Healthy Louisiana Performance Improvement Project (PIP)

MCO Name: Louisiana Healthcare Connections

PIP Title **Improving Prenatal and Postpartum Care to Reduce the Risk for Preterm Birth**

2015- 2017

(with planned extension through 2018)

Project Phase: Baseline
Original Submission Date: 3/30/2016
Revised Submission Date: 7/15/2016
Project Phase: Interim
Submission Date: 6/30/2017
Revised Submission Date: Click here to enter a date
Project Phase: Final
Submission Date: 6/29/2018
Revised Submission Date: 10/10/2018
Project Phase: Choose an item
Submission Date: Click here to enter a date
Revised Submission Date: Click here to enter a date

Submission to: IPRO
State: Louisiana Department of Health

MCO Contact Information

1. Principal MCO Contact Person

[PERSON RESPONSIBLE FOR COMPLETING THIS REPORT AND WHO CAN BE CONTACTED FOR QUESTIONS]

Carey Hotard
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PIP proposal: Principal MCO Contact Signature Date
Baseline Report: Principal MCO Contact Signature Date
Interim Report: Principal MCO Contact Signature Date
Final Report: Carey Hotard Date 10/10/18

2. Additional Contact(s)

[PERSON(S) RESPONSIBLE IN THE EVENT THAT THE PRINCIPAL CONTACT PERSON IS UNAVAILABLE]

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3. External Collaborators (if applicable): N/A

4. For Final Reports Only: If Applicable, Summarize and Report All Changes in Methodology and/or Data Collection from Initial Proposal Submission:

As reported in the Interim Report, process measures under the High Risk Registry intervention and Enhancement of Case Management Services were changed due to the difficulties with data collection. The process measures that were originally submitted in the initial PIP Proposal included those around measuring the percentages of women on the High Risk Registry that received 17P injections and the percentage that were enrolled in Case Management services. These process measures showed excessive variability in the numbers, particularly with the denominators, which indicates the methodology for capturing data was not valid or reliable. New process measures were developed around these areas and were included in the interim report and in this final report.

5. Attestation

Managed Care Plan Name: Louisiana Healthcare Connections
Title of Project: Improving Prenatal and Postpartum Care to Reduce the Risk for Preterm Birth

Required Attestation signatures for PIP Proposal and PIP Final Report:
(1) Medical Director or Chief Medical Officer; (2) Quality Director or Vice President for Quality

The undersigned approve this PIP Proposal and assure involvement in the PIP throughout the course of the project.

Medical Director Signature — Date
Printed Name

Quality Director Signature — Date
Printed Name

IS Director Signature (when applicable) — Date
Printed Name

CEO Signature — Date
Printed Name

The undersigned approve this FINAL PIP Report:

Marcus J Wallace, MD, MBA
Dr. Marcus Wallace, Sr. Vice President, Medical Affairs — Date 10/10/18

Joe Tidwell, Vice President, Quality Improvement — Date 10/10/18

IS Director Signature (when applicable) — Date
Printed Name

Jamie Schlottman, Plan President and CEO — Date 10/10/18

Abstract

The Abstract should be drafted for the Interim Report and finalized for the Final Report submission. Should not exceed 2 pages.

Provide an abstract of the PIP highlighting the project topic, rationale and aims, briefly describe the methodology and interventions, and summarize results and major conclusions of the project (refer to instructions in full report template or appendix).

Project Topic/Rationale/Aims

Title of Project: Improving Prenatal and Postpartum Care to Reduce the Risk for Preterm Birth
Rationale for Project: The State of Louisiana's premature birth rate was 15.1% in 2013, and the State pledged to reduce the preterm birth rate by 8% in 2014 (March of Dimes Foundation, 2014). Further, the Department of Health and Hospitals of the State of Louisiana targets a 15% reduction in the statewide prematurity rate by 2017. Please refer to page 6 for more detailed information on the rationale for this project.
Project Aims: The Collaborative PIP aims to decrease the preterm birth rate by implementing a robust set of health plan, member and provider interventions to improve rates in various performance indicators. Please refer to page 7 for a detailed list of these indicators.

Methodology

Eligible Population: Women of child-bearing age who are enrolled in the Louisiana Medicaid program.

Description of Annual Performance Indicators: A total of 7 performance indicators have been selected. They are a combination of HEDIS and non-HEDIS measures. Please refer to page 9 for the complete list and a description of each.

Sampling Method: N/A

Baseline and Re-measurement Periods: Please see page 10 for the table of baseline and all subsequent re-measurement periods.

Data Collection Procedures: Data is collected through medical record reviews and claims.

Interventions

Member Barriers Identified: Lack of high-risk member relationship with provider, case management engagement, and awareness of appropriate treatment.

Interventions to address member barriers: Enhanced Case Management Services, Notification of Pregnancy

Provider Barriers Identified: Lack of provider knowledge of plan services such as case management and coordination, billing and coding for progesterone and contraception interventions

Interventions to address provider barriers: Provider Education, Notification of Pregnancy

Results

Report Data for Annual Performance Indicators: All data for the annual Performance Indicators can be found beginning on page 19.

Conclusions

Interpret improvement in terms of whether or not Target Rates were met for annual performance indicators: Overall, target rates for the annual performance indicators were not met, despite showing an increase in some areas. We show an increase in chlamydia testing in pregnant women but a decrease in syphilis testing. Rates around contraception remained stable. There was an increase in our 17P utilization rates and we exceeded the target rate of 17.5% in utilization in women between 16-24 weeks gestation.

Indicate interventions that did and did not work in terms of quarterly intervention tracking measure trends: When studying the process measure trends, it can be seen that our NOP submission rate has remained high. Although the overall rates have fluctuated a bit, our overall NOP submission rate remains over 50% of all known deliveries. One obstacle we face with NOPs is the form not being fully completed and/or legible, which can hinder CM outreach. Other measures that are showing an increase include our Case Management process measures. Outreach to high risk pregnant women has remained at an average of around 90%, however the last three quarters have all been over 96%. We have a Six Sigma project centered on Case Management engagement. These rates have also shown an increase over the last two quarters, with over a 10% increase in the last quarter alone. High NOP submissions coupled with an increase in case management engagement rates contributes to the plan being able to identify those women who are at high risk for a preterm birth which will result in more interventions being offered to prevent future preterm births.

