



CALIFORNIA HEALTHCARE FOUNDATION

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.

CaSIM: 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

CalSIM: Maternity Care Initiative

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

CalSIM: Maternity Care Initiative

4. Patient Engagement

- 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



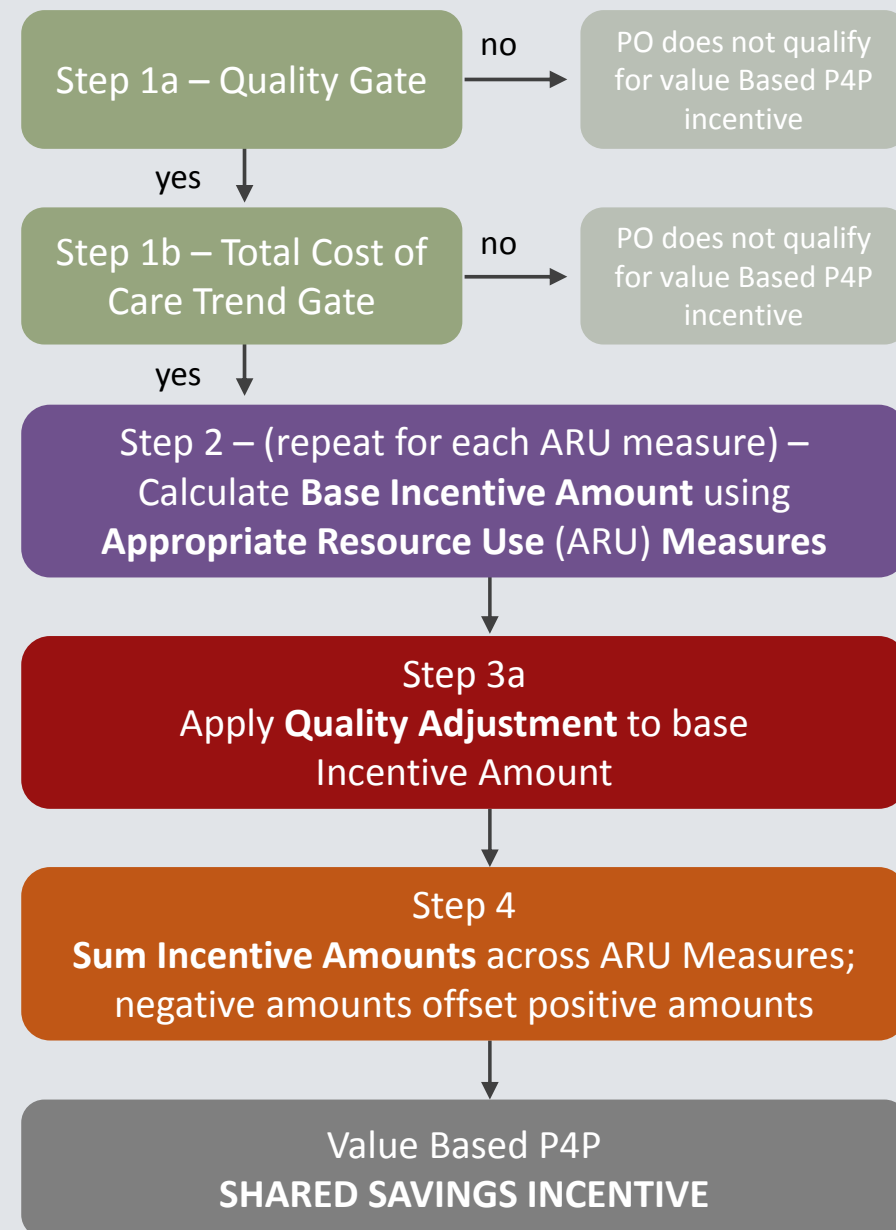
9 million
Californians



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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



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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

CaSIM

- California State Health Care Innovation Plan:
http://www.chhs.ca.gov/PRI/CaSIM%20State%20Health%20Care%20Innovation%20Plan_Final.pdf
- CaSIM Maternity Care Initiative for Health Plans and Hospitals:
http://www.chhs.ca.gov/PRI/_CaSIM%20Maternity%20Initiative%20WriteUp%20April%202014.pdf

Value-Based P4P

- Value-Based P4P Issue Brief:
http://www.ihf.org/pdfs_documents/p4p_california/Value-Based-Pay-for-Performance-Issue-Brief-September-2013.pdf