Maternal Learning Collaborative (MLC) to Improve Timely Treatment of Severe Hypertension in Pregnancy

With a Focus on Reducing Disparities for Non-Hispanic Black Women and Birthing People

Public Consulting Group
Health Practice Area, Health Policy, and Program Evaluation Team

Debra Bingham (Contracted Faculty)
GraceAnn Friederick
Grace Mecha
Dak Ojuka
Christina Southey (Contracted Faculty)
Emma Trucks

For help using this guide or any questions please contact PCG today!

(800) 210-6113 info@pcgus.com

www.publicconsultinggroup.com

BACKGROUND

PCG's Health practice area is dedicated to empowering state and municipal health agencies with comprehensive programmatic knowledge and regulatory expertise. Our mission is to support organizations in navigating regulatory changes, enhancing access to healthcare, maximizing program revenue, improving business processes, and achieving regulatory compliance. PCG's Health team helps organizations deliver quality services with constrained resources to promote improved client outcomes.

The Health Policy and Program Evaluation Center of Excellence within PCG's Health team is comprised of quality improvement experts with extensive experience in designing and delivering high-quality educational programs through comprehensive and longitudinal learning collaboratives. Our approach is highly customizable, tailored to meet the specific needs and objectives of our clients and program participants, and is offered in both in-person and virtual formats. At the core of our collaborative approach is the Institute for Healthcare Improvement's (IHI) Breakthrough Series (BTS) model, an evidence-based framework designed to facilitate rapid improvements and accelerate the achievement of specific, measurable outcomes. This model enables a large group of participating teams to collaborate effectively on enhancing a specific aspect of healthcare delivery and/or patient care. PCG has run collaboratives accommodating up to 50 teams!

Our learning collaborative service can also be designed as small, targeted action communities that can work on a smaller scale to develop policy or test new ideas to accelerate the adoption of proven best practices. PCG's collective of skilled facilitators, proficient in the BTS framework and equipped with a broad spectrum of quality improvement facilitation tools, have engaged state staff, community providers, and individuals with lived experience to design evidence-based, community-informed recommendations for policy and population health improvements.

TARGET AUDIENCE FOR THIS RESOURCE

State health and human services agencies, health systems, obstetrical and women's health providers, health plans and managed care organizations, quality improvement advisors, and diversity, equity, and inclusion (DEI) and equity specialists at healthcare organizations.

HOW TO USE THIS RESOURCE

In this resource guide, PCG presents all the materials developed for our recent successful Maternal Learning Collaborative (MLC) to improve the timely treatment of severe hypertension (SHTN) with a focus on closing disparities in outcomes and experience for non-Hispanic Black women. The MLC was developed as a value-added benefit to hospitals participating in a state-sponsored Medicaid managed care pay-for-performance program. Within this program, maternal health populations were a target population with funds tied to performance improvement in several clinical quality measures, including the timely treatment of SHTN. The MLC engaged 37 actively participating teams, comprising over 250 individual participants spread across a northeastern state. The 14-month program included three live-virtual learning session conferences, monthly virtual group coaching sessions, and targeted 1:1 coaching to teams.

This resource is intended to serve as a catalyst for teams committed to improving the state of maternal health and addressing the stark disparities that persist, particularly in the realm of maternal mortality in the US. PCG presents this resource freely and extends our services to assist your organization in planning, implementing, and evaluating similar initiatives. Our team is ready to collaborate to tailor this framework to any setting and scale.

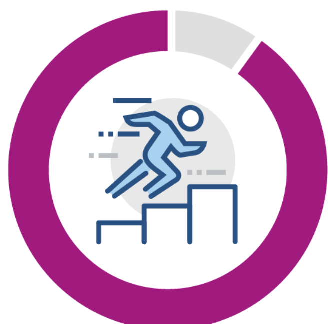
The strategy outlined here achieves results for many stakeholders:

For clinical or population health agencies or organizations: Accelerated adoption of best practices leading to tangible improvement in population health goals, patient outcomes, and beneficiary experience in your delivery system.

