ILPQC
Illinois Perinatal Quality Collaborative

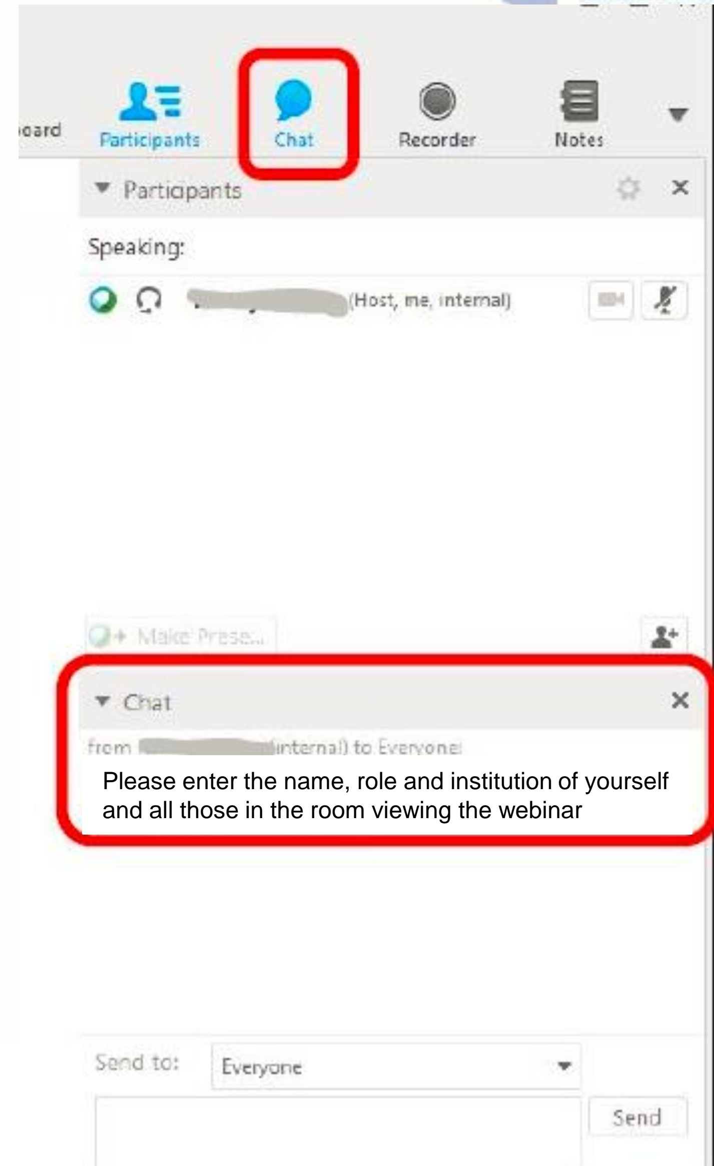
IPAC Billing and Coding Guidance

December 16th, 2019

11:00am-12:00PM

Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



Overview

ILPQC Illinois Perinatal Quality Collaborative

- Welcome/introductions
- IPAC updates and data review
- IPAC Billing and Coding
- Billing and Coding Q&A
- Team talks-
  - *AMITA Resurrection Medical Center-Kara Calhoun*
  - *KSB Hospital- Crystal Huene*
- Round Robin
- Webinar To-Dos & take-away(s)

Illinois Perinatal Quality Collaborative

Improving Postpartum Access to Care (IPAC)

IPAC- UPDATES AND DATA REVIEW

ILPQC Improving Postpartum Access to Care (IPAC) Initiative

Aim: Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

To optimize the health of women by increasing access to early postpartum care within the first two weeks postpartum to facilitate follow-up as an ongoing process, rather than a single 6-week encounter and provide an opportunity for a maternal health safety check and link women to appropriate services.

Key Goals:

- Increase % of women with an early postpartum visit scheduled with an OB provider within the first two weeks after delivery
- Increase % of women receiving focused postpartum education prior to discharge after delivery
- Increase % of providers / staff receiving education on optimizing early postpartum care
- Achieve GO LIVE goal to provide IPAC for ≥80% participating hospitals by May 2020

Aims & Measures

Overall Initiative Aim

Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

Structure Measures

IPAC protocol/process flow in place for facilitating scheduling of early postpartum visits with affiliated outpatient care sites and OB providers prior to discharge

Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/ outpatient care sites (ie, share ILPQC OB provider/outpatient care site packet)

Implement standard postpartum education prior to discharge after delivery regarding:

a) benefits of early postpartum care
b) postpartum early warning signs and how to seek care
c) benefits of pregnancy spacing and options for (outpatient) family planning

Process Measures

Educate all providers and staff on optimizing early postpartum care including:

a) maternal safety risks in the postpartum period
b) benefits of early postpartum care/maternal health safety check
c) protocol for facilitating scheduling early postpartum visit prior to discharge
d) documentation and billing for early postpartum visit
e) components of early postpartum visits/maternal health safety check

Outcome Measure

Increase % of women with documentation of an early postpartum visit/maternal health safety check encounter scheduled within the first 2 weeks of delivery

Increase % of patients who receive standardized pp patient education prior to discharge

