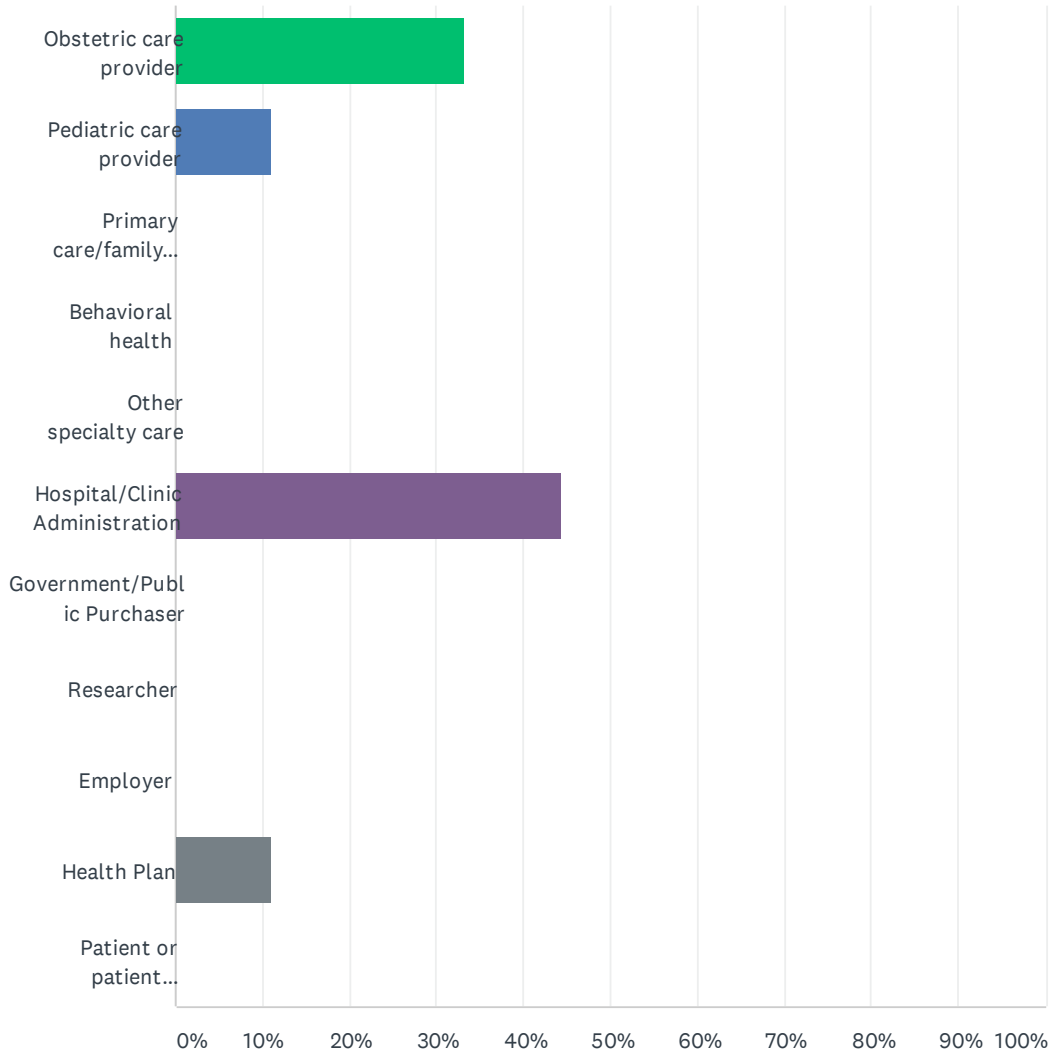


Q1 What sector do you represent? (Choose the option that is the best fit.)

Answered: 9 Skipped: 0



Bree Collaborative Public Comment Perinatal Bundled Payment

ANSWER CHOICES	RESPONSES
Obstetric care provider	33.33% 3
Pediatric care provider	11.11% 1
Primary care/family medicine provider or team member	0.00% 0
Behavioral health	0.00% 0
Other specialty care	0.00% 0
Hospital/Clinic Administration	44.44% 4
Government/Public Purchaser	0.00% 0
Researcher	0.00% 0
Employer	0.00% 0
Health Plan	11.11% 1
Patient or patient advocate	0.00% 0
TOTAL	9

#	OTHER (PLEASE SPECIFY)	DATE
1	MFM clinic RN	12/9/2020 3:36 PM

Q2 Do you have comments on the clinical pathway for pediatric care (page 3)?

