

Improving OB Outcomes by Enhancing Access to Quality Affordable Care:

Multiple Strategies*** get you
there faster!

Jeffery Thompson, MD MPH
CMO Health Care Authority
Washington State
jeffery.thompson@hca.wa.gov

WA's Key Strategy: Reducing Variation

1. C-section spends and trends are **unsustainable** (30% plus)
2. Variation in elective C-sections is **unacceptable** (14-40%) if not explained
3. Downstream costs and harms are **undesirable** (low birth weight, prematurity, increased NICU use and maternal morbidity)
4. Lack of integrated and connected outcomes is **unprincipled**

Variation: Is everyone above average with sicker patients?

C-section rates rose significantly in each state from 1996 to 2007

Level 3 Nursery Hospitals: 34% (range 18 – 39%)

Level 2 Nursery Hospitals: 28% (range 23 – 36%)

Level 1 Nursery Hospitals: 27% (range 10 – 39%)

Regions with higher than expected
primary C-section rates
*Excluding obesity, hypertension, diabetes,
age >35, induced labor and malpresentation*
2002-2005 combined



Accounting
for risk
factors WA
still has
variation

“GOALS TO REDUCE C-SECTIONS HAVE BECOME LESS AMBITIOUS*”

- HP 2000 GOAL TO REDUCE TO 15%
- HP 2010 GOAL TO REDUCE TO 23.9%
- World Health Organization 5-10%

- THE MOVING TARGETS REFLECT AMBIVALENCE IN
KNOWING WHAT IS THE RIGHT TARGET

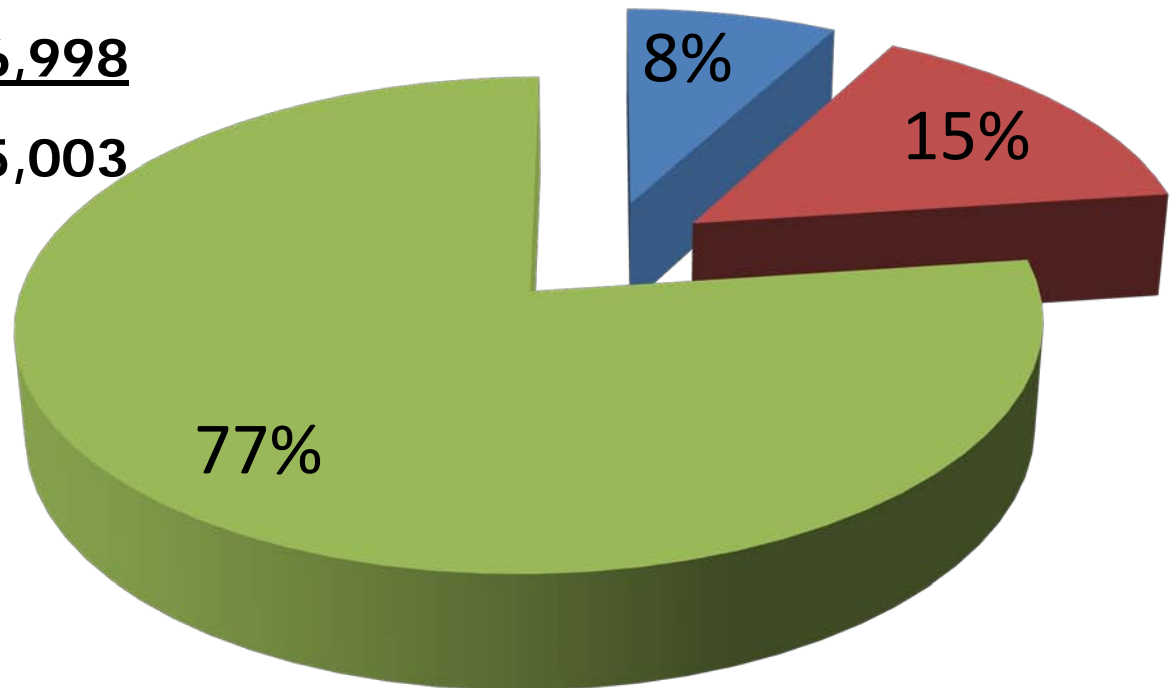
*AHRQ “STRATEGIES TO REDUCE CESAREAN BIRTH”

Where should we start?

