National Priorities Partnership

convened by the NATIONAL QUALITY FORUM

NPP Maternity Action Pathway Final 2012 Progress Report: Improving Maternity Care for Mothers and Babies

December 19, 2012

The National Priorities Partnership multistakeholder maternity task force, which focused on reducing elective deliveries and cesarean section in low-risk women, proved to be a successful model for catalyzing and aligning action across many parallel public and private maternity improvement efforts. This task force brought together critical thought leaders to identify aspirational goals, develop and align strategies, and act as change agents to mobilize action and systems-level change. By bringing together the right stakeholders at the right time to identify opportunities for organizations to work collectively—or individually in an aligned fashion—to amplify efforts that avoid duplication, eliminate silos, and achieve results, the vision of a safe, healthy start for all mothers and babies is becoming a reality.

Background

In March 2011, the Department of Health and Human Services (HHS) released the National Quality Strategy (NQS) and identified six priorities to achieve the overarching triple aim of healthy people and communities, better care, and affordable care. In support of the NQS, HHS launched the Partnership for Patients initiative to advance the priority areas of safety, care coordination, patient and family engagement, and affordability, and to achieve two goals by the end of 2013:

1. Decrease preventable hospital-acquired conditions by 40 percent compared to 2010.
2. Decrease preventable hospital readmissions by 20 percent compared to 2010.

To achieve broad stakeholder engagement and action toward these goals, HHS requested the National Quality Forum (NQF) to convene the National Priorities Partnership (NPP) in a leadership role to bring together thought leaders and organizations to identify high-leverage strategies to accelerate systems-level change. In support of this work and as part of its action catalyst role, NPP identified maternity care—specifically, inappropriate elective deliveries and cesarean section in low-risk women—as a major opportunity to improve care and reduce harm and costs, particularly for Medicaid and private payer populations. While NPP has long supported improving the delivery of appropriate maternity care, efforts to prevent perinatal harm to mothers and babies have been less intensive until recently. Now, however, increased attention from both the public and private sectors has created a ripe environment for bold, concerted action.

These two areas of focus—early elective deliveries and cesarean section in low-risk women—have an established evidence base and professional recommendations to guide decision making for appropriate utilization. Since 1979, the American Congress of Obstetricians and Gynecologists (ACOG) has advocated for the avoidance of elective deliveries before 39 completed weeks gestation, yet early elective inductions are common in the U.S. despite the known potential harms for mothers and babies.[1] Similarly, rates of cesarean section have risen in recent decades to nearly 32 percent despite potential harms, including greater likelihood of asthma for the child. In fact, the cesarean rate is rising fastest among women who are least likely to benefit—healthy women at low risk of labor and birth complications.[2] Studies reveal that higher cesarean rates do not lead to improved outcomes, and rates above 15 percent may do more harm than good.[3] Furthermore, premature births and cesarean births come with significant costs. Cesarean births are much more expensive than vaginal births, with the average costs for cesareans almost 50 percent higher than those for vaginal deliveries.[4]

Success in Action—Maternity Action Pathway Goals and Strategies

NPP convened a multistakeholder task force—the Maternity Action Team (Appendix A)—comprised of nearly 30 public and private stakeholders to develop an action pathway to address inappropriate maternity care, and focused specifically on reducing elective deliveries by general induction and reducing cesarean section in low-risk women. To that end, the task force established two aspirational goals (Figure 1) to improve maternity care for mothers and babies, and to achieve the National Quality Strategy aims of better health, better care, and lower costs and the Partnership for Patients goal to reduce harm. For details regarding the process undertaken, please refer to the "Action Pathway Development" document (Appendix B).

Figure 1: Goals to Promote Healthy Mothers and Healthy Babies

1. Reduce the percentage of babies electively delivered prior to 39 weeks gestation to 5 percent or less.
2. Reduce cesarean births among low-risk women to 15 percent or less.

These national goals galvanized momentum and action toward reducing elective delivery and cesarean section. There is clear momentum and impact across the public and private sectors particularly around non-medically indicated deliveries prior to 39 weeks. The task force added value to the field by allowing leaders to look across many parallel maternity improvement efforts, articulate shared goals, and work collectively on deploying their resources in a more unified and efficient manner. The task force served not only as a network for collaboration and information sharing, but allowed members to identify ways to work together on new or existing efforts and to communicate aligned messages to their networks. The group also seized the opportunity to bring to the forefront a focus on reducing cesarean section in low-risk women and the importance of physiologic birth, areas in which there has been less focused attention.

> *"What I'm continually struck by is how much more we can do when people are communicating, sharing ideas, and working collectively. The momentum we gained with reducing non-medically indicated deliveries before 39 weeks—the voice is so much stronger and the impact has been so much more far reaching because we're locking arms and working together."*
>
> Kathryn Menard, Society for Maternal-Fetal Medicine

In developing an action pathway, the task force focused its efforts on major barriers to achieving appropriate, high-quality maternity care, including variation in provider practice due to misaligned incentives; discomfort with practicing differently than peers; lack of aligned payment and reporting requirements and policies; gaps in provider, patient/consumer, and purchaser knowledge due to inconsistent messaging about evidence-based practices; and lack of hospital board engagement and an improvement culture.

The task force agreed on three high-leverage strategies to address these challenges (Figure 2), with a major focus on measurement, use of evidence-based tools and practices, and consistent provider and consumer messaging. Together, the three strategies offer a cohesive pathway to facilitate action and safely reduce inappropriate elective deliveries and cesarean sections.

Figure 2: Maternity Action Pathway Strategies

HIGHLIGHTED SUCCESSES

Creation of national goals to draw attention to the issues of elective delivery and cesarean section.

Acceleration of The Joint Commission's required reporting of a standardized set of perinatal measures.

Building upon national momentum and public efforts to reduce elective deliveries, strengthening an aligned public and private focus on this high-yield area.

Aligning organizations at the policy level and leveraging collective action at the frontlines to achieve unified action and results from the top down and bottom up.

Early results at the national and local levels indicating increased measurement, uptake of hard-stop policies, and amplified messaging of the importance of waiting for labor to begin on its own if the mother and baby are healthy.

Measurement

The task force agrees that in order to accelerate progress, there must be a strategy to drive standardized measurement in hospitals across the country to increase transparency and create a culture for improvement. The Joint Commission (TJC) estimates that in 2012 only 4 percent of its accredited hospitals reported on a set of perinatal measures[5] developed to improve maternity care for mothers and babies.

The success of the multistakeholder approach in driving action was particularly evident in the task force's relentless work to increase uptake of the perinatal care core measure set. When the task force began its work, TJC was considering ways to increase reporting of the set, and its leadership welcomed recommendations from the task force about how to increase uptake. Within a year of forming the task force and identifying the measurement strategy, TJC's Board of Commissioners determined that it will phase in reporting of the measure set starting with hospitals that have more than 1,100 births per year. Hospitals will officially begin reporting in January 2014.

The task force and its members—both individually and collectively—contributed to this strategy through a multifaceted approach, including:

"If the committee's initiative to make the Perinatal Core Measure Set mandatory is successful, the care of mothers and babies in the U.S. will almost certainly improve, quite markedly."

