

CHILD BIRTH CONNECTION since 1918



## The Transforming Maternity Care Partnership: Opportunities for Medicaid

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## Roadmap

- About Childbirth Connection
- A multi-stakeholder consensus Blueprint for Action for a High-Quality, High-Value Maternity Care System
- Implementing the Blueprint for Action
  - focus: Shared Decision Making Initiative

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## Childbirth Connection

- Founded in 1918 as Maternity Center Association
- Mission is to improve the quality and value of maternity care through **consumer engagement and health system transformation**



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## Much of the care women receive is not consistent with the best evidence



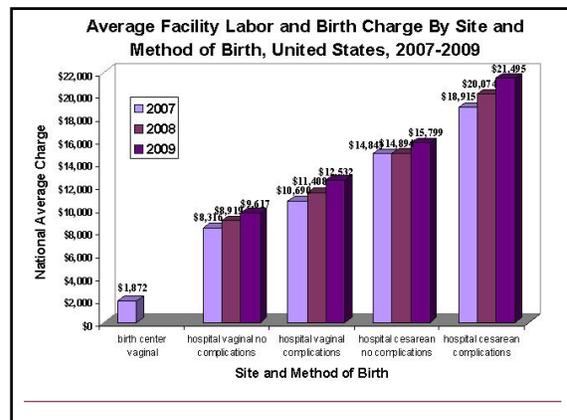
- A pattern of wide **practice variation**, unwarranted by health status or women's preferences
- **Overuse** of many practices that entail harm and waste for mothers, babies, and the system at large
- Other effective, high-value practices that are systematically **underused**

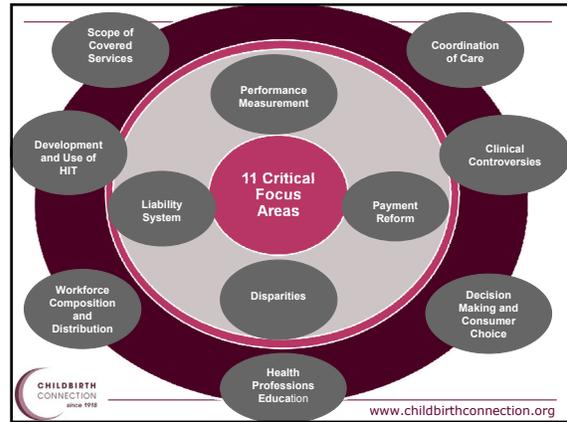
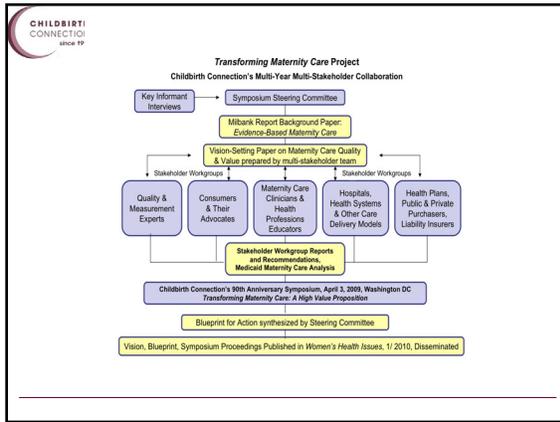
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## Costs are significant

- Childbirth is the **most common and costly hospital condition** for both Medicaid and private insurers
- Average facility charges for maternity care = **\$98 billion in 2008**
- Cesarean section is the most **common operating room procedure**
- Medicaid programs pay for **42% of births**





## Fostering implementation of the Blueprint for Action

- Improvement resources “under one roof” <http://transform.childbirthconnection.org>
- Reports to guide policy, research, and practice
- A voice for childbearing women and families in multi-stakeholder improvement efforts
- Consumer education and shared decision making resources

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**Transforming Maternity Care**

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**TRANSFORMING MATERNITY CARE BLOG**

**IMPROVEMENT TOOLS**

The following resources can help foster broader implementation of the Transforming Maternity Care Blueprint for Action.