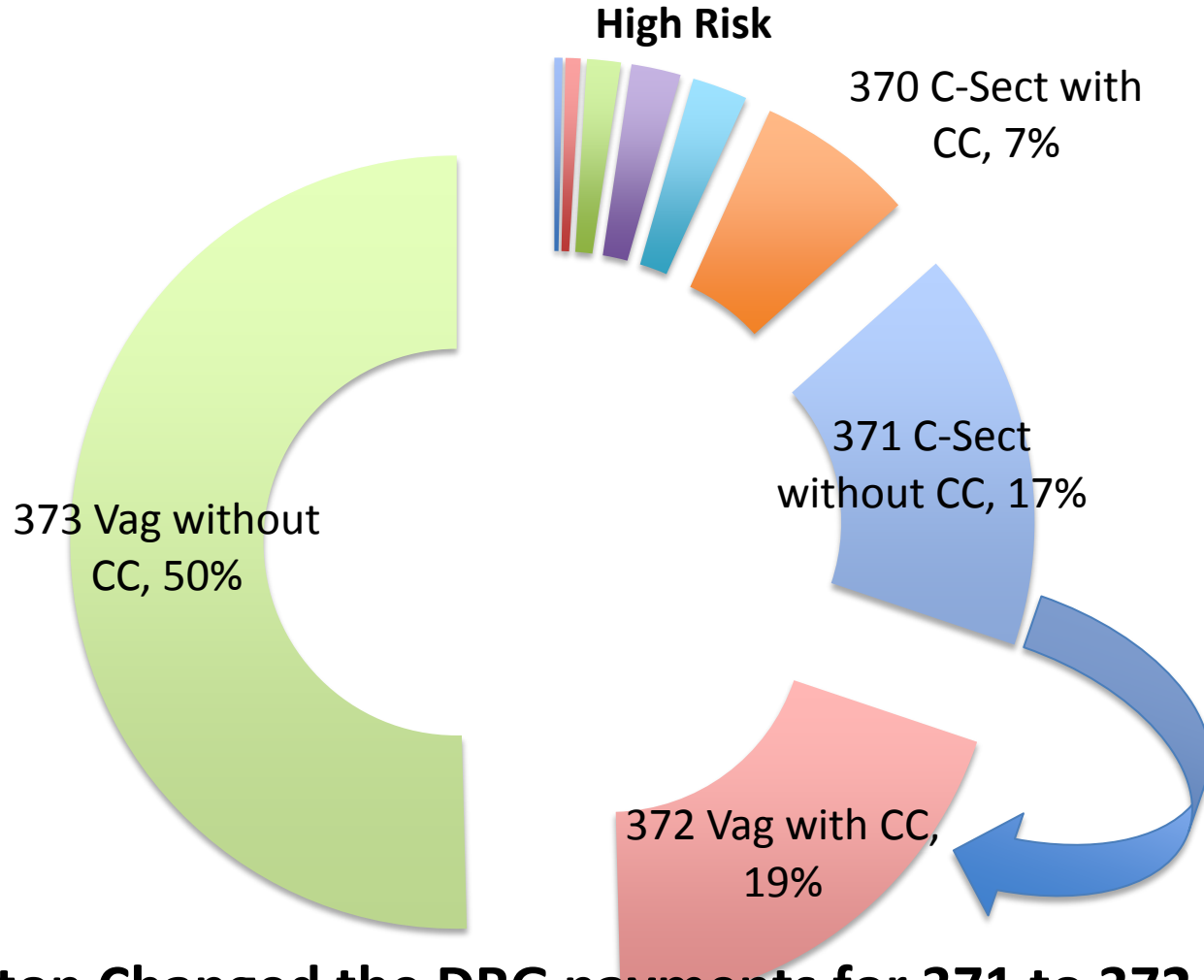
2009 DRG Hospital Charges Fee For Service Medicaid

