

Reduction of Peripartum Disparities Bundle

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Overview

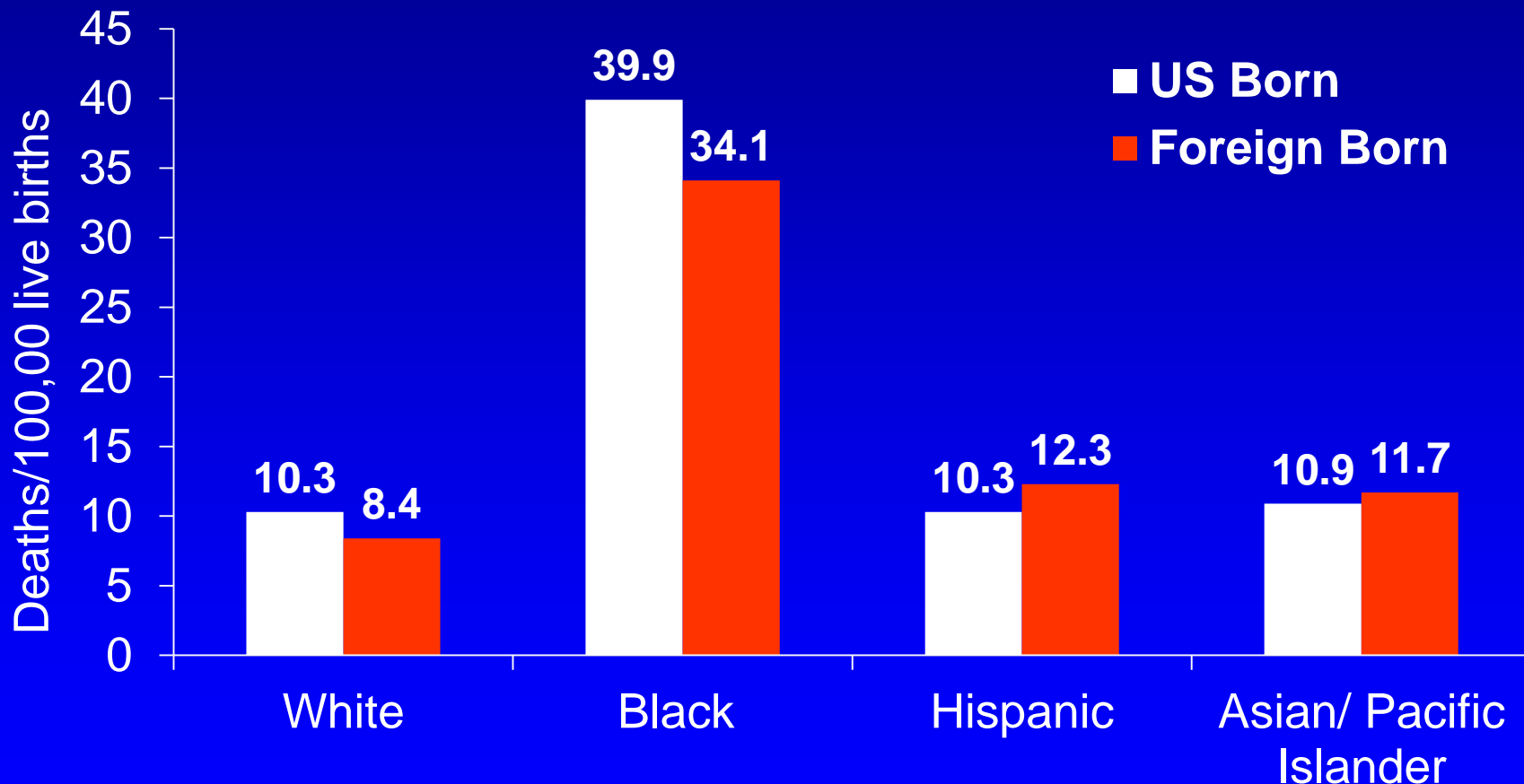
- Background
- Quality of Care Framework
- Disparities Bundle Development
- Bundle Themes
- Progress

