

Rural Maternity and Obstetrics Management Strategies Program

2022 Grantee Directory



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Introduction

The Rural Maternity and Obstetrics Management Strategies (RMOMS) program is authorized by Section 330A of the Public Health Service Act (42 U.S.C. 254c(e)) and administered by the Health Resources and Services Administration's (HRSA's) Federal Office of Rural Health Policy (FORHP) Community-Based Division.

The goals of the RMOMS program are to:

1. Improve maternal and neonatal outcomes within a rural region;
2. Develop a sustainable network approach to increase the delivery of and access to preconception, prenatal, pregnancy, labor and delivery, and postpartum services;
3. Develop a safe delivery environment with the support of and access to specialty care for perinatal patients and infants; and
4. Develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities.

The RMOMS program intends to demonstrate the impact of access to and continuity of maternal and obstetrics care in rural communities through testing models (a set of strategies or approaches) that address the following RMOMS focus areas:

1. Rural hospital obstetric service aggregation and approaches to risk-appropriate care
2. Network approach to coordinating a continuum of care
3. Leveraging telehealth and specialty care
4. Financial sustainability

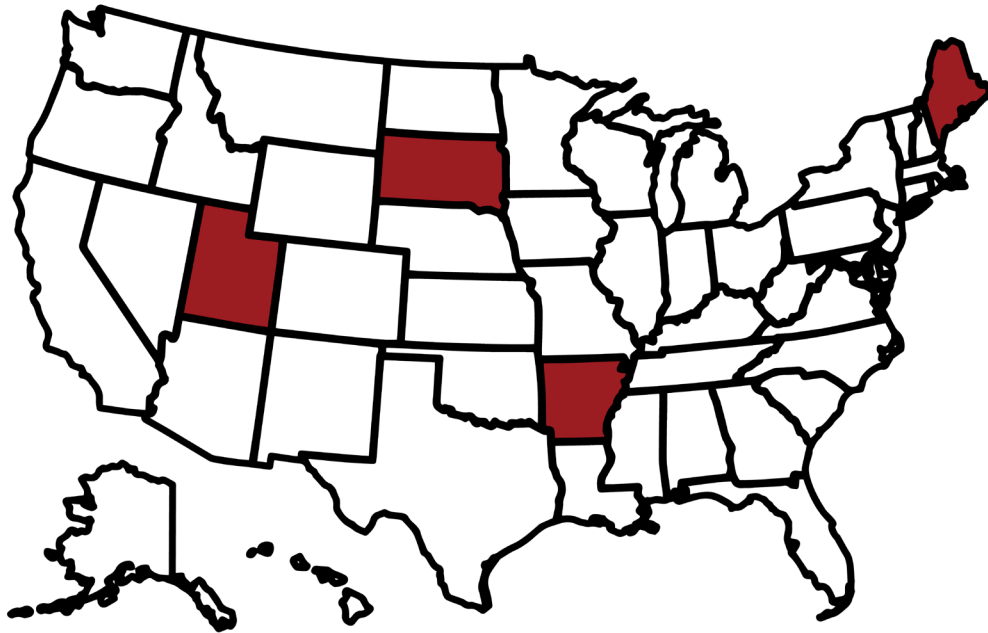
The RMOMS program includes a robust independent evaluation and analysis effort that relies on qualitative and quantitative data from each RMOMS award recipient and their network members in order to determine the impact of this program investment.

Awardees implement program initiatives and work to achieve their goals through an established or formal regional network structure. In order to develop and refine models, the RMOMS program is structured in two phases. The first phase is a designated planning year during year 1, in which award recipients develop their models, create implementation work plans, and carry out network capacity-building activities. The second phase is implementation, taking place in years 2-4, during which award recipients test their models using the reviewed work plan, provide case management and coordinated care for pregnant patients and their infants across the continuum of care, and track data and adjust their model based on evaluative measures.

This *Directory* provides contact information and a brief overview of the four initiatives funded under the RMOMS program in the 2022 cohort (funding cycle 2022-2026).

Authorized by Section 330A of the Public Health Service Act (42 U.S.C. 254c(e)), the Rural Maternity and Obstetrics Management Strategies Program is a community-based grant program aimed toward improving access to and the continuity of maternal and obstetrics care in rural communities.