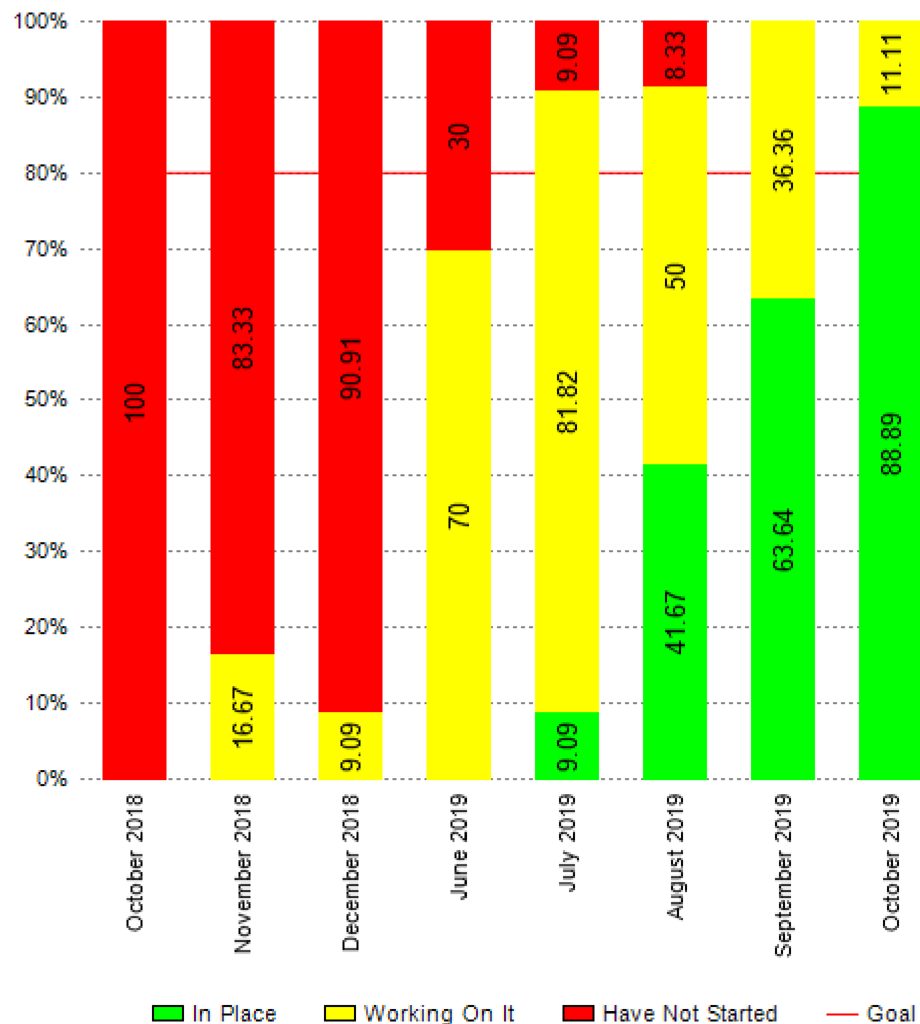
Don’t forget to submit your team’s monthly data!

Month	Number of Teams Reporting
Baseline – October 2018	10
Baseline – November 2018	10
Baseline – December 2018	10
June 2019	10
July 2019	11
August 2019	12
September 2019	10
October 2019	9
November 2019	4

IPAC Strategy and Buy-in

ILPQC Illinois Perinatal Quality Collaborative

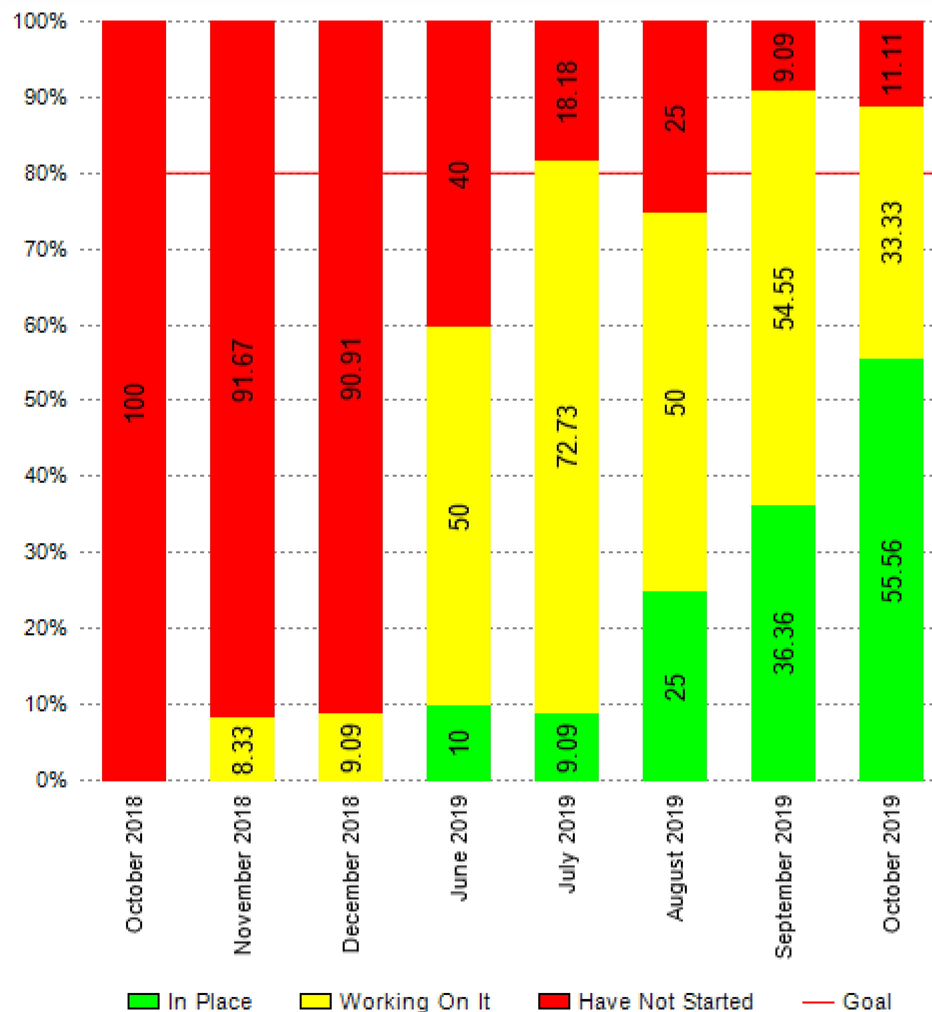
Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-October 2019



