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Washington State Initiatives

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Background and Context

• Perinatal Health is not usually in the forefront of state initiatives

Why now?

• Science
• Economics
• Media
Emerging science tells us what happens in the womb matters

- Birth outcomes
- Life for both baby and mother

Life course approach

- Each stage of life is influenced by the one preceding and influences all the stages that come after
Health and the Economy

- Health is the economy
- Decisions health providers make every day impact our economy now and in the future
- Health begins before conception
- Healthy people are more productive
- Cost of care for chronic disease
Washington State Initiatives

- Healthier WA initiative (State Health Innovation Plan)
- Robert Bree Collaborative
- CoLIN - infant mortality
- Breastfeeding Friendly WA
- Results WA
- Safe Deliveries Roadmap
Results Washington

Governor Jay Inslee’s Data Driven Quality Improvement System

http://www.results.wa.gov/what-we-do/measure-results/healthy-safe-communities
Results WA: Goal 4 Healthy and Safe Communities

• Healthy People: Provide access to good medical care to improve people’s lives
• Safe People: Help keep people safe in their homes, on their jobs, and in their communities
• Supported People: Help the most vulnerable people become independent and supported
Results Washington: Healthy Babies

• 1.1: Decrease the infant mortality rate
  – 1.1.a: Increase rate of infants whose mothers receive prenatal care in the first trimester
  – 1.1.b: Decrease percentage of infants born with low birth weight among Blacks
  – 1.1.c: Decrease the Primary Term Single Vertex (TSV) C Section cesarean section rate
  – 1.1.d: Decrease the rate of teen pregnancy for 15-17 year olds
Results Washington: Healthy Babies

• We can do this:
  – For the health of our family; and
  – For the health of our economy
Bree Collaborative

Dr. Robert Bree Collaborative

http://www.breecollaborative.org/topic-areas/obcare/
Overview of Bree

• Established by the legislature in 2011.
• Provide mechanism for public and private stakeholder to work to improve quality, health outcomes, and cost effectiveness in Washington State.
• First report in 2012 focused on obstetrics.
BREE Collaborative: OB

• Primary goals:
  – Elective Deliveries. Eliminate all elective deliveries before the 39th week of pregnancy (for which there is no appropriate documentation of medical necessity).
  – Elective Inductions of Labor. Decrease elective inductions of labor between 39 and up to 41 weeks.
  – Primary C-sections. Decrease unsupported variation among Washington hospitals in the C-section rate for women who have never had a C-section.
Bree Recommendations

• To reach these goals the report recommends:
  – Greater collection, reporting, use of, and transparency of data
  – Greater patient and provider education
  – New models of paying for health care to support the three goals
Healthier Washington

State Health Care Improvement Plan

http://www.hca.wa.gov/hw/Pages/default.aspx
The Plan for a Healthier Washington

The State Health Care Innovation Plan: Achieving the Triple Aim

• Healthy people and communities
• Better care
• Affordable care
State Health Care Innovation Plan

WASHINGTON’S APPROACH TO INNOVATION

STRATEGIES:
1) Healthy communities
2) Integrated care & social support
3) Pay for value — State as first mover

INVESTMENTS:
1) Community empowerment & accountability
2) Practice transformation support
3) Payment redesign
4) Information exchange & performance measures
5) Project management

GOALS:
• Improve population health
• Transform delivery systems
• Reduce per capita spending

A HEALTHIER WASHINGTON

Legislative Support: • HB 2572 • SB 6312
7 Foundational Building Blocks

• Build a culture of robust quality and price transparency
• Engage individuals and families in their health and health care
• Regionalize transformation efforts
• Create Accountable Communities of Health
• Leverage and align state data capabilities
• Provide practice transformation support
• Increase workforce capacity and flexibility
Measures - obstetric and related measures

- Unintended Pregnancies
- Cesarean Section - NTSV C-Section

Related:
- Percentage of adults who smoke cigarettes
- Percentage of adults reporting 14 or more days of poor mental health
- Medical Assistance With Smoking and Tobacco Use Cessation
- Comprehensive Diabetes Care
- Hypertension Control
- 30 day re-admission control
- Avoidable ED visits
Safe Deliveries Roadmap

