



**MA Perinatal Quality Collaborative  
Advisory Committee Minutes  
November 5th, 2012 4.30-5.15pm**

**Attendees:** Glenn Markenson, Munish Gupta, Ron Iverson, Brian Couchon, Fifi Diop, Mary-Ellen Boisvert, Linda Clayton, Jeff Ecker, Jean MacBarron, Ed Doherty, Alexis Travis

**MPQC Summit Debrief:**

- Things that the group thought went well included: there were a lot of questions from the audience, people arrived on time, the meeting was a great way to get stakeholders involved. The group agreed that it would be a good idea to invite payers back again and involve them in the collaborative moving forward. There was a strong introduction from Glenn.
- Things that didn't go so well included: payers did not refer the collaborative to their foundations for sponsorship opportunities when asked about the possibility of funding the collaborative. The group discussed using the agreement forged between BCBS and the Perinatal Quality Collaborative of North Carolina as a model for us going forward and to approach local Payers. Munish pointed out the North Carolina collaborative were only able to get support after they had some results, so it will be very important for us to go in with a plan. Ed suggested that the group used data from other States.
- The group agreed that an improvement for next time would be to dedicate more time to project updates even if there isn't more data, status updates on each project would help.

**Next Steps:**

- **Next Summit and Data:**  
The group discussed data reporting. Alexis explained that a written request for data was sent to each hospital that did not report to Leap Frog, but only 2 responses were received. Mary-Ellen Boisvert asked where hospitals should send the data to. Glenn said that the information should be sent via e-mail or US postal service to Alexis at the March of Dimes.
- **Prematurity and Progesterone:**  
Based on the DPH data presentation on Progesterone during the summit meeting, Glenn asked the group to reflect whether or not 17P is a worthwhile priority. Ron stated that 17P has been a complex issued due to the compounding problems. Jeff Ecker agreed and said that it makes sense to use it as a measure, but to bare in mind that you need to treat 4 patients to prevent 1 pre-term birth, therefore the focus for next meeting might be problem solving around 17P. Other suggestion included to incorporate data on Cervical Length into the projections and the impact of screening everyone for cervical length. Fifi suggested using the birth certificate to capture data on PPRM. Linda added that Paul Jefferies (from the pharmacy at DPH) can probably help if we are keeping it on the agenda and that it might be beneficial intervention if we are using it for well selected patients, with access to the medication and payers. The group agreed that it would be

beneficial to look at what other collaboratives are doing, Jeff pointed out that we shouldn't be left out of the work on progesterone. Another person mentioned in the conversation was Rebecca Gee, who might be able to shed light on the use of 17P with short Cervix. The group discussed the possibility of having a panel discussion on progesterone and linking birth certificate data at the next summit meeting.

- **Post-partum hemorrhage:**  
Glenn mentioned the importance of having proper metrics and demonstrating best practices in post-partum hemorrhage. The group discussed posting the protocols that we have received to the website and also putting out a call for best practice presentations for the next Summit. The group discussed the possibility of having three 15 minute presentations on different aspects of the topic e.g. Mass transfusion, simulation, and identifying those at risk.
- **Neonatal Abstinence Syndrome:**  
The group decided it would be a good idea to incorporate NAS into the next meeting. Munish will give an update on the project underway by NEOQIC and VON see if we can get more people to join webinars. Ron mentioned that the RESPECT Clinic at BMC may be good participants as content experts on the leadership group. Brian also thought the program at Lowell General Hospital would make a great participant. Linda mentioned that Pat Falcoa is very interested with NAS and might be helpful to us. The group discussed the quality to discharge and referral for early intervention in NAS and suggested linking the data to post-discharge care.
- **Breast Milk Promotion:**  
The group briefly touched upon breast milk promotion as an idea for collaboration between OB and Neonatal practice.
- **Birth Certificate Barriers, Obstacles and Challenges:**  
The group discussed making this a priority for the next Summit and proposed having break out sessions on improving access to data. Fifi pointed out that there are some issues with getting data from hospitals and lot's of missing field. A suggested solution was to have a best practices presentation on how to record data in the birth certificate. Additionally the Ohio Collaborative have looked at the issue getting complete data collection of all necessary fields and we may want to invite a speaker from there to join the meeting next time.

#### **Action Steps:**

- Ed to reach out to Martin McCaffrey for a copy of the PQCNC for an example of how they developed their agreement with BCBS. Ed will also ask Tufts Health Plan about sponsorship opportunities
- Glenn to forward suitable mass hemorrhage protocols to Alexis for addition to the MPQC website
- Ron to connect the RESPECT Clinic at BMC
- Brian Couchon to contact the program at Lowell General Hospital.
- Alexis to send out pre-mailing to have people join the NAS webinars
- Fifi will look at getting more current data on preterm birth
- Ed to facilitate getting a speaker from the Ohio Collaborative to address data collection issues.

The next call is scheduled for 1-2pm, December 5<sup>th</sup>  
Conference Call #1.800.411.7650  
Participant Code-139774#