



Patient Safety Collaboration: Maternity Action Team Meeting February 20, 2014 | 9:00 am –3:00 pm ET

The National Quality Forum (NQF) convened a meeting of the Patient Safety Collaboration: Maternity Action Team members on Thursday, February 20, 2014. An [online archive](#) of the meeting is available. The objectives for the meeting were to:

1. Identify barriers, and corresponding strategies and resources to reach the identified goals.
2. Collaboratively create the key components of an action pathway that:
 - Includes at least one feasible, impactful goal that can be reached through collective action.
 - Accelerates the Partnership for Patients aims of reducing early elective deliveries (EED) and provides a playbook for key stakeholders.
3. Foster meaningful relationships among Maternity Action Team members.

Introductions and Opening Remarks

Co-chairs, Elliott Main and Maureen Corry, began the meeting by welcoming everyone and discussing the meeting objectives. Dr. Main facilitated a round robin of introductions and each action team member shared an effort related to maternal quality improvement (QI) of which they were most proud. Jacqueline Kreinik, representing CMMI's Partnership for Patients initiative, provided an update on the Partnership for Patients initiative. Ms. Kreinik expressed her gratitude and excitement for the Maternity Action Team's previous and upcoming work and encouraged members to continue to push forward and partner with other organizations to further reduce EED.

Discussion of EED and Other Maternity QI Efforts

Dr. Main presented an analysis of EED rates by state and hospital and reiterated that there is still work to be done on reducing EEDs. He discussed the importance of better understanding and assisting outlier states as well as outlier hospitals within high-performing states. Action team members discussed the high- and low-performing states and agreed that it would be helpful to better understand the barriers and successes of these states in order to identify ways to assist those having difficulty reducing their EED rates. Particular attention was spent discussing the success of South Carolina's Birth Outcomes Initiative (BOI) and distilling what other states could learn from them. The action team member representing South Carolina's BOI initiative shared a number of lessons, including the importance of having a convener or "driver of change"; engaging a wide range of public and private stakeholders, including upfront engagement of physicians; and relying on data collection and monitoring as an integral factor in the initiative's success.

Group members also discussed challenges inherent in "normalization of deviance" in which normally unacceptable practices becomes culturally acceptable. Dr. Main emphasized that while removing this phenomenon may not be easy, the momentum and resources to continue reducing EED rates across the country are available and relatively straightforward to implement.

Identification of Important Attributes for Successful Maternal QI Efforts

As discussions progressed throughout the day, attributes for successful maternal QI efforts were collected and discussed. Several key attributes emerged, which included garnering strong state leadership, reforming and/or aligning payment models, and standardizing data collection and performance measurement. A consistent theme from the meeting was the important role of collaboration and how multistakeholder partnerships play a crucial role in the success of any maternity initiative.

Another theme echoed during the meeting was the importance of a multi-pronged approach to maternal QI. Action team members shared while there have been many strategies to date that have contributed to a reduction in EED (i.e., ACOG's hard stop policies, and The Joint Commission's PC-01 measure), there is a need to think through how these strategies can be bundled together to foster greater progress. Lastly, action team members discussed the important role of shared decision-making between mothers and providers and ongoing opportunities for broad-based education around healthy pregnancy and childbirth decisions.

In the afternoon, action team members split into groups to further explore potential strategies related to three attributes described above: leadership, payment reform, and data, measurement, and standardization. The leadership group discussed key players from the state perspective that are needed to facilitate change and discussed outreach to certain states to gauge the nature of their state leadership and relationships with key stakeholders. The payment reform group discussed how the South Carolina model could be applied in other states and whether payment efforts in other states engage Medicaid and private payers in their EED initiatives. The data group discussed the need for timely and accurate data and considered how a resource to help in the implementation and reporting of the Joint Commission PC-01 Elective Delivery measure may be of value.

Wrap-Up and Next Steps

The meeting concluded with a discussion of immediate next steps for the action team members, including solidifying the strategies for the draft action pathway and further identifying specific tactics the group will tackle collectively. The group will convene again via conference call March 17, 2014 from 4-5 p.m. EDT.

Maternity Action Team Meeting Attendance

Name	Organization
Maureen Corry (co-chair)*	Childbirth Connection, a program of the National Partnership for Women & Families
Elliott Main (co-chair)	California Maternal Quality Care Collaborative
Amy Bell	Carolinas HealthCare System
Jesse Bushman	American College of Nurse Midwives
Divya Cantor	WellPoint, Inc.
Dean Coonrod	Maricopa Integrated Health System
Sean Currigan	American College of Obstetricians and Gynecologists
Karen Gandy	BlueCare of Tennessee (Blue Cross Blue Shield Tennessee)
Melanie "BZ" Giese	South Carolina Department of Health and Human Services
Susan Gullo	Institute for Healthcare Improvement
Keisher Highsmith	Health Resources and Services Administration (HRSA)
David Hopkins*	Pacific Business Group on Health
Christine Hunter*	US Office of Personnel Management
Kate Menard	Society for Maternal Fetal Medicine
Erica Mobley	The Leapfrog Group
Barbara O'Brien*	The University of Oklahoma Health Sciences Center
Cynthia Pellegrini	March of Dimes
M. Michael Shabot	Memorial Hermann Health System

**participated by telephone*