PARTNERSHIP HEALTHPLAN of CALIFORNIA
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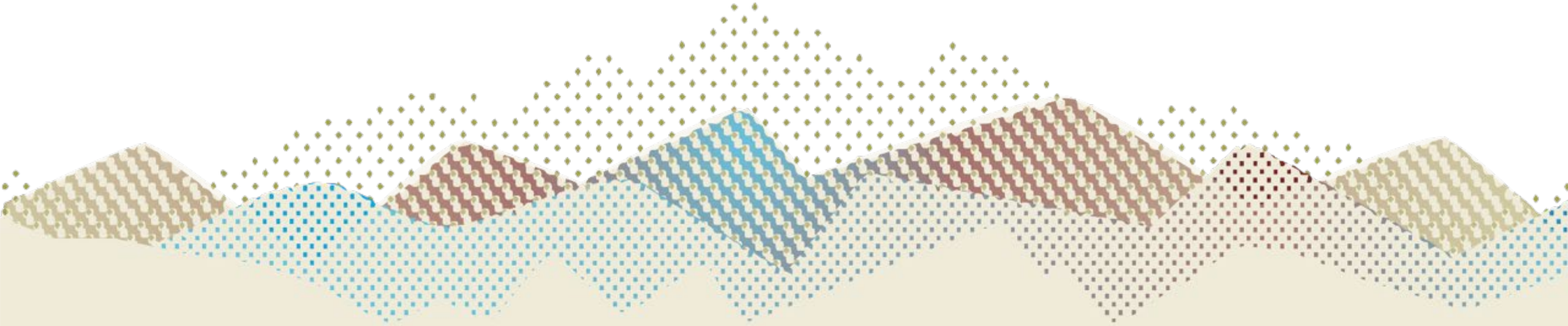
Improving Measure Outcomes: Improving Perinatal Outcomes

Colleen Townsend, MD, Regional Medical Director
Lindsey Bushey, Project Manager
Troy Foster, Perinatal Quality Incentive Program



Learning Objectives

- Define the clinical background, specifications, and 2026 performance threshold definitions of the 2026 Perinatal Quality Incentive Program.
- Apply measure specification requirements and visit components to maximize adherence and measure performance for timely prenatal care, postpartum care, depression screening, and prenatal immunization status.
- Identify barriers for timely prenatal and postpartum care and discuss best practices for implementing effective care practices.

Learning Objectives – *continued*

- Identify best and promising practices that support high quality perinatal care, including access to care, successful clinical workflows, member and staff education, outreach, addressing social context which influence treatment decisions, referrals to local community resources, understanding disproportionate prevalence and/or rates for complications, and technical strategies to improve sexual and reproductive health.
- Identify maternal and infant health disparities and strategies to promote improved outcomes.

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Overview of Clinical Guidelines

Timely Prenatal and Postpartum Care

Purpose of Prenatal and Postpartum Care

- Prenatal and postpartum care aims to support healthy outcomes for pregnant individuals and their infants.
- Prioritizes screening for and management of complications, including but not limited to:
  - Cardiovascular
  - Infections
  - Psychosocial factors
  - Normal development of fetus
- Not all practices offer prenatal care. Primary care provider practices are an important link for timely prenatal care and for providing services after pregnancy, as well as infant care.

Recommendations for Perinatal Care

Prenatal Visits

- First visit in first trimester
- Identify behavioral health and substance use disorders
- Screening for high-risk medical conditions
- Breast feeding and family planning discussion
- Vaccinations: TDAP, Influenza and COVID-19, and RSV education
- Develop relationship with patient

Postpartum Visits

- Two visits: first within three weeks and follow up by 12 weeks
- Screening for postpartum depression
- Lactation support
- Implement family planning
- Address conditions or risks identified in pregnancy
- Connection to health care systems

Visit Components – Prenatal

- First visit occurs less than 14 weeks gestation
  - Documentation to include:
    - Pregnancy diagnosis
    - Estimated due date and gestational age in weeks
    - Weight (lbs) and blood pressure
    - One of the following:
      - Auscultation for fetal heart tone; measurement of fundus height (if able); pelvic exam (if needed); ultrasound
    - Assessment of Medical and Social History, including:
      - Use of drugs, alcohol, or tobacco during this pregnancy; history of gestational diabetes; C-section prior to this pregnancy; issues with previous pregnancy
    - Depression Screening

