

Re: GHC obstetrical management of gestational diabetes, AMA, and BMI ≥35

11/15/2017

If you are receiving this email, you have been involved with a few recent email strings about care coordination for GHC patients. In response to the email discussions, an internal group at GHC met last week to address the specific questions around ultrasounds, prior authorizations, and management of pregnancy for GHC patients with gestational diabetes, elevated BMIs, and advanced maternal age. Our group included leadership from multiple departments, such as care management, the FMOB provider group, Health Education, Radiology, Genetic Counseling, and Practice Management.

In this email, I will summarize the main issues and our plans moving forward. Having everyone on the same page should help our mutual patients navigate their care and reduce confusion on all sides.

Following this email, Alicia Hynek (Practice Management) and Lisa Behl (Care Management) will coordinate and share other communication tools over the next several weeks, including an updated GHC ultrasound guide and service grid. For the time being, as questions arise regarding the following topics, please reach out to me (Alison Craig, Chief of Staff).

Issue 1 – What is the care plan for GHC patients seen at UW OB who are diagnosed with Gestational Diabetes?

- GHC patients without other complex health indications for MFM management of pregnancy should be sent to the GHC Registered Dietitians (RD) for their initial gestational diabetes education and ongoing monitoring of blood glucose results up until the point that they need medication management.
- If/when a patient needs medication and/or insulin, they will be referred to the diabetes nurse specialist at UPH Meriter MFM.
- Patients can be referred to the GHC RDs for Gestational Diabetes by faxing an order to 608-662-5091, Attn: Alison Haack. An order can be printed from Epic, or the attached form can be used. One of the specialty schedulers at GHC will contact the patient and schedule an appointment within 3 business days.
- If patients have other complex health indications for an MFM management of the pregnancy, they can go to MFM for the entirety of their GDM management.

Issue 2 – Where should patients with a pre-pregnancy BMI ≥ 35 receive their 20-week ultrasound given the new Meriter/AIUM recommendations for a “targeted” UW at 20 weeks?

- Patients with a pre-pregnancy BMI ≥ 35 can receive their “targeted” 20-week US at MFM/UPH Meriter if a “targeted” 20-week US is recommended by the obstetrical provider.
- Note: if instead of a “targeted” ultrasound, the obstetrical provider recommends an “anomaly” 20-week scan, then the “anomaly” ultrasound should continue to happen at GHC Radiology.
- A prior authorization request is needed for all “targeted” 20-week ultrasounds at MFM.
- The “targeted” 20-week US can be ordered in isolation, without an MFM physician consult, unless there are other complex health indications for the MFM consult.
- If that “targeted” 20-week ultrasound is normal, and there are no other complex health indications for ongoing MFM management of the pregnancy, the follow up monthly “growth” ultrasounds **MUST** happen at GHC Radiology. The 24 week “growth” ultrasound will serve as the new baseline for the future growth scans.
- There is no upper limit of BMI for “anomaly” or “growth” ultrasounds at GHC.

Issue 3 – Do MFM consults and MFM ultrasound orders require prior authorization?

- Yes. Our Care Management system is set to require prior authorization.
- UW OB staff should utilize the current referral process that include this prior authorization.
- Ultrasound referral orders should include the pre-pregnancy BMI.

Issue 4 – What about GHC patients with a pre-pregnancy BMI between 30-35? Will GHC cover a “targeted” 20-week ultrasound at MFM rather than an “anomaly” 20-week ultrasound at GHC Radiology.

- For now, unless there are other complex health indications that warrant advanced ultrasonography, patients with a BMI of ≥ 30 to < 35 , should have a 20-week “anomaly” scan at GHC Radiology.
- This topic requires further senior leadership input. Dr. Craig is reviewing this with Dr. Kastman, GHC Chief Medical Officer, Dr. Jason Hampton, Assistant Medical Director for Care Management, and Melissa Baraboo, Genetic Counselor.
- We’d be happy to receive more information regarding the medical evidence to support this recommendation.

Issue 5 – How can we find the pre-pregnancy BMI?

- This will be added to the Prenatal Coordinator consult visits at GHC. Our team is working on how to enter this efficiently.
- Additionally, the pre-pregnancy BMI should be entered with all “targeted” ultrasound orders.

Issue 6 – For GHC patients with Advance Maternal Age (AMA), where should they have their 20-week ultrasound?

- The 20 week “anomaly” ultrasound should be done at GHC Radiology unless there is other complex health indications for a “targeted” 20 week US at MFM (e.g. BMI over 35).

Issue 7 – Where do GHC insured patients get their AFI/BPP and NSTs?

- These must happen at two different locations.
- The NST can happen with their primary obstetrical provider’s clinic, which might be at either the UW OB or GHC clinics.
- The AFI/BPP must be performed at GHC Radiology, unless the patient has other complex health indications for management of pregnancy by MFM.
- If patients have other complex health indications for MFM management of the pregnancy, they may obtain their AFI/BPP at UPH Meriter MFM.

Again, this summary serves as an expedited communication. Feel free to distribute this information to relevant providers and teams. Other communication tools, such as the service grid and an US guide will be updated and shared in the next several weeks. Feel free to reach out with questions or suggestions.

Best regards,
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