Delivery	\$53,580,907
Neonate	\$101,387,098
<u>Other</u>	<u>\$522,046,998</u>
Total	\$677,015,003

■ Delivery ■ Neonate ■ Other



In Washington we changed the DRG payments*** to kick start the change discussion



Washington Changed the DRG payments for 371 to 372 (~\$1000/Birth) and it jump started discussions with community

What Happens with a DRG Rate Change?

DRG	\$ Median	\$ Maximum	% of Claims	Savings
C-Sect without CC (DRG 371)*	4,595	30,407	17%	
Vag with CC (DRG 370)	3,592	27,127	19%	\$2.6 M
Vag without CC (DRG 373)	2,897	19,958	50%	\$5.3M

*15,000 births in FFS 2009 on a \$54M facility OB spend

WSHA, DOH and UW Teamed Up in the Quality Assessment based on a 1% Withhold***

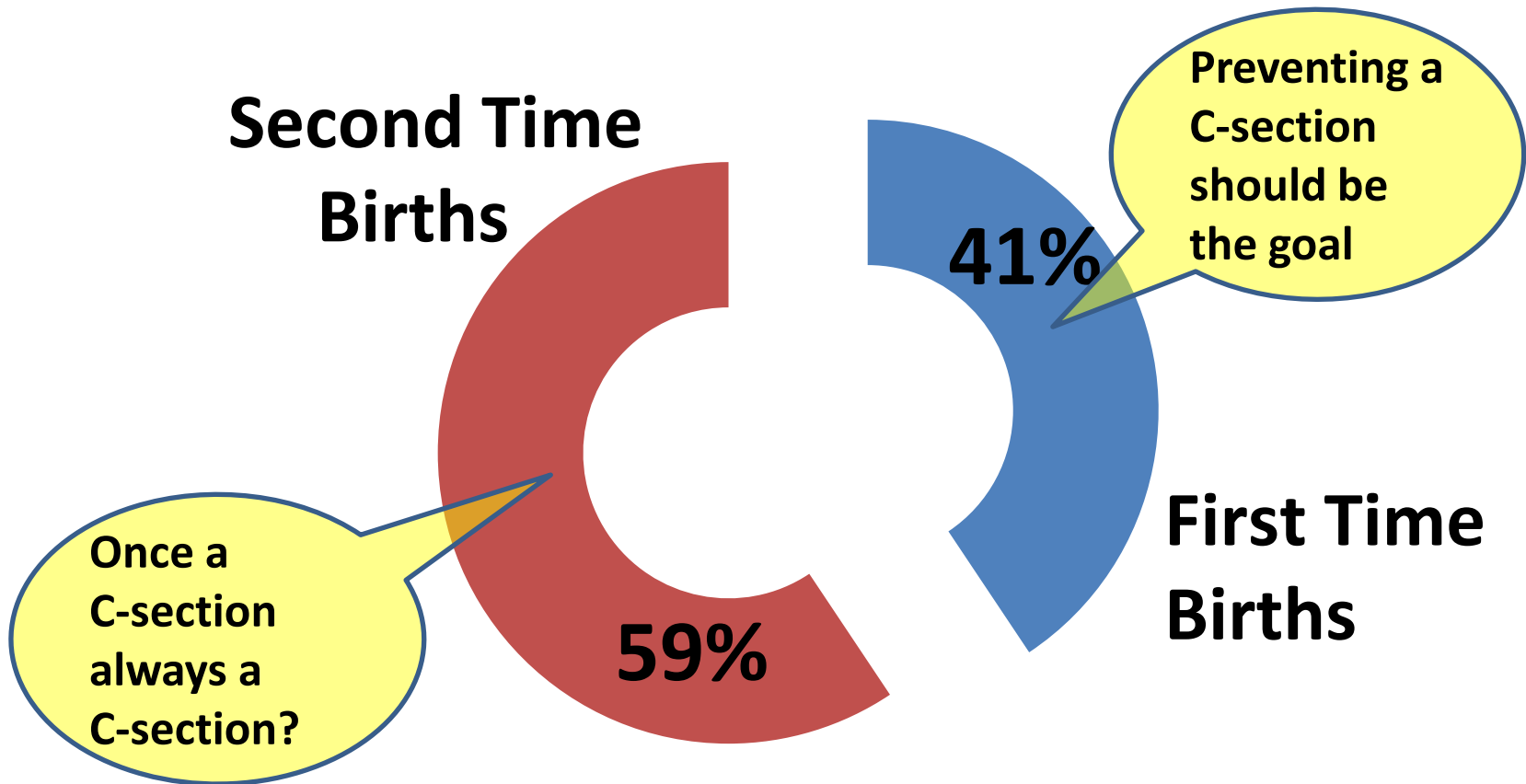
Measure	Target	Submission Date
Healthcare Worker Flu Immunization	80% or more	May 1, 2011
Patient Discharge Information	86% or more	1st Quarter Data: June 30
Elective Delivery Prior to 39 Weeks	7% or less	1st Quarter Data: June 30
Reducing Preventable Emergency Room Visits	All 5 sections approved	September 1, 2011
Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	31% or more	1st Quarter Data: June 30

