Better Maternal Outcomes Public Webinar Series

Measuring Equity in Maternal Outcomes

February 5, 2020
WebEx Quick Reference

- Please use chat to "All Participants" for discussion & questions

- For technology issues only, please chat to "Host"
Microphone Feature

To mute your line, please press the microphone icon. Press it again to unmute.
Today’s Agenda

• Welcome & Introductions
• Measuring Equity: Overview
• Case Example from Louisiana Perinatal Quality Collaborative
• Follow-Up & Staying Connected
Please type your **name** and the **organization** you represent in the chat box and send to “All Participants”

Example: Mara Lee, Midwest Health
Where are you today?
Partnering for Improved Birth Outcomes

The Institute for Healthcare Improvement (IHI) Better Maternal Outcomes Initiative and the National Network of Perinatal Quality Collaboratives (NNPQC), coordinated by NICHQ, are partnering to provide participants with a valuable set of webinars on health equity, respectful care and other critical maternal health topics. This partnership recognizes the shared commitment of these two initiatives to improve hospitals and health systems by elevating and spreading evidence-based efforts and examples of improvement from across the country so that families experience better birth outcomes. By bringing all participants together to engage in shared learning, the NNPQC and the Better Maternal Outcomes Initiative will encourage collaboration and innovation among teams with a shared mission, and ultimately accelerate national improvement.
The IHI Better Maternal Outcomes Initiative aims to reduce maternal morbidity and mortality by supporting national efforts to implement reliable evidence-based care for women and newborns around the time of birth, and by facilitating locally driven, co-designed rapid improvements in four communities, targeting the interface of health care delivery, the experience of birthers, and community support systems.

The National Network of Perinatal Quality Collaboratives (NNPQC), coordinated by NICHQ, supports the development and enhances the ability of state perinatal quality collaboratives to make measurable improvements in statewide maternal and infant healthcare and health outcomes by providing resources and expertise to nationwide state-based perinatal quality collaboratives (PQCs).
Using an Equity Lens to Improve Outcomes for All

Jafet Arrieta, Director and Improvement Advisor, IHI
The Model for Improvement

Looking at data using an equity lens

- Using an equity lens helps you:
  - Identify inequities/variation between different groups
  - Develop aims and specific goals for all patients, and for specific groups
  - Design/tailor quality improvement projects to the needs of specific populations
  - Improve outcomes for ALL patients

Source: 2012 Center for the Health Professions at the University of California, San Francisco
Stratifying data to set specific aims for ALL and for specific populations

Re-thought AIM:
By December 2019, we will eliminate the CRC screening gaps between Hispanic and Non-Hispanic White patients ages 50-75 years old, and will increase screening rates for ALL patients to 60%

Source: 2012 Center for the Health Professions at the University of California, San Francisco
Data stratification: Looking at data using an equity lens

• Consider stratification **BEFORE** you collect data, but it is **Never Too Late!**
  – Stratify data by:
    – **Individual characteristics**: 
      – REaL = race, ethnicity and language
      – Other = severity of patients, age, gender, gender identity, sexual orientation, geography
    – **System characteristics**: shift, time of day, day of week, provider, unit
Examples
SMM Dashboard

Overall

SMM rates by language

SMM rates by race/ethnicity

SMM by age group

SMM rates by provider

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Stratification

Women readmitted post delivery
Stratification By Race/Ethnicity

Percent Receiving Updated Discharge Protocol

Women readmitted post delivery
Case Study: Louisiana Maternal Mortality Report 2011-2016
Case Study: Louisiana

Maternal deaths per 100,000 live births in the U.S. and Louisiana

Maternal deaths were identified through vital records data alone, using the WHO definition of maternal death (death during or within 42 days of pregnancy).

Stratifying data by individual characteristics

From 2011 to 2016, black mothers were 4.1 times as likely to die as white mothers in Louisiana.

Racial and Ethnic Disparities

Maternal Mortality Ratios by Race (per 100,000 births)

<table>
<thead>
<tr>
<th>Race</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white</td>
<td>5.6</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>22.8</td>
</tr>
</tbody>
</table>

4 black women in Louisiana die... for every 1 white woman

Maternal Race and Ethnicity

68% of maternal deaths from 2011-2016 were to non-Hispanic black women. Comparatively, only 24% of all births from the same time period were to non-Hispanic black women. Maternal mortality ratios were also higher among other race/ethnic groups when compared to non-Hispanic whites, but counts were too low to be reportable.