For state health and human services agencies: Increased participant satisfaction and perception of value to participate in 1115 waiver or other value-based payment frameworks sponsored by state agencies.

100% of respondents **would participate in another learning collaborative.**

93% of respondents said **participation added value to their organization's participation** in the statewide Medicaid managed care pay-for-performance program.



90% of respondents indicated that participation in the MLC **accelerated their hospital's or system's improvement** in the timely treatment of SHTN.

84% of respondents indicated that participation in the MLC **increased joy in work**, which reduces clinician burnout.

Users of this resource are encouraged to repurpose and customize these materials to your environment's needs and goals. In the initial section of this user guide, we have included key takeaways about common challenges and successful strategies to increase the success of those pursuing similar initiatives. We then go on to share the materials themselves, including:

» **Lessons Learned for Future Implementation**
» **Pre-work Handbook**
» **Key Driver Diagram and Change Package**
» **Measurement Strategy**

When using elements of this guide, please cite PCG or this document according to your organization's citation style. Examples of possible citations include "Material prepared by Public Consulting Group" or "Adapted from Public Consulting Group Maternal Learning Collaborative Compendium and User Guide."

LESSONS LEARNED FOR FUTURE IMPLEMENTATION

PRE-WORK HANDBOOK

Overview

The pre-work stage of a learning collaborative enables participating teams to recognize the strengths and opportunities for improvement of their current state related to the outcome of interest and the experience of their staff and patients. The pre-work handbook gives step by step instructions to actively engage teams from the outset, equipping participants with essential insights and tools for success. One of the key purposes of the pre-work handbook is to ensure that teams who attend learning session 1 are ready to begin work and build relationships with their peers in the collaborative. By completing the steps in the pre-work handbook, teams will be well-positioned to take full advantage of learning session 1 and action period 1 of the collaborative.

Benefits

- Provides a common language for how the collaborative will work and how each team should be resourced to improve the targeted outcome.
- Guides teams to complete a system review to identify resource constraints or opportunities.
- Provides recruitment suggestions to build a multidisciplinary, interprofessional team. This includes guidance on identifying and engaging potential participants and leadership, communicating participation benefits and expectations, and leveraging existing networks.

PCG provides full-time equivalent (FTE) estimates for each recommended team role in our pre-work handbook. These estimations reflect participant-reported feedback in our post-program evaluation and provide an accurate picture for future planning.

PCG's recommendations

- Use the pre-work handbook to demonstrate your program's commitment to creating a safe learning environment of inclusion, respect, and openness and affirming your program's commitment to eliminating inequity.
- Collaborate with your clients, faculty experts, and at least one early adopting team as a pilot tester to develop the pre-work handbook and all materials.
- Insist that teams prioritize the completion of the staff and patient experience surveys in Appendix D: "Guiding Questions for Stakeholder Interviews." Even just a few responses from these surveys can provide rich qualitative context to inequities in patient experience that may not be visible in a team's baseline data as well as pain points experienced by staff at the outset of the initiative.

To maximize the value of the handbook, PCG recommends coaching participants to actively use the resource. PCG hosted two informational webinars for potential participants and walked interested teams through the Pre-work Handbook. PCG also offered one-on-one coaching to teams to help them navigate the components for a strong start.

