

Connecticut Department of Social Services Obstetrical Pay for Performance (P4P)

MAPOC

Women and Children's Subcommittee

September 12, 2022





Discussion Topics

- Review background on the OBP4P program design, goals and milestones
- Recognize OBP4P achievements
- Discuss plans for sunseting the P4P program and transitioning to the HUSKY Maternity Bundle

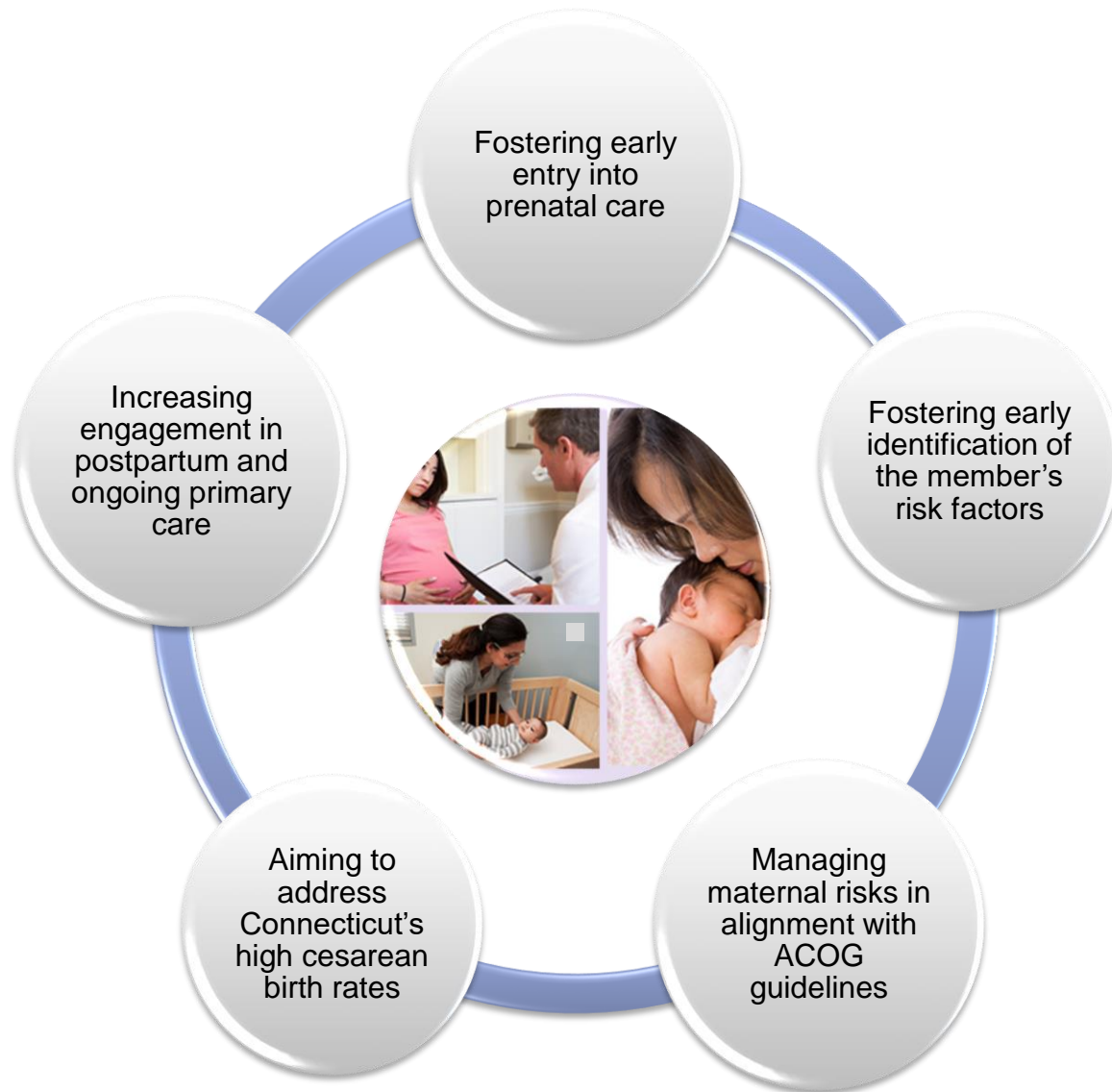


Creation of the P4P Program

The Connecticut Department of Social Services (DSS) started discussions on the development of the obstetrical pay for performance program in 2012, with the aim to:

Improve pregnancy outcomes and the overall care of pregnant individuals, while decreasing the incidence of avoidable maternal morbidity and mortality.