Study Design Limitations: In an effort to obtain the most accurate data, we transitioned to an upgraded version of QSI (QSI-XL). During that transition, there were some issues with measure builds, however all issues have been corrected. All data for the Prematurity PIP performance indicators is collected administratively, which means we are dependent on providers coding claims accurately.

Lessons Learned and Next Steps: Next steps include continuing our efforts in this PIP for an additional year and also working with the Intervention Tracking Measure workgroup to focus on process measures that may be able to help us define interventions and process measures in a more real-time sense.

1. Project Topic/ Rationale and 2. Aim

Suggested length: 2 pages

1. Describe Project Topic and Rationale for Topic Selection

- **Describe how PIP Topic addresses your member needs and why it is important to your members (e.g., disease prevalence stratified by demographic subgroups):** Louisiana Healthcare Connections operates with a mission of providing better health at lower costs. As part of its dedication to the members it serves and in order to ensure compliance with the Louisiana Department of Health (LDH) requirement for Healthy Louisiana Plans, Louisiana Healthcare Connections, herein referred to as "the Plan", is working collaboratively with LDH and other MCOs on two performance improvement projects (PIPs). One of the two annual PIPs focuses on reducing preterm deliveries among its childbearing females. This measure includes reducing the preterm delivery rate. In order to determine the focus of this performance improvement project, the Plan began by reviewing the list of options provided by LDH to Healthy Louisiana Plan. A review of the membership as of May 20th, 2015 was conducted and analysis of the demographic information of its membership was completed. The Plan also reviewed historical data on the health outcomes and preventive health measures compliance amongst national and state residents. Finally, a review of best practices and recommendations from leading healthcare advisory groups was made to determine the best methods of increasing compliance and improving health outcomes.
- **Describe current research support for topic (e.g., clinical guidelines/standards):** The March of Dimes aims for a national premature birth rate no higher than 9.6% by 2020 (March of Dimes Foundation, 2014). Early prenatal care allows for timely identification and intervention for actionable risk factors. According to the American College of Obstetricians and Gynecologists, prior preterm birth is one of the strongest risk factors for preterm birth (ACOG, 2012a), and between 5 and 8% of preterm deliveries are attributable to maternal smoking (ACOG, 2010). There is strong evidence for effective interventions to minimize these risks, including pregnancy-tailored tobacco cessation counseling (ACOG, 2010) and progesterone therapy for prior spontaneous preterm birth (ACOG, 2008; Preconception Health Council of California, 2012). Untreated sexually transmitted infections (STI) have been associated with adverse birth outcomes such as preterm delivery (Rours et al, 2011) and stillbirth (USPSTF, 2009), and intrauterine and perinatally transmitted STIs can adversely affect pregnant women and their fetuses (CDC, 2010). The CDC recommends screening pregnant women for STI, including chlamydia trachomatis and syphilis, early in pregnancy, and screening for Neisseria gonorrhea for pregnant women at risk or living in areas with high prevalence (CDC, 2010). Further, rescreening for STI in the third trimester is recommended for women at high risk for infection. The U.S. Preventive Services Task Force recommends that all pregnant women should be screened for HIV infection as early in pregnancy as possible (Chou et al., 2012; Moyer and USPSTF, 2013). Developing strategies to minimize barriers to early initiation of prenatal care and evidence-based care such as tobacco cessation counseling, progesterone therapy and/or STI screening, referral and treatment, can potentially reduce risk for preterm birth. Risk factors for preterm birth can also be addressed in the postpartum period. For example, approximately 50%-60% of women who quit smoking during pregnancy relapse in the first year postpartum, and postpartum visits provide an opportunity to initiate interconception smoking cessation interventions (ACOG, 2010). The postpartum period is also an opportune time to address pregnancy intention and birth spacing. In light of evidence that birth to pregnancy (BTP) intervals of 18 months or less are associated with preterm delivery, the recommended interval before attempting the next pregnancy is at least 24 months (WHO, 2006; Sober and Schreiber, 2014). Long-acting reversible contraception (LARC) methods are the most effective reversible contraceptives, and immediate postpartum insertion may provide a safe and effective means to reduce unintended pregnancy among eligible women, including eligible adolescent mothers, who are at high risk for rapid, repeat pregnancy (ACOG, 2011; Sober and Schreiber, 2014; ACOG, 2012b). It should be

noted that although the inter-pregnancy postpartum visit affords opportunities to potentially reduce the likelihood of preterm birth and improve pregnancy outcomes, all of the Healthy Louisiana Plans scored below the HEDIS 2014 national Medicaid HMO 50th percentile for the measure of attendance at a postpartum visit.

- **Explain why there is opportunity for MCO improvement in this area:** The State of Louisiana's premature birth rate was 15.1% in 2013, and the State pledged to reduce the preterm birth rate by 8% in 2014 (March of Dimes Foundation, 2014). Further, LDH targets a 15% reduction in the statewide prematurity rate by 2017. Healthy People 2020 specifically targets reductions in preterm births (<37 weeks gestational age) and very preterm births (<32 weeks gestational age) to 11.4% and 1.8%, respectively, and corresponding percentages in Louisiana (LA) are higher, at 12.4% and 2.3% (DHH-LA, 2014). Racial disparities are evident among the LA population. Across all LA regions, preterm birth rates are highest among the black subpopulation, with the highest rates in Region 7, i.e., 20.5% for preterm and 4.1% for very preterm births (DHH-LA, 2014). Disparities are also evident by type of insurance coverage. In Louisiana, 15.6% (95% CI=12.0-19.1) of publicly insured children were born premature, compared to 10.5% (95% CI=10.0-11.1) of privately insured children nationwide (NSCH, 2011/12). Among the LA subpopulation insured by Medicaid at preconception, the percentage with a prior preterm birth in 2008 was 16.7% (DHH-LA, 2008); this represents a susceptible subpopulation that may benefit from performance improvement project initiatives to improve prenatal, postpartum and inter-conception care. Early prenatal care is recommended by the Centers for Disease Control and Prevention (CDC) as a means for women to reduce the risk for preterm birth (CDC, 2014a), yet only two of the five Healthy Louisiana plans scored at or above the HEDIS 2014 national Medicaid HMO 50th percentile for the measure of early initiation of prenatal care, and none of the plans rates scored at the 95th percentile.

