The Minnesota Rural Health Advisory Committee’s Rural Obstetrics Work Group

First Meeting Topics

- Welcome and Introductions
- Rural Obstetrics Project Plan
- Overview of literature search & data preview

Wednesday, June 22, 2011
Rural Obstetrics Work Group

- Work Group Purpose
  - Discuss obstetric services in rural Minnesota and develop recommendations for addressing identified issues and barriers

- Today’s Purpose
  - Welcome and introductions
  - Review project plan
  - Obstetric Services in Rural Minnesota
    - Literature Search
    - Workforce information
    - State and Federal Policy
Welcome and Introductions

- 24 work group members/informants
  - 2 doulas
  - 3 midwives
  - 7 nurses
  - 5 physicians
    - 1 OB/GYN
    - 3 family practice
    - 1 psychiatrist
  - 2 rural hospital CEOs
- Other
  - Medical social worker
  - 1st year medical student
  - MN Hospital Association
  - MN Board of Nursing
  - Technology/telehealth
Welcome and Introductions

- Name
- City
- Your work as it relates to obstetric services in rural Minnesota
- A topic, question or policy you want to discuss with the work group
Work Group Project Plan

- History
  - Minnesota Rural Health Advisory Committee

- Approach
  - 4 to 5 work group meetings
  - Additional interviews, smaller group discussions
  - ORHPC staff draft written report
  - Report reviewed by work group, then RHAC; When approved, sent to Commissioner of Health

- Time Line: Final report March 2012
Work Group Project Plan

Project Focus Areas

- Obstetric workforce issues
  - Scope of practice
  - Recruitment and retention
- Hospital Issues
  - Availability and demand for services
  - Support services and technology
- Community Issues
- Patient perspective
Work Group Project Plan

Project Data Areas

- Obstetric providers
  - OB providers per 100,000 MN rural residents vs all MN
  - OB providers doing c-sections in rural areas vs all MN
- Hospital Issues
  - Critical Access Hospital trends
  - Reimbursement and insurance trends
- Community Issues
  - Prenatal care
  - Infant mortality
- Patient issues
  - # deliveries; # c-sections; birthing location
Work Group Project Plan

- Project scope
  - Prenatal to delivery/discharge
  - Maternal & infant mortality
  - Expanding primary care
  - Scope of practice issues

- Definition of terms
  - Rural
  - Obstetric providers
  - High-risk pregnancy
  - Cesarean section (medically necessary)
    - <39 weeks
Setting the Scene:

Obstetric Services in Rural Minnesota
10

Rural Obstetrics – Literature Review

- Trends in Obstetrical Care in Rural Minnesota
  - Rural hospital survey (n=101)
    - Of the 101 rural hospitals in Minnesota, 76% offered obstetrical services
    - Of the 79 hospitals in towns under 10K people, 71% offered obstetrical services
    - 91.7% hospitals with obstetric services have family medicine physician providing services
Rural Obstetrics – Literature Review

- Trends in Obstetrical Care in Rural Minnesota
  - Declining trend in family medicine physicians including obstetrics in their practice
    - Nationwide and in rural Minnesota
  - Fewer rural hospitals offer obstetrical services
    - Age and population of communities
    - Surgical and support staff needed
    - Technology and updated facilities needed
Rural Obstetrics – Literature Review

- Trends in Obstetrical Care in Rural Minnesota
  - Factors contributing to Discontinuation of Obstetrical Services in Rural Hospitals
    - 1 - Too few deliveries
    - 2 - Not enough female providers, large conglomerate bought clinic
    - 3 – No OB/GYN, FP retirement/new FB no OB, inadequately trained support staff
    - 4 – aging community, insufficient technology, no anesthesia/general surgeon
Rural Obstetrics – Literature Review

- Trends to recruit family physicians into OB
  - General decline in number of medical students choosing primary care
  - Fewer family physicians doing OB
    - Call duty, high-risk deliveries
  - Family physicians doing OB are retiring
    - Rural medicine not 1st choice for newer MDs
- Requires better OB training for rural family physicians
  - UofM-Duluth fellowship program (2008)
  - Intensity and volume of deliveries
Changes in obstetrical services among Critical Access Hospitals (March 2011)
- CAH administrators report “increasing OB beds” as having a negative impact on financial performance

Recent decline in births in the U.S. (2007-2009)
- Birth rates fell for all women under age 40
  - Birth rates fell 9% for women aged 20-24
  - Birth rates fell 6% for women aged 25-29
  - Birth rates rose 6% for women aged 40-44
  - Birth rates fell 3-9% for all racial/ethnic groups
Rural Obstetrics – Literature Review

- Barriers to prenatal care in Greater Minnesota
  - 8.2% - could not get an appointment
  - 5.4% - no money/insurance
  - 4.4% - no MA/MNCare card
  - 4.2% - MD/clinic would not start earlier
  - 4.1% - wanted to keep pregnancy secret
  - 4.0% - no child care
  - 3.8% - too many other things going on
  - 3.2% - no leave from work
  - 2.1% - no transportation

- Minnesota PRAMS 2004-2007; excludes 7-cnty metro area
Discussion
Rural Obstetrics – Workforce

- Primary Care Providers- Could provide prenatal care and perform deliveries.
  - OB/GYNs
  - Family Physicians
  - Nurse Practitioners
  - Nurse Midwives
  - Emergency Medical Physicians
Rural Obstetrics – Workforce

- Specialized Care Providers – Could provide or participate in c-sections or other specialized care.
  - General Surgeons
  - Anesthesiologists
  - CRNA’s
Minnesota DEED Planning Regions

Source: MN Department of Employment and Economic Development
Rural Obstetrics – OB/GYNs

