Transforming Maternity Care

Blueprint for Action: Steps Toward a High Quality, High Value Maternity Care System

Opportunities for Health Plans

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R. Rima Jolivet, CNM, MSN, MPH
Transforming Maternity Care Project Director
Associate Director of Programs
Childbirth Connection

www.childbirthconnection.org
Childbirth Connection

Mission
To improve the quality of maternity care through research, education, advocacy, and policy.
US Maternity Care Facts…

• 4.3 million births in 2007, the most ever recorded
• Maternal-newborn care is the most common reason for hospitalization, and accounts for 25% of all discharges
• 6 out of 10 most common hospital procedures are maternity-related
• The most common operating room procedure is cesarean section
• The national cesarean rate is 31.8% (another record high)
• Cesarean rates vary by payer:
  – private = 33.7%, Medicaid = 29.8%, uninsured = 25.4%

References at http://www.childbirthconnection.org/article.asp?ck=10621
...and Figures

• Combined maternal/newborn facility charges were $86 billion in 2006

• In 2006, 42% of all births billed to Medicaid

• In 2007, 53% of all hospital discharges billed to Medicaid were maternity-related

• Similarly, half of all births billed to private insurers

• 35% of all hospital discharges billed to private insurers were maternity-related

References at http://www.childbirthconnection.org/article.asp?ck=10621
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2020 Vision for a High Quality, High Value Maternity Care System

- Fundamental values and principles that apply across the whole continuum of maternity care
- Goals for each phase and for providers and settings for maternity care
- Attributes of the larger system that can reliably provide high quality, high value care to all childbearing women, their newborns and families
Blueprint for Action: Steps Toward a High Quality, High Value Maternity Care System

- Five stakeholder workgroups developed detailed sector-specific reports
- Actionable strategies in 11 critical focus areas
- Synthesized into a comprehensive Blueprint for Action by the Symposium Steering Committee
- Full stakeholder reports are published online at: www.childbirthconnection.org/workgroups
Blueprint for Action: Steps Toward a High Quality, High Value Maternity Care System

11 Critical Focus Areas:

- Performance measurement and leveraging of results
- Payment reform to align incentives with quality
- Disparities in access and outcomes of maternity care
- Improved functioning of the liability system
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11 Critical Focus Areas:

- Scope of covered services for maternity care
- Coordination of maternity care across time, settings, and disciplines
- Clinical controversies (home birth, VBAC, vaginal breech and twin birth, elective induction, and maternal demand cesarean section)
- Decision making and consumer choice
- Scope, content, and availability of health professions education
- Workforce composition and distribution
- Development and use of health information technology (IT)
Transforming Maternity Care:
Looking Forward with Shared Perspective

Blueprint for Action:
Steps Toward a High Quality, High Value Maternity Care System

“Who needs to do what, to, for, and with whom to improve the quality of maternity care over the next five years?”
Blueprint for Action: Selected Recommendations and Strategies

Performance Measurement and Leveraging of Results

• Improve billing codes to enable claims-based identification of individual prenatal visits, induced labor, scheduled cesarean, parity, and gestational age of the newborn

• Identify a core subset of national consensus measures for rapid reporting. Call upon payors to report performance measurement data to providers in a uniform format so that feedback from payors enables action to improve outcomes of care

• Develop state or regional quality collaboratives that bring hospitals, clinicians, consumers, and payors together to share ideas, pilot projects, and develop and carry out quality improvement initiatives.
Blueprint for Action: Selected Recommendations and Strategies

Payment Reform to Align Incentives with Quality

- Build a better bundled payment system for maternity care, adapting “From Volume to Value” model to maternity care (Miller, 2008)
- Pilot the model through regional demonstration projects involving all payors; encourage state Medicaid programs to use policy levers to coordinate implementation
- Incentivize effective underused services through benefits design plans and value-based purchasing initiatives
- Meanwhile, correct severe misalignments in the current system, e.g., adapt Medicare “Do Not Pay” strategy to maternity care, eliminate financial incentives for inappropriate newborn care, etc.
Blueprint for Action: Selected Recommendations and Strategies

Scope of Covered Services for Maternity Care

• Identify an essential package of evidence-based “primary” maternity care services for healthy women and newborns focused on prevention and wellness, and additional services for those with special needs

• Carry out comparative effectiveness research and use outcomes to make coverage decisions and improve the quality of care
Blueprint for Action: Selected Recommendations and Strategies

Decision Making and Consumer Choice

- Fund the development of a set of electronic decision-support tools that present probability data on expected shorter term and downstream benefits and harms of common maternity interventions.

- Design incentives to reward provider and consumer choices that lead to healthy pregnancies and high-quality outcomes.

- Encourage health plans and Medicaid programs to provide beneficiaries ready access to meaningful, standardized information about all potential maternity caregivers.
The potential to improve maternity care is within our reach, but none of us can do it alone.
Transforming Maternity Care: Looking Forward with Shared Perspective

The TMC Partnership:

• Outreach and dissemination to decision makers, including policy makers and legislators

• Joint Blueprint implementation projects of a significant scope, undertaken with organizations that have the capacity and resources to accelerate health system change

• The TMC Action Community: A forum for community-level partners to show support for the Vision and Blueprint, and get ideas and resources for ways to independently engage in this work within their own communities and practice settings
Thank You!

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jolivet@childbirthconnection.org