

A Survey of Patient-Centered Practices in Perinatal Quality Collaboratives

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Synopsis: Perinatal quality collaboratives must incorporate patient and community member preferences in the design and evaluation of quality improvement initiatives to achieve truly patient-centered maternity care.

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Patient-centered care "that is respectful of and responsive to individual patient preferences, needs, and values" is associated with improved health outcomes and patient experience [1]. Quality improvement (QI) initiatives are increasingly focused on patient-centeredness as a core domain of healthcare quality [2], but to be truly patient-centered, patients and community members must be included in their design and evaluation [2,3]. Patient-centered maternity care could improve patient experience and address high rates of maternal morbidity and mortality in the United States (U.S.). However, it is unknown how and to what extent pregnant patients and families are included in the design and evaluation of maternity care QI programs. Perinatal quality collaboratives (PQCs) are state or multistate collaboratives that provide QI structure for quickly identifying and addressing key maternal and infant health issues. The 40 U.S. PQCs are important organizations for establishing priorities and standards in maternity care QI and lead initiatives such as improving management of hypertensive disorders of pregnancy, reducing postpartum hemorrhage, and increasing access to services for opioid use disorder [4]. To explore patient-centeredness in maternity care QI initiatives nationally, we assess the use of patient-centered principles in PQCs.

We conducted a web-based survey of U.S. PQC leaders. Using publicly available contact information, we sent up to three email invitations to participate. Multiple choice questions explored patient-centered practices for quality initiatives, including procedures for soliciting community input through community advisory boards (CABs), social media, surveys, and town halls and measures to capture individual patients' experiences, including patient-reported outcomes (PROs) and patient-reported experience measures (PREMs). Free-response questions solicited how patient-centered care practices were selected and implemented. We tabulated quantitative responses using descriptive statistics and used free responses to further explore PQC practices. The study was exempted by the University of Michigan IRB.

Representatives from 14 of the 40 PQCs (35%) responded (Table 1). Over half (8/14, 57.1%) reported an active CAB, with the most common participants including community members (5/8, 62.5%). Recruitment was most often performed by existing PQC members (7/8, 87.5%) or leaders (4/8, 50.0%). Only half of CABs offered their members compensation (4/8, 50.0%). Other patient engagement strategies included social media outreach (7/14, 50.0%) and surveys (5/14, 35.7%). Four organizations (28.6%) used no patient-centered strategies and only two (14.3%) collected PREMs. In total, 12/14 (85.7%) of respondents provided at least one free response. Participants highlighted how patient engagement is a powerful tool for shaping diverse aspects of PQCs, from “birth equity” to “how to engage community and patients.” Participants shared a broad range of community involvement, from advising through “email on materials” to “participat[ing] on any workgroup, steering committee, board of directors... etc.” Many participants (3/12, 25%) emphasized how patient stories were effective tools for inspiring change, as reflected by this leader: “patient stories have been the most powerful at our collaborative meetings because it helps address issues of bias and better understand patient perspectives.” Finally, participants noted key barriers to collecting PROs in quality initiatives, including prioritization of health outcomes, complicated data collection, and costs.

Patient-centered practices, including routine use of CABs, PROs, and PREMs, were not commonly used in existing PQCs. Though patient-centered practices are recognized as critical for shaping effective, equitable policies, several barriers limit realization of this ideal approach. Importantly, our survey includes only 35% of active PQCs, contacted using publicly available information on their websites. Though our findings highlight a critical need for exploring patient-centered practices in QI work, they cannot be extrapolated to the PQCs that did not participate. Future work is needed to explicitly define the best patient engagement strategies and provide support for prioritizing these efforts to ensure QI initiatives in maternity care are designed for patients, with patients' input.

Author contributions:

M. McGowan: design; planning; conduct; data analysis; manuscript writing

M. D'Amico: design; planning; conduct; manuscript writing

M. Kang: design; planning; conduct; manuscript writing

V. Ling: design; planning; conduct; manuscript writing

M.H. Moniz: design; planning; conduct; manuscript writing

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A.F. Peahl: design; planning; conduct; data analysis; manuscript writing

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Table 1. Perinatal Quality Collaborative Survey Data (N=14)

Category	n (%)
Community Advisory Board	
No	6 (42.9)
Yes	8 (57.1)
Advisory board member type (N=8)	
Community members	5 (62.5)
Patients	4 (50.0)
Leaders of local organizations	4 (50.0)
Families or caregivers	4 (50.0)
How advisory board members were recruited (N=8)	
Quality collaborative members	7 (87.5)
Quality collaborative leader	4 (50.0)
Social media	2 (25.0)
Advertisements	2 (25.0)
Compensation (N=8)	
Meals or refreshments at meetings	3 (37.5)
Gift cards, cash, or check	3 (37.5)
Any compensation	4 (50.0)
Most Common Engagement Strategies	
Social media outreach	7 (50.0)
Surveys	5 (35.7)
Focus groups	4 (28.6)
Town halls	3 (21.4)
No formal engagement	4 (28.6)
PROs and PREMs	
PROs only	0 (0.0)
PREMs only	2 (14.3)
Neither	12 (85.7)

PROs=patient-reported outcomes; PREMs=patient-reported experience measures