

Dear.Hospital.CEO,

The Hospital Quality Institute developed a strategic relationship with the California Maternal Quality Care Collaborative (CMQCC) to create alignment and focus to improve the care of mothers and babies in California. One of every eight babies born in the United States is born in California, over 502,000 births.

We want to make sure we deliver the best care possible and then improve it.

The California Maternal Data Center (MDC) is a most important vehicle to do this work. Using data reported to MDC informs our opportunities for better care. The voluntary reporting provides analysis and reporting to fuel improvement. For example, one set of hospital reduced Cesarean birth rates by 17% among low risk births. Such reductions have the potential to avert unnecessary procedures, reduce millions of dollars in cost and most importantly, reduce risk to mothers and babies.

If you are currently reporting to the MDC, please continue to do so. If you are not reporting, we encourage you to start now. Provide leadership by joining the statewide efforts to improve perinatal and maternal health through the MDC by the end of this year.

We have concerns over the variation of obstetrical practice across the state. Cesarean births of low risk pregnancy range from 11% to 60%. We must do better.

Participation in the California MDC – a no-cost program through December 2016 – provides invaluable support for all hospitals, large and small, to monitor and improve their maternity care. Operated by the CMQCC and supported by the CDC and the California HealthCare Foundation, over 100 California hospitals are already using the MDC to empower their internal quality improvement activities. A list of hospitals is included for your reference.

Please plan for a hospital representative to attend an upcoming WebEx demonstration on 10/29 or 11/6. Alternatively, feel free to contact Anne Castles at CMQCC directly, 626-639-3044 or acastles@cmqcc.org, to schedule a separate time for your team. For more information and a detailed description of the MDC, please refer to the enclosures in this letter.

By working together, hospitals can work with their partners to eliminate variation, reduce Cesarean birth rates, and improve the health of mothers and infants.

Sincerely,



Julianne M. Morath, RN, MS, CPPS
President/CEO
Hospital Quality Institute (HQI)

Cc: [CMO], [CNO]

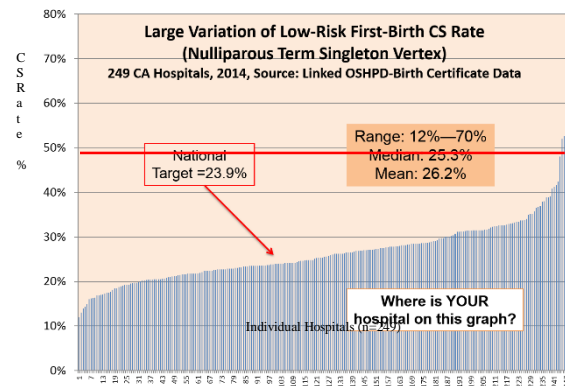
A collaboration of the California Hospital Association, Hospital Council of Northern and Central California, Hospital Association of Southern California, and Hospital Association of San Diego and Imperial Counties



January 2016

The three largest purchasers of health care for the State of California, the Department of Health Care Services (DHCS), the California Public Employees' Retirement System (CalPERS), and Covered California, provide health care to approximately 17 million Californians and cover well over half of the births in the state. Together with the California Health and Human Services Agency (CHHS) and the Department of Public Health (CDPH), we are collaborating on an important state and national issue: Reducing inappropriate Caesarean deliveries (C-sections). California hospitals' wide variation of 12 percent to 70 percent (statewide average 26.2 percent) in risk-adjusted low-risk C-section rates concerns us as payers and population health experts. The graphic on the right illustrates the range of hospital C-section rates throughout California.

We are committed to bringing each California hospital's low-risk first pregnancy C-section rate in line with the national risk-adjusted Healthy People 2020 target of 23.9 percent. Not only would reducing the rate of first-birth C-sections reduce the risk of complications, it also reduces the likelihood of a second or more C-section. It would also reduce the cost of births to the health system. There are approximately 500,000 births annually in California and payments average \$5,000 more per C-section versus vaginal birth. If the state C-section rate is decreased by 1 percent, 5,000 C-sections would be avoided annually. We are partnering with the California Maternity Quality Care Collaborative (CMQCC), the California Health Care Foundation (CHCF), and clinical leadership across the state to implement a quality improvement initiative at hospitals with C-section rates above the national average. DHCS, CalPERS, and Covered California will also regularly update their members regarding which hospitals should be recognized for submitting data to CMQCC, participating in quality improvement, and achieving target C-section rates.



