Improving the quality of Pregnancy Care Management: What are we trying to accomplish and what tools can we use to help us get there?

Community Care of North Carolina


OPPORTUNITY

Three Key Questions for Quality Improvement*

Community Care of North Carolina

1. What are we trying to accomplish?

2. How will we know if a change is an improvement?

3. What changes can we make that will result in improvement?

*Institute for Healthcare Improvement, www.ihi.org

What are we trying to accomplish?

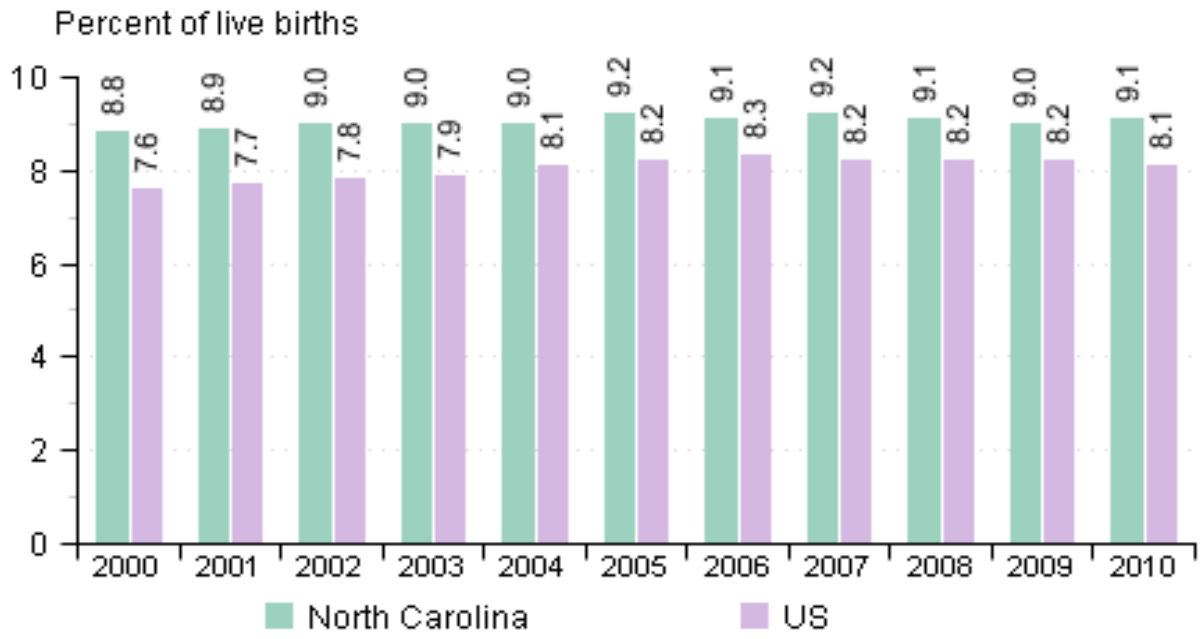
Community Care of North Carolina

Pregnancy Medical Home KPIs

- **Key Performance Indicators:**
  - Rate of low birth weight
  - Rate of very low birth weight
  - Rate of primary c-section

Low birthweight

North Carolina and US, 2000-2010

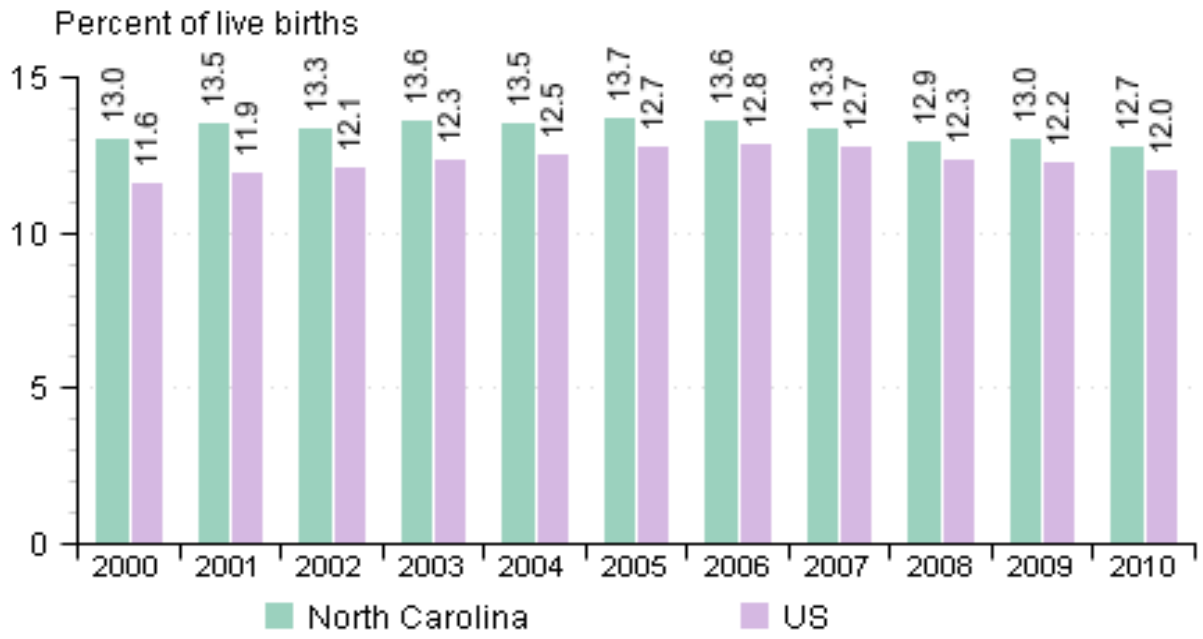


Low birthweight is less than 2500 grams (5 1/2 pounds).
Source: National Center for Health Statistics, final natality data. Retrieved August 25, 2013, from www.marchofdimes.com/peristats.

