American Hospital Association™

Advancing Health in America

125TH Anniversary 1898 - 2023

Hospital Perspective: Systems Issues in Rural Maternal Health

HRSA Advisory Committee on Infant and Maternal Mortality

December 5, 2023

Agenda

- **AHA Perspective**
- **AHA Member Perspective**
  - UNC Chatham Hospital

Presenters

Megan Cundari

Senior Director

American Hospital Association

Jeff Strickler, DHA, RN, NEA-BC

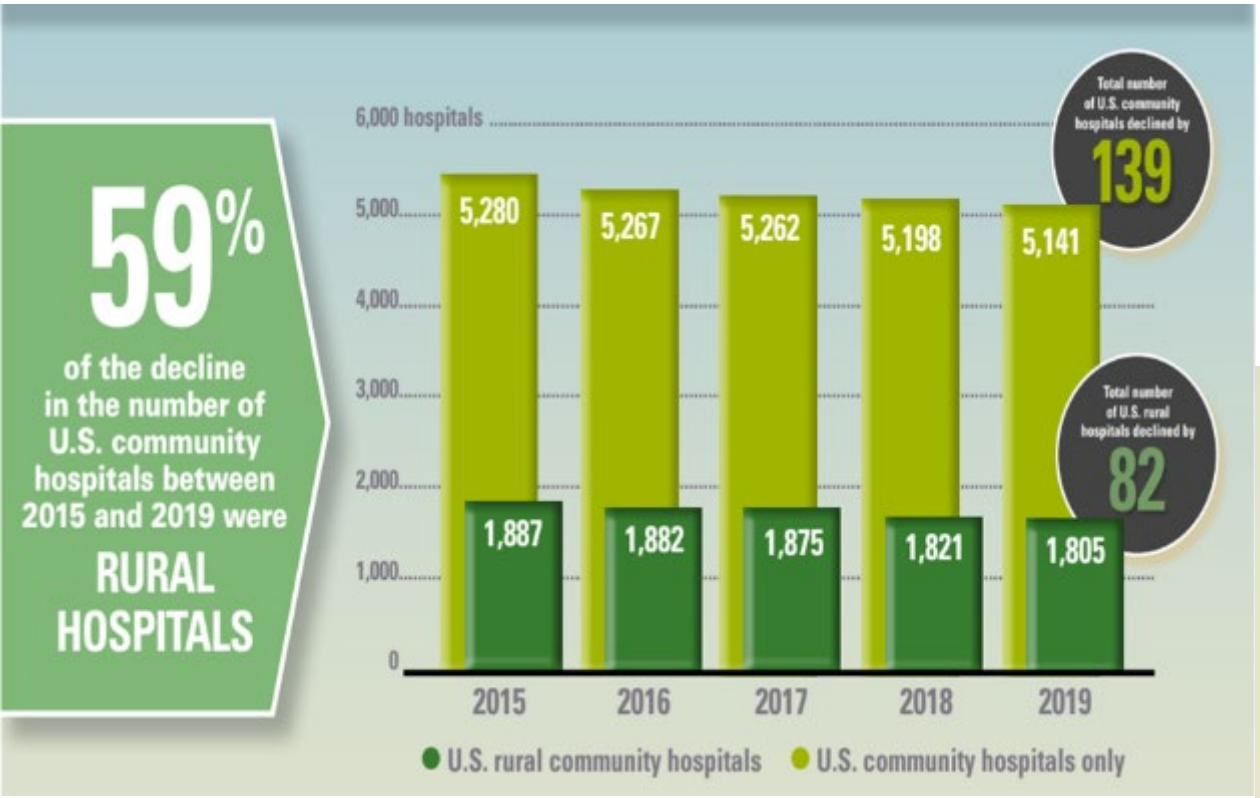
President

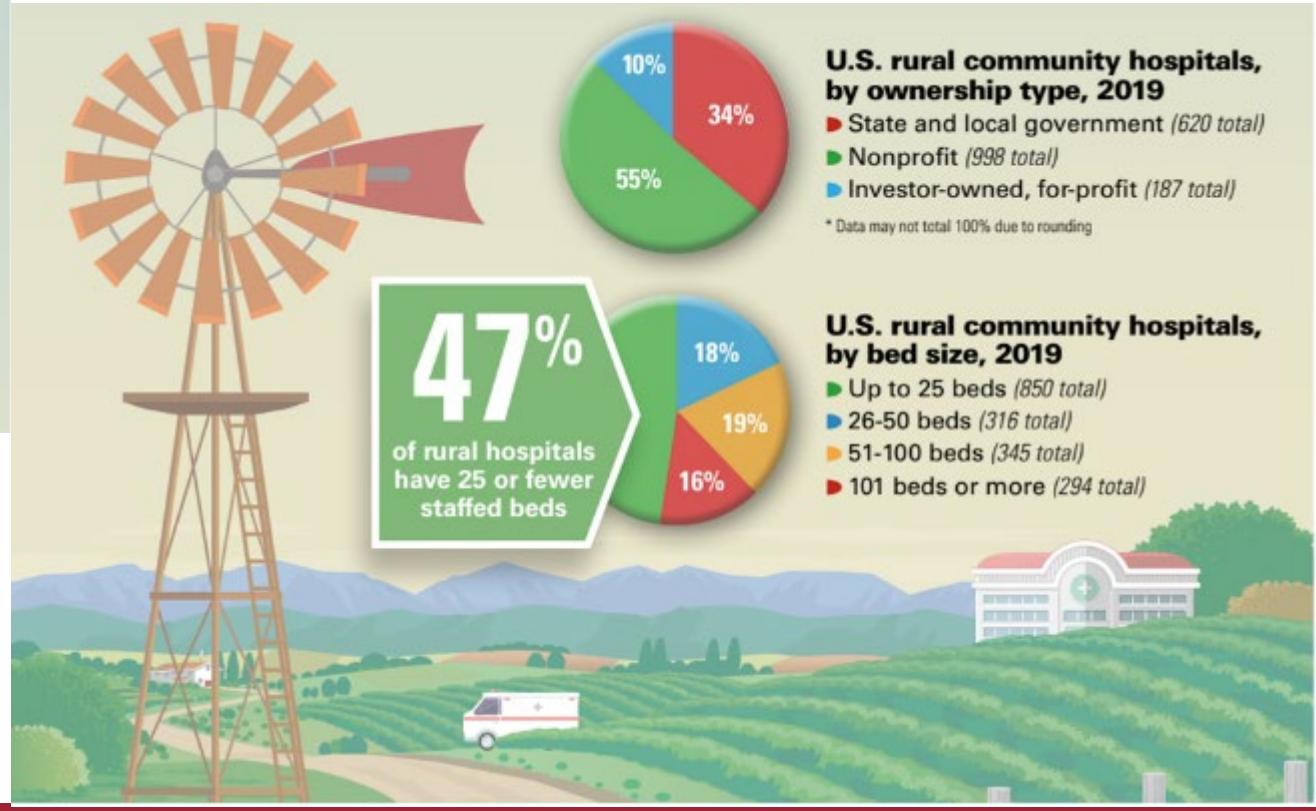
UNC Chatham

Hospitals Serving Their Communities

- **The AHA welcomes the opportunity to provide a national perspective**
  - We work with state hospital associations and individual hospital and health system members