2. Aim Statement, Objectives and Goals

The Collaborative PIP aims to decrease the preterm birth rate by implementing a robust set of health plan, member and provider interventions to improve rates of the following performance indicators:

1. The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more progesterone injections between the 16th and 21st week of gestation (also reported as in the PTB incentive measure).
2. The percentage of women aged 16 years and older who delivered a live birth and had at least one test for chlamydia during pregnancy.
3. The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy.
4. The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy.
5. The percentage of postpartum women who:
    a. Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS)
    b. Adopt use of a moderately effective method of contraception, i.e., use of injectables, oral pills, patch, ring or diaphragm.
    c. Adopt use of LARC during delivery hospitalization
    d. Adopt use of LARC outpatient within 56 days postpartum
6. The percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure

Objectives: Reduce the risk for preterm birth by implementing a robust set of member, provider and health plan interventions to address the following intervention strategies: (1) Notice of Pregnancy (NOP) provider to plan communication; (2) High Risk Registry Plan to provider communication; (3) Provider education (Medicaid 101); and (4) Prenatal Care Management Outreach and Engagement Program Targeted to High Risk Members.

Goal(s):

Each of the 9 performance indicators (1-6, above) should have its own unique goal. Enter a goal statement for each performance indicator, below:

1. The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more progesterone injections between the 16th and 21st week of gestation (also as reported in the PTB incentive measure).

Baseline to final measurement goal: An improvement from the baseline 2.16% to 17.5% in the percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more progesterone injections between the 16th and 21st week of gestation.

2. The percentage of women aged 16 years and older who delivered a live birth and had at least one test for chlamydia during pregnancy.

Baseline to final measurement goal: An improvement from the baseline 70.29% to 87% in the percentage of women aged 16 years and older who delivered a live birth and had at least one test for chlamydia during pregnancy.

3. The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy.

Baseline to final measurement goal: An improvement from the baseline 5.95% to 32% in the percentage of women who delivered a live birth and had at least one test for HIV during pregnancy.

4. The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy.

Baseline to final measurement goal: An improvement from the baseline 71.18% to 85% in the percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy.

5. The percentage of postpartum women who:

a. Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS)

Baseline to final measurement goal: Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS) from a baseline of 19.56% to 30%.

b. Adopt use of a moderately effective method of contraception, i.e., use of injectables, oral pills, patch, ring or diaphragm.

Baseline to final measurement goal: Adopt use of a moderately effective method of contraception, i.e., use of injectable, oral pills, patch, ring or diaphragm from a baseline of 23.31% to 30%.

c. Adopt use of LARC during delivery hospitalization

Baseline to final measurement goal: Adopt use of a LARC during delivery hospitalization from a baseline of 1.90% to 30%.

d. Adopt use of LARC outpatient within 56 days postpartum

Baseline to final measurement goal: Adopt use of a LARC in an outpatient setting within 56 days postpartum from a baseline of 6.86% to 30%.

6. The percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure

Baseline to final measurement goal: An improvement in the percentage of women with a postpartum visit as per the HEDIS PPC Postpartum Measure per the baseline administrative rate of 45.96% to 55% and the baseline hybrid rate of 58.23% to 70%

3. Methodology

Performance Indicators

Utilize the Prematurity PIP Performance Measures specifications referenced below for each performance indicator.

1. The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more progesterone injections between the 16th and 21st week of gestation: 17P_PIP_Measure_5_17_16_clean.docx
2. The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th week of gestation (PTB incentive measure): LA Performance Measure Submission Guide
3. The percentage of women aged 16 years and older who delivered a live birth and had at least one test for chlamydia during pregnancy: chlamydia_screening_7_25_15.docx
4. The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy: HIV_and_syphilis_screening_10_27_15.docx
5. The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy: HIV_and_syphilis_screening_10_27_15.docx.
6. The percentage of postpartum women who:
   (LA_Prematurity_PIP_contraceptive_measure_revised_5_17_16clean.docx; group to discuss use of CMS Adult Core Set measure CCP-AD Contraceptive Care Postpartum Women age 21-44 years and CMS Child Core Set measure CCP-CH Contraceptive Care Postpartum Women age 15-20 years as next step for PIP extension measurement year 2018):
   a. Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS)
   b. Adopt use of a moderately effective method of contraception, i.e., use of injectables, oral pills, patch, ring or diaphragm
   c. Adopt use of LARC during delivery hospitalization
   d. Adopt use of LARC outpatient within 56 days postpartum
7. The percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure

Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? Yes.

If sampling was employed:
Describe sampling methodology: N/A
Sample Size and Justification: N/A

Data Collection:

Data will be collected using the Centene-level corporate Quality Spectrum Insight (QSI-XL) database. All numerators and denominators for the annual performance measures come from this source. Data governance is under the oversight of the Quality Department of Louisiana Healthcare Connections in conjunction with Centene Corporation using the QSI-XL database. Data from 2012 through October 31, 2015 is retrospective. Data from November 2015 through present will be prospective which coincides with all active interventions or treatments being applied. Audits of clinical data or medical records will be performed if needed to corroborate the findings from the QSI analysis. Therefore, hybrid methodology may be employed if needed to scrub the data and ensure data reliability and validity.