Disparities in Maternal Mortality

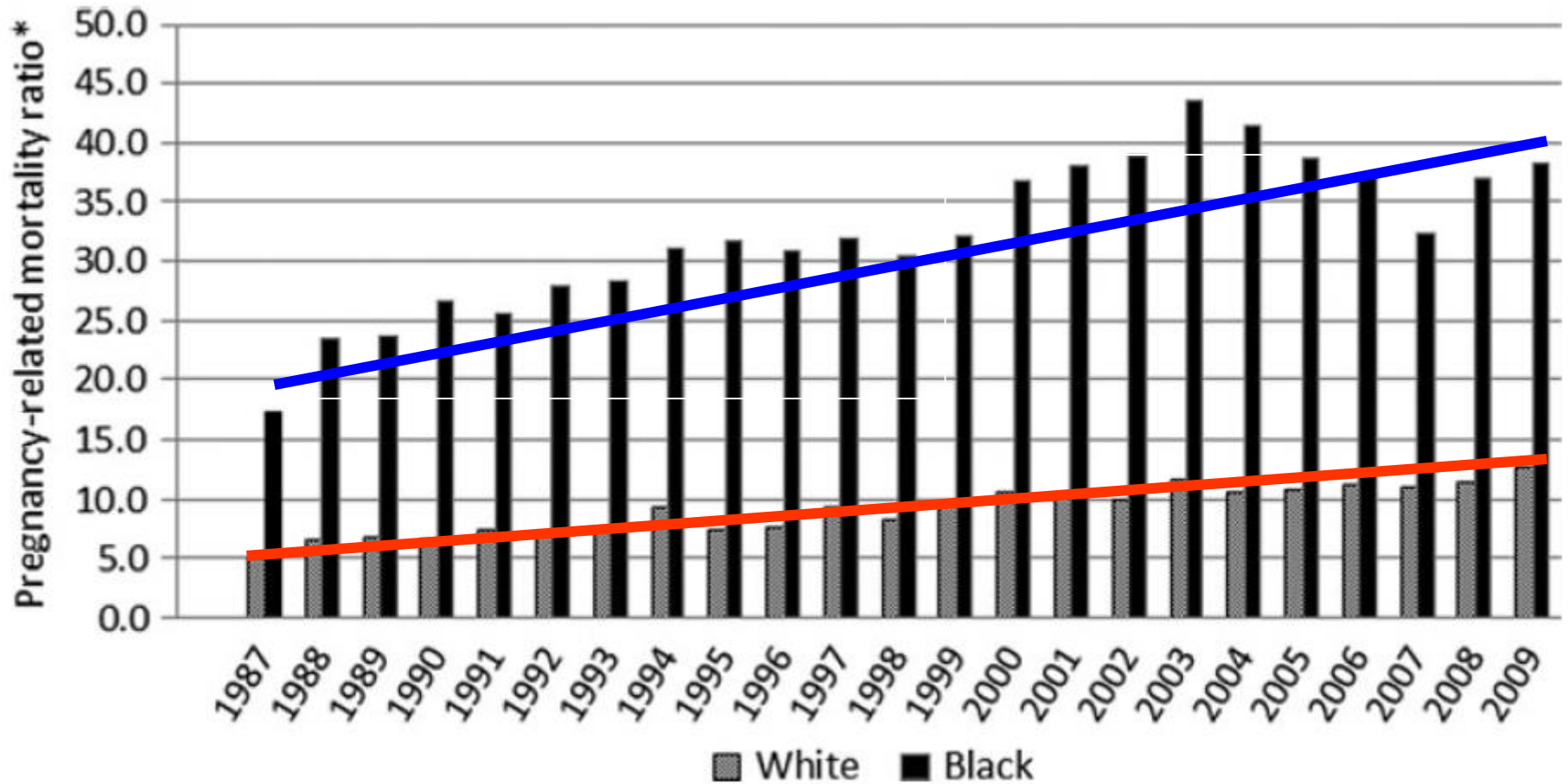
- Minorities represent half of all US births
- Racial/ethnic minorities suffer higher maternal mortality rates
- Blacks 3 to 4 times more likely to die than whites – largest disparity among population perinatal health measures
- Native Americans, Asians, some Latinas also have elevated rates

