MidWifery Works!

2014 Benchmarking THINK TANK

Diana R. Jolles, Karen Perdion, Jesse Schwarz, Nikki Demetriou
Objectives

• Identify the role of benchmarking in quality assurance and quality improvement
• Participants will differentiate research, quality assurance and quality improvement
• Participants will examine the results of 2013 ACNM Benchmarking Program
• Participants will categorize variations in midwifery practice with the 2013 ACNM Dataset
• Participants will use appreciative inquiry to leverage midwifery-led positive deviance
2013 Highlights

• 234 practices
• 97,158 births and the work of over 979 nurse-midwife/certified midwife (CNM/CM) FTEs
• 44 states
• 192 (82%) practices submitted data using the ACNM website portal, 27 (11%) of practices submitted using Birth Tracks and 15 (6%) of practices submitted using the AABC PDR.
2013 Highlights

• 82,214 vaginal births

• 3,827 trials of labor after cesarean (TOLAC). *(Reporting an average vaginal birth after cesarean (VBAC) success rate of 76.7%)*

• 1,287 homebirths (17% increase from 2012)

• Approximately 3,658 birth center births (128% increase from 2012). *(83% of which occurred in CABC Accredited Birth Centers- a 22% increase from 2012).*

• Over 78,696 hospital births

• $122 million dollars of billed services

• Over $51 million dollars of provider salaries
Of the 218 practices that reported practice type:

- 67% are independent, midwife-led practices
- 14% are shared practice models with exclusive midwifery caseloads
- 10% are combined practice models with physicians
- 8% did not report a model
- 1% reported “other”
Practice Volume

- 65 high birth volume-(≥ 500 – 999 births/yr)
- 78 moderate birth volume-(200 – 499 births/yr)
- 61 medium birth volume-(51-199 births/year)
- 24 low birth volume-(<50 births/year)
Medical Risk

- 16% complex medical/obstetrical risk
- 56% moderate medical/obstetrical risk
- 28% low medical/obstetrical risk
Primary Third Party Payer

• 41.7% private insurance
• 31.8% Medicaid
• 22% unreported
• 2.4% self-pay
• 2% managed-care
Practice Setting

- 40% - Community-based hospitals
- 40% - Tertiary care hospitals
- 13% - Homebirth setting
- 7% - Birth center
<table>
<thead>
<tr>
<th>Metric</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Birth Rate</td>
<td>87.2%</td>
</tr>
<tr>
<td>Spontaneous Vaginal Birth Rate</td>
<td>83.3%</td>
</tr>
<tr>
<td>VBAC Success Rate</td>
<td>80.4%</td>
</tr>
<tr>
<td>Repeat Cesarean Section</td>
<td>3.6%</td>
</tr>
<tr>
<td>Primary Cesarean Rate</td>
<td>9.2%</td>
</tr>
<tr>
<td>Episiotomy Rate</td>
<td>3.1%</td>
</tr>
<tr>
<td>Preterm Birth Rate (&lt;37wks)</td>
<td>3.2%</td>
</tr>
<tr>
<td>Rate of Low Birth Weight Infants (&lt;2500 gms)</td>
<td>4.4%</td>
</tr>
<tr>
<td>Rate of NICU Admissions</td>
<td>4.1%</td>
</tr>
<tr>
<td>Breastfeeding Initiation Rate (exclusive breastmilk for first 48 hrs)</td>
<td>85.3%</td>
</tr>
<tr>
<td>Total Number of Inductions (includes medically indicated inductions)</td>
<td>16.2%</td>
</tr>
</tbody>
</table>
Celebrating Best Practice in the Tank!

Recognizing Midwifery Works 2014 “Best Practice” Designations

http://www.midwife.org/Benchmarking
VIEW PROJECT RESULTS
Hallmarks of Midwifery

Components of a Maternity Health Home

Recognition of pregnancy, birth and menopause as normal, physiologic and developmental processes

COORDINATION
- Promotion of continuity of care.
- Promotion of family centered care.
- Collaboration with other members of the healthcare team.

ENHANCED CARE
- Facilitation of healthy family and interpersonal relationships
- Health promotion, disease prevention and health education
- Skilful communication, guidance and counseling
- Therapeutic value of human presence
- Advocacy for informed choice, shared decision making and the Right to self determination
- Empowerment of women as partners in healthcare

ACCESS
- Cultural competence
- Care to vulnerable populations
- Public health perspective
- Advocacy of non-intervention in the absence of complications
FRAMEWORK FOR THE TANK

Unwarranted Variations

- Preference Sensitive
  - Provider
  - Family
- Supply Sensitive
- Effective Care Variation

“First we’re going to run some tests to help pay off the machine.”

