

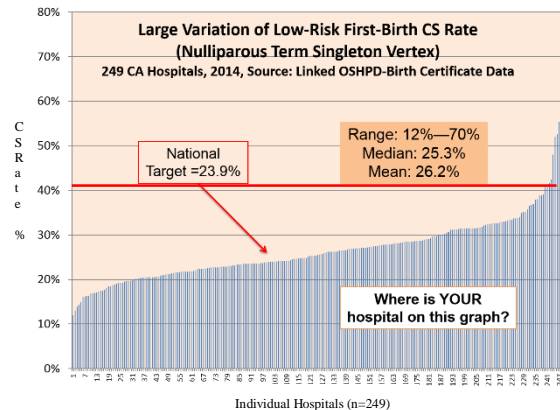


[Name
Title
Hospital
Address]

January XX, 2016

Dear [Insert Hospital Leader],

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 a 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.

We call on you to join us in this endeavor by joining CMQCC. Already, 166 hospitals of the 251 hospitals in California with maternity service lines submit data to CMQCC. **Our goal is 100% participation of California maternity hospitals.** 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 has reduced the reporting burden for hospitals and the California HealthCare Foundation has committed to supporting 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.

CMQCC differs from other performance reporting systems that your hospital may already utilize. CMQCC provides rapid feedback, benchmarking, and analysis for measures using data that is only 45 days old. The CMQCC's user-friendly web tool enables clinicians and managers to easily access over 30 perinatal performance metrics—and drill-down to the patient-level to identify specific improvement opportunities. Leveraging data sets that your hospital already submits to state agencies, your hospital can also automatically generate *provider-level* metrics, as well as state, regional, and like-hospital benchmarks to compare your performance to that of your peers.

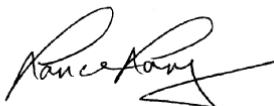
We ask [Hospital] to join statewide efforts to improve perinatal and maternal health by joining CMQCC by the end of January 2016.

For a detailed description of the database, 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. Please direct your Quality and L&D teams to Anne Castles at CMQCC (626-639-3044 or acastles@cmqcc.org) to schedule a demonstration.

Sincerely,



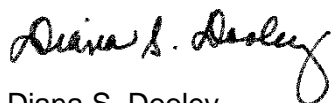
Neal D. Kohatsu, MD, MPH
Medical Director
Department of Health
Care Services



Lance Lang, MD
Chief Medical Officer
Covered California



Doug P. McKeever
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

The California Maternal Data Center A Tool to Improve Perinatal Performance

The California Maternal Data Center (MDC) is a user-friendly online tool that helps hospitals calculate, report and *improve* perinatal performance, in a way that is low-burden and low cost. Participating hospitals submit patient discharge data—that they already collect—to the MDC’s secure web-based tool, which can automatically generate a wide range of perinatal performance metrics and patient-level drill-down information.

The Benefits

Fingertip Access to Perinatal Quality Metrics and Patient-Level Drill Down Data. Clinical and quality departments have “on-demand” access to 30 plus perinatal metrics via the MDC online tool. The MDC not only enables hospitals to drill down from the overall performance metric to the patient level, it also provides “Measure Analysis” tools for the *Elective Delivery* and *C-Section* measures to turn data into action!

Provider-Level Metrics. Hospitals receive provider-specific rates for 12 clinical quality measures. The provider-level metrics can be used for the Ongoing Physician Practice Evaluation (OPPE) required by the Joint Commission (TJC).

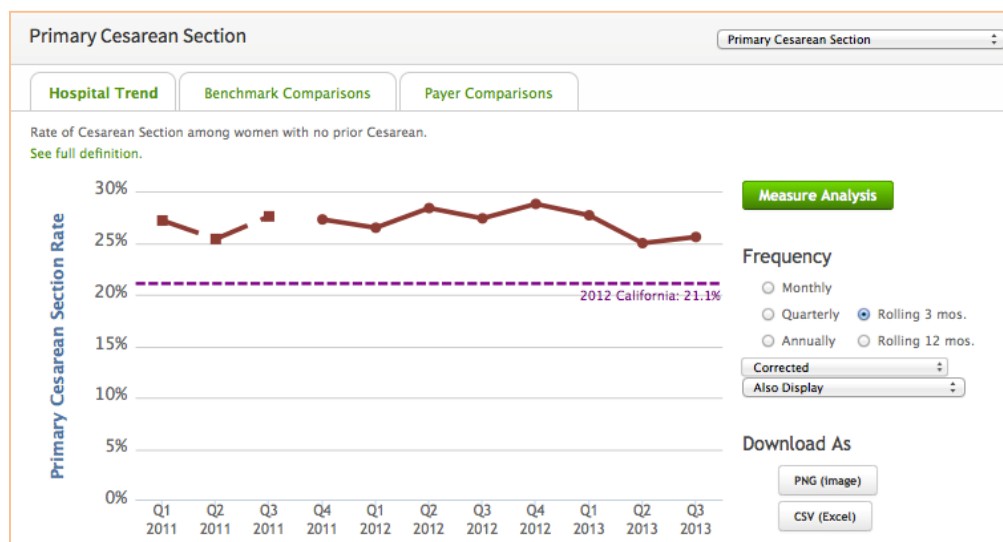
Benchmarking. Hospitals receive detailed benchmarking data to compare your facility to regional, statewide, like-hospital and system averages representing all California hospitals.

