Rev. 6/23/26

Pennsylvania Perinatal Quality Collaborative

A Family Approach to Services and Transitions for Opioid Use & Exposure

Process Measures and Specifications

Metric	Numerator (among the denominator)	Denominator	Data Source	Guidance and FAQs	Reference
Percentage of pregnant individuals with an at-risk substance use screen who received an appropriate follow-up action for alcohol or other drug use	Deliveries in which patients received brief intervention(s) and follow-up care on or up to 30 days after the date of the first at-risk screen (31 days total)	Deliveries during the measurement period that had an at-risk finding for substance use at any time during pregnancy (using an age-appropriate standardized screening tool)	EHR Data	Report on a quarterly basis Disaggregate by race and ethnicity, payor annually. AIM Demographics and Payor Categories *Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E* "Follow-up care" is defined as receipt of any of the following on or 30 days after the date of the first at-risk screen. • Feedback on substance use and risk.	

				• Identification of high-risk situations for drinking and coping strategies. • Increase the individual's self-motivation to reduce drinking. • Development of a personal plan to reduce risky/hazardous substance use. • Documentation of receiving SUD (including OUD) treatment Due to challenges with documenting these follow-up actions in a discrete data field in the EHR, it is recommended to establish a standardized coding process to track the completion of the follow-up actions (e.g., 99408, 99409, G0396, G0397, G0443, G2011, H0022, H0050). For SUD treatment from other providers, it is recommended to obtain patient consent to share dates of completed treatment sessions from the SUD provider to the OB/GYN provider team. Validated SUD screening tools: 4Ps, 4Ps Plus©, 5Ps*, NIDA Quick Screen (and if positive, the NIDA-Modified ASSIST)**, Substance Use Risk Profile Pregnancy (SURP-P)	

				Scale, CRAFFT (for adolescents), Wayne IDUS, DAST-10, or Prenatal Risk Overview-Drug Use (PRO), T-ACE (specific to alcohol), TWEAK (specific to alcohol), CRAFFT (specific to alcohol) **If sites use the Institute for Health and Recovery Integrated Screening Tool (i.e., the Integrated 5Ps Screening Tool), this includes the 5Ps.* ***NIDA Quick Screen leads into the NIDA-Modified ASSIST (i.e., it is designed as a 2-step screen).*	
Percent of newborns with NAS who were referred to appropriate follow-up at discharge	Number referred to follow-up services at discharge	Number of NAS cases during the measurement quarter	EHR Data, Hospital data form, and/or PADOH NAS Notification Form	Report on a quarterly basis Disaggregate by race and ethnicity, payor annually. AIM Demographics and Payor Categories *Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E* This measure is among those who have been discharged during the reporting quarter. The data should be pulled based on discharge date (for example, for July through September, data should be pulled for all patients	

				who were discharged in July, August, September). The PA PQC is using the same definition of the NAS cases reported to PA DOH's Division of Newborn Screening and Genetics via the Internet Case Management System (iCMS). These cases include "confirmed" and "probable" cases identified using clinical and laboratory criteria as defined in the Council of State and Territorial Epidemiologists' (CSTE) NAS Standardized Case Definition. This does not include "suspect cases." Please note that maternal clinical evidence is defined as use in the four weeks prior to delivery, and maternal laboratory evidence is defined as detection from a screening or laboratory test performed in the four weeks prior to delivery. *Please see DOH's FAQs about the PA iCMS implementation*. PA DOH NAS PA iCMS Implementation FAQ One of the data fields in the DOH NAS Notification Form under "Infant's Discharge Plan" is "Who was the baby referred to post-discharge?" The	

				numerator can include those with the following referrals selected: early intervention, home visiting services, pediatricians experienced in working with NAS, high-risk infant follow-up clinic, or developmental assessment clinic.	