



# Vivity Advantage

Collaboration in action

In less than a year, Vivity partners reduced nonessential C-sections<sup>1</sup> by 3.6 percentage points, resulting in a 13% rate reduction.

**Vivity**®

# The Vivity partnership is working to raise the bar for everyone.

## Identifying the issue

A key strength of the Vivity health plan is partner collaboration and the development of best practices across the health systems. When Vivity partners find room for improvement, they work together to find a solution.

In 2016, a group of Vivity doctors on the clinical committee looked at patient data and discovered the primary, uncomplicated (NTSV) C-section rate at Vivity hospitals was higher than the state average:



25.6%  
California average<sup>3</sup>



27.5%  
at Vivity hospitals



## Setting the goal

The subcommittee members, along with the Vivity board of directors, created an organizational goal to **reduce NTSV C-sections at Vivity hospitals**. They wanted to meet the California state goal of **23.9%**, set by the California Maternal Quality Care Collaborative (CMQCC) and Covered California.<sup>3</sup>

## Creating a plan

The team worked with the CMQCC to gather Vivity-specific data and see which doctors and hospitals in the system were having success with lower NTSV C-section rates.

Through Vivity, the OB/GYN leadership decided to “unblind” individual doctor results (revealing the doctors’ identities). This created competition and motivated other doctors to work toward lowering lower rates, too.

The team then looked at the strategies and interventions doctors used to get lower numbers. They also referred to the CMQCC toolkit designed to help reduce NTSV C-sections and held cross-hospital working sessions to use the information to come up with a plan to meet their goal.

After this, the team **shared what they were doing**. Each hospital picked up good ideas from their partner hospitals and worked with the clinical subcommittee to create an action plan that worked well with their own processes.

One in three births in the U.S. is by NTSV C-section<sup>2</sup>

While they can be life-saving, they aren’t always medically necessary and can:

- Cost **almost twice as much** as vaginal deliveries.<sup>3</sup>
- Increase **complications** and maternal hospitalization.<sup>3</sup>

# This unique collaboration looks for ways to improve care and keep costs in check.

## Putting strategies in place



### Education

Patients are informed of C-section risks.

*"We started classes and, so far, 25% of trained patients were able to deliver vaginally."*

- Vivity partner OB nurse VP



### Safety rounds

Health care providers followed labor curves (which showed where patients were in the labor process) so they could help patients progress.

*"We watch the curves and look to our shared toolset to find ways to keep patients progressing and comfortable."*

- Vivity partner OB nurse VP



### Labor support

Labor specialists and nurse coaches shared techniques and tools with patients to help comfortably manage labor and avoid an NTSV C-section.

*"Using these has empowered our nurses to play a key role."*

- Vivity partner OB nurse VP



### Labor checklist

Nurses and doctors follow a review process.

*"We use checklists to be sure we're using the best options for where the patient is on the labor curve."*

- Vivity partner OB nurse VP

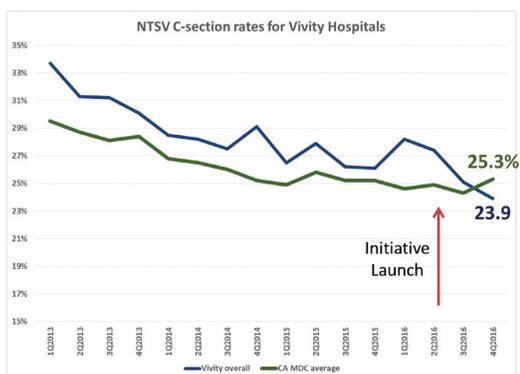
## Getting the results

Because of extensive collaboration, intelligent use of data and thoughtful implementation of best practices, Vivity's hospitals met their goal of 23.9% NTSV C-sections in less than one year, resulting in a 13% rate reduction. But they aren't stopping there, the subcommittee members continue to support one another to ensure long-term success.

## Vivity collaboration at work

Sharing best practices to reduce costly NTSV C-sections

### Results



- After a long-term trend of higher than state average NTSV rates, Vivity partner hospitals surpassed the average and achieved lower rates.
- Subcommittee members continue to support one another to ensure long-term success.





# Vivity is changing the way health care is delivered

Vivity partners:

- ▶ Have collaborative dialogue about member cases and drivers of excellent care.
- ▶ Learn from each other to advance patient care and the Vivity member experience.
- ▶ Compare approaches and go with the one that works best for the patient.
- ▶ Are connected through Anthem’s proprietary platform enabling leading-edge, integrated health care.

Never before have such prominent systems used best practices to educate one another and create a continuum of care that follows the best approaches.

*We have come together to evolve with the changing market, get better at what we do and become more organized.*

– Vivity network hospital executive



in collaboration with



1 Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean birth rate, which is the proportion of live babies born at or beyond 37 weeks gestation to women in their first pregnancy, that are singleton (no twins or beyond) and in the vertex presentation (no breech or transverse positions), via Cesarean birth. This metric is known as “low-risk Cesarean birth among first-time pregnant women.”

2 Centers for Disease Control and Prevention website: *Recent Trends in Cesarean Delivery in the United States* (accessed May 2017); [cdc.gov](http://cdc.gov).

3 California Health and Human Services website: *California Health and Human Services Secretary Diana S. Dooley Announces Hospital Honor Roll For Reducing C-Sections* (accessed May 2017); [chhs.ca.gov](http://chhs.ca.gov).

4 *U.S. News & World Report*. 2014-2015 Best Regional Hospital Rankings.