Martin .Natl Vital Stat Rep 2007;56:1-103.
Callaghan, 2012

United States Pregnancy-related Mortality by Race, Ethnicity, Nativity 2000-2006



CDC US Pregnancy-related Mortality by Race



Disparities More Pronounced in Some Cities

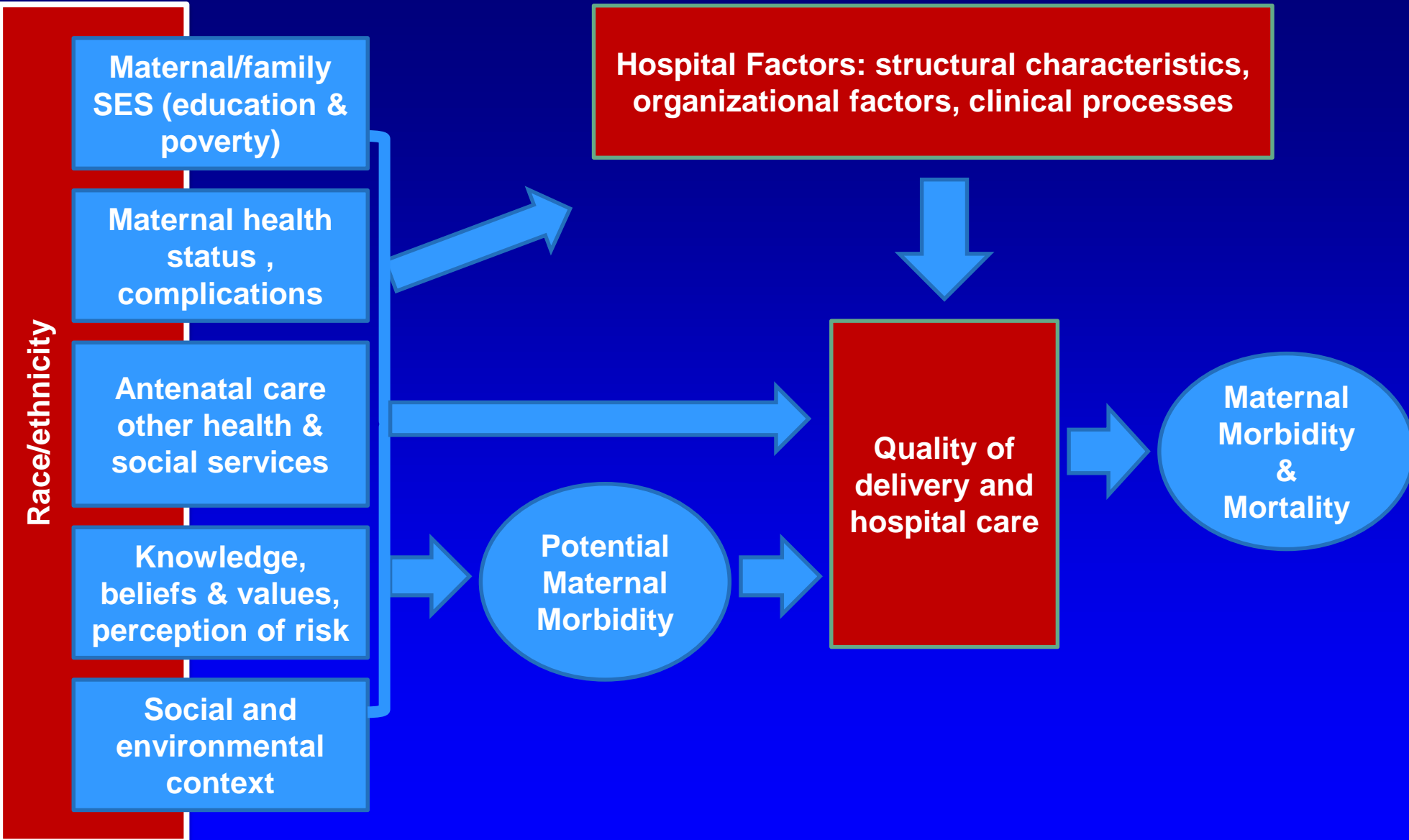
Pregnancy-related mortality in NYC 2006-2010

- Blacks **12** times more likely to die
 - **Widening of gap since 2001-2005**
 - **Increased gap driven by 45% decreased mortality among whites**
- Asian/Pacific Islanders **4x** as likely to die
- Latinas **3x** as likely to die

