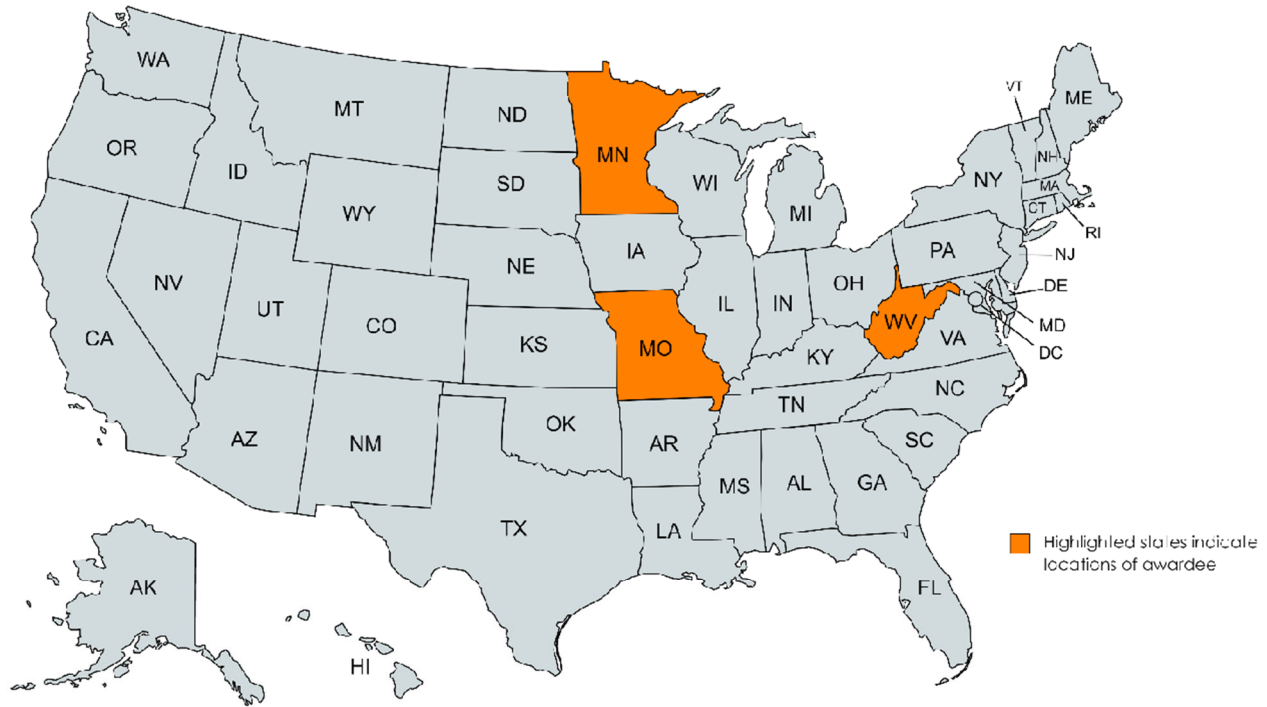


## DIRECTORY 2021 Cohort



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U.S. Department of Health and Human Services  
Health Resources and Services Administration  
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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) Federal Office of Rural Health Policy (FORHP) Community-Based Division.

The goals of the RMOMS program are to:

- (i) Improve maternal and neonatal outcomes within a rural region
- (ii) Develop a sustainable network approach to increase the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services
- (iii) Develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants
- (iv) 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 on 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 three initiatives funded under the Rural Maternity and Obstetrics Management Strategies (RMOMS) program in the 2021 Cohort (funding cycle 2021 – 2025).

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 towards improving access to and the continuity of maternal and obstetrics care in rural communities.

## Awardee Profiles

The following provides contact information and a brief overview of the three cooperative agreement recipients funded under the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program for the 2021 Cohort (funding cycle 2021 – 2025). These include awards made to a health care system, Federally Qualified Health Center and non-profit organization across three states. Each profile presented includes the evidence-based or promising practices utilized, project description, project goals, and expected outcomes. Following the award recipient profiles, please refer to [Appendix A](#) for a list of awards by states and [Appendix B](#) for a list of awards by focus areas.

