State & Private Sector Initiatives to Improve Maternity Care in California

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IHA Overview

- **Organization**: California multi-sector healthcare leadership group
- **Mission**: Improve quality and lower costs of healthcare
- **Approach**: Multi-stakeholder collaboration incorporating performance measurement and incentive alignment
- **Projects**: Pay for performance, medical technology, clinical data sharing, new payment methods (bundled payment), resource use measurement, and administrative simplification
California State Innovation Model (CalSIM) State-led Maternity Care Initiative
California State Innovation Model (CalSIM)

- April 2013: California Health and Human Services Agency (CHHS) received a SIM model design grant
- CalSIM plan focuses around four initiatives:
  - Maternity Care
  - Health Homes for Complex Patients
  - Palliative Care
  - Accountable Care Communities
- July 2014: CHHS submitted SIM testing grant proposal to implement the plan; response expected in November
CalSIM: Maternity Care Initiative

Objectives and Targets

By the end of 2017, across all deliveries in California, reduce:

- Rates of early elective deliveries (<39 weeks) to below 3%
- Cesarean-section rates from 33.2% (2012 actual) to 30%
- Repeat C-sections by incentivizing an increase of vaginal births after C-sections (VBACs), where safe and appropriate, from 9% to 11%
- Or maintain level of unexpected newborn complications (balancing measure)
CalSIM: Maternity Care Initiative

- State purchasers* and their health plans will encourage and eventually require contracted hospitals to report data to California Maternal Quality Care Collaborative (CMQCC)

- State purchasers will note participating hospitals in their provider directories

- State purchasers and their health plans will implement a Value-Based Purchasing program

- State leadership will include cost and quality of maternity care in an annual review of state and regional performance

- Provider quality improvement technical assistance will be made available through CMQCC or other similar organizations

*State purchasers are CalPERS, Covered California, and Medi-Cal.
CalSIM: Maternity Care Initiative

Main Components

1. Data collection and quality improvement
2. Public reporting
3. Payment innovation
4. Patient engagement
CalSIM: Maternity Care Initiative

1a. Data Collection

- Goal: All hospitals report discharge data at least quarterly to the California Maternal Quality Care Collaborative (CMQCC)
- Improve timeliness of data availability for quality improvement and payment

1b. Quality Improvement

- Goal: Hospitals and participating physicians join in quality improvement and broader learning collaborative initiatives
CalSIM: Maternity Care Initiative

2. Public Reporting

- Goal: Publicly report maternity quality results
- As a starting point, to encourage hospital participation, provider directories will indicate which hospitals are participating in data submission to CMQCC
3. Payment Innovation

- Goal: Plans will revise their provider contracts to incorporate value-based payments upon contract renewal or effective January 1, 2016

- PPO Plan Payment Incentives
  - Preferred: Split Blended Payments
  - Combined Blended Payments (Episode or Bundled Payment)
  - Other Blended Payment Method

- HMO Plan Payment Incentives
  - Value-Based Pay for Performance
Goal: Educate and empower pregnant women and their families to be actively involved in their maternity care

IHA identified 40+ national and California-based maternity care initiatives to engage patients

Key strategies that emerged:

- Public education campaigns
- Shared decisionmaking between patient and provider
- Enhanced prenatal care models
- Self-tracking and mobile tools for patient
- Public reporting
Value-Based Pay for Performance (P4P) For Commercial HMO Population
California P4P Program at a Glance

- **$500m** Incentives paid out
- **200** Medical Groups and IPAs
- **35,000** physicians
- **10** Plans
- **9 million** Californians

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Value-Based P4P Design

- **Performance gates**
  - Quality
  - Total cost of care trend

- Calculate share of savings based on improvements on each resource use measure

- Adjust share of savings for quality performance

- Sum adjusted shared savings across measures
Value-Based P4P Maternity Measures

IHA is working with CMQCC to produce the same maternity measures, but at the physician-organization level

Clinical Quality
- Unexpected newborn complications in full-term babies
- Incidence of episiotomy
- Infants under 1,500g delivered at appropriate level of care

Appropriate Resource Use
- Cesarean-section rate for low-risk births
- Vaginal birth after C-section delivery rate

- Alignment between private and public initiatives
- Alignment between hospital and physician organizations
Resources

CalSIM

- California State Health Care Innovation Plan:  

- CalSIM Maternity Care Initiative for Health Plans and Hospitals:  
  http://www.chhs.ca.gov/PRI/_CalSIM%20Maternity%20Initiative%20WriteUp%20April%202014.pdf

Value-Based P4P

- Value-Based P4P Issue Brief:  