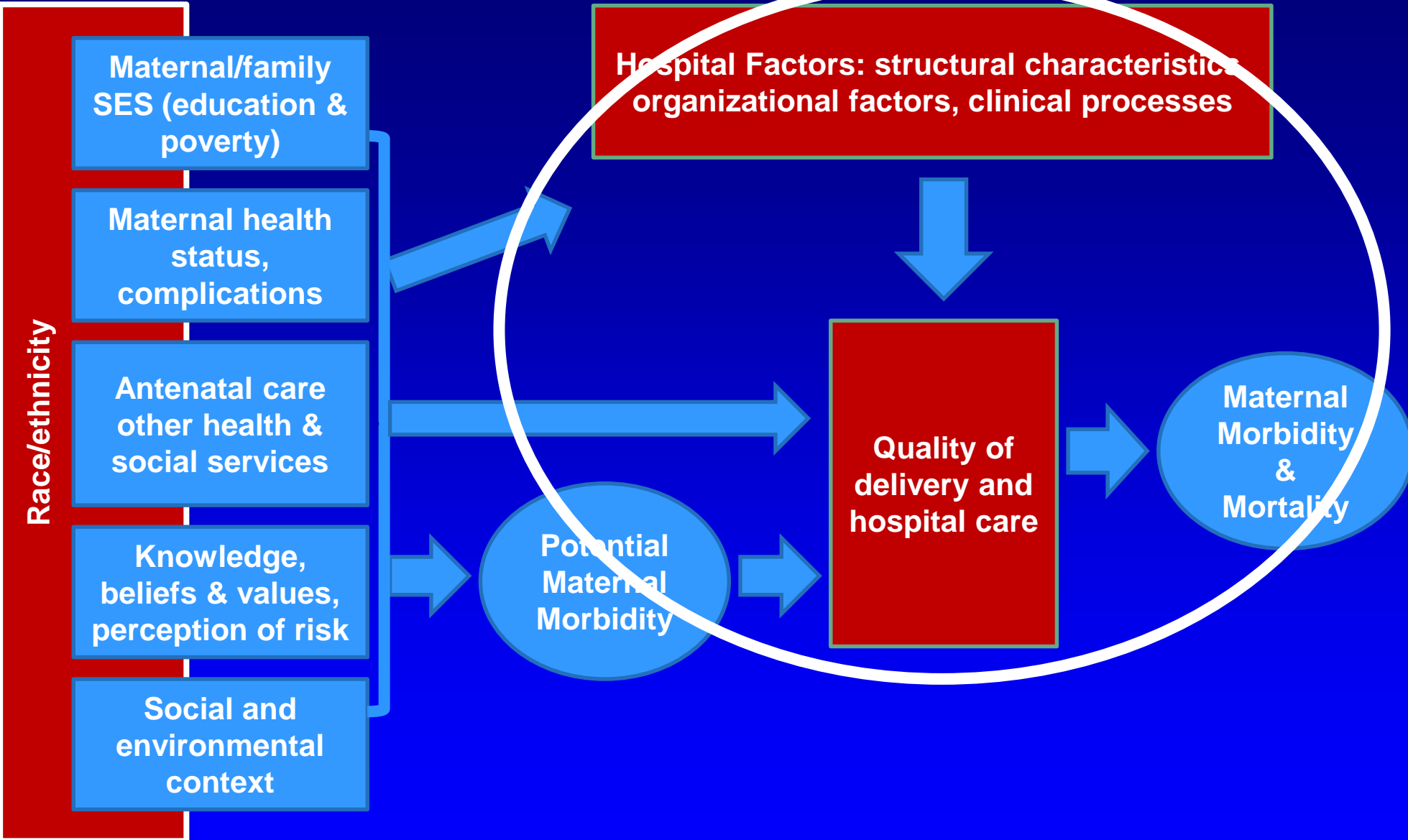
Severe Maternal Morbidity

- For every maternal death, over 100 women experience severe obstetric morbidity
- Affects 60,000 women annually in US
- Rates are rising: nearly doubled over last decade
- Racial/ethnic disparities exist

Quality and Disparities in Severe Morbidity



Quality and Disparities in Severe Morbidity



Hospital Quality

- Nearly one-half of severe events / maternal deaths preventable through patient, provider, and system factors
- Studies suggest hospital quality important contributing factor
- Growing evidence that use of safety protocols, checklists improve outcomes

