

**HEALTHY BIRTH OUTCOMES REPORT
MEDICAL HOME ENROLLEES
MARCH 1-DECEMBER 31, 2011 BIRTHS**

**PREPARED FOR
DEPARTMENT OF HEALTH SERVICES
DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY
PREPARED BY**



OCTOBER 7, 2013

External Quality Review Organization	Management and Staff
MetaStar, Inc. Suite 300 2909 Landmark Place Madison, Wisconsin 53713	Katy Geiger, BSN, RN, CCM Vice President, Managed Health and Long-Term Care
	Dan Netzel, BSN, RN, CPHQ Quality Reviewer
	Pat Schachtner, RN Quality Reviewer
	Mary Beth Olm, BSN, RN Quality Reviewer
	Nachman Sharon, PHD, MSSW, BA Data Analyst /Consultant
	Ann Marie Ott, BS, CSW Quality Consultant
	Scott Tiedemann Database Manager/Software Developer

TABLE OF CONTENTS

Section One: Overview	4
Review Methodology	4
Section Two: Review Findings.....	5
Dataset and Record Submission Summary:	5
Verification of Enrollment Requirements.....	6
Verification of Care Coordination Requirements	6
Verification of Post-Partum Care Coordination and Discharge Planning.....	7
Identification of Poor Birth Outcomes	9
Section Three: Observations and Recommendations	10



SECTION ONE: OVERVIEW

This report summarizes key results of the review of medical records for pregnant women enrolled in a Medical Home through one of four HMOs participating in the Department of Health Services (DHS) Medical Home Pilot in southeast (SE) Wisconsin. The Medical Home Pilot is part of DHS' Healthy Birth Outcomes (HBO) initiative, focused on eliminating racial and ethnic disparities in birth outcomes and infant mortality. The HMOs participating in the Medical Home initiative in SE Wisconsin are: Children's Community Health Plan (CCHP), Community Connect (CC), Molina, and UnitedHealthcare (UHC). This review focused on women who delivered newborns between March 1, and December 31, 2011.

DHS contracted with its external quality review organization (EQRO), MetaStar, Inc. to gather information from medical records to verify that the HMO and its providers are meeting Medical Home requirements described in the DHS-HMO contract for SE Wisconsin. The requirements are specifically noted in the Review Findings section of this report.

REVIEW METHODOLOGY

DHS provided MetaStar with a dataset identifying members enrolled in HMO Medical Homes and with delivery dates between March 1, and December 31, 2011. The dataset was compiled primarily from information available to DHS through its Medical Home data registry. DHS then issued a memo to the HMOs requesting medical record submissions for the selected enrollees. Some HMOs helped facilitate retrieval of these records from the Medical Home primary clinics, while other HMOs simply provided the DHS memo directly to the Medical Home primary clinics. In addition to the clinic records, the HMOs also retrieved or requested hospital and care coordination records.

HMOs and providers submitted paper and scanned member records to MetaStar. Where possible, MetaStar developed arrangements with some clinics with electronic health records (EHR) to secure remote, direct access to the EHR to conduct the record reviews.

With the collaboration and approval of DHS, MetaStar developed a review tool and Reviewer Guidelines for Medical Home and Poor Birth Outcome reviews and evaluated records using these resources.

MetaStar developed an interim review tool for use until DHS's vendor, Hewlett Packard, was able to develop a web-based application to house and extract the information. The data in this report is combined data extracted from the Hewlett Packard application and MetaStar's review tool.



SECTION TWO: REVIEW FINDINGS

This section of the report describes the dataset for this report, the requirements verified, and the results of key review elements included for data abstraction in the DHS-EQRO contract. Results are reported for each HMO and in aggregate.

DATASET AND RECORD SUBMISSION SUMMARY:

According to the DHS-HMO contract for SE Wisconsin, each of the four HMOs were expected to enroll a minimum of 100 pregnant women meeting eligibility criteria during calendar year 2011. One HMO exceeded the target for 2011 while three HMOs did not meet the 2011 target.

All HMOs experienced challenges in responding to DHS requests for record submissions. DHS suspended record submissions for several months after the first request was made in order to address HMO and provider concerns. The most significant challenge identified during the time period was that some Medical Home clinics used an outside agency to coordinate care and were not able to retrieve those care coordination notes.

