

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.

¹ Gloor PA. *Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks*. New York: Oxford University Press, 2006.



Collaborative Improvement & Innovation Network (CoIIN) 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



CoIN Design

Common Strategies for Regions IV and VI

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



Increase smoking cessation

Enhance Interconception Care in Medicaid

Reduce elective deliveries <39 weeks

Enhance perinatal regionalization

Promote safe sleep

Technical assistance Contract Team; shared workspace; data dashboard



CoIIN: Design to Action -- Plan

Define Scope and Nature of the Problem

Strategies

- Establish quality improvement Aims for each Strategy.

Aims

- Identify state-level opportunities to achieve Aims.

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

Measures

Build and Sustain Cyberteams

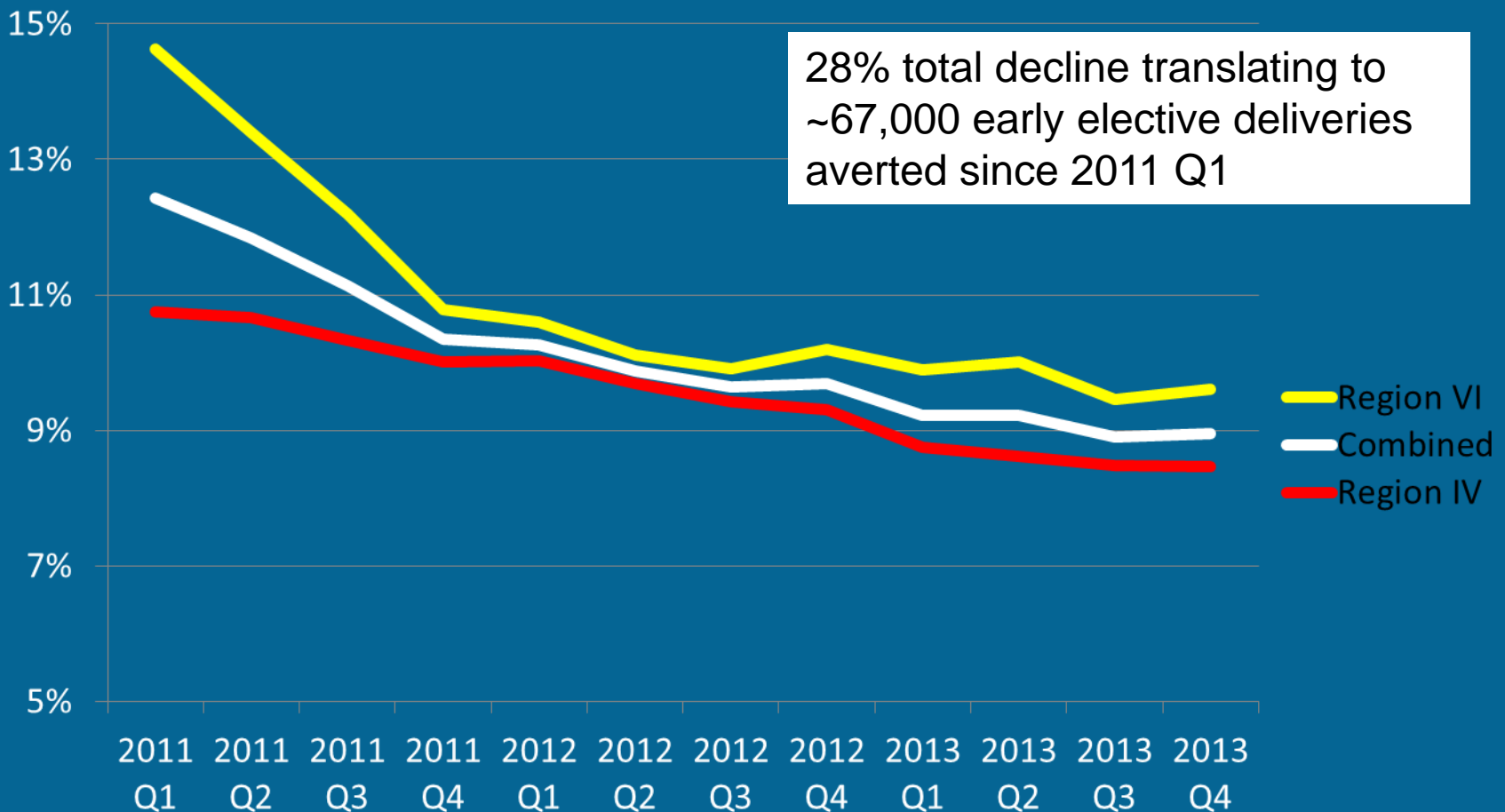


Regions IV & VI Infant Mortality CoIN AIMS

- **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*



* Includes provisional birth certificate data



Non-Medically Indicated Early Term Deliveries * Among Singleton, Term Deliveries

State Variation	Average	Range
Change from 2011/Q1 – 2013/Q4	-25.6%	(-51.8%, 1.8%)
2013/Q4 Rates	8.8%	(6.4%, 12.2%)