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phone: 216.371.8600 / email: ft@funnytimes.com
Specific Variables in the Tank

- Elective Induction of Labor
- Vaginal Birth After Cesarean
- NICU admissions and newborn length of stay > mother
- Perineal integrity and episiotomy
- Exclusive breastfeeding on discharge
Elective Induction of Labor

• NQF JC Core Measure, mandatory reporting (<39 completed weeks)
• ACNM related Hallmarks
  • Recognition of pregnancy, birth, and menopause as normal physiologic and developmental processes
  • Advocacy of non-intervention in the absence of complications
  • Incorporation of scientific evidence into clinical practice
  • Advocacy for informed choice, shared decision-making, and the right to self-determination
  • Health promotion, disease prevention, and health education
  • Promotion of a public health care perspective
  • Skillful communication, guidance, and counseling
• Preference Sensitive Variations
Percentage of inductions per practice

Number of Inductions
Percent of Inductions Before 41 Weeks
Vaginal Birth After Cesarean

• On national landscape, measures for development
• Related ACNM Hallmarks
  • Recognition of pregnancy, birth, and menopause as normal physiologic and developmental processes
  • Advocacy of non-intervention in the absence of complications
  • Incorporation of scientific evidence into clinical practice
  • Advocacy for informed choice, shared decision-making, and the right to self-determination
  • Health promotion, disease prevention, and health education
  • Promotion of a public health care perspective
  • Skillful communication, guidance, and counseling
• Effective Care Variation
### Practice Volume

<table>
<thead>
<tr>
<th>Practice Volume</th>
<th>% Offering VBAC</th>
<th>% VBAC Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>81.1</td>
<td>78.0</td>
</tr>
<tr>
<td>High-Moderate</td>
<td>78.3</td>
<td>77.8</td>
</tr>
<tr>
<td>Low-Moderate</td>
<td>72.4</td>
<td>80.8</td>
</tr>
<tr>
<td>Low</td>
<td>48.9</td>
<td>78.8</td>
</tr>
</tbody>
</table>

### Practice Risk Profile

<table>
<thead>
<tr>
<th>Practice Risk Profile</th>
<th>% Offering VBAC</th>
<th>% VBAC Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>62.7</td>
<td>76.3</td>
</tr>
<tr>
<td>Moderate</td>
<td>80.4</td>
<td>76.6</td>
</tr>
<tr>
<td>Complex</td>
<td>84.8</td>
<td>83.2</td>
</tr>
<tr>
<td>Not Specified</td>
<td>48.1</td>
<td>81.0</td>
</tr>
</tbody>
</table>

**ACCESS and OUTCOME by Practice Volume and Practice Risk Profile**
## ACCESS and OUTCOME

### By Location

<table>
<thead>
<tr>
<th>Practice Location</th>
<th>% Offering VBAC</th>
<th>% VBAC Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>81.1</td>
<td>77.8</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>78.3</td>
<td>78.9</td>
</tr>
<tr>
<td>Rural</td>
<td>72.4</td>
<td>80.8</td>
</tr>
<tr>
<td>Not Specified</td>
<td>48.9</td>
<td>75.5</td>
</tr>
</tbody>
</table>

### And Practice Model

<table>
<thead>
<tr>
<th>Practice Site</th>
<th>% Offering VBAC</th>
<th>% VBAC Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>74.1</td>
<td>83.6</td>
</tr>
<tr>
<td>Birth Center</td>
<td>68.8</td>
<td>83.9</td>
</tr>
<tr>
<td>Community Hospital</td>
<td>73.1</td>
<td>79.3</td>
</tr>
<tr>
<td>Tertiary Hospital</td>
<td>86.7</td>
<td>77.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Model</th>
<th>% Offering VBAC</th>
<th>% VBAC Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined</td>
<td>79.2</td>
<td>77.3</td>
</tr>
<tr>
<td>Shared</td>
<td>81.3</td>
<td>77.7</td>
</tr>
<tr>
<td>Midwife-Led</td>
<td>74.4</td>
<td>78.5</td>
</tr>
</tbody>
</table>
Perineal Integrity and Episiotomy

• NQF Endorsed Measure (Episiotomy)

• Related ACNM Hallmarks
  • Recognition of pregnancy, birth, and menopause as normal physiologic and developmental processes
  • Advocacy of non-intervention in the absence of complications
  • Incorporation of scientific evidence into clinical practice
  • Advocacy for informed choice, shared decision-making, and the right to self-determination
  • Health promotion, disease prevention, and health education

