



National Business Coalition on Health  
Robert Wood Johnson Foundation  
&  
United Health Foundation's

*Community Health Implementation Grant Initiative*

*Preventing Unnecessary Early Deliveries*  
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**Executive Summary**

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## *The Business Case*

The Midwest Business Group on Health (MBGH) is a Chicago-based, non-profit business coalition of over 125 member organizations. Members are mainly large, self-funded employers focusing on improving the value of health benefits and enhancing the quality and safety of the health care marketplace. As part of this focus, MBGH serves as the Illinois Regional Coordinator for The Leapfrog Group, an organization focused on patient safety.

In January 2011, The Leapfrog Group along with and MBGH released results of a survey of Illinois hospitals finding that up to 40% of all births were shown to be non-medically-related, elective deliveries, conducted between the 37<sup>th</sup> and 39<sup>th</sup> week of gestation. The state average for these types of deliveries was 23%. In addition, Leapfrog determined that 29% of reporting hospitals nationwide were working to reduce the non-medically related early delivery rates to 5% or less, but admitted that more work was needed at the state level in order to impact this issue.

As maternity care is one of the top reasons for hospitalization among employee populations, many employers have taken steps to learn more about the impact among their populations. Studies have shown that the highest cost for maternity care is when underdeveloped infants are treated in the neonatal intensive care units of hospitals. These children, if they survive, often have life-long, costly health problems.

## *Project Background*

In April 2013, MBGH received an implementation grant from the NBCH/United Health Foundation Community Health Planning initiative in order to focus efforts on a community-based action plan on this issue in Illinois. Initial meetings with community partners such as the March of Dimes and the Illinois Department of Public Health indicate that the health impacts of elective early deliveries is a solvable problem. The grant identified two areas of focus: (1) obtaining accurate data that indicated the number of non-medically related early elective deliveries and (2) creation of an education and awareness campaign that promoted the benefits of having a healthy full-term birth. This grant was a follow-up to a community grant MBGH received in 2011 that was focused only on the development of an action plan which included a *Call to Action* for hospitals and physicians to address the high number of elective early births.

At the time the 2011 project began, The Leapfrog Group's annual report on early elective deliveries was the only source of national data showing the rates state by state. This data is reported by Illinois hospitals that voluntarily choose to complete Leapfrog's annual online patient safety survey. Unfortunately, not all hospitals choose to complete this online report.

To supplement the Leapfrog data, MBGH worked with the Center for Disease Control, the Illinois Department of Public Health, the Chicago Dept. of Public Health, the Illinois Hospital Association and the March of Dimes to research and obtain aggregate state data on the number of births and types of deliveries completed. Through the comparisons of these data sources, little was found on the reasons why an early elective delivery was performed. The result of this encouraged the project partners to work with the State to develop an updated version of birth certificate so that this data could be obtained.

To determine the ultimate impact of the project, the number of early elective deliveries in Illinois in 2012 would be used as a baseline and then the change would be measured at the end of the project. The baseline data included the annual Leapfrog report as a benchmark, as well as birth certificate data submitted to the Illinois Department of Public Health.

### *The Project Work Plan*

In 2011, the Action Plan that was developed included: (a) creation of a standard and statewide performance data infrastructure, leading to public reporting of results; (b) the adoption of elective delivery policies aligned with best practices by every maternity hospital; (c) to design and implement payment reform in order to align financial incentives with best practice and full term births; and (d) and to promote malpractice relief for providers following best practices. The plan also included the coordination of some consumer education and outreach, including worksite programs, to increase knowledge of the importance of full term births and best practice for maternity care.

By 2012, the planning grant highlighted some key areas still to be addressed including:

- The education of consumers on the problems with having an early delivery that is non-medically related is vital to help in the battle to reduce the rate of early elective deliveries.
- The need for physician education is high. Although the adoption of clinical policies requiring approval for any non-medically related early delivery were being widely implemented, physician education and motivation still lagged behind.
- Determining new solutions to support changes in the current reimbursement system and impacting malpractice relief have not been pursued or supported by providers.
- The role of health plans as educators and motivators for patients and physicians is an area MBGH believes still holds great opportunity.

For the 2013 grant, MBGH updated the Work Plan to address key issues from the planning grant. These include: addressing the lack of comprehensive data; inaction on key state policy issues; inadequate consumer understanding of the ramifications of early elective births; and to increase the role of purchasers and payers in the effort to reduce non-medically related C-sections and inductions.

The key activities under the revised Work Plan:

- To hold an initial community meeting for previously engaged and other stakeholders to explore current efforts, redundant activities and gaps in efforts to reduce early elective deliveries; determine where joint efforts are needed to achieve success in policy and clinical areas; what data are needed for better measurement of early elective deliveries and the impact of stakeholder efforts; and identify new initiatives to educate and motivate consumers and providers.
- To examine current sources and entities that collect delivery and birth data to determine how to collect data on the number of and reasons for early elective deliveries in Illinois.

