



1.1.c: Decrease the Primary Term Single Vertex (TSV) C-Section cesarean section rate from 15.4% to 14.76% by 2016 - Supplemental information

Reported on: November 16, 2015

Background: What Is A Primary TSV Cesarean Birth and Why Is Reducing Them Important?



Definition

- Primary TSV definition – first C-section for mother. The baby is full term, singleton (non-multiple), in the head down position.

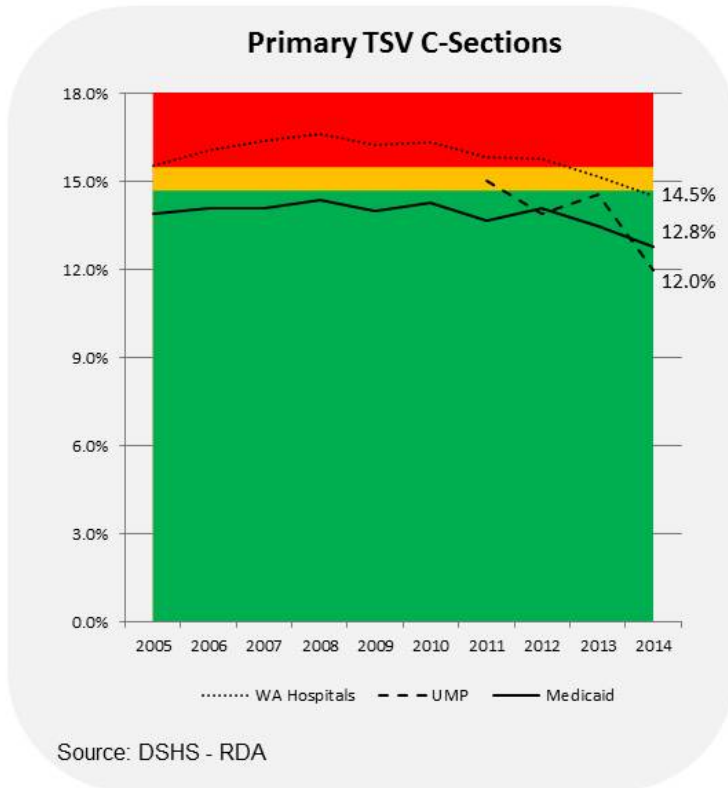
Background

- Approximately 87,000 births occur each year in Washington
- Significant variations exist in the care provided
- Many factors contribute to the current use of C-sections, some of which are more amendable to change than others.
- Those C-sections associated with non-medically indicated induction of labor between 37-39 weeks are, in particular, associated with poorer neonatal outcomes.

Importance

- Reducing medically unnecessary TSV C-Sections will result in improved maternal and neonatal outcomes.

Current State: Target Achieved!



Status and Context

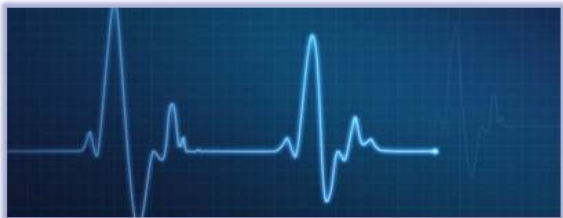
Target for Results WA = 14.7%

State Rate: 14.5%

Medicaid Rate: 12.8%

UMP Rate: 12.0%

Opportunity: Continue Quality Improvement and Monitor



- *Quality Improvement*
- *Decrease Variation*

Strategies: What strategies are you working on to address the root cause of your problem?



- Publicly reporting statewide, hospital-specific C-section rates
- Requiring Medicaid Managed Care Organizations to undertake coordinated and specific QI efforts to reduce unnecessary C-sections in their contracted hospitals and provider networks
- Disseminating a compendium of evidence-based best practices with respect to OB care and delivery
- Partnering with OB COAP on the PEBB ACP Contracts
- Partnering with DOH in support of WSHA's Safe Deliveries Roadmap Initiative

Detailed Action Plan:

Task	Task Lead	Partners	Expected Outcome	Status	Due Date
PEBB Accountable Care Program (ACP) contracts requires participation in OB COAP.	Dan Lessler	OB COAP, Puget Sound High Value Network, UW Medicine Accountable Care Network	Support OB COAP as a statewide, data driven, QI model through increase participation from 13 to > 21 hospitals.	In-Progress	2016
Collaborate with public/private partners, Foundations for Health Care Quality and WSHA Safe Deliveries roadmap activities.				Continuous	
Maintain biannual statewide feedback reports for hospitals through coordination with DOH.				Continuous	

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