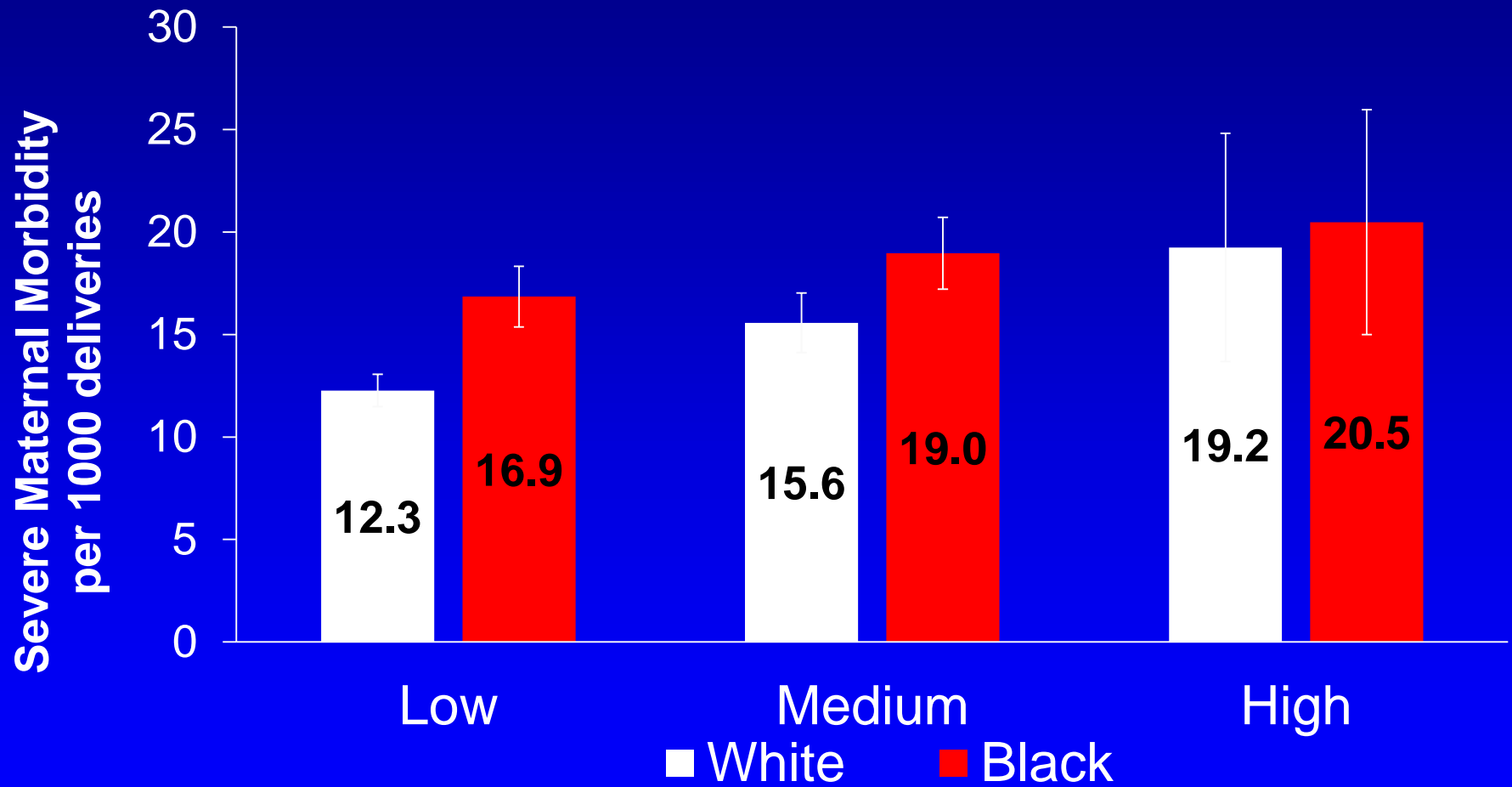
Geller. Womens Health Issues 2006; Lewis. Report on confidential enquiries into maternal deaths in the UK, 1997–1999.

Quality of Care and Disparities

- Site of care -- mechanism for disparities
- Minorities receive care from concentrated set of hospitals
- Minority-serving hospitals associated with:
 - Higher AMI mortality; lower use of guidelines
 - Lower performance on OB delivery indicators
 - Higher severe maternal morbidity rates for blacks and whites

Barnato, Med Care, 2005; Bach, NEJM, 2004; Creanga AJOG 2015, Howell AJOG 2016

Risk-adjusted Severe Maternal Morbidity Rates for Black and White Deliveries at Black-serving Hospitals



Howell, AJOG 2016

Alliance for Innovation on Maternal Health: Focus on Disparities

- One of the first professional bodies to address disparities
- Unique perspective - addressing disparities under a patient safety umbrella
- Raises awareness among health systems, departments of health, hospitals, and clinicians who care for pregnant and postpartum women

Perinatal Disparities Working Group

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Guiding Principles

- Consider racial/ethnic disparities broadly – not limited to black versus white
- Acknowledge complex causes – genetics, social determinants, behaviors, quality
- Focus on quality of care, modifiable factor
- Consider continuum of care
- Important attributes of our bundle
 - Actionable
 - Evidence-based
 - Feasible
 - Impactful

