

## Texas Rural Maternity and Obstetrics Management Strategies (TX-RMOMS) Program

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 Texas RMOMS Comprehensive Maternal Care Network (TX-RMOMS) was one of three awardees to receive a cooperative agreement from HRSA. The network's target population includes women of childbearing age and infants residing in the Val Verde and Uvalde service regions of southwestern Texas. The network's strategies for improving access to care and maternal health outcomes include expanding the local maternal and obstetrics care workforce, increasing local capacity via telehealth and telemedicine, providing enhanced case management through local clinics, and offering patient navigation services to women with high-risk pregnancies.

### MATERNAL HEALTH LANDSCAPE

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TX-RMOMS serves an area along the United States-Mexico border, including the Val Verde and Uvalde service regions (Val Verde, Uvalde, Edwards, Real, Kinney, and Zavala counties). These counties, home to almost 100,000 residents and 21,000 women of childbearing age, have higher rates of poverty than the state overall and other rural and urban areas within the state.<sup>1</sup> Women in the TX-RMOMS counties face significant maternal health challenges. Access to providers is limited; the birth-to-provider ratio in the region is twice the state average, 415 compared to just 208.<sup>2</sup> As of 2018, 50 percent of mothers in the TX-RMOMS region received inadequate prenatal care and only 44 percent initiated prenatal care in the first trimester, over 30 percentage points lower than the national average.<sup>3</sup>



### NETWORK STRUCTURE

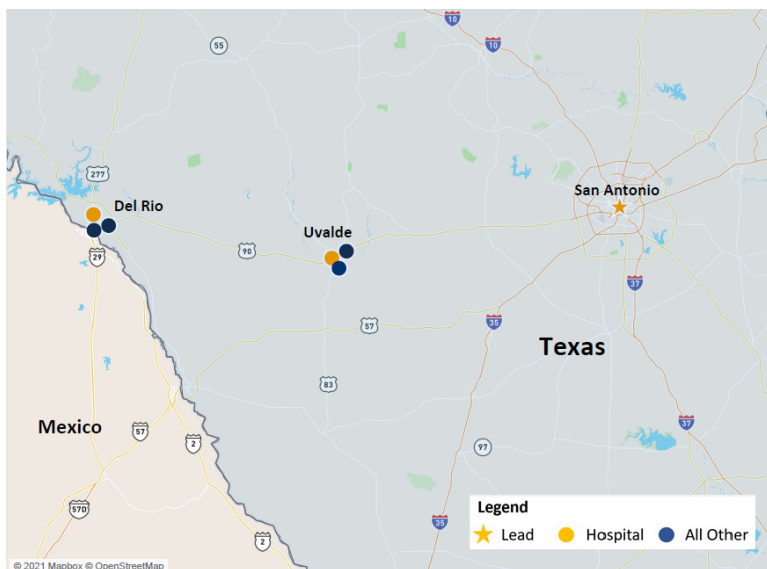
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The TX-RMOMS network is unique among the RMOMS awardees in that the lead agency, University Health (UH), is based in San Antonio. Though the hospital serves the metropolitan San Antonio area, it also serves as the nearest source of specialty care for residents of isolated counties in southwestern Texas. UH partnered with the following rural partners to form the TX-RMOMS network:

- Val Verde Regional Medical Center (VVRMC), an acute care hospital located in the city of Del Rio (population about 36,000), 160 miles from San Antonio and 70 miles from Uvalde;

- Val Verde Rural Health Clinic, which provides general family medicine services;

- Uvalde Memorial Hospital (UMH), a 25-bed Critical Access Hospital (CAH) serving five counties in a HRSA-designated Medically Underserved Area;



- Community Health Development, Inc. (CHDI), a Federally Qualified Health Center (FQHC) serving the same five counties as UMH;

- Sage Family Medicine Associates, a private family practice employing two obstetricians (OBs); CHDI patients are referred to Sage for prenatal care, but also remain connected with their Care Coordinators at CHDI;

- United Medical Center (UMC), a FQHC serving Kinney and Val Verde counties; and

- Texas Health and Human Services Commission (Medicaid).

The distances that separate the lead agency and rural regions pose some challenges when it comes to operating as a seamless network. These challenges underscore the importance of monthly meetings and ongoing communication across network partners to discuss service gaps and share information about services offered and trainings.