Answered: 9 Skipped: 0

#	RESPONSES	DATE
1	no	12/28/2020 2:32 PM
2	looks appropriate	12/21/2020 4:30 PM
3	No	12/20/2020 9:48 AM
4	How does the pediatric provider get paid from the bundle?	12/18/2020 11:22 AM
5	It would assist in the success of pediatric patients	12/17/2020 3:32 PM
6	Safety discussions should be added (sleep position, hot water, car seats, etc). Smoking cessation counseling for parents and caregivers.	12/15/2020 4:39 PM
7	no	12/10/2020 9:47 AM
8	Exclusive Breastfeeding should be measured as yes/no/ contraindicated...3 categories...not two	12/9/2020 3:36 PM
9	As an obstetrician i have no training or privileges to care for a newborn	12/8/2020 11:18 PM

Q3 Do you have comments on our proposed measures (page 4)?

Answered: 9 Skipped: 0

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#	RESPONSES	DATE
1	I understand that the model appears to contain guidelines that would be beneficial to patients, but there would be unintended ramifications if the HCA adopts them for impact on payment. My comments here are directed at the proposed measures and exclusion criteria. The burden of abstracting the required data elements may not be evident to the collaborative. Hospitals and providers' offices may use different electronic health record systems, and thus pdf-type documents are used for communication and records. This works well for the purposes of patient care, but is not conducive to comprehensive data collection efforts, since neither entity can access the full patient record maintained by the other organization. Few of the required data elements are documented in discrete data fields, and so would require significant resources for manual abstraction. This includes those required for each measure, and also those required to determine whether a patient should be excluded from a measure. The additional costs incurred to collect this information should not be underestimated.	12/28/2020 2:32 PM
2	these are good measures	12/21/2020 4:30 PM
3	Yes, I don't see how this will work, since many of our newborns are followed up out of our system. Once they leave, we will not be able to track their "severe" complications. If they f/u with a provider in a different system and get sepsis at Day of Life 7, we can't track that. We already track most of the severe complications in our VON data, but only while they are hospitalized. We can track the other pediatric measure - ensure follow appointments are scheduled, we do this before discharge for all infants, so that is possible We have no way to track 30 day post-partum depression screen by the pediatricians and I'm not sure they pediatric doctors are doing this. Who will be responsible for tracking these measures?	12/20/2020 9:48 AM
4	The measures look appropriate from a pediatric perspective	12/18/2020 11:22 AM
5	No	12/17/2020 3:32 PM
6	These measures are appropriate.	12/15/2020 4:39 PM
7	PP visit scheduled prior to discharge-while valid concept, mothers may not know what their schedule will be in 4-6 weeks for the OB f/u. A 1 week check should be scheduled prior to d/c. Does holding an organization accountable for maternal compliance for scheduling actually increase compliance with completing the visit? If a patient does not want to f/u with their delivering OB, it may feel challenging to be forced into making this appointment before d/c	12/10/2020 9:47 AM
8	No	12/9/2020 3:36 PM
9	If I work at a hospital that already provides the highest level of care I will never have to transfer. Is there a penalty for our smaller hospitals or a disincentive to transfer given this quality measure?	12/8/2020 11:18 PM

Q4 Do you have comments on Appendix J: Pediatric – Obstetrics Information Exchange (page 9)?

Answered: 9 Skipped: 0

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#	RESPONSES	DATE
1	no	12/28/2020 2:32 PM
2	information exchange is vital	12/21/2020 4:30 PM
3	Yes, there is no mention of coverage for anything other than routine newborn care. What about if an echocardiogram is needed? What about phototherapy or an extended hospitalization for NICU stay?	12/20/2020 9:48 AM
4	The exchange of information should occur electronically. Is there work taking place to ensure the electronic exchange of information?	12/18/2020 11:22 AM
5	No	12/17/2020 3:32 PM
6	No.	12/15/2020 4:39 PM
7	no	12/10/2020 9:47 AM
8	Information exchanged should exclude info about controversial payient hx such as HIV or Termination of pregnancy.	12/9/2020 3:36 PM
9	No	12/8/2020 11:18 PM

Q5 Do you have comments on the exclusions listed in Appendix K: Major Congenital Malformations (page 10)?

