



California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

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

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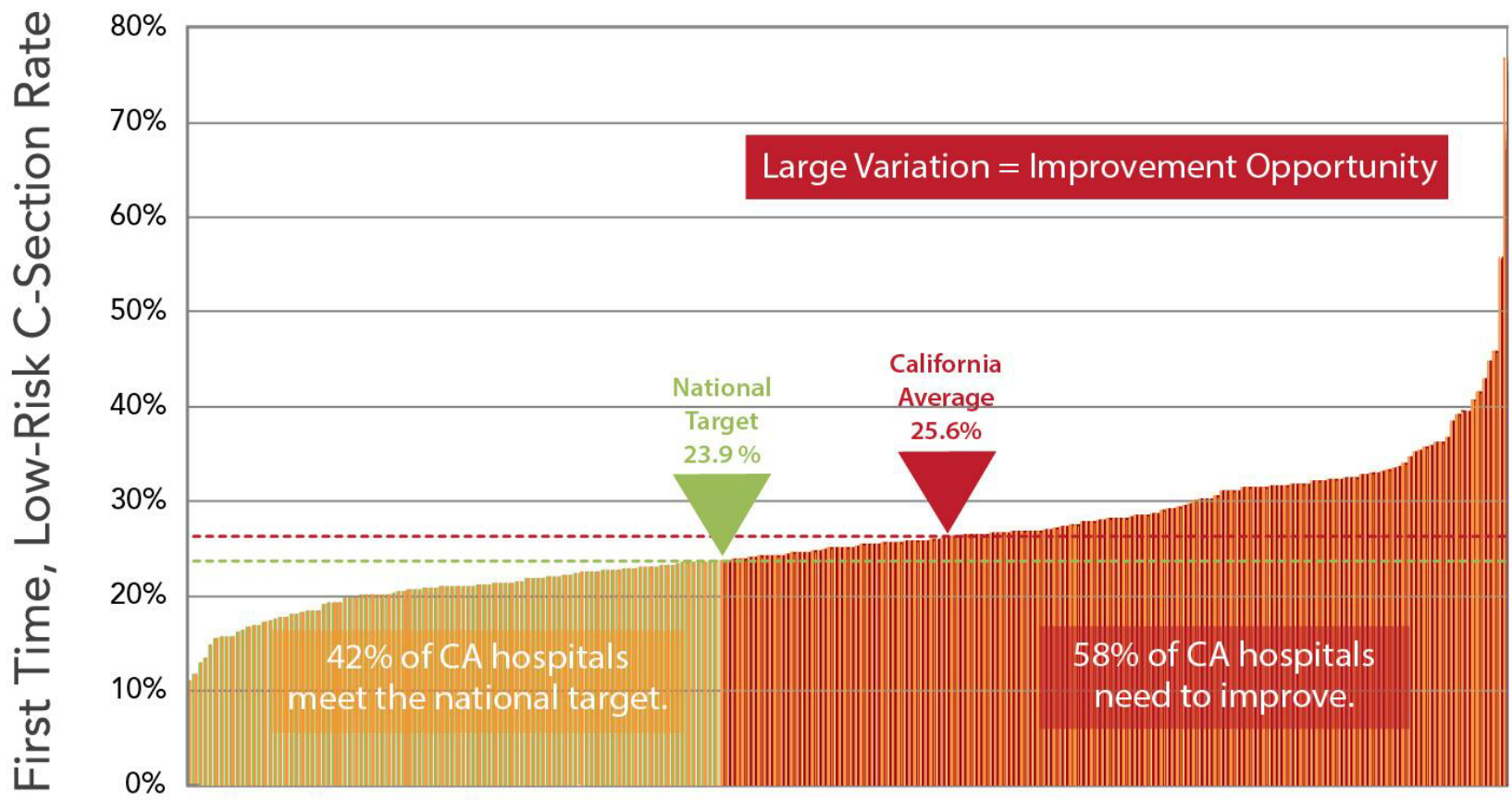
March 10, 2017



