District of Columbia
Perinatal QI Collaborative to Improve Birth Outcomes

2016 Practitioner Training

Completion of the Obstetrical Authorization & Initial Assessment Form

Improving Birth Outcomes

Learning Objectives

- To understand the District of Columbia Perinatal QI Collaborative purpose, goals, and work.
- To understand how the DC Perinatal QI Collaborative and DHCF utilize the “OB Authorization & Initial Assessment” form to improve birth outcomes.
- To understand how to correctly complete and submit the “OB Authorization & Initial Assessment” form.
- To understand how your practice can help the DC Perinatal QI Collaborative to improve birth outcomes in the District of Columbia.

Improving Birth Outcomes

The District of Columbia QI Collaborative

WHO- A partnership of:

- DC Department of Health Care Finance (DHCF)
- AmeriHealth Caritas DC
- Health Services for Children with Special Needs, Inc.
- MedStar Family Choice
- Trusted Health Plan
- March of Dimes
- DELMARVA
- DC Primary Care Association
- DC Department of Health
- Mary's Center
- Providence Hospital
- Breathe DC
- Planned Parenthood of Metropolitan Washington, DC, Inc.

Improving Birth Outcomes

The District of Columbia QI Collaborative

WHAT

A multi-year initiative to improve the health of babies born to mothers in the DC Medicaid program. The goals are:

1. Reduce the rate of preterm births
2. Reduce the number of low birth weight infants
3. Reduce miscarriages
4. Reduce the number of infants born HIV Positive
5. Reduce the number of infants who die in the first year of life

Improving Birth Outcomes

The District of Columbia QI Collaborative

WHEN & WHERE

- The DC QI Collaborative began in March 2009;
- The meetings are held quarterly and scheduled by the DHCF; and
- For more information, please contact: Kerda DeHaan at kerda.dehaan@dc.gov, Division of Quality and Health Outcomes, DHCF.

Improving Birth Outcomes

How Does the DC QI Collaborative Work to Improve Birth Outcomes?

1. Educating practitioners on the risk factors associated with adverse birth outcomes.
2. Implementing routine screening of all pregnant women for risk factors associated with adverse birth outcomes.
3. Improving coordination of services for at-risk mothers and infants, across payers, practitioners, and health plans.
4. Improving access by case/care managers, practitioners, and pregnant women to health care and psychosocial support services.

Improving Birth Outcomes

OB Authorization & Initial Assessment Form

WHO

- All practitioners who seek obstetrical care authorization for patients enrolled in DC Medicaid plan; and
- The form does not need to be filled out by a physician, however, it should be filled out by practice staff.

WHAT

- The OB Authorization & Initial Assessment form will assist the provider and the health plans to identify medical & psychosocial risks and interventions as early as possible; and
- ***Completion of the OB Authorization & Initial Assessment form, (pages 1 & 2) is MANDATORY.***

Improving Birth Outcomes

OB Authorization & Initial Assessment Form

WHEN

- The form must be completed after the initial assessment and transmit to the health plan immediately. **Note**: *A new form does not have to be completed each time there is new information.*

WHERE

- Completion of the form should occur at **ALL** perinatal health practitioner offices who treat pregnant women in the DC Medicaid program.

