# Transforming Maternity Care: 2020 Vision for a High-Quality, High-Value Maternity Care System and Blueprint for Action

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**Using Data to Improve Maternity Care in California: Research Collaborations and Future Opportunities**
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# About us

**Childbirth Connection** joined forces with and became a core program of the **National Partnership for Women & Families** in 2014. Together, we are continuing to transform maternity care in the United States.

# About us

**The National Partnership** promotes fairness in the workplace, reproductive health and maternity care rights, access to quality, affordable health care, and policies that help women and men meet the dual demands of work and family.

Founded in 1971 as the Women's Legal Defense Fund, the National Partnership for Women & Families is a nonprofit, nonpartisan 501(c)3 organization located in Washington, D.C.

- More information is available at:
- **www.ChildbirthConnection.org**
- **Transform.ChildbirthConnection.org**
- **www.NationalPartnership.org**

# Transforming Maternity Care

**TMC Project launched in 2008:**

To garner and communicate political will to propel maternity care quality improvement efforts forward

- By providing a pivotal organizing focus: the 2020 Vision
- By fostering a coherent plan for action: the Blueprint
- By globalizing policy objectives and localizing their implementation

- To foster national, regional, and local efforts to improve maternity care quality and value

# Transforming Maternity Care

**The TMC Project:**

- Multi-year collaboration with more than 100 maternity care leaders
- Broad participation and transparency to reach consensus through deliberative group process
- Two direction-setting papers published January 2010:

  "2020 Vision" and "Blueprint for Action"
- Dissemination and implementation through Partnership and Community Action

# **Transforming Maternity Care:** Looking Forward with Shared Vision

**A Vision Provides:**

- A focal point for change
- A clear, shared definition of the goals
- Motivation to change, even when it is hard
- A rallying point that brings stakeholder together in service of a perceived greater good

(Kotter, 1996)

# **Transforming Maternity Care:** The Vision Team

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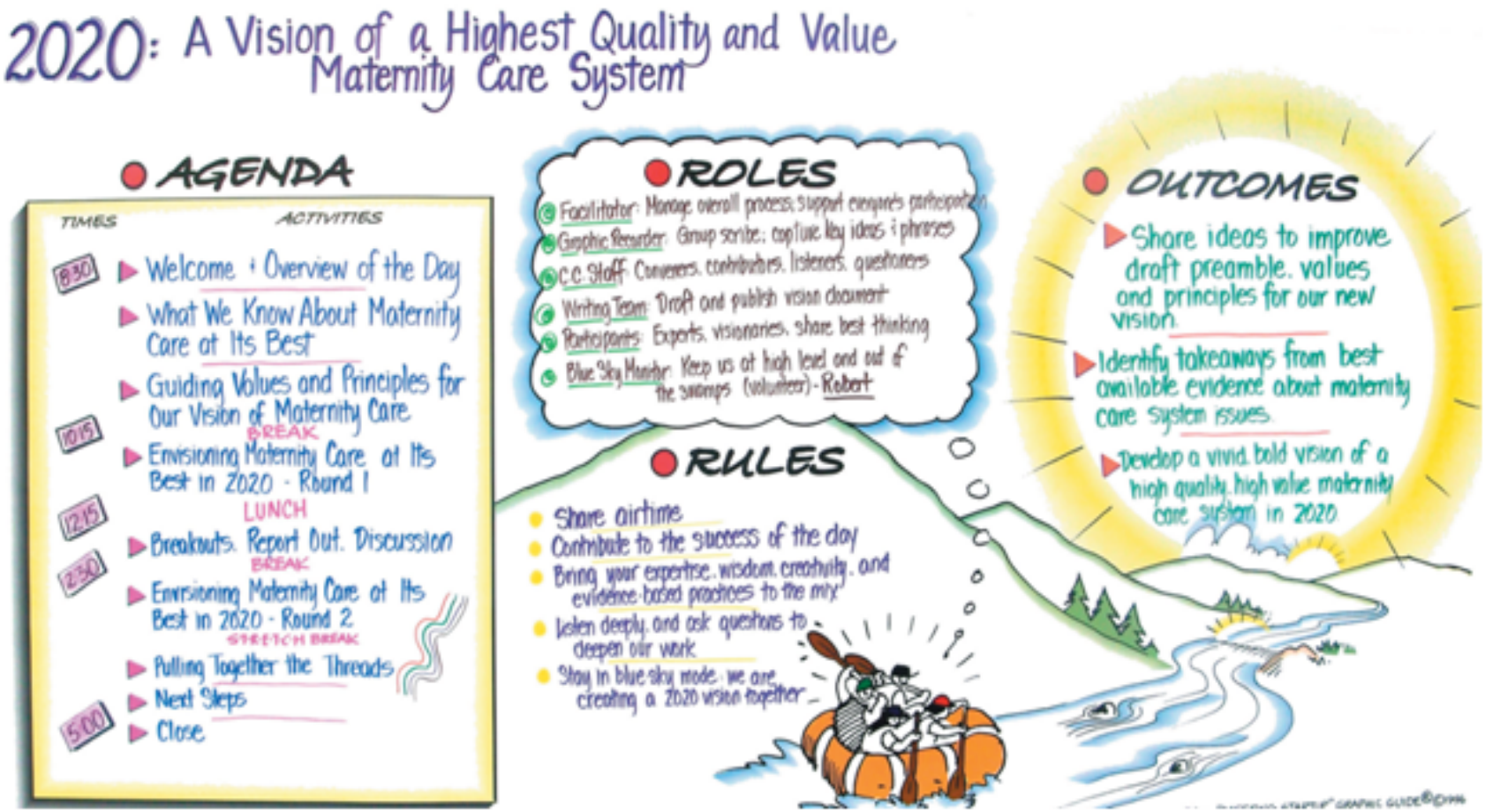
# **Transforming Maternity Care:** Looking Forward with Shared Vision

