

# Mother-Focused Care Is Data-Driven

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**By 12/2024, each hospital will:**

- 1. Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services**
- 2. Have 80% of providers and nurses attend an RMC training~ since January 2023**

## Primary Key Driver

### Data Insights

Learn about the mothers served: characteristics, risk factors, & outcomes across populations

## Secondary Drivers

Improve the collection of individual patient characteristics

Use PQI & Differences in Perinatal Outcomes to identify differences. Share findings, and build ongoing plans to address identified gaps

*Respectful care is a universal component of every driver & activity*

# % Agreement in the Linked File

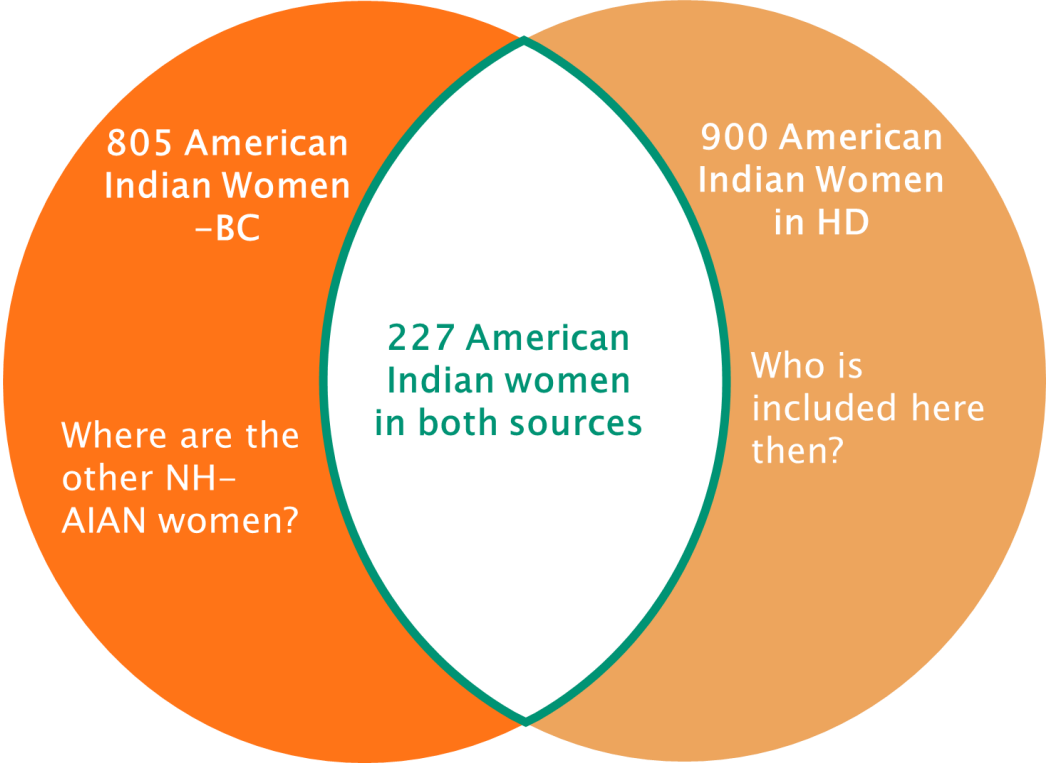
		2017	2018	2019	2020
<b>Maternal Characteristics</b>	Maternal race	●	●	●	● 82%
	Maternal ethnicity	●	●	●	● 82%
	Payer	●	●	●	● 86%
<b>Risk Factors</b>	Singleton	●	●	●	● 99%
	Born at term	●	●	●	● 96%
	Not in vertex position	●	●	●	● 96%
<b>Delivery</b>	Cesarean delivery	●	●	●	● 95%

● ≤90% agreement    
 ● 90.1-94.9% agreement    
 ● ≥95% agreement

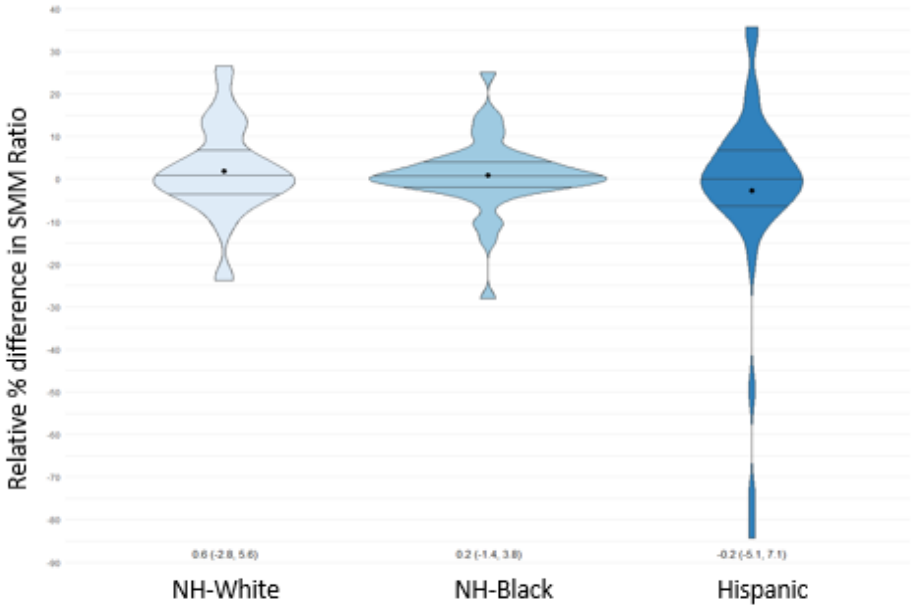
High percent of “unknown” in few FL hospital

