



Massachusetts Perinatal Quality Collaborative



MA Perinatal Quality Collaborative Advisory Committee Minutes November 13th, 2013

Attendees:

Bonnie Glass, Fifi Diop, Darcy Brewin, Glenn Markenson, Dale Magee, Kim Pina, Audra Robertson, Faye Weir, Munish Gupta, Matthew Esposito, Ron Iverson, Andrew Healy, Ed Doherty, Alexis Travis.

MPQC Summit Debrief:

- The group agreed that the meeting was a great success, with a full room. Alexis shared that the final count was 125 attendees and that we had good representation of institutions and organizations. Additionally, physician participation (a concern from the previous meeting) has increased. A strength of the meeting was many organizations returned and some new agencies were represented. Glenn pointed out that the Keynote Speaker and topic of patient safety were a huge draw and feedback was positive from participants directly after the meeting. The Fee for attendance reduced the number of no-shows and worked well. Ed estimated that there was 10% of what we previously had for no-shows. The group agreed we should continue to charge for attendance as most of the participants did not mind having to pay such a small fee
- The group discussed things we might want to change for the next meeting. The consensus was that the Wednesday meeting worked better than our previous Monday meeting and the end of the week is not a good time for a summit, so we will stick to Wednesday for the next meeting. Bonnie suggested that we gather contact information for who will participate from each organization or have institutions assign representatives. We could get suggestions from people who are involved in current projects or who have responded before. The group agreed that ideally we would like a Physician Leader, Nurse Leader, Informal Leader, and Quality person representing each institution. The group also agree we should allow institutions to suggest other professionals that we may not have identified as valuable contributors to the collaborative. Patricia Falcoa added that by law each facility must have a patient safety committee and perinatal advisory committee, so we could ask for a representative from those. Bonnie agreed and suggested that we contact the Chair of each perinatal advisory committee with the new date for the April Summit and ask them to send a representative. She also mentioned that the MA ACOG annual meeting is in September. Alexis shared that she met with Erin Tracey to discuss the feasibility of a joint meeting between the MPQC and ACOG, which would give us the ability to offer CMEs. She will schedule a follow-up meeting to continue the discussion. The group acknowledged sponsorship as a positive, however the sponsor introduction was a little too much and might be a conflict of interest to introduce the keynote, so we will avoid that in future.

Prevention of prematurity Subcommittee:

- Audra and Mary Ellen shared that they are co-chairing the MPQC Prematurity prevention subcommittee. They have requested data from DPH and due to the number of queries submitted it will take longer to get the data back than for Glenn's previous request. Glenn mentioned that he had received data on late preterm birth but it has not been verified so he couldn't use it in his presentation. Audra and Mary Ellen intend to use the data to identify a pilot geographic area or by hospitals in a region where to focus the work. Mary Ellen stated that they

will use knowledge gained from the data to inform what education is need in order to achieve improvement, the approach will follow Munish's model. Mary Ellen also shared that she is a Six Sigma Black Belt, so has a lot of experience with quality improvement. Bonnie stated that the process presented will help with all of our future projects. Munish added that having an aim at the beginning would help, for example a goal of 80% of hospitals providing benchmarking data. Audra responded that the subcommittee has talked about various strategies including primary, secondary and tertiary care. Bonnie shared that this would be a different approach where a process outcome would be enough and that we have had a series of meetings that were well attended. We need to identify what issue we have, start out broad and narrow down for Maternal Hemorrhage, prematurity and NAS.

Regional Focus

- Bonnie asked the regional liaisons if enough is being done at the local level. Darcy explained that not all institutions are friendly just because they are in a certain geography. Ron agreed and stated there is a balance between cooperation and competition. Patricia stated that the concept of regionalizing is growing so there will be a regional OB Chair.
- Faye ask if there is a way we can facilitate the relationship between institutions. Patricia responded that if we are looking for process and outcomes we might help implementation and timely triage to the next level e.g. primary to secondary or tertiary. Darcy pointed out if institutions are geographically distant it doesn't work well. Patricia said it could end up being site specific. Bonnie stated that we should ask institutions what works for you, let them pick projects and target these to different institutions, then we can report it or communicate quality measures. She also mentioned that Matthew and Mark are collecting a lot of data and can incorporate more e.g. breast feeding and other quality measures. Faye shared that due to practice change and changes in the way you are collecting data it is changing for institutions.

Next Summit

- Patria mentioned that Dr Lauren Hanley is working at the state level with the Breastfeeding coalition. Mary Ellen shared that she got a call from the Massachusetts Breastfeeding Coalition and they seem very interested in getting involved with the MPQC. Patricia agreed that this would be a good idea for the meeting in April. Faye also wondered about antenatal steroid administration. Fifi referenced a paper published in the April edition of the Fertility journal on research by Jean Declerc on ART/Infertility. So that is an issue we might address in April. The group agreed. Fifi reminded the group that the Commissioner has been asked to speak about cost containment and the impact of the affordable care act at the MPQC Spring Summit and is willing to do so if her schedule permits. Alexis responded that as soon as we confirm the date of the meeting we will let the commissioner's office know. Bonnie added that we may have something to report out on the maternal hemorrhage project by the time of the next meeting.

Funding & Sustainability

- Glenn referenced his new role as the lead for the funding and sustainability subcommittee and shared that he is willing to write a grant application to support future work and growth. The group discussed that ideally we would like a full time coordinator and executive officer. Alexis asked if we should try and get a line on the state budget through DPH. Glenn suggested that we could lobby for it or approach bureaus that might have money for this work. The group agreed that we should do that at the same time we should also continue to seek sponsorships for future meetings.
- Patricia mentioned that Sunshine Law has led to more educational grants which might open new avenues up to \$150,000/year. Glenn mentioned that ORTHO used to support OBGYN for new projects or programs. However,

we could follow other collaboratives such as North Carolina who got their funding from DPH and Blue Cross Blue Shield. Munish explained the way the Vermont Oxford Network gets subscriptions from institutions and participants, but other collaboratives have had the same problems because block grants from CMS, Medicare, and CDC do not lead to sustainability. Michigan has taken a grass roots approach and North Carolina's success has been based on the payers offering incentives for participation in the collaborative.

- Fifi asked the group how much the annual budget is for the MPQC. Ed responded that it would be somewhere between \$150,000 - \$200,000. Fifi stated that Title V funds services, ideally direct services, but it also provides funds for infrastructure; if we figure out how much money we need we could write a proposal to title V as a primary goal to get a full time administrator and a full time grant writer. Ed asked the group if we should go together for the funding with NEOQIC e.g. take a 10-30% admin fee and incorporate it into a joint budget with 1.5 FTEs. Patricia responded that we are at a point where we can document quick successes. Bonnie agreed and suggested that we commit to developing a proposal within a month. The group agreed.
- Mary Ellen suggested that we look at the Kellogg Foundation as a possible source of funding to at least provide a grant writer and administrative position. Bonnie agreed that we align closely with their mission and encouragement of collaboration and dissemination.

Action Items:

- Bonnie and Alexis to contact the chair person for each institutions perinatal advisory committee and ask for assigned representatives to attend future meetings
- Alexis to meet with Erin Tracy to discuss the possibility of a joint MPQC/ACOG meeting
- Alexis to confirm the date for the next MPQC Summit and inform the Commissioner's office
- Glenn, Bonnie, and Alexis to work on components required for a grant application to title V including a budget.