march of dimes

Preterm birth

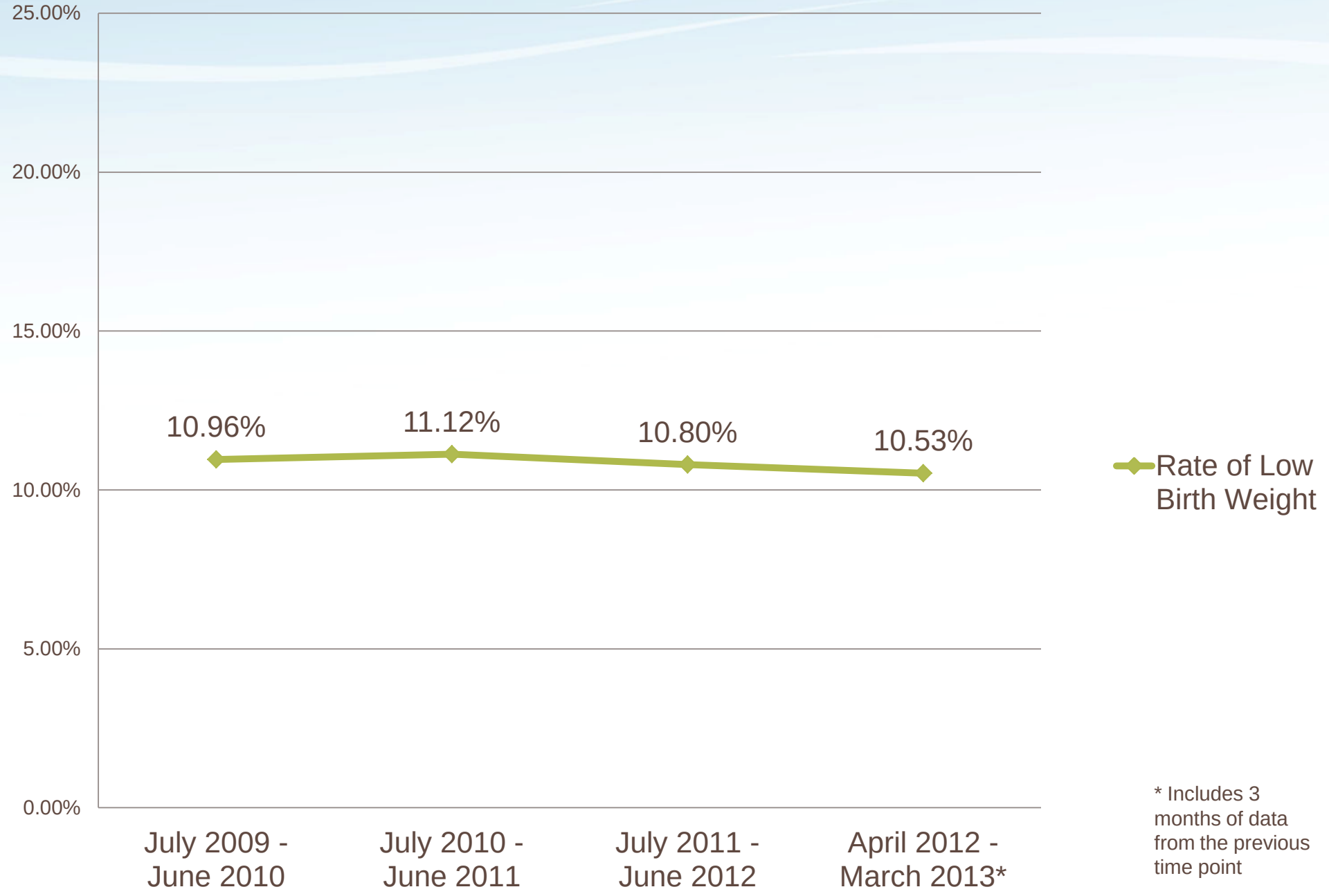
North Carolina and US, 2000-2010



Preterm is less than 37 completed weeks gestation.
Source: National Center for Health Statistics, final natality data. Retrieved August 25, 2013, from www.marchofdimes.com/peristats.

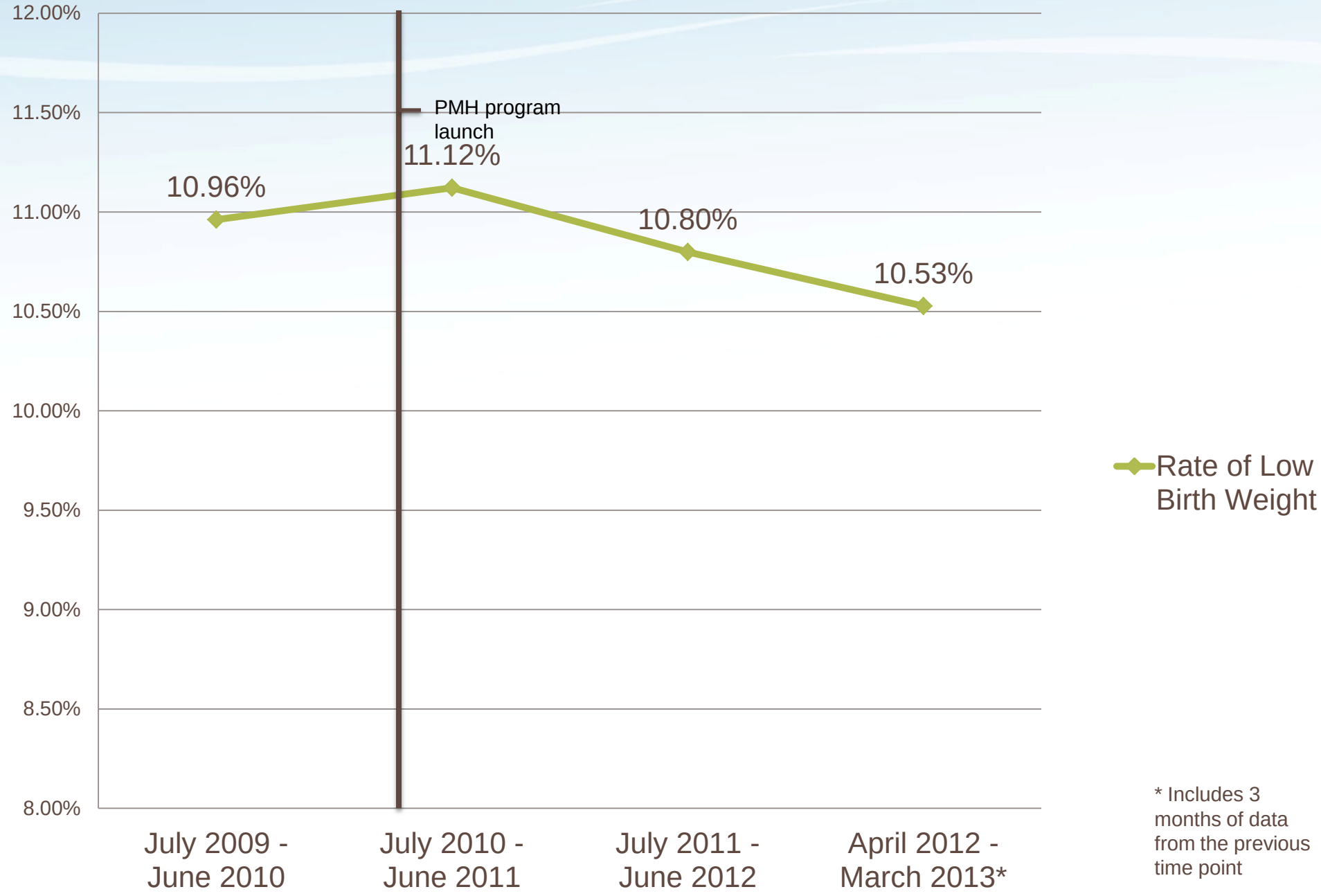
march of dimes

Rate of Low Birth Weight (<2500 grams) Babies Among Non-Emergency Medicaid Deliveries