**2020 Vision for a High Quality, High Value Maternity Care System**



# 2020 Vision for a High-Quality, High-Value Maternity Care System

- Attributes of the larger system that can reliably provide high-quality, high-value care to all childbearing women, their newborns and families
- 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

# 2020 Vision for a High-Quality, High-Value Maternity Care System

**6 Aims Applied to Maternity Care**

- Woman-Centered
- Safe
- Effective
- Timely
- Efficient
- Equitable

A new take on familiar definitions

# 2020 Vision for a High-Quality, High-Value Maternity Care System

**Further Foundational Values & Principles for Maternity Care**

- Life-changing experience for women and families
- Care processes promote, support and protect physiologic processes of women, fetuses/newborns
- Quality is measured and used for quality improvement and public reporting
- Care includes support for shared decision making and choice
- Caregiver satisfaction and fulfillment is a core value

# 2020 Vision for a High-Quality, High-Value Maternity Care System

**Care Processes Promote, Support and Protect Physiologic Labor and Birth**

Women and their fetuses/newborns share complex innate, mutually regulating, hormonally driven processes that constitute the biological foundation for childbearing. These processes facilitate onset of labor through birth of baby and placenta, and establishment of breastfeeding and development of mother-baby attachment.

Effective care with least harm is optimal for majority of childbearing women and newborns for whom unnecessary intervention is likely to incur more harm than benefit. Practice variation for low-risk women minimized under principle that any intervention in physiologic process must be shown to do more good than harm.

# 2020 Vision for a High-Quality, High-Value Maternity Care System

**Care Processes Promote, Support and Protect Physiologic Labor and Birth**

To this end, all providers recognize, promote, support, and protect physiologic childbirth; respond appropriately to complications; and are adequately trained to do both.

Protection of physiologic childbearing involves avoiding disruption and interference(unnecessary interventions, noise, personnel), promotion involves the health system (e.g., research, education, measurement, policies, values), and support involves skillful facilitation (e.g., comfort measures, encouragement, supportive care).