# Big Springs Medical Association, Inc

Table Description: The following is a table that lists names and numbers for grantee organization

## Lead Organization Information

Lead Applicant Organization Type	Phone	Organization Website	
Federally Qualified Health Center (FQHC)	573-663-2313	www.mohigh.org	
Street Address	City	State	Email
110 South 2 <sup>nd</sup> Street	Ellington	MO	mblack@mohigh.org

## Primary Consortium Partners

Name	State	Organization Type	Other (Please Specify)
Poplar Bluff Regional Medical Center	Missouri	Hospital (non-CAH)	
Iron County Medical Center	Missouri	Critical Access Hospital (CAH)	
Parkland Health Center	Missouri	Hospital (non-CAH)	
SSM Health	Missouri	Hospital (non-CAH)	
Saint Francis Hospital	Missouri	Hospital (non-CAH)	
Carter County Health Department	Missouri	Health Department	
Reynolds County Health Department	Missouri	Health Department	
Wayne County Health Department	Missouri	Health Department	
Butler County Health Department	Missouri	Health Department	
Shannon County Health Department	Missouri	Health Department	
Iron County Health Department	Missouri	Health Department	
Ripley County Health Department	Missouri	Health Department	
Whole Kids Outreach	Missouri	Other	Faith Based Organization
S.C.M.C.A.A.	Missouri	Other	Community Action Agency

## Focus Areas

Maternal and Child Health	Telehealth/Telemedicine
Health Education/Promotion and Disease Prevention	Mental Health

## Project Description

Recognizing that maternal mortality is 25.8% higher in the target rural area compared to the state, MHHC is proposing a regional approach to improving maternal and neonatal outcomes in Butler, Carter, Iron, Reynolds, Ripley, Shannon, and Wayne counties in Missouri. Missouri Highlands Health Care and the Southeast Missouri Partnership (SMP) Network propose to improve maternal and neonatal outcomes within the seven-county region; develop a sustainable network approach to increase the delivery and access of preconception, pregnancy, labor and delivery, and postpartum services; develop a safe delivery environment with support and access to specialty care for perinatal women and infants, and develop sustainable financing models. SMP Network partners are exemplary in their commitment to ensuring high-quality health care services. Their strong commitment to the rural communities they serve will result in better maternal and neonatal health outcomes.

## Project Goals

Project goals of the Missouri Highlands Health Care and the Southeast Missouri Partnership (SMP) Network include the following:

**Goal 1:** Create a seamless, sustainable network of maternal and obstetric care that improves access to and continuity of maternal and obstetric care in rural SE Missouri. (RMOMS Focus Area 1: Rural Regional Approaches to Risk Appropriate Care).

**Goal 2:** Increase the delivery of and access to a continuum of care: preconception; pregnancy; labor and delivery; and postpartum services for mothers and babies. (RMOMS Focus Area 2: Network Approach to Coordinating a Continuum of Care).

**Goal 3:** Utilize telehealth resources to increase access to primary care within the FQHC clinics as well as access to general obstetricians and level 4 perinatal specialists and subspecialists (RMOMS Focus Area 3: Leveraging Telehealth and Specialty Care).

**Goal 4:** Develop a diversified model of sustainability (RMOMS Focus Area 4 Financial Sustainability).

**Goal 5:** Encourage replicability through the dissemination of project results.

## Target Population

Areas served by the project include the following HRSA designated rural Missouri counties (100% rural designation in all counties per the Rural Health Grants Eligibility Analyzer, with no exception requests): Butler, Carter, Iron, Reynolds, Ripley, Shannon, and Wayne counties. The total population in these counties is 100,236, with 19,694 women of child-bearing years, ages 15-49, in the seven counties, the project proposes to serve and track.

## Evidence-based / Promising Practice

Network members commit to collaborate and implement strategies to coordinate maternal care and delivery; engage in network capacity building and infrastructure development; identify and establish methods to obtain regional and local community support; improve access to patient-centered, comprehensive, and coordinated care preconception through postpartum; optimize communication; and link mothers and babies with community resources to address social determinants of health. Due to the extensive rurality of the area and substantial area considered “maternity deserts,” strategies will include regional and coordinated approaches, leveraging telehealth and specialty care, and developing financial sustainability strategies.