Data stratification occurs pending results of initial analysis to determine if there are potentially different populations or subgroups in the overall data. For this PIP we are utilizing data from the high risk registry and LEERS reports supplied by LDH. We are also utilizing QSI-XL for member and provider profile, HEDIS metrics report, Louisiana Healthcare Connections SharePoint for documentation, trending and tracking purposes, and NOP reports supplied by Centene Corporation. LHCC ensures the validity and reliability of the data through weekly meetings between plan data analytics and corporate analytics. In addition, reports go through test run for reliability.

Validity and Reliability
(For definitions, refer to Glossary of PIP Terms in HEALTHY_LOUISIANA_PIP_TEMPLATE_w_example)**:**

Data is validated by our Quality Improvement Abstractors, the HEDIS team, and our Analytics Department. All Quality Improvement Abstractors are provided training and must pass subsequent testing. Abstractors are also audited on a quarterly basis. We validate data by having multiple analysts run same data for a volume check and dig further if there is a discrepancy.

Data Analysis:
Data is compared to previous year's data when available, denominators and numerators will be checked for inclusion of all eligible populations and any discrepancies are investigated. Data is compared to all sources and histories available in an effort to produce the most valid answer possible.

Timeline

Event	Timeframe
Baseline Measurement Period	November 6, 2104 –November 5, 2015
Interim Measurement Period	November 6, 2015 – November 5, 2016
Submission of Interim Report	June 30, 2017
Final Re-measurement Period	November 6, 2016 – November 5, 2017
Intervention Implementation	November 6, 2015 – November 5, 2017
Analysis of Project Data	Ongoing
Submission of Final Report	June 30, 2018
Extension Measurement Period	November , 2017- November 5, 2018
Submission of Extended PIP Report	June 30, 2019

4. Barriers and 5. Interventions

This section describes the barriers identified and the related interventions planned to overcome those barriers in order to achieve improvement.

Populate the tables below with relevant information, based upon instructions in the footnotes.
Add rows as needed.

Table of Barriers Identified and the Interventions Designed to Overcome Each Barrier.

Description of Barrier[2]	Method and Source of Barrier Identification[3]	Number of Intervention	Description of Intervention Designed to Overcome Barrier[4]	Intervention Timeframe[5]
Lack of accurate and complete data to identify high risk pregnant members	Plan tracking of NOPs	1	Notification of Pregnancy (NOP)	*Planned Start: 01/01/2016 Actual Start: 01/01/2016 Date Revised:*
Lack of high risk member and OB engagement	Interactions with members and providers; member feedback through experience surveys	2	Medicaid 101	*Planned Start: 01/01/2016 Actual Start: 01/01/2016 Date Revised:*
Lack of high risk member awareness of appropriate treatment and engagement with CM	Plan tracking of CM engagement	3	Enhancement of Case Management Services	*Planned Start: 01/01/2016 Actual Start: 01/01/2016 Date Revised:*
Lack of accurate identification of high risk members with history of preterm birth	Plan tracking of CM data	4	High Risk Registry	*Planned Start: 01/01/2016 Actual Start: 01/01/2016 Date Revised: 07/01/2017*

2,3,4,5: See PIP HEALTHY_LOUISIANA_PIP_TEMPLATE_w_examples for examples and additional guidance.

Monitoring Table YEAR 1: Quarterly Reporting of Rates for Intervention Tracking Measures, with corresponding intervention numbers.
Add rows as needed.

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2016	Q2 2016	Q3 2016	Q4 2016
1	Percentage of deliveries that plan received an NOP **Num**: Count of births with NOP 8 months prior to Delivery **Denom**: Total Number of deliveries	Numerator: 1372 Denominator: 2700 Rate: 50.81%	Numerator: 1383 Denominator: 2742 Rate: 50.44%	Numerator: 1762 Denominator: 3392 Rate: 51.95%	Numerator: 1708 Denominator: 3169 Rate: 52.90%
1	Percentage of member-submitted NOPs **Num**: Number of NOP forms submitted to LHCC from members **Denom**: Total number of NOP forms submitted to LHCC	Numerator: 1658 Denominator: 2921 Rate: 56.76%	Numerator: 1659 Denominator: 2786 Rate: 59.55%	Numerator: 1506 Denominator: 2992 Rate: 50.33%	Numerator: 1418 Denominator: 2734 Rate51.87%
1	Percentage of provider-submitted NOPs **Num**: Number of NOP forms submitted to LHCC from providers **Denom**: Total number of NOP forms submitted to LHCC	Numerator: 1263 Denominator: 2921 Rate: 43.24%	Numerator: 1127 Denominator: 2786 Rate: 40.52%	Numerator: 1486 Denominator: 2992 Rate: 49.67%	Numerator: 1316 Denominator: 2734 Rate: 48.13%
2	Percentage of academic detailing visits completed during the year. **This is a cumulative measure throughout the year.* **Num**: Number of OBGYN visits completed by the Medical Director YTD **Denom**: Total number of OBGYN visits planned during the year	Numerator: 3 Denominator: 11 Rate: 27.27%	Numerator: 3 Denominator: 11 Rate: 27.27%	Numerator: 9 Denominator: 11 Rate: 81.82%	Numerator: 9 Denominator: 11 Rate: 81.82% *The remaining two visits were completed Q1 2017*
2	Percentage of OB/GYN visits completed by the Provider Network team with "Better OB/GYN Resources" material presented **Num:** Total number of OB/GYN provider visits completed with "Better OB/GYN Resources" presented **Denom**: Total number of OB/GYN provider visits planned to present "Better OB/GYN Resources"	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom *Measure not started until Q3 2016*	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom *Measure not started until Q3 2016*	Numerator: 197 Denominator: 231 Rate: 85.28%	Numerator: 131 Denominator: 231 Rate: 56.71%