Cohort Snapshot



Grantee by State

State	Grant Organization
Arkansas	St. Vincent Hospital
Maine	MaineHealth
South Dakota	Avera McKennan
Utah	IHC Health Services Inc.

Grantees by Organization Type

Organization Type	Grant Organization
Hospital	Avera McKennan
	St. Vincent Hospital
Nonprofit Organization	IHC Health Services Inc.
	MaineHealth

Grantees by Focus Area

Grantee Organization	Care Coordination	Chronic Disease Management	Culturally Competent Care	Group Prenatal Care	Health Education/Promotion and Disease Prevention	Health Equity	(Nurse) Home Visitation	Mental Health	Midwife/Doula Care	Management of Medically Complex Pregnancies (Maternal Fetal Medicine)	Remote Patient Monitoring	Social Determinants of Health	Substance Use	Telehealth/Telemedicine
Avera McKennan	•	•	•			•		•	•	•	•	•		•
IHC Health Services Inc.	•		•			•	•		•	•	•	•		•
MaineHealth	•	•	•		•	•			•	•	•			•
St. Vincent Hospital	•		•			•	•			•	•	•	•	•

Avera McKennan

Organization type:
Hospital

Focus Area(s):
Care Coordination
Chronic Disease Management
Health Equity
Maternal and Child Health
Mental Health
Telehealth/Telemedicine

Grantee Contact Information

Organization	Avera McKennan
Address	1325 S. Cliff Avenue
City/State/Zip	Sioux Falls, SD 57105
Telephone No.	605-322-8945
Website	www.avera.org
Project Director	Juanita Ruitter
Email	Juanita.Ruitter@avera.org

Project Description

The overall purpose of the Rural Maternity and Obstetrics Management Strategies–South Dakota (RMOMS-SD) is to create a coordinated pathway of care across the spectrum of prenatal to postpartum care for pregnant patients in rural South Dakota. Partner involvement will come through a network comprising a tertiary care center (Level IV), rural hospitals, a home health provider, and two Federally Qualified Health Centers (South Dakota Urban Indian Health and Rural Health Care Inc.), along with the state Department of Health, the state Medicaid agency, and Premier Healthcare Solutions Inc. (an independent data entity). Network partners will synchronize efforts to address the significant barriers that rural pregnant patients face when it comes to accessing specialized care.

Project Goals

The overarching goal of RMOMS-SD is to leverage telehealth and data-informed decision-making to create a care pathway that improves the quality of care for expecting patients to deliver healthy babies throughout the region through a cost-neutral or cost-saving and sustainable model. RMOMS-SD will bring together the network partners, state and tribal leaders, and others to identify risk areas and develop a better coordinated, sustainable model improving maternal and postpartum outcomes in rural areas by:

1. Identifying risk areas and interventions based on data (RMOMS Program Focus Area 1: Rural Hospital Obstetric Service Aggregation and Approaches to Risk Appropriate Care)
2. Improving care coordination (RMOMS Program Focus Area 2: Network Approach to Coordinating a Continuum of Care)
3. Increasing rural access to specialty obstetric care (RMOMS Program Focus Area 3: Leveraging Telehealth and Specialty Care)
4. Through partnership, establishing a financially stable model (RMOMS Focus Area 4: Financial Sustainability)

Target Populations

RMOMS-SD targets pregnant patients over the age of 18 in eastern South Dakota and surrounding tribal communities who have significant barriers to obstetrics services and access care at local facilities. The primary and secondary service areas encompass 51 of the state's 66 counties. The projected number of pregnant patients served over project years 2-4 is approximately 10,450, which includes 5,700 from the primary service area and an additional 4,750 from the secondary service area.

Evidence-based or Promising Practice

During the project planning year, network partners will design a model for rural maternal care that offers care coordination services, aligns risk assessments for high-need patients (including social determinants of health screening), and utilizes remote patient monitoring telehealth technology to reduce the travel burden for patients and providers. The proposed project will additionally emphasize service aggregation and improve coordination between rural clinic providers and hospitals, where pregnant patients deliver, and help providers better understand patient cases and needs prior to and after delivery. RMOMS-SD not only meets immediate clinical needs of patients and providers, but it also establishes a comprehensive data and evaluation model — linking social determinants of health and outcomes and clinical/social services — to study longer-term trends that will allow network partners to better understand maternal mortality and poor outcomes.