- Data Center** – offers access to multiple data sources for quality improvement
- Quality Improvement Toolkits** – a clearinghouse of actionable resources for implementing evidence-based quality improvement strategies in hospitals, birth centers, or clinician practices
- Quality and Safety Courses** – a list of courses designed to enhance and maintain skills necessary for providing safe maternal and newborn care
- Quality Collaboratives** – a list of all known quality organizations focused on maternal or perinatal quality
- Resources by Blueprint Area** – reports of quality improvement efforts and background materials for each of the 11 focus areas addressed in the Transforming Maternity Care Blueprint for Action.
- Bibliography for Leading Change** – an extensive list of articles about quality improvement approaches and strategies

Sign up for eNews: First Name, Email Address, HTML, Text, Mobile.

## Reports to Guide Policy, Research, and Practice

- Guidelines for States on Maternity Care in the Essential Health Benefits Package* (with National Partnership for Women and Families)
- Listening to Mothers III* and post-partum survey (with Harris Interactive and BUSPH)
  - National survey of childbearing and postpartum experiences
  - Oversampling of Medicaid-insured

## Multi-stakeholder Improvement Efforts

- National Priorities Partnership Maternity Action Team
- Research, Clinical, and Policy Advisory Panels

**Consumer Engagement through Shared Decision Making**

*"No fateful decisions in the face of avoidable ignorance."*

*"The care patients need and no less, the care they want and no more."*

— Al Mulley, MD

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Partnerships for Quality Care

www.informedmedicaldecisions.org

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**Informed Consent Standards are Insufficient**

Clinicians are poor at predicting patient preferences

Inadequate research about patient preferences

Patient knowledge and preferences vary

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**Informed Consent Reality in Maternity Care**

- Data from 1,573 women who gave birth to singleton, live infants in 2005.
- Phone and online interviews
- Weighted and validated
- Conducted by Childbirth Connection and Harris Interactive



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**Evidence of Inadequate Informed Consent**

- 57% of women interested in a VBAC were **denied the option**
- Most common reasons for denial: **caregiver unwillingness (45%)** or **hospital unwillingness (23%)**

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**What do women want to know?**

Table 22. Mothers' interest in knowing about complications of specific interventions\*

Quite a few women experience \_\_\_\_\_ while giving birth. Before consenting to a \_\_\_\_\_, how important is it to learn about possible side effects of a \_\_\_\_\_?

	Labor induction	Cesarean section	Epidural analgesia
It is necessary to know <u>every</u> complication.	78%	81%	79%
It is necessary to know <u>most</u> complications.	19%	17%	18%
It is necessary to know <u>some</u> of the complications.	2%	2%	2%
It is <u>not</u> necessary to know <u>any</u> complications.	1%	—	1%

\*Each survey respondent was randomly assigned to respond to this question with respect to either labor induction, cesarean section or epidural analgesia.

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**Evidence of Inadequate Informed Consent**

- Majority **unable to correctly answer basic questions** about adverse effects of induction and cesarean section.
- **“Not sure”** was most common response
- When mothers did respond they were **as likely to be incorrect as correct**
- **Having had the intervention** did not increase proportion of correct answers

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**Evidence of Inadequate Informed Consent**

- Mothers felt **pressure** from a health professional to have induction (17% with induction) and cesarean (25% with cesarean)
- 82% of women having episiotomies **did not give consent** (95% among African American women)

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**Broad Consensus About SDM**

Affordable Care Act      State Legislation

National Quality Strategy      Policy and clinical reports

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**Consensus within Maternity Care**

**Transforming Maternity Care**

**TMC Blueprint for Action**

**Joint Call to Action on Quality Care in Labor & Delivery**

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**Shared Decision Making**

- Facilitates decision making when:
  - multiple reasonable options
  - insufficient outcomes data, leading to clinical uncertainty among options
  - trade-offs among benefits and harms

*These are known as “preference-sensitive” decisions*

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**SDM can also support**

- efforts to rein in **overuse** of tests and procedures that are risky and costly but not beneficial for most people
  - induction for suspected macrosomia
  - bed rest for many indications
- efforts to increase uptake of **underused** effective care options
  - continuous labor support
  - external cephalic version for breech

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## Decision Aids (DAs)

- tools or technologies designed to facilitate SDM
  - print
  - DVD
  - web
  - patient portal of EHR
  - mobile app
- developed and evaluated according to international standards.