KEY DRIVER DIAGRAM AND CHANGE PACKAGE

Overview

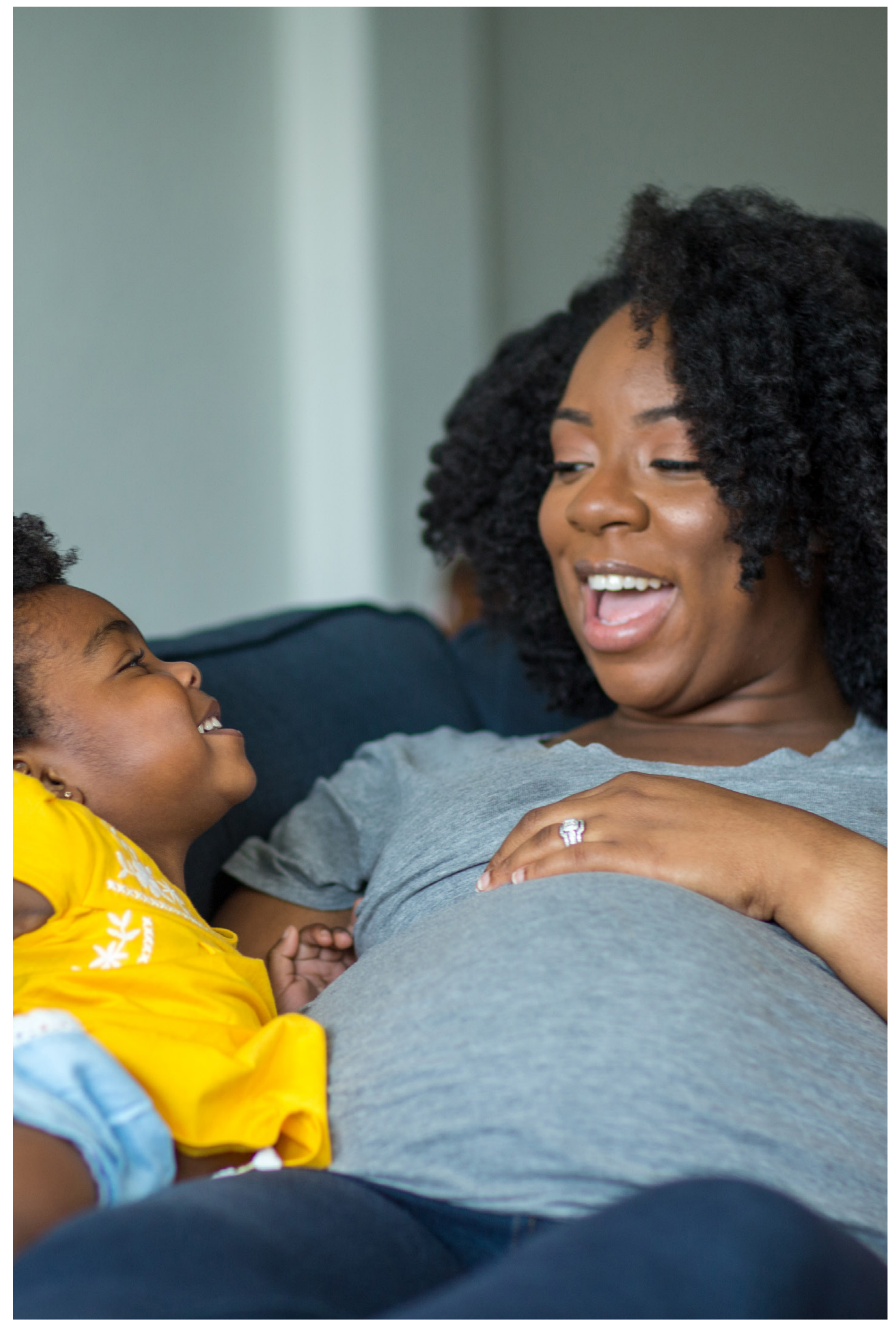
A key driver diagram (KDD) and change package are visual representations of the collaborative's improvement strategy, detailing evidence-based practice changes that teams should plan to test to achieve the program aim. A panel of interprofessional maternal health clinical quality and equity experts collaborated with the PCG team and state sponsor to inform the development of the MLC change package and KDD. Additionally, PCG recommends including people with lived experience or representative advocates in expert panels to create the most effective improvement strategy. PCG's experienced facilitators engage our expert panelists in a virtual or in-person forum to build and improve upon the existing evidence base with regional, equity-focused strategies entrenched in personal experience. This program's expert panel drew upon the Alliance for Innovation of Maternal Health (AIM) Severe Hypertension in Pregnancy bundle as a key reference.