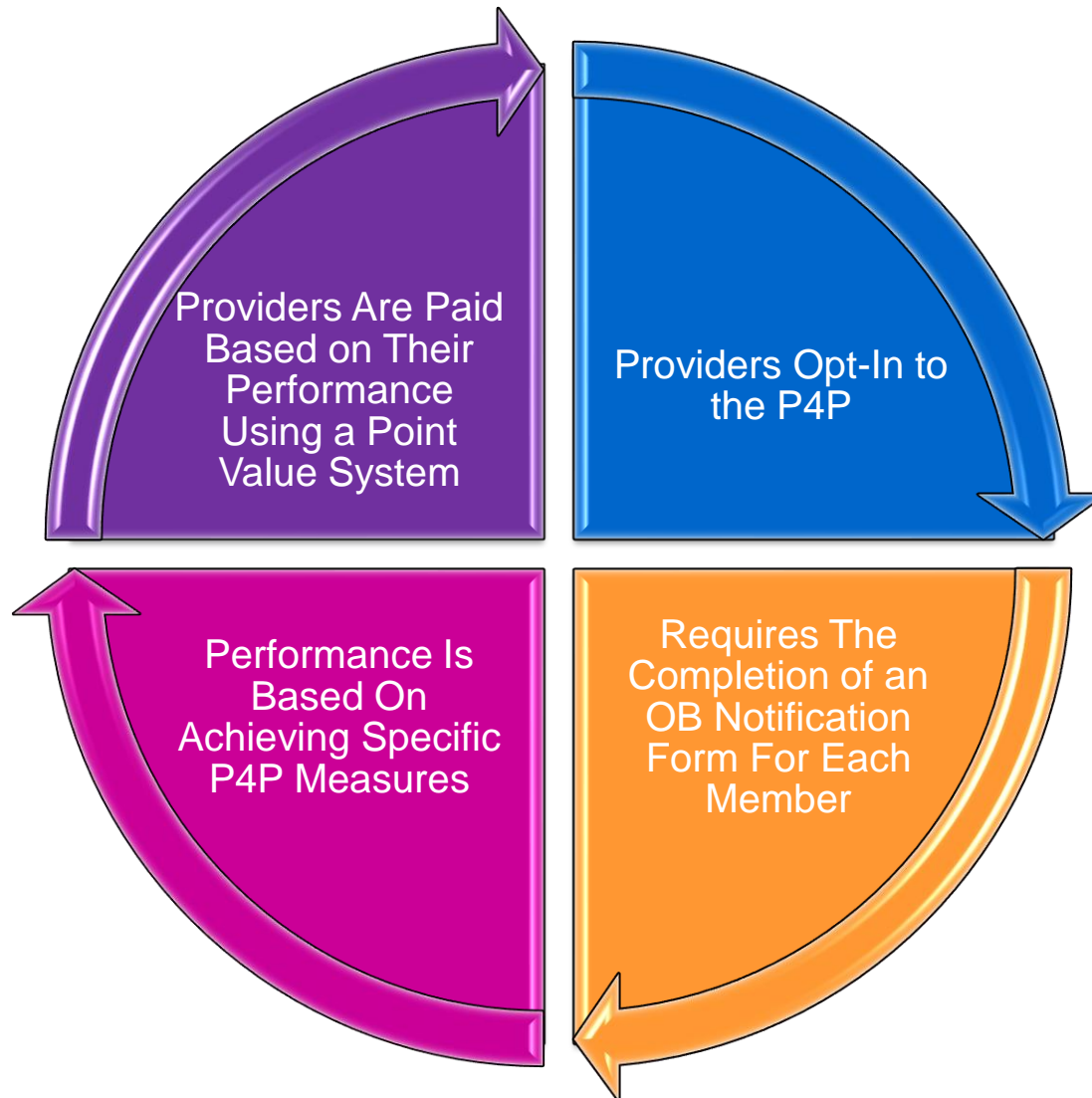
P4P Global Goals



P4P Creation Milestones

Milestone	Occurred
DSS started stakeholder meetings with OB providers and the medical ASO to discuss the development of the P4P	Q3 CY2012
Discussion of the initial OBP4P measures started	Q4 CY2012
The medical ASO, in collaboration with DSS and stakeholders, started to develop the OB notification form	
Initial OBP4P measures and the OBP4P notification form were finalized	Q1 CY2013
DSS obtained approval of the P4P and submitted a state plan amendment	Q2 CY2013
First cycle of the OBP4P went live	July 2013

