

## Why join CMQCC?

- **Improve outcomes** for moms and babies at your hospital
- **Measure** key performance indicators and benchmark quality data between your providers and against other hospitals
- **Learn** from local and national experts and your peers
- **Get recognized** – demonstrate to California stakeholders that you take maternity quality improvement seriously
- **Get rewarded** – many health plans are offering financial incentives and recognition for CMQCC membership

**MEMBERSHIP BENEFITS** – *Join the 200+ hospitals already participating!*

**CMQCC membership offers hospitals a complete package of services to drive perinatal performance improvement.**

### **QI Toolkits – Evidence-based guides for delivering high-quality care**

CMQCC's toolkits provide detailed, evidence-based, multi-disciplinary implementation guides for improving perinatal quality in the inpatient setting. They include:

- **COMING SOON!** The Mother and Baby Substance Exposure Toolkit
- **NEW in 2020!** Improving Diagnosis and Treatment of Maternal Sepsis
- Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum
- Elimination of Early Elective Delivery
- Improving Health Care Response to Maternal Venous Thromboembolism
- Improving Health Care Response to Obstetric Hemorrhage V2.0, **UPDATE V3.0 COMING IN 2021!**
- Improving Health Care Response to Preeclampsia, **UPDATE V2.0 COMING IN 2020!**
- Supporting Vaginal Birth and Reducing Primary Cesareans

### **QI Implementation - Putting evidence into action**

We are constantly offering new quality improvement opportunities based on member feedback and research findings. Our current QI opportunities include:

- The **Mother & Baby Substance Exposure Initiative**: a hospital and community-based effort to improve outcomes for mothers and newborns impacted by substance exposure, with a specific focus on Opioid Use Disorder
- **QI Academy**: a year-long educational initiative designed to help hospitals build a multidisciplinary maternal QI team that fosters sustainable change and enhances professional experience
- **HUDLS**: online clinical education on evidence-based best practices for supporting women during labor, **UPDATE V2.0 COMING IN 2020!**
- Sharing of QI policies, best practices and ideas with other member hospitals on our **SHARE** discussion platform
- Access to expert clinical coaches

### **Maternal Data Center (MDC) – Data to drive action**

CMQCC's Maternal Data Center is a user-friendly, low-burden tool that enables rapid-cycle performance measurement and insights for improvement. More than 200 hospitals use the MDC to:

- Compare hospital performance to statewide, regional and system benchmarks
- View provider-level results and benchmarks
- Generate one-click reports for OB Committees
- Perform drill-down analysis to identify a hospital's unique QI opportunities
- Identify data coding issues that impact performance measure results
- Create system-level dashboards for multi-hospital networks
- Facilitate performance reporting requirements to the Leapfrog Group, Blue Distinction Provider Recognition program, California Children's Services, CMS Inpatient Quality Reporting Program, Joint Commission OPPE program, and others.

## CMQCC programs result in real performance success stories!

### Improving Support for Vaginal Birth and Reducing Primary C-sections

CMQCC's Collaborative to Support Vaginal Birth and Reduce Primary focused on helping hospitals reduce their first-birth, low-risk (NTSV) cesarean rate to meet the California statewide target of 23.9%. The 2018 average of all CA hospitals was 23.4% compare to the national average of 25.9% (Figure 1). The percent of CMQCC member hospitals with NTSV cesarean rates less than or equal to 23.9% continues to grow while the percent of hospitals with NTSV cesarean rates above 26% is decreasing (Figure 2).

