



CALIFORNIA HEALTHCARE FOUNDATION

Maternity Care in California: Opportunities for Collaboration and Transparency

Elliott Main, MD

Medical Director

California Maternal Quality Care
Collaborative (CMQCC)

CMQCC CALIFORNIA MATERNAL
QUALITY CARE COLLABORATIVE

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California Maternity Overview (2013)

- ~475,000 annual births (1/8 of all US births) in ~260 maternity hospitals
- Nearly 50% of births are paid for by Medi-Cal
- Race/Ethnicity: Hispanic 49.1%, White 27.6%, Asian/PI 15%, and Af Am 5.7%
- 22.7% of women start pregnancy with BMI >30 (obese)
- 40% are having their first birth
- 33.2% total Cesarean rate, similar to the US (more details on this later)

(Preliminary data from CMQCC, pending final statistics from the Department of Public Health)

Important Maternity Issues for California

- High rates of early elective deliveries
- High rates of low-risk, first-birth Cesarean-sections
- Limited access and low rates of vaginal birth after Cesarean (VBAC)
- High rates of serious maternal complications (and death) from hemorrhage and preeclampsia
- All measures are significantly worse for African American women

What Is CMQCCC?

- Multi-stakeholder and multi-disciplinary organization dedicated to improving maternity care in California. Our **collaborators** include:
- State agencies: CDPH, DHCS (Medi-Cal), OSHPD
- Providers: OB/GYN, Nurses, Midwives, Fam Prac
- Hospitals: Cal Hospital Assoc, Hospital Quality Inst, hospital systems
- Public: March of Dimes, Consumers Union, others
- Health Plans, purchasers
- Quality experts

What CMQCC Does

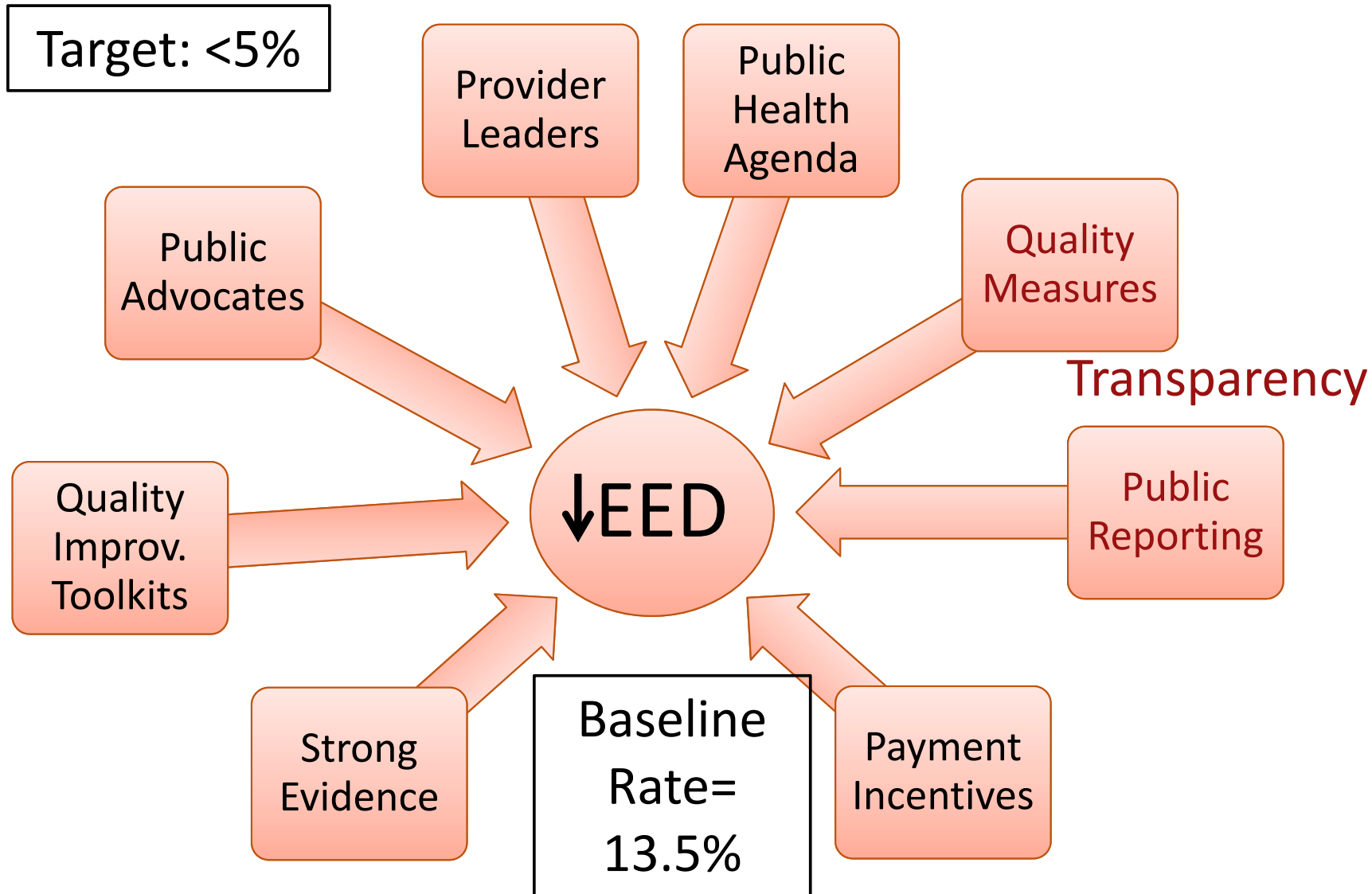
- Turn data into action!
- Maternal mortality reviews
 - Focus on safety opportunities
- Report and benchmark maternity quality measures for California hospitals
 - Use measures as a tool for improvement
- Quality improvement to scale:
 - Implementation projects targeting all 260 maternity hospitals
- Success requires **collaboration**

