

MARCH 2023

Maternal Health Measure Set Toolkit for Health Plan Quality Improvement

Data collection and tracking of performance are essential for evaluating quality of care and improving it over time. The Alliance of Community Health Plans' (ACHP) environmental scan revealed that ACHP member companies lack comprehensive methods for understanding the quality of maternal health among their covered populations and for determining disparities in maternal health care. Existing measures of maternal health required by state and/or federal governments and private purchasers are often confined to clinical process measures. As with all current quality measures, they are often limited by the characteristics of current data sets and do not always capture the outcomes or process of care issues at the population level, or the full range of variables important for optimal maternal health outcomes. A parsimonious set of meaningful measures and the infrastructure necessary to collect, track and report data are essential to improving patient care.

Clinical leaders at ACHP's member companies noted the limitations of standard HEDIS measures for purposes of improving their maternal health performance. **They proposed compiling a set of measures as a tool to begin supporting their internal evaluation and improvement of key components of quality maternal health care while more robust measures for accountability are making their way through the long processes of development, testing and endorsement.**

Better measures for accountability and payment based on outcomes and equity have been proposed by state and federal governments and organizations such as the National Committee for Quality Assurance (NCQA) and the National Quality Forum (NQF). They help advance provider and health plan accountability for addressing the drivers of poor birth outcomes and rampant disparities in care. As new measures are developed, tested, endorsed and incorporated into accountability programs, health plans and their provider partners have an opportunity to incentivize improved performance on key aspects of quality maternal health care.

ACHP's Maternal Health Task Force – composed of leaders from both the policy and clinical arenas within our member companies – set out to create a measure set of both existing and conceptual measures to supplement gaps in existing maternal health quality measures. Using endorsed measures is important for accountability, and including conceptual measures allows for metrics that stakeholders wanted to capture now but that do not yet exist. By selecting measures to track

and improve, health plans and their partners can establish a path toward better performance and increased equity right now.

ACHP first compiled an extensive list of existing measures from multiple sources. We then held five monthly Maternal Health Task Force meetings to inform and refine the measure set. To fortify the integrity of the measure set, we simultaneously solicited external and internal stakeholder feedback, receiving input from entities including NCQA; the Health Care Transformation Task Force; the Association of Maternal and Child Health Programs; HealthyWomen; 2020 Mom; and the Mind the Gap Coalition. Internally, we consulted with ACHP's Clinical Innovation and Data Analytics teams.

ACHP's measure set aims to help health plans monitor current performance and identify opportunities for improvement. It is intended to be complementary to existing measures linked to payment or accreditation so that plans are not only held accountable for their performance, but also given the tools they need to improve. **The measure set provides a menu of options for measurement intended for continual, real-time feedback loops as part of an overall quality improvement process.** The tool also leverages the following core functions of health plans to achieve the best maternal outcomes and reduce disparities:

- Collect and provide data with a population view of quality as a supplement to the provider view of *individual* patient quality of care.
- Supplement providers' resources through case management for members identified as having elevated clinical and social risk – for example, members with gestational diabetes or those experiencing food insecurity.
- Establish connections to community resources to address social and clinical issues important to good maternal outcomes – for example, providers who address high-risk pregnancies or plans that refer patients to community food banks.
- Build expectations and accountability for quality maternal care and outcomes into state and federal government programs and private payer contracts – for example, through required Medicaid maternal health measures or NCQA measures.

Anatomy of the Tool – Glossary

A note on data stratification: All measure categories and corresponding measures are to be stratified according to race, ethnicity and socioeconomic status (SES). Some ACHP member companies have used status of coverage (e.g., Medicaid, Commercial or uninsured) as a proxy to understand the patient's overall SES when other data is not available.

Measure Category: We have included various measure categories in the measure set that relate to an aggregate assessment of maternal health. These measure categories include prenatal, postpartum, perinatal, labor and delivery, social needs, mental health and substance use disorder, and maternal morbidity.

Measure Name: Each measure category has one or more accompanying measures that further identify metrics for data collection. Below is an overview of measure categories and their corresponding measure names. An "NQF" followed by the endorsement number indicates those that the NQF has endorsed.