# Race and Ethnicity Misclassification in Hospital Discharge Data : Impact on Differences in Severe Maternal Morbidity Rates in FL

Misclassification varies by racial and ethnic subgroup with NH-API and NH-AIAN women being the **most misclassified** and NH-Black women being the **least misclassified**.



Hospital-level percent difference in race and ethnicity-specific rates of SMM diagnosed in maternal delivery HD records compared to BC, 39 hospitals, Florida, 2016-2019



*“Data is the new oil; it is both  
valuable and plentiful but  
useless if unrefined”*

Clive Humbly, Northwestern University

# Burden and Improvement Potential

- EHRs collect between 86-131 discrete data elements per patient during the delivery admission
- Nurses spend 2-4 hours per shift on EHR charting
- EHR charting is a significant source of stress and burnout for nurses, specially when the system collects more data elements than necessary for direct patient care

- *Streamline documentation processes*
- *Reduce unnecessary documentation requirements*
- *Utilize available data to identify improvement opportunities*

# Improve the collection of individual patient characteristics

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# Capturing Individual Patient Information

## Hospitals capture patient individual characteristics by:

- Self-report
- Observation
- Indirect estimation (based on prior knowledge)

**Self-report respects "individual dignity" by allowing an individual to determine how he or she classifies himself or herself as opposed to classification being assigned by another person (OMB, 1997a)**



# Challenges to Collecting Race, Ethnicity, & Language Data

## Box 1-1. Barriers to Collection of Race, Ethnicity, and Language Data

### System Level Patient

- Lack of standardization of categories.
- Lack of understanding why data are collected.
- Provided response categories not sufficiently descriptive for local populations.
- Health IT limitations (number of fields, comparability of categories among systems).
- Space on collection forms (paper or electronic).
- Discomfort on part of person collecting.

### Provider-Patient Encounter

- Lack of standardization of categories.
- Lack of understanding why data are collected.
- Provided response categories not sufficiently descriptive for local populations to self-identity with
- Privacy concerns.

**Source:** A Framework for Reducing Disparities in Health Care Systems. Content last reviewed April 2018. Agency for Healthcare Research and Quality, Rockville, MD.

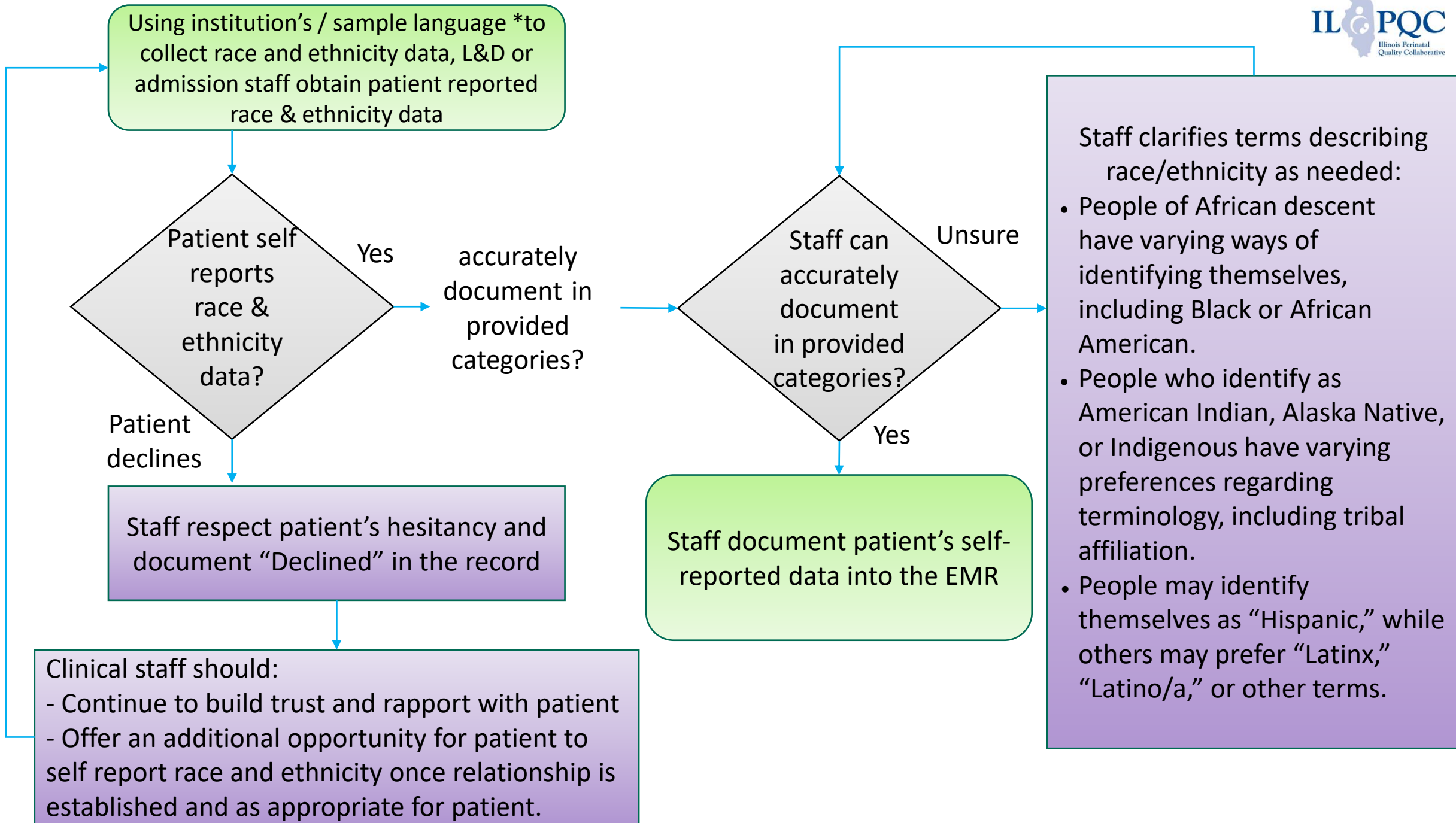
# Improve collection of individual patient characteristics

