Engaging Consumers to Reduce Unnecessary C-Sections (And How You Can Help!)

Stephanie Teleki, Ph.D.
Elliott Main, M.D.
Doris Peter, Ph.D.
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CHCF: Making Health Care Work in CA

- Private, independent, non-profit foundation created in 1996
- Invest ~$25M annually
- Three overarching goals:
  - Improve access to care and coverage
  - Inform decision-makers
  - Ensure high value care
Goal: Hit the National Target (23.9%) in 5 Years

248 California Hospitals Reporting Live Births

Large Variation = Improvement Opportunity

National Target 23.9%
California Average 25.6%

42% of CA hospitals meet the national target.
58% of CA hospitals need to improve.
Multi-Lever Model for Change

- Payment
- Data/Transparency
- Purchaser Requirements
- Workforce
- Public Policy
- Consumer Engagement
- Quality Improvement

Lower Unnecessary C-sections
Consumer Engagement: What We’re Funding

- **Patient Education**: 1-2 pager & video (the focus of this webinar)
- **Consumer Reports**: Hospital/Social Media Campaign
- **Hollywood Health and Society**: Improved messages about maternity care in TV programming
- **Monitor 360**: Social media data analysis
- **Smart Care California**: Hospital C-section Honor Roll
- **Listening to Mothers in California**: Statewide survey (English & Spanish)
We Need You!

- Engage with us on this important issue.
- Give us feedback/expertise as we develop education materials.
- Share information with colleagues to increase awareness among stakeholders.
- Help us distribute education materials to reach pregnant women!
Thank You!

Stephanie Teleki, Ph.D.
California Health Care Foundation
steleki@chcf.org
Supporting Vaginal Birth and Reducing Primary Cesareans: California-wide Collaborative

Elliott K. Main, MD
Medical Director,
California Maternal Quality Care Collaborative
Stanford University, Palo Alto, CA
main@CMQCC.org
Why do high rates of Cesarean matter?

- Relentless Rise without Baby or Mother benefit
  - 6% in early 70’s, 20% in mid 80’s, 33% in 2010
  - CP rates, neonatal seizures unchanged since 1980
  - Overall, no benefit for long-term urinary continence

- Increased maternal and neonatal morbidity
  - Impaired neonatal respiratory function, NICU admits
  - Affects maternal-infant interaction/Breast Feeding
  - Increased maternal PP infections, VTE, transfusions
  - Longer recovery, 2X Post Partum re-admissions

- Prior CS can have major complications
  - Placenta previa and accretta (invasion deep into or thru the uterine wall) ➔ hysterectomy or worse
  - Uterine rupture; abdominal adhesions
Hospitals in California Have Large Variation in Risk-stratified Cesarean rates

First Time, Low-Risk C-Section Rate

- National Target: 23.9%
- California Average: 25.6%

Large Variation = Improvement Opportunity

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248 California Hospitals Reporting Live Births

Source: California Maternal Quality Care Collaborative
### What Indications Have Driven the **RISE** in CS?

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<th>Percent of the Increase in Primary Cesarean Rate Attributable to this Indication</th>
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**Quality Improvement Focus:** How can we prevent the development of Labor Indications for Cesarean?
Importance of the First Birth

If a woman has a Cesarean birth in the first labor, over 90% of ALL subsequent births will be Cesarean births.

Which path will she be taken down?

If a woman has a vaginal birth in the first labor, over 90% of ALL subsequent births will be vaginal births.
CMQCC Toolkit and Collaborative

- **Award-winning Multi-disciplinary QI Toolkit**
  - Joint effort with leaders from Obstetrics, nursing, midwifery, doulas, hospitals, payers
  - Best practices, policies, protocols, “how-to”
  - Recognition from national ACOG and Lamaze

- **Large-scale learning collaborative**
  - Over 95 hospitals engaged with a focus on better labor support/management
  - “Reducing the Indications for Cesarean”
  - Strong support from California ACOG, AWHONN, ACNM, Hospital Assoc, Payers and purchasers and many others
Patients Have a Central Role: How Can We Partner?

