General Pharmacy related to maternity • OB/licensed midwife imaging & labs outside of OB/licensed midwife practice </td> <td data-bbox="1498 381 2025 1253"> <p>Pay Fee for Service</p> <p><i>Excluded per 1st Order Decisions:</i></p> <ul style="list-style-type: none"> • Pediatric Professional Services • Neonatal Intensive Care Unit (NICU) <p><i>Other Exclusions:</i></p> <ul style="list-style-type: none"> • Behavioral Health & Substance Use services • Long-acting reversible contraception (LARC) • Sterilizations • DME (e.g. blood pressure monitors, breast pumps) • Select list of excluded high- cost medications • Hospital costs unrelated to maternity (e.g. appendicitis) • Other Care, including Nutrition, Respiratory Care, Home Care, etc • Maternal Oral Health services </td> </tr> </tbody> </table>			A) Include in Bundle	A) Include in Bundle	B) Exclude from Bundle	<ol style="list-style-type: none"> 1. Pay Prospectively <ul style="list-style-type: none"> • OB/licensed midwife Professional Services • OB/licensed midwife Professional-related hospitalization costs (Inpatient, Outpatient, Emergency Dept) • OB/licensed midwife Professional-related Behavioral Health Evals, including screening for depression & substance use • In-house OB/licensed midwife imaging • In-house labs & diagnostics • Screenings (general pregnancy screenings + screenings for chlamydia, cervical cancer + screenings for IPV, anxiety) • Routine vaccinations • Doulas • Breastfeeding support (breastfeeding support is included with broad spectrum of provider types, not limited to CHWs) • Child education services • Care coordination activities • Any of the above services provided via telehealth 	<ol style="list-style-type: none"> 2. Settle retrospectively <ul style="list-style-type: none"> • Hospital-based costs related to maternity (Inpatient, Outpatient, Emergency Dept) • Birth Centers • Specialist/Professional Services related to maternity (e.g. anesthesia) • General Pharmacy related to maternity • OB/licensed midwife imaging & labs outside of OB/licensed midwife practice 	<p>Pay Fee for Service</p> <p><i>Excluded per 1st Order Decisions:</i></p> <ul style="list-style-type: none"> • Pediatric Professional Services • Neonatal Intensive Care Unit (NICU) <p><i>Other Exclusions:</i></p> <ul style="list-style-type: none"> • Behavioral Health & Substance Use services • Long-acting reversible contraception (LARC) • Sterilizations • DME (e.g. blood pressure monitors, breast pumps) • Select list of excluded high- cost medications • Hospital costs unrelated to maternity (e.g. appendicitis) • Other Care, including Nutrition, Respiratory Care, Home Care, etc • Maternal Oral Health services 	<ul style="list-style-type: none"> • Included services support DSS’ goals and create appropriate incentives for providers to improve quality of care and reduce costs. • Tie quality metrics to screenings, care coordination activities, and use of high-value support services to align clinical and financial incentives.
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- Notes:**
- Under the maternity bundle program, HUSKY Health members will retain full coverage to all Medicaid-covered services and benefits *and* gain new benefits, including doula care and breastfeeding support. Services “excluded from the bundle” will not have its associated costs of care factored into bundle payment pricing or reconciliation.
 - DSS is awaiting technical verification of the straw recommendation approach to identify and evaluate potential limitations

Appendix: Original Year 1 Proposed Measures

With updated measurement areas as of October 2022

Original Proposed Measures		Measurement Areas (Revised)
1. Low risk Cesarean rate	→	1. Cesarean Delivery
2. Low Birth Weight (LBW)/Premature babies in nursery level 1	→	2. Low Birth Weight
3. Incidence of Low Birth Weight/Premature babies	→	3. Preterm Birth / Preterm Labor
4. Maternity Adverse Actionable Event (AAE)	→	4. Maternal Adverse Event
5. Missing Chlamydia, Group B Strep (GBS) and other Screening, Missing Vaccines	→	5. Prenatal Care
6. Missing Postpartum Depression Screening and Visits	→	6. Postpartum Care
7. Vaginal Births After Cesarean (VBAC)	→	7. VBAC
8. Early Elective Delivery	→	8. Early Elective Delivery
9. Prenatal Timeliness of Care	→	
10. Postpartum Care	→	
Measures for Consideration		
Breastfeeding Support	→	Breastfeeding
Contraception/Interconception Counseling Measure	→	Contraception
Doula Utilization or Process Measure	→	Doula Utilization
Patient Care Experience Measure	→	Patient Care Experience

Appendix: Cesarean Delivery / NTSV

Detail on other measures considered

Other measures considered

- **CDC measure Low-Risk Cesarean Delivery (LRCD-CH):** Included in Medicaid Core measure set; data collection from State vital records
- **The Joint Commission (TJC) measure NQF #0471e ePC-02 Cesarean Birth:** Endorsed; number of nulliparous women with term, singleton baby in vertex position by c-section
- **TJC measure NQF #0471 PC-02 Cesarean Birth:** Claims-based version of ePC-02