- **Hospitals understand the important role they play in their communities and the lives of their patients**
- **The decision to close an obstetric (OB) service line is not made lightly**

Rural Hospital Landscape





Rural OB Services

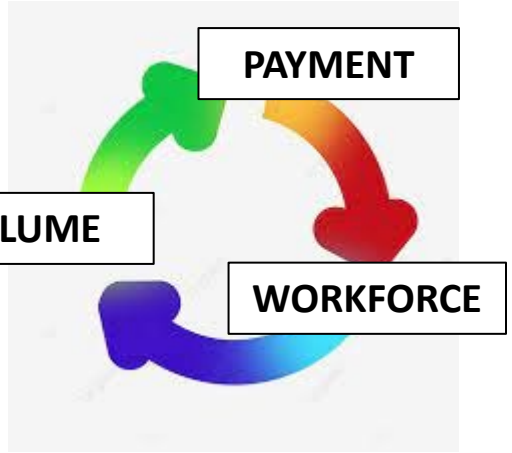
- **Rural community hospitals deliver nearly 1 in 10 babies in the U.S.**
- **The number of rural hospitals providing obstetric services declined from 2004 through 2018**
  - More than half of rural counties did not have OB services in 2018
- **Family physicians providing obstetric services were more common in rural areas than urban areas**

AHA Annual Survey Databases

GAO Report to Congressional Committees: Availability of Hospital-Based Obstetric Care in Rural Areas; October 2022

Why are OB unit closures happening?