Visit Components – Postpartum

- Two visits occur less than 21 days after delivery and between 22 – 84 days after delivery
  - Documentation to include:
    - Weight (lbs) and blood pressure
    - Depression screening and follow up as indicated by results
    - Lactation education / support
    - Family planning discussion
    - Examination of abdomen / breasts as needed

Perinatal Mood Disorders: Bad for Mom and Bad for Baby

Maternal Impacts

- **Pregnancy effects**
  - Preterm delivery
  - Small for gestational age
  - Low birth weight infant
- **Postpartum effects**
  - Negatively impacts parenting and interactions with infant / child

Infant / Child Impacts

- Early cessation of breastfeeding
- Fewer preventive visits
- Fewer vaccinations
- Increased behavioral and cognitive issues
- Increased risk for psychiatric disease

Screening for Mood Disorder Diagnosis

Highly Predictive Factors

- Personal history
- Current symptoms but not meeting criteria
- Current intimate partner abuse
- Low socio-economic status
- Single or teen parent

Additional Associated Factors

- History of physical or sexual abuse
- Medical complications to pregnancy
- Family history of depression
- Poor social / financial support
- Current stressful life
- Unplanned / Undesired pregnancy

Interventions to Stem Impact of Perinatal Depression and Risk for Depression

Moderate Depression

- Behavioral Health Therapy and Supportive Services:
  - Cognitive behavioral or interpersonal therapy.
  - Refer to Partnership's Growing Together Program.
  - Consider Partnership's Care Coordination Department.
    - *Refer to Carelon Perinatal Services* – ***(855) 765-9703***

Severe Depression

- Medication Management and Behavioral Therapy:
  - SSRI and SSNRI safe and effective.
  - Reassess every 1 – 2 weeks after starting Rx; titrate if no change after 4 – 6 weeks.
  - Treat at least six months.
  - *Refer to: Carelon Perinatal Services, as well as Partnership's Growing Together Program and Care Coordination.*

Maternal and Infant Health Disparities

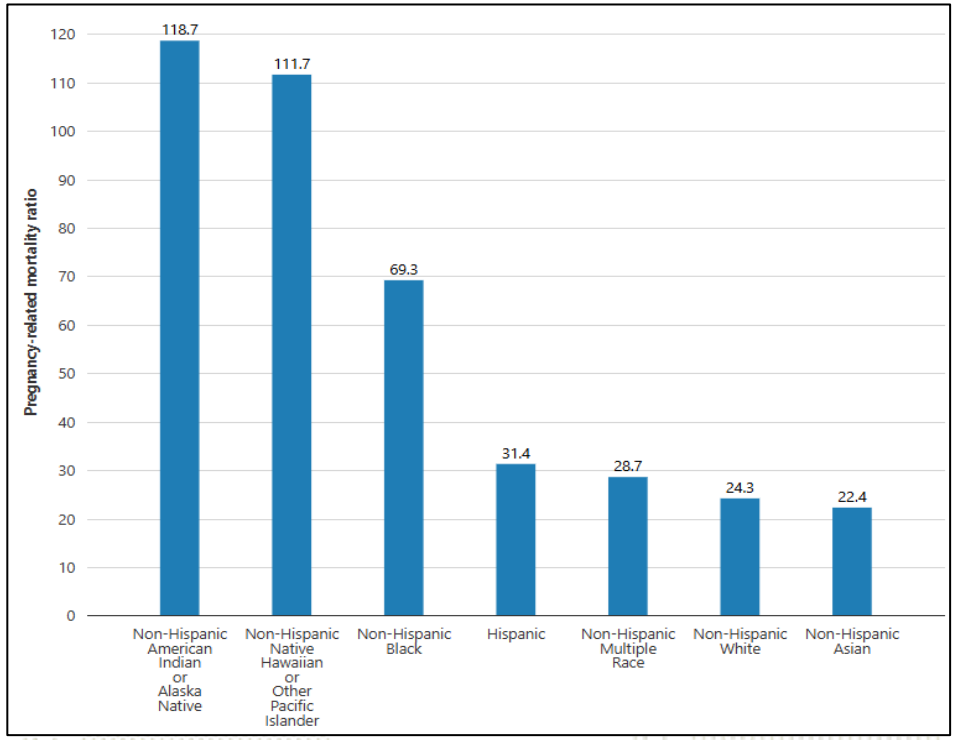
- Disparities exist for preterm labor and birth, pregnancy-related deaths, stillbirth, low birthweight, gestational diabetes, and other clinical conditions, which impact overall health for women and infants.
- Increased barriers to abortion services for people of color widens existing disparities in maternal and infant health.
- Black and American Indian/Alaska Natives (AI/AN) persons have higher rates of pregnancy-related death compared to white women.
- Black and AI/AN infants have twice the rate of infant mortality than white, Hispanic, and non-Hispanic infants.
- AIAN infants are 2.7 times more likely than to die from accidental deaths before the age of one year, and 50% more likely to die from complications related to low birthweight when compared to non-Hispanic white infants.

