

Collaborative Improvement & Innovation Network (CoIIN): Using the Science of Quality Improvement and Collaborative Learning to Reduce Infant Mortality

Association of Maternal and Child Health Programs:
Advancing the Maternal and Child Health Vision

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Power Workshop

Session Overview:

- I. CoIIN 101
Speaker: Reem Ghandour

- II. CoIIN and the Title V Block Grant
Speaker: Kathy Watters

- III. Leveraging CoIIN to support state infant mortality efforts
Speaker: Ruth Ann Shepherd

- IV. Q & A
Participants





Speaker: Reem Ghandour, DrPH, MPA

Collaborative Improvement & Innovation Network (CoIIN) 101



What is a CoIN?

- A CoIN, or Collaborative Innovation Network, has been described as a team of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.¹
- Key Elements of a CoIN
 - Being a “**cyber-team**” (i.e. most CoIN work will be distance-based);
 - Innovation comes through rapid and on-going communication **across all levels**;
 - Work in patterns characterized by meritocracy, **transparency**, and openness to contributions from everyone.
- Adapted to reflect focus on both innovation and improvement yielding a Collaborative **Improvement & Innovation** Network to Reduce Infant Mortality.

¹ Gloor PA. *Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks*. New York: Oxford University Press, 2006.



Infant Mortality CoIN: History and Vision

Started in Southern states:

- Born out of January 2012 Infant Mortality Summit in New Orleans, LA for Regions IV and VI as well as previous state-level work by ASTHO and March of Dimes.

Designed to address stated needs :

- Support collaborative learning, innovation, and quality improvement efforts to reduce infant mortality and improve birth outcomes;
- Apply evidence-based strategies to reduce infant mortality;
- Stimulate action across states, among many partners.

Lifespan: 12-18 months (beginning July 2012) with nation-wide expansion planned.

Developed and implemented in ongoing partnership with ASTHO, AMCHP, March of Dimes, CityMatCH, CMS, and CDC and other public and private partners.

Foci, activities, and outcomes are Team driven.



CoIN Design

Common Strategies for Regions IV and VI

State Teams

State Health
Officials

MCH staff

Medicaid staff

Private partners

*Average 7-15
people*

Strategy Teams

Strategy Leads
(2-3 topical experts)

Data and/
or Methods Experts

Staff support (MCHB &
Partner Organizations)

State Representatives

Average 30-35 people



Promote smoking
cessation

Expand
Interconception
Care in Medicaid

Reduce elective
deliveries

Enhance perinatal
regionalization

Promote safe sleep

Contract Team with expertise in quality improvement

CoIIIN: Work to Date

Define Scope and Nature of the Problem

Strategies

- Establish quality improvement Aims for each Strategy.

Aims

- Identify state-level opportunities to achieve Aims.

- Select measures to track progress towards Aims over the next 12-18 mo.

Measures

Build and Sustain Cyberteams

Aims & Strategies:

Increase Safe Sleep Practices

STRATEGIES

AIM: Increase infant safe sleep practices by 5% by 12/2013 in Region IV and VI States and reduce disparities in sleep related infant deaths .

Infant care-giver knowledge, attitudes, beliefs and practices

Standardized training within provider systems

Strategic alliances

Aims & Strategies:

Interconception Care in Medicaid

STRATEGIES

AIM: Modify Medicaid policies and procedures in 5-8 Southern states by December 2013 in order to improve access to and financing of postpartum visits and inter-conception care case management for women who have experienced a Medicaid financed birth that resulted in an adverse pregnancy outcome.

Leadership at the Federal, State and Local Level

Capability and Capacity for Comprehensive Systems

Changes and Enhancements in Financial and Other Policies / Payments

Community Engagement

Public Awareness

Data Collection, Monitoring and Innovation

Aims & Strategies:

Enhance Perinatal Regionalization

STRATEGIES

AIM: Increase the percent of mothers delivering at appropriate facilities (including infants <32 weeks gestation and/or less than 1500 grams) to 90% (or by 20% above baseline) in Regions IV and VI by December 2013.

Data

Maternal Care

Policy and Incentives

Guidelines for Levels of Care

Leadership at the Federal, State and Local Level

Aims & Strategies:

Increase Smoking Cessation

STRATEGIES

AIM: Decrease the tobacco smoking rate by 3% among pregnant women in the states of Regions IV and VI by December 31, 2013.

Leadership at the Federal, state and local level

Capacity and Capability for Comprehensive Systems

Changes and Enhancements in Financial and Other Policies / Payments

Community Engagement

Public Awareness

Data Collection, Monitoring and Innovation

Aims & Strategies:

Reduce Elective Deliveries < 39 wks

STRATEGIES

AIM: By August, 2013, reduce the proportion of non-medically indicated deliveries < 39 weeks by 33% in the Region IV and VI states.

Leadership at the Federal, State and Local Level

Capacity and Capability for Comprehensive Systems

Changes and Enhancements in Policy and Financial Approaches

Community Engagement [Partnerships and Collaboration]

Public Awareness

Data Collection, Monitoring and Innovation

CoIIN: Next Steps (6 months)

1. Region IV & VI Strategy Teams to refine Metrics;
2. Implement strategies at State level;
3. Track process and outcome (short and midterm) measures;
4. Plan for 2nd face-to-face meeting (i.e., Learning Session);
5. Expand to Region V (March 2013) and other Regions.



CoIIN: Summary

- A new MCHB-HRSA partnership to accelerate improvements in infant mortality.
- Designed to help States:
 - Innovate and improve their approaches to reducing infant mortality and improving birth outcomes through communication and sharing *across* state lines;
 - Use the science of quality improvement and collaborative learning to improve birth outcomes.
- Part of a portfolio of Public/Private and MCHB efforts to improve birth outcomes.





Speaker: Kathy Watters, MA, CCC-A

CoIN and the Title V Block Grant to States Program



MCH Block Grants to States Program

- To ensure the health of all women, infants and children including CSHCN.

Through

MCH/CSHCN State Leadership

- Strong, unrecognized at times, behind the scenes, empowering, inspiring, a model, innovative (“outside the box”), strategic, collaborative



COIIN Objectives

- To utilize the MCH State Leadership for planning and implementation of COIIN
- To build upon existing efforts
- To ensure Federal and State Leaders are involved
- To provide an interstate collaboration
- To implement a Quality Improvement process (short-term, early wins)
- Sustainability



Title V MCH Block Grant to States Program and COIIN

- Public Health Context (Core Public Health Functions and Essential Services)
- Population-based and infrastructure building services



MCH Block Grant Program and COIIN Opportunities

- Opportunity to join public health and health care to reduce Infant Mortality.
- Enhances what exists
- Provides the opportunity for sustaining the work of COIIN.





Speaker: Ruth Ann Shepherd, MD

Leveraging CoIIN to support state infant mortality efforts



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