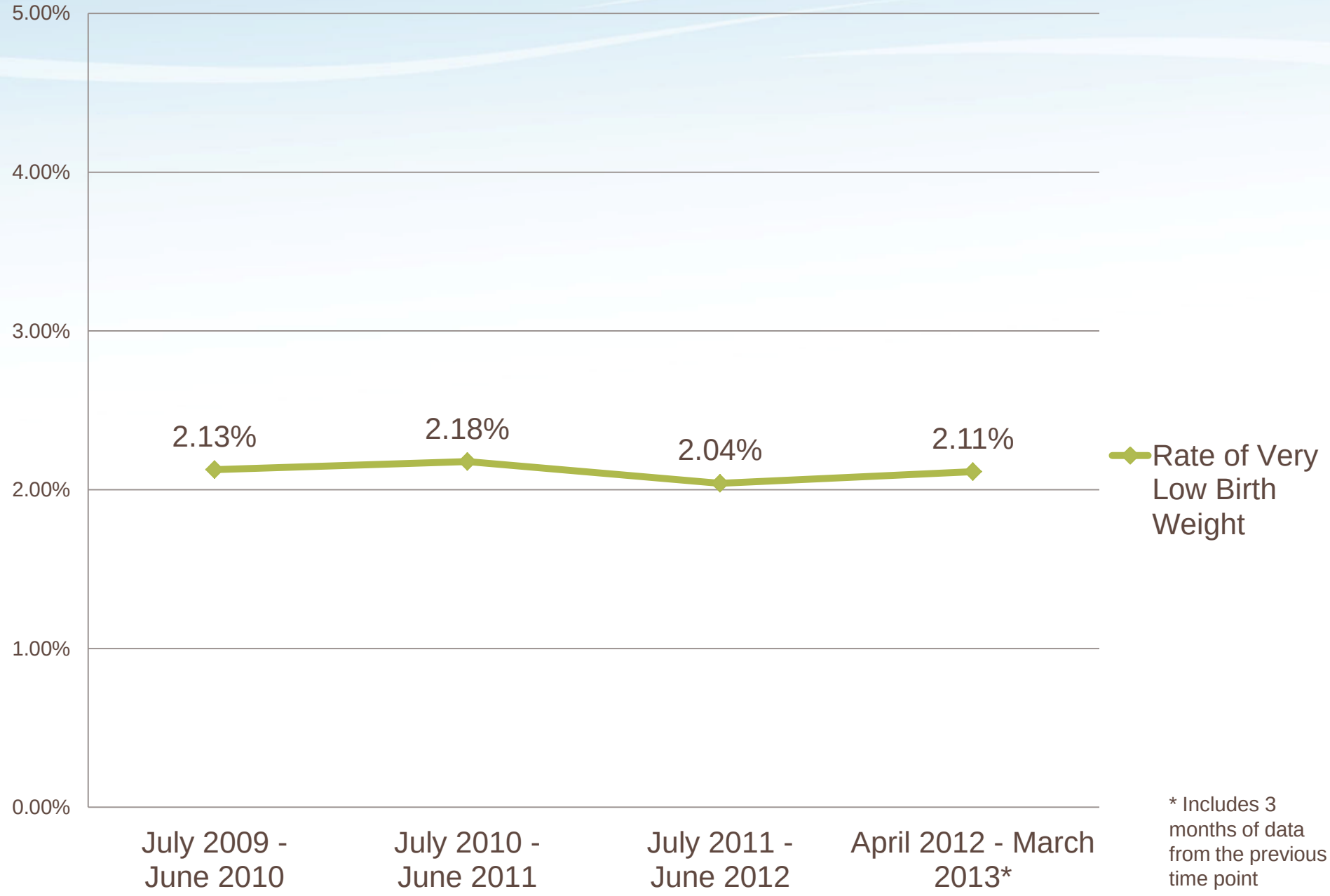
* Includes 3 months of data from the previous time point

Rate of Low Birth Weight (<2500 grams) Babies Among Non-Emergency Medicaid Deliveries



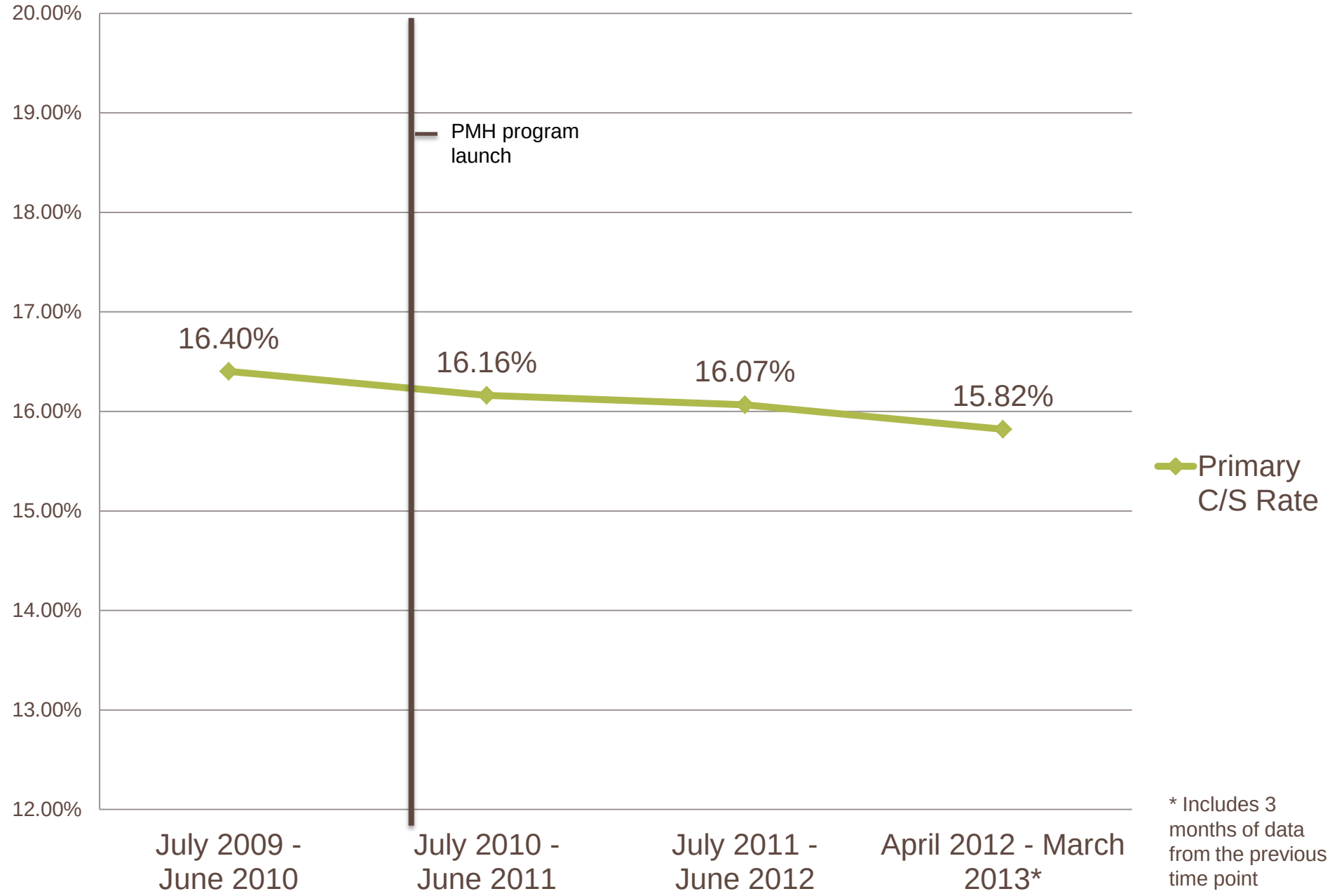
* Includes 3 months of data from the previous time point