CHCF: Making Health Care Work in CA

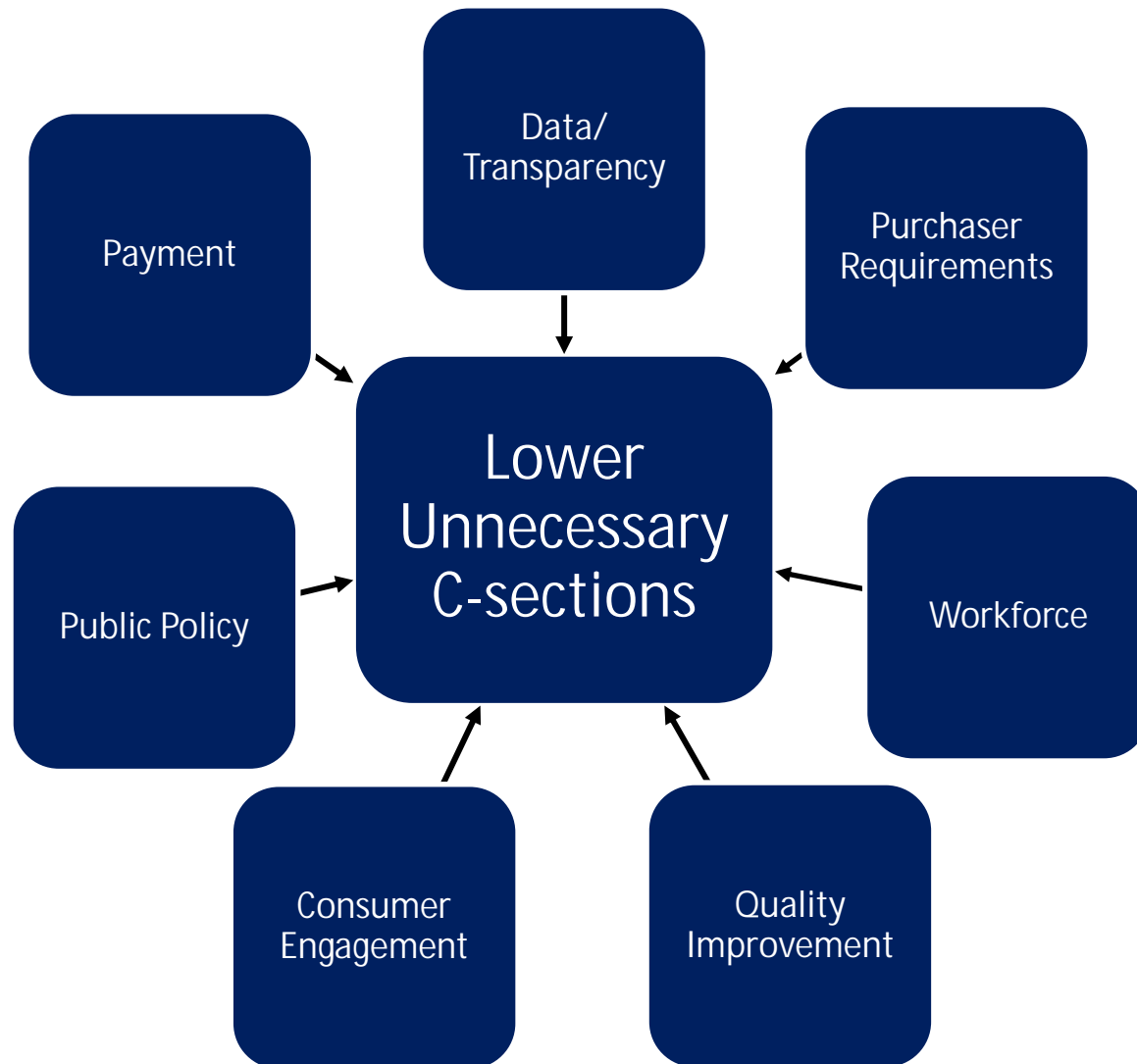
- Private, independent, non-profit foundation created in 1996
- Invest ~\$25M annually
- Three overarching goals:
 - ✓ Improve access to care and coverage
 - ✓ Inform decision-makers
 - ✓ Ensure high value care

Goal: Hit the National Target (23.9%) in 5 Years



248 California Hospitals Reporting Live Births

Multi-Lever Model for Change



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!