Task force member comment in committee feedback survey

- ACOG's early support for a phased approach to measurement to minimize hospitals' data collection burden, which was broadly accepted by the task force and prompted other members, such as Pacific Business Group on Health (PBGH), to write individual letters to TJC leadership.
- A collective letter of support encouraging TJC to adopt an aggressive approach to require uptake of the measure set.
- The U.S. Office of Personnel Management's (OPM) (a public purchaser of health care covering more than 2,800 births per week) Federal Employee Health Benefits Carrier Letter, which asked its nearly 100 carriers whether plans require network hospitals to report TJC perinatal measures or require other evidence of perinatal quality.
- Collaboration with the NQF-convened Measure Applications

Partnership (MAP) Safety and Care Coordination Task Force to share the maternity goals and measurement priorities in order to promote alignment of measurement strategies in this area, which resulted in the inclusion of TJC's elective delivery and cesarean section measures in its recommendations for a family of safety measures.

Systems Improvement

To improve adherence to established guidelines and reset the standard of care, the task force encourages hospitals nationwide to hardwire systems that promote optimal care delivery, including hard-stop policies and checklists to prevent non-medically indicated inductions and cesareans. There is growing evidence of successful adoption with many examples of these practices yielding outcomes across the country, including:

- A statewide hard-stop effort in Oklahoma resulting in a 70 percent reduction in rates of non-medically indicated inductions prior to 39 weeks.[6]
- The successful implementation of evidence-based patient safety checklists at Memorial Hermann Healthcare System as tools to support its ban on non-medically indicated inductions and cesarean sections.[7]

Action Levers: Providers and Health Professionals

Identifying and spreading successful tools and models, and strengthening staff education for hospitals implementing checklists and hard stops, are critical steps to achieving widespread implementation of resources and strategies that drive appropriate care delivery. The task force has been instrumental in increasing awareness and the spread of supporting resources for hospitals, clinicians, and other birthing facilities. For example, March of Dimes assembled a package of services designed to support hospitals and other facilities in implementing hard stops on elective deliveries prior to 39 weeks gestation. This 39 Weeks Quality Improvement Service Package has been made available at no charge to 100 hospitals and includes a data portal, grand rounds, access to experts and more. Additionally, the task force actively engages the Centers for Medicare & Medicaid Services' Strong Start initiative, which works closely with the Partnership for Patients' Hospital Engagement Networks (HENs) to encourage best practices in network hospitals to reduce elective deliveries. Through this collective public- and private-sector work, HENs are achieving dramatic results in reducing elective deliveries before 39 weeks.[8] For example:

- Carolinas HealthCare System's 21 obstetric hospitals have committed to a hard-stop policy for non-medically indicated births prior to 39 weeks, resulting in elective delivery rates decreasing from nearly 10 percent in 2011 to almost 4 percent in 2012.
- LifePoint Hospitals deemed elective deliveries prior to 39 weeks a "never event," and 39 of its 41 hospitals with birthing services had zero elective deliveries in June and July of 2012.
- The American Hospital Association Health Research and Educational Trust HEN committed 70 percent of its birthing hospitals to implementing hard-stop policies or to 3 percent or lower early elective delivery rates by April 2013.

Action Levers: Purchasers and Health Plans

In addition to modeling the implementation of hard-stop policies and checklists after successful programs, the task force encourages purchasers to use contracting and payment mechanisms to reduce cesarean deliveries and elective deliveries prior to 39 weeks. Task force members representing this

stakeholder group were energized by the work of the task force and moved forward with several initiatives to leverage purchasing power to advance the group's aims. For example:

> *"All the discussions and collaborations that have taken place here have helped us flesh out our thinking and engage in these conversations with our partners…. It's been mutually reinforcing."*
>
> David Hopkins, Pacific Business Group on Health

- PBGH is working with national insurers to implement payment reform in maternity care, focusing on a bundled payment concept, and it is collaborating with the California Maternal Quality Care Collaborative and California Maternal Data Center to reduce non-medically indicated cesarean sections in the commercially insured population.
- OPM inquired in its Federal Employee Health Benefits Carrier Letter if plans require evidence of perinatal quality from network hospitals offering maternity services, citing examples such as ACOG's patient safety checklists, hard-stop policies, or toolkits such as those developed by task force members March of Dimes, the American Hospital Association, and the Institute for Healthcare Improvement.

Action Levers: National, State, and Community

The task force agrees that the spread of effective tools and strategies, and an accompanying offer of support to those who wish to implement them, will increase adoption of best practices. The group supports regional or statewide approaches to implementation to allay fears that clinicians or patients will opt to deliver at nearby hospitals that do not have these policies in place. To that end, the Association of State and Territorial Health Officials (ASTHO) offered assistance in connecting the Partnership for Patients' 26 HENs, which represent nearly 3,800 hospitals across the country, with state leaders to work in partnership on this effort. Additionally, the task force works closely with the Health Resources and Services Administration's Collaborative Improvement and Innovation Network (COIN) to reduce infant mortality, which has engaged state leaders across several regions in reducing early elective deliveries. This effort often cites the action pathway framework as a model for collaborative information sharing and improvement.

Consumer Engagement

While the previous strategies heavily focus on hospitals, the task force strongly supports reaching women and their families before or early in pregnancy and encouraging discussions with their providers about appropriate maternity care. Recent surveys of mothers support the need for further education about the length of a full-term pregnancy. For example, a March of Dimes-commissioned poll found that mothers believe that the earliest point in pregnancy at which it is safe for babies to be born in otherwise healthy pregnancies is about 35 weeks.[9] Additionally, Childbirth Connection's Listening to Mothers II survey results underscore the need to better inform women about potential harms associated with induction and cesarean section to help them make the best decisions about their care.[10]

Numerous campaigns currently focus on reducing early deliveries and target women and health professionals with evidence-based information and resources on induction and cesarean section. The task force supports these efforts and stresses the importance of communicating consistent messages under an overarching goal of promoting full-term physiologic birth. Within the last year, there has been a marked shift in consumer-facing efforts from a primary message of waiting until 39 weeks gestation to give birth to waiting for labor to begin on its own if the mother and baby are healthy. In support of this message, the task force champions efforts such as:

- The American College of Nurse-Midwives' efforts to promote aligned messaging around spontaneous birth, which includes a joint clinician statement and a planned consumer-friendly statement, a public education campaign, and the development of a normal birth toolkit.
- A Childbirth Connection collaboration with the Informed Medical Decisions Foundation to develop, implement, and evaluate consumer decision aids and other decision tools for childbearing women for shared maternity care decision making.
- The Association of Women's Health, Obstetric and Neonatal Nurses' Go the Full 40 consumer campaign, which shares the risks associated with induction and stresses the importance of waiting for labor to begin on its own unless it is medically necessary to do otherwise.