- **Critical Importance of Setting Expectations**
  - Examples:
    - Prevent early labor admission
    - Promoting walking/Upright positioning
    - Labor induction only when the cervix is ready

- **Shared decision making**
  - Dependent on childbirth preparation and open communications
  - Lots of misconceptions and misunderstandings;
  - Range in the valuation of “normal birth”
  - Fear of pain and fear for loss of control can be important drivers
Consumer Research

Doris Peter, PhD
Susan Perez, PhD
About CR

- Independent from industry
- Non-profit organization
- Non-partisan, consumer advocacy organization
- Reach 20 million consumers per month
- Subscription business model but most health content is free (Best Buy Drugs, Choosing Wisely, Hospital Ratings)
- Focused for 80 years on providing an alternative perspective to advertising and promotion
Consumer Reports Health Ratings Center

- Multidisciplinary team
- Identify & evaluate best possible sources of data
- Data acquisition, analysis, validation
- Develop Ratings method; peer (internal and external) review and critique of method
- Consumer testing of displays/labels
- Work with journalists, advocacy, public relations to draw public attention
How we engage consumers and affect change

- Trust among consumers – consumers are our only stakeholder
- Independence (no influence on content/ratings)
- Providing data-based comparisons to support choices and identify outliers
- Telling stories about the data
- Policy and advocacy – e-activist network
- Patient Safety Action Network/Safe Patient Project
- Audience reach (print, online, social media)
- Partners (data, dissemination, strategic)
- Consumer/patient stories/consumer experiences
- Ratings/statistical resources
- Communication/dissemination
Consumer Reports Goals & Objectives

- **Goal:** To reduce consumer harm, both medical and financial
- **Objective:** Reduce overuse of unnecessary C-sections
- **Theory of change:** Provider accountability and consumer choice
- **Tactic:** Develop communication vehicles to help women take action to reduce their risk of an unnecessary C-section
Project overview

- **Goal:** Develop consumer education/communication materials to help women take action to reduce their risk of an unnecessary C-section
- **How:** In-depth research with consumer testing and stakeholder engagement
- **Timeline:**
  - March: Provider research; consumer research
  - April: Complete focus groups
  - May: Prototype designs
  - June-Aug: Testing and iterating on prototypes (including stakeholder review)
  - Sept: Final versions completed
Key research questions

• Which specific messages are likely to be most effective with pregnant women broadly, and with key subgroups?

• Which actions are likely to be most effective to reduce their chances of an C-section? What actions are women most likely to take?

• What messages are most likely to also resonate with providers, in order to promote a positive patient/provider partnership?

• What specific types of materials are most likely to be effective?
Audience considerations

- Women of childbearing age
- Medi-Cal and non-Medi-Cal Patients
- Materials must be suitable for varied audiences
  - Range in health literacy
  - Culturally appropriate
- Other stakeholders
Five steps in our process

1. Message receptivity (providers)
2. Insights from mothers who had a C-section
3. Message development
4. Design (Communication)
5. Vetting near-final product
1. Message receptivity of providers

- One-on-one interviews with providers across the country (Obs/Midwives)
- Evaluate/understand provider receptiveness of patient actions to reduce risk of C-section
- Status: peer-reviewed interview guide completed; interviews have started
2. Insight from Mothers Who Had a C-Section

- Focus group with mothers who had a C-section
- Identify information mothers would have wanted to know about cesarean and vaginal births
- Status: peer-reviewed interview guide completed; participant recruitment underway
3. Message Development

- **What:** Identify message content preference, effectiveness, and receptivity
- **Who:** Expecting moms and future moms; Black women, Latinas, White and Asian women
- **How:** Focus groups (9 focus groups)
- **Language:** Spanish and English
4. Design Development

- **What:** Determine how to communicate messages using different design elements
- **Who:** Future mothers, together with family and friends; Black women and Latinas
- **How:** In groups of two (dyads) (36 women total)
- **Language:** Spanish and English
5. Vetting/testing near-final product

- Stakeholder review of “finalists”
- Testing of near-final products with “Secret Shoppers” (as near as possible to real-life situation)
- Develop final dissemination plan/tactical launch plan
Integrate stakeholders throughout the process

- This webinar, and upcoming webinars where we will share results and gather input
- Multi-stakeholder project team
- Input from providers and others on interview guides and interim products/designs
- Vetting of near-final products by stakeholders
Questions?

Thank you!

Doris Peter, PhD
Director, CR Health Ratings Center
dpeter@consumer.org
Next Steps/How You Can Engage

• Attend the webinar to view prototypes developed and provide feedback (to be scheduled)

• Attend the webinar to see final versions (to be scheduled)

• Send us names and contact information of colleagues you think should be on our list of stakeholders.

• Email with any comments/input in the meantime:
  
  o Stephanie Teleki: steleki@chcf.org
Thank you!