Changing Medical Practice

- Not easy to change practice patterns
- Need to break the status-quo, provide a reason to change
- Opportunities for **collaboration**: Lots to learn from nursing and midwifery practice
- Public reporting (**transparency**) is important but not enough
- Need multiple pressures from multiple angles (**collaborative** action)
- Let's examine early elective delivery, a highly successful change in practice

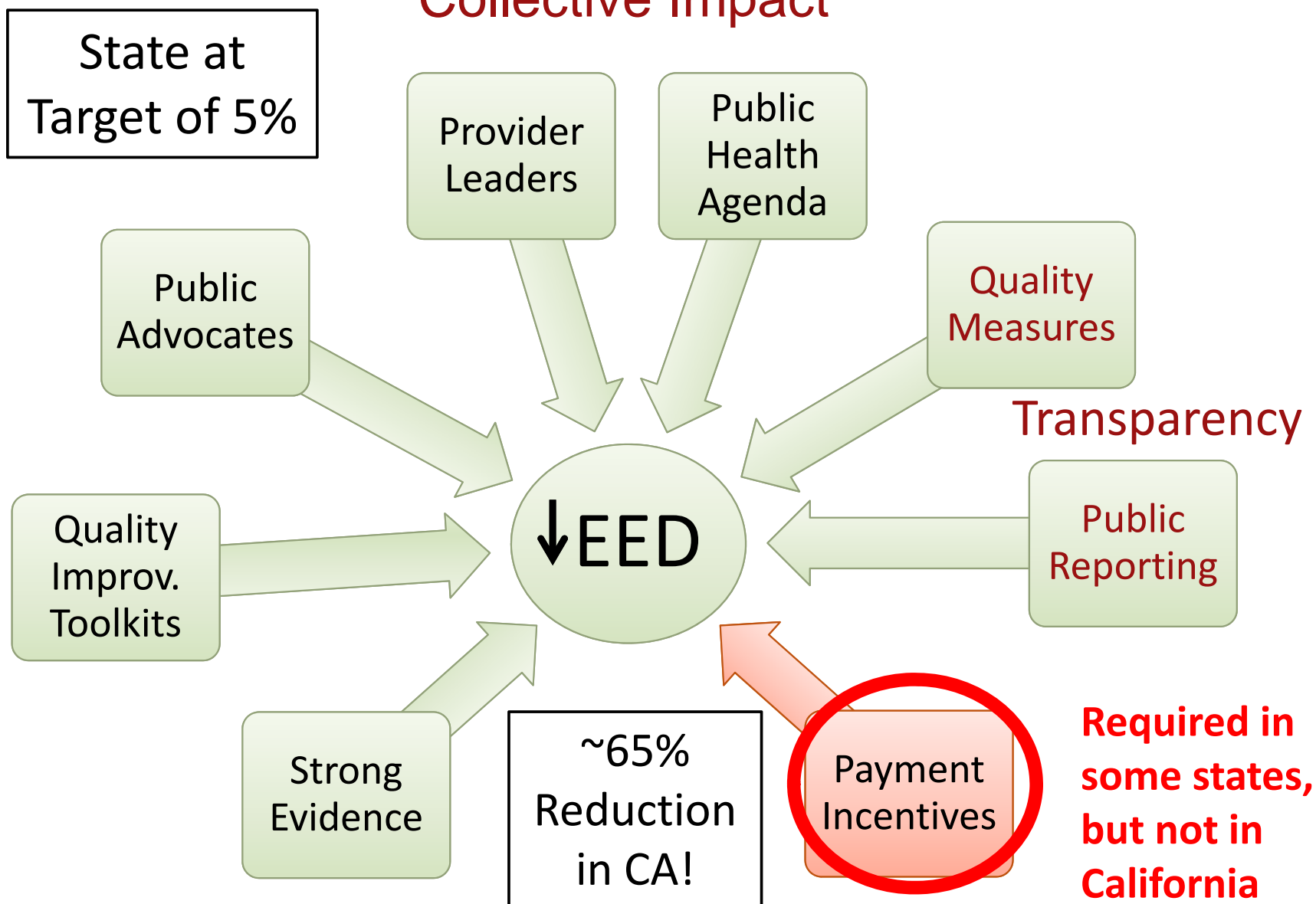
Early Elective Delivery Success:

Collaborative Action



Early Elective Delivery Success:

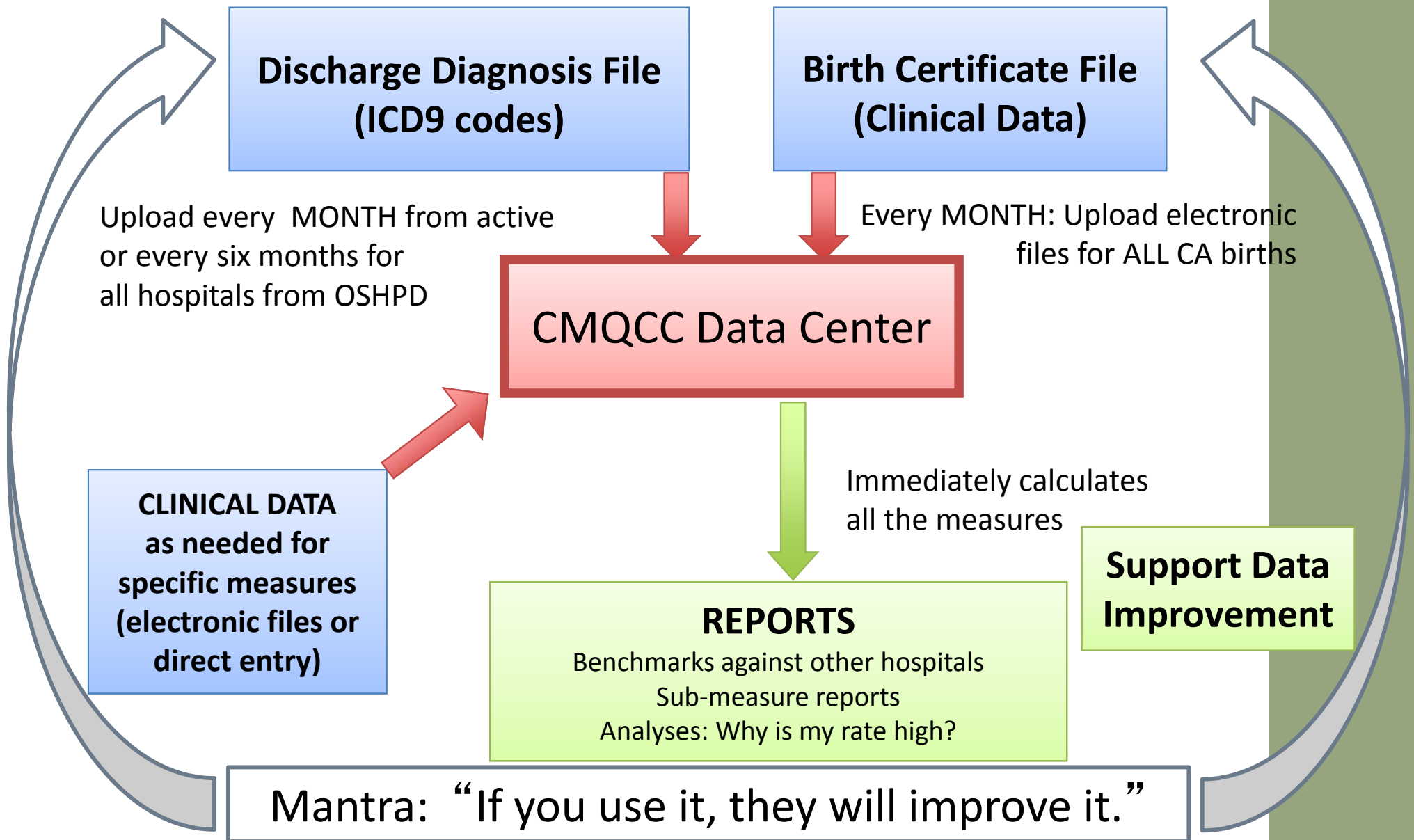
Collective Impact



CMQCC Maternal Data Center

- Mother/baby data from every CA hospital
 - Active members: Data are 45 days old
 - All others: Data are 9-15 months old
- Generate quality measures
 - Benchmarking, trend data
 - Tool for improvement, drill down analysis
- Transparency
 - Key hospital measures publically reported (CHART, CalQualityCare.org)
 - MD and midwife measures used internally