## NETWORK MODEL AND GOALS

The TX-RMOMS network aims to improve access to continuous, coordinated, and community-based care among women of childbearing age living in the service area. Primary strategies to accomplish that goal include expanding local capacity to provide maternal health services and providing women with enhanced case management and patient navigation services (described in more detail below).

**Expanding the network.** During the planning year (September 1, 2019 to August 31, 2020), the rural clinics that were part of the TX-RMOMS network struggled to meet the demand for prenatal services; one clinic had just one part-time OB and the other clinic provided pregnancy testing and case management services, but referred women elsewhere for prenatal care. In the first year of implementation (September 1, 2020 to August 31, 2021), TX-RMOMS brought two additional clinics into the network, each offering two family practice OBs with privileges at the local rural hospital. Including these clinic partners gives women more options for accessing local prenatal, labor and delivery, and postpartum services that are part of a coordinated network.

**Telehealth.** TX-RMOMS incorporated telehealth into its care delivery model to enhance the capacity of local providers and improve access to specialized services. Telehealth supports

real-time consultations between local sonogram technicians and maternal-fetal medicine providers so that women with high-risk pregnancies can get the services they need locally. The network also uses telehealth to offer continuing education and training in maternal health to rural providers.

**Patient navigation and case management.** The TX-RMOMS network implemented several activities to improve access to comprehensive maternal health services. For example, the network hired and trained perinatal case managers and behavioral health consultants to help connect women in Uvalde and Val Verde with local services and supports. Case managers help uninsured women enroll in Medicaid and educate current beneficiaries about the range of Medicaid benefits available for pregnant women, such as assistance with transportation to clinical appointments. The perinatal case managers stay engaged with women after labor and delivery to schedule postpartum appointments and to help ensure that women show up for each appointment. Because many women stop receiving care following labor and delivery, continued communication with patients is a core component of the perinatal care management services.

**Expanded educational offerings.** The rural clinics offer classes focused on healthy behaviors during pregnancy, preparing for labor and delivery, and breastfeeding. Virtual classes have replaced in-person classes due to COVID-19.

## **BASELINE DATA REFLECT LOCAL CONTEXT AND RELATED CHALLENGES**

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In the baseline year prior to implementation (September 1, 2019 to August 31, 2020), TX-RMOMS facilities served 1,644 women and delivered 1,230 babies. Of the women who delivered during the baseline year:

Nearly a quarter (24%) were uninsured and more than one-third (39%) had Medicaid insurance;

- Thirteen percent were younger than 20; nearly one-third were between the ages of 21 and 25, representing the largest age cohort;
- Nearly one-quarter of women were identified as having a high-risk pregnancy; and
- Approximately one-third delivered via Caesarean section (35% among women with high-risk pregnancies and 30% for women who did not have high-risk pregnancies).

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 CHALLENGES**

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The TX-RMOMS network reported multiple challenges that occurred throughout the baseline period and first implementation year. For example:

- The COVID-19 pandemic caused facilities to become overburdened, which contributed to delayed implementation of network strategies and data collection challenges.

- Several factors delayed implementation of telemedicine and telehealth training. Specific challenges included acquiring telemedicine equipment, ensuring adequate connectivity, and meeting security requirements.
- Network-level challenges made it difficult to collect and report patient-level data, such as the use of multiple electronic health record (EHR) systems across network sites, patients receiving some prenatal or postpartum services from facilities outside the network, and inconsistent recording of services in a patient's EHR.

## NEXT STEPS

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The second implementation year began on September 1, 2021. Upcoming focus areas for TX-RMOMS include reducing no-show rates for postpartum appointments, educating patients about resources available through the Medicaid STAR Medical Plans, providing refresher trainings on the importance of behavioral health (mental health and substance use) screenings, and strengthening referral systems to improve treatment rates and overall maternal health. Going forward, Perinatal Case Managers will connect with other local agencies and health care practices to launch more community-based programming, such as free prenatal classes and support groups for postpartum depression. Additional information about the TX-RMOMS program is available in the first Annual Report, which can be found on the [HRSA RMOMS Program website](#).

## REFERENCES

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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. Health Resources & Services Administration. Area Health Resource Files. Accessed February 26, 2021. <https://data.hrsa.gov/topics/health-workforce/ahrf>
3. National Center for Health Statistics. National Vital Statistics System Restricted Natality Data, 2015-2018.