



Measure Fact Sheet – The AHRQ-CMS Pediatric Quality Measures Program (PQMP)

Measure: Post-Partum Followup and Care Coordination

Measure Developer: Pediatric Measurement Center of Excellence (PMCoE)

| Numerator | Denominator | Exclusions | Data Source(s) |
|--|---|------------|----------------------------|
| Patients receiving the following at a post-partum visit: <ul style="list-style-type: none"> – Breastfeeding evaluation and education – Post-partum depression screening. – Post-partum glucose screening. – Family and contraceptive planning. | All patients, regardless of age, who gave birth during a 12-month period and were seen for a post-partum care visit within 8 weeks of giving birth. | None. | Electronic medical record. |

Measure Importance

A lack of appropriate post-partum care can negatively impact the health and well-being of mothers and their children,¹ and many new mothers do not receive appropriate or adequate post-partum care following childbirth, despite evidence-informed guidelines. For example, there is considerable variation among health care professionals in providing advice on breastfeeding² and in post-partum screening for diabetes of women who experienced gestational diabetes.³ Racial and ethnic minority low-income women are less likely to be identified and treated for postpartum depression.⁴



Evidence Base for the Focus of the Measure⁵

The evidence-informed Veterans Administration/Department of Defense Clinical Practice Guideline for Pregnancy Management recommends screening for depression, diabetes testing for postpartum patients with pregnancies complicated by gestational diabetes, and education about contraception.⁶ The United States Preventive Services Task Force recommends interventions during the postpartum period to promote and support breastfeeding.⁷

Advantages of the Measure

This measure is specified to be calculated using data from electronic health records (EHR), using the National Quality Forum Quality Data Model.

Levels of Aggregation Applicable to the Measure⁸

The measure is intended for aggregation and comparison at the State, regional, payer, health plan, hospital, provider group, and individual clinician levels.

Reliability and Validity of the Measure

- The measure reliability, as assessed using a beta-binomial model of signal to noise ratio, was 0.0.
- The face validity of the measure was assessed using expert and public opinion.⁹

Measure Testing

- This measure's reliability was tested using 2010 data from the EHR system of an urban, tertiary-care-level hospital. The measure was calculated for the 57 physicians that had a minimum of 10 deliveries in that year.

The measure's feasibility was tested in that same location and in an urban public hospital.

Selected Results from Tests of the Measure

To satisfactorily meet the measure, all screening and evaluation components of the measure must be performed. Based on the sample of 57 physicians, the mean performance rate is 0.0. The range of the performance rate is 0.00 (0.00 - 0.00). No patient records sampled have documentation of receiving all screening and evaluation components of the measure. The performance rate indicates there are opportunities for quality improvement.

Caveats

- Use of the measure is limited to sites documenting clinical information in EHRs.
- Workflow modifications or changes to this site's EHR system may be necessary in order to calculate the measure.
- Missing data or ambiguous information stored in a provider's EHR could lead to calculation errors and low performance on the measure.

Related Measures

For more information about other measures related to prenatal/perinatal performance, see the list of COE-submitted measures at <http://www.ahrq.gov/policymakers/chipra/factsheets/index.html>.

More Information

- AHRQ: CHIPRAqualitymeasures@ahrq.hhs.gov
- PMCOE: Lisa Ciesielczyk, lciesielczyk@aap.org and Ramesh Sachdeva, rsachdeva@aap.org
- Coming soon: Link to measure details on the AHRQ Web site.

For more information about the PQMP, visit www.ahrq.gov/CHIPRA

The Children's Health Insurance Program Reauthorization Act (CHIPRA) called for establishment of a Pediatric Quality Measures Program (PQMP) as a followup to identifying the initial core set of children's health care quality measures. This fact sheet was produced by the Agency for Healthcare Research and Quality (AHRQ), based on information provided by the AHRQ-CMS Pediatric Measurement Center of Excellence (PMCoE), which was funded by an AHRQ/CMS grant as a CHIPRA Center of Excellence. A listing of all submitted PQMP Centers of Excellence can be found at www.ahrq.gov/CHIPRA. All measures are publicly available for noncommercial use.

Notes

¹Haran, C., M. van Driel, et al. (2014). "Clinical guidelines for postpartum women and infants in primary care-a systematic review." *BMC Pregnancy Childbirth*. 14(51).

²Szucs, K., D. Miracle, et al. (2009). "Breastfeeding knowledge, attitudes, and practices among providers in a medical home." *Breastfeed Med*. 4(1): 31-42.

³Carson M, Frank M, Keely E. Original research: postpartum testing rates among women with a history of gestational diabetes--systematic review. *Prim Care Diabetes*. 2013;7(3):177-86.

⁴Kozhimannil, K., C. Trinacty, et al. (2011). "Racial and ethnic disparities in postpartum depression care among low-income women." *Psychiatr Serv* 62(6): 619-625.

⁵An evidence base comprises the breadth and rigor of studies demonstrating valid relationship(s) among the structure, process, and/or outcome of health care that is the focus of the measure. For example, evidence exists for the relationship between immunizing a child or adolescent (process of care) and improved outcomes for the child and the public. If sufficient evidence existed for the use of immunization registries in practice or at the State level and the provision of immunizations to children and adolescents, such evidence would support the focus of a measure on immunization registries (a structural measure).

⁶VA/DoD Clinical Practice Guideline for Pregnancy Management. Department of Veterans Affairs, Department of Defense; 2009.

⁷U.S. Preventive Services Task Force. Primary care interventions to promote breastfeeding: U.S. Preventive Services Task Force recommendation Statement. *Ann Intern Med* 2008 Oct 21;149(8):560-4.

⁸The Children's Health Insurance Program Reauthorization Act required measures developed under this program to "permit comparison of quality and data at a State, plan, and provider level." The measure developer identified the intended levels of aggregation and comparison as reported here.

⁹The expert panel that reviewed the measure consisted of 24 members, with representation from measure methodologists, patient advocacy groups, and the following clinical specialties: anesthesiology, family practice, geriatric medicine, maternal fetal medicine, neonatology, nurse midwife, obstetrics and gynecology, and perinatal nursing. Ten of 13 expert panel members that responded to a survey on validity agree or strongly agree that the scores obtained from the measure as specified will accurately differentiate quality across providers. A panel of consumer, purchaser, and patient representatives also reviewed the measure, and the measure developers received input from a 30-day public comment period.



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