## Strategy #1

Developing process maps of key personnel, activities/steps, tools, information systems and timing, for collecting, correcting and documenting demographic intake questions and individual patient characteristics

## Strategy #2

Implementing a process to collect, document, and correct patient self-reported race, ethnicity, primary language, and other patient characteristics



# Improve collection of individual patient characteristics

## Strategy #3

**Implementing a strategy to educate patients on the importance of self-reported race, ethnicity, and language data for all patients who have questions regarding why this information is being collected**

# Sample Language to Request Patient Race & Ethnicity Data

## Sample 1:

“We want to make sure all patients are getting the best care possible, can you tell us what you consider your race, your ethnicity, and your preferred language?”

**(ILPQC Focus Groups)**

## Sample 2:

“<Insert hospital name> is committed to giving you and all of our patients the best care possible. In order to do this we ask you to tell us how you would describe your race, your ethnicity and your preferred language. If you would like to tell us your country of origin, we would be interested in that, too.”

**(Health Partners)**

Use PDSA cycles to test out a few versions to find the language that best fits your institution and patients' preferences

# Sample Language to Request Patient Race & Ethnicity Data

## Sample 3:

"We want to make sure that all our patients get the best care possible. We would like you to tell us your racial/ethnic background so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care."

**(American Hospital Association)**

## Sample 4:

We want to make sure that all our patients get the best care possible. We're going to ask you some questions regarding your race and ethnicity, so that we can review the best treatment that our patients can receive and make sure that everyone of every background gets the highest quality of care. We'll keep this information confidential and will update it in your medical record.

**AHRQ**

Use PDSA cycles to test out a few versions to find the language that best fits your institution and patients' preferences

# Patient Facing Resources to Increase Collection of Individual Patient Characteristics


## We Ask Because We Care.

By asking about your race, ethnicity and language, we are better able to deliver health care equally to all patients.

**What is your race?**

**What is your ethnicity?**

**What is your preferred language?**



Respecting every difference, treating each equally.

**GET REAL**  
Race, Ethnicity, and Language

Hospital Logo

Aligning Patients For Quality | Improving Health & Health Care | In Communities Across America


We ask all of our patients to provide information about their race, ethnic background and preferred language.

**What is your race?**

**What is your ethnicity?**

**What is your preferred language?**

The information you give us will be kept private. It will help us understand who you are, your needs and how we can provide the best care possible.



## We ask because we care.

FOR MORE INFORMATION ABOUT WE ASK BECAUSE WE CARE, VISIT [HANYS.ORG/AHEL](https://www.hanys.org/AHEL).

We Ask Because We Care is sponsored by Advancing Healthcare Excellence and Inclusion, a program of the Healthcare Association of New York State.

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## We ask because we care.



# Implement a Strategy to Input Z-Codes into the EHR

## Recommendation

**Establishing an EHR process to automatically input positive SDOH screens into patient Z-Codes**



# The Need for Improved Input of Z-Codes

How many Z-Codes are Submitted to the EHR?