Using Birth Certificates*** begins a discussion beyond just Medicaid



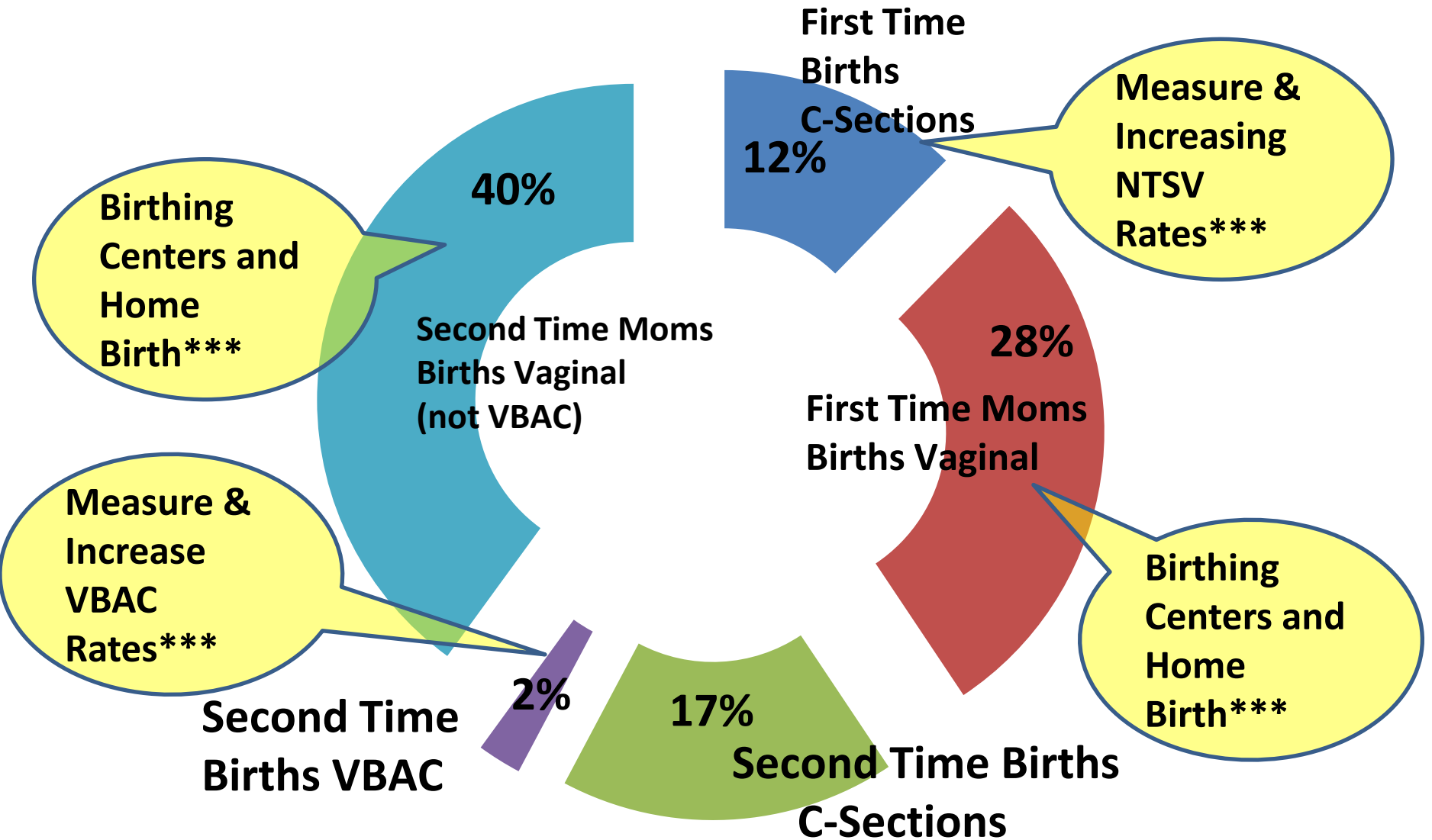
Work on Multiple Populations***

Washington State Live Births 2010 (Nullips & Multips)



Limited to cases with valid birth weight and prior birth information.

Washington State Live Births 2010 (Nullip & Multips)