> *"The Maternity Action Team fostered multistakeholder engagement and encouraged members to begin new work related to the goals in collaboration with other organizations."*
>
> Task force member comment in committee feedback survey

Considerations for Moving Forward

The task force identified an ideal state of maternity care as part of the development of the action pathway, which includes elements that require improvement across the spectrum of maternity care, such as optimal prenatal care, empowered patients engaging in shared decision making, and coordinated maternity care episodes through maternity medical homes. Initially, in order to establish proof of concept to their approach and to gain early wins to spur further improvement, the task force's pathway was intentionally narrow in scope. However, the task force is positioned to apply its approach and leverage its membership to support other important areas of maternal/child safety and health. The following areas were identified as future opportunities for collaboration.

Vaginal Birth After Cesarean

While considered outside the original scope of the current work, the task force identified vaginal birth after cesarean (VBAC) as an important issue to address in order to further stem the rise of unnecessary cesarean sections. Currently, more than nine out of 10 women with previous cesareans have repeat cesareans, and often are not given the option to deliver vaginally for subsequent children due to safety concerns and hospital and provider capacity.[11] However, there are proven models to increase VBAC. For example, a VBAC program developed at Contra Costa Regional Medical Center has resulted in an average vaginal delivery rate of about 90 percent for VBAC patients at the facility.[12] Some members of the task force are in the process of identifying strategies such as measurement and shared decision making to increase VBAC.

Prenatal Care and Breastfeeding

The task force agrees that increasing the health of women and babies through a public health approach is key to achieving the overarching goal of improving maternal and child health. While this task force focused on strategies to reduce elective deliveries and cesarean births to drive immediate action in these areas, addressing prenatal care and breastfeeding under the broader rubric of maternity care practices is critical to improving health and safety for mothers and babies. NPP has strong champions to address this high-need priority area in order to achieve the healthy population aim of the NQS.

Definitions and Standardization

The task force discussed challenges related to inconsistent definitions for terms such as "late-preterm" and "low-risk," and the lack of standardization across efforts in the field. For example, ASTHO, in its efforts to increase the health of women before pregnancy, faced definitions that appeared contradictory (e.g., 34 weeks gestation described as "late-term"). This results in confusion for consumers and inhibits the ability in the field to benchmark and monitor progress. The action pathway provides a way for stakeholders to discuss common definitions and metrics, and task force members are pursuing efforts to address these issues. For example, the task force worked with ACOG to provide guidance and support for organizations involved in an ACOG effort to standardize obstetric clinical data definitions for performance measurement, data registries, research, electronic health records, and birth certificates. This effort not only will drive standardized measurement, but will advance data collection, potentially mitigating measurement burden for providers. While defining common terms and standards is likely best left to specialty societies and other multistakeholder collaborative workgroups, the task force will continue its consultative role where appropriate and galvanize efforts, such as ACOG's, to promote the spread of standardized definitions.

The Path Forward

With the action pathway in place, the task force is actively working on its execution and pursuing additional opportunities to collaborate with stakeholder groups in the public and private sectors including the HENs, Strong Start, COIN, and the NQF membership. The task force has held two open forums to engage a broader array of stakeholders to dialogue about opportunities to augment, amplify, and accelerate the strategies and other maternity improvement efforts. These public forums, which allow the task force to share core communication materials developed to highlight the pathway and partners in action (Appendix C), have engaged nearly 250 stakeholders, and have further connected frontline champions with national leaders to foster collaborative and learning relationships.

Task force members have expressed a desire to continue this effort in an intensive manner in 2013, recognizing the value of a neutral space for open collaboration to drive action and improvement. To further share best practices and encourage collaboration, the Online Action Registry was launched in November as a virtual space for organizations to share patient-safety improvement activities and make connections with one another.

> *"There is more work to be done… The cesarean birth issue could use much more work by a partnership group such as this."*
>
> Task force member comment in committee feedback survey

While the task force has succeeded in bringing focus and cohesion to many parallel efforts in the field focused on elective delivery, members believe there is still much to be done, particularly in the challenging topic of cesarean birth. Recent expert literature has called for a multistakeholder, multistrategy approach to reducing potentially inappropriate cesarean section.[13] Promising practices to reduce cesarean section build upon many of the task force's already identified strategies, such as public reporting, evidence-based quality improvement practices, payment reform, and provider and consumer education around the value of physiologic birth, yet require a more explicit focus that the task force could bring to bear. Building upon the task force's momentum, success, and commitment to this work, and recognizing the significant impact reducing cesarean section can have on health, safety, and affordability, this is a topic primed for action and meaningful change.

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Appendix A: NPP Maternity Action Team Contributors

Organization	*Representative*
Childbirth Connection	*Maureen Corry, co-chair*
*Physician Consortium for Performance Improvement**	*Bernie Rosof, co-chair*
American Academy of Family Physicians	Bruce Bagley
American Board of Obstetrics and Gynecology	Larry Gilstrap
American College of Nurse-Midwives	Lorrie Kaplan
American Congress of Obstetricians and Gynecologists	Gerald Joseph
American Hospital Association	Nancy Foster
American Medical Informatics Association*	Michael Shabot
America's Health Insurance Plans*	George Isham
Association of State and Territorial Health Officials*	Paul Jarris
Association of Women's Health, Obstetric and Neonatal Nurses	Kathleen R. Simpson
Centers for Medicare & Medicaid Services*	Erin Smith
Fairview Health Services	Stanley Davis
Health Resources and Services Administration*	Michael Lu
Institute for Healthcare Improvement*	Sue Gullo
Leapfrog Group*	Leah Binder
March of Dimes*	Cindy Pellegrini
National Association of Medicaid Directors*	Neal Kohatsu
National Association of Public Hospitals and Health Systems*	Jane Hooker
National Business Group on Health*	Penney Berryman
National Committee for Quality Assurance*	Mary Barton
National Initiative for Children's Healthcare Quality*	Jennifer Ustianov
National Partnership for Women and Families*	Lee Partridge
Network for Regional Healthcare Improvement*	Bonnie Paris
Pacific Business Group on Health*	David Hopkins
Society for Maternal-Fetal Medicine	Kate Menard
Texas Children's Hospital	Jochen Profit
The Joint Commission*	Margaret van Amringe
U.S. Office of Personnel Management*	Christine Hunter

**Denotes NPP Partner*

Appendix B

National Priorities Partnership

convened by the NATIONAL QUALITY FORUM

NPP Action Pathway Development: Convening NPP Partners and Stakeholders to Execute Specialized Efforts to Improve Health and Healthcare

December 19, 2012

This deliverable serves as a template for operationalizing the efforts of specialized task forces working to achieve the priorities and goals of the National Quality Strategy. It outlines the steps necessary in the development, execution and monitoring of plans for action, and illustrates lessons learned from two prototype efforts.

Background

In March 2011, the Department of Health and Human Services (HHS) released the National Quality Strategy (NQS) and identified six priorities to achieve the overarching triple aim of healthy people and communities, better care, and affordable care. As a consensus-based entity, the National Quality Forum (NQF) was asked to convene the National Priorities Partnership (NPP)—a multistakeholder collaborative effort of more than 50 major national organizations—to provide input on NQS goals, measures, and strategic opportunities for driving improvement in health and healthcare.