Expected Outcomes

The project team expects that patients enrolled in the RMOMS-SD program will be positively impacted through increased patient access to a coordinated maternity care model. The model will provide telehealth services through remote patient monitoring, increase the ability of patients and their providers to observe and react to changes in key indicators, and, finally, increase collaboration among area health care and community service providers. The patient population will also achieve an enhanced quality of life through the proper and more effective management of pregnancy complications. Outcome areas include changes and positive implications on morbidity and mortality, compliance with desired healthy behaviors, enhanced availability of obstetric services in at least one of the participating rural hospitals, reductions in social and economic burdens, mitigation of access-to-care barriers, improvements to the quality and delivery of care, data collection disaggregated by race/ethnicity and other health equity measures, viability of obstetric services in the region, policy implications, and obstetric workforce recruitment and retention.

Primary Consortium Partners

Name	State	Organization Type
Avera@Home	SD	Home Health
Avera Sacred Heart Hospital, Yankton	SD	Hospital
Avera St. Benedict Hospital, Parkston	SD	Critical Access Hospital
Avera St. Luke's Hospital, Aberdeen	SD	Hospital
Avera St. Mary's Hospital, Pierre	SD	Hospital
Avera Queen of Peace Hospital, Mitchell	SD	Hospital
Milbank Area Hospital Avera	SD	Critical Access Hospital
Premier Healthcare Solutions Inc.	NC	Data Consultation
Rural Health Care Inc.	SD	Federally Qualified Health Center
South Dakota Department of Health	SD	Health Department
South Dakota Department of Social Services	SD	State Medicaid Agency
South Dakota Urban Indian Health	SD	Federally Qualified Health Center

CHI St. Vincent Hot Springs–AR MOMS

Organization type:
Hospital

Focus Area(s):
Care Coordination
Health Equity
Maternal and Child Health
Social Determinants of Health

Grantee Contact Information

Organization	CHI St. Vincent Hot Springs–AR MOMS
Address	300 Werner Street
City/State/Zip	Hot Springs, AR 71913
Telephone No.	501-701-9354
Website	www.chistvincent.com
Project Director	Dawne Sokora
Email	Dawne.sokora@commonspirit.org

Project Description

Arkansas MOMS' (AR MOMS') vision is that all women of childbearing age in the targeted counties will have access to a coordinated continuum of pregnancy services from preconception through postpartum care. The overarching intent is to create a coordinated, responsive network to improve maternal and neonatal outcomes for at least 550 mothers in rural southwestern Arkansas by supporting a local, accessible continuum of obstetric care and family strengthening for mother and child health and wellness. The AR MOMS model focuses on giving all pregnant women access to high-quality prenatal care as early in the pregnancy as possible. To accomplish this as a region, the 11 county health units in the southwest region have agreed to partner with AR MOMS to provide prenatal care and act as a referral center for current and future patients. CABUN Rural Health Services and the four hospital partners will also allocate space for AR MOMS to provide prenatal and postpartum care in those locations. This expansion immediately decreases a women's travel time from home to the clinic and decreases the distance to less than 30 miles for all counties and less than 20 miles in most counties. The AR MOMS project will also support telehealth capabilities in each rural site by expanding the number of available OB/GYN physicians and greater connectivity from CHI St. Vincent Hot Springs. Clinic care will be supplemented by providing women with simple health monitoring equipment (e.g., blood pressure monitor, pulse oximetry, tape measure [edema and pregnancy progres]).

Project Goals

AR MOMS' overarching goals are to improve patient access by creating a responsive maternal obstetric care system and fill gaps in the region's current maternal care deserts for pregnancy, labor and delivery, and postpartum follow-up. The project goals are to:

- Decrease maternal/infant mortality and morbidity by providing early prenatal care to rural counties in the southwest region that currently do not have access to care.
- Build a network to increase capabilities and development of sustainable infrastructure that supports ongoing prenatal care to all 11 counties in order to reduce the number of high-risk pregnancies related to late prenatal care. When necessary, proactively transport high-risk patients to CHI St. Vincent Hot Springs or the University of Arkansas for Medical Sciences prior to labor initiation.
- Maintain network and stakeholder commitment well past grant period in order to continue the reduction of maternal/infant mortality and morbidity.
- Expand postpartum support through relationship-building between mothers and AR MOMS team providers, champion moms, rural partners, and local social service agencies.