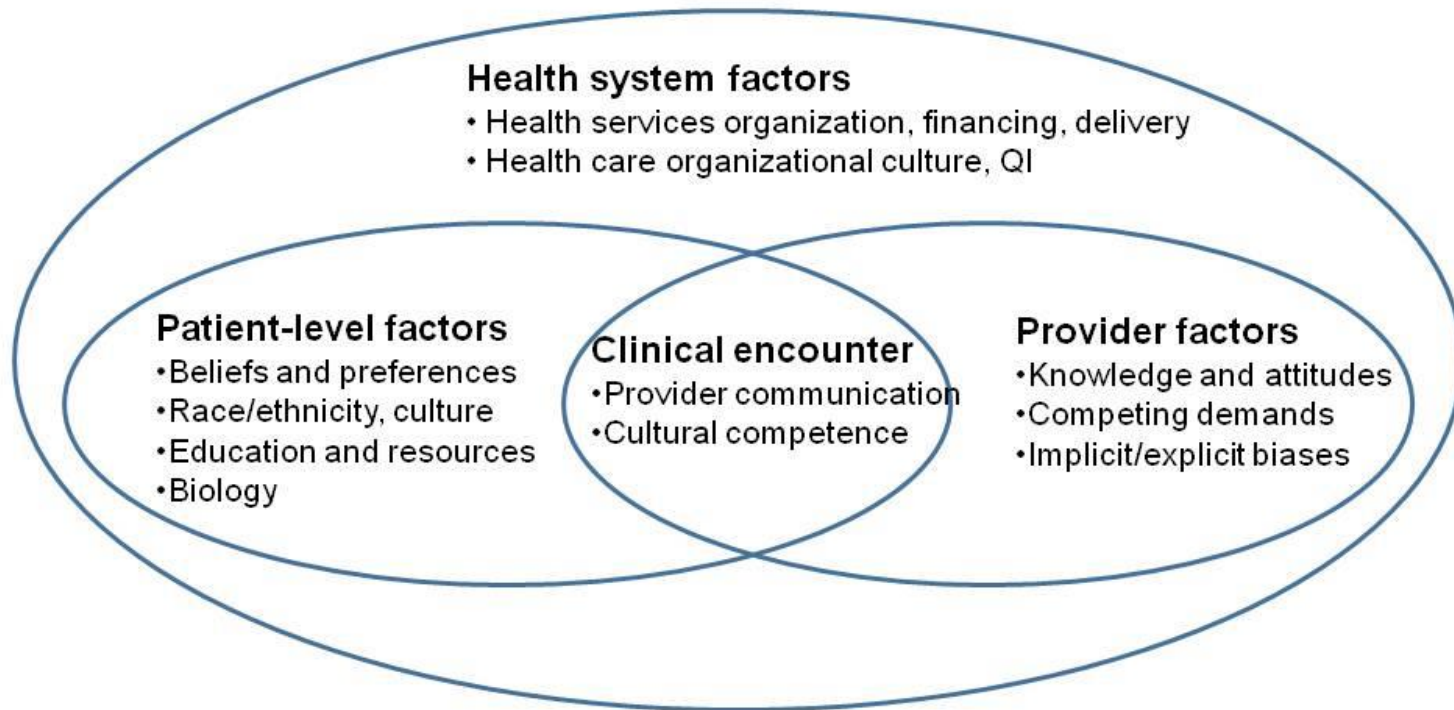
Starting Point

- Tailoring existing bundles
- Create new clinical bundle that specifically targets high risks minority women (e.g. cardiac disease)
- Target communication / shared decision making
- Disparities dashboard