NPP continually reinforces the importance of the NQS as the framework for achieving value in healthcare more rapidly. It messages the importance of "rowing in the same direction" across the public and private sectors to fulfill the aims of the national strategy, and that the time to do so is now. While the goals of the NQS are clear, for many the path and methods to achieve them are not always apparent. Therefore, after completing its 2011 input into the NQS, NPP recognized the need for focused attention on specific areas of health and healthcare improvement to operationalize the priorities and goals of the NQS.

To achieve broad stakeholder engagement and action toward achieving the aims of the NQS and the Partnership for Patients safety initiative, HHS requested NQF convene NPP in a leadership role to bring together critical thought leaders and organizations to develop a strategy to accelerate system-level change. These specialized task forces—or "Action Teams"—took shape beginning in November 2011 with the launch of two prototype projects focused on developing and executing plans for action—called action pathways—that include concrete action steps for safely reducing avoidable hospital readmissions and potentially harmful maternity care.

The prototype task forces—each comprised of nearly 30 organizations representing providers, purchasers, consumers, health plans, accreditation and certification bodies, and state, regional, and local entities—spent 2012 developing and executing plans that include high-leverage, concrete action steps to achieve their identified goals. The task forces provide a safe forum for the sharing of ideas and coordinating action. But more than that, the projects bring together the right stakeholders at the right time to identify where organizations can work collectively or individually in an aligned fashion to amplify efforts that avoid duplication, eliminate silos, and achieve results.

Action Pathway Methods and Process

Operationalizing the priorities and goals of the NQS is complex, and requires that NPP and its task forces tackle topics that include many different variables and contributors. Given this, NPP recognizes that pathway projects must have a common direction but are not necessarily linear. Providing structure for projects allows the task forces to stay focused while allowing for an organic evolution of pathway strategies and actions, particularly with regard to execution. See Appendix A for the NPP Action Team template.

Formulation

The formulation phase aims to identify important areas of focus and assemble leaders and task force members to offer guidance to the process. While the pathways are intended to be widely applicable, the need for a core group of individuals is essential to ensure focus and actionability. Areas selected for

pathway development and execution are grounded in existing work and recognized as areas ripe for action. The selection of prototype projects is based on the following considerations:

- NQS priority or goal areas for which the potential for improvement is great and could yield significant returns in terms of health, quality, safety and affordability;
- Areas in which NPP Partners already have strong champions with the resources to enable them to serve in leadership roles;
- Areas in which NPP Partners—working individually or collaboratively with each other and with other critical partners—can collectively have a significant impact; and
- Areas in which there is relatively less activity in the field but a high need for focused attention.

It is imperative that the initial scope, objectives, and intended impact of the project are clearly defined prior to identifying task force members to ensure the proper expertise is engaged from the outset. The task forces are convened with input from NPP co-chairs and other partners, recognizing that expanded engagement is required in order to ensure the right players are coming together to achieve the aims of the project. In convening the task forces, it is important to consider early engagement of specialty societies, those focused on high-risk populations and communities, and geographic diversity.

In addition to identifying the proper expertise and adequate balance of stakeholders, it is critical that the task forces remain relatively small and consistent during action pathway development in order to maintain continuity and provide a safe space for open dialogue and focused, strategic thinking and planning.

Lessons from the Task Force Prototypes

Establish core group to provide leadership and consistency—Identifying a core group of 20-30 stakeholders to act as champions and change agents is key to ensuring a safe space for open dialogue and collaboration and ensuring the group is nimble to take immediate action. This core group carries the focus and charge forward when sharing the work broadly.

Define the project scope and task force charge early—Establishing the primary charge of the group with input from the core leaders ensured a consistent focus throughout the projects. Additionally, emphasizing task force members' roles and responsibilities early in the process helps members understand how they can act as champions to communicate and take action around the pathway.

Balance task force composition and ensure critical stakeholder groups are represented—It was important to balance the composition of the task forces to ensure critical stakeholders were engaged while also maintaining the nimbleness of a core group. For example, the Maternity task force recognized early that specialty societies were key to driving action in the field. Additionally, in determining the scope and objectives of the project it was decided that neonatologist representation was needed given the effect that reducing early elective deliveries and cesarean sections have on Neonatal Intensive Care Units. Similarly, the (Re)admissions task force built on NPP's longstanding relationship with the long-term care community to ensure important patient safety issues associated with hospitalizations are addressed across all care settings. Furthermore, given the significant efforts of hospitals to address readmissions as part of the Partnership for Patients initiative, the inclusion of Hospital Engagement Networks (HENs) proved meaningful to defining the scope of this project in a way that was not duplicative of other efforts underway.

Pathway Development

Task forces spend the first several months of their time together developing an action pathway. Frequent convenings via conference calls, in-person meetings and web meetings aid in the identification of concrete, quantitative goals and strategies to serve as the foundation for a clear action pathway. The following steps may serve as a guide in the development and consensus around a final action pathway:

- Develop problem and purpose statements that further develop the scope of the work.
- Identify quantitative goals to achieve better health, better care, and affordable care for the specific topical area.
- Identify an ideal state of care for the specific topical area.
- Identify barriers to achieving the ideal state of care.
- Identify high-leverage drivers and strategies to overcome the identified barriers.
- Once goals and strategies are identified, specific action steps and the champions to drive them can be identified. These concrete action steps include what is needed—by whom, how, and when—to drive action.