System in Place to Facilitate Early PP Visit Scheduling

ILPQC Illinois Perinatal Quality Collaborative

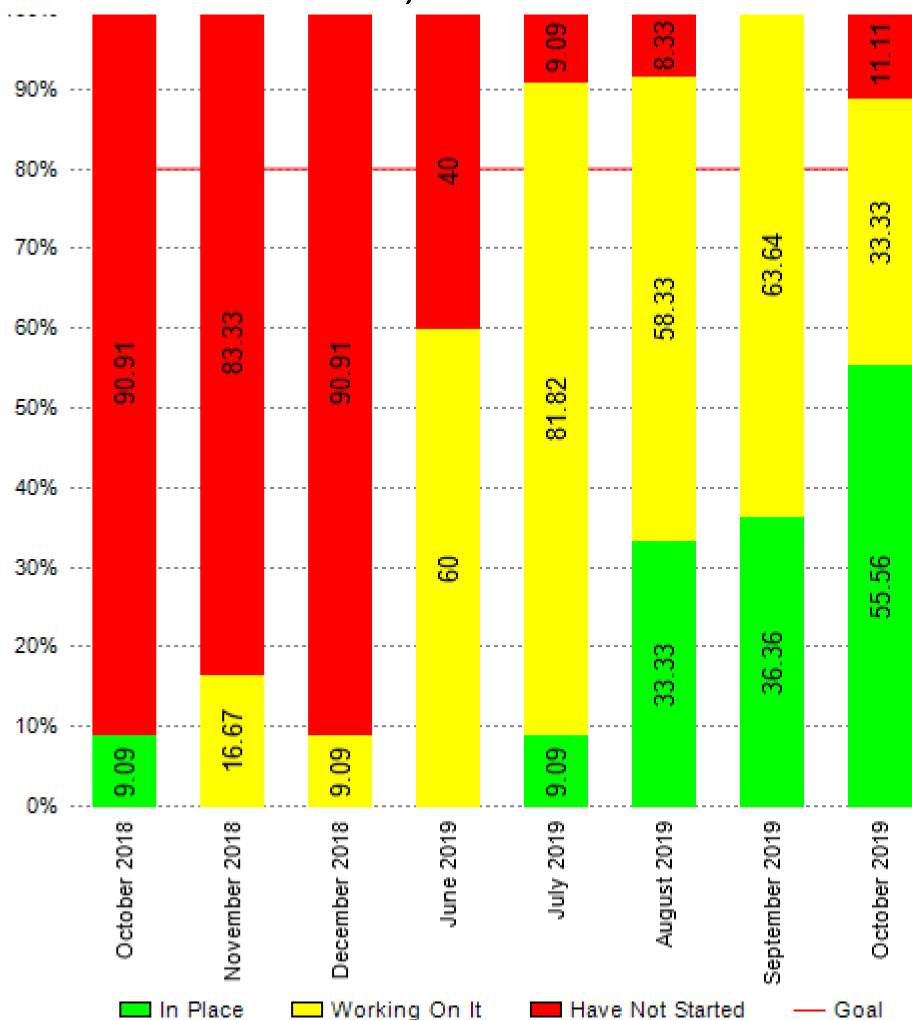
Percent of Hospitals that have system in place to facilitate scheduling early postpartum visits, Baseline + June 2019-October 2019



IPAC Provider/Nurse Education

ILPQC Illinois Perinatal Quality Collaborative

Percent of Hospitals that have system in place to educate inpatient providers & nurses on IPAC, Baseline + June 2019-October 2019



Percent of Provider Education

Percent of Providers Educated on Optimizing Early Postpartum Care, Baseline + June 2019-October 2019

	Oct-18	Nov-18	Dec-18	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
% providers trained	9%	1%	2%	15%	35%	56%	70%	65%

