



Massachusetts Perinatal Quality Collaborative



MA Perinatal Quality Collaborative Advisory Committee Minutes January 8th, 2014

Attendees:

Dale Magee, Neel Shah, Bonnie Glass, Glenn Markenson, Mark Manning, Mary Ellen Boisvert, Munish Gupta, Colette Dieujuste, Alexis Travis, Elizabeth Spellman.

Membership and Meetings:

- Bonnie mentioned that there is a new schedule in effect for MPQC Advisory Committee meetings during 2014. Starting this month the advisory committee will have conference calls every other month and subcommittees or regional meetings will be held in between. Alexis explained that a survey was conducted and the best times of day for calls seem to be 12pm and 4pm. However, some members have indicated that calls on Wednesday conflict with their clinical commitments. Bonnie suggested alternating between Tuesday and Thursday after our meeting in March. The group agreed.
- The group discussed plans to expand MPQC membership and establish terms for advisory committee members. Bonnie stated that we are looking at ways to engage the birthing hospitals that are not currently participating or were not represented at recent summits. Alexis listed the institutions that we need to target by region as follows:
 - West:** Baystate Franklin, Fairview Hospital, and North Adams Hospital
 - Central:** Harrington Hospital and Leominster Hospital
 - Boston:** Steward St Elizabeth's
 - Northeast:** Beverly Hospital, Steward Holy Family Hospital, Emerson Hospital, & Anna Jacques Hospital
 - Southeast:** St Luke's Hospital, Martha's Vineyard Hospital, Morton Hospital, Sturdy Memorial HospitalMary Ellen clarified that St Luke's is represented, as Patrick Nugent represents all 3 of the Southcoast hospitals and he attended the last Summit. Glenn agreed to contact Baystate Franklin and the other hospitals in the Western Region if Alexis will circulate the list. Bonnie asked about the Northeast region, Alexis shared that she will be meeting with Darcy in the next few weeks and can discuss a strategy then. Mark stated he has had some contact with the team at Harrington and will connect with them again as well as representatives from Leominster. Alexis has been in contact with the new Chair of OB at St Elizabeth's who will replace Dr. Zinnaman in the Spring and will follow up with her.
- Bonnie asked the group for their thoughts on appropriate terms for advisory committee members. Dale cautioned the group to be careful about setting term limits and suggested there should be balance between new and older members. He explained that although you don't want the committee to get stale and it is good to offer a way out to members that do not wish to continue to participate, there are people that have been on the committee a while and are putting a lot into it and we don't want to turn those people out. He suggested a term rather than a term limit would be more appropriate. Bonnie agreed and suggested that we send out a letter thanking advisory committee members for their service and encouraging them to continue to join call and participate at summits. The letter could also include information about the new meeting schedule. Glenn also

suggested that we ask members that are thinking about stepping down to start succession planning, by asking around to identify and appropriate replacement. This could include bringing the person along to a summit or having them join a call to see what it is like and establish a fit. Bonnie agreed and said we could include that in the letter.

Funding Opportunities:

- Glenn shared that MMS had their interim meeting where they passed a resolution to advocate for state funding of a statewide perinatal quality collaborative. Marianne Bombaugh is the Chair of the public affairs committee and feels that with a joint effort with several of the professional organization's lobbyists we may get some traction. Alexis added that we have approached lobbyists from ACOG, AWHONN, MHA, and are trying to get representation from AAP and ACNM. So far the response has been positive and the March of Dimes will be setting up a conference call for all of the lobbyists and organization leaders to start a dialogue. Glenn added that the next ACOG Public affairs/advocacy subcommittee meeting would be on February 4th at MMS and it would be great if we could have at least one representative from the MPQC to attend. Bonnie and Alexis both stated that they would attend. Review of MPQC budget to be included in the grant proposal
- Glenn gave an update on the grant application for Title V funding and stated Alexis has provided an annual budget for the collaborative which we still use. Dale suggested that we look at the insurance companies for example Blue Cross Blue Shield, because they all have foundations and we might be able to put in an application for funding. Bonnie also added that she has a contact at an organization in Rhode Island interested in funding programs for women and children and will follow up to see how we can apply.

Collaborations:

- Guest participant Dr. Neel Shah (an OB at BIDMC and investigator at Adriande Labs) shared information about a new project examining the impact of organizational factors on unnecessary first-birth cesareans and ways the MPQC can get involved. Neel is currently working on the project which is examining the issue by looking across the whole health system, including avoidable harms. He is also looking at it from the payor perspective, because C section are more expensive from the payor and are more inclined to tie this to P4P. The other piece that Neel pointed out is that over the last few decades C-Section rates have increased by 500% nationally and rates vary by institution and what causes the variation is currently unexplained. Neel feels that this project can help institutions by helping to identify the resources and capacity that leads to lower rates. Currently he and Grace Galvin have been developing relationships with South Carolina Hospital Association, Kaiser Permanente, and other national organizations. Massachusetts's PELL Database was identified as the most robust database for perinatal data nationally, so they have been working with Fifi to get data. Neel also shared that starting this month the Joint commission requires reporting on low risk first C-Sections.
- Neel's research agenda requires knowing which institutions have high or low rates, so he would like to partner with the MPQC membership to identify and abstract clinical protocols. Dale stated he is not clear on specifically what information Neel needs beyond the birth certificate and C-Section rates that are already available. Neel responded that the birth certificate data has issues with accuracy and he also needs to identify the institutions. Additionally, C-section is indicated in many cases, but other cases the way institutions do things and their capacity constraints impact their rate. This information can help hospitals that do C-Sections determine historically e.g. how allocation of resources impacted their rate. For example BWH has a neonatologist is present at every C-Section, whereas at BIDMC only calls Munish or another neonatologist when they need them during or after a C-Section birth.
- Neel concluded that it would be helpful if we could e-mail the institutions and ask for their protocols. Alexis shared that in the past we have attempted to solicit best practice protocols from our institutions e.g. for Maternal Hemorrhage, but we haven't been able to get more than a hand full and asked Neel if he has a strategy to ensure hospitals will share their protocols. Neel responded that the group intends to offer incentives and can provide useful information to the institutions which they can use for P4P. Mark commented that the project aligns with quality things we are talking about as a collaborative and that we could easily help Neel by just asking