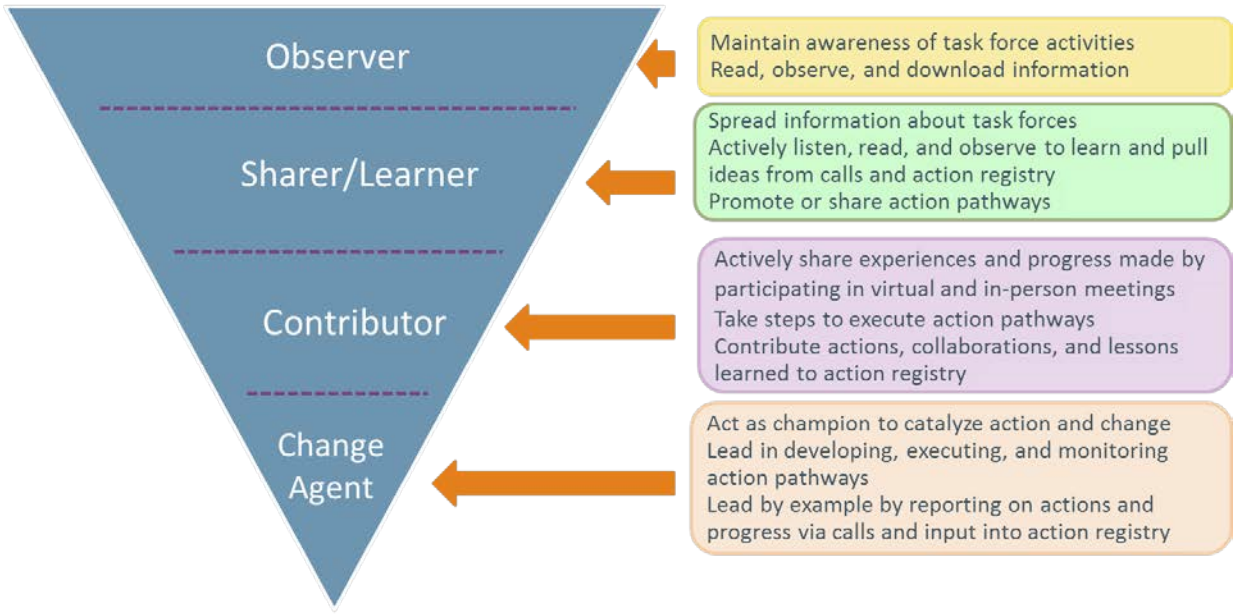
Lessons from the Task Force Prototypes

Agree on a specific "hook"—Despite common strategic approaches, guiding principles, and operational steps in developing their action pathways, the two prototypes—Maternity being topical and (Re)admissions crosscutting—required slightly different approaches to defining project scope. For instance, the Maternity group was able to focus on concrete topical areas related to maternal health, including early elective deliveries and cesarean sections. In contrast, the (Re)admissions task force required a broader initial approach to defining its scope given the complex nature of hospital admissions and readmissions and the need to align with existing initiatives targeting this important safety issue. Regardless of the approach, the identification of a clear topical focus is critical for the identification of key goals and strategies. Maintaining a consistent topical focus also builds upon the importance of consistent leadership described in the formulation phase.

Pathway Execution

The execution phase is intended to broadly communicate the goals and strategies of the pathway, as well as connect stakeholders in action to further the efforts. A key component of this phase is broader engagement of interested stakeholders in order to promote bi-directional dialogue and feedback; connect stakeholders in action to further augment, accelerate and amplify the effort; and encourage momentum and sustainability of the project. The opportunity to engage is open to all and allows for various levels of engagement—from listening, observing, and learning to acting as leaders and champions to promote change (Figure 1). While task force members are expected to work as change agents and lead the charge in this work, there are many ways for interested stakeholders to engage. Contributors to the task force may engage directly through task force calls, meetings and pacing events; sharers and learners may take part in web meetings and contribute to tools to track progress; and interested stakeholders may simply observe the effort by accessing the web meetings and resources in order to stay informed about work in the field.

Figure 1: Action Pathway Interested Stakeholder Levels of Engagement



Task force members are expected to take coordinated action around and broadly communicate the pathway's goals and strategies during execution. Leveraging and using shared resources and member networks is a key component of encouraging spread. It is important to recognize that task force members participating in action pathway development and execution likely already are in action supporting improvement in particular topical areas. Therefore, action may occur in tandem with action pathway development. Throughout the process, task force report backs are encouraged to share actions, progress, barriers, and results.

Lessons from the Task Force Prototypes

Augment, accelerate and amplify current efforts—The prototype task forces brought together stakeholders who may not normally work together and allowed them to identify where work can be further aligned to drive progress. For example, several members of the (Re)admissions task force contributed to further development of educational resources for direct care workers, patients and their families. For instance, Planetree's leadership on the task force supported its capacity to work with a number of organizations, including the American Nurses Association, Leapfrog Group, the California Department of Health Care Services, and HealthLeaders Media, to develop and implement a nursing curriculum focused on patient-centered care; contribute to the evidence base linking patient-centered models of care to improved patient safety; and provide technical assistance to promote patient-centered care in state Medicaid programs. Similarly, Sutter Health's role on the taskforce enabled it to develop patient-centered care training resources for case managers to support the implementation of evidence-based programs for reducing avoidable readmissions.

Foster collaborative action—The task force should identify opportunities to work together to achieve a collective goal. For example, task force members worked collaboratively in the Maternity group to drive action through the development of a collective letter to The Joint Commission (TJC) advocating for required uptake of a standardized set of perinatal performance measures. This effort, in addition to others, resulted in TJC requiring uptake of the set for hospitals with 1,100 or more births per year.

Promote consistent and aligned communication and messaging—The development of core communication materials—including information briefs outlining the goals and strategies of each task force and Power Point decks that allow for tailoring by the task force members, all of which were vetted through the task forces—allow members to easily integrate this work into their complementary efforts. The task forces have suggested that additional materials—such as talking points that align with task force messages to use when speaking with media—may be useful in future iterations.

Core communication materials and messages were developed and utilized during public web meetings and conference calls that took place during the execution and evaluation phase of the pathway and allowed national leaders to connect with champions on the frontlines. In total, these public forums attracted nearly 1,000 interested stakeholders to dialogue about maternity and readmissions efforts and connect stakeholders in action to further these efforts. Results from webinar evaluations illustrated that a majority of participants agreed or strongly agreed that the forums offered an opportunity to gain new knowledge and support the implementation of something new in their organizations or communities.

Evaluation

Evaluation of the success of the pathway is done concurrently with execution as an ongoing feedback loop on task force progress. This phase allows for the monitoring of pathway execution as well as the identification of key successes, lessons learned, and additional opportunities for collective action. In addition to regular report-outs during task force calls, committee and webinar surveys, and pacing events, this information is collected through a virtual tracking tool—the Online Action Registry—which captures information about types of action taken, results, and current and future collaborative efforts. The importance of more broadly engaging interested stakeholder groups, as highlighted in Figure 1, is critical to gauge and monitor the ripple effects of the strategies and promote continued efforts for sustainability.

Quarterly reports (Appendix B) generated from the Online Action Registry and task force work provide periodic updates about results and connections made in support of the pathway, while final task force reports synthesize the efforts of the specialized projects, learnings, and successes.

Lessons from the Task Force Prototypes

Evaluate collaboration and action—The prototypes reinforced the challenges in quantifying the value and impact of collaboration and collective action, and deliberate mechanisms for communicating successes and identifying opportunities is critical for these efforts.

Develop actionable objectives—Each of the prototype task forces identified aspirational goals to achieve the aims of the National Quality Strategy. While these goals provided important "north stars" for the groups, short-term objectives proved effective in promoting immediate action and encouraging task force members to value their individual role in contributions to success. For example, an objective around increased awareness and spread of INTERACT II, a program now used in over 400 nursing homes and health care organizations across the country, became a specific short-term opportunity for the (Re)admissions task force.

Establish deliberate feedback loops—Frequent and deliberate assessments of the ongoing efforts and successes of task force members result in opportunities to quantify collaboration and action, and

measure the success of action taken. While the pathways and actions in support of them were communicated throughout the projects, a more deliberate mechanism was not established until late in the process. Launched in November 2012, the Online Action Registry tracking tool is a valuable asset to aid in further collection of specific actions and results, and to serve as a feedback loop. Ongoing requests of task force members and other stakeholders such as the HENs to share actions, results, and partnerships as a result of the projects during regular task force calls and at quarterly pacing events is essential to monitoring and gauging the success of the action pathways.