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

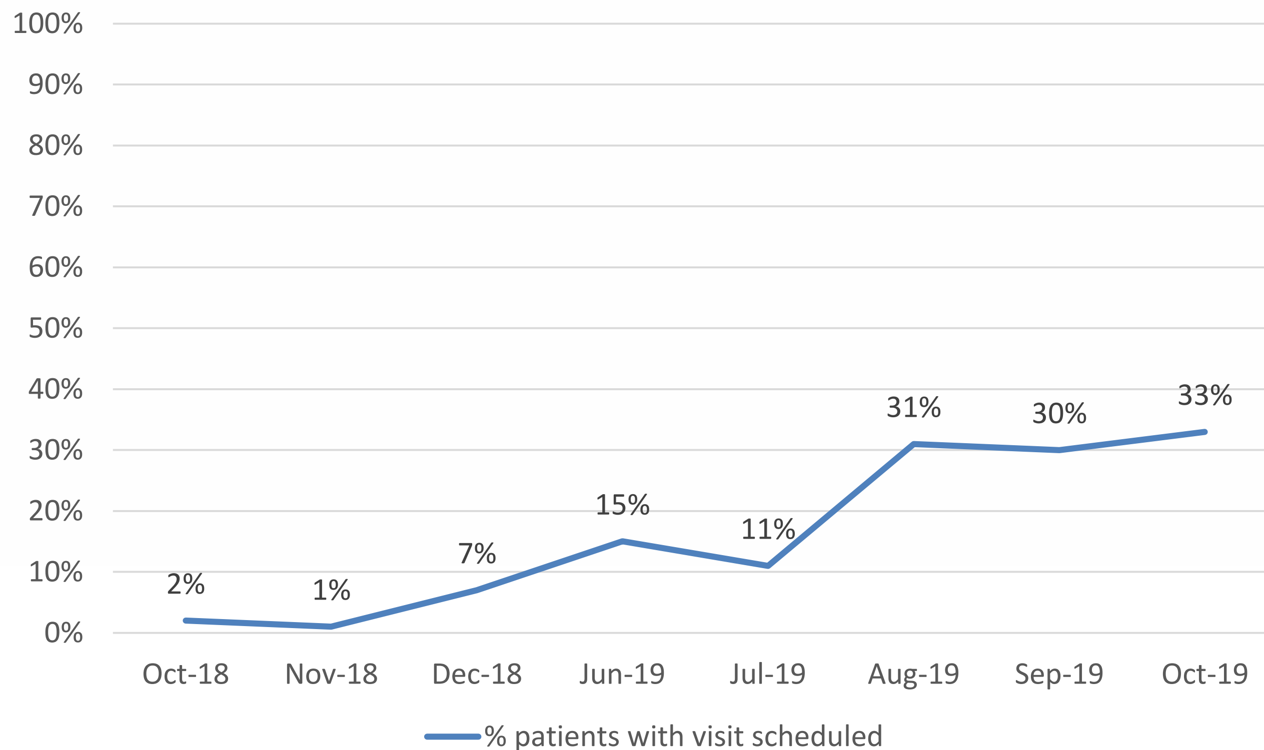
Percent of Nurse Education

Percent of Nurses Educated on Optimizing Early Postpartum Care, Baseline + June 2019-October 2019

Month	% nurses trained
Oct-18	9%
Nov-18	1%
Dec-18	2%
Jun-19	10%
Jul-19	35%
Aug-19	53%
Sep-19	62%
Oct-19	65%

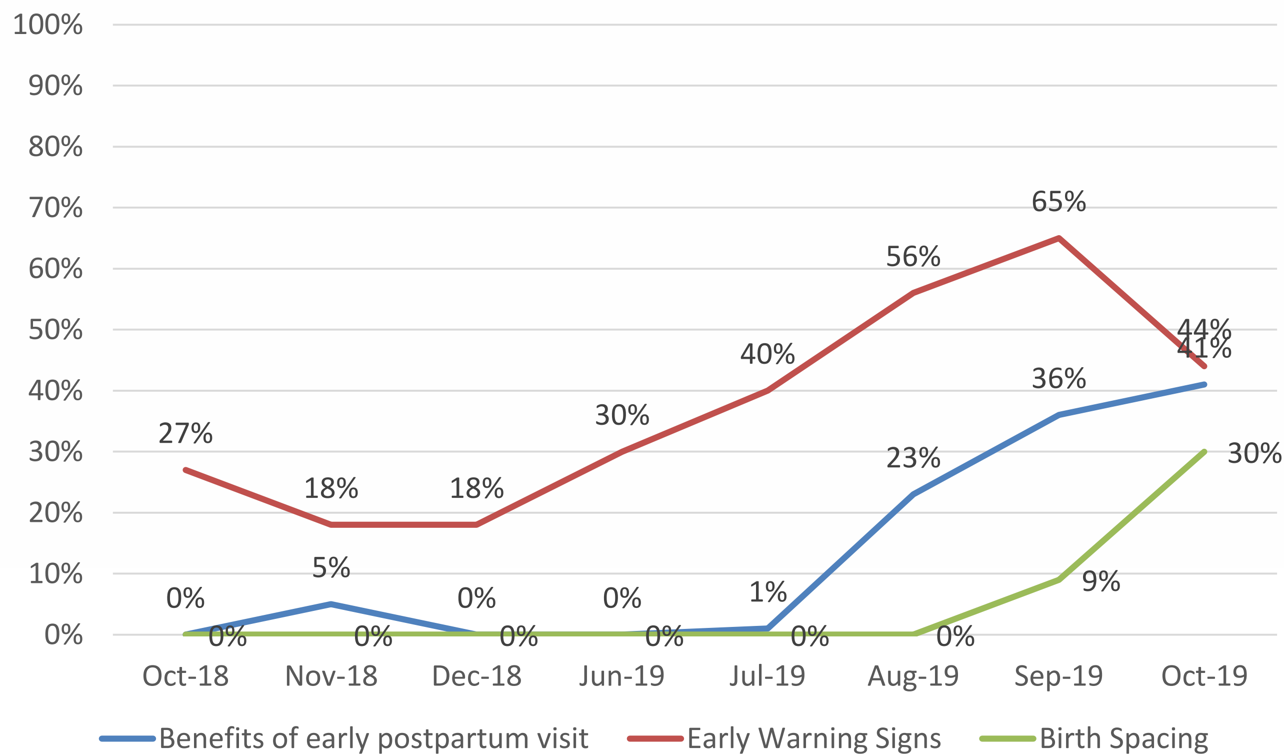
% nurses trained

Percent of Patients with Early Postpartum Visit Scheduled



Percent of Patients with Standardized Patient Education

ILPQC
Illinois Perinatal Quality Collaborative



Illinois Perinatal Quality Collaborative

Improving Postpartum Access to Care (IPAC)

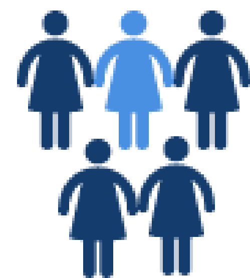
IPAC BILLING AND CODING LOGISTICS

Improving Postpartum Access to Care (IPAC)- WHY?

