
Results Among Medicaid children with asthma, program participation is associated with 24% increase in outpatient visits, 24% reductions in emergency department visits, and 15% increase in controller medication use. Among Medicaid pregnant women, program participation is associated with 24% increase in prenatal visit attendance, 27% reductions in early preterm deliveries (<35 weeks), and 54% reductions in baby costs in the first year of life. Overall Program Satisfaction is high.

Conclusions Targeted text messaging tailored to patient risk profiles drives healthy behavior changes and improved health outcomes in diverse health cohorts. Leveraging advanced analytics to drive personalized digital health engagement is essential for success.

A QUALITY IMPROVEMENT COLLABORATIVE TO IMPROVE MATERNAL COMPLICATION IDENTIFICATION AND USE OF C-SECTION AND BLOOD TRANSFUSION IN BIHAR, INDIA

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Abstract 14 Figure 1 Prevalence of C-section deliveries

Abstract 14 Figure 2 Rate of identification of maternal complications

Abstract 14 Figure 3 Rate of complicated pregnancies treated with blood transfusion (per 10,000 institutional deliveries)
Background Bihar, India has higher maternal mortality rates than the country on average. A Collaborative Quality Improvement (CQI) program was created to improve data transparency and accuracy, with the aim of increasing maternal complication identification and improving key life-saving processes for cesarean section and blood transfusion.

Objectives To estimate the impact of the CQI program on identification of maternal complications and use of C-section and blood transfusion for maternal complications in participating hospitals relative to non-participating facilities in Bihar.

Methods Ten district hospitals participated in the collaborative from February 2018 to September 2019. Activities included leadership and improvement workshops; learning sessions; and monthly onsite support provided by IHI and CARE India. Data from HMIS was used to assess change from baseline to after the start of the collaborative in CQI district hospitals, compared to non-participating district hospitals for: maternal complication identification, C-sections, and blood transfusions.

Results Figures 1–3 illustrate improvement over time for all measures. For example, across all CQI hospitals, control chart methodology suggested C-sections (percent all births) increased from a rate of 6.2% (95% CI 5.9%, 6.7%) at baseline to 8.3% (95% CI 7.8%, 9.0%) after the start of the collaborative. Comparative analysis found C-sections increased by 2.2% (95% CI 1.8%, 2.64%) per month in CQI facilities during the collaborative period, relative to non-CQI facilities.

Conclusions Application of this QI collaborative led to improvement in identification of maternal complications and use of C-section and blood transfusion.