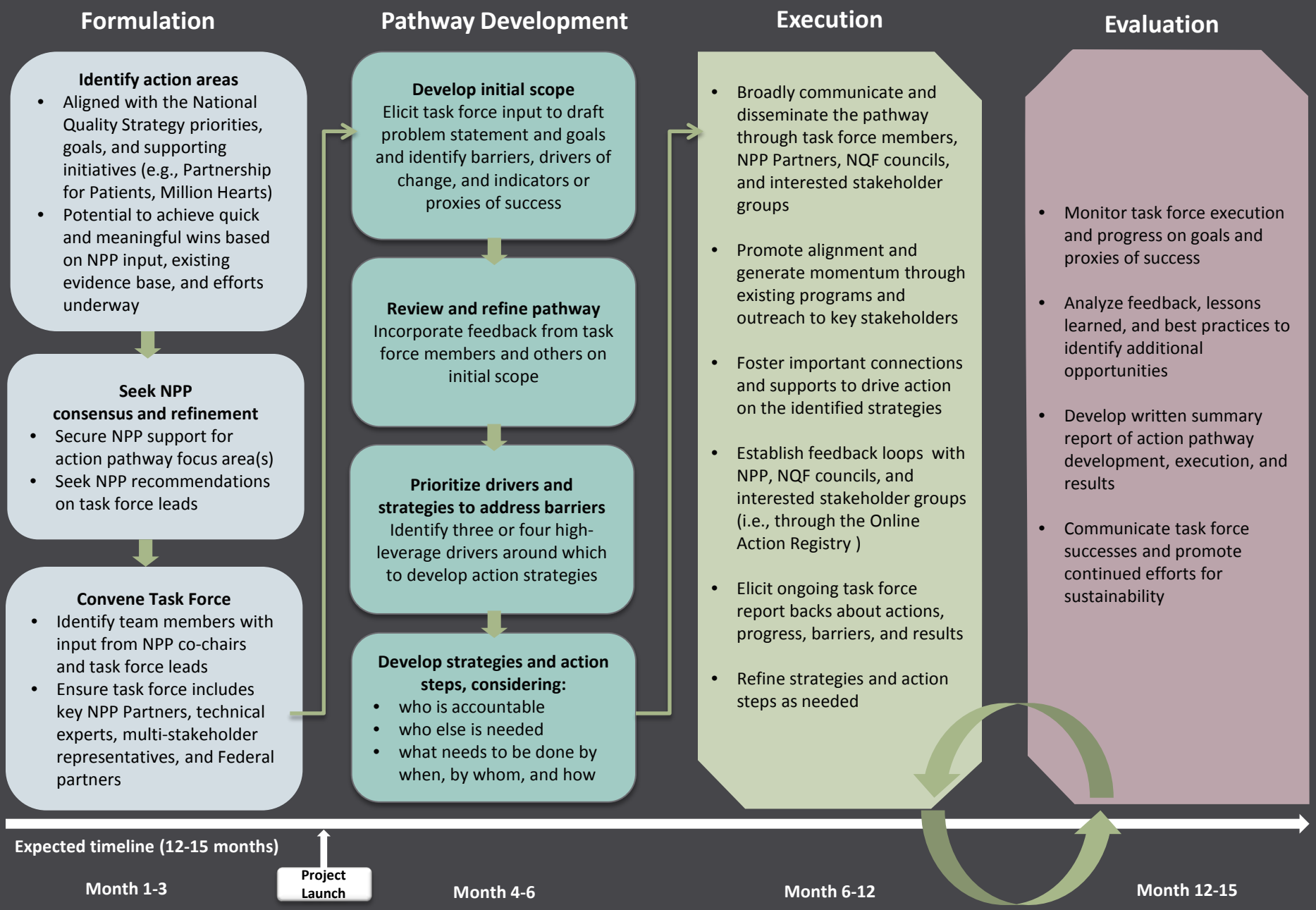
The Path Forward

NPP's specialized task forces add value to the field of health and healthcare improvement and in meeting the aims of the NQS by aligning diverse stakeholders in action to achieve specific results. By aligning organizations at the policy level and leveraging partner networks to drive collective action on the frontlines, unified action from the top down and bottom up can achieve results. Specifically, the prototype projects illustrate the importance of supporting the field through the alignment of policy levers and other drivers to foster system-level change, while similar efforts are taken at a technical assistance level on the frontlines through the Hospital Engagement Networks.

This model can be similarly applied to drive action and change in other topical and crosscutting areas to achieve the aims of the NQS. For example, task forces may be established to address authentic engagement of patients and families in health and healthcare; to achieve the goals of the Million Hearts initiative; to promote shared accountability for community health outcomes through the promotion of healthy lifestyle behaviors; or to dive deeper into topics within the existing prototype areas such as breastfeeding or reducing cesarean section.

Targeted efforts are critical to generating the directive and concrete action necessary to operationalize the priorities and goals of the NQS. NPP's task forces and pathways provide a safe forum driven through a neutral convener for organizations committed to action—but not always partnered in action—to drive change in a systematic fashion. The action and results generated through this directed attention can yield significant returns in health, quality, safety, and affordability.

Appendix A:
National Priorities Partnership Action Pathway Template



National Priorities Partnership

convened by the NATIONAL QUALITY FORUM

Report from the National Quality Forum: National Priorities Partnership Quarterly Synthesis of Action In Support of the Partnership for Patients

November 30, 2012

Quarterly Update at a Glance

Since the release of the August 2012 Quarterly Synthesis of Action, the National Priorities Partnership (NPP) and many other key stakeholders across the private and public sectors have continued their pursuit of the overarching aims of the National Quality Strategy (NQS)[1] and Partnership for Patients[2]. In particular, key stakeholders demonstrate their commitment to these national efforts through their participation in topical affinity groups and support for the development and launch of NQF's new Online Action Registry (OAR). This second quarterly report highlights key events, partner updates and successes across affinity topical areas--including readmissions, maternity care, patient and family engagement, medication safety, and rural health—as exemplars of partners in action. These exemplars continue to demonstrate the value of collaboration and partnership across public- and private-sectors and stakeholder groups, and lay the foundation for sharing best practices, tools, and resources through the launch of NQF's OAR at the sixth quarterly Partnership for Patients-National Priorities Partnership meeting on November 30, 2012.

[1] The NQS aims include healthy people/communities, better care, and affordable care.
[2] The Partnership for Patients initiative's goals include reducing hospital-acquired conditions by 40 percent and avoidable hospital readmissions by 20 percent by the end of 2013.

Generating Action and Results through Public-Private Collaboration

Quarterly Spotlight
Aligning Efforts to Reduce Avoidable Admissions and Readmissions Across All Care Settings

Evidence supports the need to address avoidable admissions and readmissions as an important step in improving patient care across all care settings. The NPP (Re)admissions Action Team's plan for multi-stakeholder action recognizes that while some admissions and readmissions are necessary, many can and do contribute to increased patient safety risks, patient and family burden, and rising healthcare costs, particularly among sicker patients faced with uncoordinated care across multiple settings. To achieve its aspirational goals to reduce avoidable admissions and readmissions across all care settings and increase uptake of effective care delivery models, the Readmissions Action Team continues to work together to improve measurement, spread effective models of care, and promote workforce development.