Rate of Very Low Birth Weight (<1500 grams) Babies Among Non-Emergency Medicaid Deliveries



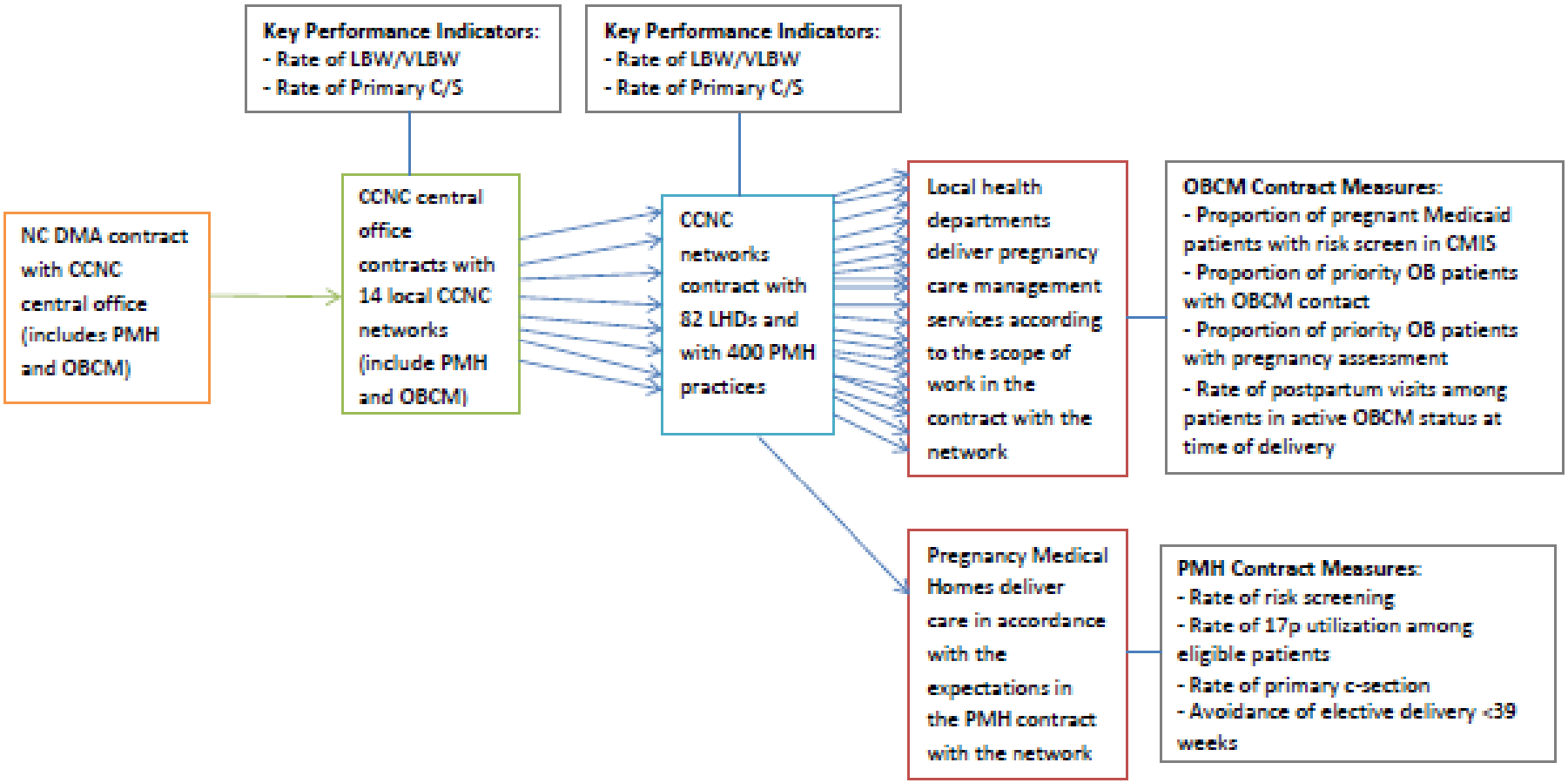
* Includes 3 months of data from the previous time point

Primary Cesarean Section Rates among Term Patients with a Singleton, Vertex Fetus and Non-Emergency Medicaid

