



## Massachusetts Perinatal Quality Collaborative



### Preterm Labor Call Meeting Minutes

Wednesday, November 25<sup>th</sup>

#### Call Details

Dial in number: 866 638 1558

Conference Code: 4514607766

#### Participants:

Ed Doherty, Audra Meadows, Erin Jones, Ron Iverson, Bonnie Glass, Mark Manning, Jack Mourad.

#### **Recap of the March of Dimes Prematurity Prevention Conference 2015: Quality improvement, Evidence and Practice - November 17 and 18, 2015 (Audra)**

Everyone was on the same accord. There was an agreement that there needs to be more funding. The March of Dimes is committed with the prematurity prevention campaign through 2030.

#### MOD Goals

- 8.1% 2020 preterm birth rate goal for the U.S.
- 5.5% 2030 preterm birth rate goal for the U.S.
- March of Dimes 2015 Premature Birth Report Cards reset to the 8.1% target from 9.6%
- New focus on high volume and high burden areas and populations in Report Cards
- The nation has met the March of Dimes goal of a 9.6% US preterm birth rate by 2020, because:
- Fewer babies are being born preterm
- Fewer babies are now counted as preterm due to a change in measurement by the CDC's National Center for Health Statistics (NCHS)

#### MOD Approach

- Goal 5.5% by 2030
- Optimize existing interventions
- Continue Prematurity Campaign, and launch Roadmap to 2020 and 2030 goals
- Accelerate change in 16 high burden and high volume states/territories
- Continue activities in all states and DC
- Engage stakeholders
- Premature Birth Report Cards with emphasis in States with
  - -High volume cities and counties
  - -Disparities among ethnic and cultural groups
- Prematurity Prevention Conference: Quality Improvement, Evidence and Practice
- Identify new treatments based on translation of discovery research
- March of Dimes investment in the Prematurity Research Centers

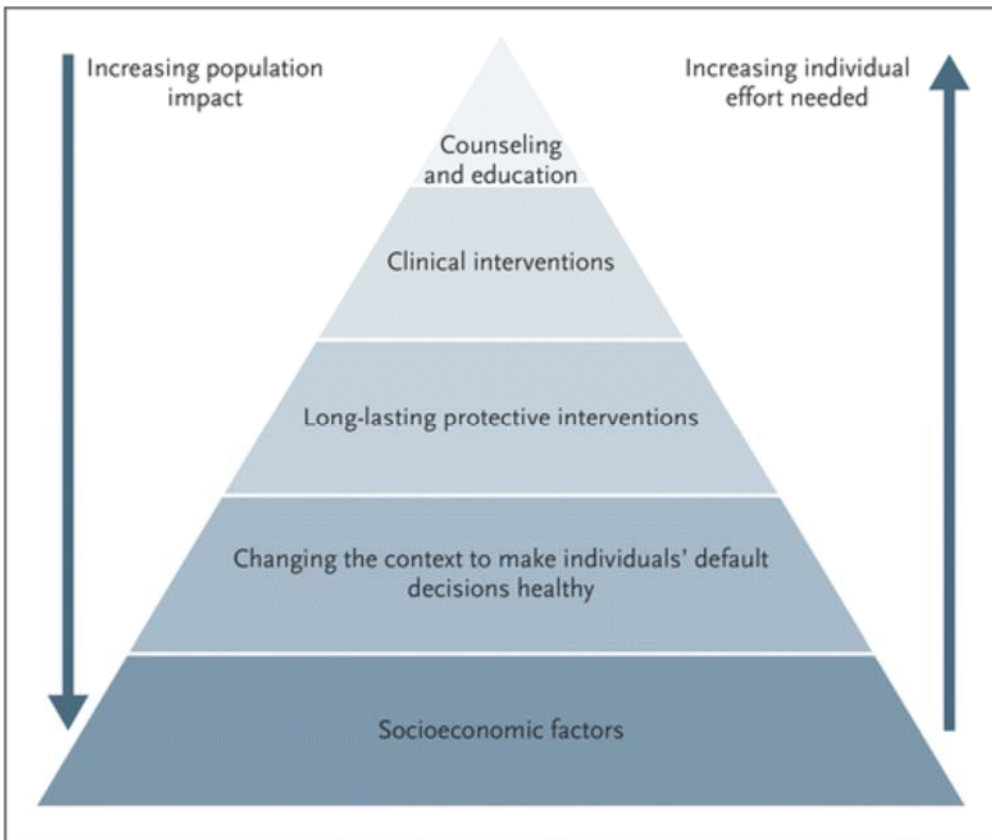
#### MOD Approach

- Target 15 States and Puerto Rico
- Phase I: 6 states/territories in 2017
  - Alabama, Louisiana, Mississippi, Puerto Rico – highest rates
  - Florida, Texas - Most populous high rate states
- Phase II: 10 additional states with births >100,000
- California, Georgia, Illinois, Michigan, New Jersey, New York,
- North Carolina, Ohio, Pennsylvania, Virginia.

