

Rural Obstetrical Care in Virginia

Joint Commission on Health Care
October 16, 2012 meeting

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Study Background and Objectives

- By letter to JCHC Chairman, Delegate Nutter and Senator Northam requested JCHC update the recommendations from the Governor's 2004 Working Group on Rural Obstetric Care on behalf of the Access Council of Virginia's State Rural Health Plan
- Study Objectives
 - Assess the level of maternal and infant health in rural populations of the Commonwealth
 - Determine the factors influencing access to and utilization of obstetrical services in rural areas
 - Identify programs that have the potential to address barriers to access and utilization of obstetrical services in the State's rural areas

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Maternal and Infant Health in Rural Virginia

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Infant Mortality Rates (per 1,000 Live Births) by Race/Ethnicity Virginia and U.S., 1998-2010

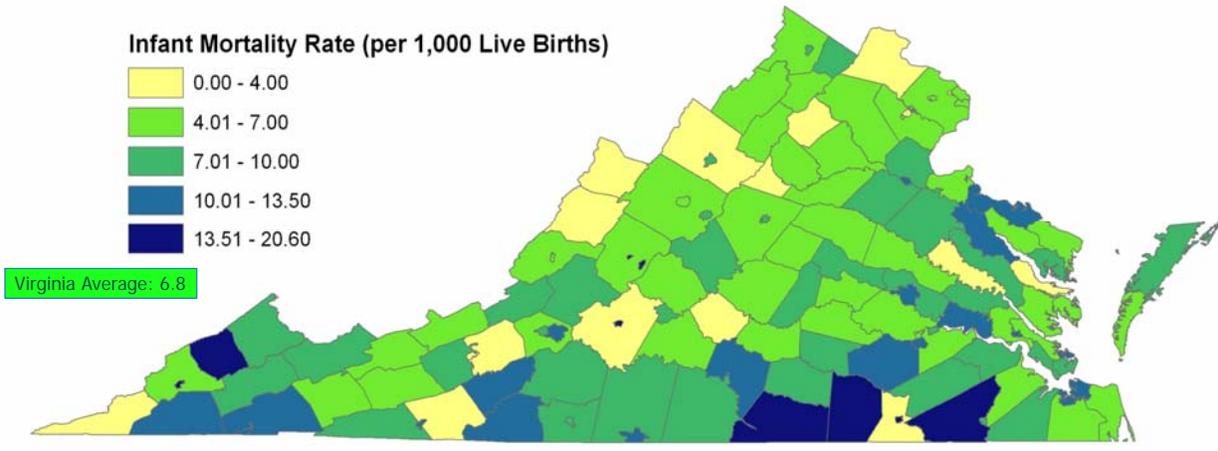
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
U.S.	7.2	7.0	6.9	6.8	7.0	6.8	6.8	6.9	6.7	6.8	6.6	6.5	6.1
Virginia	7.4	7.2	6.8	7.4	7.3	7.6	7.4	7.4	7.1	7.7	6.7	7.0	6.8
Black	14.5	12.9	12.4	15.5	14.5	13.9	14.4	14.4	13.8	15.5	12.2	13.7	14.6
Hispanic	5.1	5.7	5.6	5.0	5.1	6.3	5.7	5.2	4.1	6.8	6.1	6.8	6.3
White	5.5	5.6	5.4	5.3	5.6	6.1	5.8	5.9	5.5	6.0	5.4	5.6	4.9
Asian	1.6	3.3	3.4	2.7	3.7	3.8	2.5	3.2	4.2	3.3	4.0	2.4	2.9

U.S. Government's Healthy People 2020 Objective: 6.0

Sources: 1. VDH Division of Health Statistics Resident Live and Death Certificates 1998-2010, compiled by the Policy & Assessment Unit, Office of Family Health Services National Center for Health Statistics, 1998-2008. 2. 2009-2010 U.S. data from CDC's National Center for Health Statistics Data Brief, July 2012.

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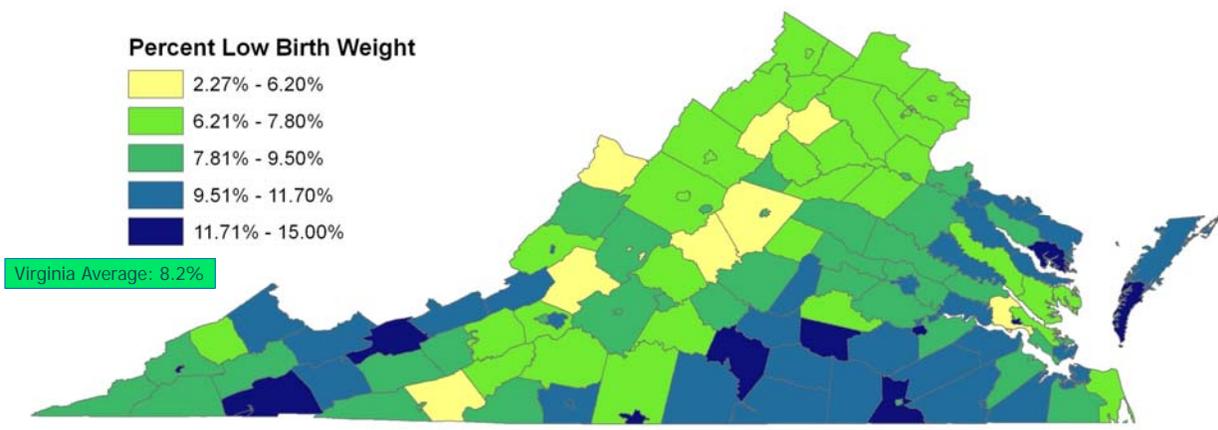
Infant Mortality Rate, Virginia 2008-2010



