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NTSV CESAREAN OPTIMIZATION
HOAG HOSPITAL
NEWPORT BEACH
*Opened 1952*

- 329 Medical Surgical Beds
- 70 Perinatal Beds
- 21 NICU Beds
- 43 Critical Care Beds
- 19 Operating Rooms
- 21 Inpatient Rehabilitation Beds
- 56 Emergency Department Beds
- 2 dedicated NIR Angio Labs, 5 Cath Labs
- Full Imaging

HOAG HOSPITAL
IRVINE
*Opened in 2010*

- 72 Medical Surgical Beds
- 12 Critical Care Beds
- 2 Operating Rooms
- 14 Emergency Department Beds
- 2 Cath Labs
- Full Imaging

HOAG ORTHOPEDIC INSTITUTE
*Opened 2011*

- Specialty Hospital
- Jointly owned by Hoag and Orthopedic Surgeons
- 70 Medical Surgical Beds
- 9 Operating Rooms

**OUR MISSION**

*Our mission as a nonprofit, faith-based hospital is to provide the highest quality health care services to the communities we serve.*
It’s simple. Women need healthcare specific to their needs. It’s also much more than that. Women’s health extends far beyond the physical.

Along with world-class clinical care, the Women’s Health Institute takes an all-encompassing view of women’s health. To us, women’s health is defined as a state of physical, mental, emotional, social and spiritual well-being. With the support of visionary donors, we are continuing the expansion of the Women’s Health Institute to provide a progressive approach to women’s healthcare. For the whole woman. For life.
WOMEN’S HEALTH INSTITUTE AT A GLANCE

6400+ deliveries annually

OB Hospitalist Program Est. 2010

Level 3a Neonatal ICU

Inpatient Maternal Fetal Medicine

33% Advanced Maternal Age

13% Medical

90% Early Prenatal Care
Laying the Foundation for a Value Based Payment Pilot

- Began in July 2012 with a successful ACO collaboration between Blue Shield of CA, Greater Newport Physicians and Hoag
  - Upside/Downside risk share arrangement
  - Drove alignment between Hoag Hospital and Physician Group
  - Activation of CMQCC data center and measurement of improvement
  - Created climate of continuous improvement
Laying the Foundation for a Value Based Payment Pilot

- Process Standardization for all scheduled deliveries
- Hard stops for elective deliveries <39 weeks
- Elimination of elective primary cesarean delivery
- Personalized patient education web portal (Skylight)
- Waiting for Baby video
- CPOE with Best Practice order sets for admission, induction and labor management
- Engagement of laborists in triage, intrapartum and emergency care
- Cascading organizational and departmental goals to nursing
- Multi million dollar shared savings

- 5% reduction in cesarean rate and reduction in AVG LOS for uncomplicated deliveries by .7 days

- Impact extended beyond ACO participants influencing wider base of physicians, nurses and patients
HEALTH PLAN PAYMENTS
REWARD PERFORMANCE

Hospital: Blended case rates + Physician: Pay-for-performance or Blended case rate

Case rate for the hospital and the physicians will be aligned, but contracted separately, in order to avoid regulatory complexities

- Covers all services rendered during labor and delivery, beginning on admission
- Single case rate will be paid, regardless of whether delivery is a vaginal or c-section

OR

- P4P program based on quality metrics, including NTSV c-section rate and other indicators

OR

- Blended payment per birth, based on ideal mix of c-sections and vaginal deliveries
**Include**

- DRGs 765, 766, 768, 774 & 775
- All pregnancy related care index date (delivery) minus 270 days and with a six month warranty period, regardless of who provides care (e.g., general OB, FP, infertility specialist)
- Mothers 16 – 50
- Single & Multiple Births
- Vaginal & Cesarean Sections
- All Antepartum Admissions
- Sterilization Post Delivery
- Pregnancy-related conditions (e.g., gestational diabetes, PIH/pre-eclampsia)
- Other co-morbidities/conditions (whether pre-existing or if developed during pregnancy, e.g., asthma, gallstones, depression)
- Medically Indicated Inductions
- Infant in NICU levels 1 & 2

**Exclude**

- Fertility Assistance
- The following non-pregnancy related care during episode
- Trauma
- Oncology
- Acute orthopedic care (e.g., fractures)
- Infant in NICU levels 3 & 4
- Antepartum screening
  - GDM, GBS, hepatitis, depression
- C-section rate
- Elective delivery rate
- Birth weight (% LBW)
- Neonatal LOS
- Potentially avoidable complications
  - Maternal injuries, infections, complications
  - Birth injuries, infections, complications
- Neonatal problems diagnosed after birth (e.g., RDS)
- Postpartum care with depression screening
- Readmission rate – maternal and infant
- Baby care – (e.g., vaccines, breastfeeding)