**OB/GYNs per 100,000 Women (Ages 15-44)**

- **Northwest**: 29
- **Southwest**: 22
- **Central**: 29
- **Northeast**: 41
- **Southeast**: 71
- **Metro**: 60
- **Statewide**: 58

**Region**

Providers per 100,000 Women
Rural Obstetrics – Family Physicians

Family Physicians per 100,000 Women (Ages 15-44)

<table>
<thead>
<tr>
<th>Region</th>
<th>Providers per 100,000 Women</th>
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<tbody>
<tr>
<td>Northwest</td>
<td>268</td>
</tr>
<tr>
<td>Southwest</td>
<td>294</td>
</tr>
<tr>
<td>Central</td>
<td>251</td>
</tr>
<tr>
<td>Northeast</td>
<td>438</td>
</tr>
<tr>
<td>Southeast</td>
<td>279</td>
</tr>
<tr>
<td>Metro</td>
<td>222</td>
</tr>
<tr>
<td>Statewide</td>
<td>292</td>
</tr>
</tbody>
</table>
Rural Obstetrics – Nurse Practitioners

Nurse Practitioners per 100,000 Women (Ages 15-44)

Providers per 100,000 Women

Region

Northwest: 158
Southwest: 154
Central: 138
Northeast: 290
Southeast: 329
Metro: 212
Statewide: 242
Rural Obstetrics – Nurse Midwives

Nurse Midwives per 100,000 Women (Ages 15-44)

Region

Nurse Midwives per 100,000 Women (Ages 15-44)

Provider per 100,000 Women

Northwest: 10
Southwest: 4
Central: 7
Northeast: 5
Southeast: 17
Metro: 23
Statewide: 19
Rural Obstetrics – Emergency Physicians

Emergency Physicians per 100,000 Women (Ages 15-44)

<table>
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<th>Region</th>
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<td>Southwest</td>
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<td>Metro</td>
<td>49</td>
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<tr>
<td>Statewide</td>
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Rural Obstetrics – General Surgeons

General Surgeons per 100,000 Women (Ages 15-44)

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<th>Region</th>
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<td>Northwest</td>
<td>38</td>
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<tr>
<td>Southwest</td>
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<td>Southeast</td>
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<td>Metro</td>
<td>44</td>
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<td>Statewide</td>
<td>67</td>
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Rural Obstetrics – Anesthesiologists

Anesthesiologists per 100,000 Women (Ages 15-44)

Providers per 100,000 Women

Region

Northwest: 9
Southwest: 12
Central: 20
Northeast: 51
Southeast: 127
Metro: 50
Statewide: 62
Rural Obstetrics – CRNAs

CRNA's per 100,000 Women (Ages 15-44)

<table>
<thead>
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<th>Region</th>
<th>Providers per 100,000 Women</th>
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<tr>
<td>Southwest</td>
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<td>Southeast</td>
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<td>Metro</td>
<td>118</td>
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<tr>
<td>Statewide</td>
<td>144</td>
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Discussion
Rural Obstetrics – State Policy

State health reform: Baskets of Care (Dec. 2009)

- Obstetric care/prenatal care
  - Prenatal assessments & screening
    - Range of 10-14 prenatal care visits over 3 trimesters
  - Counseling and education
  - Immunizations and chemoprophylaxis

- Quality measures
  - % patients assessed & referred for tobacco use
  - % patients assessed & referred for alcohol use
  - % patients assessed & referred for BMI counseling
  - % patients assessed & referred for depression counseling
    - Lab composites (10 tests)
Rural Obstetrics – State Policy

- Minnesota’s Birth Center Law (May 21, 2010)
  - First state to have equal reimbursement for midwives written into law
    - Certified midwives are a Medicaid provider type
    - Women on Medicaid have expanded birth options
  - Establishes licensing standards for birth centers; must be licensed after Jan. 2, 2011
    - Specifies Medical Assistance coverage of services provided by licensed birth centers
      - (Art. 16, Sec. 15; Art. 20, Sec. 14)
Rural Obstetrics – State Policy

- 2011 Bill to Reduce Early Births, Costs (HF 927/SF760)
  - Create a mechanism to deny Medicaid payment for elective deliveries before 39 weeks
    - <37 weeks = cost factors, failure to thrive
    - Non-medical reasons = convenience or lack of provider availability
  - Bundle payment for full episode of maternity care for low-income women, enabling access to midwives and birth centers
  - Develop standards and a certification process for “pregnancy care homes”
Rural Obstetrics – State Policy

- Minnesota Community Measurement (2010-11)
  - Clinical Guidelines & Measures for Maternity Care
    - Prenatal Care
    - Labor Treatment and Care
    - Delivery of Baby
      - Vaginal birth after Cesarean (VBAC)
      - Cesarean births
    - Maternal Outcomes
      - Maternal mortality
      - Postpartum care
    - Infant Outcomes
      - Negative infant outcomes
      - Screenings
      - Postpartum care
      - Breastfeeding
Rural Obstetrics – Federal Policy

Affordable Care Act (March 2010)

- Young adults can stay on family plans until 26
- Increased number of Medicaid
- Equitable reimbursement for CNMs
Discussion
Next Steps

- Continue literature & data review
- Surveys (?)
- Site visits / case studies
  - C-section training for FP MDs
  - Aspiring MDs OB roundtable
  - Best practices for starting OB
  - Technology to support OB
- Future meeting formats
  - Webinar or video conference
  - Phone conference
## Contact Information

<table>
<thead>
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<th>Name</th>
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Office of Rural Health and Primary Care:

www.health.state.mn.us/divs/orhpc/