3	Percentage of women determined to have a need for 17P that began regimen in the given quarter **Num:** The total # of members who started their 17P regimen in the given quarter **Denom**: The total number of deliveries determined to have a need for 17P (Number of Deliveries * % multiparous (.65) * preterm delivery rate (.123) * % spontaneous (.75))	Numerator: 61 Denominator: 163.56 Rate: 37.29%	Numerator: 81 Denominator: 167.58 Rate: 48.34%	Numerator: 90 Denominator: 207 Rate: 43.48%	Numerator: 89 Denominator: 193.26 Rate: 46.05%
3	Percentage of high risk pregnant members that receive CM outreach within 7 days of notification **Num**: Number of high risk pregnant members that receive CM outreach within 7 days of notification to the plan **Denom**: Total number of high risk pregnant members that plan has received notification on	Numerator: 219 Denominator: 255 Rate: 88.88%	Numerator: 216 Denominator: 250 Rate: 86.40%	Numerator: 258 Denominator: 300 Rate: 86.00%	Numerator: 219 Denominator: 247 Rate88.66%
3	Percentage of members who were enrolled within 30 days of NOP **Num**: Count of high risk pregnant members that were enrolled in CM within 30 days of notification with a plan of care developed collaboratively between the member and case manager **Denom**: Count of high risk pregnant members eligible for CM enrollment within 30 days	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom *Measure started Q2 2016*	Numerator: 86 Denominator: 462 Rate: 18.61%	Numerator: 105 Denominator: 443 Rate: 23.70%	Numerator: 97 Denominator: 363 Rate: 26.72%
3	Percentage of members who were enrolled within 60 days of NOP **Num**: Count of high risk pregnant members that were enrolled in CM within 60 days of notification with a plan of care developed collaboratively between the member and case manager **Denom**: Count of high risk pregnant members eligible for CM enrollment within 60 days	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom *Measure started Q2 2016*	Numerator: 99 Denominator: 451 Rate: 21.95%	Numerator: 109 Denominator: 434 Rate: 25.12%	Numerator: 143 Denominator: 361 Rate: 39.61%

4	Percentage of members on the High Risk Registry that were identified as currently being pregnant and outreached and enrolled in CM **Num**: #1 Total number of high risk, pregnant members outreached and #2 enrolled in CM **Denom**: Total number of members listed on the high risk pregnancy file	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom *Measure started Q2 2016*	Numerator: 45 16 Denominator: 1837 Rate: 2.45% 0.87%	Numerator: 32 19 Denominator: 1691 Rate: 1.89% 1.12%	Numerator: 42 42 Denominator: 1379 Rate: 2.05% 3.05% *After review of data, it was felt that these numbers were not able to be pulled accurately.*
4	Percentage of members on the HRR who were outreached between 16-24 weeks gestation for possible 17P **Num**: #1 Total number of high risk, pregnant members outreached between wks 16-24 and #2 enrolled in CM between wks 16-24 **Denom**: Total number of members listed on the high risk pregnancy file	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom *Measure started Q2 2016*	Numerator: 2 1 Denominator: 1837 Rate: 0.11% 0.05%	Numerator: 0 0 Denominator: 1691 Rate: 0.00% 0.00%	Numerator: 0 0 Denominator: 1379 Rate: 0.00% 0.00% *After review of data, it was felt that these numbers were not able to be pulled accurately.*
4	Percentage of members on the HRR who started 17P injections in the given quarter **Num:** Total number of high risk pregnancy members started on the hydroprogesterone injections **Denom**: Total number of members listed on the high risk registry	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom *Measure started Q2 2016*	Numerator: 9 Denominator: 1837 Rate: 0.49%	Numerator: 5 Denominator: 1691 Rate: 0.30%	Numerator: 6 Denominator: 1379 Rate: 0.44% *After review of data, it was felt that these numbers were not able to be pulled accurately.*

6: See PIP HEALTHY_LOUISIANA_PIP_TEMPLATE_w_examples for examples and additional guidance.

Monitoring Table YEAR 2: Quarterly Reporting of Rates for Intervention Tracking Measures, with corresponding intervention numbers.
Add rows as needed.

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2017	Q2 2017	Q3 2017	Q4 2017
1	Percentage of deliveries that plan received an NOP **Num**: Count of births with NOP 8 months prior to Delivery **Denom**: Total Number of deliveries	Numerator: 1561 Denominator: 2935 Rate: 53.19%	Numerator: 1484 Denominator: 2831 Rate: 52.42%	Numerator: 1847 Denominator: 3231 Rate: 57.17%	Numerator: 1729 Denominator: 3107 Rate: 55.65%

1	Percentage of member-submitted NOPs **Num**: Number of NOP forms submitted to LHCC from members **Denom**: Total number of NOP forms submitted to LHCC	Numerator: 1433 Denominator: 2939 Rate: 48.76%	Numerator: 1692 Denominator: 2756 Rate: 61.39%	Numerator: 1336 Denominator: 2542 Rate: 52.56%	Numerator: 1484 Denominator: 2591 Rate57.28%
1	Percentage of provider-submitted NOPs **Num**: Number of NOP forms submitted to LHCC from providers **Denom**: Total number of NOP forms submitted to LHCC	Numerator: 1506 Denominator: 2939 Rate: 51.24%	Numerator: 1064 Denominator: 2756 Rate: 38.61%	Numerator: 1206 Denominator: 2542 Rate: 47.44%	Numerator: 1107 Denominator: 2591 Rate: 42.73%
2	Percentage of academic detailing visits completed during the year. **This is a cumulative measure throughout the year.* **Num**: Number of OBGYN visits completed by the Medical Director YTD **Denom**: Total number of OBGYN visits planned during the year	Numerator: 3 Denominator: 20 Rate: 15.00%	Numerator: 4 Denominator: 20 Rate: 20.00%	Numerator: 15 Denominator: 20 Rate: 75.00%	Numerator: 22 Denominator: 22 Rate: 100.00% *Two visits were added on towards end of year.*
2	Percentage of OB/GYN visits completed by the Provider Network team with "Better OB/GYN Resources" material presented **Num:** Total number of OB/GYN provider visits completed with "Better OB/GYN Resources" presented **Denom**: Total number of OB/GYN provider visits planned to present "Better OB/GYN Resources"	Numerator: 0 Denominator: 0 Rate: 0.00% *OB outreach scheduled for Q4 2017*	Numerator: 0 Denominator: 0 Rate: 0.00%	Numerator: 24 Denominator: 385 Rate: 6.23%	Numerator: 271 Denominator: 299 Rate: 90.64%
2	Percentage of PCP visits completed by the Provider Network team with "Preventive Care Incentives" material presented **Num:** Total number of PCP provider visits completed with "Preventive Care Incentives" presented **Denom**: Total number of PCP provider visits planned to present "Preventive Care Incentives" *Additional PCP visits were held that included preterm birth education but could not be verified and were taken out of the denominator*	Numerator: 142 Denominator: 1364 Rate: 10.41%	Numerator: 101 Denominator: 1365 Rate: 6.52%	Numerator: 266 Denominator: 1348 Rate: 19.29%	Numerator: 260 Denominator: 1315 Rate: 19.77%