Benefits

- The KDD presents a visual summary of the primary drivers comprising the collaborative's improvement strategy that helps teams understand the breadth of all the practice improvements they must pursue to achieve the collaborative's aim.
- The change package is a comprehensive toolkit providing a detailed roadmap within each primary driver, describing specific, evidence-based change ideas to achieve systematic improvement. The detailed change ideas make it easy for teams to begin testing immediately.

PCG's recommendations

- Engage a variety of professions in your expert panel, including maternal fetal medicine specialists, labor and delivery nurses, doulas, and health equity experts.
- Partner with an organization to recruit people with lived experience as expert panelists and faculty speakers. PCG worked with the Preeclampsia Foundation and MoMMA's Voices.



Lessons learned, testing changes, and insights for future participants

Post-program, participant-reported outcomes data indicated that:

» **Practice improvements from the change package were tested and implemented quickly and most changes were sustained.**

70% of participants implemented practice changes from any given primary driver within six months.

50% of participants were able to implement those changes within three months.

Nearly all respondents indicated plans to sustain the implemented changes.

» **Teams saw value in all driver categories.**

- Teams displayed an even distribution of testing across all primary drivers, indicating that teams viewed all driver categories as useful and important to achieve the program aim.
- Primary driver 5, "Respectful, Equitable and Supportive Care," inspired by the AIM Equity Bundle, was added to our KDD with the help of our expert panel to ensure implementation incorporated changes with consideration for eliminating inequities.

» **Teams improved.**

90% of respondents stated that program participation accelerated their overall improvement of timely treatment of SHTN.

60% Over 60 percent of teams met or exceeded their organizational goals.

30% An additional 30 percent made progress towards their goal.

» **Teams were able to implement best practices, including:**

- Education for multidisciplinary care teams.
- Integration of pregnancy or postpartum notifications in EHR systems.
- Establishing institutional SHTN protocols with escalation protocols for nurses.
- Improved discharge protocols and patient education informed by patient experience surveys.
- Meds-to-beds programs
- Development of data collection systems that can stratify data by race and ethnicity, among others.

» **Challenge:** Teams worked hard to overcome challenges related to providing blood pressure cuffs to patients at discharge but found that charitable funding was the best way to get the cuffs to patients prior to discharge despite the cuffs being covered by all Medicaid managed care plans. This is an opportunity for improvement PCG will continue to explore.

MEASUREMENT STRATEGY

Overview and benefits

A measurement strategy is the smallest set of process, outcome, and balancing measures to monitor participant success and ensure that each teams' decisions and the evolution of their process to test changes are data driven. The measurement strategy also supports program planners in adapting the collaborative curriculum to highlight the most successful practices and encourage participants to overcome common barriers experienced across teams.

PCG's recommendations

» To increase motivation for participation and reduce undue burden on potential participants, review the landscape of available funding opportunities and state-based pay-for-performance or value-based payment frameworks your teams may be participating in or subject to. In our case, our collaborative supported achievement of pay-for-performance targets in a Medicaid managed care pay-for-performance program. There are numerous quality programs that states, managed care organizations and health systems must report to, and planners should research this at the outset of your planning process.

» Provide guidance for a variety of data collection methods that reflect the variety of data analytics capacity on your teams, including report building, manual abstraction, and sampling. SHTN measures often require manual abstraction or review and sampling a small number of cases can be a great way to get teams started.

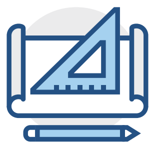
» Support teams by creating accessible data visualization tools in Excel, simple data collection survey forms, and access to program dashboards to encourage teams to submit, observe and analyze data over time through run charts. The skill of your participating teams will greatly vary in data analysis capabilities, and PCG highly recommends producing these tools to support teams at the beginning of their quality improvement journeys.