Target Populations

AR MOMS will expand the scope, services, and networking to focus on 11 rural southwestern Arkansas counties that cover approximately 6,900 square miles. Each county (Calhoun, Clark, Columbia, Dallas, Hot Spring, Howard, Montgomery, Ouachita, Pike, Polk, and Sevier) meets the HRSA parameters for rural designation, and all 11 are classified as Primary Care Health Professional Shortage Areas (HPSA) in their entirety.

Evidence-based or Promising Practice

In Arkansas, 32.2% of women did not seek prenatal care in their first trimester. AR MOMS will provide prenatal care to 14 rural maternal health care deserts with the goal of increasing the number of women who seek prenatal in the first trimester.¹

In Arkansas, 42.9% of the population lives in rural areas, and 42.8% of females who are unemployed live in poverty. The ancillary resources (food, transportation, GED resources) that will be provided to these females during their pregnancy can increase the desire to get a GED or finish high school. This will afford them the opportunity to seek meaningful employment. AR MOMS will conduct a needs assessment for creating a patient-centered, community-engaged health program for homeless pregnant women.²

Despite a low homeless rate, 53.8% of our homeless are unsheltered.³ Homeless women who are pregnant have a significant deficit in available prenatal care, therefore a higher mortality and morbidity rate. AR MOMS, using current resources and resources new to our program (in the care areas that we have not served in the past), will seek out and place our pregnant moms in a safe and stable living environment.

¹The Annie E. Case Foundation Kids Count Data Center. (2018). *Pregnant women who received no first trimester health care in Arkansas*.

Datacenter.kidscount.org. <https://datacenter.kidscount.org/data/tables/4063-pregnant-women-who-received-no-first-trimester-health-care#detailed/2/any/false/870,573,869,36,868,867,133,38,35,18/any/8447,8448>

²America's Health Rankings United Health Foundation. (2022). *Infant Mortality*. Americashealthrankings.org. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/IMR_MCH/state/AR

³Ake, T., Diehr, S., Ruffalo, L., Fariasi, E., Fitzgerald, A., Good, S., et al. (2018). Needs assessment for creating a patient-centered, community-engaged health program for homeless pregnant women. *Journal of Patient-Centered Research and Reviews*, 5(1). 36-44.

Expected Outcomes

Expected outcomes for the project are as follows:

- At least 550 women will experience increased access to obstetrics, pregnancy, and postpartum support through local community providers.
- At least 550 women will receive risk-appropriate care in their county of residence.
- At least 30 women, who would have previously been referred out of their community for high-risk obstetric care (\leq 28 weeks' gestation), are able to access local risk-appropriate obstetric care until at least 32 weeks' gestation.
- The region will experience increased access to obstetric care through service coordination and improved telemedicine links.
- Decreases in high-risk pregnancy rates will yield cost savings that, combined with regional strategies, can be reinvested in the rural obstetric continuum of care to sustain accessible rural services.

Primary Consortium Partners

Name	State	Organization Type	Other
Howard Memorial Hospital	AR	Critical Access Hospital	
Dallas County Medical Center	AR	Critical Access Hospital	
Ouachita County Medical Center	AR	Hospital	
Magnolia Regional Medical Center	AR	Hospital	
Southwest Region Health Departments	AR	Arkansas Department of Health (ADH)	All 11 counties where prenatal/obstetric care is planned to be delivered are in the southwest region of the ADH
CABUN Rural Health Services	AR	Federally Qualified Health Center	
Magnolia Family Health	AR	Rural Health Clinic	
Arkansas Rural Health and Primary Care Program	AR	Division of ADH	Oversight of rural health care for the state
Arkansas State Medicaid Office	AR	Arkansas Health and Human Services, Division of Medical Services	
University of Arkansas Medical Sciences Campus	AR	Level IV referral center maternal and fetal medicine/high-risk obstetrics for the state of Arkansas	Partnership since 2009

IHC Health Services Inc.