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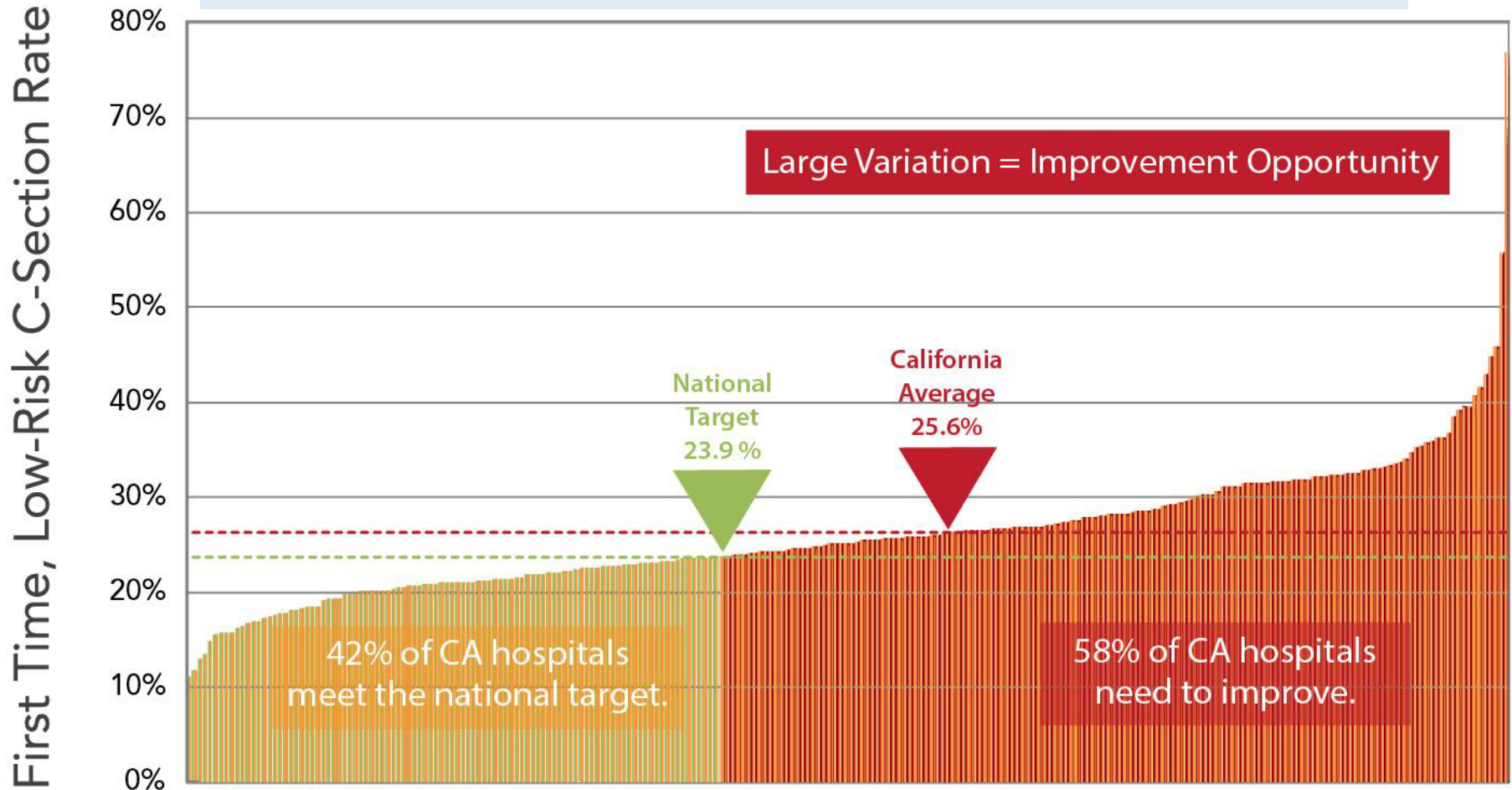
Supporting Vaginal Birth and Reducing Primary Cesareans: California-wide Collaborative

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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 accreta (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



248 California Hospitals Reporting Live Births

What Indications Have Driven the **RISE** in CS?

