



Transforming Maternity Care **Key Informant Interview Summary**

In preparation for its 90th Anniversary Symposium, *Transforming Maternity Care: A High Value Proposition*, Childbirth Connection conducted a series of key informant interviews to capture the views and perspectives of several dozen leaders across the U.S. health care system on the status of maternity care system performance and the priorities for change.

The majority of these interviews were conducted from June through October, 2007, by senior staff at Childbirth Connection, Maureen Corry, Rima Jolivet and Carol Sakala; and by Donna Lynne, President of Kaiser Foundation Health Plan, Colorado and Treasurer, Childbirth Connection Board of Directors. The following brief summary of the interviews served as a working document for the Symposium Steering Committee to help set the direction and intended outcomes of the symposium project and to validate the critical areas of focus. (*This process is depicted in a flow diagram, and key informant interview participants are identified in the project leadership list, both available at: www.childbirthconnection.org/tmc/*)

Among those interviewed, there was broad consensus on the need to call attention to maternity care quality and system issues at the present time. The specific concerns with maternity care quality most frequently cited were the current lack of awareness about its deficiencies among consumers, health care providers, leaders of health care organizations, and policy makers; a lack of national standardized quality measures that contributes to significant unwarranted practice variation; and the need to frame maternity care reform within the larger health care reform effort, taking a systems approach to maternity care quality improvement.

Interviewees were queried for their opinions about the key priorities for maternity care quality improvement as well as the major challenges to be faced, and significant overlap emerged between these two areas. Key priorities for improvement included, in the order of frequency mentioned: development of national standardized quality measures to address practice variation; reduction in the overuse of specific maternity care practices; payment reform; reduction of perinatal harm; elimination of disparities in quality and access to care; improvement of interdisciplinary teamwork within and beyond obstetrics; and professional liability reform.

Major challenges to improvement included, again in order of frequency mentioned: lack of public awareness and consumer demand for change; lack of evidence-based quality measures; problems with the payment system for maternity care services; resistance to change from obstetricians and other providers of care; lack of teamwork among disciplines and lack of coordination across the health care system; and disparities in quality and access to care.

Key informants overwhelmingly supported the idea of a national policy symposium to focus attention on maternity care quality issues, creating and communicating the political will for change and proposing concrete steps to achieve improvement. It was felt that the timing was optimal and that a symposium was the right format to meet these objectives, as long as broad participation, concrete deliverables, and concrete action plans emanating from the event could be assured.

Asked to prioritize among the following six key drivers for improvement--performance measurement, payment reform, professional liability reform, health information technology, healthcare workforce issues and health professions education--there was significant agreement in the opinions of a wide majority of key informants that performance measurement and payment reform currently represent the priority areas of focus for reforms to improve maternity care quality.

When asked to comment on a proposal to use the Institute of Medicine's framework for optimal health system performance embodied in its widely recognized "six aims for improvement" (Institute of Medicine, 2001) to address the symposium objectives, most key informants felt this framework provided common ground for discussion, being familiar and respected, but several cautioned that it could be limiting in certain ways.

Key informants were surveyed about the most effective methods to engage and impact key stakeholder groups through the symposium process. Many commented that consumers are a difficult group to impact through the means of a policy symposium, and suggested that Childbirth Connection might plan follow-on efforts to translate the results of the symposium for them after its completion; however, several also remarked on the vital importance of consumer involvement, adding that policy makers and journalists respond best to consumers' concerns and demands. To optimally engage private and public purchasers, those surveyed recommended a focus on the business case for quality improvement, emphasizing value-based purchasing. Similarly, to engage leaders of health plans and hospital systems the advice was to create opportunities for purposeful interaction with purchasers to design complementary reforms for both sectors, where there are similar concerns and needs for guidelines and measures to guide reimbursement decisions. There was agreement that it would be important in engaging health professionals to bring in members of disciplines beyond obstetrics and to foster cooperation among obstetricians and other types of maternity care providers or proponents of other maternity care delivery models. Furthermore, many informants recommended broad representation from the provider organizations of other relevant disciplines and models of care delivery beyond obstetrics, midwifery and nursing, including pediatrics, anesthesia, primary and chronic care providers, and community-based and public health delivery models. In specifically engaging public and community health and national policy agencies, the general advice was to focus on the Centers for Medicare and Medicaid Services and to push for alignment of the Medicaid programs with other quality efforts through the engagement of Medicaid state policy makers.

Markers of success for this symposium included the creation of a concrete set of recommendations for achievable systematic improvement, ensuing publications, and the genesis of ongoing collaborative working groups.

Suggested next steps to capitalize on the momentum created by this symposium were for Childbirth Connection to provide a continued context for stakeholders to participate in

multidisciplinary, collaborative work to push forward a legislative agenda, foster policy changes at the national level, and generate quality initiatives across the nation.

These insights were shared at the onset of the initial meeting of the Symposium Steering Committee that took place in November 2007 in Washington DC, and were instrumental in guiding the work of the Steering Committee to set the framework and processes for the project.

Reference

Institute of Medicine, Committee on Quality of Health Care in America. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.