Bundle Development

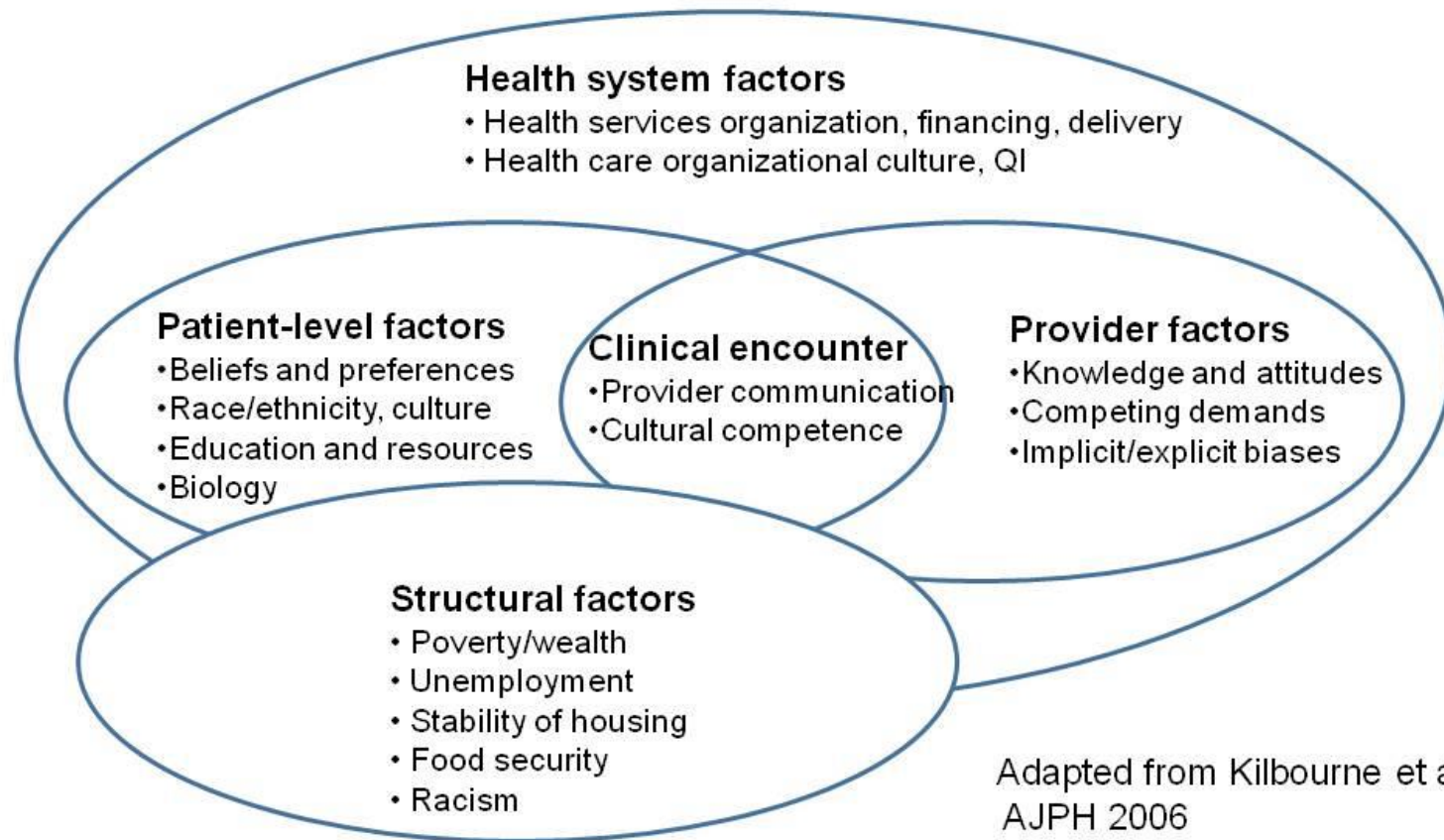
- Review of literature
 - Disparities frameworks
 - Drivers of disparities and relative contributions
 - Effective interventions to reduce disparities
 - Examples from other areas of medicine
 - Shared-decision making
 - Patient provider communication
 - Implicit bias