3	Percentage of women determined to have a need for 17P that began regimen in the given quarter **Num:** The total # of members who started their 17P regimen in the given quarter **Denom**: The total number of deliveries determined to have a need for 17P (Number of Deliveries * % multiparous (.65) * preterm delivery rate (.123) * % spontaneous (.75))	Numerator: 96 Denominator: 178.56 Rate: 53.76%	Numerator: 81 Denominator: 172.26 Rate: 48.34%	Numerator: 100 Denominator: 207 Rate: 43.48%	Numerator: 73 Denominator: 189.18 Rate: 38.62%
3	Percentage of high risk pregnant members that receive CM outreach within 7 days of notification **Num**: Number of high risk pregnant members that receive CM outreach within 7 days of notification to the plan **Denom**: Total number of high risk pregnant members that plan has received notification on	Numerator: 231 Denominator: 308 Rate: 75.00%	Numerator: 249 Denominator: 278 Rate: 89.57%	Numerator: 256 Denominator: 261 Rate: 98.08%	Numerator: 284 Denominator: 294 Rate: 96.60%
3	Percentage of members who were enrolled within 30 days of NOP **Num**: Count of high risk pregnant members that were enrolled in CM within 30 days of notification with a plan of care developed collaboratively between the member and case manager **Denom**: Count of high risk pregnant members eligible for CM enrollment within 30 days	Numerator: 97 Denominator: 363 Rate: 26.72	Numerator: 121 Denominator: 474 Rate: 26.05%	Numerator: 69 Denominator: 404 Rate: 17.08%	Numerator: 85 Denominator: 463 Rate: 18.36%
3	Percentage of members who were enrolled within 60 days of NOP **Num**: Count of high risk pregnant members that were enrolled in CM within 60 days of notification with a plan of care developed collaboratively between the member and case manager **Denom**: Count of high risk pregnant members eligible for CM enrollment within 60 days	Numerator: 70 Denominator: 215 Rate: 32.56%	Numerator: 127 Denominator: 464 Rate: 27.47%	Numerator: 59 Denominator: 354 Rate: 16.67%	Numerator: 90 Denominator: 428 Rate: 19.65%

6: See PIP HEALTHY_LOUISIANA_PIP_TEMPLATE_w_examples for examples and additional guidance.

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2018	Q2 2018	Q3 2018	Q4 2018
1	Percentage of deliveries that plan received an NOP **Num**: Count of births with NOP 8 months prior to Delivery **Denom**: Total Number of deliveries	Numerator: 1594 Denominator: 2983 Rate: 53.44%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
1	Percentage of member-submitted NOPs **Num**: Number of NOP forms submitted to LHCC from members **Denom**: Total number of NOP forms submitted to LHCC	Numerator: 1403 Denominator: 2500 Rate: 56.12%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # RateEnter results of num÷denom
1	Percentage of provider-submitted NOPs **Num**: Number of NOP forms submitted to LHCC from providers **Denom**: Total number of NOP forms submitted to LHCC	Numerator: 1097 Denominator: 2500 Rate: 43.88%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
2	Percentage of academic detailing visits completed during the year. **This is a cumulative measure throughout the year.* **Num**: Number of OBGYN visits completed by the Medical Director YTD **Denom**: Total number of OBGYN visits planned during the year	Numerator: 0 Denominator: 10 Rate: 0.00%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
2	Percentage of OB/GYN visits completed by the Provider Network team with "Better OB/GYN Resources" material presented **Num:** Total number of OB/GYN provider visits completed with "Better OB/GYN Resources" presented **Denom**: Total number of OB/GYN provider visits planned to present "Better OB/GYN Resources"	Numerator: 35 Denominator: 239 Rate: 12.11%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom

2	Percentage of PCP visits completed by the Provider Network team with "Preventive Care Incentives" material presented **Num:** Total number of PCP provider visits completed with "Preventive Care Incentives" presented **Denom**: Total number of PCP provider visits planned to present "Preventive Care Incentives" *Additional PCP visits were held that included preterm birth education but could not be verified and were taken out of the denominator*	Numerator: 188 Denominator: 1371 Rate: 13.71%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
3	Percentage of women determined to have a need for 17P that began regimen in the given quarter **Num:** The total # of members who started their 17P regimen in the given quarter **Denom**: The total number of deliveries determined to have a need for 17P (Number of Deliveries * % multiparous (.65) * preterm delivery rate (.123) * % spontaneous (.75))	Numerator: 88 Denominator: 181.62 Rate: 48.45%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
3	Percentage of high risk pregnant members that receive CM outreach within 7 days of notification **Num**: Number of high risk pregnant members that receive CM outreach within 7 days of notification to the plan **Denom**: Total number of high risk pregnant members that plan has received notification on	Numerator: 258 Denominator: 266 Rate: 96.99%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
3	Percentage of members who were enrolled within 30 days of NOP **Num**: Count of high risk pregnant members that were enrolled in CM within 30 days of notification with a plan of care developed collaboratively between the member and case manager **Denom**: Count of high risk pregnant members eligible for CM enrollment within 30 days	Numerator: 120 Denominator: 400 Rate: 30.50%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom

3	Percentage of members who were enrolled within 60 days of NOP **Num**: Count of high risk pregnant members that were enrolled in CM within 60 days of notification with a plan of care developed collaboratively between the member and case manager **Denom**: Count of high risk pregnant members eligible for CM enrollment within 60 days	Numerator: 100 Denominator: 324 Rate: 30.86%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom

6. Results

The results section should present project findings related to performance indicators. Indicate target rates and rationale, e.g., next Quality Compass percentile. Accompanying narrative should describe, but ***not*** interpret the results in this section.