# *Hormonal Physiology of Childbearing* (2014)

**When promoted, supported, and protected, innate hormonally-driven physiologic processes optimize labor, birth, breastfeeding, and attachment and adaptations of childbearing women and fetuses newborns, e.g., by**

- helping with stress and labor pain (oxytocin, beta-endorphins)
- preparing the uterus before labor for labor efficiency (oxytocin)
- preventing postpartum hemorrhage (oxytocin)
- optimizing breastfeeding initiation (oxytocin, norepinephrine, prolactin)

**Common maternity care interventions can disrupt hormonal processes and interfere with these benefits**

***Buckley S. Hormonal Physiology of Childbearing. Forthcoming 2014.***

***Will be available at http://transform.childbirthconnection.org/reports/physiology/***

# 2020 Vision for a High-Quality, High-Value Maternity Care System

**Applied Dr. Donald Berwick's framework (2002) of four levels of care to maternity care system:**

Level A: women and their support networks

Level B: microsystems that provide direct care

Level C: health care organizations that house and support clinical microsystems

Level D: macro environment of policy, payment, regulation, accreditation, litigation, etc., that influence the delivery of maternity care

# 2020 Vision for a High-Quality, High-Value Maternity Care System

## Levels A & B: Women and their Support Networks, and Microsystems that Provide Direct Care

- Includes care during pregnancy, around time of birth, and after birth – (now include pre- and interconception support & guidance)
- Care promotes, supports, and protects physiologic childbirth
- Woman engaged as partner in her care and education
- Care includes support for shared decision making and choice
- Support for breastfeeding, and personalized coaching in a climate of confidence
- Woman's preferences known, respected, and matched with individually tailored care delivered by a care team customized to meet her needs and preferences
- Caregiver satisfaction and fulfillment is a core value

# 2020 Vision for a High-Quality, High-Value Maternity Care System

- A full range of safe birth settings is available and receives system-wide support, so that each woman is free to choose setting most appropriate  for her level of need and that of her fetus/baby and that best reflects her values, culture, and preferences.

- Her choice can be made with confidence because each setting assures a consistent standard of safe, effective care, within an integrated system that provides coordinated consultation, collaboration, or transfer in either direction should her level of care or that of her baby change.

# 2020 Vision for a High-Quality, High-Value Maternity Care System

**Level C: Health Care Organizations**

Envisioning system attributes that:

- Strengthen the structure of the care delivery system to foster woman-and-family centered, high-quality maternity care
- Strengthen the maternity care workforce to deploy most appropriate providers to provide most appropriate, cost-effective level of care to each woman and baby according to their needs

# 2020 Vision for a High-Quality, High-Value Maternity Care System

**Level D: The Macro Environment of Care**

Envisioning system attributes that:

- Enable reliable delivery of high quality maternity care
- Strengthen performance measurement
- Improve the functionality of payment systems
- Strengthen professional education and guidance
- Close priority gaps in research
- Improve the functioning of the liability system

# 2020 Vision for a High-Quality, High-Value Maternity Care System

**Level D: The Macro Environment of Care**

Envisioning system attributes that:

- Interoperable HIT systems in place for high-quality care and coordination, and capturing/sharing data at all levels
- Coordination of financial, licensure, accreditation, and other relevant systems to ensure that women can designate her maternity care home led by qualified provider of her choice for care coordination for herself and her baby
- Motherhood and fatherhood are valued as reflected in family-friendly programs and policies

# A Tale of Two Births:
## A Fable to Illustrate the Vision

"Fables can be powerful because they take serious, confusing, and threatening subjects and make them clear and approachable…In our modern, high-tech world, we can easily forget this simple yet profound truth." – John Kotter, 2005

# Where Does This Lead Us?

- The 2020 Vision has been actualized through concerted multi-stakeholder efforts ensuring all women and babies are served by a maternity care system that reliably delivers safe, timely, effective, efficient, equitable, woman/family-centered care

- U.S. ranks at top among industrialized nations in key maternal and infant health indicators and has achieved global recognition for its transformative leadership

# Transforming Maternity Care

**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:**
# 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 for quality improvement and public reporting
- Innovative payment & delivery systems to align incentives with quality
- Disparities in access and outcomes of maternity care
- Improved functioning of the liability system
- Scope of covered services for maternity care
- Coordination of maternity care across time, settings, and disciplines