P4P Design





P4P Cycles

Cycle	Start Date	End Date
1	July 1, 2013	June 30, 2014
2	June 1, 2015	November 30, 2015
3	July 1, 2018	June 30, 2019
4	August 1, 2019	June 30, 2020
5	July 1, 2020	June 30, 2021
6	July 1, 2021	June 30, 2022
7 (Final Cycle)	July 1, 2022	June 30, 2023

Prenatal Visit Measures

Measure	Measure Description
First prenatal visit within 14 days of a confirmed pregnancy	Retired as of Cycle 4
First prenatal visit and risk identification within 14 days of a confirmed pregnancy, where at a minimum, all of the following have occurred: 1. Maternal risk screening, including but not limited to: a. Blood pressure b. Co-morbidity, especially: i. cardiovascular disease ii. diabetes iii. hypertension iv. clotting disorders 2. Social determinants of health screening	Expanded to include details of minimum risk stratification domains needed to meet this measure



Labor and Delivery Measures

Measure	Measure Description
Full-term, vaginal delivery after spontaneous labor whenever medically possible	Retired as of Cycle 5
Full-term, vaginal delivery	Adjusted as of Cycle 6 to align with ACOG's updated clinical guidelines relating to indications for labor inductions

Maternal Risk Measures

Measure	Rationale for The Update
Appropriate use of 17-alpha-hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth	Measure removed as of Cycle 4 to align with the American College of Obstetricians and Gynecologists' (ACOG) updated guidelines on use of 17-alpha-hydroxyprogesterone
Low-dose aspirin prophylaxis for members at high or moderate risk of preeclampsia, according to ACOG guidelines	Added as of Cycle 4 to align with ACOG's updated clinical guidelines
Self-measured blood pressure (BP) for members with hypertension, in addition to usual perinatal care visits and provider-measured BP	

Postpartum Care Measures

Measure	Measure Description
At least one (1) postpartum visit within 21-56 days postpartum	Measure removed as of Cycle 4 to align with ACOG's updated postpartum care guidelines
At least one (1) postpartum visit occurring within 21 days of delivery	Added as of Cycle 4 to align with ACOG's updated clinical guidelines
A postpartum visit occurring between 22 and 84 days after delivery, addressing all of the following: <ul style="list-style-type: none">• Future pregnancy planning, contraception options, ongoing medical conditions, behavioral health conditions, and substance use/misuse	

Summary of Changes in Response to Recommendations

Provider Requests

- **OB Notification Forms**

- Providers shared that the forms were too long and difficult to complete.
 - *The OB Notification Form was updated to a single shortened form as of Cycle 3.*

Prenatal Performance Measure

- **17-apha-hydroxprogesterone**

- Guidelines were changed and efficacy of use was challenged.
 - *Performance Measure was retired as of Cycle 4.*

Labor and Delivery Performance Measure

- **Labor Induction**

- ACOG updated its guidance on Labor Inductions, and P4P providers shared concerns relating to spontaneous labor as a Performance Measure.
 - *Spontaneous Labor was removed from the Performance Measure as of Cycle 6.*

Postpartum Performance Measure

- **Frequency of Postpartum Visits**

- ACOG updated their guidelines relating to postpartum visit frequency and timeframes.
 - *Performance Measure was updated as of Cycle 4 to align with ACOG's updated guidelines.*