OPTIONAL: Additional tables, graphs, and bar charts can be an effective means of displaying data that are unique to your PIP in a concise way for the reader. If you choose to present additional data, include only data that you used to inform barrier analysis, development and refinement of interventions, and/or analysis of PIP performance.

Results Table.

Performance Indicator	**Administrative (A) or Hybrid (H) Measure?**	**Baseline Period** 2015	**Interim Period** 2016	**Final Period** 2017	**Final Goal/Target Rate**
Indicator #1 The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more progesterone injections between the 16th and 21st week of gestation.	A	Eligible Population = 416 Exclusions= 0 If "H", Sample size = Enter # Numerator = 9 Denominator = 416 Rate = 2.16%	Eligible Population = 956 Exclusions= 0 If "H", Sample size = Enter # Numerator = 18 Denominator = 956 Rate = 1.88%	Eligible Population = 770 Exclusions= 0 If "H", Sample size = Enter # Numerator = 122 Denominator = 770 Rate = 15.84%	Target Rate: 17.5% Rationale: Plan set achievable yet bold goal
Indicator #2 The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th	A	Eligible Population = 1066 Exclusions= Enter # If "H", Sample size = Enter # Numerator = 145 Denominator = 1066 Rate = 13.60%	Eligible Population = 956 Exclusions= 0 If "H", Sample size = Enter # Numerator = 92 Denominator = 956 Rate = 9.62%	Eligible Population = 770 Exclusions= 0 If "H", Sample size = Enter # Numerator = 139 Denominator = 770 Rate = 18.05%	Target Rate: 17.5% Rationale: Plan set achievable yet bold goal

week of gestation (PTB incentive measure)		**Method did not exist during Baseline*			
Indicator #3 The percentage of women aged 16 years and older who delivered a live birth and had at least one test for chlamydia during pregnancy	A	Eligible Population = 10420 Exclusions= 0 If "H", Sample size = Enter # Numerator = 7324 Denominator = 10420 Rate = 70.29%	Eligible Population = 10076 Exclusions= 0 If "H", Sample size = Enter # Numerator = 8476 Denominator = 10076 Rate = 84.12%	Eligible Population = 10642 Exclusions= 0 If "H", Sample size = Enter # Numerator = 9121 Denominator = 10642 Rate = 85.71%	Target Rate: 87% Rationale: Plan set achievable yet bold goal
Indicator #4 The percentage of women aged 16 years and older who delivered a live birth and had at least one test for HIV during pregnancy	A	Eligible Population = 10306 Exclusions= 0 If "H", Sample size = Enter # Numerator = 6447 Denominator = 10306 Rate = 62.56%	Eligible Population = 11865 Exclusions= 0 If "H", Sample size = Enter # Numerator = 9350 Denominator = 11865 Rate = 78.80%	Eligible Population = 12085 Exclusions= 0 If "H", Sample size = Enter # Numerator = 9164 Denominator = 12085 Rate = 75.83%	Target Rate: 85% Rationale: Plan set achievable yet bold goal
Indicator #5 The percentage of women aged 16 years and older who delivered a live birth and had at least one test for syphilis during pregnancy	A	Eligible Population = 10306 Exclusions= 0 If "H", Sample size = Enter # Numerator = 7346 Denominator = 10306 Rate = 71.28%	Eligible Population = 11865 Exclusions= 0 If "H", Sample size = Enter # Numerator = 9825 Denominator = 11865 Rate = 82.81	Eligible Population = 12065 Exclusions= 0 If "H", Sample size = Enter # Numerator = 9371 Denominator = 12065 Rate = 77.67%	Target Rate: 85% Rationale: Plan set achievable yet bold goal
Indicator #6a The percentage of women who adopt use of a most effective FDA-approved method of contraception	A	Eligible Population = 9280 Exclusions= 0 If "H", Sample size = Enter # Numerator = 795 Denominator = 9280 Rate = 8.57%	Eligible Population = 10456 Exclusions= 0 If "H", Sample size = Enter # Numerator = 1124 Denominator = 10456 Rate = 10.75%	Eligible Population = 10941 Exclusions= 0 If "H", Sample size = Enter # Numerator = 1047 Denominator = 10941 Rate = 9.57%	Target Rate: 30% Rationale: Plan set achievable yet bold goal

