Midwives in the Mainstream: From Practice Sustainability to Transforming Maternity Care in California

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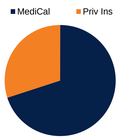
Problem Statement



Delivery reimbursement at Marin General Hospital (MGH) does not cover the cost of the OBGYN/Certified Nurse Midwife (CNM) hospitalist program. This threatens culturally competent inpatient/outpatient care for the publicly insured (FQHC) patients and the midwife option currently available to privately insured (Prima) patients.

Initial Discovery

Phase 1: Marin maternity community interviews - 12 CNMs, 5 MDs, 6 Administrators

Takeaways:

- ✦ **CNMs are integrated into most practices as physician extenders.**
- ✦ **Fundamentally flawed business models for CNM utilization in traditional OBGYN practices are unsustainable, rendering CNMs expendable.**

Points considered:

- CNMs enhance/support OBGYN workforce BUT they require "supervision" and MD back up, diminishing the workforce enhancement they provide.
- CNMs are an available, qualified workforce BUT incorporating them into a traditional private practice model initiates internal competition for productivity.
- CMS reimbursement for CNMs is 100% of MD BUT private insurance reimbursement for CNMs is variable and complicated to negotiate.

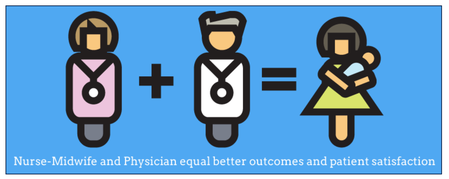
Discovery

Phase 2: Midwifery outside of Marin

- Conferences, meetings, MBA/director interviews
- Patient satisfaction surveys, hospital focus group, patient interviews
- Meetings with Pacific Business Group on Health (PBGH) and California Maternal Quality Care Collaborative (CMQCC)

Takeaways:

- ✦ **CA is one of 6 states that still require physician supervision for CNMs, restricting CNM practice ownership and access.**
- ✦ **Women want: options, customized care, "natural" resources and remedies, spa-like birth experience with access to high tech intervention if necessary, and expert reassurance that they are doing what's best for their baby.**
- ✦ **New birth centers in Marin and SF have reached capacity within 1 year of opening (6-12 births/month).**



Points considered:

- When CNMs are integrated into a practice, the midwifery model of care is often subsumed by traditional OB/GYN practice guidelines.
- 9 CA counties do not have an OBGYN or CNM.

Lessons Learned

Efforts to identify and promote the value proposition of midwifery care should be undertaken and information disseminated widely.

Legislative removal of MD supervision of CNMs is vital to the sustainability of the profession of nurse-midwifery in CA.

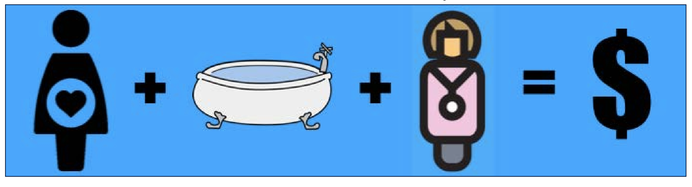
Education for consumers and for healthcare professionals about midwives and the advantages of the midwifery model of care are necessary to ensure the sustainability of the profession and quality care for women.

Midwifery education needs to include the business of midwifery in the current healthcare system.

Healthcare administrators should listen to women and give them the experience they want: an experience that honors the psychosocial need for customized support and comfort with immediate access to emergency intervention if necessary.

Next Steps

1. **GOAL: A replicable sustainable midwifery business case**
   - Continue working with PBGH and financial consultants to enhance CNM productivity in private practice and L&D provider staffing efficiency
   - ✦ success measure: sustainable expansion of midwifery care into more hospitals in CA
2. **GOAL: Increase number of private insurance clients delivering at MGH**
   - "Debunking the Myths of Midwifery" handout already created, Wildflower "Grow" application adopted by MGH includes information regarding access to midwifery care in Marin County
   - Gather/disseminate data demonstrating maternal quality measures attained through the midwifery model of care
   - ✦ success measure: data collection and reporting to CMQCC project manager for consideration in nationally recognized programs
   - "Revamp" L&D - meet client desires for spa-like environment
   - Offer in-hospital water birth - capitalize on a CNM-specific childbirth support option that addresses women's desires for customized care and low intervention (requires participation in national water birth study, IRB application and training underway)
   - ✦ success measure: 10%/month increase in private insurance clients



Mission Model Canvas

Key Partners

PBGH - current project to analyze and create replicable CNM business model

CHCF - provides funding for healthcare innovation to organizations currently invested in midwifery promotion

MBA/financial consultant supporters of midwifery - provide business acumen for midwifery business case

CMQCC - quality data collection and information dissemination

OBGYNs - dictate clinical practice, influence hospital policy and programs, must agree to supervise and back up CNMs

MGH L&D Director - ultimate responsible for L&D revamp plan, will provide budget, staff training and support

Key Activities

Audit Prima/MGH finances/business model

CNM data collection

Achieve buy-in from Prima/MGH admin

Offer water birth at MGH: enroll in national study, create policy, purchase equipment, team training

Advertising/promotion

Key Resources

PBGH business case

CMQCC data collection

MGH CNM staff

Value Propositions

CNM option - approximately 34% of private practice patients choose midwifery care for delivery at Prima/MGH

Continuity of care - inpatient/outpatient services are integrated providing increased safety, satisfaction and better quality outcomes, CNMs care for >90% FQHC patients and deliver >70%

OBGYN private practice revenue is based on generation of office visits and procedure reimbursement - use of CNMs increases access to MDs for office visits and surgery scheduling

MGH is mandated to provide services for the underserved, approximately 58% of all deliveries in the county; CNMs positively influence birth culture and enhance/support the OBGYN workforce by doing 60% of hospitalist program births

Buy-in & Support

Prima administration

FQHC administration

MGH administration

Private practice clients

OBGYNs

Deployment

"Debunking the Myths of Midwifery" handout

"Grow" app

Traditional and social media advertising/promotion

Beneficiaries

Private practice patients who choose midwifery care

FQHC clients who benefit from inpatient/outpatient continuity of culturally competent care

Private practice MDs

Hospital Administrators

Mission Budget/Cost

Tools: tubs $3,000 (2 tubs, 50 liners), data collection program $500/annual subscription

Water birth study: $6,000 for 4 researchers, includes required course registration, staff time, IRB application fee

L&D revamp: TBD, consult with facilities management, L&D director

Advertising: TBD, consult with MGH PR/marketing department

Mission Achievement/Impact Factors

Increase private insurance clients delivering at MGH by 10%/monthly by March 2018

Financially sustainable OBGYN/CNM collaborative practice at MGH for 2018 and beyond

Successfully meet the needs/expectations of publicly and privately insured women delivering in Marin County as demonstrated by more private practice women delivering in Marin County