WSHA-Led Public/Private Quality Improvement Partnership
Safe Deliveries Roadmap

• Pre-pregnancy
• Pregnancy
• Labor management
• Postpartum: included infant and mother
Potential Focus Elements

- Folic acid
- Family planning
- Tobacco cessation
- Substance abuse screening
- Depression/mental health screen/treat
- Healthy weight
- Chronic disease screening and management, i.e., hypertension, diabetes mellitus
- Sexually transmitted infection screening
- Violence screening
- Immunizations
- Family history
- Medications (teratogenic)
- Environmental exposure
- Access to care/utilization
- Health education

1. PREVENTIVE HEALTHCARE
   PRE-PREGNANCY
   Bundle Work
   June – July 2014

2. PREGNANCY HEALTHCARE
   Bundle Work
   August – Sept 2014

3. LABOR MANAGEMENT
   Bundle Work
   In progress

4. POSTPARTUM CARE
   Bundle Work
   April – May 2014

Potential Focus Elements

- Accurate assessment of gestational age
- Post-natal family planning, inc. sterilization
- Tobacco cessation
- Substance abuse screening
- Depression/mental health screen/treat
- Gestational weight gain
- Chronic disease management, i.e., hypertension, pre-eclampsia, anemia, thyroid
- Gestational diabetes screening
- Sexually transmitted infection screening/treatment
- Violence screening
- Immunizations
- Family history/genetic testing
- Drug and medication use
- Environmental exposure
- Access to care
- Health education/labor preparation
- Breastmilk feeding preparation
- Home visiting/social support
- CenteringPregnancy model
- History/ongoing care plan/
  fetal assessment
- Preterm risk assessment/17-OH-P
- Labs
- Oral health
- Transfer of pre-natal medical record to hospital
- Assess hemorrhage risk
- Identify newborn care follow up provider

IN-PATIENT

Potential Focus Elements

- Infants
  - Bilirubin
  - Breastmilk feeding
  - Critical congenital heart defects screening
  - Hearing screening
  - Readmissions
  - Refer to follow up care

MATERNAL

- Follow to follow up care
- Lactation support
- Infant safety education
- Long-acting reversible contraception
- Tubal ligation
- Readmissions
- T-Dap and flu vaccine

MATERIAL

- Follow up visits
- Lactation support
- Postpartum mood disorders
- Contraception
- Follow-up medical conditions
- Post-pregnancy weight loss
- Hepatitis B follow-up
- Home visiting support

Out-Patient

Potential Focus Elements

- Immunizations
- Home visiting
- Newborn follow-up visits
- Follow up for infants of Hep B positive mothers

Loops back to preventive healthcare

Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Safe Deliveries L&D Measures

- NTSV Cesarean Section (Nulliparous, Term, Singleton, Vertex)
- TSV Primary Cesarean Section (Term, Singleton, Vertex)
- Induced Cesarean Section (Nulliparous and Multiparous)
- Maternal admission to Intensive Care Unit
- Maternal blood transfusions
- Extended maternal length of stay
- Operative vaginal delivery
- Unexpected Newborn Complications measure (UNC)
Infant Mortality CoIIN

National Collaborative Improvement and Innovation Network (CoIIN)

http://www.nichq.org/childrens-health/infant-health/coiin-to-reduce-infant-mortality#sthash.8ejgnkxB.dpuf

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CoIIN

• Goal: to reduce infant mortality and improve birth outcomes across the nation
• All states and territories asked to participate
• Employs quality improvement, innovation and collaborative learning – no new funding
Infant Mortality CoILIN

• Multiyear national movement
• Federal, state, local leaders,
• Public and private
WA CoIIN Collaboration

• Washington State Department of Health
• Washington State Health Care Authority
• Washington State Hospital Association
• American Indian Health Commission for Washington State
• Community Health Plan of Washington
WA CoLLIN

