

A Look Outside The Lines from Strategy Advantage

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OUTSIDE LINES

MATERNITY CARE: CHANGING AND INNOVATING FOR TODAY AND TOMORROW

This is the 2nd issue in a 3-part series titled: Changing & Innovating in Health System Service Lines. This series features healthcare leaders who are growing, transforming and innovating key service lines to address change and progress in our current vs. future business models. Click [here](#) to access the entire series or to review other Outside the Lines series' we've published.

In January 1945, the American Journal of Obstetrics and Gynecology ([AJOG](#)) published an article on the future of maternity care. The author wrote: “Twenty-five years ago, there were but practically few specialists in obstetrics. Most women were delivered by the family doctor or kindly neighbor women. Today, a growing number of women in the United States recognize the better care provided by physicians specially trained in obstetrics, and the demand for maternity care by specialists is rapidly increasing.”

Here we are, more than 70 years since this AJOG piece and, according to a recent [study](#), “the current workforce in obstetrics and gynecology is aging, retiring early, and going part-time at an increasing pace, while the number of patients seeking care is exploding due to health care reform and population statistics.” The ratio of births per OB-GYN ranges widely in different markets – for example, 248 births-per OB-GYN in Riverside, California vs. 58 in Hartford, Connecticut; nationally, the average is 105 births per OB-GYN. Shortages are especially an issue in rural areas (see below). A 2017 [ACOG](#) (American Congress of Obstetrics and Gynecology) Workforce report substantiates the concerns. According to the authors; “as the population grows and the needs for women’s health care expand, the static supply of OB-GYNs will be insufficient by today’s practice patterns ... effective health care reform must begin by looking at the delivery side of health care; ie, the OB-GYNs.”

The ACOG report includes many facts, figures, implications and suggestions for transforming women’s health care. Also, around the country, health systems, OB-GYN

medical groups and other healthcare leaders are innovating in maternity care. How are they leveraging and evolving technology, team-based care, and other practices to ensure coverage and quality care for women and families in their communities? There are many examples. The following provide a few that might inspire your strategy and future planning for maternity care.



Virtualizing Maternity Care for Low-Risk Moms: Over the years, my team at Strategy Advantage has provided many strategic growth plans for health systems and their service lines. One that embraced innovative thinking was MultiCare Health System's (Tacoma, Washington) Women & Children's care line. In 2010, in a day-long retreat with physicians and other leaders, we asked: "What if MultiCare did something very different for OB care? What if a new program was added that no one else is offering? Big and bold ideas were discussed and vetted. Out of that came 11 innovative strategies for women and children's care, including OB CareConnect™ which provides an option for low-risk pregnant women to choose the [Virtual OB Visits program](#). Different from traditional prenatal care, including (typically) 14 physician visits and a postpartum visit, the virtual track involves 9 in-office physician visits, 5 videoconference visits, and a 2-week postpartum videoconference visit. MultiCare has been carefully building this program, studying its outcomes and reporting results. In [a published study](#) in Jan-Feb 2016, Dr. Stephen Poore, Dr. Richard Schroeder, Christi McCarren RN and other colleagues at MultiCare reported that "a novel model of prenatal care that intersperses in-person physician visits with videoconference ARNP visits yields similar maternal and fetal birth outcomes compared to patients cared for under the traditional 14 physician-visit model."

It was our pleasure to be part of the team that inspired a new model for OB care, and it's exciting to see now that other health systems are following MultiCare's lead. The University of Utah offers [Virtual Prenatal Care](#) for women with low-risk pregnancies. The Mayo Clinic has introduced its "[OB Nest](#)" model of care (see more below). Also, [Kaiser](#) is exploring telemedicine options as a potential solution to reducing the time and cost burden of prenatal care for women with gestational diabetes.

Partnering to Extend High-Risk Pregnancy Care to Community and Rural Settings: For many years, and perhaps one of the first of its kind in the country, Arkansas' Antenatal

and Neonatal Guidelines, Education and Learning System ([ANGELS](#)) program has used telehealth to extend specialty perinatal care for high-risk pregnant women throughout the state. Since 2003, the proportion of low birth weight infants delivered at the University of Arkansas for Medical Sciences (UAMS) – ANGELS is part of UAMS – increased from 37.7% to 42.1%, resulting in a reduction of the 60-day infant mortality rate by .5%. Programs like this are being offered across the country; also, other academic medical center and community-based hospital partnerships are evolving. For example, in Indiana, [University of Chicago Medicine](#) has teamed up with Community Hospital in Munster to care for women with complicated or high-risk pregnancies. In Pennsylvania, UPMC and Butler Health System have [entered into a joint venture](#) for OB-GYN care.

Pregnancy Medical Homes: Different states, along with health systems, are leading and evolving the [maternity \(or pregnancy\) medical home model](#) which adopts the principles of patient-centered medical homes and applies them to pregnancy care. According to an Institute for Healthcare Improvement (IHI) article in March 2016, the maternity medical home model is still early in development across the nation, however early initial evidence points to a positive impact on [birth outcomes](#). [North Carolina](#) launched a pregnancy medical home in 2011 and is showing results in reducing low birth weight and primary cesarean delivery among pregnant women receiving Medicaid. [Wisconsin](#), too, started a program in 2011 with a slightly different approach; its results are still being evaluated.