- To present to the Perinatal Advisory Committee and the directors of Perinatal Centers (now the Illinois Perinatal Quality Collaborative) the importance of going on record as supporting “hard stop” policies and encourage adoption by all Illinois maternity hospitals of such policies.
- To create a highly visible community health awareness campaign in Chicago and targeted areas of Illinois on early elective deliveries - using TV vignettes and a dedicated website conveying key messages and providing information, tools and resources to assist consumers, physicians, and employers in educating, communicating and addressing the need to have a full term birth.
- To complete surveys with both employers and health plans on both their current strategies for promoting maternity care and the impact of early elective deliveries to their respective populations. Results would be reviewed and determine next steps to support educational activities.
- To conduct a webinar for employers on the health issues of early elective deliveries and what they can do to prevent non-medically related births and educate their populations on full-term births.
- To develop and disseminate a toolkit for employers and community groups to educate pregnant women on the importance of full term births and the clinical and cost ramifications of delivering for non-medical reasons.
- To develop and disseminate communications, in cooperation with AHIP and Illinois health plans, for carriers use in educating members and physicians about the importance of full term births and working with network providers to avoid unnecessary early deliveries.
- To host a community impact summit to evaluate the impact of the initiative on elective early births in Illinois.

### **Stakeholder Testimonials**

*I want to congratulate you for your efforts over the last three years. You made a major contribution to improving birth outcomes in IL. Leadership (yeah Larry), persistence and multi-stakeholder collaboration helped make this happen! All the best,*

Maureen Corry  
Executive Director  
Childbirth Connections

*I enjoyed working with this group. Often people in healthcare work in silos. Love being able to work on data reports that get used for actions; happy that work is continuing around quality of data on birth certificate*

Julia Howland

Epidemiologist  
CDC/IDPH

*This initiative was probably the most successful. We will probably need to do this [again] in a couple years to share the ongoing message.*

Linda Artope  
Account Executive  
CBS Chicago

*You hit it out of the park! This was well done. Glad to see all the work done on this.*

Vince Keenan  
Executive Vice President  
Illinois Academy of Family Physicians

### *Project Successes*

- Recent Leapfrog data shows the change in EED rates from 2010, at over 24%, are now down to 2% in reporting hospitals, 2.9% as reported by the Joint Commission and 5.9% as reported on birth certificates
- Since MBGH made its initial *Call to Action in 2011*, over 70% of hospitals reduced their early elective delivery rates below previous levels, and many have set 5% as their goal.
- Through this initiative, MBGH developed a model for community partnership to help drive the work of the project. This model brought together appropriate organizations and community groups over a two-year period.
- This initiative identified a number of community partners, many of whom were part of the initial planning grant, to participate in the implementation of this campaign as all were focused on reducing or eliminating early elective deliveries. These partners included: Illinois Department of Health, Illinois Hospital Association, March of Dimes, Northwestern University, The Leapfrog Group, Joint Commission, Advocate Health Care, Ever Thrive, Childbirth Connections, and other community organizations.
- A number of these activities were shared with all community partners and were brought into the project's activities. These include the following:
  - Participating in the Collaborative Improvement and Innovation Network (COIN)
  - Support the development of the Illinois Perinatal Quality Collaborative (ILPQC)
  - Joining efforts with the March of Dimes, Illinois on consumer and employer education
  - Working on provider education with the Illinois Hospital Association
  - Participating in the Illinois Dept. of Public Health Task Force on Early Deliveries
  - Participating in the Illinois Dept. of Health and Family Services (Medicaid) CHIRPA – child health quality improvement project

- MBGH partnered with Illinois Perinatal Quality Collaborative to bring together regional directors to convey the message of EED
- MBGH worked with The Leapfrog Group and Joint Commission to align data measurements for EED
- This initiative supported the development of metrics to better evaluate the number of EEDs (i.e. the birth certificate) – worked with IDPH, IHA, Leapfrog and Northwestern to identify a data set
- MBGH and community partners rolled out successful communication campaign on EED in May 2014 – see [www.tcyh.org](http://www.tcyh.org)
- MBGH developed TV vignettes with two media partners, CBS and NBC in Chicago, to highlight consumer information [View Vignette](#)
- MBGH engaged BCBSIL to highlight “39 Weeks” on the building during Mother’s Day weekend

### *Community Collaboration & Sustainability*

This project has allowed a number of community partners to engage in ways they have not before and have worked to align all efforts on EED. For example, the Illinois Hospital Association and the Illinois Department of Public Health have generally worked in silos, however due to their work together with this initiative, they have developed some key partnership opportunities that will grow over time. In addition, State policies have been developed to incorporate hard-stop rules at all Illinois maternity hospitals and efforts to better define an EED by educating providers and those completing reporting forms are underway. As part of this initiative, enhancements were made to the dedicated website ([tcyh.org](http://tcyh.org)) and will be updated periodically to enable patients and employers to get the most current information.