Of 33.1 million, 1.59% of continuously enrolled Medicare FFS beneficiaries had Z-Codes affiliated with their claim

(Centers for Medicaid and Medicaid Services, 2021)

Of 14.2 million total admissions during 2016-2017, only 1.9% included Z-Codes in their EHR

(Truong, et al, 2022)

What type of Impact do SDOH have?

It is estimated that SDOH impact as much as 50% of County Variation in health outcomes

(Whitman, et al., 2022)

# EHR automation for SDOH – BMC THRIVE

- 70% of patients completed SDOH screening
- 26% screened positive for one or more SDOH
- Referral guides automatically printed with available resources
- EHR prompts provider to address any issues raised by the patient
- **Each positive SDOH screen result is linked to an ICD-10 visit diagnosis code (accurate data reporting and insight)**

**What gets Measured gets Managed!**

<b>Social Determinant</b>	<b>ICD-10 Code/Description</b>
Difficult/Unstable housing or housing support services instability	Z59.0 Lack of housing <i>or</i> Z59.1 Inadequate housing <i>or</i> Z59.8 Other problems related to housing and economic circumstances
Environmentally-compromised housing (e.g. Lead)	Z77.1 Contact with and (suspected) exposure to other environmental pollution
Food insecurity	Z59.4 Lack of adequate food and safe drinking water
Transportation difficulty	Z91.89 Other specified personal risk factors, not elsewhere classified
Interpersonal Violence	Z91.41 Personal history of adult abuse
Economic difficulties	Z59.9 Problem related to housing and economic circumstances, unspecified
Lack of social support	Z60.4 Social isolation, exclusion and rejection

**Use PQI & differences in perinatal outcomes dashboard to identify differences. Share findings, and build ongoing plans to address identified gaps**

# Use PQI and Differences in Perinatal Outcomes

## Physician practices and individual hospitals

- Understand the population being served and the extent to which their needs are being met
- Address differences in care
- Monitor improvements over time

## Health plans or states

- Make cross-institutional comparisons to detect variations in quality of care between entities serving similar populations
- Funding and state led interventions!

## National reporting and aggregation

- Population data can indicate where consistent differences in care exist nationally

# Framework for Reducing Differences in Outcomes in Health Care Systems

## DETECTING

- Define differences in outcomes
- Define vulnerable populations
- Measure differences in outcomes in vulnerable populations
- Consider selection effects and confounding factors

## UNDERSTANDING

- Identifying differences in perinatal outcomes at the following levels:
  - Patient/individual
  - Provider
  - Clinical encounter
  - Health care system

## REDUCING

- Intervene
- Evaluate
- Translate and disseminate
- Change policy

[Source: Kilbourne et al., 2006](#)

# Differences in Perinatal Outcomes (Last 12 months of available data)

% State | % Hospital

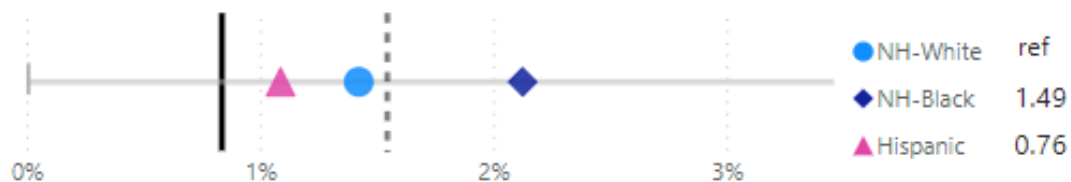
% NTSV (low-risk) Cesareans (Birth Cert.)

RATIOS



% SMM- w/o BT (Hospital Discharge)

RATIOS



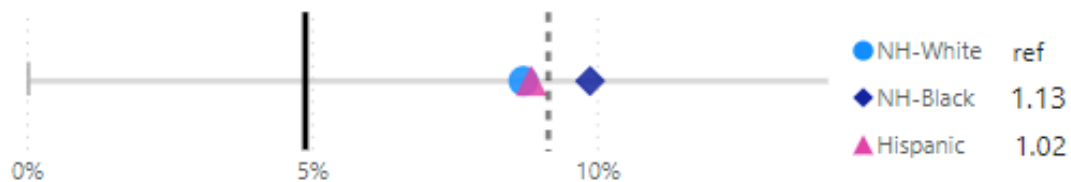
% Severe Hypertension (Hospital Discharge)

RATIOS



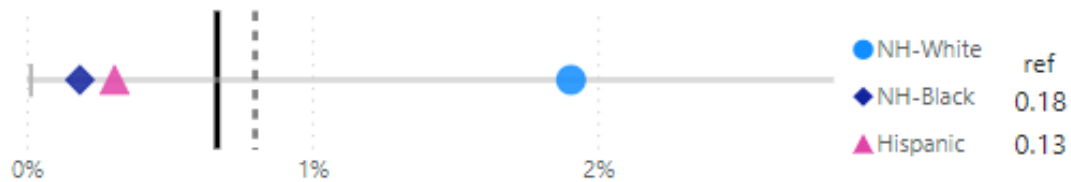
% Obstetric Hemorrhage (Hospital Discharge)

