The Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality: Update on Regions IV, V and VI

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What is a CoIN?

- A CoIN, or Collaborative Innovation Network, has been described as a team of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.¹

- Key Elements of a CoIN
  - Being a “cyber-team” (i.e. most CoIN work will be distance-based);
  - Innovation comes through rapid and on-going communication across all levels;
  - Work in patterns characterized by meritocracy, transparency, and openness to contributions from everyone.

- Adapted to reflect focus on both innovation and improvement yielding a Collaborative Improvement & Innovation Network to Reduce Infant Mortality.

Collaborative Improvement & Innovation Network (CoIN) to Reduce Infant Mortality

• Partnership among HRSA, ASTHO, AMCHP, CDC, CityMatCH, CMS, March of Dimes, NGA, NIH and the States

• Began in the 13 Southern States in January 2012

• States developed their state plans to reduce infant mortality
CoLlIN Design

Common Strategies for Regions IV and VI

Increase smoking cessation
Enhance Interconception Care in Medicaid
Reduce elective deliveries <39 weeks
Enhance perinatal regionalization
Promote safe sleep

State Teams
- Title V Directors & MCH Staff
- State Health Officials
- Medicaid Directors & Staff
- Other Partners (private, local/community, consumer)

Strategy Teams
- Leads (2-3 Content Experts)
- Data & Methods Experts
- MCHB & Partner Org Staff
- State Representatives

Technical assistance Contract Team; shared workspace; data dashboard
CoIIN: Design to Action -- Plan

Define Scope and Nature of the Problem

**Aims**
- Establish quality improvement Aims for each Strategy.

**Strategies**
- Identify state-level opportunities to achieve Aims.

**Measures**
- Select measures to track progress towards Aims over the next 18-24 mos.

Build and Sustain Cyberteams
Regions IV & VI Infant Mortality CoIN AIMS

- By December 2013,
  - Reduce non-medically indicated early elective delivery (< 39 weeks) by 33%
  - Reduce smoking rate among pregnant women by 3%
  - Increase safe sleep practices by 5%
  - Increase to 90%, or 20% above baseline, mothers delivering VLBW infants at the appropriate level of care
  - Change Medicaid policy to increase number of women who receive interconception care in 5-8 states
Non-Medically Indicated Early Term Deliveries Among Singleton, Term Deliveries*

28% total decline translating to ~67,000 early elective deliveries averted since 2011 Q1

* Includes provisional birth certificate data
### Non-Medically Indicated Early Term Deliveries * Among Singleton, Term Deliveries

<table>
<thead>
<tr>
<th>State Variation</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change from 2011/Q1 – 2013/Q4</td>
<td>-25.6%</td>
<td>(-51.8%, 1.8%)</td>
</tr>
<tr>
<td>2013/Q4 Rates</td>
<td>8.8%</td>
<td>(6.4%, 12.2%)</td>
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- 3 states met the team aim of a 33% reduction in early, elective deliveries by December 2013; another 3 states were above 30%
- 11 states have early elective delivery rates under 10%

* Inductions or cesareans without trial of labor without indication (fetal distress, prolonged labor, PROMS) at 37 or 38 weeks; excludes pre-existing conditions that may justify delivery.
Smoking During Pregnancy

*Includes provisional birth certificate data reflecting smoking in any trimester; 3 states using unrevised birth certificate (yes/no during pregnancy)

6% total decline translating to ~12,000 fewer women smoking in pregnancy since 2011 Q1
Smoking During Pregnancy

<table>
<thead>
<tr>
<th>State Variation</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change from 2011/Q1 – 2013/Q4</td>
<td>-3.6%</td>
<td>(-22.7%, 19.5%)</td>
</tr>
<tr>
<td>2013/Q4 Rates</td>
<td>10.6%</td>
<td>(4.2%, 22.5%)</td>
</tr>
</tbody>
</table>

- 6 states have met the team aim of a 3% reduction in smoking during pregnancy by December 2013
- 6 of 9 states with the revised birth certificate increased quit rates during pregnancy by 3% or more

* Includes provisional birth certificate data reflecting smoking in any trimester; 3 states using unrevised birth certificate (yes/no during pregnancy)
Additional Accomplishments

- **ICC Strategy Team**: met their AIM, 7 out of 8 states documented Medicaid policy change
- **Safe Sleep Team**: collaborative learning sessions to share best practices and innovations are being conducted monthly
- **Perinatal Regionalization Team**: significant engagement of partners and mobilization of teams in the states to address levels of care designations in context of 2012 AAP guidelines
Region V Infant Mortality CoIIN
Strategy Areas

- Social Determinants of Health
- Preconception Health/Interconception Care
- SIDS/SUID/Safe Sleep
- Early Elective Delivery
Secrets of CoIN’s Success

• Collaborative learning
• Rapid cycle improvement
• Measurement system with real-time data
• Partnership and leadership
CoIN: Summary

• A state-driven HRSA-coordinated partnership to accelerate improvements in infant mortality

• Designed to help states:
  • Innovate and improve their approaches to reducing infant mortality and improving birth outcomes through communication and sharing across state lines;
  • Use the science of quality improvement and collaborative learning to improve birth outcomes.

• Part of a portfolio of Public/Private and MCHB efforts to improve birth outcomes.
THANK YOU!

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