

Partnership, Incentive Payments Contribute to Drop in Washington's Elective Deliveries prior to 39 weeks gestation

Washington has seen a dramatic decline in its elective delivery rates—down 81 percent in a two-year period—thanks to a quality improvement campaign launched by a public/private partnership of stakeholders and Medicaid quality incentive payments.

When Washington state's stakeholders formed a collaborative and looked across their maternal and child health outcomes for a quality improvement initiative in 2010, non-medically-indicated elective deliveries quickly rose to the top. In 2010, 15.5 percent of babies in Washington were electively delivered before 39 weeks gestation. The collaborative effort got a boost the same year when the state legislature authorized Medicaid quality incentive payments to hospitals that decreased elective delivery rate along with meeting other quality improvement benchmarks.

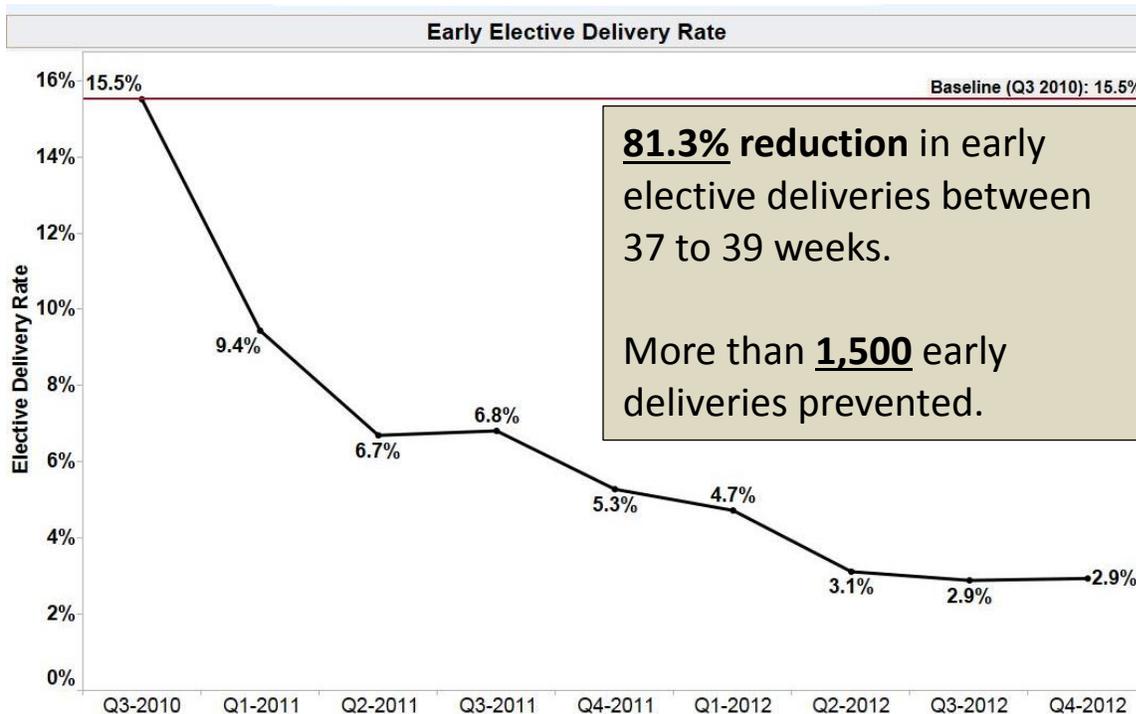
Steps Taken:

- A public/private voluntary collaborative formed to improve birth outcomes statewide. Collaborative members included the Washington State Hospital Association (WSHA), the Washington State Perinatal Collaborative, the Washington Health Care Authority (HCA; Washington's Medicaid agency), the Washington State Department of Health, the local March of Dimes chapter, birthing hospitals, obstetricians, midwives, and perinatal coordinating nurses.
- An important component to the partnership's success was WSHA's Safe Table Collaboratives—which included doctors, hospital representatives, and others—where best practices, results, and barriers or challenges are shared and overcome. The group meetings increased success because they helped move all the stakeholders in the same direction, built momentum, and celebrated statewide change as a shared success. They also offered ongoing support for hospitals that face resistance or other challenges in implementing change policies. WSHA and the Washington State Perinatal Collaborative sent doctors to talk to other doctors at reticent institutions and called often to encourage them to get on board.
- The state legislature passed the [Safety Net Assessment Act \(HB 2956\)](#) during the 2009-2010 session, which offered hospitals an incentive to change their practices. In this pay-for-performance initiative, hospitals that meet five quality improvement benchmarks, one of which is reducing elective deliveries prior to 39 weeks, receive a 1 percent increase in their Medicaid reimbursement rates.
- HCA set the methods and measures for the quality improvement initiative. Other quality improvement benchmarks are not related to MCH, but include indicators such as reducing hospital readmissions, reducing patient falls, reducing catheter-associated urinary tract infections, and increasing the number of hospital staff who receive annual flu vaccines.

