Obstetrics Care

Rank: 11 (higher provider adoption)

Survey Responses- Hospitals: 14 **Medical Groups: 8** **Health Plans: 7**

Adopted August 2012 | 52 months from adoption to survey

Read the Report and Recommendations here: www.breecollaborative.org/wp-content/uploads/bree_ob_report_final_080212.pdf

Implementation Roadmap

Current State	Transition Activities	Ideal State and Sustainability
Hospitals, Clinics, and Individual Clinicians		
• Patients receive early elective delivery, early inductions, and caesarian sections based on clinician or hospital-specific factors, not based on patient need • No policy is in place limiting induced deliveries • No active monitoring of early inductions or cesarean section rates • No use of patient decision aids	• Hospital policies are adopted for early inductions and cesarean sections • Indications for inductions are on the Joint Commission or Washington State Perinatal Collaborative/ WSHA project list • Clinicians use a patient decision aid for maternity care patients explaining options and risks	• C-sections, indications, and early deliveries are performed appropriately, based on patient need • Data on early elective delivery and C-sections is collected and feedback provided to clinicians • Public reporting of performance is supported
Health Plans		
	Remove financial incentives for unnecessary C-sections and early inductions	

Background

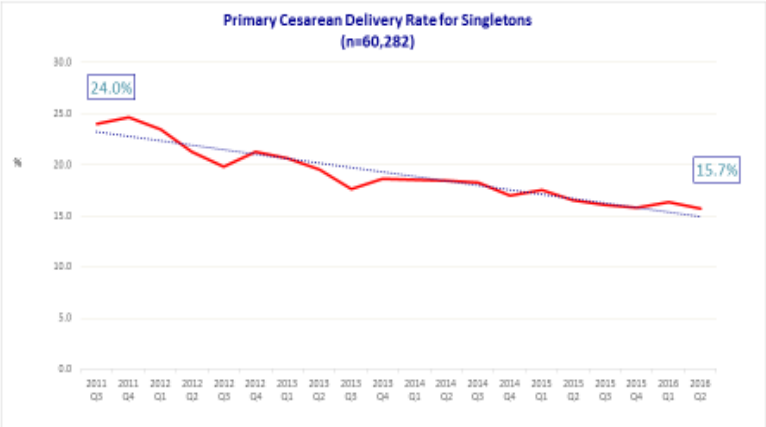
Obstetrics was the Bree Collaborative's first topic. Focus areas include eliminating elective deliveries before the 39th week of pregnancy, decreasing elective inductions of labor between 39 and up to 41 weeks, and decreasing unsupported variation among Washington hospitals in the caesarian section (C-section) rate for women who have never had a C-section.

Implementation Survey Results

For the 14 hospitals responding to our implementation survey, the vast majority of responses were a rating of three, or full implementation of the Bree Collaborative recommendation. While this is encouraging for the responding hospitals, it does not provide us information for the remaining Washington hospitals that did not reply to our survey. Responding hospitals mentioned continued work on pregnancy care pathway planning, use of shared decision-making aids, consent forms, and patient education materials, including a smartphone app.

Read the full Roadmap here: www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf

Recommendations include participation in an obstetrics quality improvement program. As part of their new contracts with accountable care organizations, the Washington State Health Care Authority (HCA), requires all contracted hospitals to participate in the Obstetrics Clinical Outcomes Assessment Program (OB-COAP), housed at the Foundation for Health Care Quality. OB-COAP tracks induction and cesarean section rates, along with more measures reflecting specific Bree Collaborative recommendations. 16 hospitals participate in OB-COAP, as well as The Midwives Association of Washington State. The Washington State Hospital Association Safe Deliveries Roadmap includes tools such as provider guidelines for hospitals working on improving obstetrics care, as well as collaborative workgroups and webinars. WSHA also provides comparative reports on hospital induction rates, cesarean section rates, and other indicators on their public website. Many survey responders mentioned participation in these programs.



*Analyses of chart abstracted records of 60,272 singletons without a history of cesarean for 11 hospitals (6 level I, 2 level II, 3 level III) throughout Washington State over the time frame Q3 2011 - Q2 2016 show the following changes: **Outcome**- reduction in the primary cesarean rate from 24.0% to 15.7%*

Bree Collaborative recommendations scoring lowest on the implementation survey for this topic include:

Hospitals and Medical Groups:

- Policy for scheduling inductions between 39-41 weeks includes: The cervix is favorable- Bishop score of 6 or greater
- Policy for Cesarean-Sections includes: Admitting only spontaneously laboring women at term who present with no fetal or maternal compromise when the cervix is 4 centimeters or more dilated

Health Plans:

- Collaborating with other health plans in Washington to create a quality incentive program, using the quality criteria outlined in the report (e.g. induction rates, total and primary C-section rates, etc.)

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Next Steps

- **Measurement**. Health plans and purchasers encourage or require hospitals to participate in a collaborative improvement program and to publicly report performance data.
- **Financial incentives**. Consider financial incentives. Washington's Medicaid program no longer reimburses physicians and hospitals for elective birth inductions before 39 weeks without documented medical necessity. Innovative approaches are also being used in other states. In California, payers aligned financial incentives for hospitals working to reduce C-section rates. The participating hospitals agreed on a "blended" case rate for deliveries that reimbursed physicians and hospitals a single flat rate regardless of delivery method (cesarean or vaginal). This is similar to the bundled payment topics discussed elsewhere in this report. In the California case, hospitals reduced their C-section rates by 20% and were able to share in the resulting financial savings.
- [1] A similar program Horizon Blue Cross Blue Shield of New Jersey saw a reduction in C-section rates of 32% with bonus payments paid to providers.[2]
- **Patient decision aids**. Reimburse or require patient decision aids, such as those certified by the state of Washington.

[1] Pacific Business Group on Health. Case Study: Maternity Payment and Care Redesign Pilot. www.pbgh.org/maternity . Published Online: October, 2015

[2] Caffrey M. NJ's Horizon BCBS Pays $3M in Shared Savings for Episodes of Care; Readmissions, C-Sections Reduced. The American Journal of Managed Care. www.ajmc.com/focus-of-the-week/0216/njs-horizon-bcbs-pays-3m-in-shared-savings-for-episodes-of-care-readmissions-c-sections-reduced- Published Online: February 18, 2016

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