- **Volume**
  - Fewer babies are delivered in rural areas
  - Link between volume and maintaining skill set
- **Workforce**
  - Health care workforce shortages hit rural areas hardest
  - OB services require specialized staff
- **Reimbursement**
  - 41% of births are financed by Medicaid
  - Medicaid underpays providers
  - Rural hospitals are more dependent on Medicaid & Medicare



AHA Engagement with Members

- **Highlight case studies* of hospitals and health systems that maintain access to OB services, especially in rural areas:**
  - St. Anthony Regional Hospital; Carroll, IA
  - Sanford Bemidji Medical Center; Bemidji, MN
  - Kearny County Hospital; Lakin, KS
  - Chatham Hospital; Siler City, NC

*We will share links to these case studies

Challenges for Rural Maternity Care: One Member's Perspective

HRSA Advisory Committee on Infant and Maternal Mortality

Jeff Strickler, DHA, RN, NEA.BC
President
UNC Chatham Hospital

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UNC-Chatham Hospital

New maternity unit will
"put family docs at the helm"

– NC Health News, November 2019

Five bed Level I Maternity Care Center
Opened in a 25 bed CAH hospital on ***Labor Day*, 2020**

Collaboration between
- UNC Chatham Hospital
- UNC Department of Family Medicine
- Piedmont Health Services (FQHC)
- Chatham County Health Department

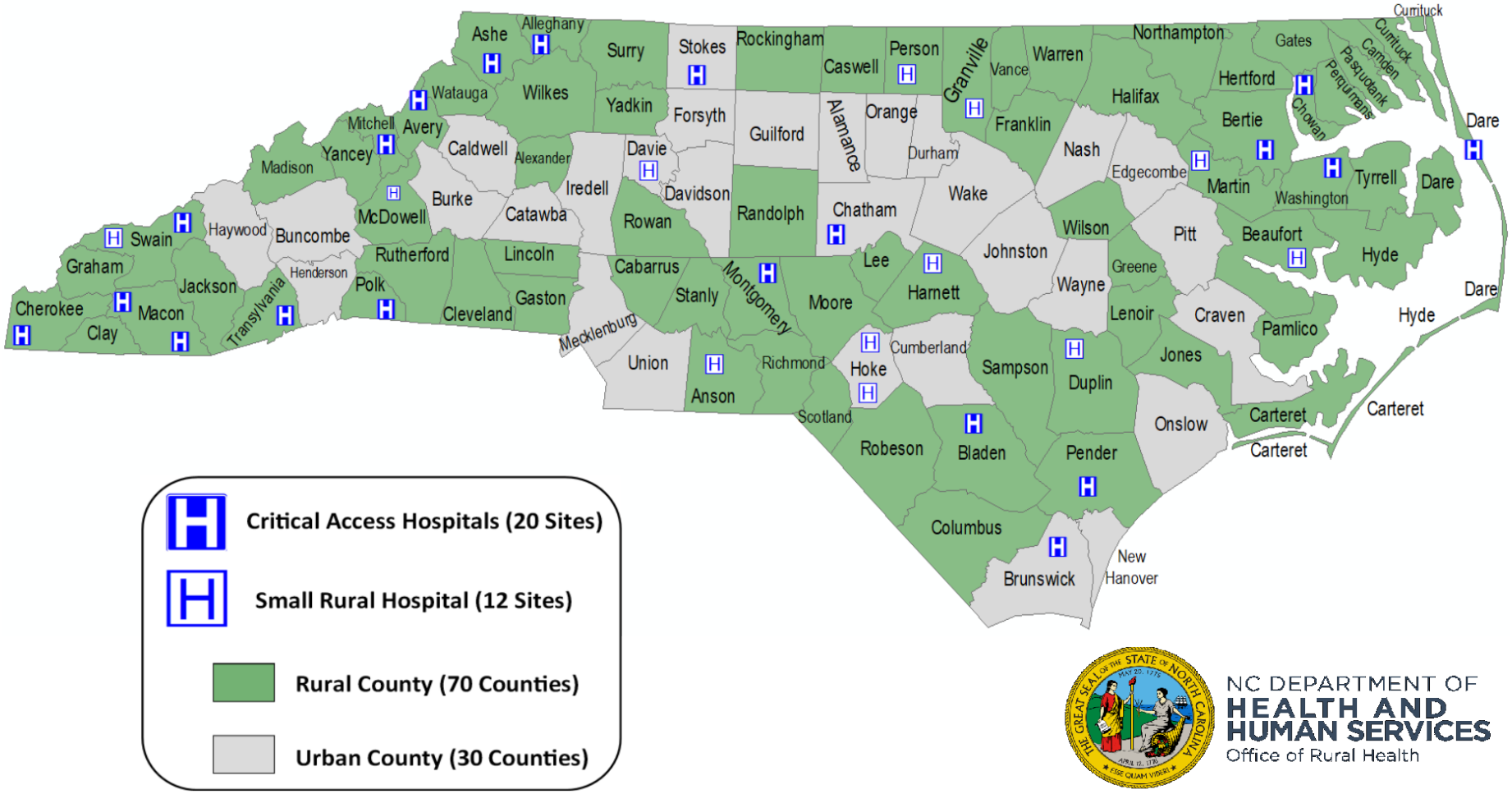
Maternity Care: the picture in North Carolina

