How to QI OBCM Dashboard Measure One: Priority OB Medicaid Patients Contacted by a Pregnancy Care Manager

Sharon Utiss-Thomas RN CCM
Amy Jensen RN



Gaston County



- FY2012 Medicaid Deliveries 1410
- 4 sites that provide OB care
- All 4 are PMH providers
 - GCHD = 70% of deliveries
 - Ashley Women's Center = 28% of deliveries
 - Gaston Women's = 2% of deliveries
 - Gaston Perinatal = High Risk only no deliveries

Why did we need help



- We noticed a decline of risk screens, lower case status
- Why?
 - Lower PMPM?
 - Holidays?
 - Normal/seasonal changes?
 - Missing risk screens?

Access to reports in the appointment system

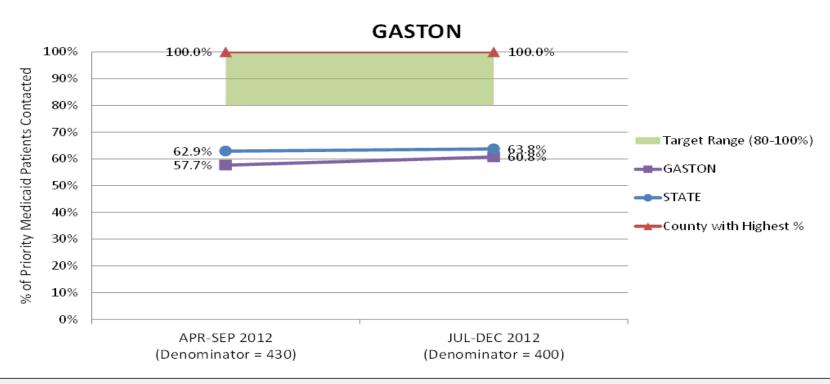


- Checked for a week: 2 missed risk screens
- Checked for a month: 8 missed risk screens
- All said and done one month we had 35 missed risk screenings.
 - No matter how effective your care managers are, this many late screenings will result in many patients not being contacted in a timely manner
 - Less ability to improve pregnancy outcomes if patients are engaged later in pregnancy

April 18th Data Dashboard presented to Local Health Departments



Measure 1 – Priority OB Medicaid Patients Contacted by a Pregnancy Care Manager



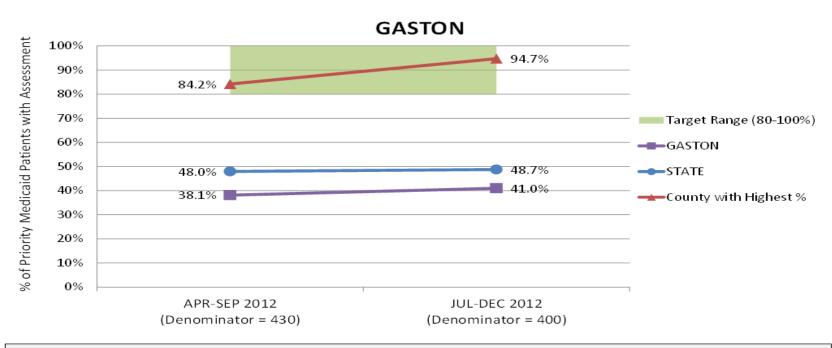
<u>Measure 1 Definition</u>: Numerator - patients receiving at least one completed task reflecting direct contact with a care manager within 30 days of a positive initial risk screening form. Denominator – Medicaid patients with a positive initial risk screening form.

<u>Note</u>: *indicates <30 patients in the denominator. Rates based on small numbers are unstable and should be interpreted with caution.

Measure 2



Measure 2 – Priority Medicaid Patients with Pregnancy Assessment Documentation 90 Days Prior to or within 30 Days of a Positive Initial Risk Screening Form



<u>Measure 2 Definition</u>: Numerator – Medicaid patients with pregnancy assessment documentation 90 days prior to or within 30 days of a positive initial risk screening form. Denominator - Medicaid patients with a positive initial risk screening form.

<u>Note</u>: *indicates <30 patients in the denominator. Rates based on small numbers are unstable and should be interpreted with caution.

What we did



- Met with the PMH
- Followed the "path" of the risk screening in the clinic
- What needed to change
- Addition of the EMR
- Variances based on site
 - Hudson
 - Highland
 - Summit

Next steps



- Daily monitoring
- Reporting back when screenings were missing
- Modifying the process as needed
- Reporting on progress

Where we are today June 2013



PRIORITY PATIENTS "TOUCHED"

(at least 1 home visit, phone call, practice encounter, or community encounter WITH PATIENT)

Within 7 days of screening:

Within 14 days of screening:

Within 30 days of screening:

Within 60 days of screening:

_ >
/

Com	Completed Atter		npted None		Attempted		ne
#	%	#	%	#	%		
<u>10</u>	12.20%	<u>2</u>	2.44%	<u>70</u>	85.37%		
<u>24</u>	29.27%	<u>7</u>	8.54%	<u>51</u>	62.20%		
<u>74</u>	90.24%	<u>6</u>	7.32%	<u>2</u>	2.44%		
<u>77</u>	93.90%	<u>5</u>	6.10%	0	0.00%		

PRIORITY PATIENTS "ENGAGED"

(entered ACTIVE Case Status; e.g. OB Heavy, OB Medium, or OB Light)

Engaged within 7 days of screening:

Engaged within 14 days of screening:

Engaged within 30 days of screening:

Engaged within 60 days of screening:

#	%	
<u>7</u>	8.54%	
<u>21</u>	25.61%	
<u>66</u>	80.49%	
<u>71</u>	86.59%	



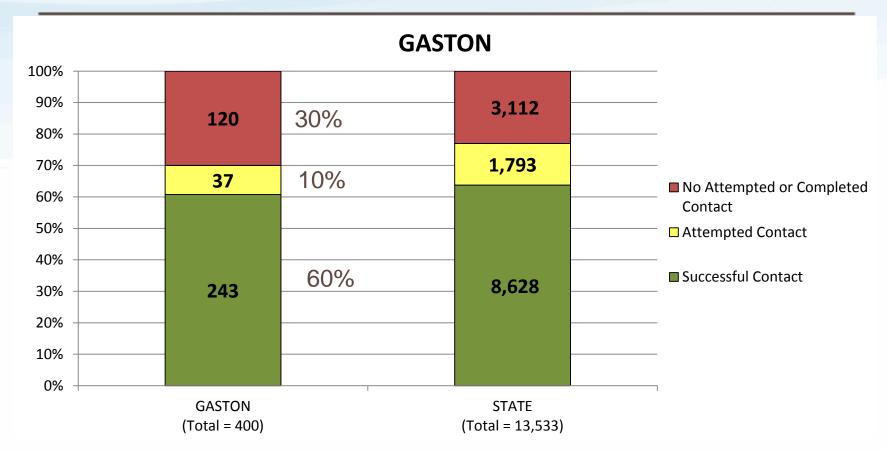
How we got there





Priority OB Medicaid Patients with Care Management Contact, Attempted Contact or No Contact within 30 Days of Initial Risk Screening, July – December 2012





<u>Measure 3b Definition</u>: Numerator – Medicaid patients deferred for "refused services" within 60 days of a positive initial risk screening form. Denominator - Medicaid patients with a positive initial risk screening form.

Note: *indicates <30 patients in the denominator. Rates based on small numbers are unstable and should be interpreted with caution.

Priority OB Medicaid Patients with Care Management Contact, Attempted Contact or No Contact within 30 Days of Initial Risk