The total number of women in the dataset for the reporting period is 355. MetaStar did not receive any records for 40 of the mothers and those mothers are not included in this report. Of the remaining 315 mothers reported here, a substantial number of records varied with regard to completeness. For example, some mothers may have had only hospital records or clinic records. Other mothers may have had clinic and hospital records but no care coordination records.

This table identifies the number of pregnant women affiliated with each clinic and HMO.

Table 1: Medical Home and HMO enrollment

Medical Home Clinic	HMOA	HMOB	HMOC	HMOD	Total
Clinic A	6	1	22	4	33
Clinic B	0	6	19	5	30
Clinic C	0	0	16	0	16
Clinic D	8	8	27	11	54
Clinic E	14	0	58	13	85
Clinic F	8	5	19	7	39
Clinic G	1	0	0	0	1
Clinic H	0	0	1	0	1
Clinic I	7	0	44	5	56
Total	44	20	206	45	315

VERIFICATION OF ENROLLMENT REQUIREMENTS

Article III., R., of the DHS-HMO contract for SE Wisconsin, dated September 1, 2010, through December 31, 2011, establishes that members enrolled during calendar year 2011 must be:

- enrolled within the first 20 weeks of pregnancy;
- attend a minimum of 10 appointments with the obstetric (OB) care provider;
- enrolled through a documented post-partum visit.

MetaStar reviewed records to verify the enrollment requirements described above. The table below notes the number of records that met the criteria for each HMO and the total percentage of all four HMOs that met requirements.

Table 2: Enrollment Requirements

	Enrolled in 20 weeks	10 Appointments	Enrolled Post-partum
HMO	Met	Met	Met
HMOA	37	37	29
HMOB	16	17	17
HMOC	179	143	164
HMOD	39	34	35
Total Rate	86%	73%	78%

Note: Denominator = 315. Use caution when interpreting the percentage (or number) of “Not Met” findings. The percentage (or number) that remains after subtracting the percentage (or number) of “Met” findings includes records where the results were unknown, generally due to missing or incomplete documentation.

VERIFICATION OF CARE COORDINATION REQUIREMENTS

Article III., R., of the contract referenced above also describes the following requirements related to documentation of care coordination:

- A care management plan developed as a result of an initial intake process where all needs are identified;
- The OB care provider developed the care management plan in conjunction with the care coordinator, the PCP, and the member;
- A care management plan that includes a self-management/self-care component; A care management plan that includes information regarding monthly home visits by nurse/social worker /care coordinator;
- Regular care coordination communications took place between the OB-care provider, the PCP, and the Care Coordinator.

The review results for this set of requirements are documented in Tables 3A and 3B that follow.

Table 3A: Care Coordination

	Care Management Plan	Intake items included in plan	Collaborative care plan development
HMO	Met	Met	Met
HMOA	30	26	7
HMOB	8	9	0
HMOC	102	90	4
HMOD	24	24	0
Total Rate	52%	47%	3%

Note: Denominator = 315. Use caution when interpreting the percentage (or number) of “Not Met” findings. The percentage (or number) that remains after subtracting the percentage (or number) of “Met” findings includes records where the results were unknown, generally due to missing or incomplete documentation.

Table 3B: Care Coordination

	Plan includes Self-Management/Care	Monthly Home Visits	Communications between providers and member
HMO	Met	Met	Met
HMOA	17	4	4
HMOB	5	1	0
HMOC	80	2	16
HMOD	17	0	0
Total Rate	38%	2%	6%

Note: Denominator = 315. Use caution when interpreting the percentage (or number) of “Not Met” findings. The percentage (or number) that remains after subtracting the percentage (or number) of “Met” findings includes records where the results were unknown, generally due to missing or incomplete documentation.

The care coordination criteria are especially impacted by missing care coordination documentation. Three clinics reported the inability to secure and/or provide care coordination notes because those services were provided by a subcontracted entity.

VERIFICATION OF POST-PARTUM CARE COORDINATION AND DISCHARGE PLANNING

Article III., R., of the DHS-HMO contract includes these requirements related to documentation of discharge planning, and post-partum care. DHS asked MetaStar to evaluate records to determine whether members received satisfactory care defined by the Healthy Birth Outcomes Care Guide which includes the following items:

- At least one post-partum visit within 60 days post-delivery if the member had a healthy birth outcome;
- Communication with the PCP post-delivery if the PCP is other than the OB provider;



- Member education on inter-conception care specific to the member’s needs, family planning preferences and depression screening;
- Member education regarding breast feeding and newborn care;
- Follow-up care for any member with a chronic condition.