ILPQC Illinois Perinatal Quality Collaborative

50%
postpartum strokes
occur within 10 days of discharge

20%
discontinue breastfeeding
before the first 6-weeks



1/5
mental health disorder
postpartum period

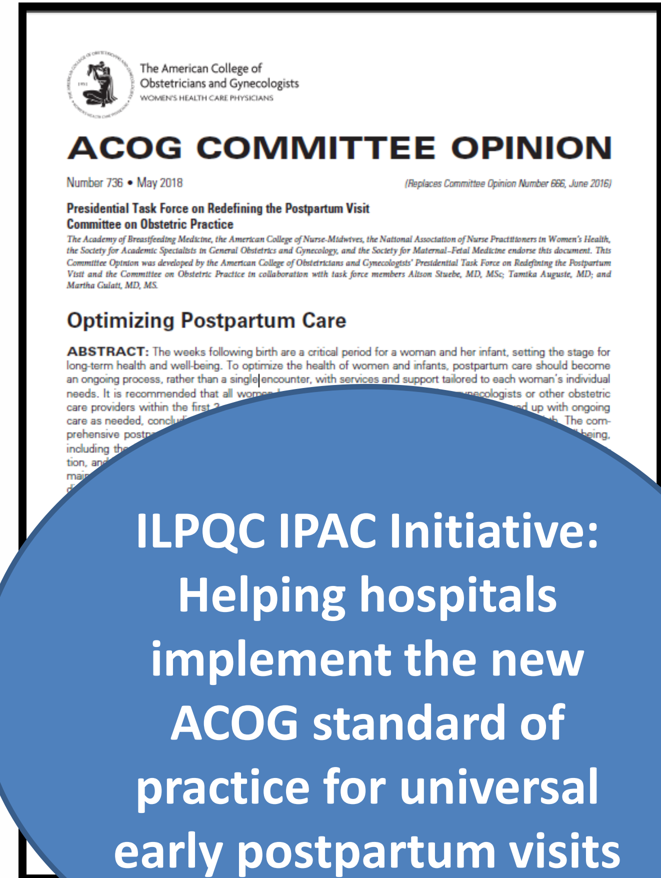
* IDPH MMRC report

Redefining Postpartum Care

ILPQC
Illinois Perinatal Quality Collaborative

ACOG Committee Opinion #736:

- To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter
- All women should ideally have an early postpartum visit with maternal care provider in addition to the standard 6 week postpartum visit
  - ❑ Blood pressure checks
  - ❑ Breastfeeding support
  - ❑ Mental health well-being
  - ❑ Contraception
- Postpartum maternal morbidity and mortality can affect all patients, regardless of a healthy and uncomplicated pregnancy.


The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 736 • May 2018 (Replaces Committee Opinion Number 666, June 2016)

Presidential Task Force on Redefining the Postpartum Visit
Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal–Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.

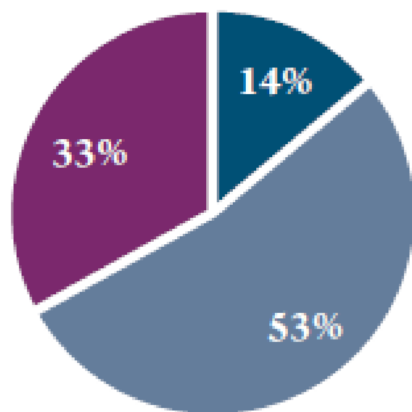
Optimizing Postpartum Care

ABSTRACT: The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.

Illinois Dept. of Public Health Maternal Morbidity & Mortality Report: Key Recommendations

IL PQC
Illinois Perinatal Quality Collaborative

Figure 13: Timing of Pregnancy-Related Deaths, Illinois 2015



- Pregnant at Death
- 0-42 Days Postpartum
- 43-364 Days Postpartum

Providers should adapt recent recommendations from ACOG for universal postpartum visits in addition to the traditional 6 week visit

Birthing hospitals should ensure that women are connected with a provider and scheduled for a postpartum visit prior to hospital discharge

IPAC: Making Change Happen

ILPQC Illinois Perinatal Quality Collaborative

Key QI Strategies

Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and **share options for billing and coding.**

Implement process flow to facilitate universal scheduling and patient education, prior to hospital discharge, of early pp visits / maternal health safety check within 2 wk

Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs and how to seek care (ie AWHONN resource), and benefits of healthy pregnancy spacing and options for (outpatient) family planning