Organization type:
Nonprofit Organization

Focus Area(s):
Care Coordination
Health Screenings
Maternal and Child Health
Telehealth/Telemedicine

Grantee Contact Information

Organization	IHC Health Services Inc.
Address	36 S. State Street
City/State/Zip	Salt Lake City, UT 84111
Telephone No.	385-707-7175
Website	www.intermountainhealthcare.org
Project Director	Kerry Palakanis
Email	Kerry.Palakanis@imail.org

Project Description

Healthy Southwest Montana–RMOMS will create and support the coordinated maternal care and delivery needs for individuals in rural Southwest Montana (Granite and Powell counties) along with the necessary workforce training, services, equipment, and reimbursement needs to sustain this model. Care coordination will extend from preconception through postpartum care and will utilize community health workers for outreach, case management, patient education, consultation, and support and links to care across the care continuum. This network of coordinated care will build on the ongoing relationship with the Healthy Granite County Network, and this grant represents the successful addition of four new members to the network. Intermountain Healthcare will be working closely with the Granite County Medical Center and its two rural health clinics, Deer Lodge Medical Center and its one rural health clinic, St. James Hospital, Southwest Montana Community Health Center, the Montana Medicaid Office, and Healthy Montana Families. In sum, this expanded network now includes two Critical-Access Hospitals, three rural health clinics, and one FQHC.

Project Goals

Healthy Southwest Montana–RMOMS’ program goal is to increase access to and continuity of maternal and obstetrics care in rural Montana’s Granite and Powell counties. The objectives are to (1) improve maternal and neonatal outcomes within a rural region; (2) develop a sustainable network approach to increase the delivery of and access to preconception, prenatal, pregnancy, labor and delivery, and postpartum services; (3) develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants; and (4) develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities. This will be accomplished through the creation, implementation, and testing of:

1. A care coordination and case management system using community health workers (CHW) serving participants from preconception through one year postpartum.
2. A care continuum from preconception through postpartum using a shared-services model wherein the CAHs and their rural health clinics share the services of CHWs, a certified nurse midwife, a doula, and a certified lactation consultant, all supported by obstetric physicians and other specialists via telehealth. This will include risk stratification of participants based on prenatal care, including remote patient monitoring, and opening labor and delivery services at Granite County Medical Center for low-risk pregnancies and linking high-risk patients to a birth plan at a Level III facility.
3. Workforce capacity building and infrastructure improvements needed for a safe delivery environment.
4. A network business plan that includes sustainable financing models.

Target Populations

The target population is the entire female population of childbearing age in the service area — two rural counties in Southwest Montana (Granite and Powell). In 2017-2019 (the most recent data available), Granite County women had 61 live births and Powell County women had 167 live births. The teen birth rate is redacted for confidentiality. None of these deliveries was in a health care facility in the county, as none provided labor and delivery services. As the labor and delivery site is unknown for these births, data regarding numbers of cesareans, high risk, etc. is not available. Based on the data of births between 2017-2019, the projected number of births going forward for the performance period is 75. In addition, the project expects to serve 100 women annually in years 2 through 4, and another 25 women through preconception and postpartum services.

Evidence-based or Promising Practice

The project team will use the Plan, Do, Study, Act model to test the program. The data coordinator will collect and share data with the project team to test the model and make adjustments as needed to bolster project success. The project team will meet monthly and review process data at least monthly. Patient outcome–related data will be reviewed at least quarterly but may be reviewed more often as it is available. Surveys of participants, members, and providers will be conducted annually to create a feedback loop. This test will be focused on analyzing data and making program corrections based on that data to meet objectives.

Expected Outcomes

Expected outcomes of the project are as follows:

- Increased number of women engaged in preconception through postpartum care
- Improved health outcomes for women of childbearing age as they access services and have access to specialty care via telehealth
- Increased early identification of high-risk pregnancies and the development of appropriate care plans at a Level III rural facility in the region
- Increased rate of pregnant women with local birth plans
- Decreased local rate of maternal morbidity and mortality
- Establishment of labor and delivery services at one CAH
- Improved viability of local health care, including obstetric services, through increased services and billing reduction in social determinants of health associated with barriers to care and health outcomes
- Increased obstetric workforce