Answered: 9 Skipped: 0

#	RESPONSES	DATE
1	no	12/28/2020 2:32 PM
2	agree with exclusions	12/21/2020 4:30 PM
3	Yes, it is incomplete. Oomphalocele should be included, I don't see any congenital heart defects listed.	12/20/2020 9:48 AM
4	This works from a pediatric perspective	12/18/2020 11:22 AM
5	No	12/17/2020 3:32 PM
6	Only the external congenital malformations are included on the list. I recommend including the other malformations listed on the CDC link including heart, esophageal, intestinal, and renal anomalies and trisomy-21 and other chromosomal anomalies.	12/15/2020 4:39 PM
7	no	12/10/2020 9:47 AM
8	No	12/9/2020 3:36 PM
9	No. Lip and mouth issues that affect lactation arent addressed?	12/8/2020 11:18 PM

Q6 Are there any errors in the report or anything our report is missing?

Answered: 7 Skipped: 2

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#	RESPONSES	DATE
1	no	12/21/2020 4:30 PM
2	Yes, there is no mention of premature infants or those who require NICU care. They are not mentioned as excluded.	12/20/2020 9:48 AM
3	No	12/18/2020 11:22 AM
4	Not that I can see	12/17/2020 3:32 PM
5	more emphasis on smoking cessation and treatment of SUD for the pregnant woman	12/15/2020 4:39 PM
6	Vaccine surveillance should be yes/no- contraindicated/or refused...three categories not two.	12/9/2020 3:36 PM
7	Appendix D not included for exclusions to bundled payments. 84 days post delivery is excessive, longer than any of the stare studies you attached. How am I supposed to provide pediatric care?	12/8/2020 11:18 PM

Q7 How can our report better address health disparities?

Answered: 4 Skipped: 5

#	RESPONSES	DATE
1	n/a	12/21/2020 4:30 PM
2	What is the behavioral health integration plan for positive postpartum depression screenings?	12/18/2020 11:22 AM
3	emphasis on cultural competency for delivery of health care services	12/15/2020 4:39 PM
4	Include wage gaps and problems with childcare in the mix	12/9/2020 3:36 PM

Q8 Do you have any general comments?

Answered: 4 Skipped: 5

#	RESPONSES	DATE
1	I don't see how this can work, will reimbursements be affective if different providers do not follow this? Not all patients follow in the same system. We should not have to depend on others that we have nothing to do with to get reimbursed. Also, how will measures be followed when not every provider is using the same EMR?	12/20/2020 9:48 AM
2	No	12/18/2020 11:22 AM
3	Data scientists... should be certified	12/9/2020 3:36 PM
4	Bundling peds and Ob seems impossible to me. I dont recall seeing mention of ante partum testing (NST and BPP) ..excluded from bundle?	12/8/2020 11:18 PM

Q9 Name:

Answered: 8 Skipped: 1

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#	RESPONSES	DATE
1	Pamela DeVol	12/28/2020 2:32 PM
2	Ryan Rasmussed	12/21/2020 4:31 PM
3	Christina Long DO	12/20/2020 9:48 AM
4	Annie Parker	12/18/2020 11:22 AM
5	Brenda Sharkey	12/17/2020 3:33 PM
6	LuAnn Chen, MD	12/15/2020 4:40 PM
7	Gwen Lounsbury	12/9/2020 3:38 PM
8	Laurie Sorenson	12/8/2020 11:18 PM

Q10 Organization:

Answered: 8 Skipped: 1

#	RESPONSES	DATE
1	Valley Medical Center	12/28/2020 2:32 PM
2	Samaritan Healthcare	12/21/2020 4:31 PM
3	Valley Medical Center, UW	12/20/2020 9:48 AM
4	Snoqualmie Valley Hospital	12/18/2020 11:22 AM
5	Ocean Beach Hospital	12/17/2020 3:33 PM
6	CHPW	12/15/2020 4:40 PM
7	UWMC	12/9/2020 3:38 PM
8	Olympia Obstetrics's and gynecology	12/8/2020 11:18 PM

Q11 Email Address:

Answered: 8 Skipped: 1

#	RESPONSES	DATE
1	pamela_devol@valleymed.org	12/28/2020 2:32 PM
2	rrasmussen@samaritanhealthcare.com	12/21/2020 4:31 PM
3	longc22@uw.edu	12/20/2020 9:48 AM
4	anniep@snoqualmiehospital.org	12/18/2020 11:22 AM
5	bsharkey@oceanbeachhospital.com	12/17/2020 3:33 PM
6	luann.chen@chpw.org	12/15/2020 4:40 PM
7	gal3@uw.edu	12/9/2020 3:38 PM
8	Sorenrl@comcast.net	12/8/2020 11:18 PM