For example, the Action Team's public web meeting held on October 15, 2012, which engaged over 500 participants, provided an opportunity to learn about the American Health Care Association's (AHCA) Quality Initiative. This initiative includes a comprehensive measurement strategy to reduce avoidable admissions and readmissions from long-term care settings. AHCA is encouraging the use of existing measurement tools, such as the Advancing Excellence Tracking Tool, among its 49 state affiliates across the country to track, report, compare, and improve performance on avoidable readmissions. Demonstrating further alignment with these efforts, The Centers for Medicare and Medicaid Innovation (CMMI) has incorporated use of the Tracking Tool, which became publicly available for use in fall 2012, into its initiative to reduce avoidable hospitalizations among nursing facility residents.

Many members of the Action Team and stakeholders across settings and sectors are also promoting broad implementation of team-based and patient-centered models of care, such as Interventions to Reduce Acute Care Transitions (INTERACT) II. Action Team members continue to contribute to the national spread of this model, which is currently in use in over 400 nursing homes and health care organizations across the country. For example, Sutter Health System has incorporated INTERACT into workforce training for its Advanced Illness Management Program. Similarly, Ascension Health, a Hospital Engagement Network (HEN) and provider of acute, long-term, and community- based care, is encouraging increased uptake of INTERACT among its health ministries and surveying 70 acute care sites to collect additional information about effective care delivery models. New legislation and efforts by the Center to Advance Palliative Care and others to promote workforce capacity to care for vulnerable populations has also contributed to further uptake of INTERACT and other similar advanced illness-based models.

Improving Maternity Care

The **Maternity Action Team** continues to work together to improve measurement, spread effective tools and policies, and align consumer and provider messaging to ultimately ensure a safe and healthy start for babies, including timely access to coordinated care that aligns with the best current maternity care evidence. The Action Team has gained traction and demonstrated its commitment to increased use of **The Joint Commission (TJC) Perinatal Core Measure Set** through close collaboration with TJC, individual letters from Action Team members, and a collective letter of support from the Maternity

Action Team address to TJC. Updates relevant to this effort were shared via public web meeting on October 10, 2012 to over 180 interested stakeholders.

In support of the Partnership for Patients goal area focused on adverse obstetrical events, **Hospital Engagement Networks (HENs)** across the country have demonstrated meaningful results in reducing early elective deliveries (EEDs) and and implementing policies to prevent non-medically indicated procedures. Examples include:

- **Dignity Health,** previously Catholic Healthcare West, reducing the rate of EEDs from 6.8 to 2 percent or less within its 31 obstetrical hospitals over the last seven months;
- **LifePoint Hospitals, Inc.** achieving 0 EEDs among 39 of 41 hospitals with birthing services and aiming to maintain 0 EEDs network-wide;
- **Washington State Hospital Association** driving their statewide EED rate down over 10 percent through a state wide initiative;
- **Michigan Health and Hospital Association** encouraging their Board of Directors to promote the elimination of all EED births less than 39 weeks and achieving a low rate of 1.45 percent EEDs among 39 reporting hospitals; and
- **Carolinas HealthCare System** committing to hard stop policies in 100 percent of their 21 obstetrical hospitals.

Demonstrating promising results in improving the state of maternity care, the release of **March of Dimes' annual preterm birth report card** documented a drop in nationwide rates of preterm birth for the fifth consecutive year to 11.7 percent. The reported also highlights four states that have achieved the March of Dimes goal of reducing preterm birth rates to 9.6% or less, including Oregon, New Hampshire, Vermont, and Maine.

The **Pacific Business Group on Health (PBGH)** is working in partnership with the **California Maternal Quality of Care Collaborative** and **California Maternal Data Center** to provide quality improvement coaching and data center support to reduce medically unnecessary Cesarean sections in commercially-insured populations. Additionally, PBGH is pursuing opportunities to work collaboratively with health plans to implement payment reforms in maternity care that reward high quality care and good patient outcomes, and use bundled payment to discourage overuse or unnecessary obstetrical practices.

Authentically Engaging Patients and their Families

The National Priorities Partnership is working closely with the **National Partnership for Women and Families (NPWF)** and other consumer advocates to define patient and family engagement, and to identify best practices to authentically engage patients and their families at four levels of care, including: policy and governance; redesign of systems and practices; individual patient and family engagement; and community involvement. As a starting point for encouraging aligned action and multistakeholder collaboration around this important topical area, the National Priorities Partnership (NPP) is hosting its sixth quarterly Partnership for Patients-NPP meeting on November 30, 2012, which will feature initiatives across the country that actively support consumer engagement to improve patient safety, including:

- **University of Illinois Hospital and Health Science System's Seven Pillars** of comprehensive response to patient incidents (governance level);
- **Lucile Packard Children's Hospital's improvement of family centered rounds** through the application of lean organizational strategies (system redesign);

- **Anne Arundel Medical Center's SMART discharge tool** (practice redesign);
- **University of Minnesota's approach to team-based medication management** (individual patient and family engagement); and
- **Whatcom County, Washington's Pursuing Perfection initiative** to improve patient outcomes through a patient-centered, community-wide chronic care management system (community involvement).

Planetree's Patient-Centered Care Improvement Guide provides tools and resources to help hospitals implement practices, programs, and policies that engage patients and families and address a broad range of patient, family, and staff needs. Similarly, Planetree's **Patient-Centered Hospital Designation Program** offers guidance on patient-centered culture change by recognizing health care organizations that have demonstrated success in patient-centered care. These designated hospitals exhibit lower rates of avoidable readmissions than their peers, and outperform national averages on key process of care measures and all ten publicly-reported domains of the Hospital Consumer Assessment of Healthcare Providers and Systems patient perception of care survey. Additionally, Planetree is partnering with a number of organizations, including the **American Nurses Association, Leapfrog, the California Department of Health Care Services,** and **HealthLeaders Media,** to identify and execute promising tactics for reducing avoidable readmissions through patient-centered care. Such tactics include implementing a nursing curriculum focused on patient-centered care; contributing to the evidence base linking patient-centered models of care to improved patient safety; and providing technical assistance to promote patient-centered care in state Medicaid programs.

The American Board of Internal Medicine Foundation's Choosing Wisely campaign has been featured broadly in nearly 40 popular and trade press journal articles since its launch in April 2012. The campaign has worked in partnership with specialty societies and Consumer Reports, and received input from hospital systems and regional health collaboratives, to identify and document overused tests and/or procedures. This effort promotes proactive conversations about appropriate and effective care choices between patients and physicians and provides the foundation for the development and dissemination of key healthcare resources that support consumer engagement. The campaign is currently working with twenty-four specialty societies, including its initial nine partners, as well as an additional fifteen societies that plan to release prioritized lists of the five most overused tests or procedures among their specialty in February 2013.

Childbirth Connection has partnered with The Informed Medical Decisions Foundation to launch the first national **maternity care shared decision making initiative.** The initiative aims to provide women and their families with helpful aids and tools to support making informed decisions about their care. Childbirth Connection also is working closely with the National Advisory Council to collect data for the Listening to Mothers III survey, which aims to capture and share meaningful information on childbearing experiences of women across the country, including their knowledge, attitudes, beliefs, and preferences for their care.