» Pilot your measurement strategy with an actual team.

Lessons learned, data validation, and common challenges

When proposing a new process to your participants, it is essential to use workflows that are accessible and not overly complex, meeting participants where they are in terms of technological proficiency and process integration levels. Striking a balance between an intuitive user interface and backend capabilities for data extraction and analysis is crucial. Some participants may be resistant to change, whether at the programmatic or executive level, further necessitating a tailored, nuanced approach. Building up confidence by celebrating "small wins" within the collaborative is integral in overcoming this resistance. In early collaborative meetings, PCG advocates for starting with measures that are more readily reportable ("gimmies"), to ensure that even the most under-resourced teams can contribute meaningfully, fostering inclusivity from the onset. Teams who can collect data on five cases a month consistently through manual data abstraction are better than a team waiting six months for a customized report that could be rife with errors. Teams with a small number of deliveries per month might focus their efforts on timely triage, since they have more opportunities to report data on this measure. At the end of our collaborative, only a handful of the 37 teams had a functional complex report to easily track SHTN episodes and determine performance of timely treatment that could be pulled directly from their electronic record.

Data validation can often be a major obstacle, with several strategies to deal with common pitfalls that occur in Collaboratives. PCG recommends piloting the measurement strategy with at least one or two teams before releasing the guide to all participants. Even after doing this, the measurement guide may need to be updated to reflect intelligent and clarifying questions.



Alignment: Ensure that the definitions of each measure align with participants' understanding of them. The definitions must be clear; participants should understand where their options are for finding the necessary data and what the terms mean. For example, many teams struggled with identifying the beginning and end of an episode when there were numerous instances of SHTN in a patient record. These are questions you should consult with clinical faculty to answer, in addition to reviewing the key evidence.[1]

Considering the potential for human error: Survey-based data collection is particularly susceptible to human error, such as reporting more patients in the numerator than the denominator. Implementing as many validations as possible into a survey-based data collection platform without disrupting the survey flow is crucial to save time in data analysis for collaborative planners.

Striving for consistency, but not at the risk of inaction: Consistency in reporting is important for a collaborative that strives to determine improvement and guide decision making by tracking progress over time. While the ideal scenario within a collaborative is to observe consistent data reporting by the same teams every month, this is not always the case. The goal is to help teams start reporting data as soon as possible on a small scale that accommodates their abilities, which can be built up over time. Through one-on-one coaching, PCG also found that some teams had to slightly personalize how they defined a given measure to accommodate their data collection capabilities. PCG encouraged teams to do this as the importance of each team making data driven decisions supersedes the importance of having perfectly comparable data across all teams (i.e., randomized control trial (RCT) level data quality).

Confronting Inequity: PCG recommends focusing on eliminating inequity in your collaborative design. The MLC measurement strategy encourages teams to stratify the data by race and ethnicity. An often-overlooked aspect of data collection is empowering and teaching participants to engage in sensitive conversations with patients, such as intake personnel responsible for asking about a patient's race and ethnicity. These discussions are not just about data accuracy; they are centered around the ideas of building trust with patients at every interaction, enhancing patient care and embracing the human-to-human aspect of the work.

Ultimately, a measurement strategy is only as good as the ability for participating teams to follow through and submit monthly. PCG takes the approach that taking the time to craft a measurement strategy that leverages existing data, defines measures in a way that is easy to collect and submit and accepts some variation between sites to aid in feasibility will help lead to more teams being able to submit data regularly throughout the initiative.

---

[1] Society for Maternal-Fetal Medicine Special Statement: A quality metric for evaluating timely treatment of severe hypertension - American Journal of Obstetrics & Gynecology. October 11, 2021. Accessible at: https://www.ajog.org/article/S0002-9378%2821%2901108-X/fulltext.