Maternal Age

Women age 35 years and older were 6.3 times as likely to die as women under age 25 years.

Maternal Mortality Ratio by Age Group (deaths per 100,000 births)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Ratio</th>
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</thead>
<tbody>
<tr>
<td>35+ years old</td>
<td>34.8</td>
</tr>
<tr>
<td>30-34 years old</td>
<td>14.7</td>
</tr>
<tr>
<td>25-29 years old</td>
<td>12.2</td>
</tr>
<tr>
<td>&lt; 25 years old</td>
<td>5.6</td>
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Stratifying data by system-level characteristics

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>62%</td>
</tr>
<tr>
<td>Private</td>
<td>17%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>15%</td>
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62% of women who died had Medicaid insurance.

Top Contributing Factors: Provider & Facility Level

Contributing factors are not mutually exclusive – one death may have more than one of the following top contributing factors. Specific contributing factors could not be identified for 12 of 47 deaths.

- Failure to screen/inadequate assessment of risk (17 deaths) - 36%
- Lack of standardized policies and procedures (6 deaths) - 13%
- Lack of referral or consultation (5 deaths) - 11%
- Poor communication/lack of case coordination or continuity of care (5 deaths) - 11%

Top Contributing Factors: Patient Level

Contributing factors are not mutually exclusive – one death may have more than one of the following top contributing factors. Of note, completeness of medical records and availability of relevant information often limited the review committee’s ability to assess for patient, family, and community-level contributing factors.

- Presence of complex chronic disease with need for primary care and tailored reproductive life planning (5 deaths) - 10.6%
- Delay or failure to seek care (5 deaths) - 10.6%

Tailoring improvement efforts to improve outcomes for ALL

Driver Diagram

- Achieve a 20% reduction in severe maternal morbidity among pregnant/postpartum women who experience hemorrhage or severe HTN in LaPQC participating facilities in 12 months
- Subaim: Narrow the Black-White disparity in this outcome in 12 months

**Reliable Clinical Processes**
- Assure readiness
- Improve recognition and prevention
- Understand & reduce variation in response
- Eliminate waste

**Respectful Patient Partnership**
- Design for partnership
- Invest in improvement

**Effective Peer Teamwork**
- Reduce variation in reporting
- Change the work environment
- Improve workflow

**Engaged Perinatal Leadership**
- Manage for quality & systems learning
- Enhance patient and family relationships
- Change the work environment

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**Louisiana Perinatal Quality Collaborative:**

**PRIMARY Focus:**
1) Obstetric Hemorrhage
2) Severe Hypertension / Preeclampsia

**SECONDARY Focus:**
3) Early Elective Delivery
4) Safe Reduction of Primary Cesarean Births

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<tr>
<td>LaPQC AIM Baseline Survey of General OB Capacity and Practices</td>
<td>&quot;Assess Structure&quot; Plan</td>
<td>- Unit Drill: Number (AIM Universal Measure)</td>
<td>- Provider Education (F2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Risk Assessment (PE-PRHI) (in 8-14 bundle drill Op Del)</td>
<td>- Nursing Education (F2)</td>
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<tr>
<td></td>
<td></td>
<td>- Quantitative Blood Loss (PS-8) (in 8-14 drill drill Op Del)</td>
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</tbody>
</table>

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**Severe Hypertension in Pregnancy**
LaPQC AIM Baseline Survey of General OB Capacity and Practices
- "Assess Structure" Plan

- Unit Drill: Number (AIM Universal Measure)
- Treatment of Severe HTN (PE-8) (in 8-14 bundle drill Del)
- Provider Education (F2)
- Nursing Education (F2)

- Time Between Severe Maternal Morbidity Cases (TMRt)

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**Severe Hypertension in Pregnancy**
LaPQC AIM Baseline Survey of General OB Capacity and Practices
- "Assess Structure" Plan

- Unit Drill: Number (AIM Universal Measure)
- Treatment of Severe HTN (PE-8) (in 8-14 bundle drill Del)
- Provider Education (F2)
- Nursing Education (F2)

- Time Between Severe Maternal Morbidity Cases (TMRt)

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**Elective Delivery Prior to 39 Weeks**
- LOS/Case and rate (EX: PL-01)

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**Safe Reduction of HTN Cesarean Births**
LaPQC AIM Baseline Survey of General OB Capacity and Practices
- "Assess Structure" Plan

- LOS/Case and rate (EX: PR-01)

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What may happen if we don’t use an equity lens when looking at data over time?