- **Prenatal:** Measures in this category assess for timeliness of prenatal care, receipt of routine immunizations and gestational diabetes screening. This category also includes an oral health measure.
- **Labor and Birth:** Measures in this category assess rates of cesarean birth and preterm birth, as well as elective delivery and early induction. This category also includes a breast milk feeding measure.
- **Postpartum:** The measure in this category assesses for postpartum follow-up and care coordination.
- **Perinatal:** Measures in this category track racial and language representation in the obstetrics workforce.
- **Social Needs:** The measure in this category tracks screening and referral to services for food, housing and transportation insecurity.
- **Mental Health and Substance Use Disorder in Pregnant and Postpartum Populations:** Measures in this category track screening and follow-up for anxiety, depression and substance use disorder, both during pregnancy and postpartum.
- **Maternal Morbidity:** This category tracks severe obstetric complications.
- **NQF #:** This column contains the National Quality Forum endorsement number where applicable.
- **A note on patient experience:** Measuring patients' experience of care during the perinatal period is essential for improving and eliminating inequities in maternal health outcomes. Birth Place Labs has done critical work on measuring a specific aspect of patient experience: respectful care. Plug-and-play measures are available [here](#). Birth Place Labs also maintains a [Respectful Care Measurement Registry](#), where health plans can select from among 210 validated indicators across numerous domains and construct their own tools based on their priorities.

Measure Description: This column provides specifications for each measure, including parameters for data collection.

Measure Status: This column indicates whether a measure is a measure concept or an existing measure. The measures are color coded, with conceptual measures shaded in green.

Measure Steward: This column identifies the measure steward where applicable.

Level of Analysis: This column indicates the entity being measured (e.g., provider, health plan).

Measure Type: This column indicates the type of measure (e.g., process, outcome).

Health Plan Action 1 and 2: This column designates one or more actions health plans can take in the collection of these data elements. Health plans can take many actions to improve maternal health outcomes, not just through core clinical activities but also as employers, members of communities and businesses navigating competing demands for resources. All stakeholders must act through each of these roles to improve maternal health outcomes and equity in order to effect change.

Policy Justification

In 2024, states will be required to report on the core set of quality measures for children and behavioral health measures for adults enrolled in Medicaid. We anticipate ACHP's proposed measure set will advance efforts to improve maternal health via data collection. Implementation of this measure set will prepare health plans for likely regulatory changes in the near future.

Recent legislation, such as the Maternal Health Quality Improvement Act passed within the 2022 Omnibus Act, calls for enhanced maternal and child health data collection standards. As implementation of this legislation advances, maternal and child health improvement data collection will be an increasing priority.

Find detailed recommendations and more resources at nationalpartnership.org/raisingthebar

The Alliance of Community Health Plans (ACHP) represents the nation's top-performing nonprofit health companies, serving tens of millions of Americans in 37 states and D.C. ACHP is the voice of a unique payer-provider partnership model advancing proven solutions that deliver better value for patients, employers and taxpayers. ACHP.ORG



This resource was made possible thanks to the generous support of the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation or the National Partnership.

Measure Category	Measure Name	NQF #	Measure Description	Measure Status	Measure Steward	Level of Analysis	Measure Type	Health Plan Action 1	Health Plan Action 2
Prenatal	Timeliness of Prenatal Care (PPC-CH)	1517 (endorsement removed)	The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.	Existing Measure	NCOA	"Health Plan; Provider"	Process	Internal monitoring and improvement	Include in provider and vendor contract negotiations and P4P programs
	Prenatal Immunization Status (PRS-E)	3484	The percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.	Existing Measure	NCOA	Health Plan	Composite	Internal monitoring and improvement	
	Gestational diabetes	N/A	The percentage of pregnant members screened for gestational diabetes according to clinical guidelines (e.g., 24 weeks or later for asymptomatic pregnant people - United States Preventive Services Task Force).	Measure Concept	N/A	Provider	Process	Internal monitoring and improvement	Include in provider and vendor contract negotiations and P4P programs
	Teeth cleaned during pregnancy	N/A	The percentage of pregnant members who had their teeth cleaned during pregnancy.	Existing Measure	CDC	"Population; Health Plan"	Process	Convene or participate in multi-stakeholder efforts to address	Internal monitoring and improvement
Labor and Birth	PC-02 Cesarean Birth	0471	Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.	Existing Measure	The Joint Commission	Facility	Outcome	Include in provider and vendor contract negotiations and P4P programs	
	Percentage of preterm births	N/A	The number of infants born at less than 37 weeks clinically estimated gestation per 100 live births with known gestational age.	Existing Measure	NYS MCH	"Health Plan; Population"	Outcome	Internal monitoring and improvement	Convene or participate in multi-stakeholder efforts to address

