



PRIME: Improving Maternity Care and Outcomes via Collaboration

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December 7, 2017



Maternity Care in Medi-Cal



- In CA, 1/2 of all births are covered by Medi-Cal; 250,000 births annually
- 45% FFS, 55% Managed Care
- 40% prenatal care provided in FQHCs
- Childbirth is the #1 reason for hospitalization in CA



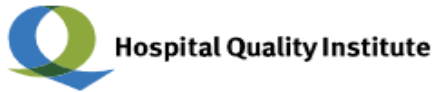
Public Hospital Redesign and Incentives in Medi-Cal (PRIME)

Project 2.1

Improvements in Perinatal Care

- Financial incentives tied to quality improvement
- Project 2.1 is a mandatory PRIME project for DSRIP alumni entities, Designated Public Hospitals (DPHs)
- 16 DPHs are participating
- 4 District Municipal Public Hospitals (DMPHs) are electively participating



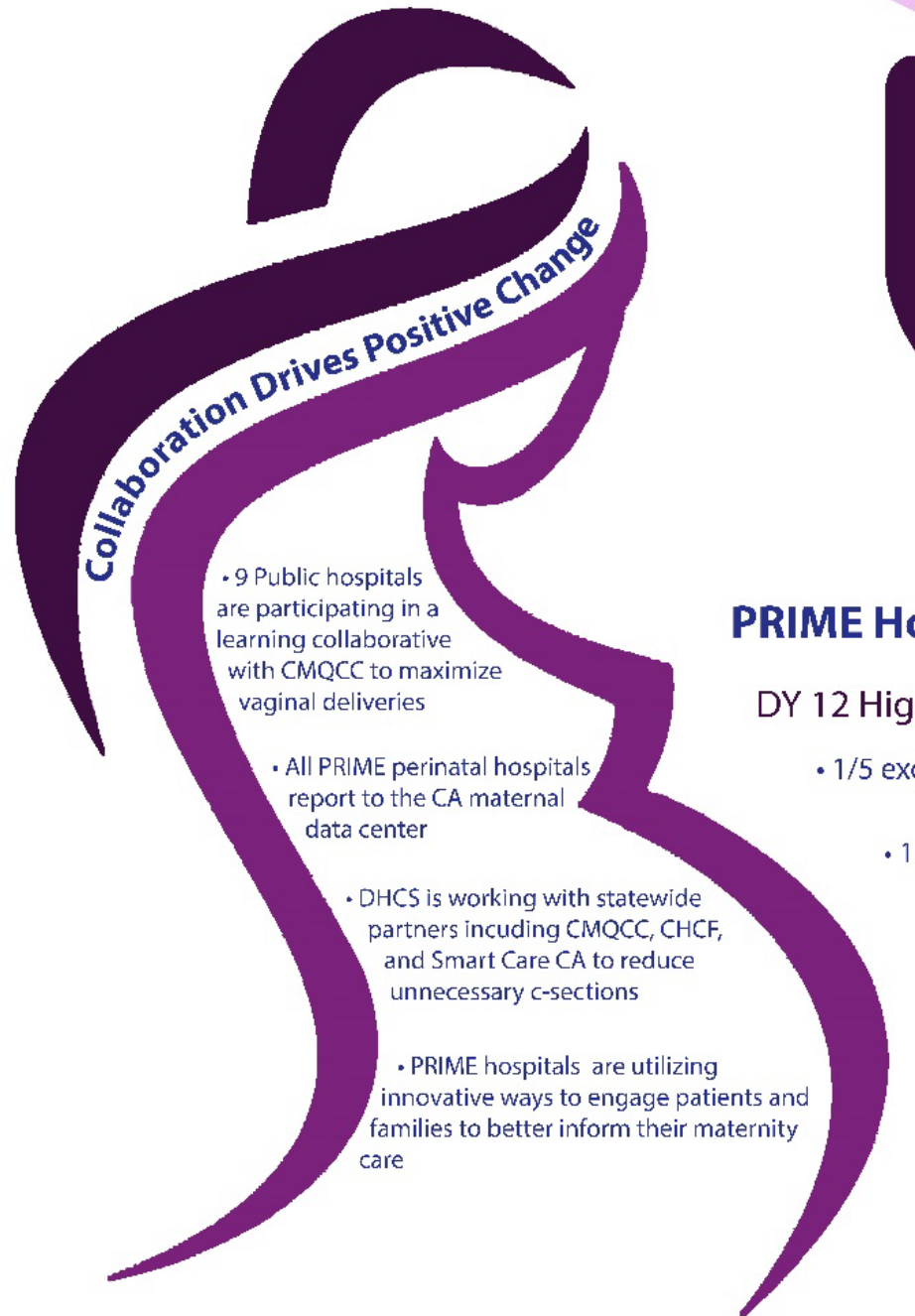


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Collaboration Drives Positive Change

- 9 Public hospitals are participating in a learning collaborative with CMQCC to maximize vaginal deliveries

- All PRIME perinatal hospitals report to the CA maternal data center

- DHCS is working with statewide partners including CMQCC, CHCF, and Smart Care CA to reduce unnecessary c-sections

- PRIME hospitals are utilizing innovative ways to engage patients and families to better inform their maternity care

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DY 12 High

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PRIME Perinatal Project Goals

Decrease
morbidity
and
mortality

Decrease maternal morbidity and mortality statewide and in participating hospitals through QI opportunities, incentives, and use of real-time data

Promote
Vaginal
Birth

Decrease statewide low risk, first born, cesarean section rate, and decrease variability in cesarean section rates in hospitals throughout California.