Contributors to health and health care disparities

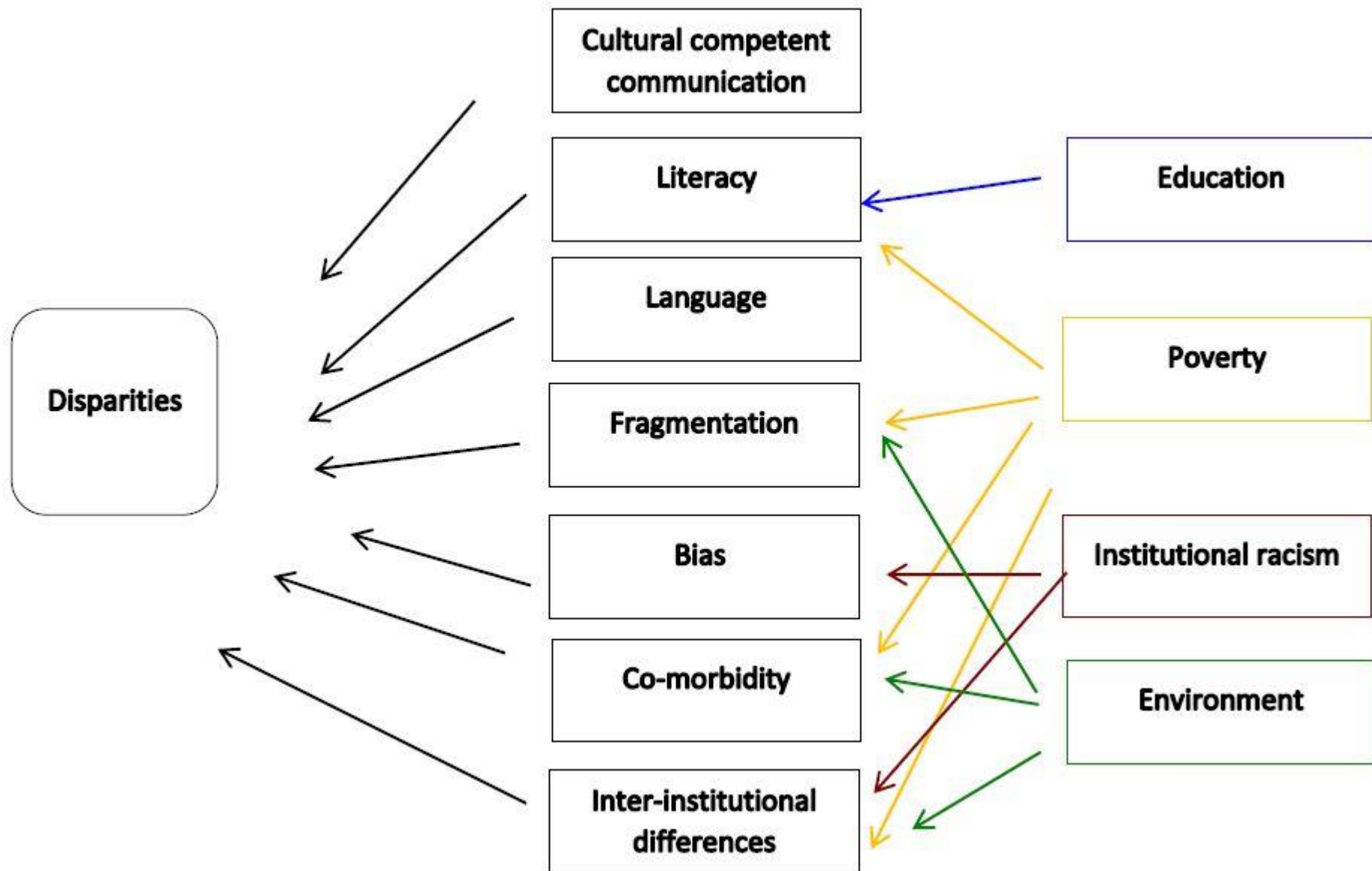


Adapted from Kilbourne et al,
AJPH 2006

Contributors to health and health care disparities



Disparities Bundle Framework



Disparities Bundle Themes

- Shared decision-making
- Implicit bias
- Continuity of care
- Patient education
- Care fragmentation
- Disparity dashboard
- Inter-hospital differences

Using Existing Bundle Framework

- **Readiness**
- *Every health system*
- Establish systems to accurately record self-identified race, ethnicity, and primary language

Using Existing Bundle Framework

- **Recognition**
- *Every patient, family, and staff member*
- Establish discharge navigation and coordination systems to ensure that women have appropriate follow-up care and understand when it is necessary to return to the clinic or hospital

Using Existing Bundle Framework

- **Response**
- *Every clinical encounter*
- Encourage mechanism for reporting of care that is not equitable and patient-centered and respond accordingly

Using Existing Bundle Framework

- **Reporting & Systems Learning**
- *Every clinical unit*
- Develop disparities dashboard that monitors process and outcome metrics and stratify these metrics by race and ethnicity

Next Steps

- Finalize bundle
- Collect resources
- Present bundle to the Council

THANK YOU

What We Did

- Used national data from 2010 and 2011
- Identified severe maternal morbidity (SMM)
- Ranked hospitals by proportion of black deliveries:
 - High (top 5%)
 - Medium (5-25%)
 - Low (remainder)
- Analyzed risks of SMM for blacks and whites by hospital black-serving status using logistic regression adjusting for patient comorbidities, hospital factors, and patient clustering

What We Found

- One quarter of all US hospitals provide care for 75% of all black deliveries
- Higher rates of severe maternal morbidity among blacks partially due to:
 - Elevated rates of comorbidities
 - Differences in site of care
- Black-serving hospitals have higher morbidity rates for both black and white women