CMQCC Maternal Data Center

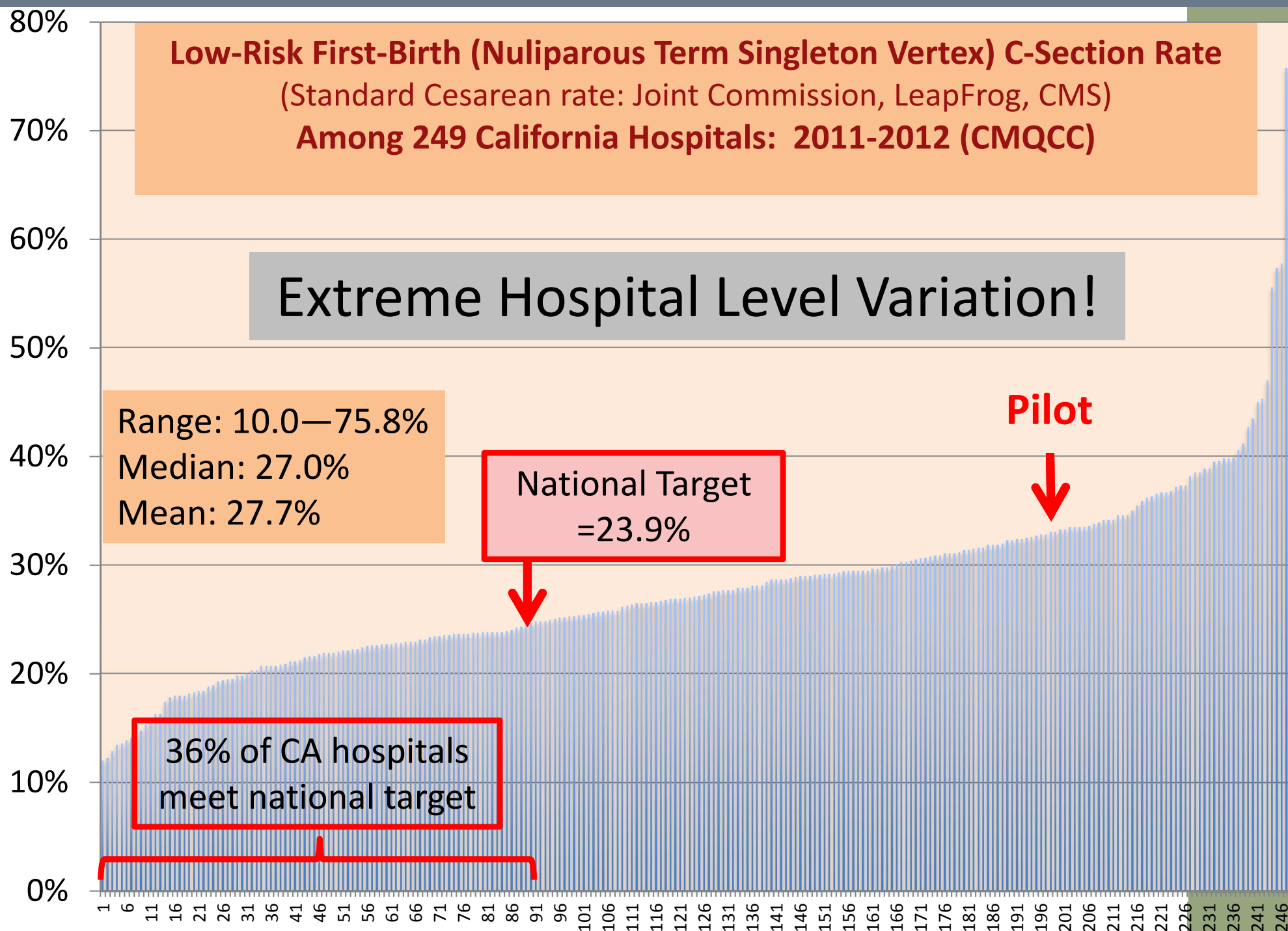


CMQCC Maternal Data Center

- Report on EVERY hospital in CA (except military)
 - >98% of births are in hospitals
- Data are only a few months old; not perfect, but great to drive quality improvement
- >30 performance measures, 14 data quality metrics, plus 20 hospital statistics including demographics
- Have not done birthing centers to date
 - Do not report to OSHPD and are very low volume
 - No reason that they could not report directly to CMDC, but need to identify hospital transfers