IPAC Key Driver Diagram

AIM

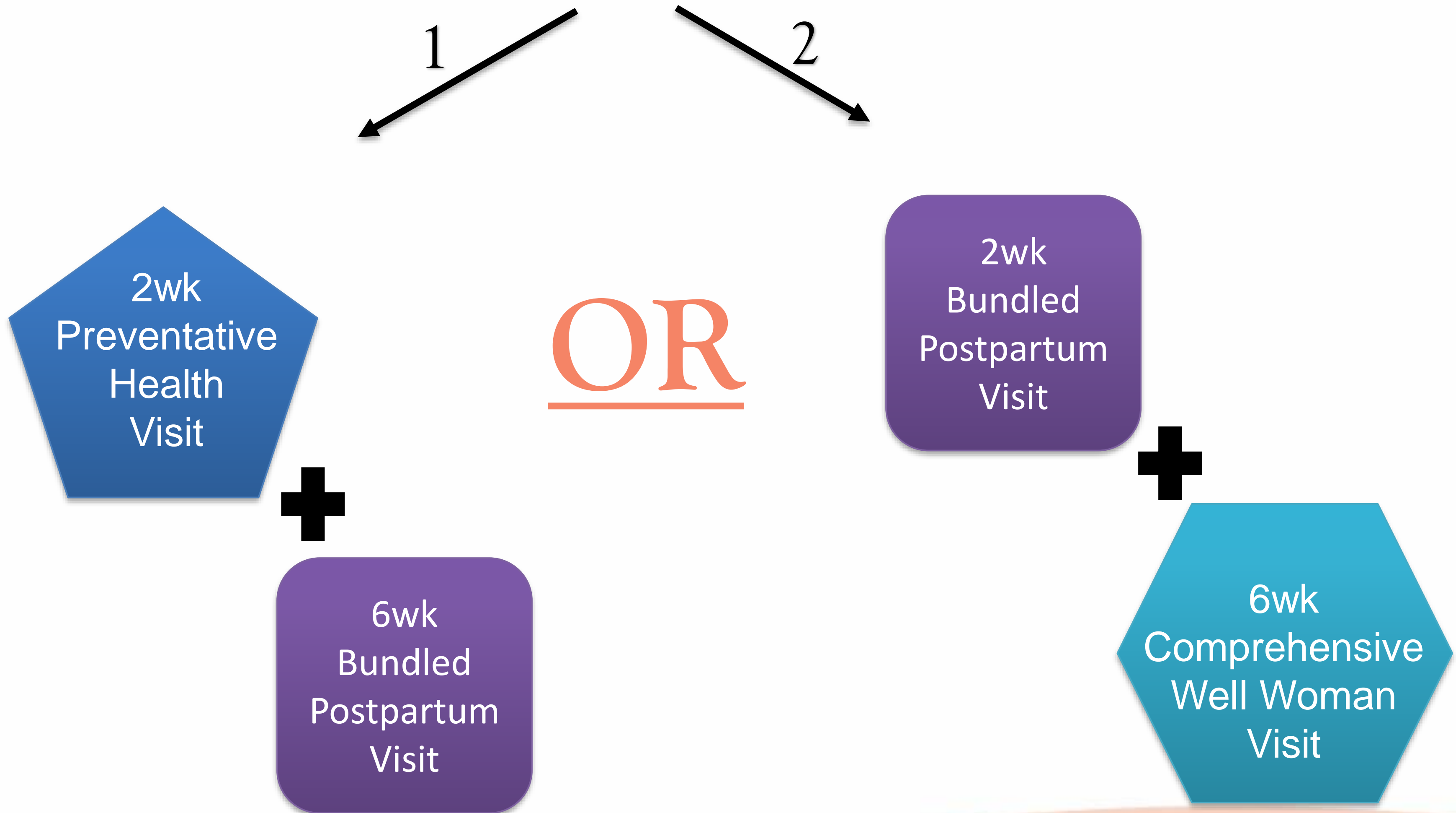
Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

Key Drivers	Strategies
Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and **share options for billing and coding.**	Obtain buy-in from OB providers and outpatient care sites on national recommendations and benefits for an early pp visit within 2 weeks.
	Provide billing and coding information to OB providers and outpatient care sites for the early pp visit within 2 weeks.
Implement process flow to facilitate universal scheduling of early pp visits prior to delivery discharge	Create a hospital specific process flow to help facilitate scheduling of an early pp visit within 2 weeks prior to discharge
	Revise policies and procedures to ensure scheduling for an early pp visit within 2 weeks
Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check	Develop strategy to educate inpatient and outpatient providers and staff using IPAC slide set, OB Provider Packet, and/or didactic education
	Plan in place for ongoing and new hire education
Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs, and benefits of healthy pregnancy spacing and options for (outpatient) family planning	Patient education materials selected: benefits of early pp visit/ components of maternal health safety check, early pp warning signs and how to seek care (AWHONN), benefits of healthy pregnancy spacing/(outpatient) family planning options
	Implement system to provide and review IPAC patient education prior to hospital discharge

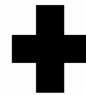
IPAC: Billing/Coding Guidance

- ILPQC received guidance from Medicaid prior to the start of IPAC initiative regarding coding and billing for the 2 week "Maternal Health Safety Check"
- ILPQC IPAC Billing Document in your toolkit reflects the above guidance and was confirmed by ACOG as an appropriate strategy for billing
- Per your feedback, ILPQC reached out to ACOG and provided another billing pathway for OB providers.

IPAC: Billing/Coding Pathways



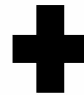
IPAC: Billing/Coding Pathway 1



- Codes include BP check, mood assessment, breastfeeding support, wound check and contraceptive counseling

- Code as the traditional 6week postpartum visit

IPAC: Billing/Coding Pathway 2



- Code as the traditional postpartum visit, but at 2 weeks instead of the usual 6 weeks.

- Code as a well-woman visit.
- This fits the ACOG strategy to make postpartum care part of the well-woman continuum.
- Most postpartum woman have gone more than a year since their last well-woman/preventive visit.

