Text Description for PCPI eSpecification

Clinical Topic	Maternity Care					
Measure Title	Post-Partum Follow-Up and Care Coordination					
Measure #	MC-10					
Measure Description	Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breast feeding evaluation and education, postpartum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning					
Measurement Period	12 consecutive months					
Initial Patient Population	All patients, regardless of age, who gave birth during a 12-month period seen for post-partum care visit before or at 8 weeks of giving birth					
Denominator Statement	Equal to Initial Patient Population					
Denominator Exclusions	None					
Numerator Statement	Patients receiving the following at a post-partum visit: Breast feeding evaluation and education, including patient-reported breast feeding Post-partum depression screening Post-partum glucose screening for gestational diabetes patients and Family and contraceptive planning Post-Partum Depression Screening: Patients who were evaluated for breast feeding before or at 8 weeks post-partum Post-Partum Depression Screening: Patients who were screened for post-partum depression before or at 8 weeks post-partum. Questions may be asked either directly by a health care provider or in the form of self-completed paper- or computer administered questionnaires and results should be documented in the medical record. Depression screening may include a self-reported validated depression screening tool (eg, PHQ-2, Beck Depression Inventory, Beck Depression Inventory for Primary Care, Edinburgh Postnatal Depression Scale (EPDS)) Post-Partum Glucose Screening for Gestational Diabetes: Patients who were diagnosed with gestational diabetes during pregnancy who were screened with a glucose screen before or at 8 weeks post-partum Family and Contraceptive Planning; Patients who were provided family and contraceptive planning and education (including contraception, if necessary) before or at 8 weeks post-partum *To satisfactorily meet the numerator – ALL components must be performed					
Denominator Exceptions	None					

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MATERNITY CARE Data Requirements for PCPI eSpecification

Measure #10: Post-Partum Follow-Up and Care Coordination

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Biology Columbia Pained Co	Measure Components	QDM* Standard Category	QDM* Data Type	Value Set Name	Standard Terminology	OID	Constraints	Comments/Rationale
Instruct Quarterial Paint Call Quarterial <	Supplemental Data Elements	Individual Characteristic	Patient Characteristic	Age at Delivery	LOINC	2.16.840.1.113883.3.526.2.1434	during [Attribute, stop datetime: Date of Delivery]	element is included for result stratification to identify disparities.
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Index at the second of the second o		Individual Characteristic	Patient Characteristic	Payer	Source of Payment Typology	2.16.840.1.113883.221.5	during measurement period	This data element is collected for the purpose of stratifying results in
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Image: second					GROUPING	2.10.040.1.113083.3.526.3.1350		Glucose Test, Oral Glucose Tolerance Test (OGTT), 1-Hour Glucose
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					RxNorm	2.16.840.1.113883.3.526.2.1505	Postpartum Care Visit]	
Exceptions	Denominator	No Valid Denominator Exceptio	ns					

Measure Performance Rate Calculation:										
N = Performance Rate										
(D- EXCL – EXCEP)										
The PCPI strongly recommends that exception rates also be computed and reported alongside performance rates as follows:										
Measure Exception Rate Calculation: EXCEP = Exception Rate										
(D – EXCL) Exception Types: EXCEP= E1 (Medical Exceptions) + E2 (Patient Exceptions) + E3 (System Exceptions) For patients who have more than one valid exception, only one exception should be counted when calculating the exception rate.										
Initial Patient Population	Denominator (D)	Exclusions (EXCL)	Numerator (N)	Exceptions (EXCEP)						
(IPP) Definition: The group of patients that a set of performance measures is designed to address; usually focused on a specific clinical condition (e.g., coronary artery disease, asthma). For example, a patient aged 18 years and older with a diagnosis of CAD who has at least 2 visits during the measurement period.	Definition: The specific group of patients for inclusion in a specific performance measure based on specific criteria (e.g., patient's age, diagnosis, prior MI). In some cases, the denominator may be identical to the initial patient population.	Definition: The specific group of patients who should be subtracted from the measure population and denominator before determining if the numerator criteria are met.	Definition: The group of patients in the denominator for whom a process or outcome of care occurs (e.g., flu vaccine received).	Definition: The valid reasons why patients who are included in the denominator population did not receive a process or outcome of care (described in the numerator). Patients may have Exceptions for medical reasons (e.g., patient has an egg allergy so they did not receive flu vaccine); patient reasons (e.g., patient declined flu vaccine); or system reasons (e.g., patient did not receive flu Vaccine due to vaccine shortage). These cases are subtracted from the denominator population for the performance calculation, however the number of patients with valid exceptions should be calculated and reported. This group of patients constitutes the Exception reporting population – patients for whom the numerator was not achieved and a there is a valid Exception.						
Find the patients who meet the Initial Patient Population criteria (IPP)	Find the patients who qualify for the Denominator (D): From the patients within the Patient Population criteria (IPP) select those people who meet Denominator selection criteria. (In some cases the IPP and D are identical).	Find the patients who qualify for the Exclusion: (EXCL): From the patients within the Denominator criteria, select those patients who meet Exclusion criteria. The patients meeting exclusion criteria should be removed from the Denominator.	Find the patients who qualify for the Numerator (N): From the patients within the Denominator (D) criteria, select those people who meet Numerator selection criteria. Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator.	From the patients who did not meet the Numerator criteria, determine if the patient meets any criteria for the Exception (E1 + E2+E3). If they meet any criteria, they should be removed from the Denominator for performance calculation. As a point of reference, these cases are removed from the denominator population for the performance calculation, however the number of patients with valid exceptions should be calculated and reported.						

PCPI eSpecification



See Data Requirements Table for timing constraints and relationship between data elements. If following the D(A) path, follow N(A) path; if following the D(B) path, follow N(B) path.

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