

The Collaborative Improvement & Innovation Network (CoIIN) to Reduce Early Elective Delivery

**William A. Grobman, MD, MBA
Arthur Hale Curtis Professor
Department of Obstetrics and Gynecology
Feinberg School of Medicine
Northwestern University**

What is a CoIIN?

- 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 through rapid and on-going communication across all levels
 - Work patterns characterized by meritocracy, transparency, and openness to contributions from everyone
- Adapted to reflect focus on both innovation and improvement yielding a Collaborative Improvement and Innovation Network (CoIIN)

¹ GLOOR PA. SWARM CREATIVITY: COMPETITIVE ADVANTAGE THROUGH COLLABORATIVE INNOVATION NETWORKS. NEW YORK: OXFORD UNIVERSITY PRESS, 2006.

CoIIN Design

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

Region V

- Illinois
- Michigan
- Ohio
- Indiana
- Minnesota

CoIIIN: 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

Proposed Aim Statement: *What are we trying to accomplish?*

- By January 1, 2016, CoIIN Region V states will reduce non-medically indicated singleton deliveries 37 to <39 weeks gestational age to less than 5% or by 20% from baseline levels.

Possible measures/metrics:

How will we know that a change is an improvement?

- EED rate following TJC definition (37, 38 week denominator) assessed on a state-wide quarterly basis from all in-state births using Birth Certificate
- Percent of early term births among all term births assessed on a state-wide quarterly basis from all in-state births using the Birth Certificate.

REGION V COIIN EARLY ELECTIVE DELIVERIES TEAM KEY DRIVER

DIAGRAM:

Global Goal:
Reduce perinatal mortality by averting unnecessary early deliveries.

Project Aim:
By January 1, 2016, CoIIN Region V states will reduce non-medically indicated singleton deliveries 37 to <39 weeks gestational age to less than 5% or by 20% from baseline levels.

KEY DRIVERS

Leadership
(e.g., Hospital, public health)

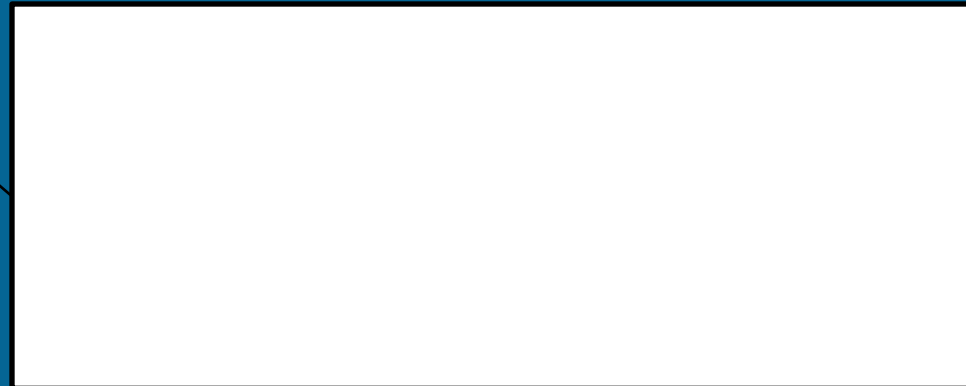
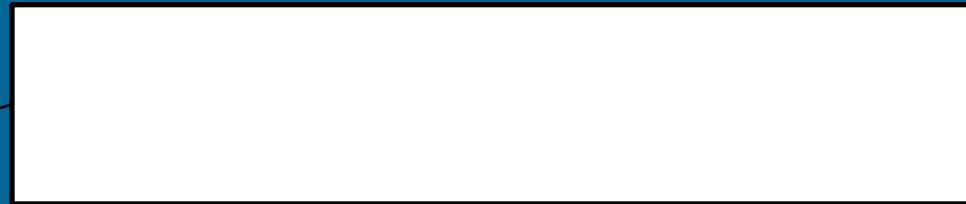
Data

Policy

Engaging Payors

Engaging Providers

Engaging Consumers



CoIIN: Summary

- A state-driven HRSA-coordinated partnership to accelerate perinatal improvements
- CoIIN is a platform 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.