our participants if they would be willing to talk with them. Bonnie agreed and stated it sounds like the group is in agreement of supporting the project and we could provide a letter of endorsement.

Early Elective Deliveries and the Institute for Clinical and Economic Review:

- Alexis gave a brief review of the work done to reduce the rate of early elective deliveries in Massachusetts, including a letter Glenn wrote to institutions with EED rates >5% raising awareness and offering assistance as well as site visits by the March of Dimes providing information and education about the 39 weeks toolkit. Alexis explained that the approach used was not intimidating to the institutions and in many cases the fact that the MPQC had published Leapfrog data on our website caused institutions to pay more attention and verify the data before it was reported out to avoid erroneous data being released to the public. The net result was that in 2013 only 3 hospitals reported EED rates >5%, showing significant progress in our initiative. Bonnie shared that the Institute for Clinical and Economic review had requested information on the work the MPQC has done to reduce early elective deliveries in Massachusetts. Bonnie and Alexis had a call with Jennifer Colby from the ICER late last year and Glenn has also provided information which will be included in a report that they are constructing which highlights national quality improvement work in certain indicators the group are measuring.

Prematurity Prevention

- Mary Ellen informed the group about the prematurity prevention call last month, co-chaired by Mary Ellen and Audra Robertson. The call was convened to review data that was provided by DPH in response to queries submitted by the prematurity prevention subcommittee. The amount of data requested was a lot and Alexis did not receive the data until a day or two before the call so many of the subcommittee members did not have time to review the data before the call. The subcommittee are now reviewing the data in order to make recommendations as to any additional data that might be informed what needs exist and what type of intervention to develop. Mary Ellen shared that Karla Damus, a member of the subcommittee, made a strong plea that people share data and that there should be more transparency and reporting from DPH. Alexis added that we have been asked to submit a small list of queries and be more selective about the queries we submit rather than a requesting a long list that might not yield useful information.

Maternal Hemorrhage

- Bonnie gave a brief update on what has been done since the maternal hemorrhage subcommittee call in October. She has drafted a letter to the Chair of Obstetrics and a Nurse Leader at each institution which will be circulated with a summary of the survey results and a new survey. Elizabeth, Alexis' program services intern will be making follow-up calls to each of the institutions after the survey is sent out to remind institutions to provide their responses either over the phone, via e-mail or online. The previous survey revealed that 80% of respondents would like education and resources on maternal hemorrhage. So the letter includes an offer to provide consultation.

April Summit:

- Bonnie reviewed the tentative Agenda for the May Summit (Attached) and asked the group for feedback and suggestions. The conference will focus on perinatal outcomes and the influence of policy and legislation. Bonnie will be making asks to potential speakers for a panel discussion on metrics including Jeff Ecker, Steven Ringer and Robin Churchill. Alexis has submitted a request to Secretary Polanowicz' office for him to deliver the keynote speech and Bonnie has confirmed that Cheryl Bartlett will open the meeting. Other speakers are yet to be confirmed

Newsletter:

- Alexis asked the group to submit any regional best practices as articles for the February Newsletter. She reminded the group that the Newsletter is circulated to the MPQC distribution list and the March of Dimes program services list, over 800 contacts so it is a really good opportunity to reach the MCH community across the state. Mary Ellen mentioned that they have a new early pregnancy education program at Tobey that she would like to send an article in on. Mark mentioned that most of the projects that we would like to highlight from UMass would be through Alan Picarillo, so we could reach out to him. Alexis asked regional liaisons to send in their submissions by January 31st.

Action Items:

- Alexis to circulate the list of hospitals that we are targeting for increased participation and attendance at the MPQC Spring Summit.
- Regional Liaisons, Glenn, Bonnie, Dale and Alexis to reach out to target institutions and give an update on the next call.
- Bonnie and Alexis to work on a letter to all advisory committee members to thank them for their service and communicate information on terms and succession planning.
- Glenn to send Bonnie and Alexis information about the ACOG Subcommittee meeting on February 4th.
- Neel to prepare and e-mail with information he would like sent out to the MPQC Membership list and send to Alexis for distribution.
- Advisory committee members who are interested in participating in the prematurity prevention subcommittee and are not on the mailing list to contact Alexis.
- Elizabeth to make follow-up calls to encourage or facilitate responses to the Maternal Hemorrhage survey
- Bonnie and Alexis to work on finalizing the agenda for the MPQC Spring Summit by January 31st.
- Regional liaisons to send in their best practice protocols for the Newsletter by January 31st.

Next Call: Wednesday, March 5th, at 4.00pm – 5.00pm