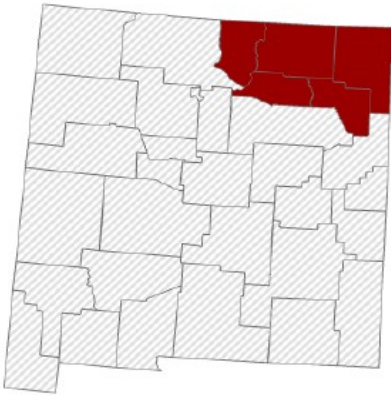


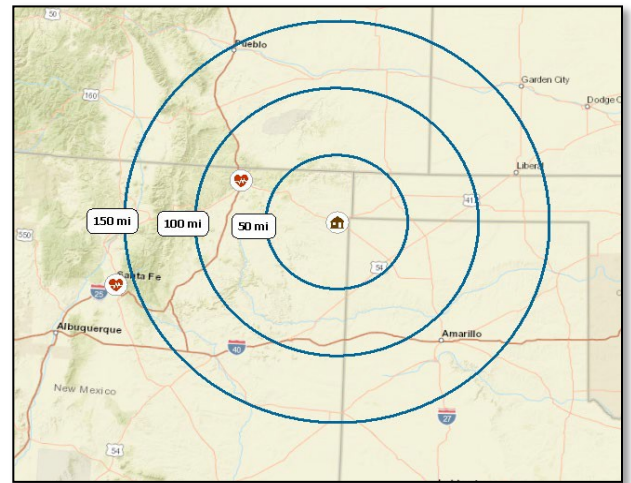
New Mexico Rural Obstetrics Access and Maternal Services (ROAMS) Network

The Health Resources and Services Administration (HRSA) established the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program in September 2019 to improve access to and continuity of maternal and obstetrics care in rural communities. The ROAMS network was one of three awardees to receive a cooperative agreement from HRSA to improve access to high-quality maternal health care and services for women living in rural New Mexico. The network serves women and families in Colfax, Taos, Union, Mora, and Harding counties in northeastern New Mexico, a mountainous, remote area with a total population of just 50,000.¹



MATERNAL HEALTH LANDSCAPE

ROAMS serves a rural, high-poverty population and reports numerous pressing maternal health challenges, including inadequate access to prenatal care and racial disparities in preterm birth and low birthweight.² Many women face long drive times to access regular prenatal care, and there are no local providers offering in-person care for high-risk pregnancies. Women living in Clayton (center of map) must drive over an hour for routine prenatal care (over 80 miles on map) and over four hours (over 150 miles on map) to reach the nearest maternal-fetal medicine (MFM) provider. Car accidents, a leading contributor to maternal death in New Mexico, are a major ROAMS network concern.³



NETWORK STRUCTURE

Holy Cross Medical Center serves as the lead agency for the ROAMS network, which includes:

- Labor and delivery hospitals: Holy Cross Medical Center and Miners Colfax Medical Center, both Critical Access Hospitals (CAHs)
- Prenatal clinics: Women’s Health Institute at Holy Cross Medical Center, Miners Colfax Medical Center/Clinic, Union County General Hospital/Clinic (CAH), and Presbyterian Medical Services Questa Health Center, a Federally Qualified Health Center (FQHC)
- Support service agencies: Taos First Steps (home visiting), Children’s Workshop, Youth Empowerment Services, Taos Center for Breastfeeding, and Krossroads (behavioral health)
- Financial and data partners: Centennial Care (Medicaid) and University of New Mexico

New External Partners

During the planning year (September 2019-August 2020) and the first implementation year (September 2020-August 2021), ROAMS contracted with three new partners:

- Telehealth vendor offering standardized home telehealth kits and modern clinic equipment
- Telehealth MFM provider offering virtual prenatal care to women with high-risk pregnancies
- Pathways Community Hub Institute patient navigation program providing care coordination strategies, clinical targets, and a potentially sustainable reimbursement model

NETWORK MODEL AND GOALS

The ROAMS network strategies center around three goals: improve access to maternal health care, connect women to available social services in the community, and achieve greater financial and network sustainability for maternal and obstetrics services. During the planning and first implementation years, ROAMS made significant progress on nearly all of its major strategies (described below).

Expand Access to Care

During the first implementation year (September 2020 to August 2021), ROAMS opened two new brick-and-mortar prenatal clinics, including a clinic at Union County General Hospital that will provide local prenatal care for women in Union County for the first time in years. ROAMS has also enhanced telehealth capabilities for both the new clinics and the two preexisting clinics, distributed home telehealth kits, and contracted with a new MFM provider to provide telehealth care for women with high-risk pregnancies. ROAMS has supported these care expansions by training staff on new equipment and engaging clinicians across network sites to provide telehealth visits. ROAMS has also purchased telehealth equipment for social services partners to maintain access to crucial support services during the COVID-19 pandemic.

The ROAMS home telehealth initiative includes educational content for patients, appointment reminders, and home kits to measure blood pressure, oxygen, and other vital signs for transmission to the clinical provider. The network distributed the first 20 kits in April-May 2021.