RATIOS



% Neonatal Abstinence Syndrome (Hosp. Discharge)

RATIOS



Race-Ethnicity

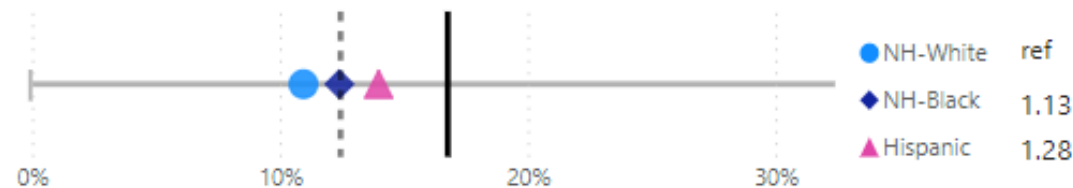
Education

Insurance

BMI

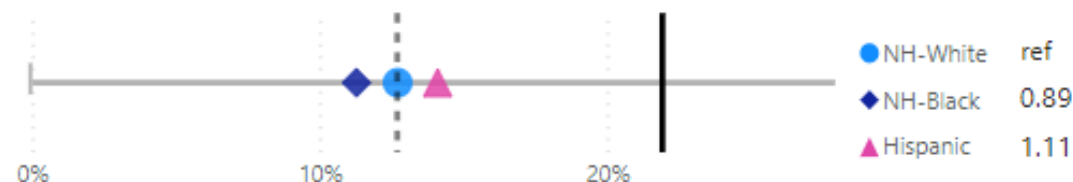
% Non-medically Indicated Early-term Deliveries (Linked)

RATIOS



% Low Risk Non-Medically Indicated (NMI) Induction (Linked)

RATIOS



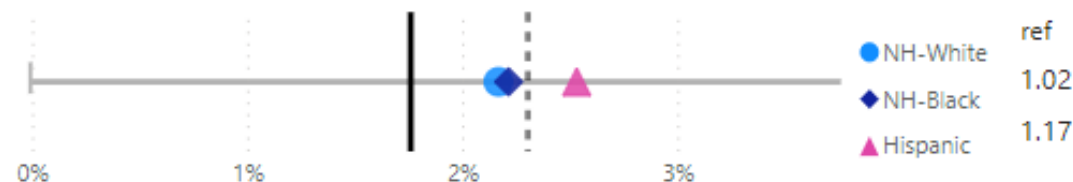
% Low risk Cesarean NMI Inductions (Linked)

RATIOS



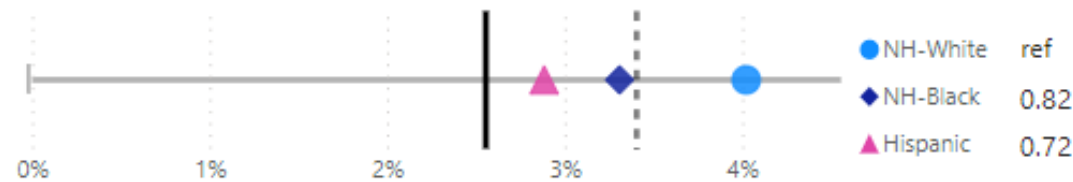
% Severe Unexpected Complication of the Newborn (Linked)

RATIOS



% Moderate Unexpected Complication of the Newborn (Linked)