Unwarranted Variation Is Widespread

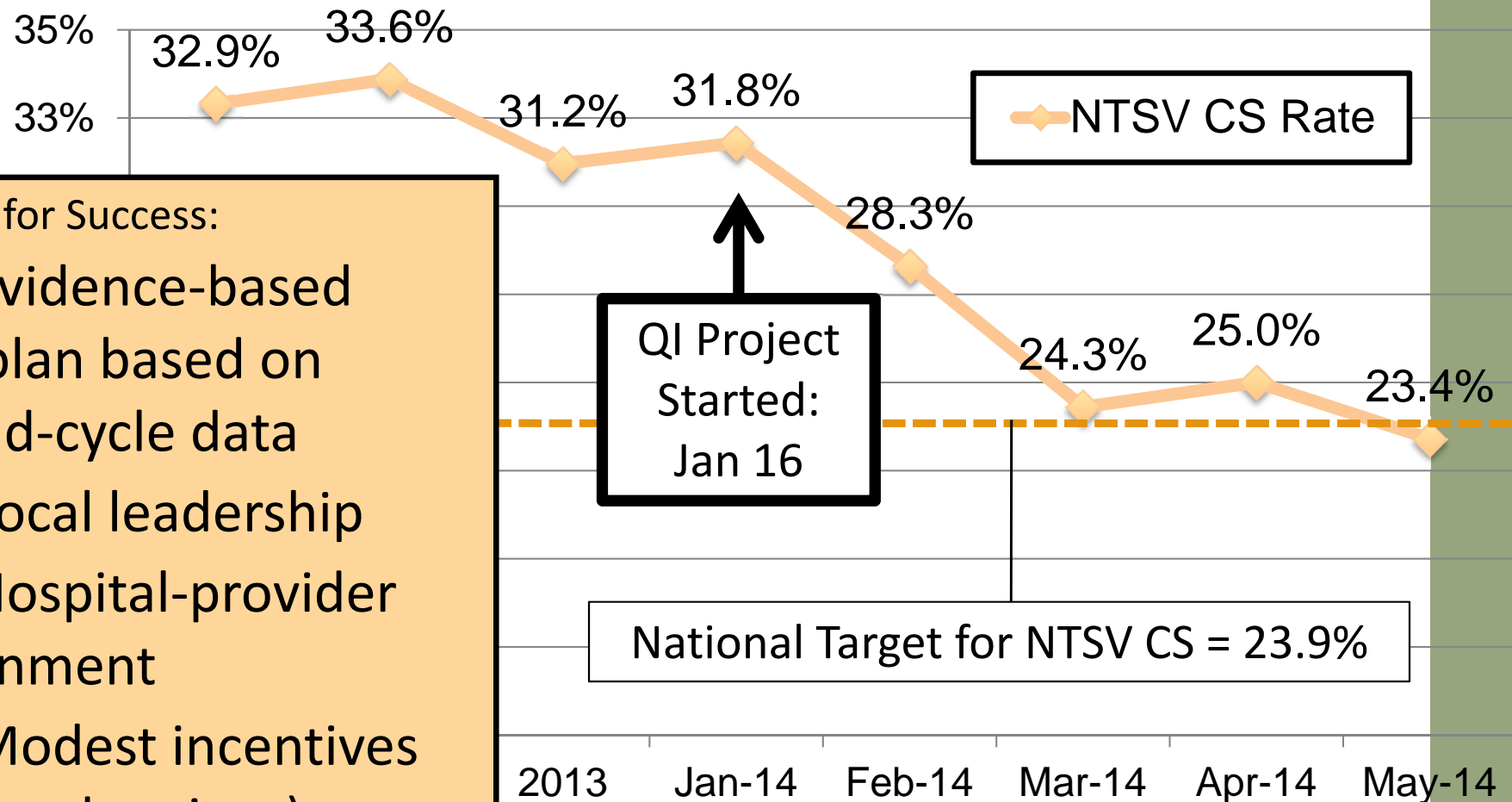
- Every measure shows large variation among hospitals and among providers
- Represent opportunities for improvement
 - Measures can be risk adjusted (where appropriate)
 - Peer comparison and peer pressure are very powerful
- Powerful argument for **transparency**
- **Collaborative** quality improvement is ideal to address large variation in care



Data-Driven Quality Initiative:

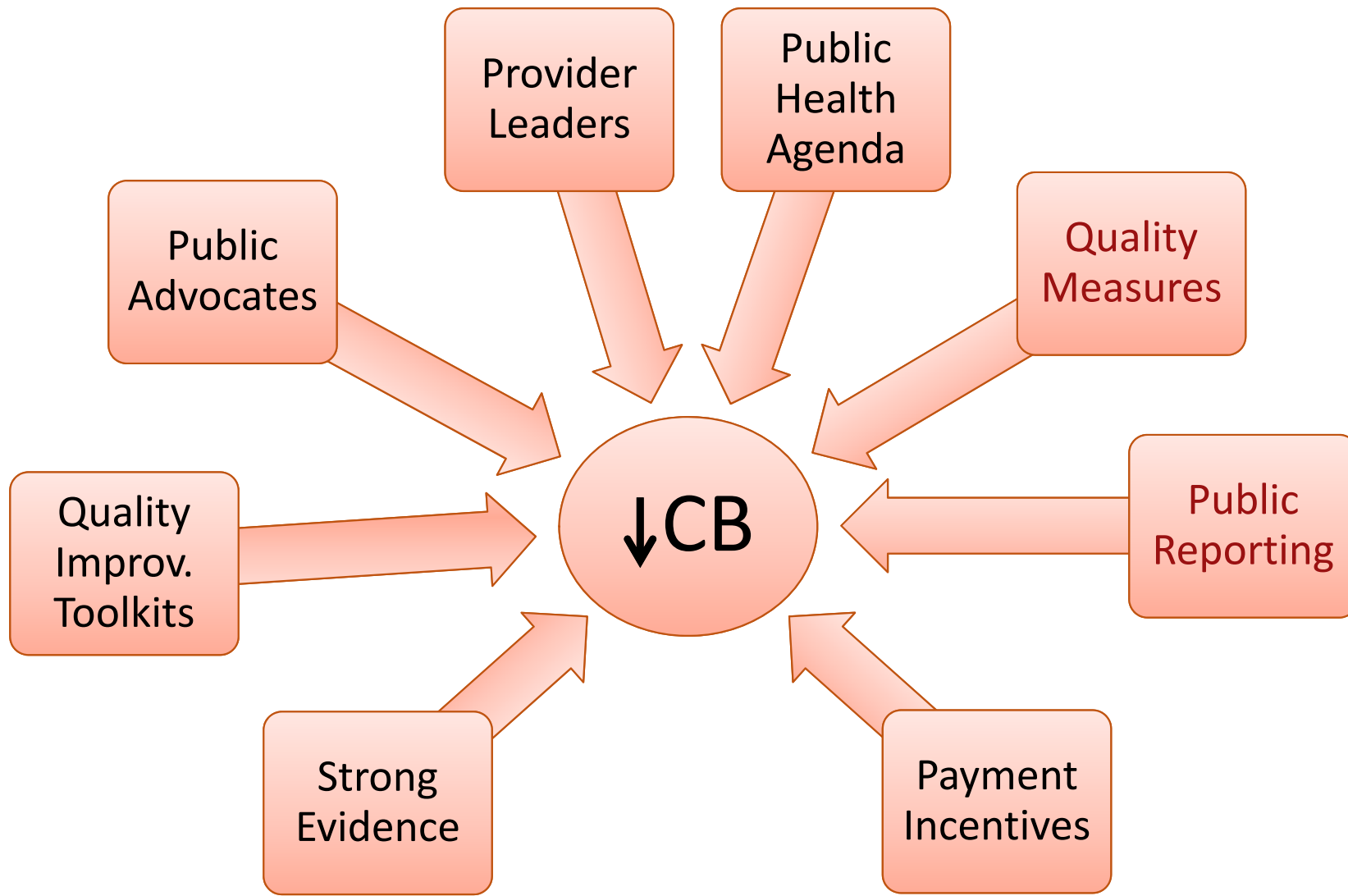
Nulliparous Term Singleton Vertex C-Sections