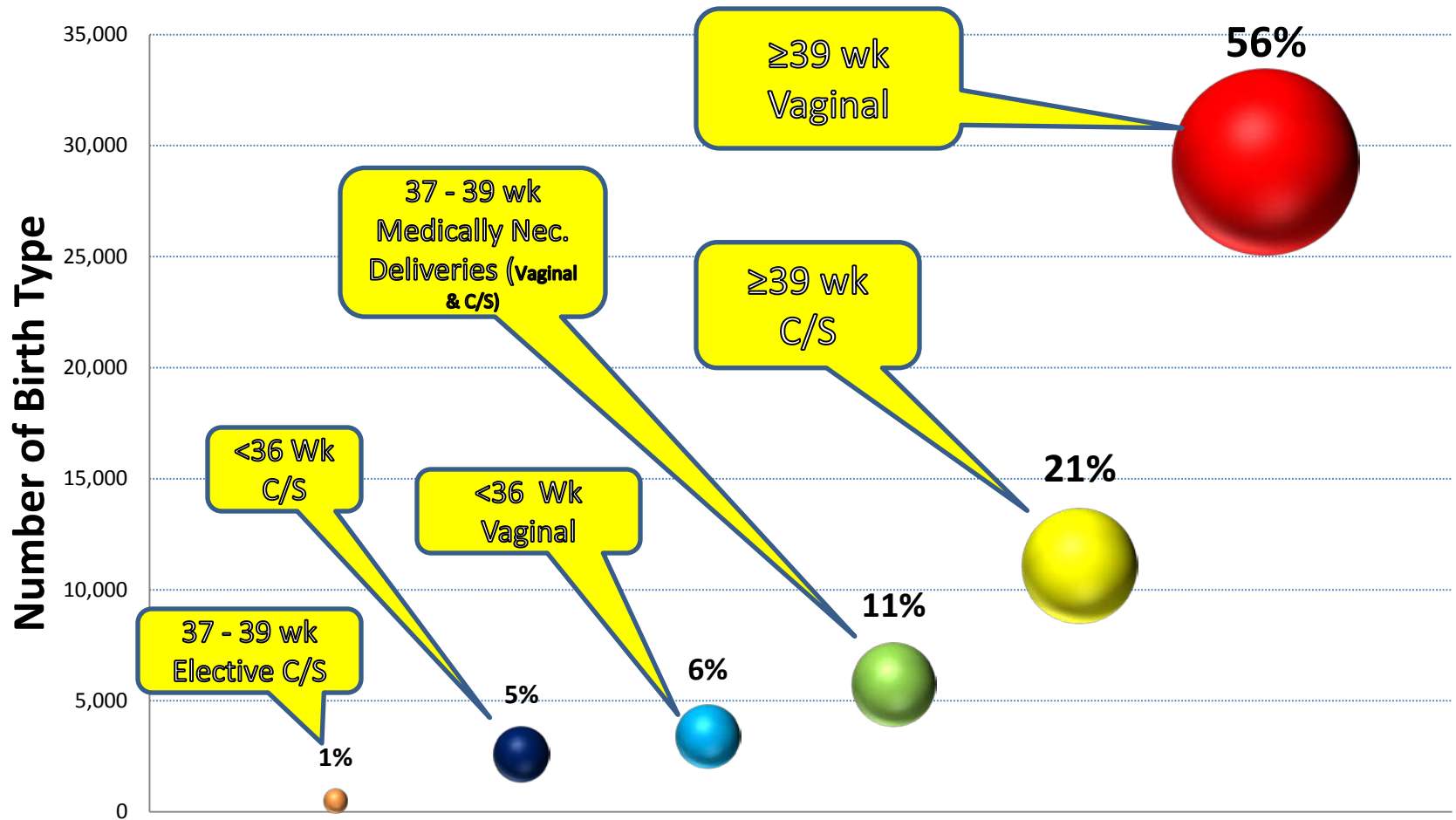


What could happen by increasing Out-of-Facility births?

C-sections are expensive (Total Costs)

- Cesarean delivery \$10,958
 - Vaginal delivery \$7,737
 - Birthing Center \$5,000
 - Home delivery \$2,500
-
- Out of Facility Births in WA are ~3% of total deliveries (3rd in the US)
 - 1% increase = \$1/2M – \$1M savings in FFS Medicaid

