

9. Impact of Maternity Care Quality Improvement Programs on Liability

Fact Sheet for Stakeholders from *Maternity Care and Liability Report* *

Problem: The cost and volatility of liability premiums and vulnerability to legal claims are troubling for many obstetrician-gynecologists. There are also concerns about the priority of improving the quality and safety of maternity care and reducing associated costs. Competing views about these matters and about best solutions have impeded progress.

Report findings: The report reviewed 25 strategies that have been proposed and, in many cases, piloted to address persistent liability problems. The most promising strategy overall for preventing harm and reducing liability, with a growing impressive track record in maternity care, is implementation of rigorous multi-faceted quality improvement (QI) programs with strong leadership within hospitals, health systems, and other entities.

The report summarizes results of seven maternity care QI programs that have recently achieved major gains in the quality and outcomes of care and plummeting measures of liability, including claims, payouts, premiums, and payment reserves.

For example, a rigorous QI program implemented in maternity units across 21 states in the nation's largest hospital system with about 220,000 births annually improved maternity outcomes, reduced the primary cesarean section rate, reduced the obstetric malpractice claim rate by two-thirds, and brought its cost of claims below the level of the category "accidents on hospital grounds" over the first decade of this system-wide QI program.

The report identifies and provides references for a broad range of strategies that are currently being used or explored to improve maternity care safety and quality, including quality collaboratives, performance measurement, payment reform, programs for high-reliability practice, programs for team-building and –training, safety and emergency preparedness courses, and opportunities that harness health information technology. It is a priority to understand whether implementation of these strategies can reduce measures of liability.

Takeaways: Dr. Steven Clark, the leader of the most extensive maternity care QI program to date, encourages maternity care providers to focus especially on the roughly 75% of paid claims that defense teams consistently associate with substandard care, over which maternity care providers have control, versus the 25% not associated with malpractice. He and his team concluded, "we are absolutely confident that adoption of our approach on a national level could, within 5 years, both dramatically reduce adverse perinatal outcomes and to a large extent eliminate the current obstetric malpractice crisis."

Implementing rigorous QI programs is a health care system strategy rather than a legal or liability insurance system strategy for addressing liability concerns. It had been shown to have a favorable impact on multiple aims of a high-functioning liability system, including: improved care quality, reduced liability costs, reduced unwarranted practice variation, and reduced clinician distress. It has the potential to favorably impact two other aims: appropriate response to injury and liability insurance coverage that is consistent with high-quality evidence about best practice.

* **Learn more:** Sakala C, Yang YT, Corry MP. *Maternity Care and Liability: Pressing Problems, Substantive Solutions*. New York: Childbirth Connection, January 2013. Available at <http://transform.childbirthconnection.org/reports/liability/>. See also open access "Maternity Care and Liability" articles in *Women's Health Issues* 2013;23(1) at <http://www.whijournal.com/issues>.

