



*Surgeon General's
Conference on the
Prevention of Preterm
Birth*



National Action Plan for Preventing Preterm Birth

Workgroup 6: Health Care Services and Quality

Co -Chairs:

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Issues to be addressed

- Economic consequences of preterm birth
- Impact of the health care delivery system on preterm birth
- Research that will inform public policy
- Medicaid and Medicare

What do we want from the Health Care System?

- A. Implement what we know effectively and consistently
- B. Collect data about patients and services
 - Quality measures
 - Database for research
- C. Participate in clinical research
- D. Be prepared to apply new knowledge

What is Healthcare Quality?

- “Doing the right thing for the right person at the right time in the right way”
 - Eisenberg, AHRQ Testimony, XXXX
- **Six Domains**
 - Safe
 - Timely
 - Effective
 - Efficient
 - Equitable
 - Patient-centered
 - Institute of Medicine, Crossing the Quality Chasm, 2001

IOM Recommendations

Section 1: Measurement of Fetal and Infant Maturity

- I-1: *Promote the collection of improved perinatal data.*
- I-2: *Encourage the use of ultrasound early in pregnancy to establish gestational age.*
- I-3: *Develop indicators of maturational age.*

Section II: Causes of Preterm Birth

- Focus on supporting research on etiologies of preterm birth including medical, behavioral and psychosocial and pregnancy conditions.

Section III: Diagnosis and Treatment of Preterm Labor

- III-1: *Improve methods for the identification and treatment of women at increased risk of preterm labor*

Section IV: Consequences of Preterm Birth

- IV-1: *Develop guidelines for the reporting of infant outcomes.*
- IV-2: *Investigate the economic consequences of preterm birth.*

Section V: Research and Policy

- V-1: *The National Institutes of Health and private foundations should establish integrated multidisciplinary research centers.*
- V-2: *Establish a quality agenda.*
- V-3: *Conduct research to understand the impact of the health care delivery system on preterm birth.*
- V-4: *Study the effects of public programs and policies on preterm birth.*
- V-5: *Conduct research that will inform public policy.*

Section V: Research and Policy

- **Recommendation V-2: *Establish a quality agenda.***
Investigators, professional societies, state agencies, payors, and funding agencies should establish a quality agenda with the intent of maximizing outcomes with current technology for infants born preterm.
- This agenda should
- Define quality across the full spectrum of providers who treat women delivering preterm and infants born preterm;
- Identify efficacious interventions for preterm infants and identify the quality improvement efforts that are needed to incorporate these interventions into practice; and
- Analyze variations in outcomes for preterm infants among institutions.

Common Strategies for Quality Improvement (examples)

- Policy/environment
 - Financial incentives
 - Accreditation and regulation
- Health care delivery *system*
 - Computerized systems (physician orders, health records, clinical decision)
 - Financial incentives
 - Disease management
 - Provision of QI facilitation; audit and feedback
- Clinical “microsystem” (e.g., provider practices)
 - Changes in office flow
 - Patient reminders, checklists, registries
 - Participation in QI collaboratives; audit and feedback

Quality I: Measurement and Accountability: DRAFT Recommendations

- Prioritize and Improve Quality Measurement of Healthcare Factors Relevant to Reducing Preterm Birth
- Cross-tab quality measurement by targets of greatest need/opportunity/accountability
- Collect, report, and use data for accountability and improvement

Quality II: Implementation and Systems Redesign: DRAFT Recommendations

- Identify, develop and further test promising healthcare quality improvement strategies in high risk settings
 - Health care settings serving black and white women in residentially segregated areas
 - Healthcare settings serving Native American women
 - Healthcare settings serving women < 20 years of age
 - Settings of infertility treatment
 - Coordination of care between primary care, OB, labor and delivery

Quality/HS III: Scaling and Spread: DRAFT Recommendations

- Identify, scale up and spread, and further evaluate promising targeted quality improvement strategies for prevention of preterm birth
 - Enhanced prenatal care for low-risk women:
 - Secondary prevention for high-risk women (previous preterm birth, multiple gestation, bleeding, diabetes, seizures, asthma, hypertension)

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Health Care Services and Quality: *Short-term goals*

- A. Implement
- B. Collect data
- C. Clinical research
- D. Apply new knowledge
- E. Quality

Health Care Services and Quality: *Mid-term goals*

- A. Implement
- B. Collect data
- C. Clinical research
- D. Apply new knowledge
- E. Quality

Health Care Services and Quality: *Long-term* *goals*

- A. Implement
- B. Collect data
- C. Clinical research
- D. Apply new knowledge
- E. Quality