Source: National Center for Health Statistic Data Brief No. 489, December 2023 https://www.cdc.gov/nchs/data/databriefs/db489.pdf

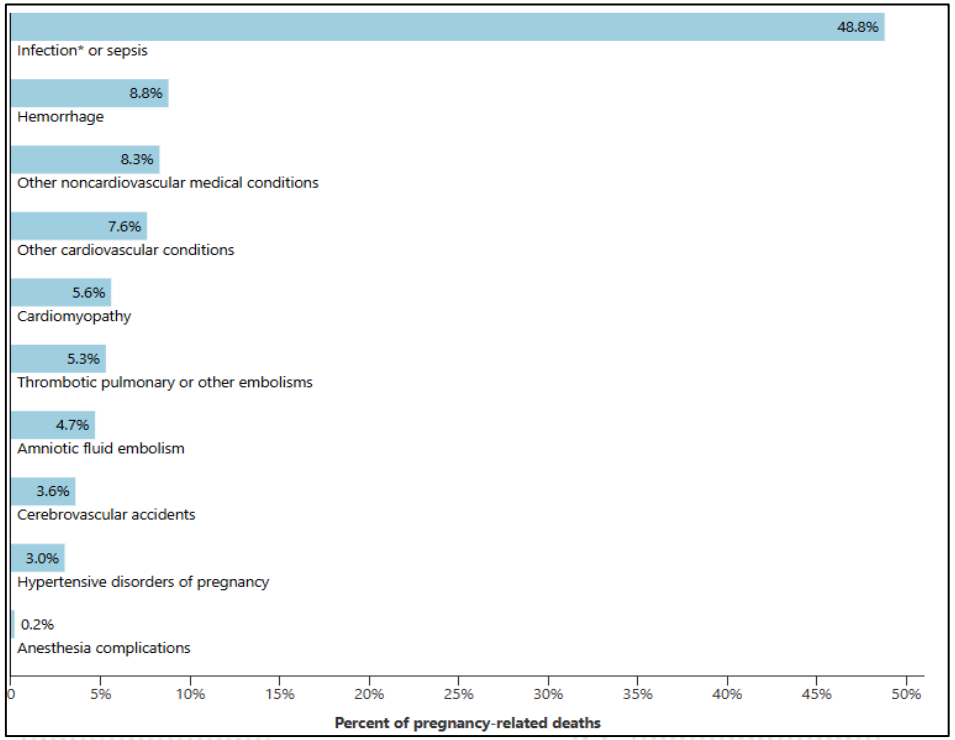
Disparities in Maternal Mortality: CDC Data

- Considerable racial-ethnic disparities in pregnancy-related mortality exist, and these disparities increased during 2020 and 2021.

Pregnancy-Related Mortality Ratio by Race-Ethnicity: 2017 – 2021



Causes of Pregnancy-Related Deaths: 2017 – 2021



Partnership Timely Prenatal Care Disparities 2023
Healthcare Effectiveness Data and Information Set (HEDIS®) Data

NE	NW	SE	SW
85.30	79.00	88.75	93.71

NW

American Indian/Alaska Native	62.50
Asian/Pacific Islander	87.50
Black	33.33
Hispanic	87.23
Other/unknown	77.27
White	80.00

NE

American Indian/Alaska Native	75.00
Asian/Pacific Islander	77.78
Black	75.00
Hispanic	84.48
Other/unknown	88.89
White	86.26

90th%	91.07
75th%	88.33
50th%	84.23
25th%	79.63
below 25th%	

SW

American Indian/Alaska Native	50.00
Asian/Pacific Islander	100.00
Black	100.00
Hispanic	95.00
Other/unknown	97.44
White	89.66