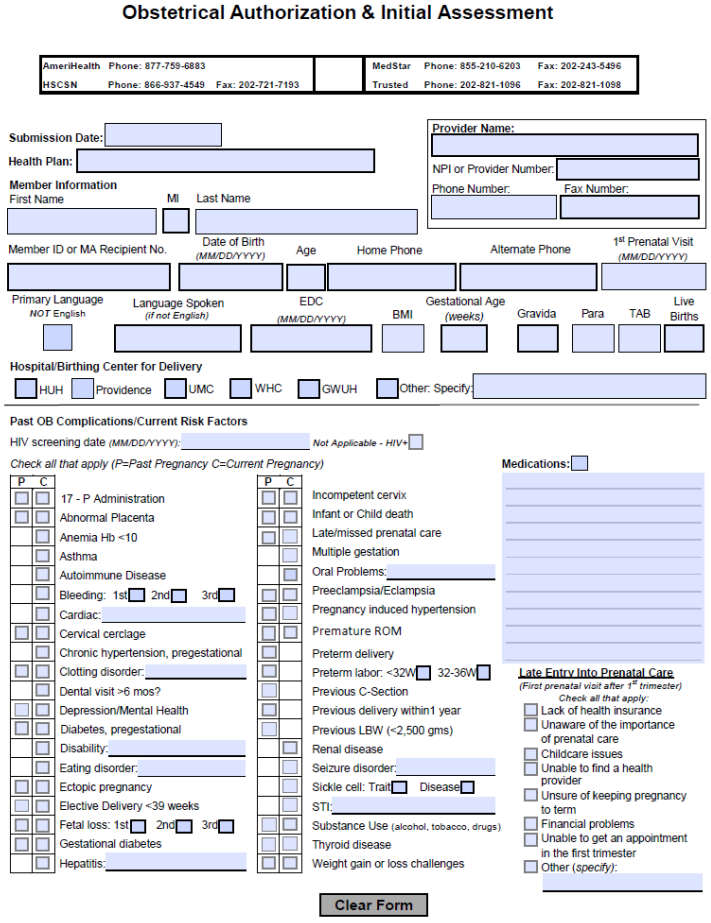
Improving Birth Outcomes

OB Authorization & Initial Assessment Form

- **Please note:**
  - This form is a revision to the one you are already required to complete.
  - On January 1, 2017 you will complete and submit this revised form after the first prenatal visit regardless of the date of the visit.

Improving Birth Outcomes

OB Authorization & Initial Assessment Form



Obstetrical Authorization & Initial Assessment

AmeriHealth	Phone: 877-759-6883		MedStar	Phone: 855-210-6203	Fax: 202-243-5496
HSCSN	Phone: 866-937-4549	Fax: 202-721-7193	Trusted	Phone: 202-821-1096	Fax: 202-821-1098

Submission Date:
Health Plan:
Member Information
First Name | MI | Last Name
Provider Name:
NPI or Provider Number:
Phone Number: | Fax Number:
Member ID or MA Recipient No. | Date of Birth (MM/DD/YYYY) | Age | Home Phone | Alternate Phone | 1st Prenatal Visit (MM/DD/YYYY)
Primary Language NOT English | Language Spoken (if not English) | EDC (MM/DD/YYYY) | BMI | Gestational Age (weeks) | Gravida | Para | TAB | Live Births
Hospital/Birthing Center for Delivery
HUH | Providence | UMC | WHC | GWUH | Other: Specify:

Past OB Complications/Current Risk Factors

HIV screening date (MM/DD/YYYY): Not Applicable - HIV+

Check all that apply (P=Past Pregnancy C=Current Pregnancy)

P	C		P	C	
		17 - P Administration			Incompetent cervix
		Abnormal Placenta			Infant or Child death
		Anemia Hb <10			Late/missed prenatal care
		Asthma			Multiple gestation
		Autoimmune Disease			Oral Problems:
		Bleeding: 1st 2nd 3rd			Preeclampsia/Eclampsia
		Cardiac:			Pregnancy induced hypertension
		Cervical cerclage			Premature ROM
		Chronic hypertension, pregestational			Preterm delivery
		Clotting disorder:			Preterm labor: <32W 32-36W
		Dental visit >6 mos?			Previous C-Section
		Depression/Mental Health			Previous delivery within1 year
		Diabetes, pregestational			Previous LBW (<2,500 gms)
		Disability:			Renal disease
		Eating disorder:			Seizure disorder:
		Ectopic pregnancy			Sickle cell: Trait Disease
		Elective Delivery <39 weeks			STI:
		Fetal loss: 1st 2nd 3rd			Substance Use (alcohol, tobacco, drugs)
		Gestational diabetes			Thyroid disease
		Hepatitis:			Weight gain or loss challenges

Medications:

Late Entry Into Prenatal Care
(First prenatal visit after 1st trimester)
Check all that apply:
- Lack of health insurance
- Unaware of the importance of prenatal care
- Childcare issues
- Unable to find a health provider
- Unsure of keeping pregnancy to term
- Financial problems
- Unable to get an appointment in the first trimester
- Other (specify):

Clear Form

OTHER HEALTH AND SOCIAL NEEDS *(please answer all questions below)*

You, Your Family and Partner
- Do you have children in your home or under your care? How many?
- Is your partner involved with your pregnancy?
- Is your husband or partner employed?
- Are you employed?
- Do you feel that you have enough help from your family or friends to care for your new baby?
- If you could change the timing of this baby would you want to?
- Did you consider adoption or abortion at any point during this pregnancy?
- Are you currently in foster care?
- Has CFSA been involved with any of your children?
- Are you currently working with a case manager, therapist, or counselor?
- Have you seen a probation officer in the last 12 months?
- Do you worry about getting food when you need it or getting good quality food?
- Do you currently receive WIC benefits?
- Do you currently receive food stamps/EBT?