P4P Achievements

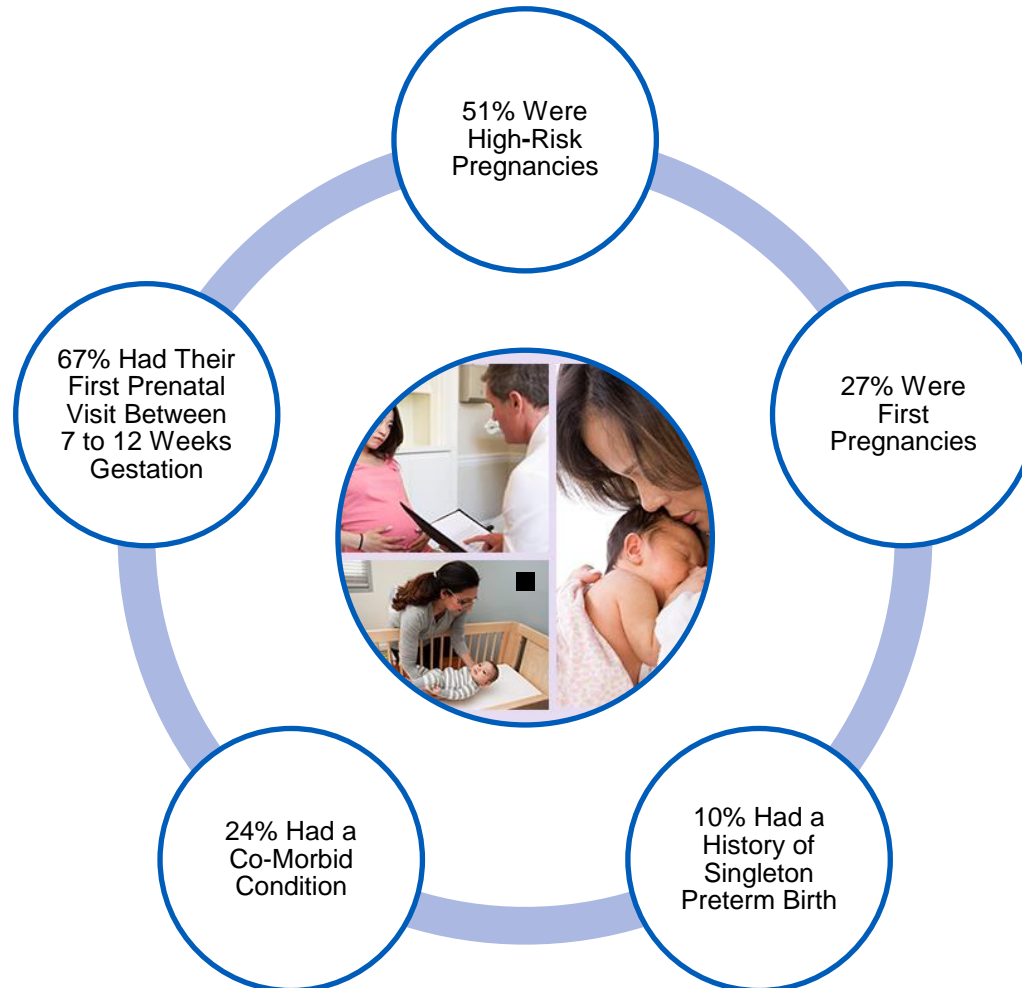
Member and Provider Engagement

Pregnancies Impacted by the P4P

OBP4P Cycle	Members
Cycle 1	7,175
Cycle 2	1,907
Cycle 3	8,849
Cycle 4	8,437
Cycle 5	11,593
*Cycle 6	11,311
*Cycle 7	2,278
Total	51,550
<i>*NOTE: Data as of 08/25/2022; Cycle 6 requires additional runout, and Cycle 7 is less than two months into the period with no runout</i>	

P4P Member Characteristics

(as of 08/22/2022)



Total CMAP Providers Participating in the P4P

Currently, 340 CMAP
providers participate in
the OBP4P program.