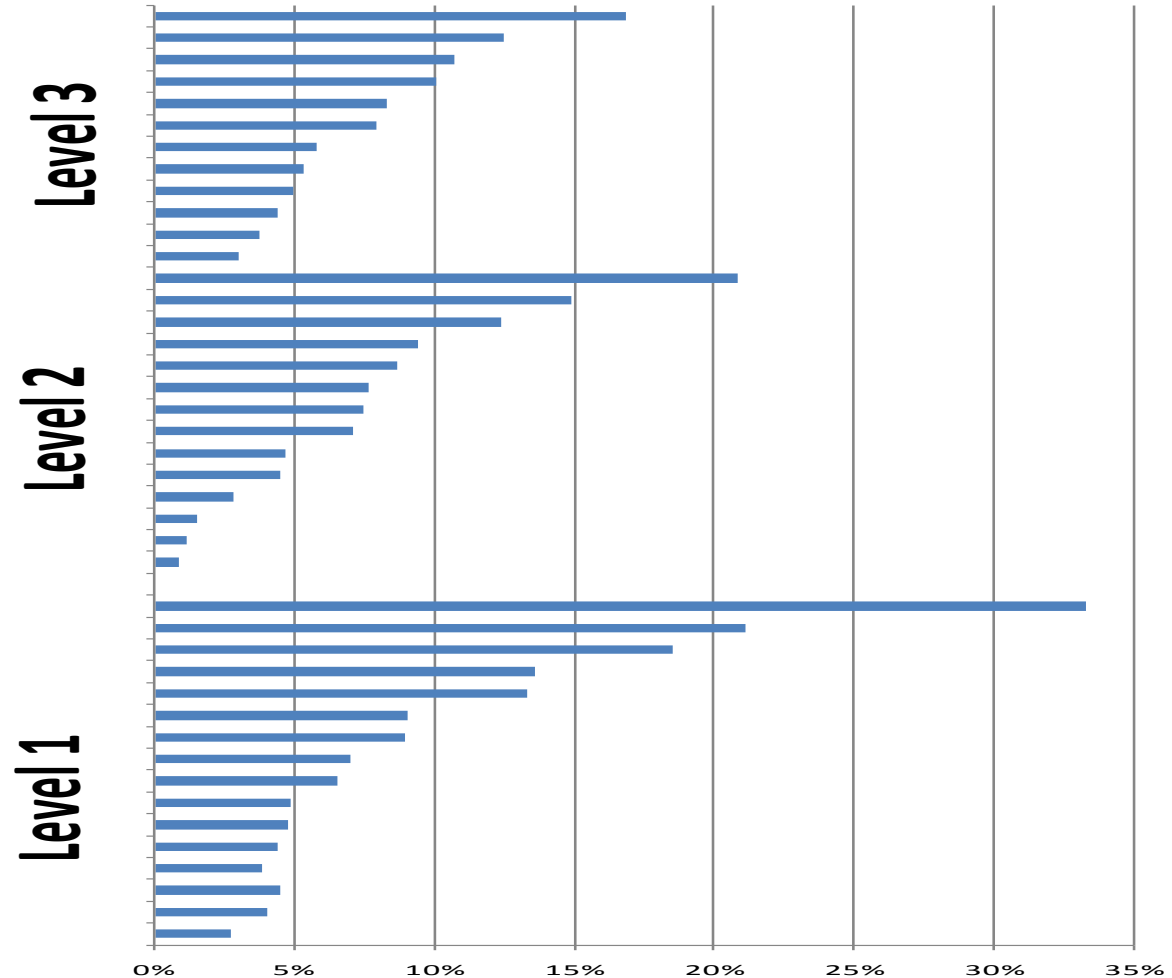
Birth Type by Delivery Week: State's Birth Certificates Frequency



Public Comparisons out soon***

(39 wk, VBAC and Elective C-section^{NTSV})!

C-Sections/Inductions after Exclusions for Participating Hospitals: 37 to 39 Week Initiative 2011 by Hospital Level of Care



Bundled Payments***:

Set a Trend, Gain Share on Quality Goals
and Sharing Data Liberally

Professional OB Care and Pediatrics

Prenatal, Delivery,
Antenatal Care

Reduce maternal
morbidity

lower utilization of
Ultra Sound

Facility Care

L&D, OR, Nursery

- Improve margin costs with higher vaginal rates
- Incent for birthing centers
- Emphasis on readmissions

NICU

Reduces incentives to build
more care and up coding

Add a reinsurance for
outliers

Emphasis on readmissions

***Gain Share on Trend and Pay on
Quality***

Clinical/Quality Fix***

Reduce C-sections, Inductions and < 39 week?

Interventions that work

- Improve VBAC use
- Feedback and audit
- Mandatory second opinions
- Enforceable Guidelines
- Financial incentives/disincentives
- Community-based care and alternative provider models
- Planned home birth / Midwives
- Continuous labor support
- Tort reform
- Multifaceted interventions