Transportation, Housing and Environmental Exposures
- Have you moved in the last 3 months? How often?
- Are you homeless or worry that you could become homeless soon?
- Have any of your children had a positive blood test for lead?
- Do you have pets? What Kind? Cat Bird
  Other:
- Do you have cockroaches and rodents in your home?
- Does anyone in your household smoke?
- Are there any leaks or mold in your home?
- Do you have any problems getting to doctor visits or appointments?

Domestic Violence (ACOG 3-Question Screen)
- Within the past year, or since you have been pregnant, have you be hit, slapped, kicked, or otherwise physically hurt by someone?
- Are you in a relationship with someone who threatens or physically hurts you?
- Has anyone forced you to have sexual activities that made you feel uncomfortable?

4 Ps Plus©
- Did either of your parents have a problem with drugs or alcohol?
- Does your partner have any problem with drugs or alcohol?
- Have you ever felt manipulated by your partner?
- Have you ever felt out of control or helpless?

Over the past 2 weeks:
- Have you felt down, depressed, or hopeless?
- Have you felt little interest or pleasure in doing things?

In the *month before* you knew you were pregnant:
About how many cigarettes did you smoke per week? None | Less than ½ pack | About 1 pack | More than 1 pack
How many days per week did you drink beer/wine/liquor? None | Less than 1 | 1-2 | 3-6 | Everyday
How many days per week did you use marijuana, cocaine or heroin? None | Less than 1 | 1-2 | 3-6 | Everyday

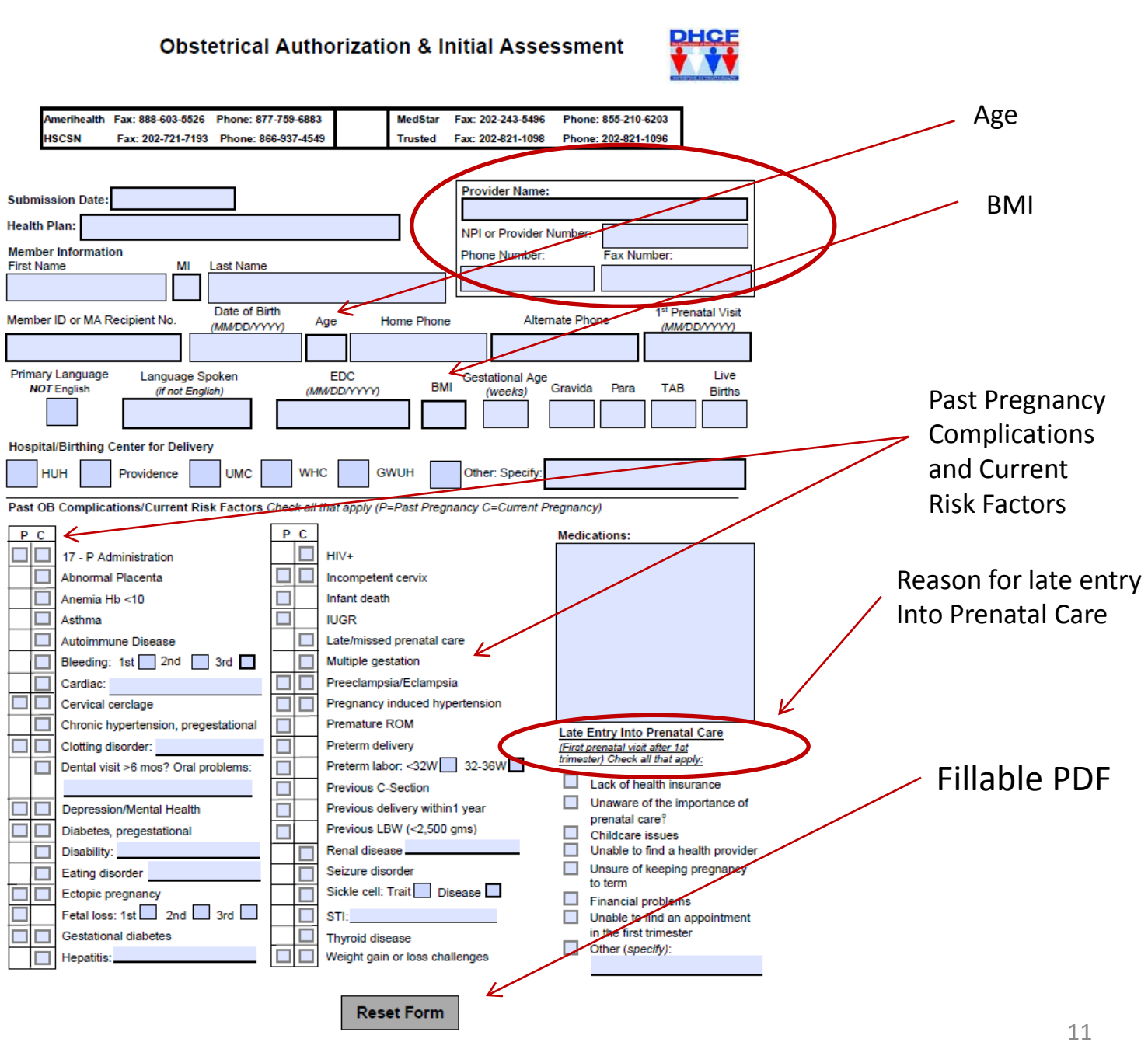
And *now*:
About how many cigarettes do you smoke per week? None | Less than ½ pack | About 1 pack | More than 1 pack
How many days per week do you drink beer/wine/liquor? None | Less than 1 | 1-2 | 3-6 | Everyday
How many days per week do you use marijuana, cocaine or heroin? None | Less than 1 | 1-2 | 3-6 | Everyday