Identifying Data Quality Issues that Impact Performance Results. The quality of a hospital’s data can have a substantial impact not only on the Perinatal Care measure set performance, but also on the measures that *CalQualityCare.org* publicly reports on California hospital performance. Hospitals receive data quality metrics to identify hospital-specific coding issues that affect their performance results—prior to that data being reported out.

Facilitated Performance Reporting. MDC can support reporting of perinatal care metrics to CMS, the Leapfrog Group, the Patient Safety First (PSF) Collaborative and CCS reports.

Population-Based Metrics. Many hospitals choose to calculate their Perinatal Care measures based on samples of patients to minimize data collection burden. However, sample-based rates can easily skew from quarter to quarter. By combining your hospital discharge data with birth certificate data, MDC calculates the Perinatal Care measures based on the entire population of deliveries and reduces data collection burden. These population-based results are more robust and more meaningful to clinicians.

It’s Free! Thanks to generous grant funding from the Centers for Disease Control and the California HealthCare Foundation, there are no hospital participation fees until at least January 2017.



Data Confidentiality and Security

The MDC tool instantaneously links hospital-uploaded patient discharge data with birth certificate data supplied directly to CMQCC from the California Office of Vital Records. Using state of the art encryption technology, all patient-level data is fully secured. A Participation and Business Associate Agreement defines the legal, security and confidentiality requirements to be implemented by CMQCC. The project has also received Institutional Review Board (IRB) approval from the Committee for the Protection of Human Subjects (CPHS), the state of California's IRB.

Participation Steps

Step 1	Learn more about the MDC Quality Tool CMQCC will schedule a presentation for your hospital team via WebEx or on-site visit. These one-hour sessions provide an introduction to the MDC tool.
Step 2	Appoint key project contacts for the MDC Upon deciding to participate, contact CMQCC to designate a project administrator and the IT staffer in charge of uploading patient discharge data.
Step 3	Complete the Participation and Business Associate Agreement CMQCC will e-mail you the Participation Agreement, which establishes the rights and responsibilities of the hospital and CMQCC. Ask authorized hospital personnel to review, sign and return the agreement.
Step 4	Submit data <ul style="list-style-type: none">▪ Upload Patient Discharge Data (PDD) directly to the MDC. CMQCC uses the same specifications as the OSHPD PDD, but recommends monthly or quarterly data submissions so the hospital receives rapid-cycle data back.▪ For the <i>optional</i> perinatal measures, review the small set of records that require chart-based data.
Step 5	Participate in a training session for the MDC Quality Tool CMQCC will schedule a 1.5 hour time to train your team on using the application. After the training, you're set to use the results to target your unique clinical and data quality improvement activities.

Current CMDC Users Say....

This is one of the easiest to use, comprehensive quality improvement tools I have ever seen.

David Lagrew MD, Chief Integration and Accountability Officer, Memorial Care Health System

I absolutely love the richness of this data that we can take to our medical staff and administrative teams to see how well we are doing and where we need to focus on our quality improvement.

Kristi Gabel, Perinatal CNS, Sutter Roseville Medical Center

CMDC has helped us improve our 39 week elective deliveries. We went from 22% to 5% by getting accurate data and this team helped us to keep focused. The MDC team is excellent. They are quick to answer your questions in a way you can understand. They have a positive, knowledgeable and action oriented team. I am so happy to be part of this.

Debbie Groth, Director, Maternal and Child Health, El Camino Hospital, Mountain View

My administration is amazed at how fast I am able to provide data, pull together reports, and create a presentation. 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.

Kim Marquardt, RNC-OB, BSN, Perinatal Clinical Data Analyst, Tri-City Medical Center

We are loving the MDC! It has truly expanded our quality reporting and ongoing analysis.

Cynthia Fahey, MSN, RN, Clinical Quality Coordinator, Community Memorial Hospital, Ventura

Learn More

Visit the MDC website at www.cmqcc.org to learn more about participating and to see the web tool in action, or contact CMQCC at datacenter@cmqcc.org or 626-639-3044.