RATIOS

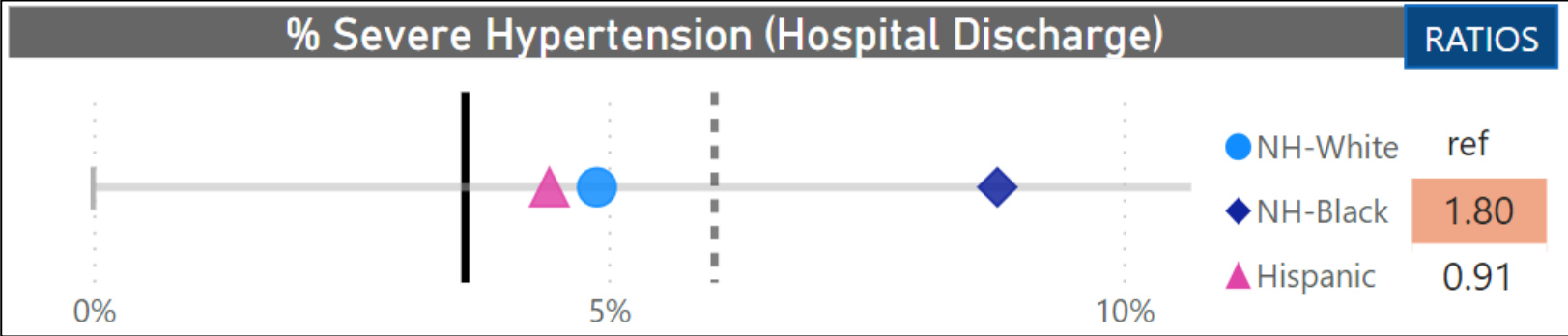


# Detecting Differences in Outcomes

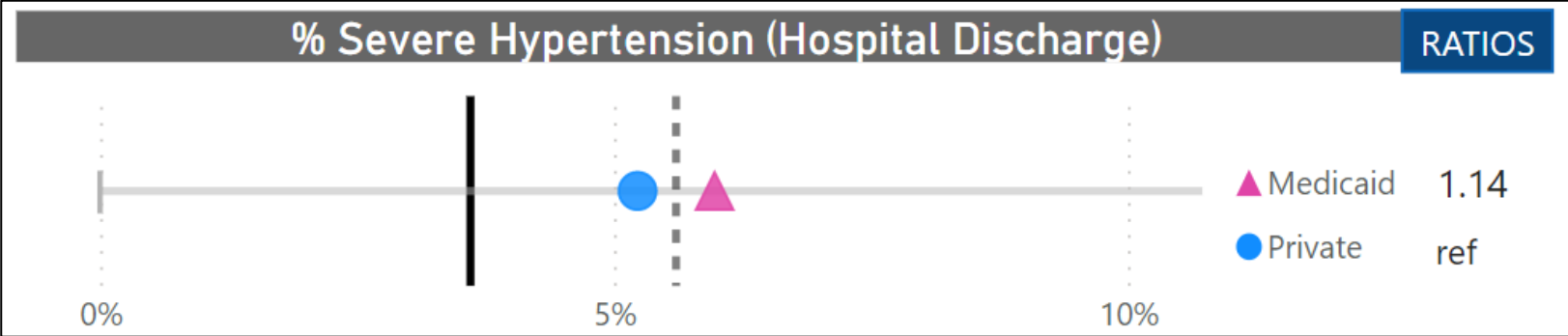
## Race-Ethnicity

% State

% Hospital

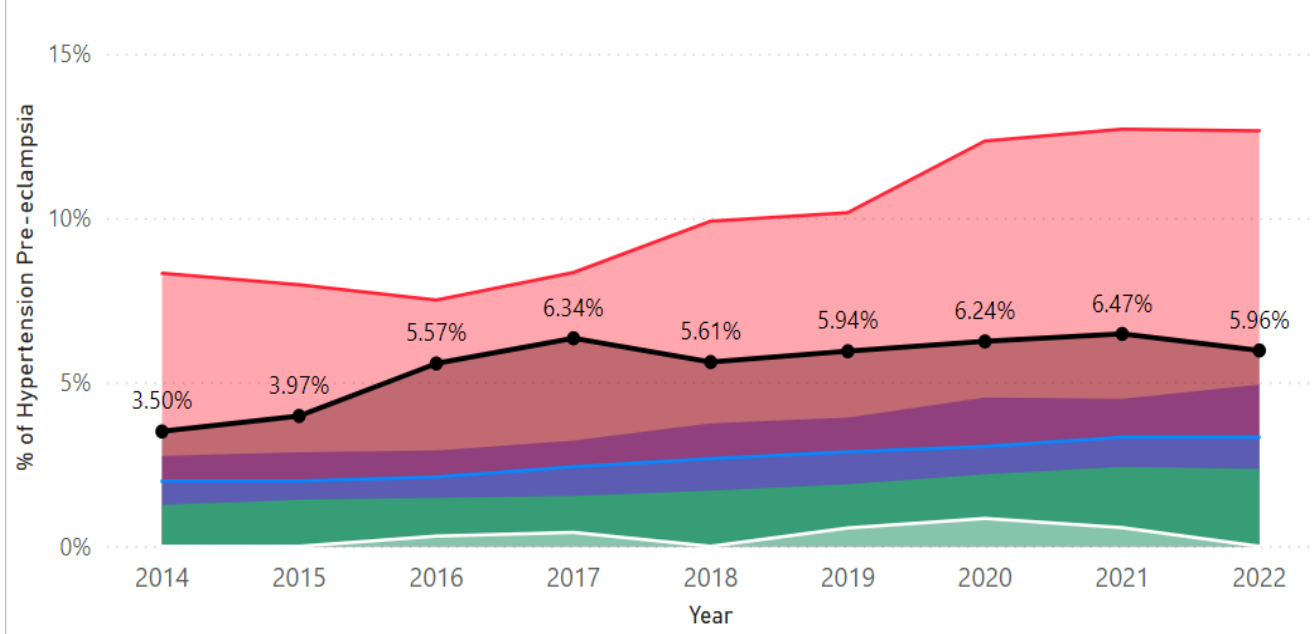


## Insurance



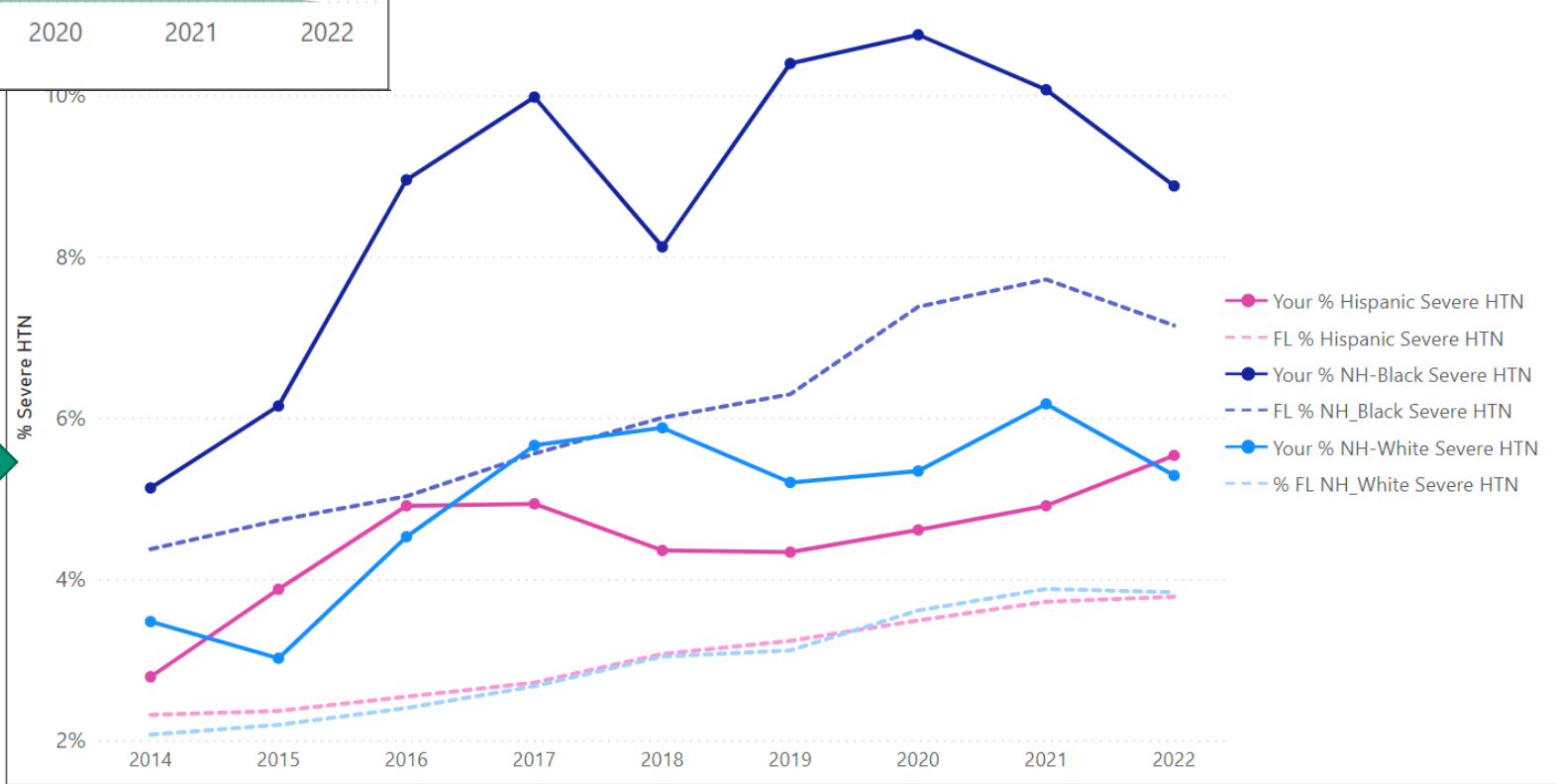


## % Severe Hypertension/Preeclampsia For All Hospitals in Florida



**Hospital rate is among highest in FL**

## % Severe Hypertension (Your hospital vs FL average)



**Rates are higher for all groups**

# Framework for Reducing Differences in Outcomes in Health Care Systems

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## REDUCING

- Intervene
- Evaluate
- Translate and disseminate
- Change policy

Source: Kilbourne et al., 2006

# Examples of Potential Interventions

Example of Activities	Examples of Who it Can Impact
Cultural competency training	Providers; clinical staff
Language and literacy service enhancement	Patients
Restructuring care team or department	Microsystem (departments or care teams)
Providing financial incentives	Organization
Engaging the community; establishing community partners or participating in community coalitions	Community