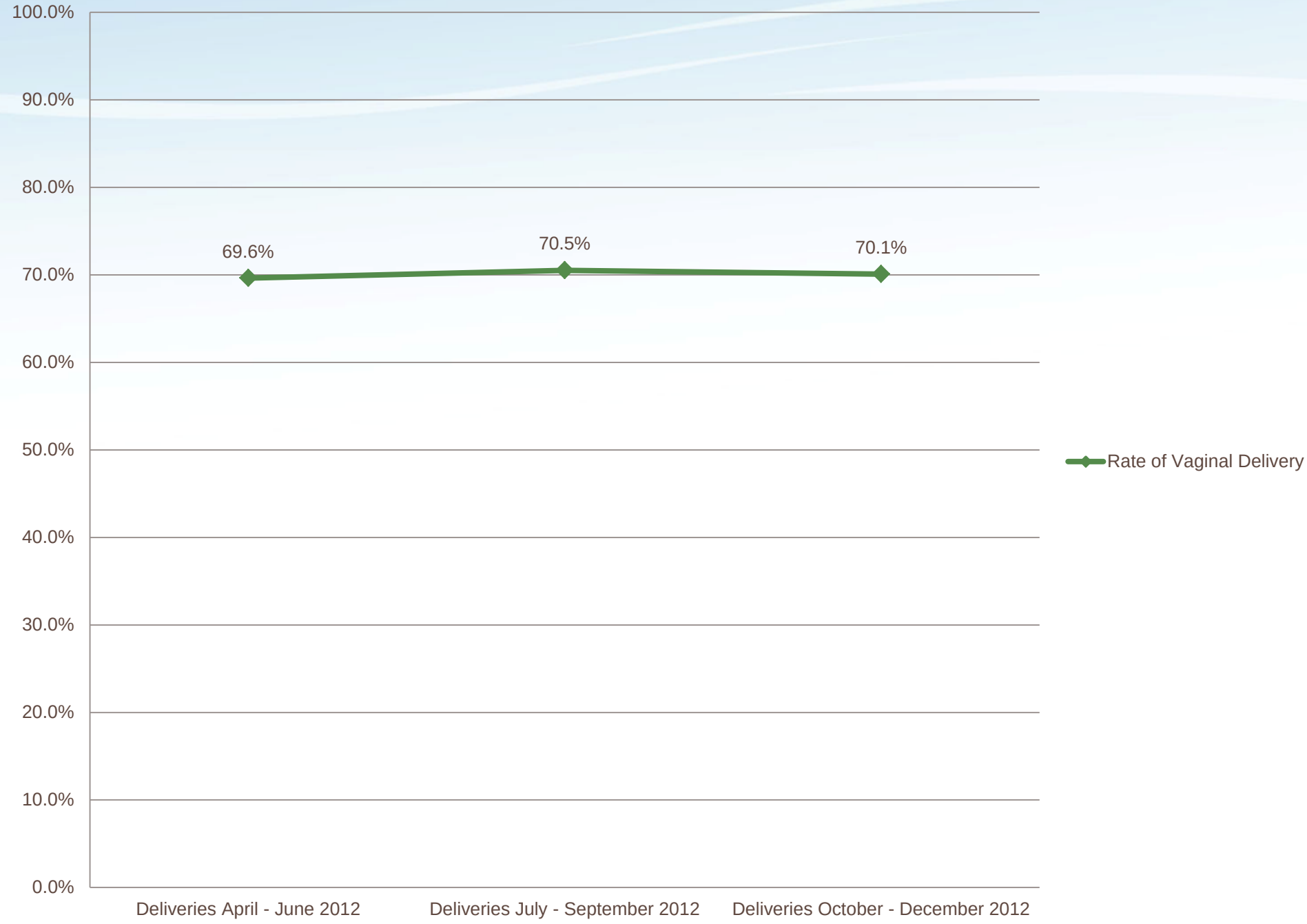


* Includes 3 months of data from the previous time point

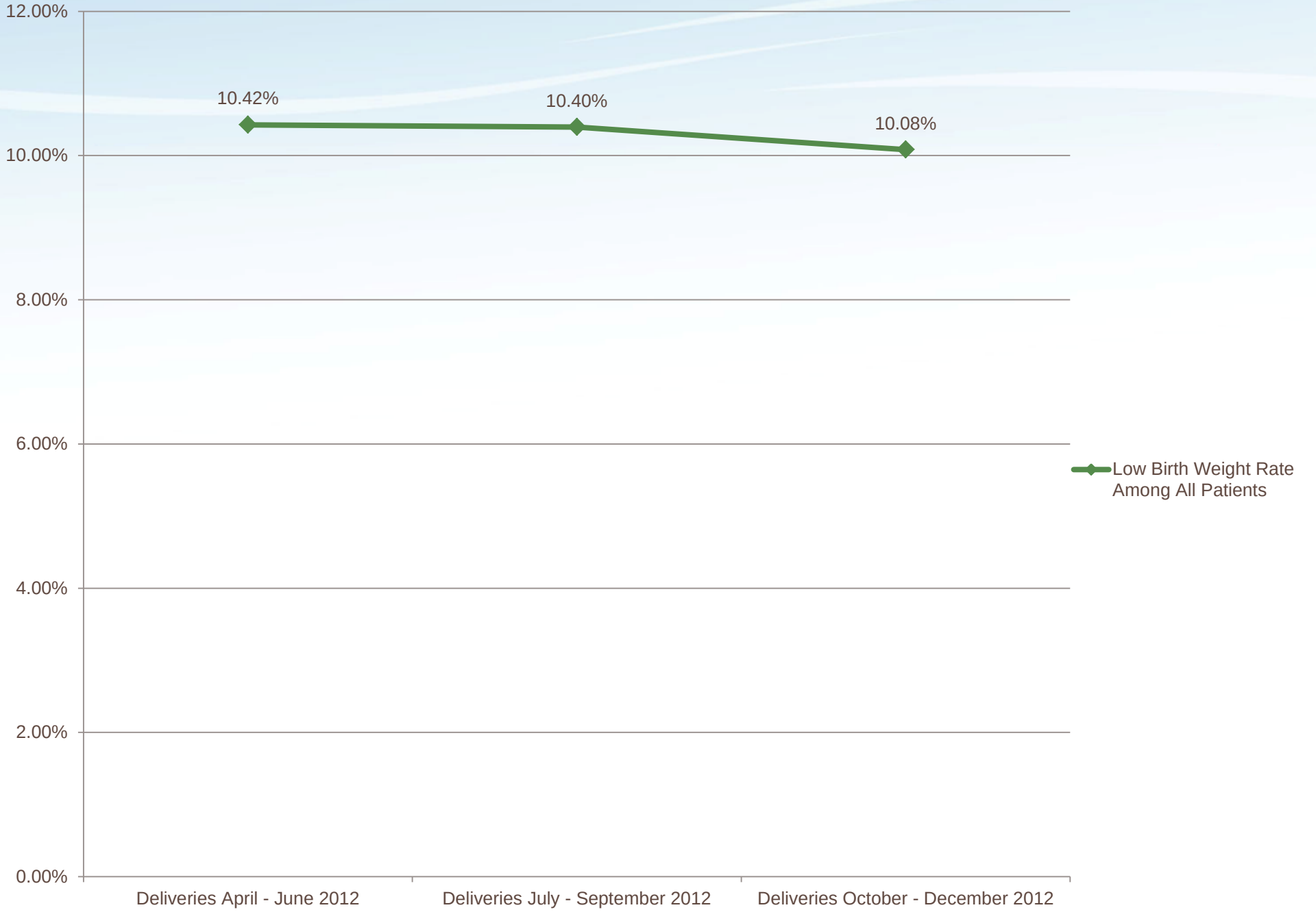
Contractual Structure of PMH/OBCM Model



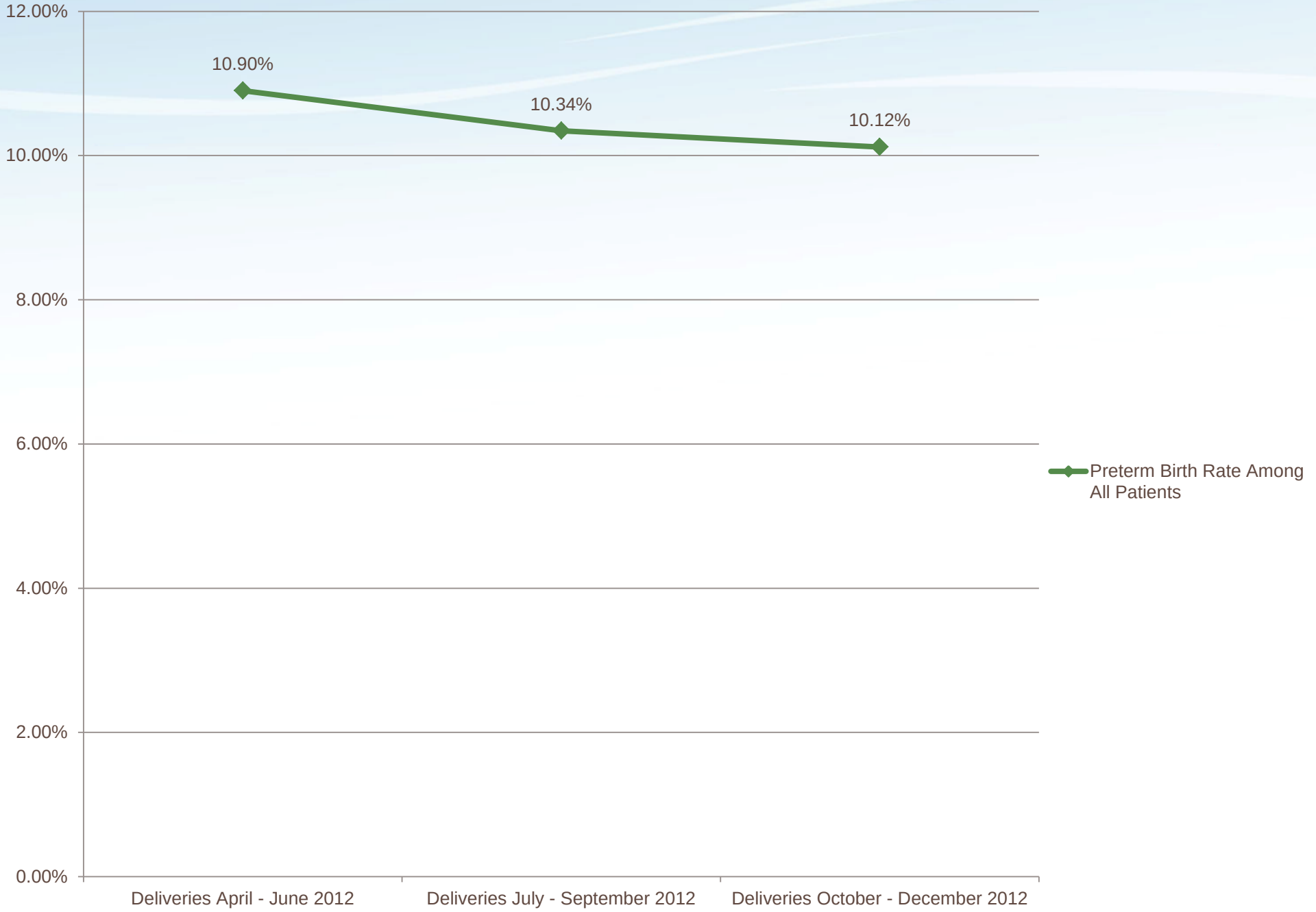
Vaginal Delivery Rate Among All Patients