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## Cochrane Review of DAs

- improved knowledge
- more accurate expectations of possible benefits and harms
- choices that are more consistent with patients' informed values
- increased participation in decision making
- less decisional conflict
- lower likelihood of choosing interventions



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## First National Maternity Care SDM Initiative



- Web-based, open access decision aids and other decision support tools for major maternity decisions
- Low-literacy adaptations planned
- Partnering with stakeholders to test implementation models

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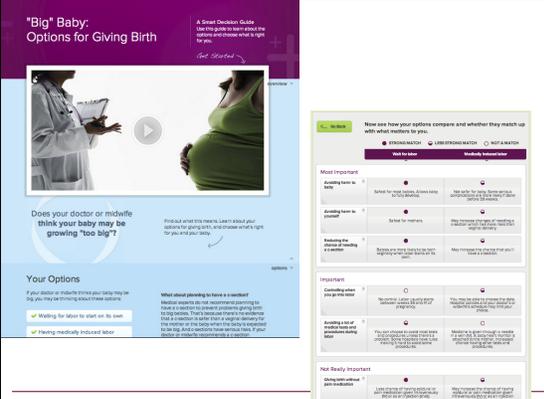
## Rigorous Content & Development Standards

Evidence-based	Woman-centered	Clinically Appropriate
<ul style="list-style-type: none"> <li>literature on preferences, attitudes, and knowledge</li> <li>clinical studies including well-designed systematic reviews</li> <li>reviewed by Medical Editor</li> <li>conflict of interest disclosure and/or divestment required of team</li> <li>regularly updated</li> </ul>	<ul style="list-style-type: none"> <li>survey to elicit high priority knowledge and concerns</li> <li>focus group testing at key points in development process</li> <li>user-centered design / usability testing</li> <li>featuring women's perspectives throughout</li> <li>explicit values clarification</li> </ul>	<ul style="list-style-type: none"> <li>survey to elicit high priority knowledge and concerns</li> <li>reviewed by Clinical Advisors</li> <li>featuring variety of clinicians' perspectives throughout</li> </ul>

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### "Big" Baby: Options for Giving Birth

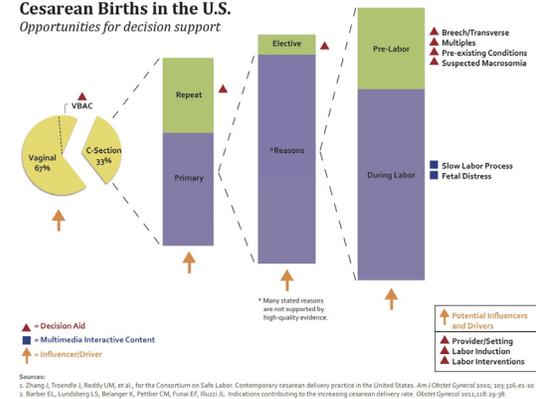
*Real Stories*



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### Cesarean Births in the U.S.

Opportunities for decision support



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## Decision Aids in Phase 1 Development

- Elective induction of labor
- Options for suspected macrosomia
- Induction or expectant management at 41-42 weeks
- VBAC vs. planned repeat cesarean
- Choice of care provider and birth setting

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## Is SDM Feasible?

Commonly cited barriers to SDM:

- Takes too much time
- Patients do not want to participate in decisions
- Patients will not understand the clinical information
- Decision aids not relevant to individual circumstances

*None borne out by the evidence.  
SDM may actually help.*

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## SDM is only part of the solution

- Policies that will strengthen impact:
  - payment incentives that reward high-quality, woman-centered care
  - maternity care homes and accountable care organizations
  - addressing liability concerns
  - education of health professionals
  - consumer advocacy and outreach

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## Potential Roles for Medicaid

- Fund demonstration projects
- Provide technical assistance for low-literacy SDM tools
- Foster dissemination of best practices in SDM through HENs, quality collaboratives
- Foster integration of performance data

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## Thank You!

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