## Expected Outcomes

The overarching goal is to improve access to and continuity of maternal and obstetric care. To achieve this goal and the expected outcomes, the RMOM-SMP Network partners will divide into committees for 1) access, 2) workforce, and 3) sustainability (reimbursement), aligning with the RMOM focus areas to delve into the strengths, weaknesses, opportunities, and trends relevant to each focus area within the target rural area. Committees will consist of RMOM-SMP Network members and may also include outside expertise, such as representation from the Missouri Department of Health and Senior Services, to gather information needed and develop the Strategic Work Plan. In addition to the three committees aligning with the RMOM focus areas, the network will utilize an Evaluation Advisory Committee.

# Sanford Health of Northern Minnesota

Table Description: The following is a table that lists names and numbers for grantee organization

## Lead Organization Information

Lead Applicant Organization Type	Phone	Organization Website	
Hospital (non-CAH)	218-333-5529	SanfordHealth.org	
Street Address	City	State	Email
1300 Anne Street NW	Bemidji	MN	<a href="mailto:Elizabeth.M.Johnson@SanfordHealth.org">Elizabeth.M.Johnson@SanfordHealth.org</a>

## Primary Consortium Partners

Name	State	Organization Type	Other (Please Specify)
PrimeWest Health	Minnesota	Other	Medicaid Agency
Red Lake Indian Health Service	Minnesota	Critical Access Hospital (CAH)	
Cass Lake Indian Health Service	Minnesota	Critical Access Hospital (CAH)	
Scenic Rivers	Minnesota	Federally Qualified Health Center (FQHC)	
Beltrami County Health and Human Services	Minnesota	Health Department	
Sanford Medical Center Fargo	North Dakota	Hospital (non-CAH)	

## Focus Areas

Care Coordination	Telehealth/Telemedicine
Maternal and Child Health	Tribal Community Support

## Project Description

The purpose of the Families First: Rural Maternity Health Collaborative is to expand maternal and obstetric care in northern Minnesota. Our project will expand outreach and telemedicine services currently offered by Sanford Bemidji at Cass Lake and Red Lake Critical Access Hospitals. The project will also:

- Improve access for consultation services with high-risk obstetric providers by developing telemedicine services.
- Develop protocols for recognition and response to pregnancy-related conditions in Emergency Department settings that contribute to severe maternal morbidity and mortality and support these responses with a novel virtual obstetric hospitalist telehealth service.
- Develop culturally appropriate group prenatal care programs for Cass Lake Indian Health Services.
- Develop formal obstetric care coordination services between network partners.
- Increase support for low intervention birth.
- Explore enhanced reimbursement strategies that will have positive impacts on our patient population and lead to cost savings.
- Expand current home nursing program through Beltrami County Health and Human Services.

Lastly, increasing level of obstetrical care offered through Scenic Rivers Health Services in Bigfork and Northome, MN through focus on provider and staff training, telemedicine services, and implementation of guidelines for pregnancy care management.

## Project Goals

Our project goals are to improve access to care, coordination of care among partners, and maternal and neonatal outcomes. We will reach this goal by focusing on the following:

1. Improve access to comprehensive prenatal care among American Indian and Alaska Native (AIAN) women in Beltrami, Cass, Clearwater, Hubbard, and Itasca Counties.
2. Develop infrastructure to expand telemedicine outreach at our Network partner Critical Access Hospitals at Cass Lake and Red Lake Indian Health Services.
3. Reduce transportation barriers limiting access to prenatal visits, antenatal testing, and consultative services from specialists at Network regional partners.
4. Improve management of hypertension, diabetes, substance use disorders, and tobacco use in pregnancy in alignment with statewide initiatives by the Minnesota Perinatal Quality Collaborative (MPQC) and the Minnesota Department of Health's Title V Maternal and Child Health (MCH) Block Grant strategic plan.
5. Leverage Group Prenatal Care as a novel way to improve patient engagement in prenatal care, enhance prenatal education, improve maternal and neonatal outcomes, and social support amongst AIAN women and integrate the cultural customs of the tribes as they pertain to women, childbirth, postpartum, and spiritual care.
6. Develop a robust Obstetric Care Coordination team for Network partners to coordinate transportation, referrals, and follow up appointments for patients to ensure a smooth transition between Network partners and reduce gaps in prenatal care.
7. Explore ways to offer more physical and emotional support to women delivering at our facilities, emphasizing support for low intervention birth, through expanded staff education and networking with regional birth doulas.
8. Expand existing home visiting nursing programs in Network communities and integrate telemedicine visits to offer another way to reach more patients who may not be receptive to having people enter their homes.
9. Explore enhanced reimbursement opportunities for comprehensive prenatal care programming with our local Medicaid office with a goal to improve outcomes and decrease costs of care.