Referrals: *Referral completed (C) - check left box; Referral Needed (N) - check right box)*

C	N		C	N	
		APRA/Substance Abuse Program			Non-Obstetric Specialty Medical Care
		Domestic Violence Services			Nutritional Counseling/Nutritionist
		High Risk OB/Maternal Fetal Medicine			Oral Health/Dental Services
		Home Environment Assessment			Out of Plan Services Provider:
		Home Visiting Agency			Smoking Cessation Hotline/Services
		Genetics			Social Work
		MCO Care Coordination/Case Management:			Support and Education Group:
		Reason:			Teen Pregnancy Services
		Mental Health:			WIC
		Reason:			Other (specify):

Thank you for improving OB care and coordination of services!

01/2017



Age

BMI

Past Pregnancy Complications and Current Risk Factors

Reason for late entry Into Prenatal Care

Fillable PDF

MANDATORY
Psychosocial Form

OTHER HEALTH AND SOCIAL NEEDS *(please answer all questions below)*

You, Your Family and Partner

- ☐ Do you have children in your home or under your care? How many? ☐
- ☐ Is your partner involved with your pregnancy?
- ☐ Is your husband or partner employed?
- ☐ Are you employed?
- ☐ Do you feel that you have enough help from your family or friends to care for your new baby?
- ☐ If you could change the timing of this baby would you want to?
- ☐ Did you consider adoption or abortion at any point during this pregnancy?
- ☐ Are you currently in foster care?
- ☐ Has CFSA been involved with any of your children?
- ☐ Are you currently working with a case manager, therapist, or counselor?
- ☐ Have you seen a probation officer in the last 12 months?
- ☐ Do you worry about getting food when you need it or getting good quality food?
- ☐ Do you currently receive WIC benefits?
- ☐ Do you currently receive food stamps/EBT?

Transportation, Housing and Environmental Exposures

- ☐ Have you moved in the last 3 months? How often? ☐
- ☐ Are you homeless or worry that you could become homeless soon?
- ☐ Have any of your children had a positive blood test for lead?
- ☐ Do you have pets? What Kind? Cat ☐ Bird ☐ Other: _____
- ☐ Do you have cockroaches and rodents in your home?
- ☐ Does anyone in your household smoke?
- ☐ Are there any leaks or mold in your home?
- ☐ Do you have any problems getting to doctor visits or appointments?