Appendix: Prenatal Care

Detail on other measures considered

Other measures considered

- **The Husky PFP Measure:** Based on visit within 14 days of confirmation of pregnancy
- **NQF #F0033 Chlamydia Screening in Women (CHL):** % women 21-64 screened every 3 or 5 years (cervical cytology and co-testing HPV for those over age 30); not in federal programs
- **CDC Early Prenatal Care:** % of pregnant women who receive prenatal care beginning in the first trimester
- **Medicaid Frequency of Ongoing Prenatal Care (FPC) :** % of Medicaid deliveries that had ≥ 81 percent of expected prenatal visits
- **Kessner Index:** Classification of prenatal care based on the month of pregnancy in which prenatal care began, the number of prenatal visits and the length of pregnancy
- **Kotelchuck Index:** When prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services)
- **Prenatal Care Screening:** % of patients, who gave birth during a 12-month period seen at least once for prenatal care who received the following screening tests: screening for neural tube defects; screening for Gestational Diabetes; screening for Asymptomatic Bacteriuria; Hepatitis B specific antigen screening; HIV screening; Group B streptococcus screening (GBS)

Appendix: Postpartum Care

Detail on other measures considered

Other measures considered

- **MIPS Clinical Quality Measure (CQM) Maternity Care: Post-Partum Follow-Up and Care Coordination:** % patients who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breastfeeding evaluation and education, post-partum depression screening, postpartum glucose screening for gestational diabetes patients, and family and contraceptive planning
- **Pregnancy Risk Assessment Monitoring System (PRAMS) Postpartum Visit self-report (CDC):** Postpartum check-up at 6 weeks
- **NQF #2902 Contraceptive Care – Postpartum:** % women 15-44 years who had live birth, provided most, moderate or LARC contraception within 3-60 days delivery; included in Medicaid Core set; not in use in federal programs

Appendix: Vaginal Births After Cesarean (VBAC)

Key measures considered and proposed recommendations

- **Measures considered**

- **Previously proposed Year 1 measure VBAC**
- No SEHP measure
- No existing DSS measure

- **Recommendation(s)**

- Will not be ready for Year 1, consider for Year 2
- Consider developing a **Trial of labor after cesarean (TOLAC) measure:**
 - Pregnant persons with code indicative of labor or failed labor among those with prior cesarean code

Appendix: Early Elective Delivery

Key measures considered and proposed recommendations

● Measures considered

- **Previously proposed Year 1 Early Elective Delivery**
- No SEHP measure
- No existing DSS measure. As per CHNCT, gestational age is not captured in CT claims data
- **NQF #0469 TJC PC-01: Elective Delivery:** In Hospital Compare federal programs. Description: This measure assesses patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed.; Requires chart or EHR data

● Recommendation(s)

- **Recommend against including**
- Pursue adding if/when gestational age (not from ICD-10) becomes available in data

Appendix: Contraception

Key measures considered and proposed recommendations

● **Measures considered**

- No specific measure had been identified
- **DSS measure Long-Acting Reversible Contraception (LARC)** CPT, HCPCS, ICD Diagnosis, ICD Procedure, or NDC code in reporting period
- **Other (6)**

● **Recommendation(s)**

- **Consider DSS measure as reporting only, not tied to payment**
- Consider development of:
 - Proportion of pregnant or postpartum persons offered contraceptive counseling

Appendix: Contraception / Other Measures

Detail on other measures considered

Other measures considered

- **NQF #2902 Contraceptive Care – Postpartum:** % women 15-44 years who had live birth, provided most, moderate or LARC contraception within 3-60 days delivery; not in use in federal programs
- **NQF #2903 Contraceptive Care - Most & Moderately Effective Methods:** % women 15-44 years at risk of unintended pregnancy provided most/moderately effective contraception.
- **NQF #2904 Contraceptive Care - Access to LARC;** % women 15-44 years at risk of unintended pregnancy provided LARC; not in use in federal programs
- **NQF #3543 Patient-Centered Contraceptive Counseling (PCCC):** Four-item patient-reported outcome performance measure (PRO-PM), assesses patient-centeredness of contraceptive counseling at the individual clinician/provider and facility level;) not in use in federal programs
- **University of California, San Francisco (UCSF) NQF #3682e SINC-Based Contraceptive Care, Postpartum:** % of women who received most, moderately or LARC contraception during postpartum period. Intermediate clinical outcome; uses HER; recommended for trial use
- **UCSF NQF #3699e SINC-Based Contraceptive Care, Non-Postpartum:** % of women who received most, moderately or LARC contraception during the calendar year; Intermediate Clinical Outcome; approved for trial use

Appendix: Patient Care Experience

Key measures considered and proposed recommendations

● Measures considered

- No existing DSS measure
- **Mothers Autonomy in Decision Making scale (MADM)**: Scale developed to assess women's experiences with maternity care
- **Mothers on Respect Index (MOR) scale**: Developed to assess the nature of respectful patient-provider interactions and their impact on a person's sense of comfort, behavior, and perceptions of racism or discrimination
- **The Mistreatment Index (MIST)**: Identifies if/which dimensions of mistreatment (physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers, and poor conditions and constraints presented by the health system) pregnant persons may have experienced in their maternity care

● Recommendation(s)

- **Will not be ready to implement by July 2023**
- Continue to research other scales and measures