



# Massachusetts Perinatal Quality Collaborative

march of dimes



## Advisory Committee Minutes

Wednesday, June 3<sup>rd</sup>

**Call Participants:** Bonnie Glass, Fifi Diop, Patricia Falcao, Bonnie Glass, Glenn Markenson, Sue Gullo, Pat Noga, Mary Ellen Boisvert, Ron Iverson, Mark Manning, Munish Gupta, Monica Le, and Alexis Travis.

### Announcements:

- District 1 ACOG meeting will be held in Massachusetts in October, therefore there will be no MA ACOG annual meeting in September.
- MA COLIN team are working on patient participation for the progesterone project. The group will contact existing NICU parent advisory committees through March of Dimes NICU family support programs and other NICUS that have committees.

### MPNQC Project Updates

- Antenatal corticosteroids project update
  - Fifi gave an update on the Antenatal Cortico Steroids (ACS) project and summarized outcomes from the recent meeting with MA Birth Registrars. The goal of the CDC project is to develop and improve data systems. Rather than focusing on just ACS, the group have chosen to address accuracy of the birth certificate. The plan is to use Vermont-Oxford Network (VON) data as the gold standard and look at other elements on the birth certificate that are vital to the collaborative for improvement.
  - The ACS meeting with birth registrars on May 20<sup>th</sup> was attended by 32 representatives from 18 hospitals, March of Dimes, and MA DPH. Hospitals are required to report on ACS data to Vital Statistics. Representatives from some hospitals are not able to find the field for ACS on the EMR. There are a lot of issues finding the information to complete the birth certificate and accuracy depends on how motivated the birth registrars are to hunt for information.
  - Next steps include sending out a survey from DPH to all birth registrars to find out where the registrars need help and what they are currently doing with regards to reporting data. 3 Pilot sites (with the most accurate data/closest to VON data) have agreed to share what they are doing with the rest of the hospitals. The plan is to start with NICUs (9 MA VON participants) and then extend to all birthing hospitals.
  - The registrars were very motivated once they realized how the information on the birth certificate would be used. There were some concerns about the birth registrars engagement, but the consensus was that if we start small with one data point it would be OK, especially as some hospitals have ACS as a discrete field on the EMR. Other suggestions included setting up a special form that providers would fill out including questions that don't get asked elsewhere. The consensus was that this project should have a nursing focus.
- Data Project Update
  - Mark summarized recent progress made and hospitals engaged since the last meeting. At this point the team is still adding hospitals (Leominster, St. Vincent Hospital, Sturdy Memorial etc). MGH and BI are waiting for implementation of the EMR. There is a possibility that we will lag behind the initial goal outlined in the CDC grant work plan by 35%. MGH and Brigham and Women's are rolling out EPIC in 2015 and then may join the project, which would make a big difference.
  - The first report to hospitals based on data that has been reported to collaborative will be issued this summer. These reports will be on an individual basis, each hospital receives their own report. Mary Ellen requested an updated version of the data-sharing agreement. Other hospitals that have been

approached for participation include Metrowest Medical Center, Newton Wellesley Hospital, Mount Auburn Hospital, Lawrence, Winchester, Salem and Beverly. Some others have indicated that they have workforce issues that are preventing participation e.g. St. Elizabeth's, Norwood, and Cambridge.

- Suggestions included having small group meetings/webinars by region to invite hospitals to learn more about the data project and encourage participation. Also using existing relationships and participation from other projects e.g. maternal hemorrhage project.
- **Maternal Morbidity Update**
  - Bonnie shared information about hospitals that have joined the NICHQ Webinar series on ABC's of QI and the maternal hemorrhage project. There are 10 hospitals participating in the hemorrhage project including Mt. Auburn Hospital, MetroWest Hospital, Baystate Medical Center, UMass Memorial, Harrington Hospital, Holyoke Hospital, Winchester Hospital, South Shore Hospital, Cape Cod Hospital, and Steward Good Samaritan Medical Center. The first session last week went well, it covered the basics of QI and how to set SMART Goals. Funds from the CDC grant will be used to provide materials, including text books to accompany the webinar series.
- **Prematurity Prevention Update**
  - Bonnie summarized recent work under the CoIIN Prematurity Prevention Initiative. The group recently had a call to discuss reimbursement for CenteringPregnancy. Part of the challenge in implementing this model of prenatal care is how providers get paid for it. South Carolina has a statewide collaborative that have had some success with increasing reimbursement rates for Centering. Centering is an evidence-based strategy that has been shown to significantly reduce preterm birth rates. A query was raised about current peer-reviewed evidence. There is data available from South Carolina and Texas. Monica Le offered to send links for peer-reviewed articles to the group.
  - Alexis summarized plans for the next phase of the early elective deliveries initiative. Initially the collaborative was working towards reducing the rate to below 5%, now that has been accomplished, the group have outlined a new goal to reach 2.5% by the end of 2016. The group plan to initiate the March of Dimes banner recognition program in partnership with a sponsoring organization. MHA was approached to sponsor this initiative and were not able to assist financially, but can help with access to other resources e.g. publishing success stories on the patient care link website or including information in the weekly newsletter. The plan is to continue to seek out a partner for the initiative. Sue mentioned that on June 16<sup>TH</sup> AWHONN are having a call on early elective deliveries, they are developing a Play Book for their initiative.
- **MPQC Summit:**
  - The fall summit will be held on October 21<sup>st</sup> this year. The collaborative will continue to offer CMEs and CEUs, the fees for the conference will increase as a result. The planning committee is still deciding on a theme for the conference, suggestions include ACS, or the data project. There will be updates from the working groups including antenatal steroids, maternal morbidity and early elective deliveries.
  - The group discussed possible speakers for the conference including Alison Bryant (disparities/social determinants of health); Audra Robertson (Prematurity prevention/EED); Sue Gullo (Data for improvement); Jaclyn Starer and James Moses (NAS/Maternal substance use disorders); Barbara Herbert/MassHealth (Addiction clinics and dose variation). The consensus was not have invite Zsakeba Henderson back to speak about the CDC grant because we have access to her as a resource through the CDC PQC monthly calls.

#### **Next Steps & Action Items**

- Mark to update data-sharing agreement and send to BIDMC-Plymouth
- Monica Le to send links to peer-reviewed articles that provide the evidence base for the Centering Model of prenatal care
- MPQC Leadership team to continue to discuss speakers and determine a theme for the conference.

**Next Advisory Committee Meeting**

Wednesday, July 1<sup>ST</sup> at 1 pm