1. Embrace and support Safe Deliveries Roadmap
2. Explore the influences of substance use/abuse on various causes of infant mortality
3. Identify gaps, barriers, and potential strategies.
Prevention, Early Intervention, & Recovery System of Care for Pregnant and Parenting Women

**PREVENTIVE HEALTHCARE**

- **PRE-PREGNANCY**
  - **Screening** - ask all women about alcohol use and all drugs
  - **Asses-Intervene per SBIRT** - assess level of risk; readiness to change
  - **Advise** - impact to self health and pregnancy if woman is contemplating pregnancy
  - **Assist-Arrange** - treatment systems and linkages; support all efforts to change
  - **Assess for risk** of mental illness - PHQ2 or PHQ9
  - **Birth Control** - for women in treatment

- **SCREENING** - ask all women about alcohol and all substances with potential harmful impact on fetus
- **Assess** - level of use/abuse and readiness to change
- **Assess for risk** of mental illness - PHQ2 or PHQ9
- **Advise** - all women to stop; impact on pregnancy and fetus
- **Assist/Arrange** - treatment options including mental health; support services
- **Manage** - medical care; plan for birth control after delivery; coordinate with treatment providers; support all efforts to change; encourage breastfeeding if not using, HIV negative or on methadone/buprenorphine

**PREGNANCY HEALTHCARE**

- **MATERNAL**
  - **Screening** - Ask all women about alcohol and all substances with potential harmful impact on fetus
  - **Assess** - level of use/abuse and readiness to change
  - **Assess for risk** of mental illness - PHQ2 or PHQ9
  - **Advise** - all women to stop; impact on pregnancy and fetus
  - **Assist/Arrange** - treatment options including mental health; support services
  - **Manage** - medical care; plan for birth control after delivery; coordinate with treatment providers; support all efforts to change; encourage breastfeeding if not using, HIV negative or on methadone/buprenorphine

**LABOR MANAGEMENT**

- **IN-PATIENT**
  - **MATERNAL**
    - Pain management - control appropriately
    - **Continue treatment meds:** methadone or buprenorphine on schedule
    - **Alert** pediatric and social services
  - **OUT-PATIENT**
    - **NEWBORN**
      - Test for drugs with consent
      - **Assess** for opiate & other drug withdrawal if indicated
      - **Follow** NAS clinical Pathway found at [www.waperinatal.org](http://www.waperinatal.org)
      - **Refer** to CPS as indicated
    - **MATERNAL**
      - Provide (or Plan) maternal birth control
      - **Continue** addiction Rx
      - **Make** post-partum appointment
      - **Provide** lactation support as appropriate, if not HIV positive

**POSTPARTUM CARE**

- **MATERNAL**
  - Follow up visits, birth control; support continuation in treatment.
  - Continue addiction medication treatment - adjust dose as needed.
  - Lactation support - as appropriate, if not using, HIV negative or on methadone or buprenorphine
  - Re-Screen for mood disorders
  - Refer Home visiting support

**FAMILY CENTERED CARE**

- **PREVENTION, EARLY INTERVENTION, & RECOVERY SYSTEM OF CARE**

- **COMMUNITY SYSTEM OF TREATMENT SERVICES** - PCAP, CUP, OST, primary care, supported housing

- **Loops back to preventive healthcare**

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Breastfeeding Friendly
Washington

Collaborative Partnership with Washington Department of Health, Washington State Hospital Association and WithinReach
Breastfeeding Friendly Washington

- Hospitals
- Providers
- Child care settings
- Work places
Evidence Based Hospital Breastfeeding Support (EBBS) Learning Collaborative 2012-2014

• Grant supported collaboration between Breastfeeding Coalition of Washington and Washington State Department of Health

• Aimed at increasing the number of birthing hospitals using evidence-based breastfeeding support practices

• 19 hospitals (representing 45% of the births in WA)

• In December 2014 the last of the webinars was completed
<table>
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*Presented at the Washington State Hospital Association – Safe Deliveries Safe Table – Feb. 10, 2015
Questions
Healthier WA Budget

• Community Empowerment: $10 million
• Practice Transformation: $14 million
• Payment Redesign: $5 million
• Analytics, interoperability, measurement: $24 million
• Project management: $10 million
• Total $64.9 million
HB 2572