Cesarean Indication	Percent of the Increase in Primary Cesarean Rate Attributable to this Indication
Labor complications (Failure to progress and Fetal concerns)	60%
Breech	No Change
Multiple Gestation	10%
Various Obstetric and Medical Conditions (Placenta Abnormalities, Hypertension, Herpes, etc.)	20%
“Elective” (defined variously, Often: scheduled without “medical indication”)	10%

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Quality Improvement Focus: How can we prevent the development of Labor Indications for Cesarean?

Importance of the First Birth

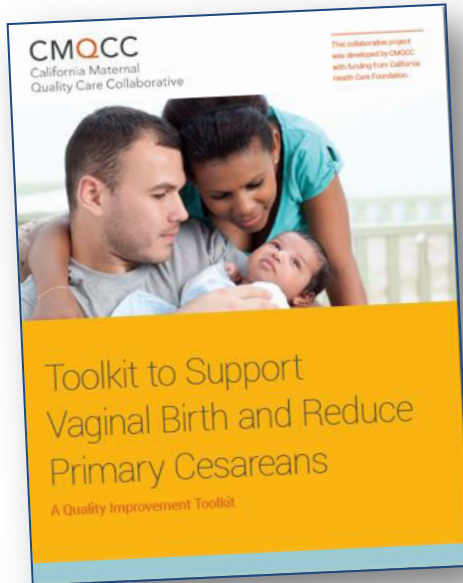
If a woman has a Cesarean birth in the first labor, over 90% of ALL subsequent births will be Cesarean births



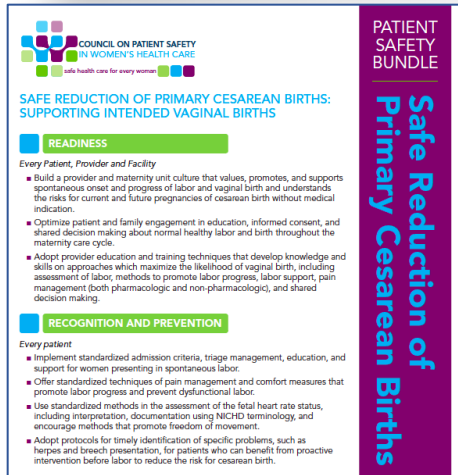
**Which path will she
be taken down?**

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



Transforming Maternity Care

A Toolkit to Support Vaginal Birth and Reduce Primary Cesareans

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

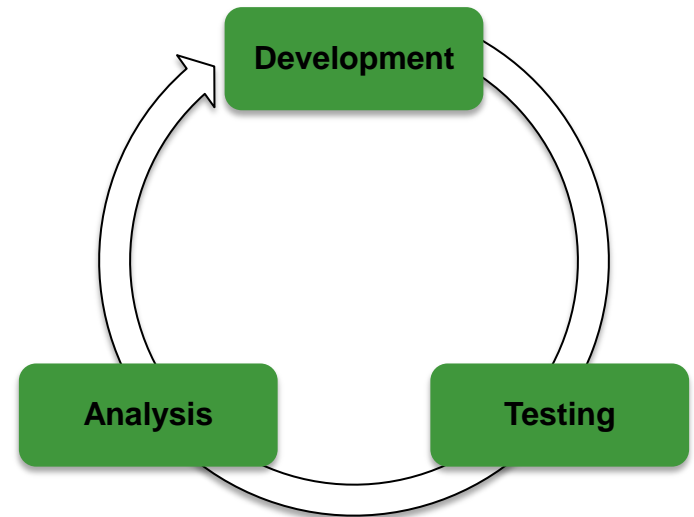
- Which specific messages are likely to be most effective with pregnant women broadly, and with key subgroups?
- Which actions are likely to be most effective to reduce their chances of an C-section? What actions are women most likely to take?
- What messages are most likely to also resonate with providers, 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!

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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:
 - Stephanie Teleki: steleki@chcf.org

Thank you!