- Washington state's rate of elective deliveries before 39 weeks dropped 81 percent between 2010 and 2012.
- More than 1,500 babies were born at 39 weeks or later under the new policies.
- Ninety percent of Washington's hospitals were eligible for Medicaid incentive payments.

- The Medicaid incentive payment is only for non-critical-access hospitals; however, providers ineligible for incentive payments are still working toward quality improvement measures with support from the collaborative.
- To reduce elective deliveries and meet the quality improvement standards set by HCA (as required in the Safety Net Assessment Act), hospitals have put a variety of policies in place, including: requiring documentation of a medical reason for any patient scheduled to deliver prior to 39 weeks; requiring the chief of obstetrics' approval for any scheduled delivery; and extensive physician and patient education about the risks of early elective deliveries
- Although Medicaid reimbursement is the vehicle for hospitals to receive the financial incentive, providers are expected to implement quality improvements across the patient population, not just with Medicaid beneficiaries.
- The collaborative discussed which populations could benefit most from HB2956's changes to hospital policies. Consensus emerged that all populations would benefit from evidence-based care; thus, the group determined that the best approach to early elective deliveries was not to focus on certain populations or specific zip codes, but to work to changes policies statewide. In the end, all Washingtonians benefitted from the dramatic decrease in early elective deliveries.
- The March of Dimes' [Healthy Babies Are Worth the Wait](#) campaign is a tool physicians and communities are using to educate patients and the general public about the risks of early elective deliveries.

Results:



Definition: The Joint Commission, PC-01 Elective Delivery, patients with elective vaginal deliveries or elective cesarean sections at >=37 and <39 weeks of gestation completed

Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)

Graphic created by: Washington State Hospital Association

- As hospitals implemented new policies, the percentage of babies born before 39 weeks without a medical reason decreased by 81 percent. In fall 2010, 15.5 percent of Washington’s deliveries were early elective. By the end of 2012, the proportion dropped to just 2.9 percent—representing at least 1,500 fewer early elective deliveries statewide in just two years.
- So much progress meant that 90 percent of the state’s hospitals were eligible for incentive payments, which began in July 2012. Today, many hospitals have an early elective delivery rate of 1 percent or less. Only a handful of hospitals have a higher rate, and these deliveries are mostly exceptions to the policy due to rare medical conditions.
- Under the hospitals’ and doctors’ leadership, with WSHA’s and HCA’s support, many hospitals began the culture shift necessary to implement these new policies before the Medicaid payment incentive took effect. Once policies were in place, the early elective delivery rates fell quickly, creating momentum for hospitals, excitement among participants, and galvanizing wide support for the changes.
- Momentum is important for lasting change. At one point in 2011, it appeared that the financial incentive for hospitals to change would cease because provisions in the Safety Net Assessment Act were set to expire (the payments have since been restored—see next bullet). However, even without the promise of rate increases, early elective delivery rates continued to fall.
- To ensure hospitals sustain this work and further encourage the few institutions that have not yet met the quality improvement benchmarks, hospitals again qualified for increased Medicaid reimbursement rates beginning July 1, 2013.
- To track progress, hospitals send their data to WSHA, which compiles it and sends the hospitals trend and comparison reports. The data are also posted to [WSHA’s website](#). These and other resources, such as rapid response feedback for hospital CEOs, were made possible by the Hospital Engagement Network, of which WSHA is a member.
- Public awareness and engagement motivate providers, and the data are important to expectant mothers making healthcare decisions.

Lessons Learned:

- HCA’s strong, visionary leadership provided the foundation for significant change. The improvements were quick and are sustainable because all the stakeholders were supportive, including hospitals, providers, payers, and state agencies.
- A strong evidence base is crucial to make the case for change. This process of coming to agreement on an ambitious goal—with a standard definition of the problem and shared strategies for change—is replicable for early elective delivery reduction work and other quality improvement measures.
- Legislation set up a win-win scenario: The quality improvement payments in the Safety Net Assessment Act mean that patients in all communities receive better care, and hospitals collect higher Medicaid reimbursement rates.
- Increasing Medicaid reimbursement rates is a pay-for-performance strategy built on a “race to the top” model, which is replicable in other states and on other healthcare issues. The model fosters an environment where hospitals are rewarded for improving patient care standards, but there is no maximum number of hospitals that can achieve the milestone, which facilitates a collaborative environment among providers.



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- The dollar amount for incentive payments doesn't have to be huge, but some incentive is useful for maintaining momentum and bringing along reluctant participants.
- The focus on elective deliveries prior to 39 weeks is the first step in an effort to reduce the rate of C-sections in Washington, which have already started to come down as elective deliveries drop. The collaborative's goal for 2014 is to focus on labor management practices that directly impact C-sections.
- Now that collaboration is the norm and stakeholders are communicating regularly, the state is making dramatic progress on other maternal and child health goals, such as increasing the number of pregnant women who receive flu vaccinations.

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