South Carolina Birth Outcomes Initiative (BOI)

SCOTTA SULLIVAN MD
SC ACOG CHAIR
MAY, 2016
Do what you can, with what you have, where you are.

— Theodore Roosevelt —
South Carolina is too small for a republic and too large for an insane asylum.

~ James L. Petigru
South Carolina Perinatal Outcomes
How did it get so bad?

- Poverty
- Obesity
- Lack of Education
- Isolation
- Racism
- Underserved
- Maldistributed Health Care
- Politics
Racism?
Crisis and Opportunity

- 2011 Budget Meltdown
- 60 million Medicaid shortfall
- 7% provider cuts planned
- Emergency specialty meetings

STOP THE CUTS
RALLY for a MORAL BUDGET
March 12, noon-1pm
STATE HOUSE
Columbia, SC
803-808-3384
www.scpronet.com
Partnering up

- DHHS
- ACOG
- SC HA
- March of Dimes
- ACNM
- Neonatology
- Public Health
- Insurers
- Perinatal nursing
- Patient advocates
- Media
Goals

- Decrease elective deliveries < 39 weeks
- Decrease cesarean rate
- Decrease preterm birth rate
- Save money
- Increase breast feeding
- Decrease maternal death
The Plan

- Monthly meetings
- Funding
- Symposium / Webinars
- Work Groups
- Outreach
Work Groups

- Vision Team
- Health Disparities
- Breast Feeding
- Data
Modest Beginnings

- Focused on one outcome
- Elective deliveries <39 weeks
- Education, CEOs, Docs
- October 2011
Elective Deliveries

FIGURE 1  Measures Indicating Early-Term Elective Deliveries at 37-38 Weeks Gestation: All Payers

![Graph showing measures indicating early-term elective deliveries at 37-38 weeks gestation for all payers. The graph displays two lines: one for overall inductions and one for elective inductions. The data points for overall inductions are at 25.82%, 23.81%, 21.69%, and 18.83% across different quarters from Q1 2011 to Q1 2013. The data points for elective inductions are at 9.62%, 9.36%, 6.57%, and 5.24% for the same time period.](image-url)
New Ideas

- LARC
  - saves money
  - proper pregnancy interval
  - reduce PTB
- 2012, DHHS became first state to pay for inpatient LARC placement
Breast Feeding

Baby Friendly Initiative - 2012

Founded the first milk bank in SC

50,000 ozs donated and counting

Statewide education
Pregnancy Centering

- 2013
- May reduce PTB
- Especially in high risk groups
- Increases PP visits
- Increased satisfaction

- 10 practices
- 3 year contract for training
Maternal Mortality Review

- Rising maternal death rates
- US and SE particularly
- 2x to 3x
- Multi-factorial
MMR Committee

- Founded in 2016
- Protected
- Housed under DHEC
- Multi-disciplinary
Sim Coach
Curriculum

- Hemorrhage
- Team Drills
- Shoulder Dystocia
- Labor Curves
- Neonatal Resuscitation
- EFM - NICHD terms
Progress

- Visited all 44 LDs in SC
- Going back again for Year 2
- Hemorrhage Protocols
- In-Situ Training
Cesarean Section Rates

- Once again, money
- What rate is “right”?
- How much is provider driven?
- Med-mal!
C/S Rates

The map on the left shows the average C-section charge by ZCTA (Zip Code Tabulation Area) in South Carolina, with colors indicating the charge range. The map also highlights total low birth weight hospitals.

The chart on the right illustrates the percent of live births in South Carolina from 2004 to 2014, with a slight increase observed over the years.

For more detailed information, please refer to the data sources provided in the map and chart.
Researchers estimate that eliminating the practice of early elective deliveries in South Carolina will save taxpayers more than $1 million a year in delivery costs and an additional $7 million in reduced hospitalizations for babies.\(^{28}\)

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**TABLE 3** Savings/(Cost) by Birth Outcome Initiative-Q1 SFY 2013

<table>
<thead>
<tr>
<th>SAVINGS INITIATIVE</th>
<th>PROJECTED EXPENDITURES</th>
<th>ACTUAL EXPENDITURES</th>
<th>SAVINGS/(COST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery-related</td>
<td>$39,686,000</td>
<td>$38,181,000</td>
<td>$1,505,000</td>
</tr>
<tr>
<td>NICU-related</td>
<td>$15,758,000</td>
<td>$11,187,000</td>
<td>$4,571,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$55,444,000</strong></td>
<td><strong>$49,368,000</strong></td>
<td><strong>$6,076,000</strong></td>
</tr>
</tbody>
</table>

**TABLE 4** State of South Carolina Department of Health and Human Services Savings Analysis-NICU admits

<table>
<thead>
<tr>
<th></th>
<th>PROJECTED Q1 SFY 2013</th>
<th>ACTUAL Q1 SFY 2013</th>
<th>ESTIMATED INCURRED SAVINGS/(COST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Births</td>
<td>7,798</td>
<td>7,798</td>
<td></td>
</tr>
<tr>
<td>Total NICU admits</td>
<td>624</td>
<td>443</td>
<td></td>
</tr>
<tr>
<td>NICU admits as a % of Births</td>
<td>8%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Average paid per admit</td>
<td>$25,253.07</td>
<td>$25,253.07</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL PAID</strong></td>
<td><strong>$15,758,000</strong></td>
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South Carolina Birth Outcomes Initiative
Linking More Than 100 Stakeholders to Improve Maternal and Infant Health Outcomes

2011 SC Medicaid Data Compared to 2014

62% DECREASE IN THE PERCENT OF LABOR INDUCTIONS AT 30 OR 32 WEEKS

28% IMPROVEMENT AS MEASURED BY THE JOINT COMMISSION EARLY ELECTIVE DELIVERY MEASURE

8% DECLINE IN THE PERCENT OF BIRTHS OCCURRING AT 37-38 WEEKS

5% DECLINE IN THE PERCENT OF MODERATELY-LOW BIRTHWEIGHT INFANTS

64% OF BIRTHING FACILITIES MET THE GOAL OF A 0% EARLY ELECTIVE DELIVERY RATE FOR MEDICAID RECIPIENTS

7438 ADDITIONAL WOMEN RECEIVED AN INTENSIVE SCREENING AND HAD A BRIEF INTERVENTION

50% OF BIRTHING FACILITIES HAD REDUCED THEIR PRIMARY C-SECTION RATES WITHIN 6 MONTHS OF THE SUPPORTING UNQUALIFIED INITIATIVE

NUMBER OF CENTERING PREGNANCY SITES

2011 2012 2015

10 2 12

10 Milk depots are now accepting donor human milk bank in the state.

NOTES

2. Moderately-low birthweight outcomes are measured in women weighing 1,500-2,499 grams at birth, which equates to approximately 3.3-5.5 pounds.

3. ACA is the abbreviation of American Health Insurance and Reform Act of 2010.

4. Red goals were met in 2014.

5. Primary care meshed at 1,400. The 10% indicator meshes at 1,400 and at the 10% indicator 1.400 Meshes at 1,400 Meshes at 1,400 Meshes at 1,400.


For more information on the Birth Outcomes Initiative or the facts presented here, please contact Ana Lopez-Danielly, Ph.D., at adanielly@cu.edu.
Problems

- Can't do everything
- Turf battles
- Politics
Future Directions

- AIM – Safety Bundles
- Maternal Levels of Care
- Infant Mortality
Thank You

- ACOG
- Dr. Judy Burgis, SC Vice-Chair
- Ms. Melanie “Bz” Giese, DHHS Staff Director
- Hundreds of volunteers
- SC Ob/Gyns