Billing/coding strategies for reimbursement

- ILPQC Coding for early pp visit- UPDATED
- ACOG Guidance on billing and reimbursement (ACOG pp toolkit)
- ACOG Guidance on Coding PP Service (ACOG PP toolkit)
- Coding for Specific pp services
  - Ex: Breastfeeding, Chronic disease follow-up, PPD, newborn care

Check out IPAC Newsletter

IPAC: Billing/Coding Questions

ILPQC Illinois Perinatal Quality Collaborative

Please share your name and hospital prior to asking your question

Press *6 to unmute yourself

ILPQC
Illinois Perinatal Quality Collaborative

Improving Postpartum Access to Care (IPAC)

TEAM TALK-AMITA RESURRECTION MEDICAL CENTER

AMITA HEALTH®

In sickness and in health®

ILPQC IPAC Initiative
Team Talk
Resurrection Medical Center Chicago

AMITA HEALTH
In sickness and in health

Resurrection Medical Center Chicago

- Family Birth Place
  - 17 ante/triage/LDRs
  - 2 surgical suites with a recovery room
  - 22 bed post-partum/gyne unit
  - 8 Bed SCN (Level 2E)
- ~1,000 deliveries/year
- 24/7 in house coverage: Neonatology, OB, Anesthesia
- ED, FP and OB Residency program
  - New Beginnings Clinic (resident clinic)
- Perinatal Nurse Home Visit Program
  - 457 families visited and logged over 7,100 miles in 2018.

AMITA HEALTH®
In sickness and in health®

IPAC Team

- Dr. Robert Kus (OB Department Chair)
- JoAnn Meigs RN, BSN, MBA (Nurse Manager)
- Connie Wedmore BSN, RNC-OB (Team Leader)
- Kara Calhoun MSN, MPH, RNC-OB (Clinical Nurse Educator)

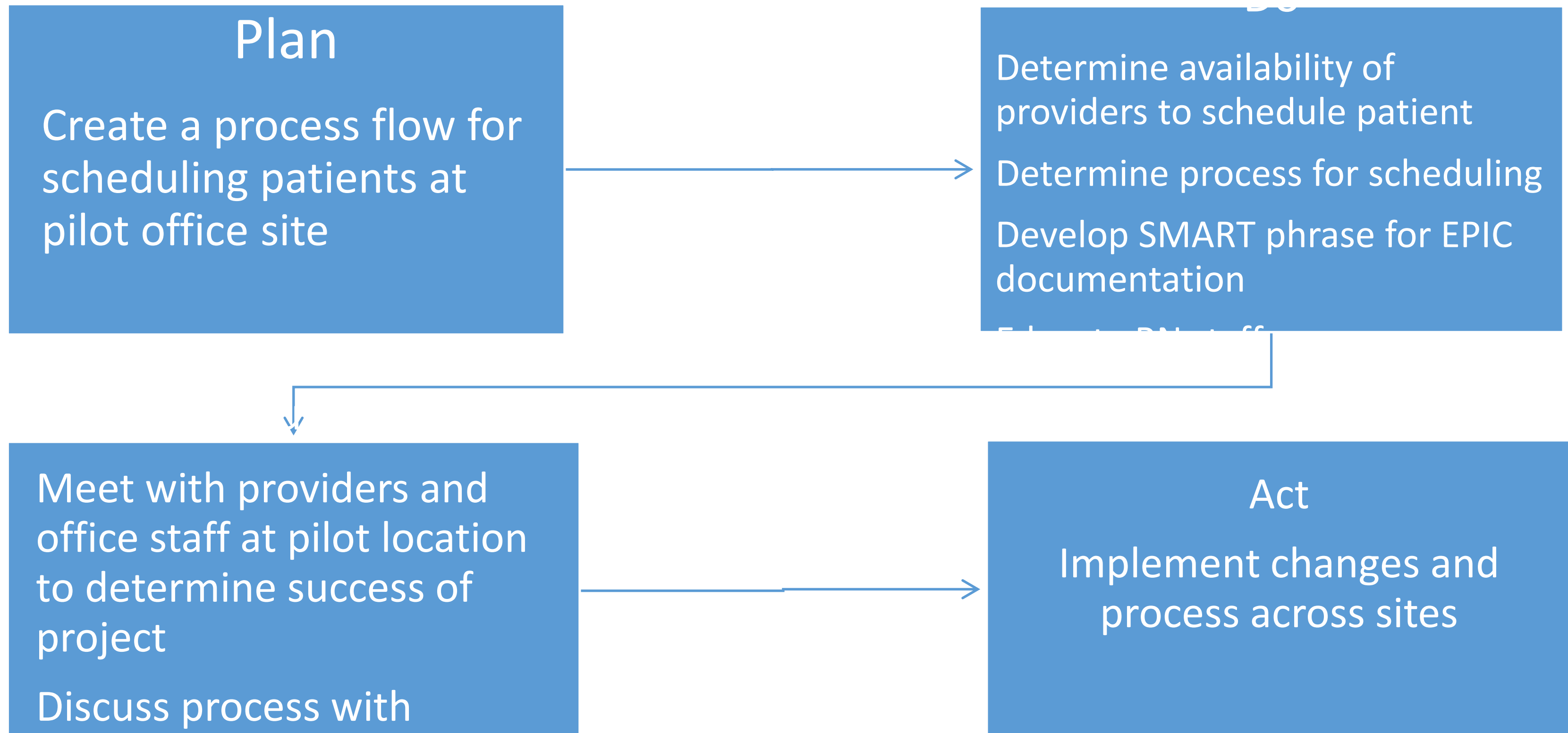
AMITA HEALTH
In sickness and in health®

Barriers

- Provider billing
  - Patient dis-satisfaction for co-pays due to payor mix (bundled payments for commercial insurance)
- Increase in physician office volumes
- Increase workload on office staff to schedule appointment
- Change in workflow for in-patient RN to assure appointment is scheduled before discharge