Reducing Harm Through Medication Safety

The Partnership for Patients' **Medication Safety Affinity Group** has grown over the last quarter to include 21 HENs, including 2,624 hospitals, focused on collecting and disseminating results, best practices, and implementation strategies to improve medication safety and achieve results in high-leverage focus areas. To date, the affinity group has demonstrated successful measurement and tracking of baseline data across over 1,133 hospitals, and reported improvements in 69 hospitals.

The **Federal Interagency Steering Committee for Adverse Drug Events** has convened to establish a National Action Plan for Adverse Drug Event Prevention. This effort recognizes the need for a coherent set of tools and established targets to align efforts to improve patient safety and lays the foundation for future efforts to reduce adverse drug events across sectors and stakeholders.

The **Medication Management in Care Transitions (MMCT) Project,** a joint project between the **American Pharmacists Association** and the **American Society of Health-System Pharmacists**, announced eight care transitions programs implementing best practices to improve patient outcomes and reduce hospital readmissions. These practices will be shared widely with Hospital Engagement Networks, health care providers, and government agencies to demonstrate the value of using pharmacists in transitions of care to improve patient outcomes.

Improving Safety, Quality, and Access to Care in Rural Settings

Following a workshop in July 2012, the Partnership for Patients' **Rural Health Affinity Group** and the **National Content Developer** have met regularly to refine a rural change package, which includes tools and resources to support high performance and patient safety among HENs' rural networks. Additionally, the Rural Health Affinity Group continues to identify high-performing hospitals, engage frontline faculty members from these facilities, and encourage HENs and rural hospitals to share progress in moving rural hospitals along the hospital safety scale. The group sponsored a HEN pacing event on October 22 and continues to promote two priority areas for immediate action, including safety culture and leadership, to address all 9 hospital-acquired conditions and avoidable readmissions.

Opportunities for Creative Collaboration — the Path Forward

The exemplars in this report represent a sample of aligned efforts based on a commitment to the shared goal of improving patient safety and healthcare quality across the country. Ongoing participation in Partnership for Patients affinity groups and development of NQF's OAR continue to support streamlined progress and identify opportunities for collaborative action. Moving forward, this tool will serve as the virtual forum for Partnership for Patients supporters to connect and share resources as a means for building on the successes achieved to date and ultimately achieving the Partnership for Patients goals. Active participation in this tool will demonstrate power in numbers and opportunities for collaboration and partnership across sectors, stakeholders and settings. The OAR will be officially launched at the November 30 Partnership for Patients-National Priorities Partnerships meeting.

THE NATIONAL PRIORITIES PARTNERSHIP

Improving Maternity Care

NATIONAL QUALITY FORUM

The final weeks of pregnancy are often filled with anticipation. Is it a boy or a girl? What will he look like? Will she be healthy? Expectant mothers and their families are increasingly having non-medically indicated deliveries or cesarean sections even though they are healthy and at low risk of problems, often not giving the baby time to fully develop.

NPP HAS TWO MATERNITY-FOCUSED ASPIRATIONAL GOALS:

Reduce

- the percentage of babies electively delivered prior to 39 weeks gestation to 5% or less
- cesarean births among low-risk women to 15% or less

What's behind these trends? Many factors are at work. Different hospital policies and obstetric practices play a role. In addition, women are not always engaged as full partners in their care, and are making decisions without all of the pertinent information. A March of Dimes-commissioned poll found that many mothers are often working with inaccurate information; believing the earliest point in pregnancy at which it is safe for babies to be born in otherwise healthy pregnancies is at about 35 weeks. In fact, the last few weeks of pregnancy are very important in a baby's development; major organs such as the brain, lungs and liver are still growing. Case in point: a baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks.

Additionally, rates of cesarean sections have risen in recent decades to nearly 33 percent despite potential health problems for mothers and babies in the days and weeks after birth, and an increased risk of problems in future pregnancies. Cesarean births are also much more expensive than vaginal births, with the average costs for cesareans about 50 percent higher than those for vaginal deliveries.

Many factors have contributed to the rise in cesarean and early elective deliveries. Understanding these forces and finding solutions that address them in a focused and coordinated way offers great opportunity for improving this critical area of health and healthcare.

ENTER THE NPP:

Established in 2007, the NPP is a partnership of more than 50 organizations from across the healthcare spectrum, working together and with others to improve health and healthcare. A guiding tenet of the Partnership is that a safe, value-driven, equitable, and affordable healthcare system will be achieved when all of those involved work together, with a shared vision and common purpose. The NPP offers consultation to the federal government on setting and achieving national improvement priorities.

New to NPP are specialized efforts focused on setting goals and facilitating coordinated action within targeted areas of health and healthcare improvement. One of these specialized initiatives was formed to improve maternity care. This work complements an effort run by the Department of Health and Human Services, called the Partnership for Patients, which seeks to reduce patient harm.

STRATEGY IN ACTION:

NPP is supporting the alignment of various efforts to improve safety for mothers and babies, such as:

Standardized Measurement:

The American Congress of Obstetricians and Gynecologists is working to standardize obstetric data definitions for performance measurement, research, electronic health records and birth certificates.

Systems Improvement:

A statewide hard-stop effort in Oklahoma has resulted in a 70 percent reduction in rates of non-medically indicated inductions prior to 39 weeks.

Aligned Messaging:

The March of Dimes and other consumer groups are encouraging women to wait for labor to begin on its own if the baby is healthy.

TAKING COLLECTIVE ACTION

The NPP Maternity Action Team established a set of strategies to help promote healthy mothers and healthy babies:

- Encourage widespread use of a standardized perinatal core performance measure set. The Joint Commission estimates that only four percent of its accredited hospitals report on its core set of perinatal measures developed to improve maternity care. In order to accelerate progress, it is important that all facilities use standardized measures to work from, and are on the same page in terms of collecting and reporting data.
- Help providers implement 'hard-stop' policies and patient-safety checklists, to prevent non-medically indicated inductions and cesareans. Offering education and training to frontline staff on how to use these tools can make a big difference in decreasing non-medically indicated inductions and cesareans.
- Focus on consistent information sharing, and the mother's role in making informed decisions about her care. Expectant mothers and their families need trustworthy and consistent information about their pregnancy-related care from each of their healthcare providers. If these sources have conflicting information, patients may feel confused and have a difficult time acting as an informed partner in their care planning. For example, many women are not aware that with a healthy baby, waiting for labor to begin on its own after the baby has reached full development is often the best option for both mother and child. Getting everyone on the same page—mothers, families, and those providing maternity care—can be very influential in affecting change.

GET INVOLVED

Reducing early elective deliveries and cesarean births among low-risk women are important first steps toward improving the overall state of maternity care. There are many ways you can join NPP and help in this effort.

- Promote your maternity care efforts and look for partners to collaborate with using NPP's new tool—**The Online Action Registry**.
- Connect with and learn from NPP members and other leaders in your healthcare sector.
- Follow **NPP meetings** where new ideas and successes are shared.

Resources and information about NPP's maternity initiative can be found online at www.qualityforum.org/NPP/.