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- ☐ Are you in a relationship with someone who threatens or physically hurts you?
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- ☐ Have you ever felt manipulated by your partner?
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Over the past 2 weeks:

- ☐ Have you felt down, depressed, or hopeless?
- ☐ Have you felt little interest or pleasure in doing things?

In the *month before* you knew you were pregnant:

About how many cigarettes did you smoke per week? ☐ None ☐ Less than ½ pack ☐ About 1 pack ☐ More than 1 pack

How many days per week did you drink beer/wine/liquor? ☐ None ☐ Less than 1 ☐ 1-2 ☐ 3-6 ☐ Everyday

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New questions about cigarette smoking

Referrals: *Referral completed (C) - check left box; Referral Needed (N) - check right box)*

C	N		C	N	
☐	☐	APRA/Substance Abuse Program	☐	☐	Non-Obstetric Specialty Medical Care
☐	☐	Domestic Violence Services	☐	☐	Nutritional Counseling/Nutritionist
☐	☐	High Risk OB/Maternal Fetal Medicine	☐	☐	Oral Health/Dental Services
☐	☐	Home Environment Assessment	☐	☐	Out of Plan Services Provider: _____
☐	☐	Home Visiting Agency	☐	☐	Smoking Cessation Hotline/Services
☐	☐	Genetics	☐	☐	Social Work
☐	☐	MCO Care Coordination/Case Management: Reason: _____	☐	☐	Support and Education Group: _____
☐	☐	Mental Health: Reason: _____	☐	☐	Teen Pregnancy Services
			☐	☐	WIC
			☐	☐	Other (specify): _____

New referral section

Thank you for improving OB care and coordination of services!

01/2017

Improving Birth Outcomes

Important Reminders for Referrals:

Tobacco and substance abuse
Current tobacco or substance abuse stratifies pregnancies into a high risk category. Members who have a history of tobacco or substance abuse are at moderate risk for their pregnancy. *Refer tobacco users to smoking cessation and substance abuse resources.*

Other Health and Social Needs
There are several social risk factors that automatically put pregnant members at high risk. These include: learning disability, mental retardation, homelessness, food insecurity, domestic violence and current pregnancy due to rape. *Refer for case management, mental health, support and education groups, as appropriate.*

Body Mass Index (BMI)
Body mass index can be problematic for pregnancies if it is either too high or too low. Women with a BMI greater than 30 or less than 19 are considered high risk. *Refer for nutritional counseling.*

Improving Birth Outcomes

How can Your Practice Participate in the DC QI Collaborative to Improve Birth Outcomes in DC?

1. Identify one or more staff who will be responsible for completing and transmitting the OB Authorization & Initial Assessment form.
2. Attend the training sessions conducted by the health plans on how to complete and transmit the form.
3. Use the form to help your practice identify risk factors early, improve care coordination and implement timely interventions.

Improving Birth Outcomes

QUIZ

1. What are the DC QI Collaborative purpose, goals and work?
2. How do the DC QI Collaborative and DHCF utilize the "Obstetrical Authorization & Initial Assessment" form to improve birth outcomes?
3. How do I correctly complete and submit the "OB Authorization & Initial Assessment" form?
4. When do I transmit the form to the health plan?
5. How can your practice help the DC QI Collaborative to improve birth outcomes in the District of Columbia?

Improving Birth Outcomes

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?? QUESTIONS ??

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Improving Birth Outcomes

Contact Information:

Name of Agency/Health Plan	Contact Name	Telephone	E-mail
Department of Health Care Finance	Kerda DeHaan	(202) 442-8443	Kerda.dehaan@dc.gov
AmeriHealth Caritas	Dr. Lavdena Orr, MD		Lorr@amerihealthcaritasdc.com
MedStar Family Choice	Dr. Cyd Campbell, MD, FAAP		cyd.p.campbell@medstar.net
Trusted Health Plan	Margaretia Jackson, MD		mjackson@trustedhp.com
Health Services for Children with Special Needs, Inc.	Dr. Rhonique Shields, MD, FAAP	(866) 937-4549	rshields@hscsn.org