Reducing C-Section Deliveries in California: Background & Opportunities for Collaboration

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Birth Is Universal: A Big Care Issue, A Big Cost Issue
Key Concern: High C-Section Rates
Rising C-Section Rates: Up by over 50% in the last 15 years.

US 2013 = 32.7%
CA 2013 = 33.1%

NOTE: The total cesarean delivery rate is the percentage of all live births by cesarean delivery. SOURCE: CDC/NCHS, National Vital Statistics System.
Why should we care about overuse?: Health Issues

- No significant benefit:
  - Baby: Cerebral palsy & neonatal seizure rates unchanged since 1980
  - Mother: No benefit re: long-term urinary continence

- Increased harms (morbidity):
  - To baby:
    - Impaired neonatal respiratory function (NICU admits)
  - To mother:
    - Increased post-partum infections, VTE, transfusions, depression
    - Longer recovery
    - 2X post-partum re-admissions
    - Major complications of prior C-sections: placenta previa and accreta, hysterectomy, uterine rupture, abdominal adhesions.
  - To both: Negative impact on maternal-infant interaction (breast feeding)
Why should we care about overuse?: Cost Issues

• Immediate costs
  o Total payments averaged $5,000 more for C-section:
    ▪ $7,300 more for commercial plans
    ▪ $2,861 more for Medi-Cal*

• Longer-term costs
  o On average, women have 2 children and “once a C-section, always a C-section” (i.e., double immediate costs above)

• Projected Savings:
  o Between $80 and $440M each year in California*
  o For plans: For every 1 million members, reducing the C-section rate by 1% yields $200,000-300,000 in savings each year (conservative estimate).

*Main EK et al., 2011. “Cesarean Deliveries, Outcomes, and Opportunities for Change in California: Toward a Public Agenda for Maternity Care Safety and Quality.” (Available at www.cmqcc.org)
Risk-stratified C-Section Rate: Nulliparous, Term, Singleton, Vertex (NTSV)

- First time, low risk mothers
  - Account for 40% of all C-sections and 60% of the overall rise in C-sections

- Measure widely adopted nationally > 15 years
  - ACOG: Task Force on C-Section rates
  - DHHS: Healthy Person 2010 and 2020
  - NQF endorsed
  - Joint Commission
  - LeapFrog
  - CMS

- Further risk adjustment adds little.
Significant Variation = Significant Opportunity
We know lower rates are possible.

Risk Adjusted Range: 12%—70%
Median: 25.3%
Mean: 26.2%

40% of CA hospitals meet the national target.
60% of CA hospitals need to improve.
Room for improvement across the state.
Successful Pilot in 3 Southern California Hospitals

• Hospitals: Hoag, Miller Childrens/Long Beach Memorial & Saddleback

• Pacific Business Group on Health (PBGH) connected local employers with local hospitals to underscore that employers:
  o Care about increasing C-section rates
  o Want to collaborate to better serve employees.
  o Are paying attention to rising C-section rates.

• CMQCC provided support to each hospital:
  o Data
  o Quality improvement guidance

• PBGH worked with health plans to implement equal payment for vaginal and C-section deliveries.
Successful Pilot: Significant drop in NTSV C-section rate at each participating hospital in one year.
Successful Model for Change

- Purchaser Requirements
- Data/Transparency
- Quality Improvement
- Patient Engagement
- Public Policy
- Payment

Lower C-Section
Key asset for change in California: CMQCC and its Data Center
Many partners!

- Covered California
- Department of Health Care Services (Medi-Cal)
- California Public Employees Retirement System (CalPERS)
- Department of Public Health
- OSHPD
- Pacific Business Group on Health
- California Hospital Association & Hospital Quality Institute
- CAPG
- Integrated HealthCare Association
- CMQCC
- Hospitals participating in the Maternal Data Center
- National specialty societies (ACOG, AWHONN, ACNM)
- California HealthCare Foundation
- .......and many others!
Work/Activities Underway

• Toolkit (Q1 2016 release)
• Quality Improvement Initiative (Late Q1 2016 start)
• Maternity care measures (development on-going)
• Value-based payment (discussions on-going)
What can we do together?

• Align maternity care performance measures
• Align payment with desired outcomes for both hospitals and physicians
  • Do not pay more for C-sections
  • Implement rewards for performance on measures
• Publicly recognize providers for:
  • Data center participation
  • Participation in the QI Collaborative
  • Meeting the national target
• Share MD-level data internally, unblinded
• Support the Data Center financially
• Provide educational tools to patients
• Other?