**In-person**



**Telecommunications**



**Print**



**Internet**



**Information technology**



**Multimedia**

## Each hospital will define the:

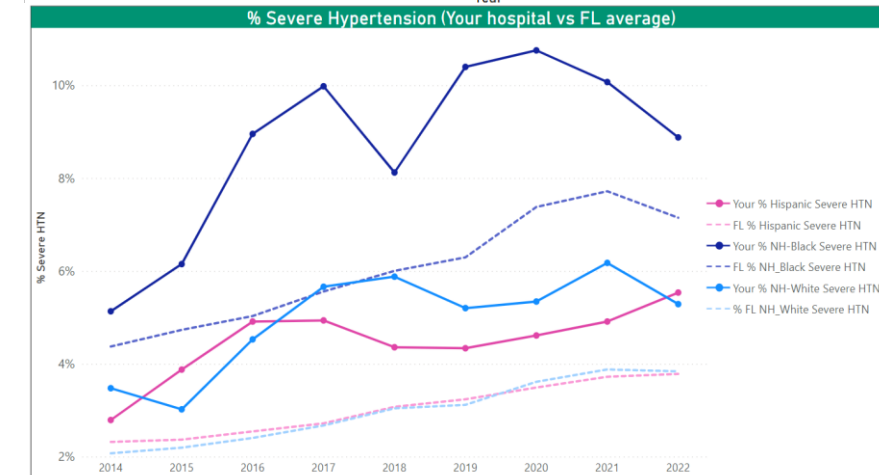
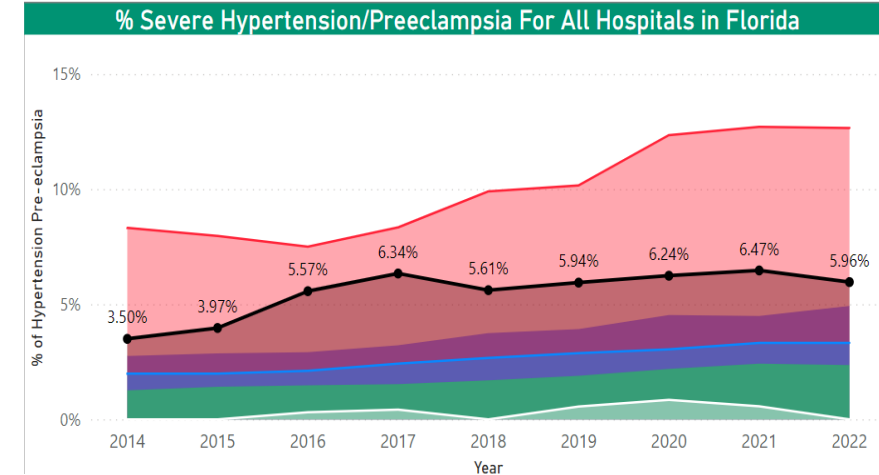
1. Differences in perinatal outcomes and the specific population(s) of focus
2. Improvement goal
3. Strategies and resources needed to achieve the goal, and
4. Process that will be used to monitor and report progress

Aligned with TJC accreditation requirement

# PQI WEBINAR

Date: Wednesday, May 31, 2023  
12:00 PM – 01:00 PM EDT

- Data definitions, sources, timelines
- Understand your PQI report
- Strategies to utilize your PQI report for MFC
- Identify issues and drill down
- Online access



### % Agreement in the Linked File

		2017	2018	2019	2020
<b>Maternal Characteristics</b>	Maternal race	●	●	●	● 82%
	Maternal ethnicity	●	●	●	● 82%
	Payer	●	●	●	● 86%
<b>Risk Factors</b>	Singleton	●	●	●	● 99%
	Born at term	●	●	●	● 96%
	Not in vertex position	●	●	●	● 96%
<b>Delivery</b>	Cesarean delivery	●	●	●	● 95%

● ≤90% agreement   ● 90.1-94.9% agreement   ● ≥95% agreement

# MFC DATA WEBINAR

**Date: Thursday, May 4, 2023  
12:00 PM – 01:00 PM EDT**

- Importance of data for the MFC initiative
- Data definitions, inclusion criteria
- Data tools - data collection sheets
- Processes to submit data
- Review of a sample report
- Using your report to guide improvement



# Individual Hospital Levels of Participation are Required by FDOH

MFC Hospitals will receive a star for each of the metrics

Attendance and Engagement					
Coaching Call (CC) Attendance		Patient-Level Data Submitted every month on the 21st		Hospital-Level Data (Quarterly) submitted every quarter	
Attendance <b>100%</b>		Patient-Level Data Last Submitted on <b>February 2023</b>		Hospital-Level Data Last Submitted on <b>December 2022</b>	
# of CCs your hospital attended	Total # of Coaching Calls	# of Months your hospital reported	Total # of Reporting Months	# of Quarters your hospital reported	Total # of Reporting Quarters
<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>



# Questions?

[fpqc@usf.edu](mailto:fpqc@usf.edu)

[www.fpqc.org/MFC](http://www.fpqc.org/MFC)

 Florida Perinatal Quality Collaborative

 YouTube Florida Perinatal Quality Collaborative

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# MFC

## Mother-Focused Care