Primary Consortium Partners

Name	State	Organization Type
Deer Lodge Medical Center	MT	Critical Access Hospital
Granite County Hospital District	MT	Critical Access Hospital
Healthy Granite County Network	MT	Formal Network
SCL St. James Healthcare	MT	Hospital
Southwest Montana Community Health Center	MT	Federally Qualified Health Center
Montana Medicaid Office	MT	State Medicaid Office
Montana Healthy Families	MT	State Maternal and Early Childhood Home Visiting

MaineHealth

Organization type:
Nonprofit Organization

Focus Area(s):
Care Coordination
Chronic Disease Management
Financial Sustainability
Health Care Workforce
Maternal and Child Health
Telehealth/Telemedicine

Grantee Contact Information

Organization	MaineHealth
Address	110 Free Street
City/State/Zip	Portland, ME, 04101
Telephone No.	207-661-3501
Website	www.mainehealth.org
Project Director	Caroline Zimmerman
Email	Caroline.zimmerman@mainehealth.org

Project Description

The Maine Rural Maternal Obstetrics Management Strategies (RMOMS) Network is a four-year project aimed at strengthening Maine's system of rural maternity care. Given that one-third of Maine's hospitals have closed their labor and delivery units, including two closures since 2021, there is a need to preserve and expand access to maternity care across rural communities. All 18 of Maine's rural hospitals that provide labor and delivery services are in the Maine RMOMS Network and will work together to assess workforce needs for rural maternity care, improve care of rural patients with chronic conditions in pregnancy, and develop a statewide telehealth network.

Project Goals

Our overarching goal is to strengthen the system of rural maternity care across the state. Project goals are to:

- Assess the sustainability of rural obstetric services across Maine;
- Develop a network approach to improve the continuum of care to address complications pre- and postpartum, including but not limited to hypertension, obesity, and diabetes;
- Establish a statewide telehealth network for rural maternity and obstetric care; and
- Ensure financial sustainability for solutions that are piloted statewide.

Target Populations

The target population is pregnant and postpartum patients and their infants in the state's rural regions. Maine is the most rural state in the nation, with 61% of its population living in rural areas (Census 2010), compared with 19% nationally. Maine's population density is half that of the United States (43 vs. 87). Eleven of its 16 counties are classified as being entirely rural. The remaining counties, while not entirely rural, all have communities with rural designations (rural census tracts) within them.

Evidence-based or Promising Practice

The use of telehealth to deliver obstetrical services, particularly to rural and underserved regions, continues to grow. A 2020 opinion issued by the American College of Obstetricians and Gynecologists supported care delivery via telehealth and gave a number of recommendations for implementation.

Depending on which area of focus is selected by the Maine RMOMS Network, selection of evidence-based or promising practice interventions will be informed by the expertise of network members and the MaineHealth Telehealth Program.

Expected Outcomes

Among expected outcomes are development/implementation of the telehealth network and improvements in the continuum of care, leading to improvements in maternal and infant morbidity and mortality rates.

Primary Consortium Partners

Name	State	Organization Type	Other
MaineHealth	ME	Other	Parent of affiliated Maine Medical Center (Level IV), six participating rural hospitals, one of them also a Critical Access Hospital (CAH), and five rural health clinics.
Northern Light Health	ME	Other	Parent of affiliated Eastern Maine Medical Center (Level III), and four participating rural hospitals, one of them also a CAH.
MaineGeneral Medical Center	ME	Hospital	

Central Maine Healthcare	ME	Critical Access Hospital	Parent of Rumford Hospital
Mount Desert Island Hospital	ME	Critical Access Hospital	
Cary Medical Center	ME	Hospital	
Redington-Fairview General Hospital	ME	Critical Access Hospital	
Down East Community Hospital	ME	Critical Access Hospital	
Northern Maine Medical Center	ME	Hospital	
Houlton Regional Hospital	ME	Critical Access Hospital	
Pines Health Services	ME	Federally Qualified Health Center	
Maine DHHS	ME	Other	Perinatal Systems of Care Workgroup
Medical Care Development	ME	Nonprofit Organization	Northeast Telehealth Resource Center
Maine Medical Association	ME	Nonprofit Organization	Statewide Perinatal Quality Collaborative
Maine Children's Trust	ME	Nonprofit Organization	Administrator of Statewide Home vVisiting Pprogram

Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
301-443-0835
www.hrsa.gov