SE

American Indian/Alaska Native	–
Asian/Pacific Islander	94.12
Black	88.00
Hispanic	89.43
Other/unknown	87.18
White	86.11

Partnership Postpartum Care Disparities 2023
HEDIS® Data

NE	NW	SE	SW
81.36	82.19	87.50	93.71

NW

American Indian/Alaska Native	75.00
Asian/Pacific Islander	75.00
Black	100.00
Hispanic	87.23
Other/unknown	81.82
White	81.74

NE

American Indian/Alaska Native	50.00
Asian/Pacific Islander	77.78
Black	100.00
Hispanic	86.21
Other/unknown	94.44
White	79.67

90th%	84.59
75th%	82
50th%	78.1
25th%	73.97
below 25th%	

SW

American Indian/Alaska Native	75.00
Asian/Pacific Islander	100.00
Black	100.00
Hispanic	98.75
Other/unknown	92.31
White	82.76

SE

American Indian/Alaska Native	–
Asian/Pacific Islander	94.12
Black	88.00
Hispanic	90.24
Other/unknown	79.49
White	83.33

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Overview of QIP Specifications

Perinatal Quality Incentive Program and HEDIS

Troy Foster, Program Manager

Perinatal Quality Improvement Program (PQIP)

- **What is it?**
  - The PQIP is a value-based program that offers financial incentives to participating Partnership HealthPlan Perinatal Services (PHPS) Program and select non-PHPS practitioners that provide quality and timely prenatal and postpartum care to Partnership members.
- **Why does Partnership offer financial incentives?**
  - Financial incentives offer enhanced reimbursement which encourages practices to provide high quality care and build systems that support this care.
- **Measures**
  - The PQIP is developed and designed with primary care providers (PCP) and OB/GYN providers in mind who drive measurable health outcomes through a concise and meaningful measurement set focused on the following measures.
    - Timely Prenatal and Post Partum Care – includes depression screening
    - Vaccinations in Pregnancy: TDaP and Influenza
    - Electronic Clinical Data System (ECDS) – DataLink
    - Timely Assessments (Monitoring Measure)

Perinatal Quality Improvement Program Detailed Specifications 2025-26

Measure Specification – Timely Prenatal Care

- **Measure Description:**
  - Timely prenatal care services are rendered to pregnant Partnership members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization.
- **Measurement Period:**
  - July 1, 2025, to June 30, 2026
- **Documentation to Include:**
  - Comprehensive physical exam
  - Assessment of complete medical and social history, including:
    - Use of drugs, alcohol, or tobacco during this pregnancy; history of gestational diabetes; C-section prior to this pregnancy; issues with previous pregnancy
  - Depression screening using validated tool and score reported

Measure Specification – Timely Postpartum Care

- **Measure Description:**
  - Two timely postpartum care services rendered to Partnership members with one occurring within 21 days after delivery and the other occurring between 22 and 84 days after delivery.
- **Measurement Period:**
  - April 8, 2025, to April 7, 2026 (index period by which women with live births are identified)
- **Documentation to Include:**
  - Date of delivery and live birth confirmation
  - A complete postpartum visit with notations
  - Depression screening
  - Provider attestation of lactation evaluation and discussion of family planning

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Putting Quality Into Practice

Perinatal Care

Perinatal Best and Promising Practices: Timely Prenatal Care

- Prenatal care visit to an OB/GYN or other perinatal care practitioner or primary care provider (if appropriate) in first trimester less than 14 weeks gestation.
- For non-perinatal practices, connect pregnant patients to perinatal care providers.
- Train all reception / front office staff in “pregnancy dating” based on last menstrual period to schedule in first trimester. Use pregnancy calculators to aid office staff when scheduling.
- Offer Partnership sponsored patient incentives, such as the Growing Together Program, to engage patients early in a timely first prenatal visit.
- Effective documentation of Estimated Delivery Date and date of visit, physical exam, Fetal Heart Tones auscultation, ultrasound, fundal height OR pelvic examination.
- Complete depression screening-tool and score.

Perinatal Best and Promising Practices: Timely Prenatal Care

- Correct use of pregnancy surveillance codes.
- Refer all pregnant patients to PHPS for case management and system navigation.
- For PCP practices who conduct pregnancy tests consider outreach and follow up with patients who had positive test to connect to next stage of care.
- Consider a variety of appointment options: after hours, same day appointments, and weekends, telehealth allowed for ONE postpartum visit.
- During pregnancy, inform patients of the importance of two post-partum visits.