Interventions that do not work

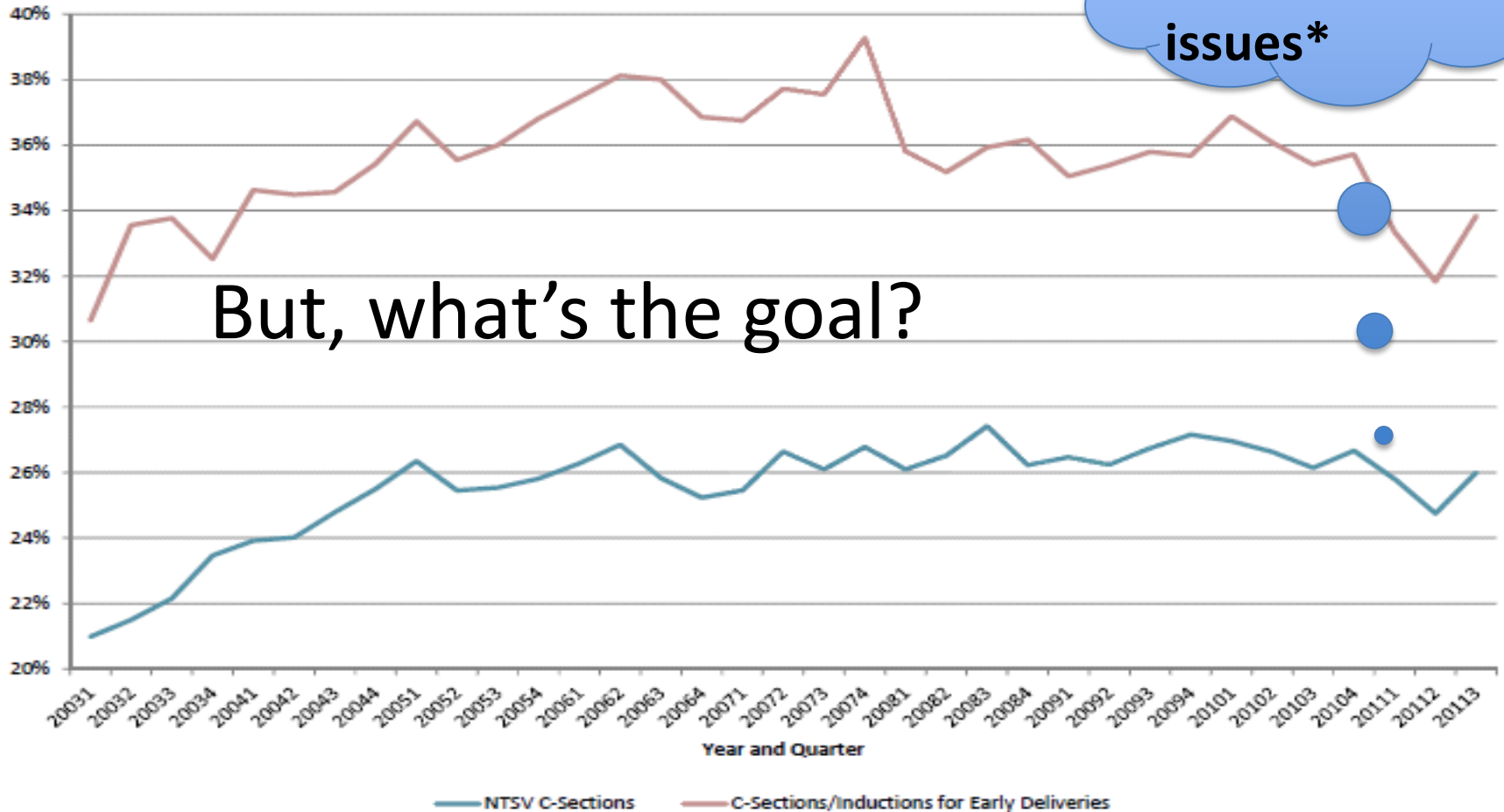
- Provider education
- Computer-assisted evaluation of labor
- Outcomes management
- Exercise
- Early labor assessment
- Decision aids
- Patient education
- Opinion leaders

Washington's Story: Bending the Curve and Working Together!

NTSV and <39 week 2003 to 2011/3rd

State of Washington - First Steps Database

C-Sections/Inductions for Deliveries 37 up to 39 Weeks Gestation (af
NTSV C-Sections by Year and Quarter for Washington Resident Non-Milli



What's the Goal!

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks.



35 weeks



39 to 40 weeks