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

**11 Critical Focus Areas (continued):**

- Clinical controversies (e.g., home birth, VBAC, vaginal breech and twin birth, elective induction)
- Shared decision making and consumer choice among wide-range of providers, settings & services
- Scope, content, and availability of health professions education
- Workforce composition and distribution
- Development and use of health information technology

# **Blueprint for Action:**
## Selected Recommendations and Strategies

**Performance Measurement for Quality Improvement & Public Reporting:**

- Develop a full set of maternity care measures (fill existing measure gaps, including provider-level measures, woman-reported outcome of full episode of maternity care, VBAC measure, physiologic birth measure, maternity CAHPS)
- Improve data collection on quality of maternity care (CA is nationally recognized leader)
- Publicly report on maternity care performance
- Use reported performance data to foster improvement

# **Blueprint for Action:**
## Selected Recommendations and Strategies

**Innovative Payment & Delivery Systems to Align Incentives with Quality:**

- Build better payment systems for maternity care
- Pilot & evaluate a diversity of models in public & private sector – (CPR, PBGH, CMMI, States)
- Develop critical enabling factors and conditions for major reform

# **Blueprint for Action:**
# Selected Recommendations and Strategies

**Disparities in Access and Outcomes of Maternity Care:**

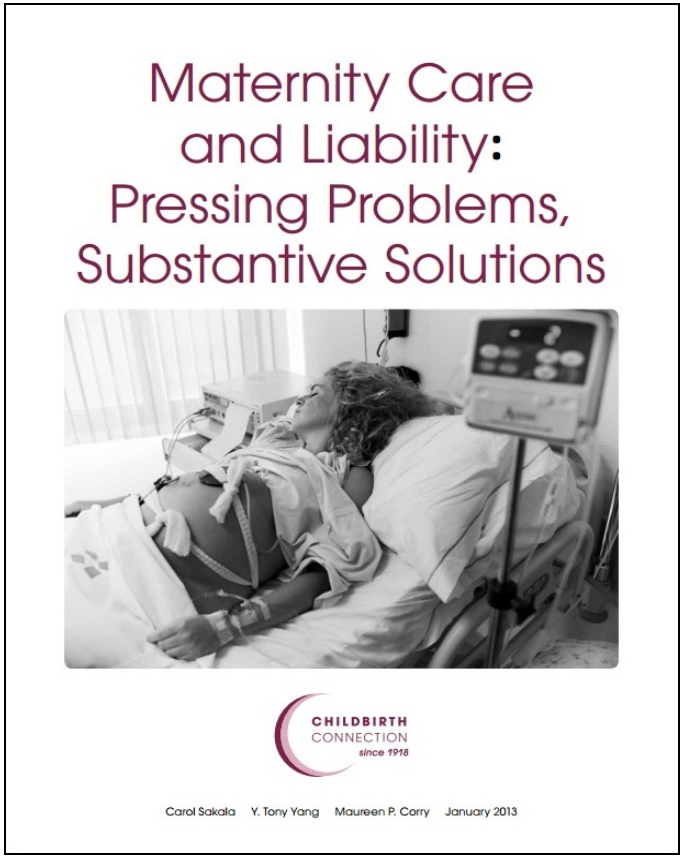
- Expand access to beneficial maternity care services for vulnerable populations
- Conduct research to better understand the basis of disparities, and improve our capacity to measure them
- Compare the effectiveness of interventions to reduce disparities and implement successful models
- Increase the representation of minority caregivers and improve the cultural and linguistic competence of all

# **Blueprint for Action:**
# Selected Recommendations and Strategies

**Improved Functioning of the Liability System:**

- Improve data on adverse events and near misses so we can use them to improve quality, reduce risk, and set adequate premium rates
- Implement quality improvement and patient safety initiatives to identify, prevent, and mitigate harm
- Explore approaches that separate negligence and compensation for medical need when there is a bad outcome
- Align legal standards with maternity care system goals

# Maternity Care and Liability: Pressing Problems, Substantive Solutions




- First broad overview of this topic in more than 2 decades.
- Empirical evidence about key questions and ways to improve functioning of liability system in maternity care.
- Big quality takeaway.
- Fact sheets and open-access articles make key findings accessible.