Foster
breast
feeding

Support breastfeeding initiation, continuation, and baby-friendly practices.

Support
Smooth
transitions

Support smooth transitions from hospital to home for mom and baby

Ensure
access to
outpatient
care

Ensure women receive comprehensive, evidence based, and timely prenatal and postpartum care



PRIME Project 2.1 Metrics	NQF #	Measure Steward
Baby Friendly Hospital Designation	N/A	Baby Friendly USA
Exclusive Breast Feeding (PC-05)	0480	JNC
OB Hemorrhage: Massive Transfusion	N/A	CMQCC
OB Hemorrhage: Total Products Transfused	N/A	CMQCC
Severe Maternal Morbidity (SMM) per 100 with OB hemorrhage	N/A	CMQCC
Cesarean Section	0471	JNC
Unexpected Newborn Complications (UNC)	0716	CMQCC
Prenatal and Postpartum Care (PPC)	1517	NCQA
OB Hemorrhage Safety Bundle	N/A	CMQCC



Partnership with CMQCC

- Participation in CMQCC-led collaboratives (OB Hemorrhage and Supporting Vaginal Birth)
- Enrollment in Maternal Data Center
- Near-real time data
- Support for benchmarking

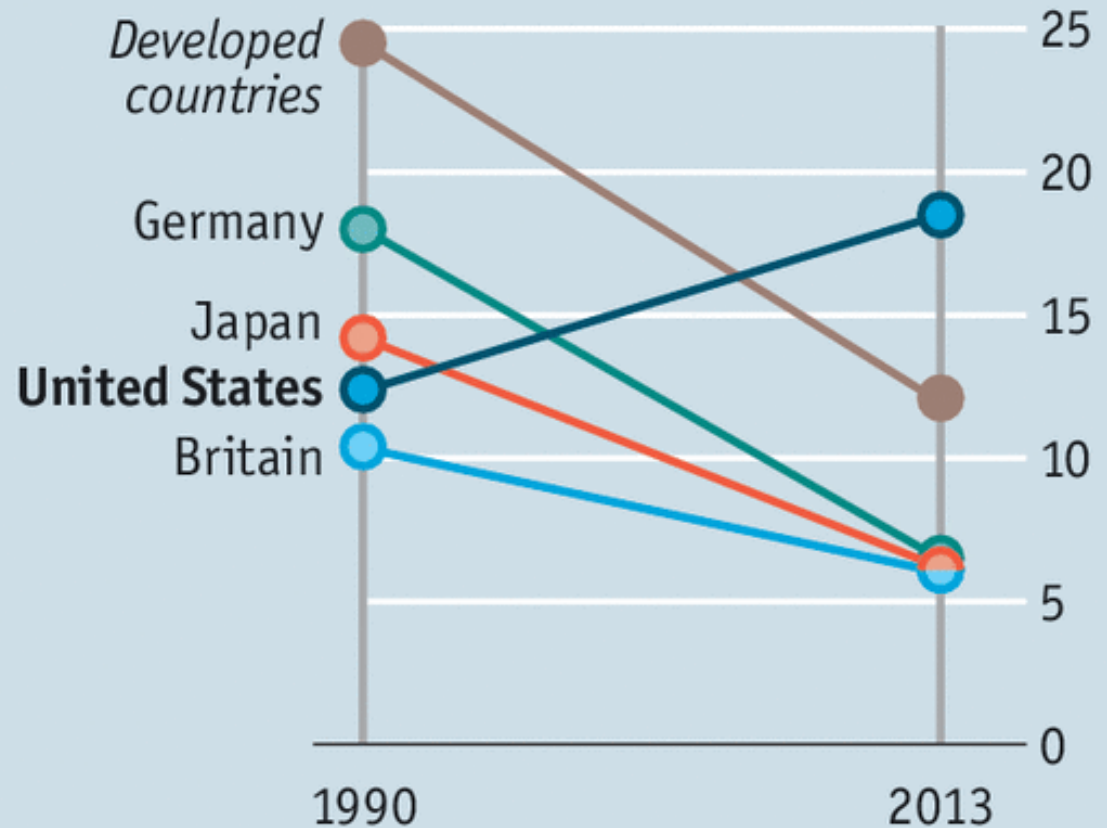




The US has the highest Maternal Mortality rate of any high resource country and the only country outside of Afghanistan and Sudan where the rate is rising.

Odd one out

Maternal-mortality rate, per 100,000 live births



Source: Kassebaum *et al*, *Lancet*



The U.S. has the worst rate of maternal deaths in the developed world, and 60 percent are preventable

The Last Person You'd Expect to Die in Childbirth

ProPublica, May 16, 2017



The death of a neonatal nurse in the hospital where she worked illustrates a profound disparity: The healthcare system focuses on babies but often ignores their mothers.

[“The Last Person You'd Expect to Die in Childbirth”](#)

PBS NewsHour
August 18, 2017

Why are more American women dying after childbirth?



[Why are more American women dying after childbirth?](#)



PRIME Hospitals Leading the Way to Improve Maternal Care and Outcomes

DY 12 Highlights – C-Sections

- 1/5 of PRIME entities exceeded the 90th percentile
- 1/2 of PRIME entities exceeded the Healthy People 2020 goal



A vibrant, colorful garden scene. In the foreground, a well-maintained green lawn stretches across the bottom. Behind it, a dense, multi-colored border of flowers and shrubs runs diagonally from the bottom left towards the top right. The colors include shades of purple, pink, yellow, blue, and red. In the background, there are more green plants and trees, creating a lush, garden-like atmosphere.

Continuing to Improve the Lives of Moms