EIGHT Maternity Unit closures in Eastern North Carolina

SIX closures in Western North Carolina since 2015

Close to a million women traveling farther to deliver

There are NO providers or delivering facilities in 35 NC counties



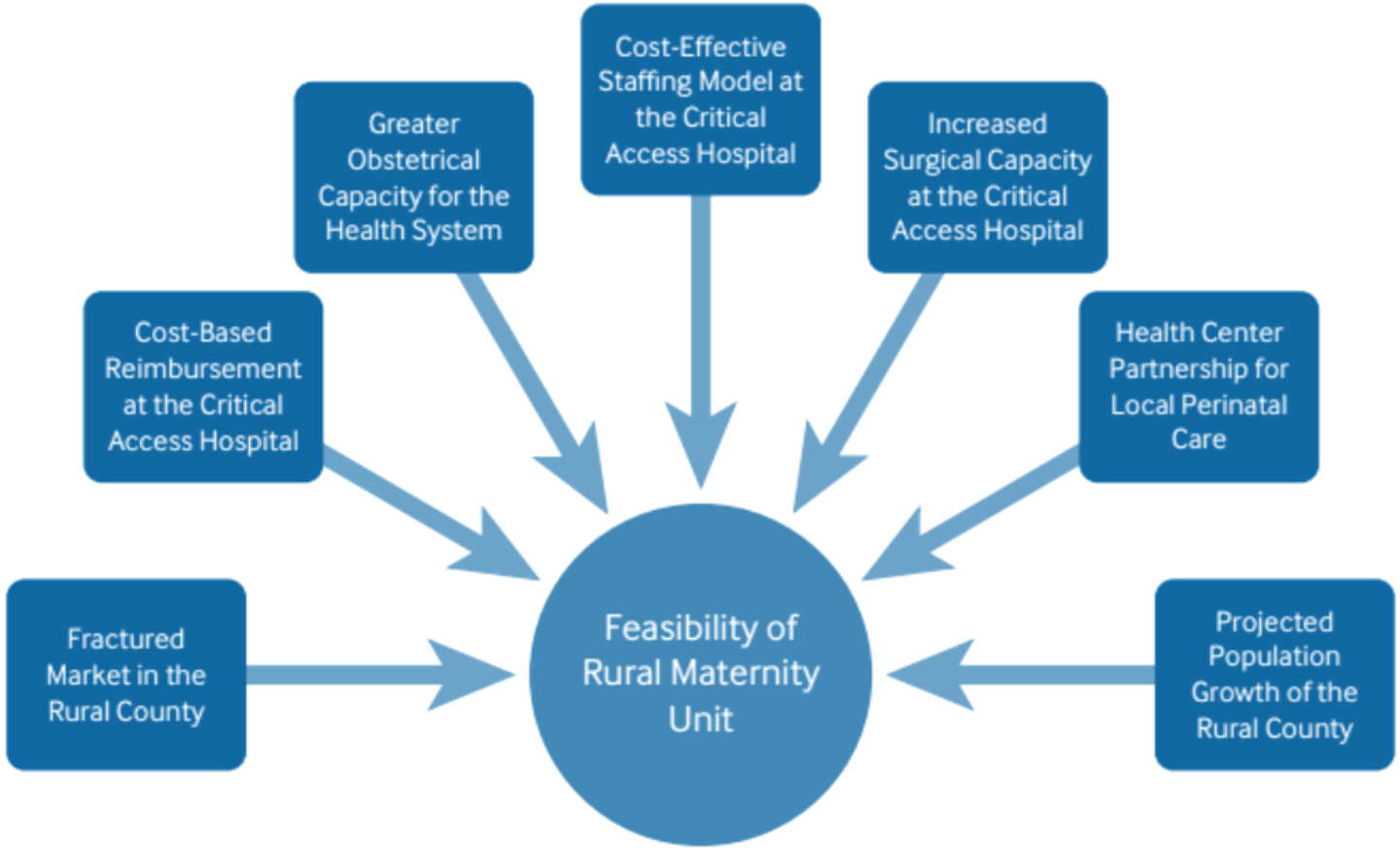
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Rural Health

