

# CoIN: Using the Science of Quality Improvement and Collaborative Learning to Reduce Infant Mortality

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# Collaborative Improvement & Innovation Network (CoIIN)



# 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.<sup>1</sup>
- 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.

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



# Infant Mortality CoIN: History and Vision

## Started in Southern states:

- Born out of January 2012 Infant Mortality Summit in New Orleans, LA for Regions IV and VI as well as previous state-level work by ASTHO and March of Dimes.

## Designed to address stated needs :

- Support collaborative learning, innovation, and quality improvement efforts to reduce infant mortality and improve birth outcomes;
- Apply evidence-based strategies to reduce infant mortality;
- Stimulate action across states, among many partners.

**Lifespan:** 12-18 months (beginning July 2012) with nation-wide expansion planned.

Developed and implemented in ongoing partnership with ASTHO, AMCHP, March of Dimes, CityMatCH, CMS, and CDC and other public and private partners.

**Foci, activities, and outcomes are Team driven.**



# CoIIN Design

## Common Strategies for Regions IV and VI

### State Teams

State Health  
Officials

MCH staff

Medicaid staff

Private partners

*Average 7-15  
people*

### Strategy Teams

Strategy Leads  
(2-3 topical experts)

Data and/  
or Methods Experts

Staff support (MCHB &  
Partner Organizations)

State Representatives

*Average 30-35 people*



Promote smoking  
cessation

Expand  
Interconception  
Care in Medicaid

Reduce elective  
deliveries

Enhance perinatal  
regionalization

Promote safe sleep

Contract Team with expertise in quality improvement

# CoIIN: Work to Date

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 12-18 mo.

Measures

Build and Sustain Cyberteams

# Aims & Strategies:

## Increase Safe Sleep Practices

### STRATEGIES

**AIM:** Increase infant safe sleep practices by 5% by 12/2013 in Region IV and VI States and reduce disparities in sleep related infant deaths .

Infant care-giver knowledge, attitudes, beliefs and practices

Standardized training within provider systems

Strategic alliances

# Aims & Strategies:

## Interconception Care in Medicaid

### STRATEGIES

**AIM:** Modify Medicaid policies and procedures in 5-8 Southern states by December 2013 in order to improve access to and financing of postpartum visits and inter-conception care case management for women who have experienced a Medicaid financed birth that resulted in an adverse pregnancy outcome.

Leadership at the Federal, State and Local Level

Capability and Capacity for Comprehensive Systems

Changes and Enhancements in Financial and Other Policies / Payments

Community Engagement

Public Awareness

Data Collection, Monitoring and Innovation



# Aims & Strategies:

## Enhance Perinatal Regionalization

### STRATEGIES

**AIM:** Increase the percent of mothers delivering at appropriate facilities (including infants <32 weeks gestation and/or less than 1500 grams) to 90% (or by 20% above baseline) in Regions IV and VI by December 2013.

Data

Maternal Care

Policy and Incentives

Guidelines for Levels of Care

Leadership at the Federal, State and Local Level

# Aims & Strategies:

## Increase Smoking Cessation

### STRATEGIES

**AIM: Decrease the tobacco smoking rate by 3% among pregnant women in the states of Regions IV and VI by December 31, 2013.**

Leadership at the Federal, state and local level

Capacity and Capability for Comprehensive Systems

Changes and Enhancements in Financial and Other Policies / Payments

Community Engagement

Public Awareness

Data Collection, Monitoring and Innovation

# Aims & Strategies:

## Reduce Elective Deliveries < 39 wks

### STRATEGIES

AIM: By December, 2013, reduce the proportion of non-medically indicated deliveries < 39 weeks by 33% in the Region IV and VI states.