- We can make things worse for vulnerable populations
- We risk not knowing that equity gaps exist
- We cannot learn how to improve outcomes for ALL

So, don’t forget to ask yourselves:

- Is the improvement **making the condition better for ALL**?
- Are there **groups** that are not benefitting? **Who** are they?

Source: 2012 Center for the Health Professions at the University of California, San Francisco
Questions?
Prioritizing Equity in the LaPQC

Amy Ladley, PhD  
Kerrie Redmond, RNC-OB
Independent of improvements to measurement, **unverified maternal deaths** in Louisiana are rising.

In Louisiana, **4 Black women die** for every white woman.
Louisiana Perinatal Quality Collaborative

• Three areas of focus:
  – advance equity and improve outcomes;
  – implement best-practices;
  – changing the culture of care.

• Work is focused in birthing facilities across the state.
  – **40 hospitals** covering 92% of births in Louisiana
  – all Level 3 and 4 facilities
Current Work

• What?
  – achieve a 20% reduction in severe maternal morbidity among hemorrhage and severe hypertension/ preeclampsia in participating birth facilities between August 2018 and May 2020.
  – narrow the Black-white disparity in these outcomes in the same time period.

• Why?
Current Work

• How?
  – standardize best practices related to blood loss and high blood pressure
  – visible prioritization of equity in all aspects of the work
    – fundamental agreements
    – communication strategy
    – planning and executing the work
    – data and measurement
Fundamental Agreements

- Always re-center the work to the who and the why.
- Make care equitable by making care better and consistent.
- Change is necessary, change is important, change is personal.
Communication Strategy

• First, build trust.
  – listen to hear; empathize and validate concerns

• Never miss an opportunity to talk about equity.
  – start with a story
  – actively destigmatize, conversations about equity

• Change the vocabulary, one person at a time.
  – racism is the problem, not patient race
  – implicit bias and the myth of “I treat everyone the same”
Communication Strategy

• Treat patients and families as informed consumers.
• Talk about the work through the lens of equity and disparity with external stakeholders.
• Leverage ‘bad’ press into opportunities for action.

The secret number maternity hospitals don’t want you to know, and why we’re revealing it

The C-Section Capital of America
In one Louisiana community, half of all births happened through surgery in 2017. Why?
Planning and Execution

- Set specific **goals** related to equity and patient partnership.
  - one small thing
  - AIM+
- **Resource** support.
- Connect teams that can help each other to build system of **mentorship**.
- Elevate **patient voice** in work.
Data and Measurement

- Teach and support data **stratification**.
  - treat everyone the same? show me.
  - provide SMM
  - key process measures
- Importance of **high-quality** race and ethnicity data.
- IHI Equity **survey**.
SMM Among Hemorrhage

83.9% reduction in disparity

Rate per 10,000 Delivery Hospitalizations

Quarters, 2017-2018

Q1 2017 Q2 2017 Q3 2017 Q4 2017 Q1 2018 Q2 2018 Q3 2018 Q4 2018

NH Black NH White

monthly calls and early collaboration begin

RMMI launch

0 200 400 600 800 1000 1200 1400

0 200 400 600 800 1000 1200 1400
SMM Among Hypertension

Rate per 10,000 Delivery Hospitalizations

Quarters, 2017-2018

Q1 2017: 941.2
Q2 2017: 742.9
Q3 2017: 658.7
Q4 2017: 595.6
Q1 2018: 552.1
Q2 2018: 495.0
Q3 2018: 683.1
Q4 2018: 463.2

84.1% reduction in disparity

NH Black and NH White

monthly calls and early collaboration begin

RMMI launch
What We’ve Learned

• Stratification still tough for hospitals.
• Stories activate change.
  – self-identified race/ethnicity
  – patient fear of healthcare system
• Patients want to be a part of the work.
  – formalizing this is challenging
• Be deliberate, persistent, and thoughtful.
• Keep the conversation going, even if it feels like you’re talking to yourself.
Questions and Discussion
Staying Connected

- All slides, materials, and call recordings will be shared with participants following the call and also posted to the IHI website (www.ihi.org/maternalhealth).

- If you’d like to be added to the IHI maternal health email list or have additional questions about this programming, please contact us at maternalhealth@ihi.org.

- Public webinars are offered approximately once per month. Information about upcoming calls will be shared ahead of time through IHI and NNPQC listservs.
Thank you for joining us

IHI Better Maternal Outcomes Initiative