Building & Sustaining a Collaborative

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Objectives

• Identify resources for support of collaborative activities

• Understand successful communication strategies to build collaborative participation

• Discuss how some states have developed leadership and collaboration among stakeholders
Perinatal Quality Collaboratives

PQCs are networks of perinatal care providers and public health professionals working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes.
Need for PQCs

• Preterm birth affects more than 500,000 babies, or 1 of every 8 infants born in the United States.

• It is the most frequent cause of infant death, the leading cause of long-term neurological disabilities in children.

• Costs the U.S. health care system more than $26 billion each year.

(CDC – March 2012)
New York State Perinatal Quality Collaborative

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Mission of NYSPQC

Provide the best and safest care for women and infants in New York by preventing and minimizing harm through the translation of evidence-based practice guidelines to clinical practice.
Importance of NYSPQC

Preterm birth is the leading cause of infant mortality, and New York ranks 8th nationally in infant mortality and 22\textsuperscript{nd} in premature births.
NYSPQC Focus Areas

• Obstetrical Outcome – Preterm Deliveries

• Neonatal Outcome – Enteral Feeding

• Neonatal Outcome – Central Line Associated Blood Stream Infections (CLABSI)
Rationale for Interventions

• Reflect hospital-based care

• Address inter-related newborn health care risks related to prematurity

• Address major national health concerns
  – ACOG
  – The Joint Commission
Initial Resources

• No full-time dedicated staff

• Very limited funding
  • State dollars
  • In-kind
Initial Resources

• The NYS DOH organized the projects, and were able to provide Collaborative participants with resources such as:
  • Data systems
  • Technical support
  • Leadership
  • Clinical experts
  • Quality improvement support
Initial Partnerships

• National Initiative for Children’s Healthcare Quality (NICHQ)
  • Clinical support
  • Quality improvement support

• Regional Perinatal Centers
  • First facilities to participate in all projects
Leadership at All Levels

• Leadership at NYS DOH
  • Executive leadership
  • NYSPQC Project Team

• Clinical leadership
  • NYSPQC Advisory Work Group
  • Obstetrics Expert Work Group
  • Neonatal Expert Work Group
Communication

- Listserv
- Website
- Technical support calls
- Monthly Coaching Calls
Communicate to Engage

• Highlight “what’s in it for them”

• Provided constant data feedback

• Small successes = big victories

• Clear communication at every step is key!
Communicate to Engage

• Data will speak for itself
• Present rates compared to peers
• Want to participate if other facilities are participating
• Remind participants that there is always room for improvement
Initial Lessons Learned

• Limited resources can create big results
• Finding champions and “early adopters” is a key to success
• Facilities learn from each other
  • Higher performing teams served as teachers and mentors to others
• Facilities want to be a part of something if other facilities are engaged
Initial Lessons Learned

• Buy-in from administration is important
  • Include administration in the process
  • Ask for administration signature on Participant Form

• Buy-in from physicians is important
  • Discover common purpose
  • Educate and inform leaders
  • Involve physicians from the beginning
  • Work with early adopters
Success Leads to Increase in Resources And Expansion
Increase in Funding

September 2011

• Perinatal Quality Collaborative grant from Centers for Disease Control and Prevention (CDC)
  • Three states received grant
    • California
    • Ohio
    • New York
Expansion of Collaborative

• Expanded existing obstetric and neonatal projects
• Added maternal mortality initiative to scope of Collaborative
• Were able to add:
  • Project Coordinator
  • Data Analyst
NYS Partnership for Patients

• Obstetrical Improvement Project aligned with New York State Partnership for Patients (NYSPFP)

• Funded by the Centers for Medicare and Medicaid Services (CMS)

• Public-private partnership working to improve the quality, safety and affordability of health care for all Americans
NYS Partnership for Patients

• Joint initiative of the Healthcare Association of New York State and Greater New York Hospital Association

• Projects focus on:
  – Nursing centered initiatives
  – Infection prevention
  – Preventable readmissions
  – Building culture and leadership
  – Obstetrical safety
Partnership with NYSPFP

- March 2012
- **Common focus area:** Reducing scheduled delivery without a medical indication between 36 0/7 and 38 6/7 weeks gestation
- NYSPQC’s Obstetrical Improvement Project and NYSPFP’s Obstetrical Safety Project unite as one initiative
Partnership with NYSPFP

- NYSPFP offers many resources to the NYSPQC Obstetrical Improvement Project:
  - Project managers
  - Onsite support
  - Educational opportunities
  - Obstetrics safety curriculum
  - Meeting resources
Communication Becomes Even More Essential!

• Larger group and more activities creates need for even stronger communication
Stakeholders and Collaborations Continue to Develop
March of Dimes

- Works closely with NYSPQC Obstetrical Improvement Project
- Big 5 State Collaborative
- ASTHO President’s Challenge
New York State Medicaid Redesign Initiative

- New York State Department of Health Office of Health Insurance Programs
- Restructuring of Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and more efficient administrative structure
  - Financial incentives to reduce inappropriate use of scheduled delivery
Adult Medicaid Quality Grant

December 2012

- New York State Department of Health
  Office of Quality and Patient Safety
- Funded by CMS
- Based on CMS’ core adult health care quality measures for Medicaid eligible individuals
  - Quality measurement strengthens accountability and supports performance improvement
Adult Medicaid Quality Grant

- Grant includes two QI projects
  - New York State Perinatal Quality Collaborative
    - Increase education of pregnant women about the maternal and fetal risks of scheduled delivery without a medical indication
Hospital-Medical Home Demonstration Project

December 2012

• New York State Department of Health Office of Quality and Patient Safety

• Improve coordination, continuity and quality of care

• Funds to hospitals expanding continuity training experience to residents
Hospital-Medical Home Demonstration Project

Funding

• Partnership Plan, 2010 CMS 1115 Waiver Quality Demonstration Program
Hospital-Medical Home Demonstration Project

- Project requires each facility to implement one system improvement and two Quality and Safety Improvement Projects (QSIPs)
- Two of the six QSIPs are:
  - Avoidable preterm births to reduce elective delivery prior to 39 weeks
  - Neonatal outcomes
    - CLABSI reduction
    - Enteral feeding improvement
Hospital-Medical Home Demonstration Project

- NYSPQC role:
  - Inform project’s measures and indications
  - Review facility work plans to ensure consistency with NYSPQC projects
CDC/AMCHP Maternal Mortality Initiative

- November 2012
  - **Goal:** Develop recommendations and standards to strengthen existing / guide new maternal death review processes
  - **Initiative Partners:** CDC, AMCHP, HRSA, ACOG
    - 14 States and 1 City
Importance of Communication

• Important to get the message out about what’s taking place
  • Potential partners and collaborators more likely to consult with you

• Once the message is out, it becomes easier to leverage funding opportunities
Conclusion

• Communication is key
  • Regularly speak directly with Collaborative participants for feedback
  • Create an open dialogue
• Everyone has something to contribute
  • Those who are advanced, in the middle, or just beginning
  • We can all accomplish more when we work together!
Conclusion

• Collaboration improves outcomes

• When we collaborate, we bring more power to an issue

• There is always room for improvement