

Obstetrical Care Statewide Strategic Plan

***Mission:** Guide, monitor, and improve obstetrical care in Iowa.*

***Vision:** By 2018, improve obstetrical and neonatal outcomes in quality, patient safety, and cost.*

1. Deploy evidence-based best practices in obstetrical care.

- **Objective 1.1: Establish a statewide goal to eliminate early elective deliveries (EED) in Iowa.**
 - Tactic 1.1-A: Implement statewide hard-stop policy at all delivering hospitals.
 - Tactic 1.1-B: Target hospitals with outlier trends and provide resources to improve performance.
 - Tactic 1.1-C: Integrate and support education for providers and families regarding waiting for delivery date.
 - Tactic 1.1-D: Engage and encourage proper documentation when there are appropriate indications for early delivery.

- **Objective 1.2: Establish standardized progesterone treatment plan/protocol.**
 - Tactic 1.2-A: Support elimination of patient barrier to appropriate progesterone therapy.
 - Tactic 1.2-B: Engage and educate providers about appropriate progesterone therapy and coverage options for patients.
 - Tactic 1.2-C: Develop a policy/protocol recommendation for home health nurse administration of progesterone.
 - Tactic 1.2-D: Support improved reimbursement mechanisms to reduce availability and access barriers.

- **Objective 1.3: Establish statewide protocol for maternal smoking cessation intervention.**
 - Tactic 1.3-A: Educate and engage providers on clinical recommendations for maternal smoking cessation.
 - Tactic 1.3-B: Encourage consistent provider intervention for maternal tobacco cessation.
 - Tactic 1.3-C: Support and promote the efforts of the Iowa Medicaid Enterprise maternal tobacco cessation quality improvement project.

- **Objective 1.4: Promote improved protocols and practices in the avoidance of adverse events.**
 - Tactic 1.3-A: Develop a common statewide definition for obstetrical adverse events.
 - Tactic 1.3-B: Educate and engage the provider and health system communities on national guidance and recommendations for the avoidance of adverse events.
 - Pre-eclampsia/eclampsia.

- Pitocin.
 - Hemorrhage.
- Tactic 1.3-C: Encourage the use of evidence-based resources and tools as part of protocols and practice to avoid adverse events.
 - Educate women on early warning signs – include in the scoring.
 - Encourage rapid-response teams for massive hemorrhage and include in scoring.
- Tactic 1.3-D: Collaborate with and support the work of the Iowa Healthcare Collaborative Hospital Engagement Network and the Statewide Perinatal Care Program.

2. Promote the use of common metrics and reporting.

- Objective 2.1: Develop and annually review core obstetrical (OB) process and outcome measures set.
 - Tactic 2.1-A: Review and survey current reporting measures.
 - Tactic 2.1-B: Develop core process and outcomes measure set.
 - Tactic 2.1-C: Explore claims data sources, including public and private coverage carriers (i.e. Medicaid and Wellmark) and possible medical liability sources.
 - Tactic 2.1-D: Develop a data dashboard tool for viewing and analyzing measures and performance.
 - Tactic 2.1-E: Explore suitability of additional measures and data sources.
- Objective 2.2: Track the deployment and spread of best practice recommendations.
 - Tactic 2.2-A: Review and monitor surveys administered through the Hospital Engagement Network, Statewide Perinatal Care Program, and the Iowa Medicaid Enterprise quality improvement project (QIP).
 - Tactic 2.2-B: Align additional efforts with the Iowa Healthcare Collaborative Hospital Engagement Network OB process improvement initiatives.
 - Tactic 2.2-C: Align efforts with the Statewide Perinatal Care Program initiatives.
- Objective 2.3: Promote public reporting/transparency of OB outcomes data.
 - Tactic 2.3-A: Explore available Agency for Healthcare Reporting and Quality (AHRQ) data tools for public reporting.
 - Tactic 2.3-B: Establish an OB section of the Iowa Healthcare Collaborative's public *Iowa Report*.

3. Ensure all women have access to obstetrical care.

- Objective 3.1: Promote early access and entry into prenatal care.
 - Tactic 3.1-A: Identify and promote existing resources to assist patients in locating and accessing prenatal care.
 - Tactic 3.1-B: Support and encourage consumer prenatal care education, including early access of prenatal care.
 - Tactic 3.1-C: Educate and engage policymakers on the importance of continued and increased funding for maternal health resources.
 - Tactic 3.1-D: Collaborate with and support the work of the Iowa Maternal Health Title V Program.

- **Objective 3.2: Increase the number of providers delivering obstetrical care in Iowa.**
 - Tactic 3.2-A: Engage and educate residency directors and medical school obstetrical interest groups to encourage a greater push for obstetrical care among new graduates.
 - Tactic 3.2-B: Promote and encourage multi-disciplinary collaboration among physicians and non-physician healthcare providers in the delivery of obstetrical care, including certified nurse-midwives.
 - Tactic 3.2-C: Promote and support existing rural loan repayment programs for healthcare providers who agree to practice in rural/underserved areas, particularly those willing to deliver obstetrical care.
 - Tactic 3.2-D: Support legislation to provide incentives to healthcare providers who provide obstetrical care in identified/designated shortage areas.
 - Tactic 3.2-E: Educate and engage healthcare leadership and policymakers regarding the need for equitable reimbursement and privileges for certified nurse-midwife OB care providers.
 - Support “certificate of merit” legislation to offer greater recognition of expanded multi-disciplinary healthcare provider groups as qualified OB healthcare providers and offer greater protection against malpractice.

4. Increase provider and consumer awareness of available resources.

- **Objective 4.1: Develop and execute a provider communication strategy.**
 - Tactic 4.1-A: Engage provider professional and employer organizations in the dissemination of information and provider education efforts through unified and targeted messaging.
 - Tactic 4.1-B: Collaborate with and support the work of the Iowa Healthcare Collaborative Hospital Engagement Network, including leadership engagement and quality improvement education.
 - Tactic 4.1-C: Develop an index of available communication resources to ensure awareness and appropriate use of communication channels.
- **Objective 4.2: Develop and execute a consumer communication strategy.**
 - Tactic 4.2-A: Encourage unified messaging with provider communications to support statewide effort and consistent public information.
 - Tactic 4.2-B: Utilize targeted messaging to ensure appropriate audiences receive intended information.
 - Tactic 4.2-C: Develop an index of communication resources to ensure awareness and appropriate use of communication channels.
 - Tactic 4.2-D: Collaborate with and support consumer communication from the Iowa Department of Public Health, Iowa Medicaid Enterprise, and other valued entities offering consumer OB education and resources.
 - Tactic 4.2-E: Encourage the use of best practice guidelines for reader-friendly materials development and health literacy.