Pregnancy-Associated
Outcome Measures

Quality Assurance
Medicaid & CHIP Services
Senate Bill 17, 85th Session, 2017

- Required the Health and Human Services Commission (HHSC), to evaluate options for reducing pregnancy-related deaths and for treating postpartum depression in economically disadvantaged women.
- The 2018 Joint Biennial Report by DSHS and the Task Force reviewed the 2012 cohort of maternal deaths and analyzed maternal death trends for the years 2012-2015.
• Required Department of State Health Services (DSHS) and the Maternal Mortality and Morbidity Review Committee (MMMRC), to identify strategies to lower costs and to improve quality outcomes related to severe maternal morbidity (SMM) and chronic illness.
  • DSHS launched maternal safety bundles initiative: Texas AIM in December 2017.

• Required HHSC to study and determine feasibility of adding provider’s use of procedures (AIM bundles) as an indicator of quality for quality-based payments.
• HHSC studied the feasibility of adding the AIM maternal safety bundles as an indicator of quality.

• Limitations:
  • MCOs’ ability to influence hospital processes is limited.
  • Hospitals contract with multiple MCOs.
  • MCOs contract with multiple hospitals and the volume of members at each hospital may differ.

• An MCO quality measure focused on member health outcomes would be better aligned with other MCO quality improvement activities than a measure focused on a hospital’s adoption of AIM bundles.

• HHSC commissioned Texas’s EQRO to explore applying the AIM maternal morbidity measures at the MCO level.
EQRO Study

• In 2018, the EQRO conducted a report to examine ways to leverage current data to evaluate maternal morbidity across Texas Medicaid/ and CHIP at the MCO-level.

• The study examined differences in maternal care utilization, pregnancy outcomes, and the cost of maternal care for a cohort of women enrolled in the STAR Program, with the goal of better understanding how these outcomes vary with pregnancy risk status and service plan enrollment.
EQRO Findings

- Rates of hemorrhage and preeclampsia were lower in women that had timely prenatal care
- STAR+PLUS had highest SMM rates
- Black, non-Hispanic mothers had the highest rates of SMM despite only accounting for 18% of deliveries
- Mothers in rural areas had higher SMM rates than women in metropolitan or micropolitan areas
DSHS Collaboration

• Shared EQRO study findings and recommendations with DSHS staff
• Discussed differences in SMM measures from AIM measures
• Discussed changing the data capture period from 15 days after delivery to 42 days after delivery
• DSHS staff agreed HHSC should move forward with the SMM measures
Pregnancy-Associated Outcome Measures

Based on EQRO study findings and recommendations and collaboration with DSHS, HHSC developed three measures as indicators of quality:

- The proportion of SMM cases among all deliveries.
- The proportion of SMM cases among deliveries having hemorrhage.
- The proportion of SMM cases among deliveries with preeclampsia.

**Data Sources**
- Encounter and enrollment data
- AIM definitions for identifying Hemorrhage, Preeclampsia, and SMM

**Data Capture Period**
- 7 days prior to through 15 days after the delivery*

* HHSC is planning to change the data capture period to 7 days prior to delivery encounter and 42 days after initial delivery admission.
Testing the Methodology

THE PROPORTION OF SMM CASES AMONG ALL DELIVERIES*

*These are results based on the data capture period 7 days prior to delivery and 15 days after. Data will be rerun using the new data capture period 7 days prior to delivery and 42 days after to establish a baseline.
### The Proportion of SMM Cases Among Deliveries Having Hemorrhage*

<table>
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<th></th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td><strong>ALL</strong></td>
<td>26.90%</td>
<td>26.24%</td>
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<td><strong>STAR</strong></td>
<td>28.63%</td>
<td>27.16%</td>
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<tr>
<td><strong>CHIP-P</strong></td>
<td>22.43%</td>
<td>22.60%</td>
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<tr>
<td><strong>FFS</strong></td>
<td>27.78%</td>
<td>32.18%</td>
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<tr>
<td><strong>STAR+PLUS</strong></td>
<td>37.59%</td>
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<tr>
<td><strong>STAR KIDS</strong></td>
<td>30.43%</td>
<td>40.00%</td>
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</tbody>
</table>

*These are results based on the data capture period 7 days prior to delivery and 15 days after. Data will be rerun using the new data capture period 7 days prior to delivery and 42 days after to establish a baseline.
Additional Testing the Methodology

**THE PROPORTION OF SMM CASES AMONG DELIVERIES WITH PREECLAMPSIA***

<table>
<thead>
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<th>2017</th>
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<tr>
<td>STAR HEALTH</td>
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<tr>
<td>CHIP</td>
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<td>33.33%</td>
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</tbody>
</table>

*These are results based on the data capture period 7 days prior to delivery and 15 days after. Data will be rerun using the new data capture period 7 days prior to delivery and 42 days after to establish a baseline.
Next Steps

• Present pregnancy-associated outcome measures to stakeholders

• Modify the measurement timeframe
  • 7 days prior through 42 days after delivery

• Track measures and begin public reporting in 2020

• Incorporate measures into existing quality initiatives
Questions?

Please provide feedback by April 1, 2020

Quality Assurance Mailbox:
MCD_managed_care_quality@hhsc.state.tx.us