Connect Women to Social Services

ROAMS established several strategies to improve access to social services. The network has hired three family navigators who will meet with patients in the prenatal clinics, via telehealth, and at other community locations. ROAMS has also established contracts with two lactation consultants to provide lactation consultation to women receiving care at ROAMS network facilities. Preliminary data show that social service partners are on track to serve more clients than they did in the planning year, in part due to ROAMS' telehealth equipment purchases, advertising initiatives, and support for cross-referrals.

ROAMS has provided many women in the community with their first-ever access to lactation consultation. Early data show that ROAMS-supported lactation consultants served **over 175%** more women during the first implementation year compared to the planning year.

Achieve Financial and Network Sustainability

During the first implementation year, ROAMS advanced its plan for sustaining the RMOMS program in the long-term. The network completed a market loss analysis to assess the percentage of births taking place outside of the network, both to understand the needs of the community and to quantify market loss affecting network providers. ROAMS contracted a marketing firm to support web, news media, and poster advertising to promote in-network births and utilization of local partner services. ROAMS has also initiated discussions with the state Medicaid agency on issues surrounding reimbursements for obstetrics care and has begun planning for future cost savings analyses to estimate the financial impact of the ROAMS strategic initiatives on network partners.

BASELINE DATA SHOW MATERNAL HEALTH CHALLENGES

In the planning/baseline year prior to implementation (September 1, 2019 to August 31, 2020), ROAMS network facilities served almost 500 women, more than half of whom gave birth. The network served a diverse population; a majority of women served identified as Hispanic or Latina and five percent identified as American Indian/Alaska Native (AI/AN).

Maternal and infant health outcomes from the planning year illustrate the complex challenges facing women living in the ROAMS service regions:

- Preterm birth occurred in 13 percent, low birthweight in 11 percent, and severe maternal morbidity in six percent of deliveries;
- Seventy-one percent of white women received a prenatal visit in the first trimester compared to 65 percent of AI/AN women;
- Among the 83 deliveries at Miners Colfax Medical Center, 15 percent were affected by maternal alcohol use, 11 percent by maternal tobacco use, and 18 percent by other substance use.

More information on the baseline year patient-level data findings is available in the first Annual Report, which can be found on the [HRSA RMOMS Program website](#).

EMERGING SUSTAINABILITY CONCERNS: MEDICAID REIMBURSEMENT

The network has a strong focus on expanding telehealth prenatal care services to reduce barriers to care for women living in the isolated service region but has identified additional needs for many women living in “obstetric deserts” with limited access to care. Pregnancy-related Medicaid coverage in New Mexico does not reimburse lactation consultation or medical appointment transportation expenses for patients, which limits women’s access to crucial services to support healthy pregnancies. On the provider side, many clinicians struggle with low reimbursement rates for

A Pandemic Challenge: Telehealth Billing

Home-to-office telehealth reimbursement is only temporarily at parity with regular visits due to new regulations introduced during the COVID-19 pandemic. Permanent parity and adequate reimbursement for new service models are required for the ROAMS telehealth initiatives to achieve sustainability.

obstetrics services and an uncertain telehealth policy environment. These challenges threaten the sustainability of several key network initiatives. ROAMS recognizes that the network must continue to address both patient and provider-level reimbursement barriers as part of the network's efforts to expand access to care.

PATIENT-CENTERED CARE AND HEALTH EQUITY

ROAMS operates a Mother's Advisory Council to solicit feedback from diverse groups of women in the service region. In addition, ROAMS is conducting anonymous surveys in both English and Spanish to learn more about women's maternal care preferences and experiences. Findings from an early survey revealed that better access to MFM care is a top priority for women in the community and played a direct role in inspiring ROAMS to contract a telehealth MFM provider to provide high-risk pregnancy care.

ROAMS has also focused on incorporating health equity into network operations, including hiring family navigators with lived experience in the communities they serve, building in regular touchpoints with social service providers who can describe and address challenges facing women in the region, and requiring health equity trainings for all ROAMS staff.

NEXT STEPS

The second implementation year began on September 1, 2021. Upcoming focus areas for the ROAMS network include finalizing and launching telehealth MFM services, continuing to expand lactation consultation and other social services, and collaborating with Medicaid to explore policy changes that may improve financial sustainability for obstetrics care. Additional information about the ROAMS program is available in the first Annual Report, which can be found on the [HRSA RMOMS Program website](#).

REFERENCES

1. United States Census Bureau. American Community Survey 5-Year Data (2009-2018). Published online December 19, 2019. Accessed August 31, 2020. <https://www.census.gov/data/developers/data-sets/acs-5year.html>
2. National Center for Health Statistics. National Vital Statistics System Restricted Natality Data, 2015-2018.
3. Sharon Phelan, MD, Melissa Schiff, MD, MPH, Catherine Avery, CFNP, MS, Katherine Nardini, CNM, WHNP-BC, MPH, Eirian Coronado, MA, Sarah Heartt, MS, Thomas Massaro, MD. New Mexico Department of Health, Maternal Mortality Review Committee. Maternal Mortality in New Mexico, 2015-2017. Published online 2020. Accessed January 15, 2021. https://sasqog.memberclicks.net/assets/docs/2020_Abstacts/49_Phelan-7-14-20-FINAL%20with%20comments.ppsx