A Combination of New Approaches to Prenatal Care – The Strong Start: The CMS Innovation Center, via its [Strong Start for Mothers and Newborns Initiative](#), is inviting new approaches to test and evaluate enhanced prenatal care for women enrolled in Medicaid or CHIP who are at risk for having a pre-term birth. The initiative is testing three approaches including:

- Enhanced Prenatal Care through Centering/Group Visits – group prenatal care that incorporates peer-to-peer interaction in a facilitated setting for health assessment, education and psycho-social support.
- Enhanced Prenatal Care at Birth Centers – comprehensive prenatal care facilitated by teams of health professionals including peer counselors. Services include collaborative practice, intensive case management, counseling and psycho-social support.
- Enhanced Prenatal Care at Maternity Care Homes – enhanced prenatal care including psychosocial support, education and health promotion in addition to traditional prenatal care. Services provided will expand access to care, improve care coordination and provide a broader array of health services.

There are nearly [4 million births](#) every year in America, with one new baby born every eight seconds. For many hospitals, OB services is a top service line, and women are key influencers and decision-makers for healthcare. Do you have a strategy for this? As the OB-GYN workforce changes, and as the industry and the demands of a millennial consumer/patient call for something different, healthcare's "leading" leaders are stepping up and thinking outside the lines. What a place to innovate and make a difference for

American families.

Always looking ahead,



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DO YOU KNOW...

The OB-GYN shortage is especially an issue in rural areas. [According to a Scientific America piece](#) published in February 2017, “maternal health care is disappearing in rural America.” Only about 6% of OB-GYNs work in rural areas, while 15% of people live in rural America. As a result, fewer than 50% of rural women live within a 30-minute drive of the nearest hospital offering OB services. Also, maternal

mortality rates are significantly higher, at 29.4 per 100,000 live births in rural areas compared to 18.2 per 100,000 in large central metro areas.

DO YOU KNOW ABOUT...

ZIGZAG Healthcare – www.zigzaghealthcare.com – is our Strategy Advantage-offered strategic intelligence resource for health systems, physicians, executives and others who want to stay on top of – and in front of – new ideas and disruptive innovators in healthcare. We are adding new members every week; join us [here](#). In our library are several maternity care innovators. For example:

[Wildflower Health](#) is a digital health company that partners with organizations to host patient engagement programs for pregnancy, pediatrics and family health. Wildflower's main product is Due Date Plus, in both English- and Spanish-language versions.

[Maven](#) is a digital women's health clinic with nationwide telemedicine coverage and a female-only, instant access focus. Maven Maternity – including prenatal and postpartum care, lactation specialists, midwives and other services – are provided to help women have healthier pregnancies and ease their return to work after giving birth.

[Babyscripts](#) is an evidence-based mobile app and at-home “mommy kit” that expands and increases prenatal care access, while enhancing compliance and efficiencies for OB patients and their physicians. Aurora Health in Wisconsin has integrated Babyscripts into its OB services and has also become a strategic investor in the company. Other health systems – UCSF, Florida Hospital and others – are also using and collaborating with Babyscripts.

A "LEADING" LEADER IN DISRUPTING MATERNITY CARE

[According to Mayo Clinic](#): “Pregnancy is not an illness ... rather, it is an ultimate expression of wellness – creating and carrying new life to fruition. Yet prenatal care in the United States has evolved into a complex regimen of 12-14 appointments over the course of a 40-week period, often only to confirm that the expectant mother and her fetus are healthy.” As such, in 2011, the Clinic's Department of Obstetrics & Gynecology developed “OB Nest,” a prenatal care option for low-risk pregnancies that reduces in-person visits from 12-14 down to 8. In 2016, [OB Nest](#) was added as a standard care option at the Mayo Clinic in Rochester. Also, funding has been received to evaluate the program in rural community settings. Similar to the MultiCare Virtual OB Visits program mentioned above, OB Nest includes 8 planned clinic visits with a physician or midwife, 6 virtual visits with a nurse (by phone or email), home monitoring with an automatic blood pressure cuff and a hand-held fetal Doppler monitor, and access to an online prenatal care community.

The clinic's OB Nest model “was born out of concern that the traditional model no longer met the needs of our patients,” according to Dr. Yvonne S. Butler Tobah, a senior associate consultant to the department of Obstetrics and Gynecology at Mayo. The goal is to “shift our prenatal clinic's culture ... to a wellness care model and to strengthen the autonomy, confidence, self-awareness and empowerment of our patients.”

The results of the program to-date are compelling: Patient satisfaction was significantly higher in the OB Nest group. Levels of pregnancy-related stress were also significantly lower at 14 weeks and lower at 36 weeks in the OB Nest group compared with usual care. Perceived quality of care was assessed, and no differences were observed. Also, there were no differences observed in maternal-fetal events or delivery outcomes, with the exception of a 4.5% rate of gestational diabetes in the OB Nest group, compared with none in the usual care group.



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