

S·A·F·E

▶ QUALITY DATA
& OUTCOMES

▶ Key OB Quality Metrics are Tracked and Reported to Our Hospital Partners

Ob Hospitalist Group continually works to expand its capture of quality data to enhance its ability to share significant and useful information with its hospital partners. Not only does this information empower hospitals to identify trends and opportunities for quality improvement, but it also demonstrates in quantifiable terms the results and efficacy of their OBHG program.

These valuable performance metrics also are compiled and displayed as a tool for our hospital partners for either comparisons between their metrics and corresponding regional and national data, or as an internal audit tool. Due to OBHG's national presence, the **Risk Management, Quality, and Compliance Department** is able to report these trends on an individualized, regional, or system-wide basis for our hospital partners.

Patient Safety & Quality: Combined Profile



OBHG Program Comparison 2016 Q1 – Q4

NQF Quality Measures	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Overall	OBHG Target
NQF 469 % of deliveries that are elective (37 0/7 - 38 6/7 weeks EGA)	0.0%	0.0%	0.0%	0.0%	0.0%	< 5.0%
NQF 470 % of Vaginal Deliveries with Episiotomy	3.9%	3.6%	3.2%	3.3%	3.6%	< 5.0%
NQF 471* NTSV w/ C-section: Ob Hospitalist Management Only	18.9%	19.6%	19.0%	18.4%	19.4%	< 23.9%
NQF 472 % of patients undergoing C-Section who received antibiotics within 60 minutes of the start of surgery	97.8%	98.2%	97.4%	98.0%	98.0%	100.0%
NQF 473 % of patients undergoing C-Section who had DVT prophylaxis	99.4%	99.9%	99.8%	99.4%	99.0%	100.0%
NQF 476 % of patients delivering a live infant between 24 0/7 - 31 6/7 weeks with antenatal steroid therapy initiated prior to delivery	100.0%	99.7%	100.0%	99.8%	99.7%	100.0%
NQF 477 # of live births under 1500g	322	355	316	314	1307	N/A: Level 3 NICU
NQF 1746 % of women who are eligible for Group B Streptococcus intrapartum antibiotic prophylaxis who receive this treatment	93.2%	99.0%	98.9%	97.6%	97.2%	100.0%

Notes:

NQF 471*: Excludes all C-sections Performed for Midwives and Family Practitioners

NQF 472: Antibiotics given outside of 1 hour due to emergent deliveries

NQF 473: DVT not given due to emergent deliveries

NQF 1746: GBS Prophylaxis not given due to precipitous deliveries

NOTE: There may be discrepancies or data inaccuracies in 2016 results due to the merging of unaudited historical data and implementation of a new data warehousing system.

OBHG Target Met
 Above National Average
 Goal N/A
 (for Similar Patient Diagnosis)



The sample report shown here is representative of reporting on National Quality Forum (NQF) OB/GYN metrics endorsed by the Centers for Medicaid and Medicare Services (CMS). OBHG provides NQF reporting for each hospital partner regularly, with systemwide reporting available during annual SAFE program reviews.

Furthermore, quality data can be tracked and analyzed to establish the bottom-line value of OBHG programs with regard to the **CMS (Centers for Medicare and Medicaid Services)** core measures which directly impact hospital reimbursement through annual **VBP (Value Based Purchasing)** penalties or bonuses.

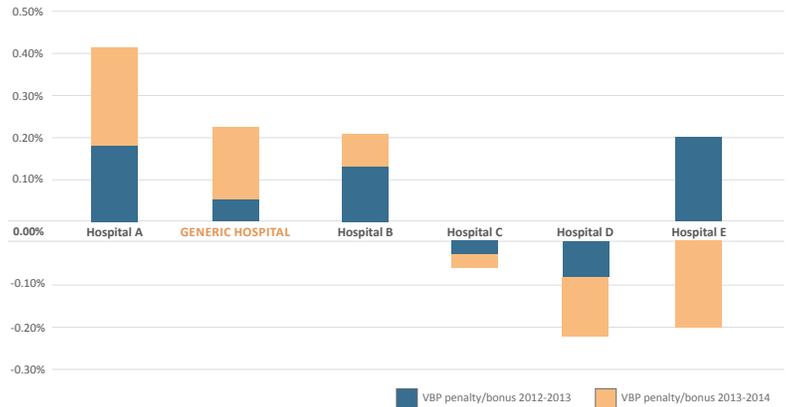
OBHG shares relevant metrics with its hospital partners on a regular basis as part of its collaborative efforts to improve patient safety and quality in a measurable, and meaningful, capacity. In addition, OBHG monitors changes in CMS's core measures in order to remain aligned with national hospital initiatives. Expanded obstetrical measures play a prominent role in CMS's 2016 standardized inpatient measures, most of which already are tracked and reported on by OBHG.

Finally, because of the expansive data collection efforts around quality metrics, and OBHG's understanding of movement towards VBP impact on OB/GYN medicine, we are also in a unique position to offer risk share and be part of risk-bearing solutions in partnership with our hospital programs and related contracts.

*Generic Hospital:
OBHG Supporting VBP Reimbursement Improvements*



Hospital Comparison Sample from a Generic County



This is a sample report of partner hospital Value Based Payment (VBP) reimbursement improvement, over time, since an OBHG program was implemented.

Contact an OBHG representative at Programs@OBHG.com to see how we can become your trusted partner in quality women's healthcare.



Mark N. Simon, MD, MMM, CPE
Chief Medical Officer
MSimon@OBHG.com



Heather Moore, CPHRM, AIAF, ARC
Director of Risk Management,
Quality, and Compliance
HMoore@OBHG.com



For more information call 800.967.2289
or visit www.OBHG.com