• Preference Sensitive Variations
3rd or 4th degree
NICU Admissions and Newborn LOS > Mother

- Relevant to the Triple Aim, National Quality Movement
- ACNM Related Hallmark
  - Incorporation of scientific evidence into clinical practice
  - Promotion of public health perspective
- Supply Sensitive Variation

Improving the patient experience of care (including quality and satisfaction)

IHI Triple Aim

Improving the health of populations

Improving the health of populations
**Exclusive Breastfeeding on Discharge**

**NQF endorsed, JC Core Measure**

**ACNM related Hallmarks**
- Recognition of pregnancy, birth, and menopause as normal physiologic and developmental processes
- Advocacy of non-intervention in the absence of complications
- Incorporation of scientific evidence into clinical practice
- Advocacy for informed choice, shared decision-making, and the right to self-determination
- Health promotion, disease prevention, and health education
- Promotion of a public health care perspective
- Cultural competence
- Therapeutic value of human presence
- Skillful communication, guidance, and counseling

**Preference Sensitive, Supply Sensitive, Effective Care Variation**
Think Tank Break-Out Process

• What happens in Chicago........
• Benchmarking in action
Think Tank Conclusions

Benchmarking is a VERB
• Elective Induction of Labor
• Vaginal Birth After Cesarean
• NICU admissions and newborn length of stay > mother
• Perineal integrity and episiotomy
• Exclusive breastfeeding on discharge
Did YOU disappear in Sarasota?

<table>
<thead>
<tr>
<th>Year</th>
<th>MD/DO</th>
<th>CNM</th>
<th>CNM % of Total</th>
<th>LM</th>
<th>Total (incl Other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3006</td>
<td>12</td>
<td>0.3%</td>
<td>133</td>
<td>3152</td>
</tr>
<tr>
<td>2012</td>
<td>3031</td>
<td>16</td>
<td>0.5%</td>
<td>137</td>
<td>3192</td>
</tr>
<tr>
<td>2011</td>
<td>3065</td>
<td>12</td>
<td>0.4%</td>
<td>118</td>
<td>3199</td>
</tr>
<tr>
<td>2010</td>
<td>2961</td>
<td>14</td>
<td>0.4%</td>
<td>92</td>
<td>3079</td>
</tr>
<tr>
<td>2009</td>
<td>2880</td>
<td>285</td>
<td>8.8%</td>
<td>68</td>
<td>3239</td>
</tr>
<tr>
<td>2008</td>
<td>2966</td>
<td>407</td>
<td>11.8%</td>
<td>67</td>
<td>3451</td>
</tr>
<tr>
<td>2007</td>
<td>3253</td>
<td>312</td>
<td>8.6%</td>
<td>56</td>
<td>3629</td>
</tr>
<tr>
<td>2006</td>
<td>3177</td>
<td>491</td>
<td>13.2%</td>
<td>33</td>
<td>3706</td>
</tr>
<tr>
<td>2005</td>
<td>3116</td>
<td>558</td>
<td>15.0%</td>
<td>43</td>
<td>3725</td>
</tr>
</tbody>
</table>
Concluding Thoughts, Future Strategy
<table>
<thead>
<tr>
<th>Success VBAC</th>
<th>Intact</th>
<th>Epis</th>
<th>3\textsuperscript{rd} + 4\textsuperscript{th}</th>
<th>Total # IOL</th>
<th>%&lt;41</th>
<th>Exclusive BF</th>
<th>NICU admit</th>
<th>Infant LOS &gt; Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 (26%)</td>
<td>39 (16%)</td>
<td>34 (14%)</td>
<td>30 (13%)</td>
<td>37 (16%)</td>
<td>83 (35%)</td>
<td>105 (44%)</td>
<td>70 (29%)</td>
<td>177 (76%)</td>
</tr>
</tbody>
</table>

The difference between a fool and an intelligent person is, the intelligent know how foolish they are.
2015 Looking Ahead

YOU CAN’T EXPECT TO SEE CHANGE IF YOU NEVER DO ANYTHING DIFFERENTLY.

MEG BIRAM
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Practice/Affiliate Level

• Increase number of practices participating
• Increase level of participation
• Increase use of results - QA/QI
• Increased regional activation
• Increased interoperable downloads

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2015 Looking Ahead

YOU CAN’T EXPECT TO SEE CHANGE IF YOU NEVER DO ANYTHING DIFFERENTLY.

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MEBIRAM.COM/VELOSI/IGS/EBIRAM

DOSP QUALITY SECTION/ ACNM

• Increase timely reporting
• Increase volunteer capacity
• ACNM Technical Development Plan


• Increase patient level data collection

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