Perinatal Best and Promising Practices
Prenatal Immunization Status

- **Prenatal Immunization Status**
  - Discuss vaccination throughout pregnancy and identify reasons for hesitancy.
  - Educate patients that vaccines protect them and their baby.
  - Discuss with patients the significant benefits for the baby of vaccination during pregnancy.
  - Young infants carry the highest risk of complications. Infants cannot be fully vaccinated until after six months of age.
- **TDaP**
  - Administered within 30 weeks before delivery date.
  - Vaccinate with TDaP in second trimester if there is concern about timely and regular visits from patient.
- **Influenza**
  - Administered within 40 weeks of delivery date.
  - All pregnancies are affected by at least one flu season.

Perinatal Best and Promising Practices Postpartum

- Refer all pregnant patients to PHPS for case management and system navigation.
- During pregnancy, inform patients of the importance of two postpartum visits.
- Schedule first visit prior to discharge from hospital.
- First visit occurring within 21 days after delivery.
- Second visit occurring between 22 and 84 days after delivery.
- Schedule second visit at the time of the first visit.
- Second visit is recommended by ACOG to **ALL** patients in postpartum period.
- Consider use of telehealth for one of the visits.
- Offer Partnership sponsored patient incentives, such as the Growing Together Program, and as needed to Partnership's Care Coordination.

SUTTER COAST COMMUNITY CLINIC OBSTETRICS AND GYNECOLOGY

780 E WASHINGTON BLVD STE 101
CRESCENT CITY, CA 95531
707-464-5974

MEET OUR SPEAKERS:

CHRISTINE BLAKESLEE, RN

LINDA DUNSMORE, LEAD PATIENT ACCESS REPRESENTATIVE

MEET OUR PROVIDERS

Dr. John H. Kirk, M.D.

Elie M. Hobeika, M.D.

Amber L. Vos, N.P.

Rural clinic

- The only delivery unit to serve Del Norte, CA and Curry County, OR
- Deliveries in 2025: 218
  - Not including transfers
- 2 Providers in office 4 days/week
- On call OB/GYN, in office
- Combination of obstetrics and gynecology seen by both providers throughout the day
  - Between 25-30 pts/day
- 4 exam rooms
  - 1 with sonography
- EMR- EPIC

Staffing

- 1 Medical Assistant and 1 Licensed Vocational Nurse
- 2 Patient Access Representatives

HOW DO WE PROVIDE THOROUGH AND EFFICIENT OBSTETRIC CARE TO OUR COMMUNITY?

COMPREHENSIVE TRAINING FOR ALL STAFF

TRIMESTER-GUIDED SCHEDULING AND ASSESSMENTS

PATIENT EDUCATION

COMMUNITY RESOURCES

COMMUNICATION WITH LABOR AND DELIVERY

FLEXIBILITY WITH STAFF, PATIENTS, AND SCHEDULING

PATIENT PACKETS

INITIAL OB PACKET:

WELCOME PACKET (WHAT TO EXPECT IN OFFICE, LOCAL RESOURCES, BREASTFEEDING MATERIAL, SUBSTANCE ABUSE RESOURCES, MENTAL HEALTH RESOURCES, GROWING TOGETHER FORM, SAFE MEDICATION/NUTRITION HANDOUT, AND CALIFORNIA PRENATAL SCREENING PAMPHLET, EPDS (EDINBURGH PERINATAL/POSTNATAL DEPRESSION SCALE)

28 WEEK PACKET:

EPDS, WIC REFERRAL, PRENATAL CLASSES SIGN UP INFO, VACCINES DURING PREGNANCY, MATERNAL MENTAL HEALTH HANDOUT, WHOOPING COUGH HANDOUT, BREASTFEEDING HANDOUT, PRETERM LABOR HANDOUT, EDD INFORMATION

34 WEEK PACKET:

EPDS, BREAST PUMP ORDER FORM, BREASTFEEDING FORM, FAMILY BIRTH CENTER INFORMATION, BIRTH CERTIFICATE APPLICATION, SOCIAL SECURITY APPLICATION, PEDIATRIC NEW PATIENT PACKET, SIDS PAMPHLET

SUTTER COAST COMMUNITY CLINIC
SUTTER COAST HOSPITAL

Located behind Sutter Coast Hospital

Welcome to our practice! We are so pleased that you have chosen Sutter Coast Community Clinic for your obstetric and gynecologic care. Our goal is to provide outstanding medical care and services to the communities we service. With that in mind, we would like to share some valuable information with you….