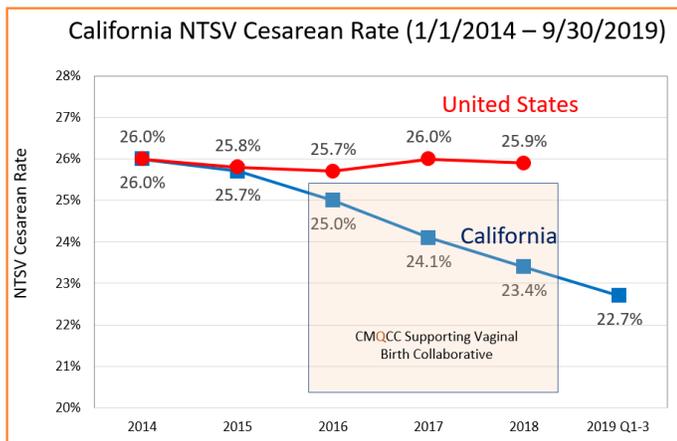


Figure 1

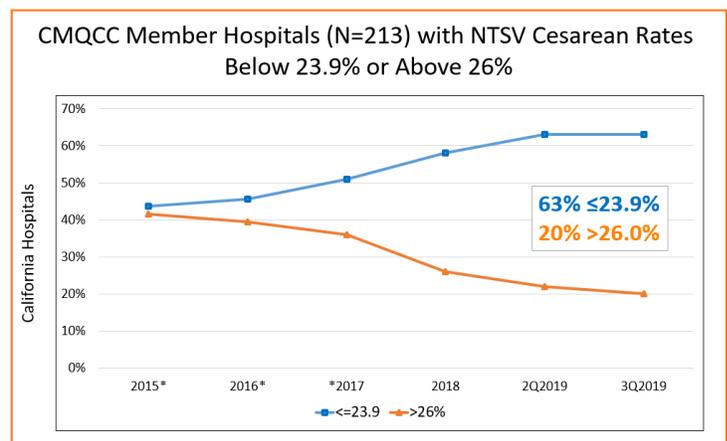


Figure 2

### Reducing Severe Maternal Morbidity from Hemorrhage

Severe maternal morbidity was reduced by **20.8%** among 126 hospitals (288,210 births) participating in the California Partnership for Maternal Safety Collaborative from 2014-2016; in contrast, a 48-hospital (83,632 births) comparison sample had a 1.2% reduction in maternal morbidity.

### Reducing Mortality and Prematurity

Additional key indicators of improvement in perinatal care include:

- California's maternal mortality rate declined more than 55% from 2006 to 2013, **saving 9.6 lives per 100,000**
- 120,000 early births were prevented** from 2009 to 2014, with an additional 8% of births reaching full term.

### ABOUT US:

The California Maternal Quality Care Collaborative is a multi-stakeholder organization committed to ending preventable morbidity, mortality and racial disparities in California maternity care. CMQCC uses research, quality improvement toolkits, state-wide outreach collaboratives and its innovative Maternal Data Center to improve health outcomes for mothers and their babies.

This work is not possible without our partners who include leaders from the hospital, public health, academic and clinical communities, and supported by a wide set of stakeholders, including: the California Hospital Association, Hospital Quality Institute, ACOG, AWHONN, the California Department of Public Health, and the California Health and Human Services Agency. CMQCC is based at Stanford University.

## 2021 & 2022 Membership Fees

Our goal is to ensure participation by all interested hospitals. We strive for fees that are fair, affordable and consistent with the value received. Discounts are available as noted below.

### 1-2 Site Hospitals

If your hospital is a single, stand-alone facility or in a network of 2 hospitals, your fees are:

Annual Fee Per Site \$10,800/ year

### Discounts for Multi-Hospital Systems

If your hospital is part of a system with >2 hospitals, pricing is contingent on the number of system hospitals that **continue** CMQCC participation in 2021.

Timeline	Fee per site		
	3-5 sites	6-15 sites	15+ sites
Annual Fee per Site: Continued Participation Standard* <b>Not Met</b>	\$10,800/ year	\$10,800/ year	\$10,800/ year
Annual Fee per Site: Continued Participation Standard* <b>Met</b>	\$8,600/ year	\$8,000/ year	\$7,300/ year

*\*Continued Participation Standard - All system hospitals that were CMQCC members as of December 2020 must continue to participate in Calendar Year 2021 in order to receive the system discount.*

### Discounts for Members in Need

If your hospital meets the criteria below and formally applies for a CMQCC scholarship\*, you may be eligible for the following discounted fees.

Members in Need Scholarship*	Fee per site
A. <1000 annual births <b>and</b> 70% or more Medi-Cal Patients Or <750 annual births <b>and</b> 60% or more Medi-Cal Patients Or < 500 annual births <b>and</b> 50% or more Medi-Cal Patients Or a Critical Access Hospital	\$2,800/ year
B. 1000-3500 annual births <b>and</b> 80% or more Medi-Cal Patients	\$5,800/ year

*\*Scholarship applications for the Calendar Year 2021 membership period will be sent out late Spring 2020. If your hospital is approved for a scholarship, it is only guaranteed for Calendar Year 2021.*

*Invoices will be sent in January 2021 for payment due by March 19, 2021 for Calendar Year 2021 membership.*