

OHP pregnancy and delivery quality measures

Quality improvement efforts

At statewide Medical Directors and Quality Improvement meetings, Oregon Health Plan (OHP) managed care plans present and discuss best practices to improve outreach, prevention education and member compliance with medical care. These meetings also present Public Health programs with an emphasis on care coordination, social supports and transitions into programs for prenatal and post-natal care for plan members.

Outcomes tracking

Two efforts are underway to address the goal of reducing inductions and C-sections prior to 39 weeks:

- DMAP is working with the Oregon Health Leadership Council, the Oregon Chapter of the March of Dimes, and the OHSU Center for Evidence-Based Policy to monitor and develop statewide guidelines¹.
- OHSU and the Health Statistics Group within Public Health are working on reports to establish some baseline data about current C-section rates and to monitor induction decreases. DMAP will share this information with OHP providers and provide a baseline to compare OHP outcomes.

DMAP's Medical Management Committee reviews the utilization rate, and length/cost of managed care and FFS inpatient hospital stays. A shorter length of stay per claim suggests fewer hospitalizations for care-intensive issues such as neonatal, C-section and multiple births, and better outcomes for OHP pregnancies.

- Maternity and newborn stays are broken out separately and will be monitored on a monthly basis, to identify strategies to help improve outcomes for OHP pregnancies across delivery systems.
- DMAP is looking at also breaking out C-section costs and rates, neonatal intensive care admission rates, multiple birth rates and place of birth to better identify areas of concern.

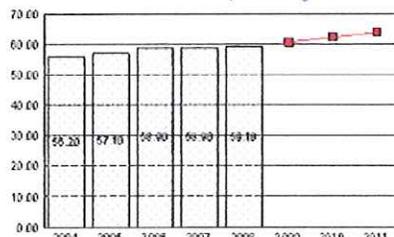
DMAP will develop metrics based on the outcome data collected.

OHA Key Performance Measures

DMAP also monitors the following measures and reviews them in the statewide Medical Directors and Quality Improvement meetings. On all charts the bar is the actual measure and the line is the target measure.

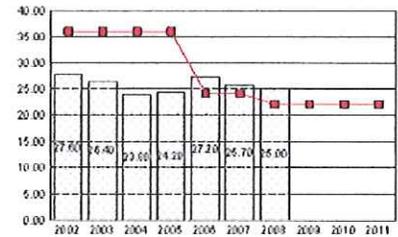
KPM 25 - Appropriate Prenatal Care for OHP Clients (DMAP)

The percentage of pregnant OHP clients who receive an appropriate number of prenatal care visits while on OHP.



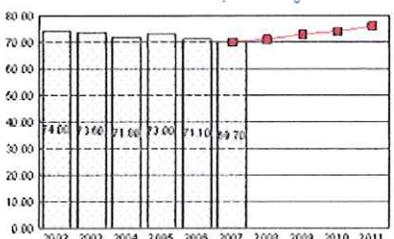
KPM 28 - Teen Pregnancy (Public Health)

The number of pregnancies per 1,000 females, age 15-17. A low rate is favorable.



KPM 30 - Early Prenatal Care (Public Health)

The percentage of low-income women who initiated prenatal care beginning in the first trimester, compared to higher-income women.



¹ In the Tri-County area, hospitals working with state and community partners have taken concrete steps to reduce pre-39-week inductions and C-sections by requiring very strong justification for such procedures.