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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Health Resources and Services Administration
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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
Collaborative Improvement & Innovation Network (CoIIN) 101

Speaker: Reem Ghandour, DrPH, MPA
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.

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 nationwide 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

**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*

**Common Strategies for Regions IV and VI**
- Promote smoking cessation
- Expand Interconception Care in Medicaid
- Reduce elective deliveries
- Enhance perinatal regionalization
- Promote safe sleep

**Contract Team with expertise in quality improvement**
CoINN: Work to Date

Define Scope and Nature of the Problem

Aims
• Establish quality improvement Aims for each Strategy.

Strategies
• Identify state-level opportunities to achieve Aims.

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

Build and Sustain Cyberteams
Aims & Strategies:
Increase Safe Sleep Practices

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.

STRATEGIES

- Infant care-giver knowledge, attitudes, beliefs and practices
- Standardized training within provider systems
- Strategic alliances
Aims & Strategies:
Interconception Care in Medicaid

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 interconception care case management for women who have experienced a Medicaid financed birth that resulted in an adverse pregnancy outcome.

STRATEGIES

- 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

**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.

**STRATEGIES**

- Data
- Maternal Care
- Policy and Incentives
- Guidelines for Levels of Care
- Leadership at the Federal, State and Local Level
Aims & Strategies: Increase Smoking Cessation

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

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

STRATEGIES

- 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
CoILIN: 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 2\textsuperscript{nd} face-to-face meeting (i.e., Learning Session);

5. Expand to Region V (March 2013) and other Regions.
CoLlN: 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

CollN 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.
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