AMITA HEALTH
In sickness and in health

PDSA



Status of Project

AMITA HEALTH
In sickness and in health

Actions in place prior to IPAC

- POST BIRTH Warning Signs, post-partum depression and Preeclampsia handouts given on admission to PP
- 24-48H discharge phone call by a hospital perinatal RN
- ~45% of patients opt-in to Home Visit Program
- Provider documentation of when to call, appointment on D/C note
- High-risk patients (HTN, surgical, etc.) already scheduled for 1-2 week visit

Steps Implemented

- Introduction of initiative to Key MDs
- Introduction of initiative to Nursing Staff
- Determination of barriers to implementation
- Initial data collection

Next Steps

- Present MDs with options for billing
- Determine availability of MDs to add additional visits to current schedules
- Create a process flow for scheduling visits at "pilot" office
- Educate RNs on process
- Audit for compliance

ILPQC
Illinois Perinatal Quality Collaborative

Improving Postpartum Access to Care (IPAC)

TEAM TALK- KSB HOSPITAL

Katherine Shaw Bethea Hospital

Dixon, IL

About Us….

- 80-bed not-for-profit hospital licensed by IDPH
- Partner with the Rockford School of Medicine to provide a Residency Rural Track in Family Medicine
- 3 OB physicians, 2 mid-level providers including a Certified Nurse Midwife, 4 pediatricians, 10 family medicine physicians, 6 Family Medicine Residents
- 350 deliveries a year
- Baby Friendly Designated Facility

Where we are starting...

Joined the initiative in November

2 providers started seeing patients at 3 weeks per ACOG recommendation

Home visits

4th Trimester Support Group

POST BIRTH Warning Signs

Schedule follow up visits prior to discharge

Implementation

EDUCATING PATIENTS PRENATALLY

PROVIDER AND STAFF BUY IN

IMPLEMENTING THE CHECKLISTS

Barriers

- Increase volume of patient appointments
- Potential increase in follow up lactation appointments for our small staff of lactation consultants
- Billing and coding
- Making the visit meaningful by using the checklist appropriately
- Pregnancy spacing

Overcoming Barriers

- Getting some nurse and provider champions
- Getting the billing/coding team involved
- Doing education on how to use the checklist
- Sending 3 staff members to the CLC course in 2020
- Utilizing our mid-level providers to handle the increase in patient appointments

ILPQC
Illinois Perinatal Quality Collaborative

Improving Postpartum Access to Care (IPAC)

ROUND ROBIN

Round Robin- Each team to share:

- **What is your team currently working on for implementation?**
- **What barriers have you encountered with the clinical care staff ?**
- **What strategies have you or will you implement to overcome those barriers?**

1. AMITA Alexius Brothers Women's & Children's Hospital – *Hoffman Estates*
2. AMITA Alexian Brothers Hospital – *Elk Grove Village*
3. AMITA Resurrection Medical Center - *Chicago*
4. Loyola University Medical Center - *Maywood*
5. FHN Memorial Hospital - *Rockford*
6. Franciscan Health Olympia Fields - *Olympia Fields*
7. Touchette Regional Hospital – *East St. Louis*
8. SSM St. Mary's – *Centralia*
9. St. Joseph Hospital – *Chicago*
10. Morris Hospital & Healthcare Centers – *Morris*
11. St. Margaret's Health- *Spring Valley*
12. UI Health – *Chicago*
13. Illinois Valley Community Hospital-*Peru*
14. Memorial Medical Center- *Springfield*
15. KSB Hospital- *Dixon, IL*
16. AMITA Adventist GlenOaks Hospital, *Glendale Heights, IL*

Illinois Perinatal Quality Collaborative

Improving Postpartum Access to Care (IPAC)

NEXT STEPS

IPAC Team Talk Schedule

Month	Team 1	Team 2
January 2020 – CANCELED due to MLK Holiday---		
February 17	St. Margaret's Hospital	Memorial Medical Center
March 16	UI Health	Touchette Regional
April	SSM Health St Mary's	AMITA Adventist GlenOaks Hospital

IPAC Calls

IPAC Teams
11am-12pm

THIRD MONDAY OF THE MONTH through May 2020

Date	Topic
December 16	IPAC and Billing
January – Canceled due to MLK Holiday	
February 17	Crossing the Finish Line Round Robin
March 16	Moving toward Sustainability
April 20	Topic TBD
May 20	Topic TBD
July 20	IPAC Sustainability Call
September 21	IPAC Sustainability Call
December 21	Final IPAC Sustainability Call

To Do List

ILPQC
Illinois Perinatal Quality Collaborative

- ❑ Submit IPAC data for November and December
- ❑ Ask providers/staff for 2 week Maternal Health Safety Check Patient Success Stories to be tracked and shared with hospital administration and other providers (issues identified, linkage to care success, patient satisfaction with early visit etc)
- ❑ Collect and track you IPAC Success Stories to share with clinical staff, hospital administration, & ILPQC
- ❑ Schedule your IPAC Discover Call with Autumn before the end of the year – check your inbox

Contact

ILPQC Illinois Perinatal Quality Collaborative

- Email info@ilpqc.org
- Visit us at www.ilpqc.org

THANKS TO OUR FUNDERS

JB & MK PRITZKER

Family Foundation