During your pregnancy, you will be cared for by the following providers, **Dr. John Kirk, and Amber Vos, FNP. Amber provides care in clinic only.** She works Monday-Thursday from 8:30am-12pm.

Our providers rotate on-call at Sutter Coast Hospital and working in the clinic when they are here. We cannot guarantee that a certain doctor will deliver your baby unless you have scheduled an induction or C-section. The physician on call will be your physician for your delivery.

There may be times when your doctor is called to the hospital at the same time as your scheduled appointment and this may result in delaying your care in office. We will do our best to keep you informed of the wait time or give you the opportunity to reschedule your appointment.

We ask that you complete the new patient packet enclosed in its entirety and turn it into our office prior to your appt. Remember to bring your photo ID, Insurance card, and any applicable copay. Please arrive 15 minutes early.

If your insurance plan requires a referral, it's your responsibility to contact your PCP. If our office is not a participating provider with your insurance plan, or if you do not have any insurance, payment in full is expected at the time of your visit.

Should you have any questions, please contact our office at 707-464-5974. Thank you and we look forward to seeing you soon.

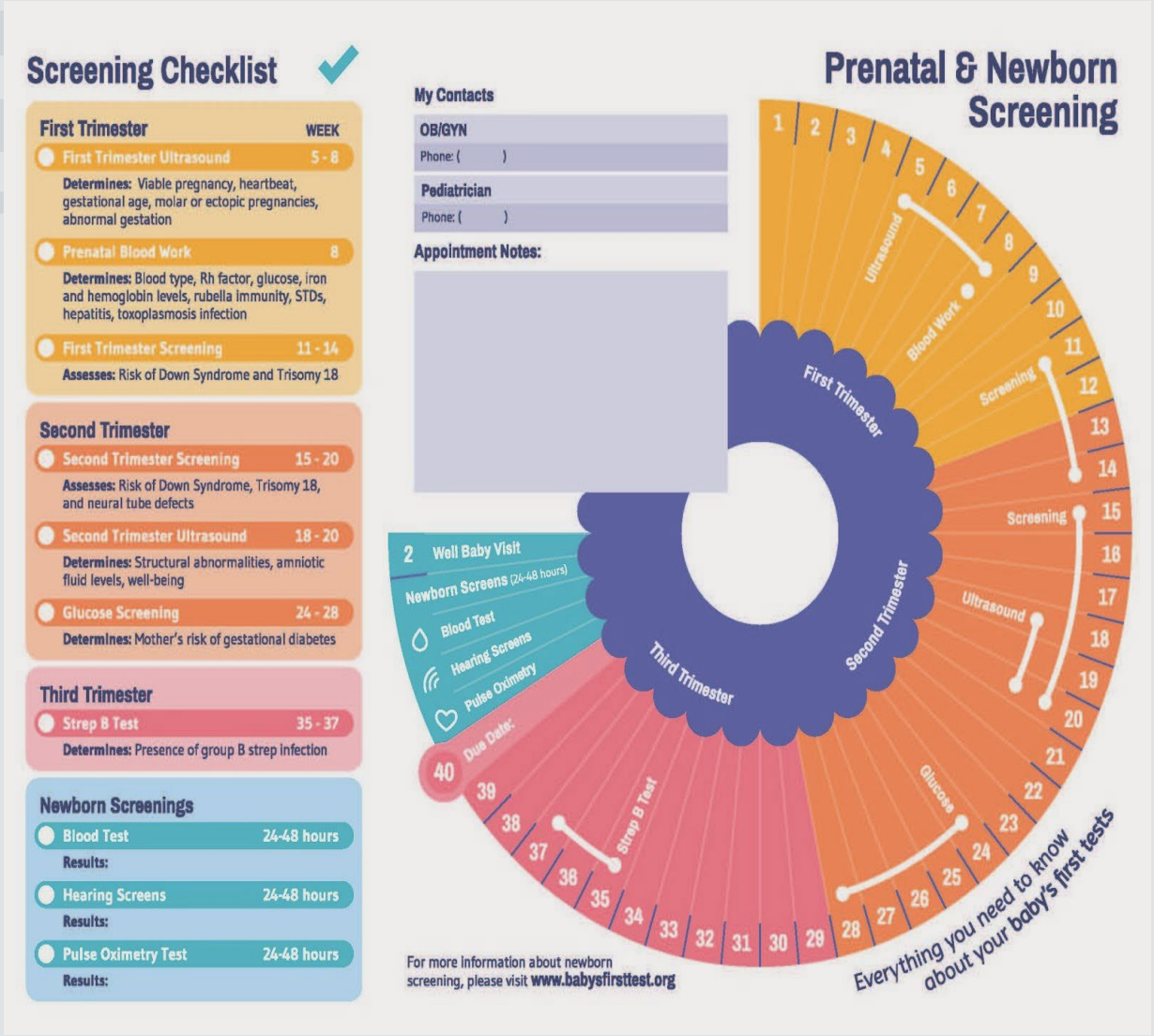
Sincerely,

SCCC OB/GYN Staff

Dr. John Kirk, MD

Amber Vos, NP

Sutter Coast Community Clinic
780 E. Washington Blvd Ste 101
Crescent City, Ca 95531
Phone: 707-464-5974
Fax: 707-464-5970