Leadership at the Federal, State and Local Level

Capacity and Capability for Comprehensive Systems

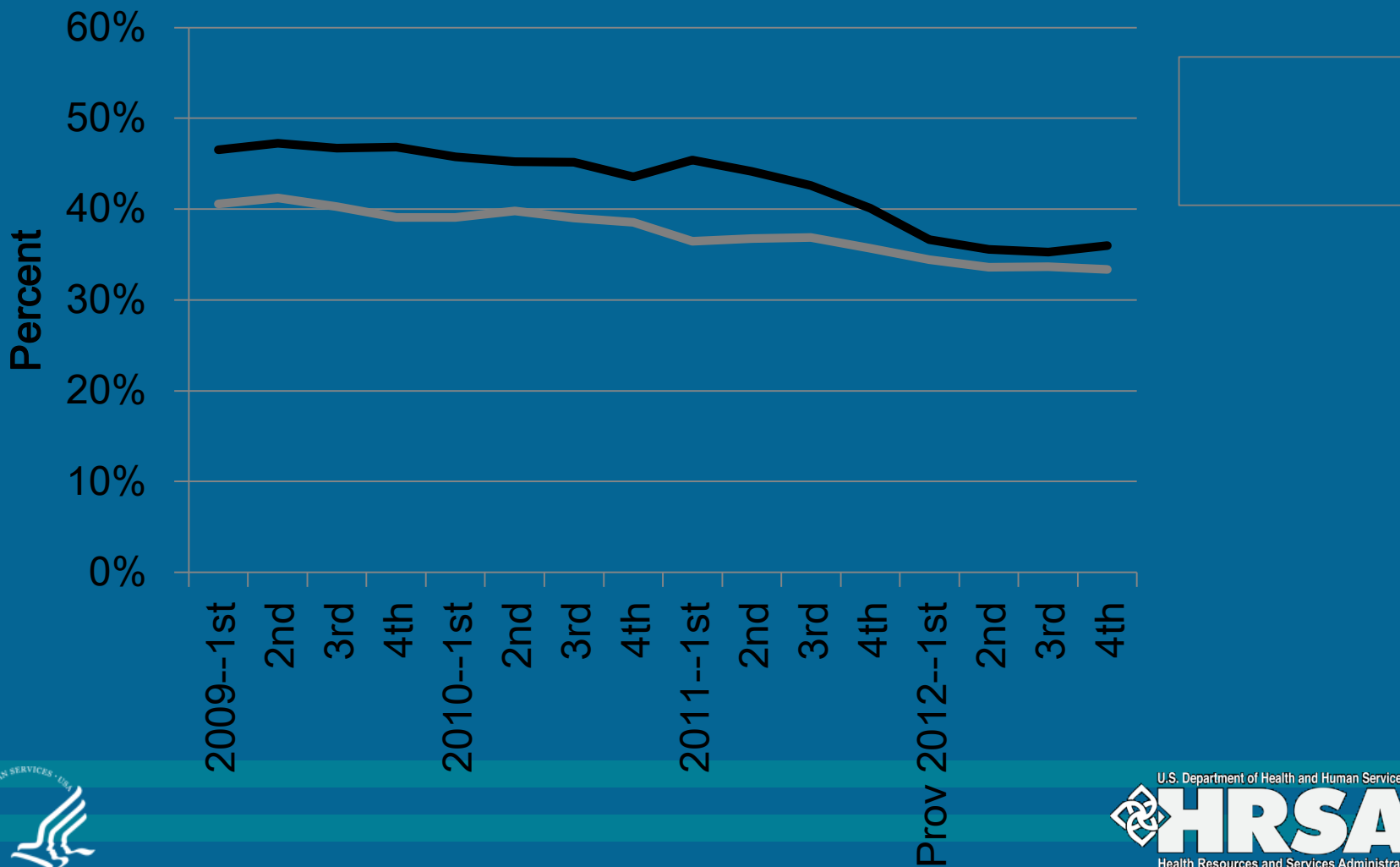
Changes and Enhancements in Policy and Financial Approaches

Community Engagement [Partnerships and Collaboration]

Public Awareness

Data Collection, Monitoring and Innovation

# Percent of Non-Medically Indicated Deliveries Among Singleton Early Term Deliveries, Reg. IV & VI (Provisional)



# CoIIN: Next Steps (6 months)

1. Region IV & VI Strategy Teams to refine Metrics;
2. Implement strategies at State level;
3. Track process and outcome (short and midterm) measures;
4. Plan for 2<sup>nd</sup> face-to-face meeting (i.e., Learning Session);
5. Expanded to Region V (March 2013) and other Regions.



# Region V (Possible) Strategies

- Social Determinants of Health
- SIDS/SUID
- Preconception Care



# CoIIN: Summary

- A new MCHB-HRSA 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.



# Contact Information

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