- HB 2572 improving the effectiveness of health care purchasing and transforming the health care delivery system by advancing value-based purchasing, promoting community health, and providing greater integration of chronic illness care and needed social supports; (establish ACH and hubs)
SB 6312

• Integration of Behavioral Health and Physical Health
• Integrate regional approach to purchasing behavioral and medical health services
Background

House Bill 1311

Quality Improvement Organizations

Physicians

Public Purchasers

Employers

Hospitals

Health Plans

Others

22 Members

Identify health care services with high:
- Variation
- Utilization

Without producing better outcomes
Recommendations to improve health care quality, outcomes, and affordability in Washington State

Clinical Committee

Public Comment

Financial Incentives
Provider Feedback Reports
Shared Decision Aids
Evidence-Based Guidelines
Data Transparency
Centers of Excellence
Public Reporting

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Process

Workgroups meet for ~9-12 months

Updates at all Bree meetings

Public comment

Adoption by the Bree Collaborative

Approval by the Health Care Authority

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• Quality improvement strategies
  • Data collection, patient decision aids, Centers of Excellence, provider feedback reports, realignment of financial incentives

• Stakeholder-specific strategies
  • Hospitals, providers, public purchasers, private purchasers/employers, health plans, the State of Washington
Topics

- Obstetrics
- Cardiology
- Elective Total Knee and Total Hip Replacement Bundle and Warranty
- Elective Lumbar Fusion Bundle and Warranty
- Low Back Pain and Spine SCOAP
- Hospital Readmissions
- End-of-Life Care
- Addiction and Dependence Treatment

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Implementation

• Agency Medical Directors Group reviews and approves recommendations
• Health Care Authority Director reviews and decides whether to apply to state-purchased health care programs
Obstetrics: Goals

- **Elective Deliveries**
  - Eliminate all elective deliveries before the 39th week of pregnancy (for which there is no appropriate documentation of medical necessity)

- **Elective Inductions of Labor**
  - Decrease elective inductions of labor between 39 and up to 41 weeks

- **Primary C-sections**
  - Decrease unsupported variation among Washington hospitals in the C-section rate for women who have never had a C-section
How do we get there?

• Greater collection, reporting, use of, and transparency of data
• Greater patient and provider education
• New models of paying for health care to support the three goals.
What does this mean? Hospitals

- Obstetrics quality improvement program
- Recommended evidence-based, tested protocols and policies
- Collect data
  - Measure and provide feedback to providers
- Consistent public reporting
- Patient education and shared decision-making

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What does this mean?
Providers

• Commit or recommit to applying clinical guidelines
• Enhance education of patients
What does this mean?
The State

- Support hospitals in quality improvement efforts
- Medicaid Quality Incentive Program
- State-certified Patient Decision Aids
Where are we now?
Elective Deliveries

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<td>Aggregate</td>
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% of all elective deliveries that are done between 37 – 39 weeks

8138 elective deliveries over 3 years

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Where are we now?

Elective Inductions

% of all term inductions that are done electively
5520 term inductions over 3 years

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Where are we now?
Primary C-sections

% of cesareans in women without a prior cesarean
40,026 patients without prior cesarean over 3 years

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Addiction and Dependence Treatment

- Reduce stigma
- Increase screening
- Increase capacity for brief intervention and/or brief treatment
- Decrease barriers for facilitating referrals
- Address opioid addiction epidemic
Screening, Brief Intervention, and Referral to Treatment

• Brief
• Universally screens all people 13 years and older
• Primary care, prenatal care, emergency rooms
• Seamless transition between screening, brief intervention, brief treatment, and referral to specialty chemical dependency treatment
• Demonstrates success
More Information

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GWeir@qualityhealth.org
(206) 204-7377
www.breecollaborative.org

Recommendations available here:
www.breecollaborative.org/about/reports
New Topics

- Coronary Artery Bypass Surgery Bundled Payment Model and Warranty
- Prostate Specific Antigen Screening
- Opiate Prescribing
- Oncology Treatment

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