Data as of June 30, 2019

North Carolina Office of Rural Health, 2019

Factors Supporting Rural Maternity Unit Launch

Factors supporting the launch of the rural maternity unit in Chatham County, North Carolina.



Source: The authors.

Why are rural hospital maternity units closing?

- Higher rates of uninsured patients impacts payor mix and uncompensated care – financial burden
- Low volume of deliveries (hospitals most likely to close had <240 births per year)
- Lack of ability to recruit and retain skilled providers, and particularly primary care physicians
- Hospital affiliation (hospitals in systems less likely to close)

Hung, Health Serv Res. 2016

Challenging Issues at UNC Chatham

1. Staffing:

- Recruiting, training and retaining nurses
- Operating room readiness
- Anesthesia care

2. Maintaining competency in low volume environment:

- Managing fluctuations in census
- Relationships with other hospitals for referral and transfer

Financial sustainability of the program

Impact of the "Immediately Available Physician" [1]

- ACOG standard (1999) - any hospital providing maternity care must be able to accomplish a "decision to incision" time frame for CS of 30 minutes or less when needed
- For maternity units providing trial of labor after cesarean section (TOLAC) capabilities, it is the expectation that surgical services are "immediately available"
- ACOG (2019) Vaginal Birth after CS Practice Bulletin – *"However, in areas with few deliveries and long distances between delivery sites, organizing transfers or accessing referral centers may be untenable"*
- Depending on volume and staffing, rural hospitals are challenged in meeting this guideline to provide dedicated anesthesia and operating room coverage in a sustained way
- This is case based and not evidence-based law. More flexible and evidence-based research on rural contexts is needed

1 Minkoff, Sem in Perinatology. 2010
2. ACOG. 2019

Recommendations

Make maternal health care affordable and accessible

- Expand care for the uninsured; more than 10% of women in the US are uninsured
- Address racial and ethnic inequity gaps
- Increase Medicaid reimbursement for providers to ensure access to services
- Improve funding for services that matter to women and children, i.e. behavioral health and nutrition

Support remote consultations (phone, video, telehealth) to allow patients to stay closer to home

- Require state Medicaid programs reimburse for maternal telehealth care
- Ensure language services are available
- Reliable, funded broadband is essential

Recommendations, cont.

Support initiatives to address workforce shortages

- **Fund loan repayment programs for clinicians practicing in underserved areas**
- **Expand opportunities for rural residency programs**
  - Ex: UNC FIRST program, NC; Kearny County Hospital, KS
- **Train for "when the help is on the way," but also for when the local provider is the only option; family physicians, OB/GYNs and CNMs should collaborate on training**
- **Guidance, support and "burn out protection" for rural maternity care providers**
- **Privilege for training and competency; not based solely on specialty certification**
- **Support clinicians to "practice at the top of their licenses" including continuing to train family physicians in obstetrics and CS skills**

"In terms of maternity care, you have to recognize that you are going to be doing obstetrics. If you close your OB unit, you're still going to be doing obstetrics – you're just not going to be capable of handling the emergencies"

AAFP Past President John Cullen, MD, February 2019, Rural Health Policy Institute

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Thank You