Low Birth Weight Rate Among All Patients



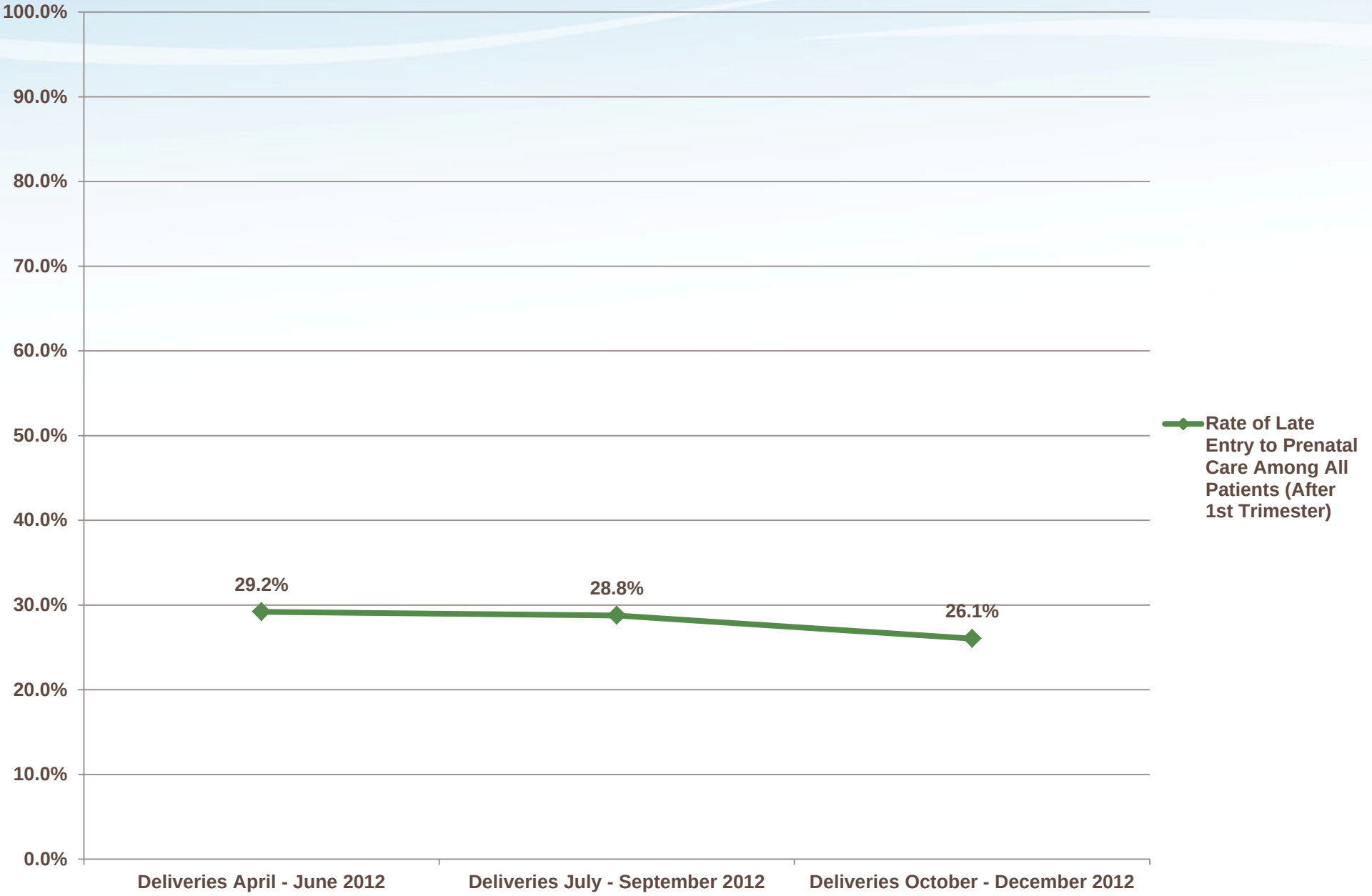
Preterm Birth Rate Among All Patients



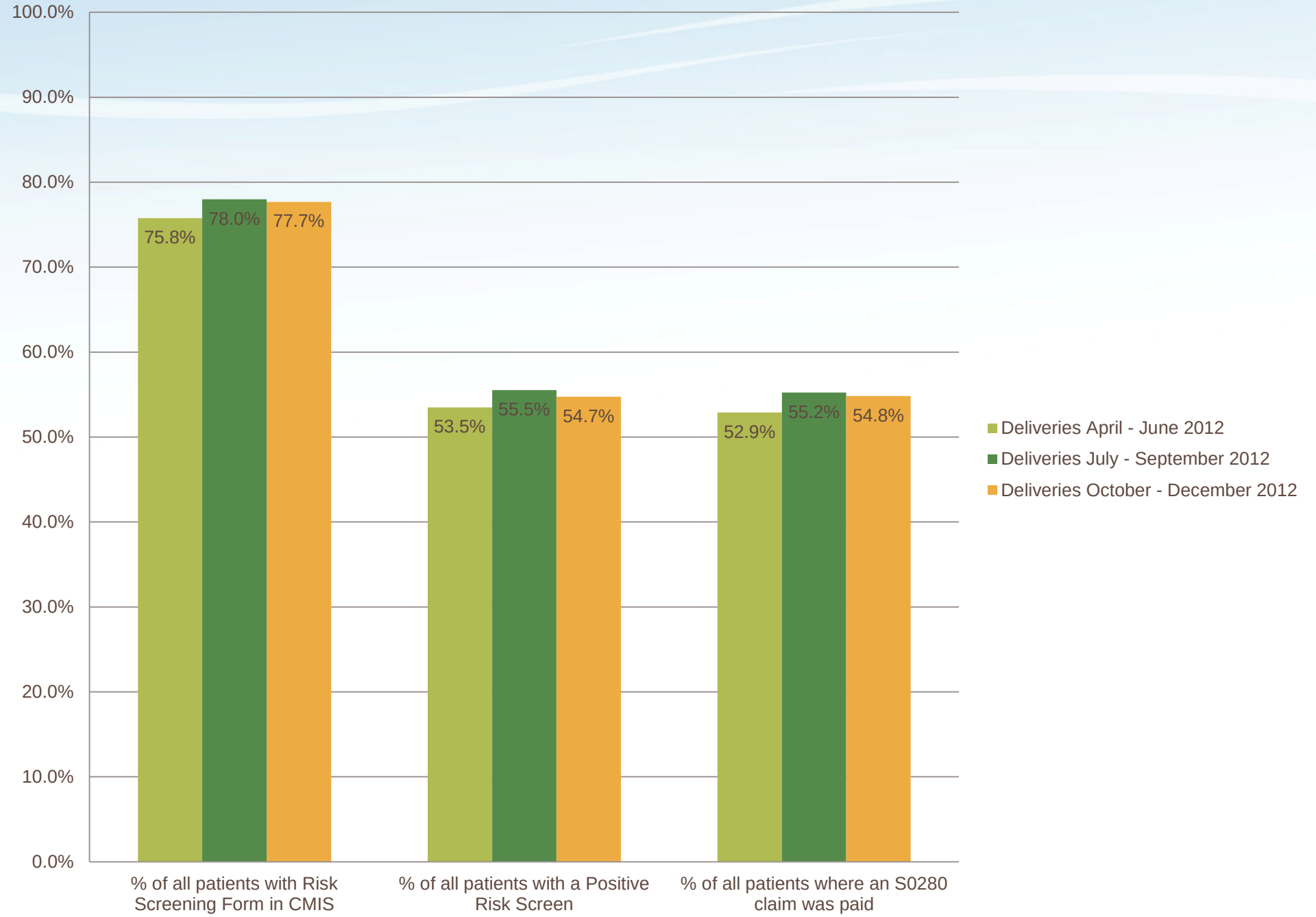
Unintended Pregnancy Among Patients with a Risk Screening Form

Unintended pregnancy is determined by patient responses of “did not want to be pregnant now or at any time in the future” or “wanted to be pregnant later” on the risk screening form.

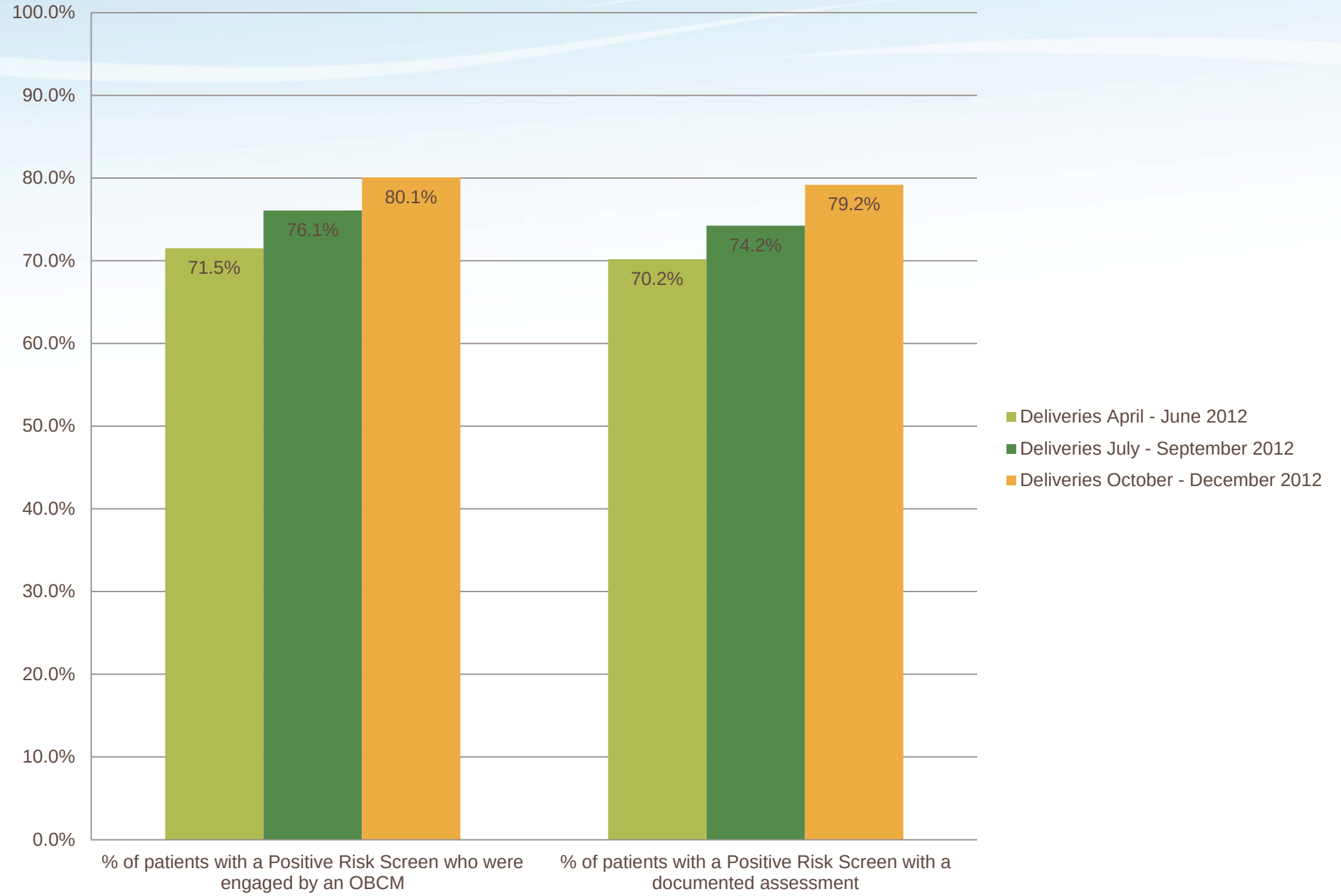
Rate of Late Entry to Prenatal Care Among All Patients (After 1st Trimester)



Risk Screening Forms Among All Patients



Patient Engagement in Pregnancy Care Management Among Patients with a Positive Risk Screening Form



Importance of Risk Screening Data

Community Care of North Carolina

- **Narrow window of opportunity to intervene to affect pregnancy outcome**
- **Risk screens are best method for identifying pregnant Medicaid patients in real time**
  - There is no claims data source to tell us when a Medicaid patient is pregnant
  - Possibility of local collaboration with DSS to identify patients who come in for MPW application
  - Importance of OB ADT data
- **Allows for timely provision of pregnancy care management**


opportunity only ever lasts
for a short while...