- 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%

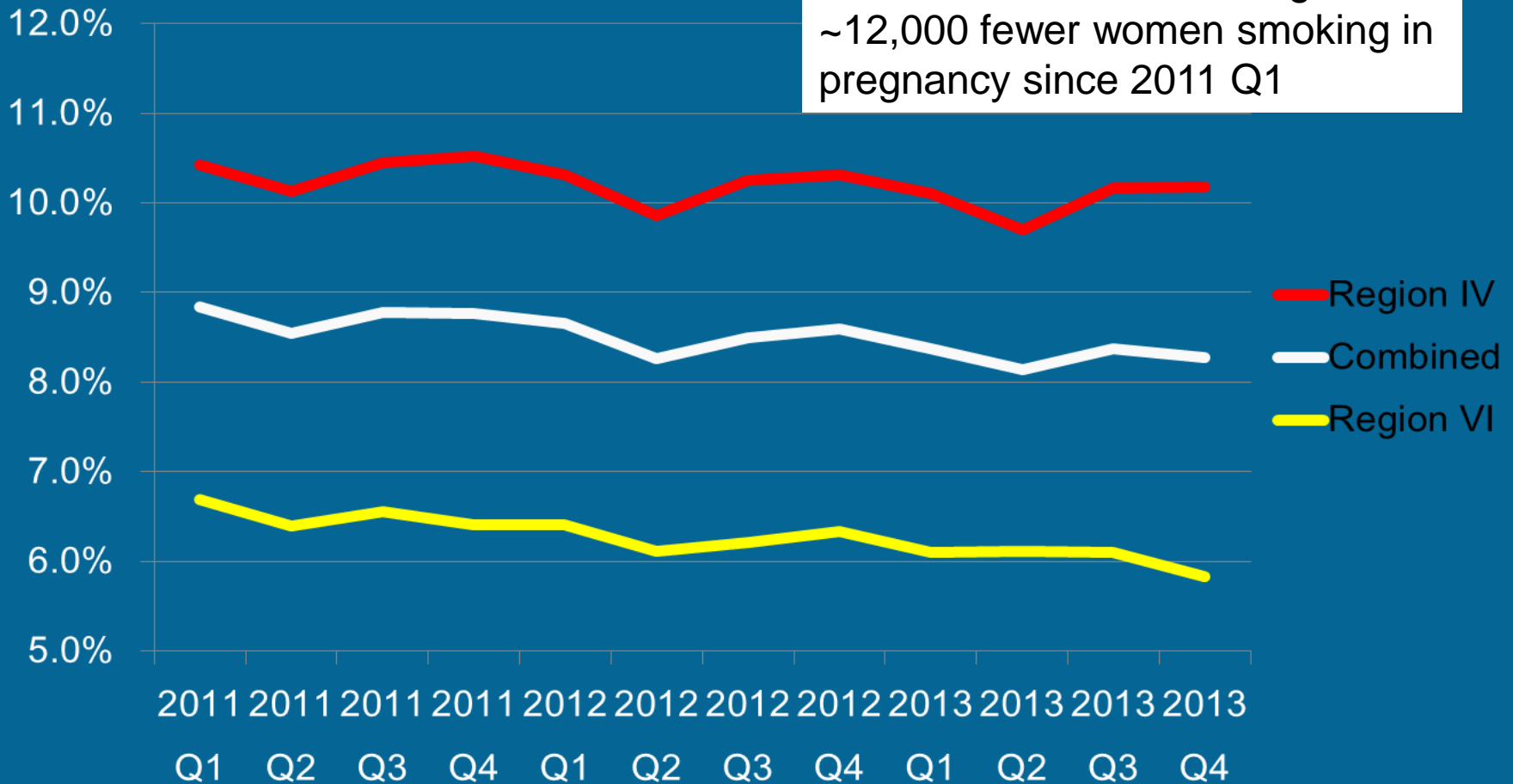


* Inductions or cesareans without trial of labor without indication (fetal distress, prolonged labor, PROMS) at 37 or 38 weeks; excludes pre-existing conditions that may justify delivery



Smoking During Pregnancy*

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



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



Smoking During Pregnancy

State Variation	Average	Range
Change from 2011/Q1 – 2013/Q4	-3.6%	(-22.7%, 19.5%)
2013/Q4 Rates	10.6%	(4.2%, 22.5%)

- 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 CoIIN's Success

- Collaborative learning
- Rapid cycle improvement
- Measurement system with real-time data
- Partnership and leadership



CoIIN: 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.



Acknowledgment

- **Abt Associates**
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- **March of Dimes**
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- **NIH**



THANK YOU!

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