## Target Population

Pregnant and postpartum women in Beltrami, Cass, Clearwater, Hubbard, Itasca, and Koochiching counties in North Central and Northwest Minnesota, with a focus on American Indian women.

## Evidence-based / Promising Practice

Community and medical interventions outlined in the Project Goals follow current Evidence-Based practice recommendations from the American College of Obstetrician Gynecologists, Society for Maternal-Fetal Medicine, and in line with statewide initiatives from the Minnesota Perinatal Quality Collaborative and the Minnesota Department of Health. Interventions will be evaluated by the Governance Board and HRSA as data becomes available, and updated as new medical guidance becomes available. Novel interventions including group prenatal care and telemedicine were selected after an extensive literature search in PubMed yielded sufficient evidence demonstrating the clear benefit of these programs in improving outcomes among low resource, rural, and high-risk populations.

## Expected Outcomes

Improve maternal, neonatal, and postpartum outcomes, particularly within the American Indian population, by delivering comprehensive prenatal care through a culturally appropriate group prenatal care program, expanded telehealth services, and home visiting programs. Improved coordination of pregnancy-related care services between network partners to improve adherence compliance with care and reduce attrition. Ensure prompt recognition and appropriate response to obstetric emergencies among network sites by leveraging telehealth services to Emergency Departments at Critical Access Hospital sites. Reduce social disparities among American Indian women to ensure pregnancy-related care is accessible, comprehensive, and respects cultural traditions. Reduce costs of care by improving the management of medically complex pregnancies, improve screening for conditions including substance abuse and mental health disorders, decreasing cesarean rates, maternal length of stay, NICU admissions, hospital readmissions, maternal and neonatal transfers, and severe maternal morbidity and mortality.



# WV Perinatal Partnerships, Inc.

Table Description: The following is a table that lists names and numbers for grantee organization

## Lead Organization Information

Lead Applicant Organization Type	Phone	Organization Website	
Non-profit Organization	304-558-0532 X5	www.wvperinatal.org	
Street Address	City	State	Email
1018 Kanawha Blvd. E.	Charleston	WV	<a href="mailto:atolliver@wvperinatal.org">atolliver@wvperinatal.org</a>

## Primary Consortium Partners

Name	State	Organization Type	Other (Please Specify)
West Virginia Perinatal Partnership	West Virginia	Other	Perinatal Quality Improvement Collaborative
Charleston Area Medical Center (CAMC)	West Virginia	Hospital (non-CAH)	Tertiary Medical Center
West Virginia Health Information Network	West Virginia	Other	Health Information exchange
Braxton County Memorial Hospital	West Virginia	Critical Access Hospital (CAH)	Non-delivering facility
CAMC Health Network	West Virginia	Other	A clinically integrated network that brings health data together through technology to improve quality of care.
Community Care of West Virginia	West Virginia	Federally Qualified Health Center (FQHC)	
Minnie Hamilton Health Care Center, Inc.	West Virginia	Federally Qualified Health Center (FQHC)	
Mom Health -Stonewall Jackson Memorial Hospital	West Virginia	Hospital (non-CAH)	Delivering hospital Level 1
New River Community Health Center	West Virginia	Federally Qualified Health Center (FQHC)	
Partners in Health Network, Inc.	West Virginia	Other	Formed to address health needs of WV
St. Joseph's Hospital of Buckhannon, Inc. WVU Hospital	West Virginia	Critical Access Hospital (CAH)	Delivering hospital Level 1
Summersville Regional Medical Center – WVU Medicine	West Virginia	Critical Access Hospital (CAH)	Non-delivering hospital, closed L&D service in 2016
WV Bureau for Medical Services	West Virginia	Other	The designated state agency responsible for administration of the Medicaid Program.
WV Primary Care Association	West Virginia	Non-profit Organization	
WV Home Visitation Program	West Virginia	Non-profit Organization	