# **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 – (better codify maternity care as an essential health benefit)

- 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

**Workforce Composition and Distribution**

- We must address growing maternity care provider shortages, geographic maldistribution, and the need for providers who prioritize retaining and applying core skills to support innate capacities of women and fetuses/newborns and judicious use of interventions

**Scope, Content, and Availability of Health Professions Education**

- All maternity care providers must share a core understanding of physiologic processes and ways to support them; retain essential maternity care skills and knowledge; and be supported in understanding and practicing according to best evidence, keeping up-to-date with evidence, and routinely engaging in maternity care quality improvement

# **Blueprint for Action:**
## Selected Recommendations and Strategies

**Coordination of Maternity Care Across Time, Settings, and Disciplines:**

- Create & evaluate Woman- and Family-Centered Maternity Care Home models that apply to the full episode of maternity care (Strong Start)
- Develop local and regional quality improvement initiatives to improve clinical coordination at the community level
- Develop consensus standards for appropriate care level and risk criteria through multi-stakeholder processes (birth centers have been successful)
- Inc. development of interoperable EHRs that "put the woman at the center," ensuring care coordination and privacy (increase use)

# **Blueprint for Action:**
## Selected Recommendations and Strategies

**Clinical Controversies: Home Birth, VBAC, Vaginal Breech and Twin Birth, Elective Induction**

- Implement administrative policies & practices at the clinical & health care organization level that foster safe physiologic childbirth and decrease overuse of elective procedures and interventions – (concerns about loss of provider skills, inconsistent adherence to evidence, lack of consensus, wide variability in care, and lack of choice for women)

- Institute legislative and policy initiatives, quality measures, payment incentives, curriculum content & liability protections to foster access to a full range of care options for labor and birth supported by evidence

# **Blueprint for Action:**
## Selected Recommendations and Strategies

**Shared Decision Making and Consumer Choice Among Wide-range of Providers, Settings & Services:**

- Expand SDM processes, tools, and resources to enable women to be full partners w. caregivers in decision making
- Design system incentives to reward provider and consumer choices that lead to healthy pregnancies and high-quality outcomes
- Revive and broaden the reach of childbirth education – (develop and test new models & innovative teaching modalities)
- Promote a cultural shift in attitudes toward childbearing – (childbirth as meaningful process not just clinical event, improve image of childbirth in media, campaigns to inform women and convey positive messages about childbirth)

# Childbirth Connection and Informed Medical Decisions Foundation Launched First National Maternity Care Shared Decision Making Initiative

pregnantMe

a smart decision guide

# Shared Decision Making

**"Shared decision making (SDM) is a *collaborative process* that allows patients and their providers to make health care treatment decisions together, taking into account the *best scientific evidence available*, as well as *the patient's values and preferences*."**

INFORMED MEDICAL DECISIONS FOUNDATION

Partnerships for Quality Care

# Smart Decision Guides

- Multi-media decision aids and decision support content (English/Spanish) on multiple topics available for pilot testing in Fall 2014)
- Induction of labor for suspected macrosomia
- Elective induction of labor at 40-41 weeks
- Elective repeat cesarean vs. planned vaginal birth
- California HealthCare Foundation grants for cognitive and usability testing of tools among women covered by Medicaid in CA and LA to ensure tools are appropriate and actionable for women with 6th grade health literacy level & conduct pilot testing with employer members of CPR/PBGH

# **Blueprint for Action:**
## Selected Recommendations and Strategies

**Development and Use of Health Information Technology:**

- Increase coordination of information across all segments of maternity care
- Increase interoperability and security among various HIT systems
- Explore and incentivize ways to use HIT to improve clinical care, efficiency, coordination, and performance measurement and reporting
- Increase and improve consumer-based uses and platforms for HIT

**Rapid gains in the quality, outcomes, and value of maternity care care are within reach, and deliberative, collaborative, multi-stakeholder efforts can point the way.**

# Thank you!

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