Measure Category	Measure Name	NQF #	Measure Description	Measure Status	Measure Steward	Level of Analysis	Measure Type	Health Plan Action 1	Health Plan Action 2
	"PC-01 Elective Delivery or Early Induction Without Medical Indication at < 39 Weeks (Overuse)"	0469	Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a singleton at <39 weeks of gestation completed who had elective deliveries or early inductions without medical indication.	Existing Measure	The Joint Commission	Facility	Process	Include in provider and vendor contract negotiations and P4P programs	
	PC-05 Exclusive Breast Milk Feeding	0480 and 0480e	Exclusive breast milk feeding during the newborn's entire hospitalization.	Existing Measure	The Joint Commission	Facility	Process	Include in provider and vendor contract negotiations	Internal monitoring and improvement
Postpartum	Postpartum Follow-Up and Care Coordination (MIPS ID 336)	N/A	Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for postpartum care within 8 weeks of giving birth who received a breast-feeding evaluation and education, postpartum depression screening, postpartum glucose screening for gestational diabetes patients and family and contraceptive planning.	Existing Measure	CMS (CQMC)	"Provider; Health Plan"	Process	Include in provider and vendor contract negotiations and P4P programs	Internal monitoring and improvement
Perinatal	Representative OB workforce: Race	N/A	The race and ethnicity breakdown of the health plan's maternity population compared with the race and ethnicity breakdown of the maternity care clinical providers and staff.	Measure Concept	N/A	"Health Plan; Population"	Structural	Internal monitoring and improvement	Convene or participate in multi-stakeholder efforts to address
	Representative OB workforce: Language	N/A	The language breakdown of the health plan's maternity population compared with the language breakdown of the maternity care clinical providers and staff.	Measure Concept	N/A	"Health Plan; Population"	Structural	Internal monitoring and improvement	Convene or participate in multi-stakeholder efforts to address

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Social Needs	Social Needs Screening and Intervention (SNS-E)	N/A	Percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and who received a corresponding intervention if they screened positive. [Consider prospective use stratifying by child-bearing age or retrospective analysis by members with maternity claims]	Existing Measure	NCOA	"Provider; Health Plan"	Process	Internal monitoring and improvement	Include in provider and vendor contract negotiations and P4P programs
Mental Health and Substance Use Disorder in Pregnant and Postpartum Populations	Prenatal anxiety-related screening and follow-up	N/A	The percentage of deliveries in which members were screened for anxiety while pregnant using a standardized instrument and, if screened positive, received follow-up care within 30 days.	Measure Concept	N/A	"Provider; Health Plan"	Process	Internal monitoring and improvement	
	Postpartum anxiety-related screening and follow-up	N/A	The percentage of deliveries in which members were screened for clinical anxiety during the postpartum period using a standardized instrument and, if screened positive, received follow-up care within 30 days.	Measure Concept	N/A	"Provider; Health Plan"	Process	Internal monitoring and improvement	
	Prenatal Depression Screening and Follow-up (PND)	N/A	The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.	Existing Measure	NCOA	"Provider; Health Plan"	Process	Internal monitoring and improvement	Include in provider and vendor contract negotiations and P4P programs
	Postpartum Depression Screening and Follow-up (PDS)	N/A	The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.	Existing Measure	NCOA	"Provider; Health Plan"	Process	Internal monitoring and improvement	Include in provider and vendor contract negotiations and P4P programs

Measure Category	Measure Name	NQF #	Measure Description	Measure Status	Measure Steward	Level of Analysis	Measure Type	Health Plan Action 1	Health Plan Action 2
	Substance use screening and follow-up	N/A	The percentage of members 18 years or older who were screened for substance use disorder using a standardized tool and, if screened positive, received appropriate care within 2 months. (This measure is a modified version of NCQA's Unhealthy Alcohol Use Screening and Follow-Up measure.)	Existing Measure	NCQA	"Provider; Health Plan"	Process	Internal monitoring and improvement	Include in provider and vendor contract negotiations and P4P programs
Maternal Morbidity	PC-07 Severe Obstetric Complications	N/A	Patients with severe obstetric complications which occur during the inpatient delivery hospitalization.	Existing Measure	The Joint Commission	"Provider; Health Plan; Population"	Outcome	Internal monitoring and improvement	

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