**Brief review of clinical interventions (Audra)**

Clinical Interventions to Prevent Prematurity

1. Prenatal Risk Reduction
  - a. Progesterone
  - b. Screening for Short Cervix
  - c. Cerclage Use
  - d. Low Dose Aspirin as a Prevention for Preeclampsia and Indicated Preterm Delivery
2. Birth Spacing and Preconception/Women’s reproductive Health Care
3. Group Prenatal Care
4. Smoking Cessation
5. Reducing Early Elective Deliveries
6. Reducing Multiple Births Associated with Assisted Reproductive Technology



Clinical interventions are playing a role in how individuals make decisions about their health.

**Our Mission**

The MPQC is a cooperative voluntary program involving Massachusetts maternity facilities and key perinatal stakeholders, designed to promote the sharing of best practices of care. Success will be based on outcome measures generated from individual healthcare facilities and state agencies.

### **Fewer Babies Born Before Full Term**

"Efforts by hospitals and government officials to decrease the percentage of babies born before full term appear to be paying off in Massachusetts and nationwide, according to a new report.

Last year, Massachusetts hospitals performed just over 1 percent of their deliveries on average as early elective deliveries, via scheduled induced deliveries or cesarean sections for no medical reason, before 39 weeks, compared with a statewide rate of 15 percent in 2010."

### The MPQC Approach to Prevent Prematurity

How do we:

1. Engage stakeholders
2. Optimize existing interventions
  - Prenatal Risk Reduction
  - Progesterone
  - Screening for Short Cervix
  - Cerclage Use
  - Low Dose Aspirin as a Prevention for Preeclampsia and Indicated Preterm Delivery
  - Birth Spacing and Preconception/Women's reproductive Health Care
  - Group Prenatal Care
  - Smoking Cessation
  - Reducing Early Elective Deliveries
3. Celebrate the successes of local maternity facilities

How do we apply QI?

What can we measure?

### The Victory

With Roadmap activities

- 1.3 million fewer babies will be born preterm between 2014 and 2030 when we meet the 5.5% 2030 goal
- 210,000 fewer babies will be born preterm from 2014-2020, when we meet the 8.1% 2020 goal
- 210,000 fewer babies will be born preterm from 2021-2030, when we meet the 5.5% 2030 goal
- March of Dimes Perinatal Data Center. Projected estimates each year based on 2014 live births and incremental declines between 9.6% in 2014 and 5.5% in 2030. Gestational age determined using obstetric estimate of gestation.

### **Erin-**

We need to bring consumers to the table. Use MOD as a starting point. Hologic is interested in doing more work in Massachusetts. Trinity Health Care is developing QI projects for all their hospitals starting Jan. 1<sup>st</sup>. For the COIN collaborative, there must be a way to pay for the group, apply for funding? Legislation?

### **ED-**

Medicaid 2016, some states already cover these initiatives.

Erin- Contact Amy (Picklemyer) to find out how to get these problems solved.

Audra- There are different insurance plans, a large spread across mass. to see investment return across the state.

There is a possibility for a 300\$ reimbursement for each pregnancy. This does not just save money but reduces preterm birth. The granular level has not been worked out yet. A MOD person wanted to start a committee on this. The first major step is to get Mass. Health on board. Providers will need all payers to get involved in the initiative.

Erin- “Expect w/ me” is a similar program that we should also look at. It might be more cost efficient. We are working with Centering Health Institute to make the program more affordable. This model might be just as good as CHI’s model. The MOD is vested in Centering. The problem is getting the services paid.

Audra- MPQC should look at structured processes before process measures.

Bonnie- is there an existing tool?

Audra- there is no tool to measure quality, we need to create a new tool that IHI will help with.

Bonnie- there needs to be a baseline.

Audra- Something co-sponsored by the state. There needs to be a better job on sharpening the focus on the mission. A Focus on QI measures.

Mark- there needs to be a development of timelines, what is accomplishable? Work things in parallel with each other. How do you get hospitals to work with each other, work between the NICU and OB? Develop Do-able short term goals. Long term goals should focus on organizing it correctly.

Erin- Hologic is open about helping us. How did they get to this point? Do they know all of the members who are using it?

Bonnie- we need to develop short term goals that will help us gain momentum.

#### **Next Steps (Audra)**

- Timeline
- Surveying birthing hospitals for support- info can act as baseline.
- Promotion of awareness and dedication, by next 6 months, 47 birthing facilities. Present something at Spring Summit.

#### **Next Meeting:**

**Jack-** December 23<sup>rd</sup>, 2015 at 12:15pm.