P4P Achievements

Provider Performance

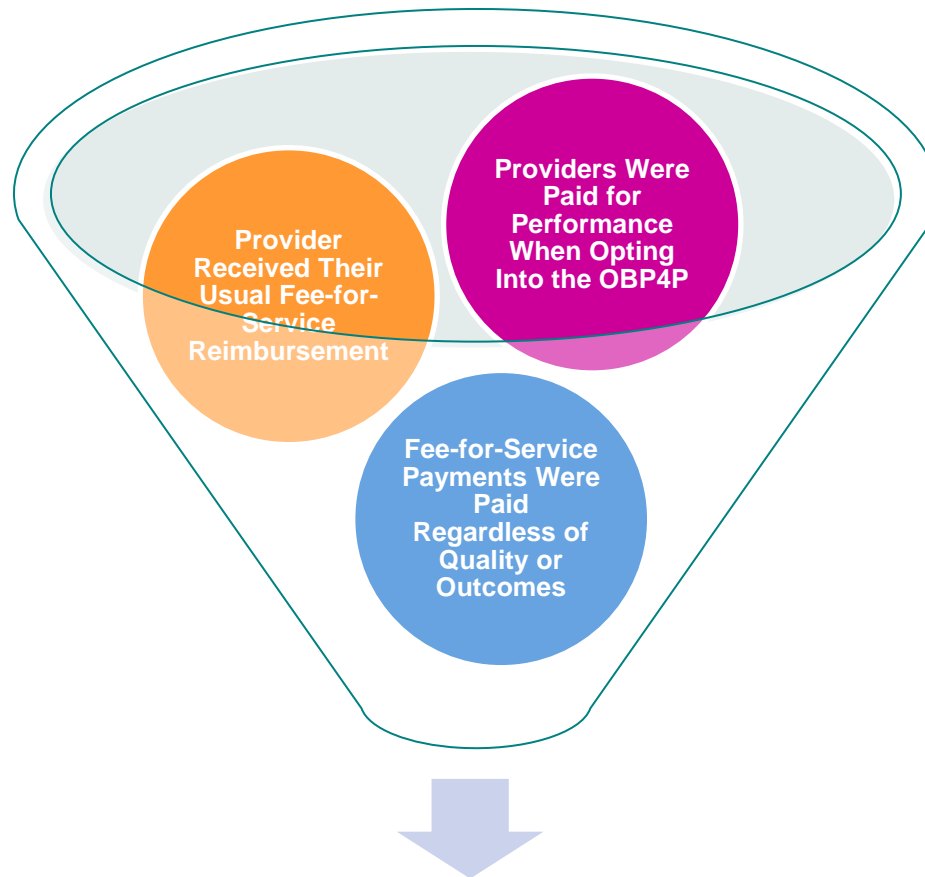
P4P Performance

Prenatal Measure	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5
Completion of the prenatal online notification forms within 14 days of the first prenatal visit	54.88%	46.85%	62.86%	54.54%	59.74%
First prenatal visit within 14 days of a confirmed pregnancy	85.09%	84.56%	71.48%	81.18%	73.44%
Appropriate use of 17-alpha-hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth	100%	100%	31.93%	Retired	Retired
Low-dose aspirin prophylaxis for members at high or moderate risk of preeclampsia, according to American College of Obstetricians and Gynecologists (ACOG) guidelines	N/A	N/A	N/A	71.66%	77.45%
Self-measured blood pressure for members with hypertension, in addition to usual perinatal care visits and provider-measured blood pressures	N/A	N/A	N/A	53.70%	53.13%

P4P Performance

Postpartum Measure	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5
Completion of the postpartum online notification forms within 14 days of the first postpartum visit	N/A	N/A	69.84%	20.08%	20.39%
Full term, vaginal delivery after spontaneous labor	35.19%	35.40%	31.72%	35.87%	34.24%
Full term, vaginal delivery (starting Cycle 6)	N/A	N/A	N/A	N/A	N/A
At least one (1) postpartum visit within 21-56 days postpartum	86.41%	78.73%	86.10%	N/A	N/A
At least one (1) postpartum visit within 21 days of delivery	N/A	N/A	N/A	42.77%	38.76%
At least one (1) postpartum visit within 21-84 days postpartum	N/A	N/A	N/A	40.70%	72.26%

What The Future Holds



Bundled Payment Model
HUSKY Maternity Bundle

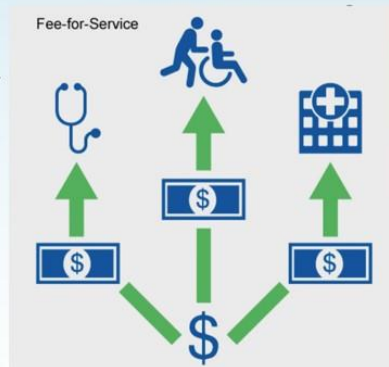
HUSKY Maternity Bundle



Connecticut aims to pay for maternity care using a bundled payment, departing from fee-for-service

From fee-for-service...

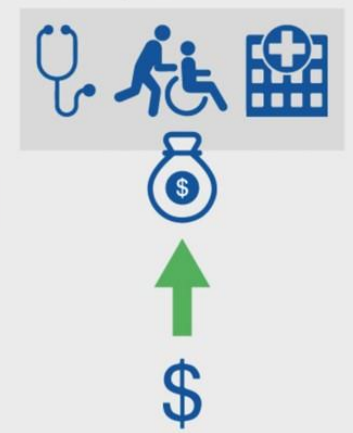
- Currently, HUSKY pays for the vast majority of care fee-for-service
- HUSKY pays providers separately for each service as it is rendered, regardless of whether it contributes to quality and outcomes
- Providers do not have extra financial incentives to provide preventive care



...to value-based bundled payments

- Under a bundled payment mechanism, HUSKY pays an accountable provider (e.g., an obstetrician) one lump-sum which covers almost all maternity care
- Bundled payments help encourage providing coordinated, high quality, preventive care, leading to better outcomes and lower costs
- The accountable provider shares in savings when costs are kept down– and is responsible for losses

Bundled Payments





Questions/Comments