Episode Summary:

Perinatal

Arkansas Health Care Payment Improvement Initiative

I. What is the perinatal episode, and how will the episode model encourage more effective and efficient care?

Each year, providers in Arkansas provide care to nearly 40,000 pregnant women. Ensuring a healthy mother and a healthy baby requires months of care by many different providers, ranging from obstetricians, family practice physicians, and nurse midwives to hospitals, emergency departments, and others.

Today, the many providers engaged in perinatal care function independently. The perinatal episode, by contrast, encourages more holistic, patient-centered care over the entire pregnancy. It also facilitates continuation of the many quality improvements already underway in the obstetric community, and increases accountability for improving the quality and efficiency of perinatal care in Arkansas.

II. Key features of the perinatal episode

▶ Episode definition: The perinatal episode includes all pregnancy-related care provided during the course of the pregnancy. This includes all of the prenatal care, care related to labor and delivery, and postpartum maternal care. It encompasses the full range of services provided during this time period (e.g.

labs, imaging, specialist consultations, inpatient care). The initial episode design excludes neonatal care.

- Principal Accountable Provider: The Principal Accountable Provider (PAP) for the perinatal episode is the physician or nurse midwife who performed the delivery.
- Quality measures: The design of the perinatal episode inherently incentivizes high-quality care. However, in order to participate in upside savings, PAPs must also meet additional quality targets related to prenatal screening (e.g. rate of prenatal HIV screening). PAPs also will receive reports highlighting their performance on a number of additional measures related to the quality of perinatal care. PAPs do not need to self-report any quality measures for this episode.
- Adjustments and exclusions: The perinatal episode excludes very high-risk pregnancies, including pregnancies where the mother presented with or developed a severe clinical condition (e.g. severe preeclampsia) as well as high-risk care pathways (e.g. no prenatal care). The episode also incorporates adjustments to the cost of individual pregnancies based on the clinical severity of each patient.



For the latest information on the initiative, visit www. paymentinitiative.org.