Indicator #6b The percentage of women who adopt use of a moderately effective FDA-approved method of contraception	A	Eligible Population = 9280 Exclusions= 0 If "H", Sample size = Enter # Numerator = 2195 Denominator = 9280 Rate = 23.65%	Eligible Population = 10456 Exclusions= 0 If "H", Sample size = Enter # Numerator = 2275 Denominator = 10456 Rate = 21.76%	Eligible Population = 10941 Exclusions= 0 If "H", Sample size = Enter # Numerator = 2396 Denominator = 10941 Rate = 21.90%	Target Rate: 30% Rationale: Plan set achievable yet bold goal
Indicator #6c The percentage of women who adopt use of LARC during delivery hospitalization	A	Eligible Population = 9259 Exclusions= 0 If "H", Sample size = Enter # Numerator = 176 Denominator = 9259 Rate = 1.90%	Eligible Population = 10456 Exclusions= 0 If "H", Sample size = Enter # Numerator = 191 Denominator = 10456 Rate = 1.83%	Eligible Population = 10941 Exclusions= 0 If "H", Sample size = Enter # Numerator = 170 Denominator = 10941 Rate = 1.55%	Target Rate: 30% Rationale: Plan set achievable yet bold goal
Indicator #6d The percentage of women who adopt use of LARC outpatient 56 days postpartum	A	Eligible Population = 9259 Exclusions= 0 If "H", Sample size = Enter # Numerator = 635 Denominator = 9259 Rate = 6.86%	Eligible Population = 10456 Exclusions= 0 If "H", Sample size = Enter # Numerator = 933 Denominator = 10456 Rate = 8.92%	Eligible Population = 10941 Exclusions= 0 If "H", Sample size = Enter # Numerator = 877 Denominator = 10941 Rate = 8.02%	Target Rate: 30% Rationale: Plan set achievable yet bold goal
Indicator #7 The percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure	H	Eligible Population = 419 Exclusions= 0 If "H", Sample size = 419 Numerator = 244 Denominator = 419 Rate = 58.23%	Eligible Population = 404 Exclusions= 0 If "H", Sample size = 404 Numerator = 262 Denominator = 404 Rate = 64.85%	Eligible Population = 380 Exclusions= 0 If "H", Sample size = 380 Numerator = 241 Denominator = 380 Rate = 63.42%	Target Rate: 70% Rationale: Plan set achievable yet bold goal

7. Discussion

The discussion section is for explanation and interpretation of the results. Please draft a preliminary explanation and interpretation of results, limitations and member participation for the Interim Report, then update, integrate and comprehensively interpret all findings for the Final Report. Address dissemination of findings in the Final Report.

Discussion of Results

Interpret the performance indicator rates for each measurement period, i.e., indicate whether or not target rates were met, describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods: Overall, target rates for the annual performance indicators were not met, despite showing an increase in some areas. We show an increase in chlamydia testing in pregnant women but a decrease in syphilis testing. Rates around contraception remained stable. There was an increase in our 17P utilization rates and we exceeded the target rate of 17.5% in utilization in women between 16-24 weeks gestation.

Explain and interpret the extent to which improvement was or was not attributable to the interventions, by interpreting quarterly or monthly intervention tracking measure trends: When studying the process measure trends, it can be seen that our NOP submission rate has remained high. Although the overall rates have fluctuated a bit, our overall NOP submission rate remains over 50% of all known deliveries. Other measures that are showing an increase include our Case Management process measures. Outreach to high risk pregnant women has remained at an average of around 90%, however the last three quarters have all been over 96%. We have a Six Sigma project centered on Case Management engagement. These rates have also shown an increase over the last two quarters, with over a 10% increase in the last quarter alone. High NOP submissions coupled with an increase in case management engagement rates contributes to the plan being able to identify those women who are at high risk for a preterm birth which will result in more interventions being offered to prevent future preterm births.

What factors were associated with success or failure? Factors that contributed to successful interventions include increased Case Management engagement rates and increased 17P utilization rates. We continue to promote provider education on the interventions included in this PIP.

Limitations (For definitions and examples, refer to HEALTHY_LOUISIANA_PIP_TEMPLATE_w_example)

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design. Examples of study limitations include: Accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; Accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided.

- **Were there any factors that may pose a threat to the internal validity the findings?** No threats were identified.
- **Were there any threats to the external validity the findings?** In an effort to obtain the most accurate data, we transitioned to an upgraded version of QSI (QSI-XL). During that transition, there were some issues with measure builds, however all issues have been corrected.
- **Describe any data collection challenges.** All data for the Prematurity PIP performance indicators is collected administratively, which means we are dependent on providers coding claims accurately.

Member Participation

N/A

Describe methods utilized to solicit or encourage membership participation: N/A

Dissemination of Findings

- **Describe the methods used to make the findings available to members, providers, or other interested parties:** Findings within this PIP have been shared with other interested parties, such as Case Management, Data Analytics and Provider Network. The information is disseminated through meetings.

8. Next Steps

This section is completed for the Final Report. For each intervention, summarize lessons learned, system-level changes made and/or planned, and outline next steps for ongoing improvement through the PIP extension period.

In addition to the PDSA cycles being conducted on each ITM, LHCC's Case Management department conducted a Six Sigma project on the early identification of high risk pregnant members. Early identification and case management outreach and engagement are key in delivering needed services and education to our members who are at risk for preterm birth. With a focus on those who are eligible for 17P utilization, we believe the aim of 30% 17P utilization is achievable. The drivers identified along with the corresponding ITMs will help us identify those women at risk for preterm births due to other reasons, such as history of hypertension, poor social supports, mental health, substance abuse issues, etc. The quicker we are able to identify those women, the earlier we will be able to intervene in their pregnancies and offer them a variety of services which will contribute to the reduction of preterm births prior to 32 weeks gestation by 10%.

Description of Intervention	Lessons Learned	System-level changes made and/or planned	Next Steps
Notification of Pregnancy	Process measures indicated that provider submitted forms were decreasing. Providers not completing entire form – only completing basic information. Not enough information for CM to identify high-risk members.	Specific OB education was developed and implemented by the Provider Network team; provider incentives offered for NOP submission. OB education on importance of completing filling out the form in order to identify high-risk members sooner.	Continue to offer incentive for NOPs submitted by both members and providers. Continue to educate on importance of fully completing the form.
Medicaid 101	Pertinent information that needs to be delivered to providers has been identified and changed as needed. Provider education must be an on-going intervention with changes in network and changes in high delivering providers	Information that is disseminated to providers is altered as needed with new providers needing outreach and the top delivering OB/GYNs in network changing from year to year.	Academic Detailing by Medical Directors will continue, as will Provider Network outreach to OB/GYNs. As data and new studies dictate, new information will be introduced into our educational materials and discussion topics.

Enhancement of Case Management Services	Support staff was making initial outreach to members identified as high-risk. CM engagement rates began to decline.	Changed outreach process - clinical staff makes initial outreach and attempts to enroll all high risk members into CM. CM engagement rates began to improve.	Developing new process to be able to outreach more members and identify potential high-risk members for enrollment in CM.