Table 4A documents the results of the record review for most of the requirements noted above.

Table 4A: Post-delivery requirements

	One post-partum visit within 60 days	Communication with PCP	Family Planning Education	Breast Feeding Education
HMO	Met	Met	Met	Met
HMOA	27	5	32	31
HMOB	13	0	15	13
HMOC	124	15	172	134
HMOD	29	0	35	28
Total Rate	61%	6%	81%	65%

Note: Denominator = 315. Use caution when interpreting the percentage (or number) of “Not Met” findings. The percentage (or number) that remains after subtracting the percentage (or number) of “Met” findings includes records where the results were unknown and is generally due to missing or incomplete documentation.

In the *One post-partum visit within 60 days* results, 52 records did not meet the criteria because the visit was beyond the 60 day post-partum period; the visits for the 52 members took place between 61 and 134 days after delivery. Seventy one records did not document a post-partum visit.

In the *Communication with PCP* results, 113 records had no documentation of a primary care physician. It should be noted that some of the medical home clinics are Family Practice clinics. In those instances the PCP and OB provider may be the same physician. However, the criteria was only considered “Met” if the record explicitly documented that the PCP and OB provider was the same physician.

Table 4B identifies the number of members who received follow-up related to their chronic conditions, as well as the number who did not receive follow-up or did not have a chronic condition. The web-based data application does not include a “Not Applicable” option if the mother does not have a chronic condition. MetaStar’s review tool did have the ability to record “Not Applicable” if no chronic condition was present, and that data collected demonstrates that the overwhelming majority of mothers did not have a chronic condition.

Table 4B: Post-delivery requirements

HMO	Met	Not Met or No Chronic Condition
HMOA	4	40
HMOB	2	18
HMOC	22	184
HMOD	7	38
Total	35	280
Percent	11%	89%

Note: Denominator = 315. Use caution when interpreting the percentage (or number) of “Not Met” findings. The percentage (or number) that remains after subtracting the percentage (or number) of “Met” findings includes records where the results were unknown and is generally due to missing or incomplete documentation.

IDENTIFICATION OF POOR BIRTH OUTCOMES

DHS defined a poor birth outcome as:

- Baby born pre-term (less than 37 weeks gestation)
- Baby born at low birth weight (less than 2500 grams)
- Baby born at high birth weight (more than 2500 grams)
- Baby dies within 28 days after birth

Insufficient information was available in the records submitted to determine the birth outcomes of 54 women. Of the remaining 261 women in the reporting group, the records submitted demonstrate that 46 had a poor birth outcome; a rate of 17.6 percent. The web-based application does not include the ability to document the circumstances surrounding the poor birth outcome. Of the 25 poor birth outcomes documented in MetaStar’s review tool, the following was noted:

- Two women experienced inter-uterine fetal demise; one at 28 weeks and the other at 32 weeks gestation.
- Six women had multiple births: Specifically, there were five sets of twins and one set of triplets for a total of 13 infants. Twelve of the 13 infants had low birth weights.



SECTION THREE: OBSERVATIONS AND RECOMMENDATIONS

DHS, HMOs, providers, and MetaStar identified a number of challenges and made changes to the record submission process since January 2012. Some of the observations and improvements include:

- HMOs reported difficulty in securing records from providers.
- DHS met with, and secured feedback from, providers and HMOs to improve the medical record request list.
- MetaStar worked directly with providers to provide information about the initiative and reduce workload as much as possible for providers, including securing remote access to electronic medical records wherever possible.
- Identified the inability of some clinics to secure care coordination documentation from sub-contracted providers.

Recommendations for next steps, some of which have been discussed at DHS/MetaStar Healthy Birth Outcomes workgroup meetings include:

- To the extent possible, DHS should intervene to enable the collection of care coordination notes from sub-contracted agencies.
- Develop and disseminate guidelines for documentation of key elements of pre-natal care with a focus on care coordination and best practice.
- Review the processes for HMO recruitment, enrollment, and documentation of women in the Medical Homes using the data registry to ensure accuracy and consistency of information.