PRENATAL ASSESSMENTS

INITIAL OB (8-12 WEEKS)-

H&P, FULL SET OF VS, PELVIC EXAM, PAP SMEAR (IF APPLICABLE), GC/CHL TEST, DATING SONOGRAM, LAB ORDERS. OFFER INFLUENZA VACCINE, IF APPLICABLE

1ST TRIMESTER (8-14 WKS)- MONTHLY APPTS

VS (B/P, HR,WEIGHT), URINALYSIS, FETAL DOPPLAR, FUNDAL HEIGHT MEASUREMENT, cfDNA OFFERED (10-13 WEEKS GA). OFFER INFLUENZA VACCINE, IF APPLICABLE

2nd TRIMESTER (15-28 WEEKS)- MONTHLY APPTS

VS (B/P, HR, WEIGHT), URINALYSIS, FETAL DOPPLAR, MSAfp (neural tube defects) OFFERED (15-20 WEEKS). 18-22 WEEKS ANATOMY SCAN COMPLETED AT SCH, 24-28 WEEK LABS ORDERED. REFER TO MFM IF WARRENTED. OFFER INFLUENZA VACCINE. BEGIN OFFERING TDAP.

3RD TRIMESTER (29-35 WEEKS)- BIWEEKLY APPTS

VS (B/P, HR, WEIGHT), URINALYSIS, FETAL DOPPLAR. PLANNED C-SECTIONS SCHEDULED AT 32 WEEKS. BIWEEKLY NST/AFI OR WEEKLY BPP (IF APPLICABLE). OFFER INFLUENZA AND TDAP VACCINE (UP TO 35 WEEKS), RSV 32-36 WEEKS)

3RD TRIMESTER (36-40 WEEKS)- WEEKLY

VS (B/P, HR, WEIGHT), URINALYSIS, FETAL DOPPLAR, GBS SWAB, PELVIC EXAM (IF APPLICABLE). OFFER INFLUENZA VACCINE, LAST CHANCE FOR RSV VACCINE @ 36 WEEKS

POSTPARTUM CARE

c-section incision check 1-2 weeks. VITAL SIGNS (full set). Psychosocial assessment (EPDS), lactation (If applicable)

4 weeks- vs (b/p, hr, weight), contraception, EPDS, lactation (If applicable)

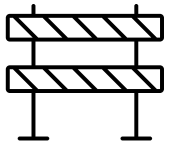
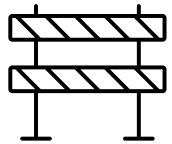
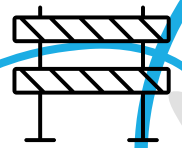
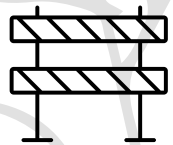
6 weeks- vs (b/p, hr, weight), pelvic exam (Pap smear if needed). Contraception. Follow up labs AND/OR EPDS, if applicable.