Pilot Hospital: PBGH / RWJ CS Collaborative



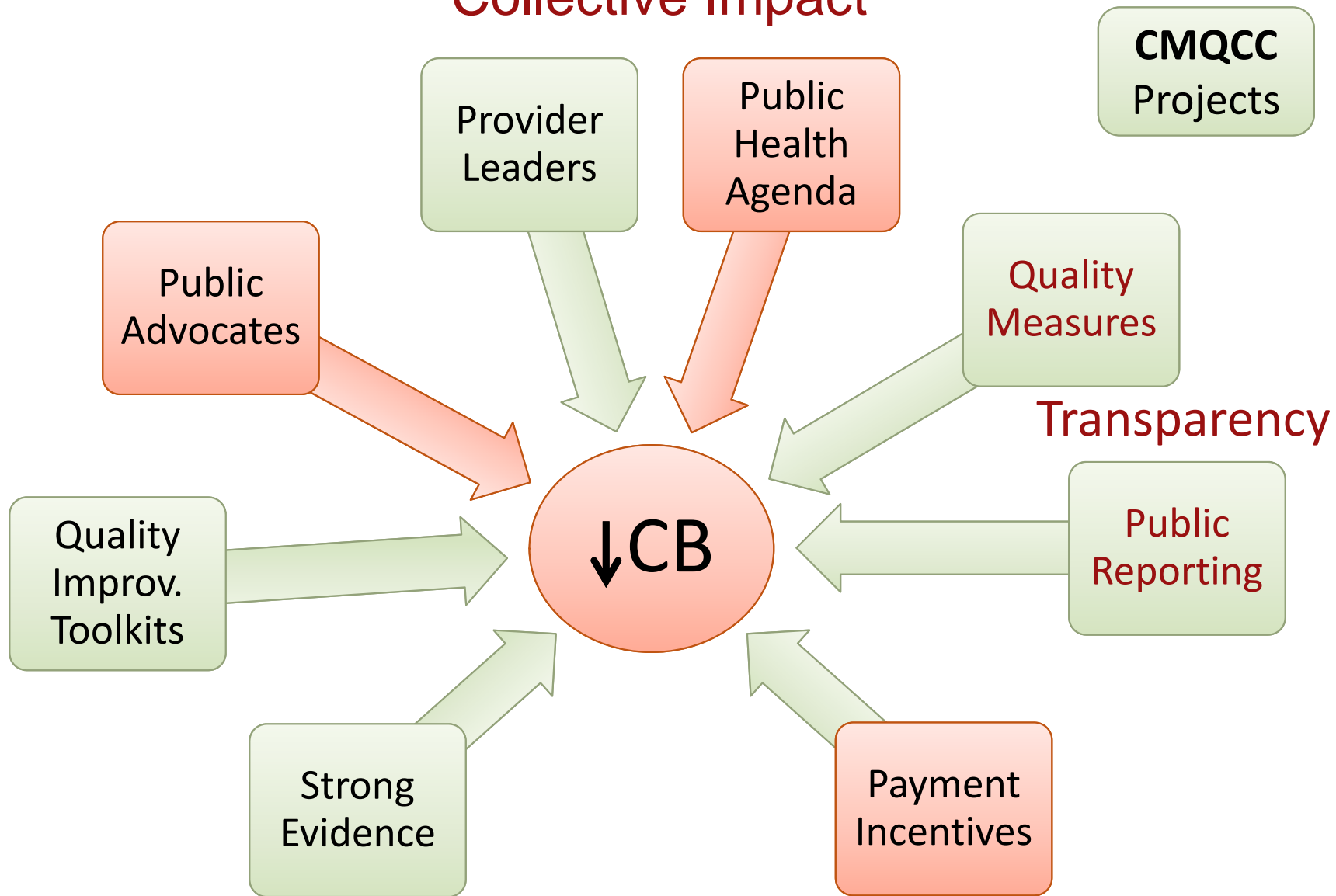
Approach for Reducing NTSV Cesarean Birth:

Collaborative Action



Approach for Reducing NTSV Cesarean Birth:

Collective Impact



CalSIM: Maternity

- **Collaboration** between purchasers, plans, and providers around quality/cost=value
- **Transparency** of metrics (CMDC capture and report)
 - NTSV (first-birth) CS, VBAC rates, and Early Elective Del
 - Unexpected newborn complications (balancing metric)
- Implement CMQCC quality improvement project and toolkit for NTSV Cesarean reduction
- Key partners
 - Purchasers: CalPERS, Cover California, PBGH, DHCS
 - Health plans
 - ACOG (OBs), AWHONN (nurses), ACNM (midwives), CDPH regional programs

Maternal Mortality

- California Pregnancy-Associated Mortality Reviews
 - Under the auspices of the CDPH (Title V funding)
 - Identify both the leading causes of maternal mortality and the improvement opportunities
- Statewide QI projects for maternal safety
 - Obstetric Hemorrhage and Preeclampsia Initiatives
 - Multi-disciplinary (MD, nurses, midwives)
 - Many organization partners!
 - Roll out to EVERY CA hospital and provider
 - Collaboration is critical
- Significant improvements are already being seen

Conclusions

- Mother and baby outcomes are improving, but plenty still to work on!
- Important role for **collaborative** action
 - Engaging all disciplines
 - Engaging many organizations
- **Collaborations** require “constant gardening”
- We wish to thank the state agencies that are working on these projects with us and CHCF, and the CDC, which is funding the California Maternal Data Center