

stakeholders, including 30 physicians, hospital administrators and PLICO members, met several times to openly discuss the initiative and concerns. It was within that workgroup, that OHCA received and implemented a request to spend more time gathering data. As a direct result of listening to the advice of the workgroup, an entire State Fiscal Year SFY (2010) was devoted to the additional gathering of data and analysis. Also during this time, communication channels remained open for feedback from the workgroup.

Data from SFY 2009 reflects a baseline year, prior to any intervention. SFY data 2010 shows the impact of the partial intervention (what has been referred to as Phase I) of the initiative that included data analysis and feedback directly to the providers and hospitals, and communication which began with the providers via meetings. Full-program intervention (what has been referred to as Phase II) was implemented in SFY 2011, beginning with provider letters sent to all SoonerCare providers (physicians and hospitals) who met a specific volume threshold, ie those providers who performed at least 25 C-sections a year. The letters included a PIN that the provider could use to view quarterly updates of their rates from our OHCA public website ([www.okhca.org](http://www.okhca.org)). This allowed providers to ascertain where they stood in comparison to their peers and the 18 percent benchmark that triggered a medical records review. Delivery reimbursement was adjusted only after a review of the physician's medical records failed to show the medical appropriateness of the C-section. This chart review is done by a board-certified obstetrician with final veto authority.



The open and multi-step process used to develop the C-section initiative is reflective of the type of transparency to which our agency commits to having with our physician community. We welcome and value your input, and often incorporate the feedback into our operations.

Our goal was to influence behaviors in the practices that we could impact; a targeted intervention on the highest utilizer groups for non-medically necessary procedures. It was our hope that this approach would identify the highest provider groups who were performing C-sections that were medically unnecessary. It was also our theory that those in the lower percentile of utilization would remain relatively flat. We wanted to make an impact among the high utilizer groups, without the unintended impact of adversely affecting those C-sections which were medically indicated. We theorized that those providers who were already reporting a low percentage rate at the beginning of the initiative would be the least impacted by the program and that their rates would remain flat. We further theorized that the highest utilizer group would include the providers who could make a change in their primary C-section behaviors, thus resulting in the impact we wanted to make.

Three years later, the data from the C-Section Quality Initiative is showing initial success. From a big-picture overview, the primary C-section rate for SFY 2009 was 20.3 percent while the SFY 2012 primary C-section rate is 16.6 percent. ■