BARRIERS

NO SHOW APPOINTMENTS
TRANSPORTATION
WORK/SCHOOL SCHEDULES
EDUCATIONAL BARRIERS

RESCHEDULING
OB PROVIDER LEAVING CLINIC FOR DELIVERY

ACCESS TO CARE
CLOSEST MATERNAL FETAL MEDICINE IS 111 MILES NE TO OREGON

PDSA- HIGH RISK OB PATIENTS

PLAN

- Identified barriers to providing timely OB care to our community
- Partnered with Dept of Public Health Nurse

DO

- Manual appt reminder calls 1 business day prior in addition to automated call/text/email 2 days prior
- Immediate follow up by for rescheduling. Referral to public health nurse as needed

STUDY

- Reviewed trends associated with missed appointments
- Anticipated patient-specific needs (Jane Doe can only come in at 0900)

ACT: High Risk OB Committee formed. Monthly committee meetings to discuss the needs of our high-risk OB patients. Committee include members of the community, hospital staff, and clinic staff.

QUESTIONS?

THANK YOU

Upcoming Trainings

ABCs of Quality Improvement

An in-person training designed to introduce participants to key Quality Improvement (QI) methodologies, with a specific focus on the Model for Improvement – a widely used framework for driving measurable change in health care settings (*CME/CEs available*).

Thursday, May 14, 2026
8 a.m. – 4 p.m.
Auburn

REGISTER HERE

Course topics include:

- *Basic Principles of Quality Improvement*
- *Introduction to the Model for Improvement*
- *Creating an Aim Statement*
- *Using Data to Measure and Drive Improvement*
- *Developing Change Ideas*
- *Testing Changes with the Plan-Do-Study-Act Cycle*

Target Audience: Clinicians, practice managers, quality improvement team members, and staff who are responsible for participating and leading quality improvement efforts within their organization.

Partnership's Webinar Series on Enhancing Perinatal Support and Services

Presented by Partnership Regional Medical Director Dr. Colleen Townsend and Mary Baracco, certified nurse midwife, perinatal and lactation professional. Each webinar features a unique topic designed to support and strengthen perinatal care.

Target Audience: Doulas, perinatal case managers, and health educators.

REGISTER HERE

Remaining Webinars for the 2026 Schedule

All webinars are held from noon to 1:30 p.m.

April 29 – Infant Care
May 20 – Bias and Vaccination Education
June 17 – Parenting Education

**Schedule of topics are subject to change.*

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Partnership's Growing Together Program (GTP)

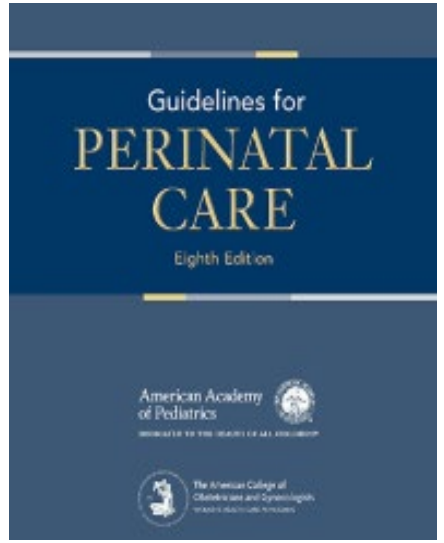
- Focus: Health education and access to services for all members.
- Prenatal and postpartum outreach from Partnership to members.
- Refer ALL pregnant, postpartum members, and members / families < 24 months.
- For more information, call **(855) 798-8764** or email PopHealthOutreach@partnershiphp.org from 8 a.m. – 5 p.m., Monday – Friday.

Partnership's Care Coordination Department

- Health care guides, social workers, and nurse case managers offer care management for high-risk members and families.
- Refer patients with care coordination needs, such as issues with transportation, high-risk conditions, or other psycho-social or medical concerns.
- To contact the Care Coordination Department, call **(800) 809-1350**.

Reference Materials

- Guidelines for Perinatal Care – 8th Edition by the American College Obstetricians & Gynecologists (ACOG) and the American Academy of Pediatrics (AAP), September 2017
- California Department of Public Health CPSP Program https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx
- American Diabetes Association Management of Diabetes in Pregnancy: Standards of Care in Diabetes – 2024 (January 2024)



CDPH
California Department of Public Health

American Diabetes Association.

Contact Us

- Colleen Townsend, MD, Regional Medical Director
  ctownsend@partnershiphp.org

- Performance Improvement Team
  pit@partnershiphp.org

- Quality Incentive Program
  QIP@partnershiphp.org

Evaluation

Your feedback is important to us!