## Focus Areas

Maternal and Child Health	Telehealth/Telemedicine
Health Equity	Health Education/Promotion and Disease Prevention

## Project Description

The purpose of West Virginia RMOMS Collaborative is to improve access to and continuity of maternal and obstetrics care in the rural communities of Braxton, Calhoun, Gilmer, Lewis, Nicholas, Roane, Upshur, and Webster Counties in West Virginia. It is anticipated that 1,000 women will be pregnant, postpartum or breastfeeding each year.

## Project Goals

Project goals of the West Virginia RMOMS Collaborative RMOMS program are:

- Establish a model for excellent rural maternity care in West Virginia and serve the women and their families with enhanced medical, specialty, and wrap around social and educational services without the burdens of extensive travel, inconvenience, and expense.
- Reestablish prenatal care in underserved rural communities of WV where service providers have shuttered services.
- Linking rural women with specialty care at Level III obstetric units via telemedicine to reduce the burden on access to care.
- Improve maternal and infant outcomes through the coordination and collaboration of the providers within the WV RMOM collaborative.
- Support and maintain existing prenatal, delivery and postpartum services within the designated rural community and ensure the sustainability of reestablished care.

## Target Population

The target population for the West Virginia RMOMS Collaborative is pregnant, postpartum, and lactating women in Braxton, Calhoun, Gilmer, Lewis, Nicholas, Roane, Upshur, and Webster Counties in West Virginia.

## Evidence-based / Promising Practice

The model of care is to improve maternity services and coordination of services through a portfolio of programs, some newer and others already in place but sparse in the underserved rural areas of the state. These include: 1) Reducing PTB and CS through the evidence-based practice of doula care, 2) Building capacity by the reestablishment of maternity care through Certified Nurse Midwives and other providers; 3) Telehealth use by CNMs and OBs to link with specialty care—MFM and Neonatologists, 4) Increased use of evidence-based home visitation programs and other wrap-around programs such as WIC, childbirth education, lactation consultants, Drug-Free Moms and Babies programs, and tobacco cessation programs. Working with four FQHCs and delivering hospitals in the region, program staff plan to encourage cooperation and increase coverage of services.

## Expected Outcomes

Expected outcomes of the project are as follows:

- More women will have access to the full continuum of care, including preconception, prenatal, labor and delivery and postpartum services, closer to home.
- Attainment of improved maternal and infant outcomes
- Establishment of care coordination
- Increase in the capacity and utilization of telemedicine and specialty care
- Increase in breastfeeding
- Decreased morbidity and mortality
- Improved use of and access to medication assisted treatment
- Improved prenatal risk assessment and referral for care
- Increased utilization of home visitation services
- Improved access to prenatal care in first trimester and postpartum visits
- Decrease in preterm birth

# APPENDIX

## Appendix A: Awardees by State

Table Description: Below are awardees by state

Grant Organization Name	State
Big Springs Medical Association, Inc.	MO
Sanford Health Northern Minnesota	MN
WV Perinatal Partnerships, Inc.	WV

## Appendix B: Awardees by Focus Areas

Table Description: Below are awardees by focus area

Organization Name	State	Care Coordination/Case Management	Chronic Disease Management	Culturally Competent Care	Group Prenatal Care	Health Education/Promotion and	Health Equity	(Nurse) Home Visitation	Mental Health	Midwife/Doula Care	Management of Medically Complex Pregnancies (MFM)	Remote Patient Monitoring	Social Determinants of Health	Substance Use	Telehealth/Telemedicine
Big Springs Medical Association, Inc.	MO	●				●		●		●		●	●		●
Sanford Health of Northern Minnesota	MN	●	●	●	●	●		●	●		●			●	●
WV Perinatal Partnerships, Inc.	WV	●	●			●	●			●	●			●	●



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