Importance of Pregnancy Care Management

Community Care of North Carolina

- **Pregnancy Care Management is the primary intervention of the PMH model to improve birth outcomes**
- **Evidence-based**
  - Several published studies show improvement in birth outcome as a result of various care management models
  - "Black box" problem – it's not clear what exactly about care management helps patients
    - Better adherence to medical care
    - Improvement in psychosocial risk factors
    - Social support

Quality improvement perspective

Community Care of North Carolina

"Every system is perfectly designed to get exactly the results that it gets."

- What can we do to make the Pregnancy Care Management system get more of the results we want?
- What are we already doing in the Pregnancy Care Management system that is helping us to achieve the results we're already getting?
- Is there a culture in Pregnancy Care Management of being open to new approaches to get the results we want?

How will we know a change is an improvement?

Community Care of North Carolina

Quality Improvement Culture

Community Care of North Carolina

- **Continuous quality improvement means always looking for opportunities to change for the better**
  - Blameless culture – everyone must feel comfortable in identifying problems with the system: “stop the line”
  - Find areas where the system could work better and test changes, with permission to make mistakes – look for how to improve the system, not whom to blame
  - Shared commitment to improvement culture
  - Make it easy to do the thing you want more of
- **Quality improvement uses small tests of change to see what works**
  - PDSA cycles (Plan-Do-Study-Act)

QA vs. QI

Community Care of North Carolina

- **Quality assurance (QA) looks at whether we are doing what we are supposed to do**
- **Quality improvement (QI) focuses on how we can do better at what we are doing**
- **QI implies <u>change</u>**

  "While all changes do not lead to improvement, all improvement requires change."

- **The focus should always remain on the patient – are we improving the quality of care and the birth outcomes of our patients?**

Use of data to drive quality

Community Care of North Carolina

- "Data" is anything we measure
- These are some of the tools that we have to help us do our job more effectively
- The goal is to use numbers to help us learn more about how to improve our work, rather than to work to improve the numbers
- Who doesn't want to know if your work is making a difference?

"Measurement is a critical part of testing and implementing changes; measures tell a team whether the changes they are making actually lead to improvement."

Types of measures

- **Three types of measures:**
  - Outcome: how does the system impact the patient's health?
    - Birth outcome
    - Multifactorial – dig into the processes that evidence suggests are associated with the desired outcome
  - Process: is the system working as planned?
    - Priority patients engaged in care management
    - Ensure the processes that are associated with the desired outcome are occurring
  - Balancing: are changes in one part of the system affecting other parts of the system?
    - Deferrals for unable to contact within 30 days
    - Ensure changes to processes aren't having negative impact on other processes associated with the outcome

Types of measures/new OBCM contract measures

- **KPIs in master contract with DMA and CCNC contract with local networks are outcome measures**
- **OBCM contract measures are process measures:**
  - Proportion of pregnant Medicaid patients with risk screen in CMIS
  - Proportion of priority OB patients with timely OBCM contact
  - Proportion of priority OB patients with timely assessment
  - Postpartum visit* rate for patients receiving pregnancy care management at time of delivery
    - *Documentation reminder – use the “postpartum visit date” in Pregnancy Assessment only to document postpartum visits with the provider that have actually taken place

Types of measures/OBCM Data Dashboard measures

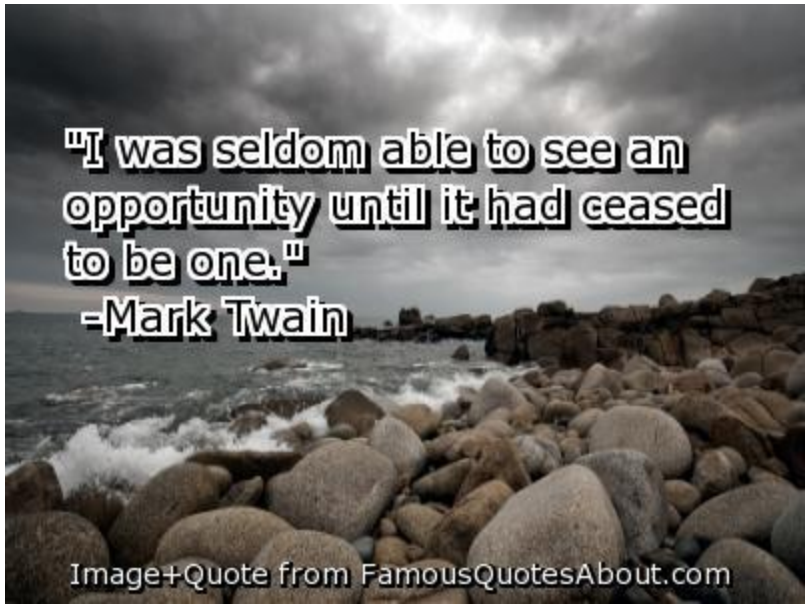
- **Dashboard currently includes process measures:**
  - Timely patient contact
  - Timely patient assessment
  - Deferrals
  - Proportion of pregnant Medicaid population engaged in pregnancy care management
- **These are indicators of basic elements of program implementation – are the patients being served?**
- **Next phase: dashboard measures to assess specific aspects of services**
  - Adherence to OBCM tobacco cessation pathway
  - Adherence to specific elements of OBCM Common Pathway

Current dashboard rates

- **State-level for 6-month period ending March 2013:**
  - **Timely patient contact**: 67% of all priority OB patients
    - Improvement from 63% in previous 6 months
  - **Timely patient assessment**: 52% of all priority OB patients
    - Improvement from 47% in previous 6 months
  - **Deferral** within 60 days of screening: 19% of priority patients
    - Improvement from 20% in previous 6 months
  - **Engagement** of pregnant Medicaid population: 55%
    - Improvement from 52% in previous 6 months

Role of contract/dashboard measures

- **What does it mean if you are an outlier on these measures?**
  - Something is working really well
  - Something is not happening that should be
- **What does it mean for your program if you are underperforming?**
  - Lots of opportunities for improvement!
  - Importance of testing changes to see what will allow you to improve
- **Areas of concern are not the underperformers but those not trying to find changes that might lead to improvement**
  - Consider ways to use available data to test changes



Seize opportunities for improvement and embrace a culture of change!

What changes can we make that will result in an improvement?

“What can we do next Tuesday?”

Community Care of North Carolina

Getting started

- **OBCM measures describe overall performance on various process measures but do not answer the questions "why" or "how"**
  - Patient contact measure shows the proportion of patients with timely OBCM contact but does not explain why that number is what it is or how to change it
- **All solutions are local**
  - Why is the rate of patient contact what it is in your county? How can you improve it? How did you improve it?
- **What can you learn about your local processes from data**
  - CMIS reports

Getting started

Community Care of North Carolina

- Who needs to be involved in any change discussions?
- What processes do you need to observe – a “gemba walk”?
- How can you look for the root causes of why something is happening a certain way?
  - “5 Why’s” approach
- What tools are available locally to help guide improvement efforts?
- What tools can you create locally to assess whether your changes are resulting in improvement?

Hands-on QI for busy people

Community Care of North Carolina

- OBCM use of CMIS reports for quality improvement
- OBCM supervisor use of CMIS reports for quality improvement
- Case study
- Sample tool