Your hospital has taken the first step in being one of 157 of the 250 hospitals in California with maternity service lines who have joined CMQCC. **Our goal is 100% participation of California maternity hospitals.** We hope you are taking full advantage of all CMQCC has to offer. Working with CMQCC, hospitals have improved the quality of care they provide. Many already reduced the incidence of major maternal complications and their C-section rates among low-risk births by an average of 20 percent using CMQCC data. CMQCC provides rapid feedback, benchmarking, and analysis for measures using data that is only 45 days old.

CMQCC has reduced the reporting burden for hospitals and the California HealthCare Foundation has committed to funding CMQCC through December 2016. Labor & Delivery (L&D) and Quality Managers routinely laud CMQCC as vastly simplifying their ability to track quality and patient safety. In the words of one user: *"I feel like I have a secret weapon in the [CMQCC] and that I could not do my job as efficiently and completely without it."* As a hospital leader, you are critical to putting CMQCC in the hands of L&D Managers, Quality Managers, and Clinicians.

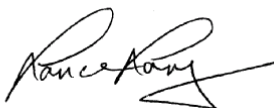
We are pleased that your hospital has joined statewide efforts to improve perinatal and maternal health by joining CMQCC. We look forward to working with you.

By working together, we can reduce C-section rates to eliminate unwarranted variation and improve the health of mothers and infants. Please send any questions to Anne Castles at CMQCC (626-639-3044 or acastles@cmqcc.org).

Sincerely,



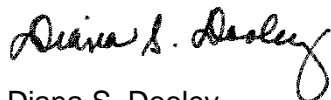
Neal D. Kohatsu, MD, MPH
Medical Director
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Chief Medical Officer
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Deputy Executive Officer
California Public Employees
Retirement System



Diana S. Dooley
Secretary
California Health and
Human Services Agency



Karen L. Smith, MD, MPH
Director
State Public Health Officer
Department of Public Health

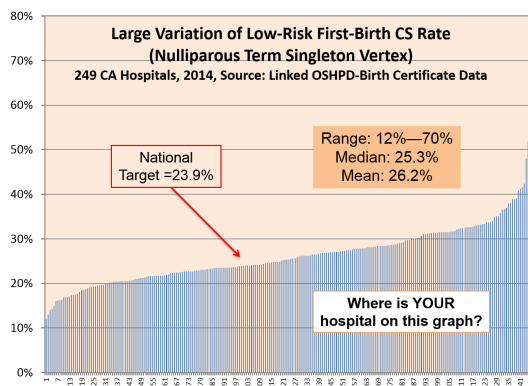
10/19/15

Dear Hospital Leader

Did you know that by using data reported from the California Maternal Data Center (MDC) to drive quality improvement, many hospitals have reduced major maternal complications and their C-section rates among low-risk births by an average of 20%? I'm writing on behalf of many large California employers and health care purchasers, including large employers like Chevron, PG&E, Disney, and the University of California, and public agencies like CalPERS and Covered California. Already, 150 hospitals of the 250 hospitals in California with maternity service lines have enrolled in the MDC, and **PBGH requests that *your hospital* join them and initiate participation by the end of 2015. Our goal is 100% enrollment of California maternity hospitals.**

The MDC is **uniquely low burden for hospitals** and is **completely free through December 2016**. Labor & Delivery and Quality Managers routinely laud the MDC as vastly simplifying their ability to track quality and patient safety. In the words of a user: *"I feel like I have a secret weapon in the MDC and that I could not do my job as efficiently and completely without it."* As a hospital leader, you are instrumental in putting the MDC in the hands of L&D Managers, Quality Managers and Clinicians.

Huge variations in obstetric clinical practices as publically reported on calqualitycare.org have alarmed PBGH Members, who represent more than 5 million lives in the state. The graphic on the right illustrates the wide range of hospital C-section rates throughout California. By providing access to real-time hospital and provider-level perinatal quality metrics and patient-level drill down data, the MDC can help your hospital understand how to improve C-section rate and mother-baby safety by using state and national benchmarks.



We ask that *your hospital* join statewide efforts to improve perinatal and maternal health by joining the MDC by the end of 2015. We will regularly update PBGH Members regarding which facilities are currently submitting data to the MDC.

Please direct your Quality and L&D teams to Anne Castles at CMQCC (626-639-3044 or acastles@cmqcc.org) to schedule a demonstration. For a detailed description of the MDC, please refer to the attachment to this letter. By working together, we can reduce C-section rates to eliminate unwarranted variation and improve the health of mothers and infants.

Sincerely,



David Lansky, CEO, President
Pacific Business Group on Health