Source: VDH Resident Live Birth, Fetal Death, and Induced Terminations of Pregnancy Certificates 1999-2011, compiled by the Division of Policy & Evaluation, Office of Family Health Services Division of Health Statistics

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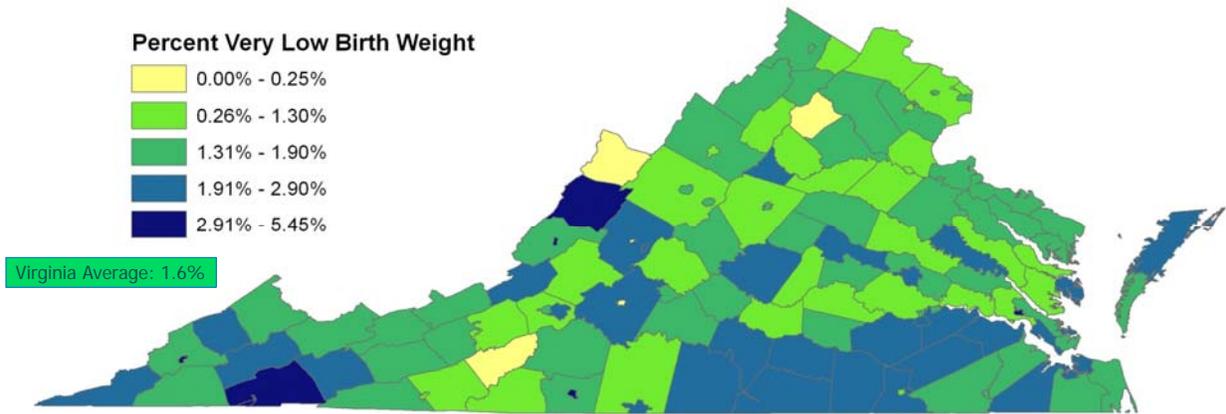
Percent of Births at Low Birth Weight, Virginia 2008-2010



Source: VDH Division of Health Statistics Resident Live Birth, Fetal Death, and Induced Terminations of Pregnancy Certificates 1999-2011, compiled by the Division of Policy & Evaluation, Office of Family Health Services

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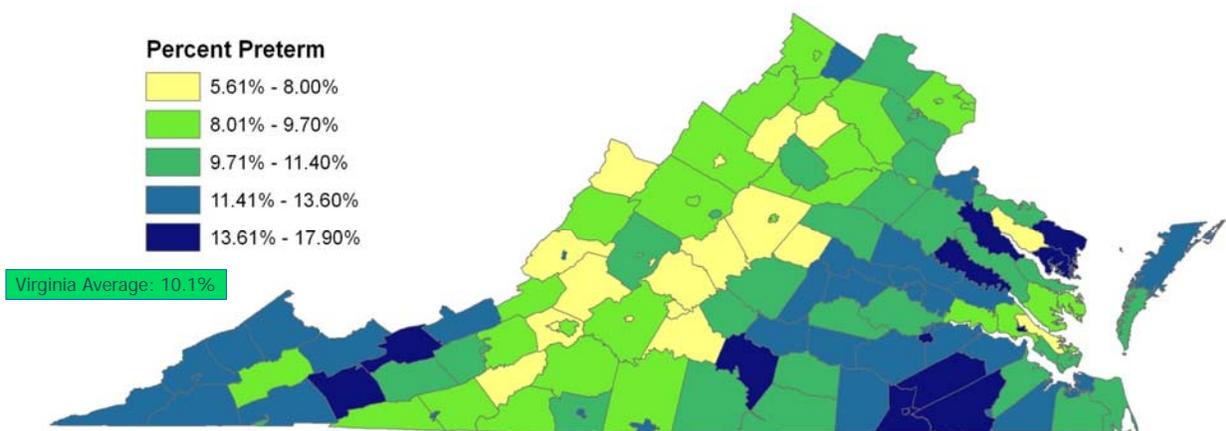
Percent of Births at Very Low Birth Weight, Virginia 2008-2010



Source: VDH Division of Health Statistics Resident Live Birth, Fetal Death, and Induced Terminations of Pregnancy Certificates 1999-2011, compiled by the Division of Policy & Evaluation, Office of Family Health Services

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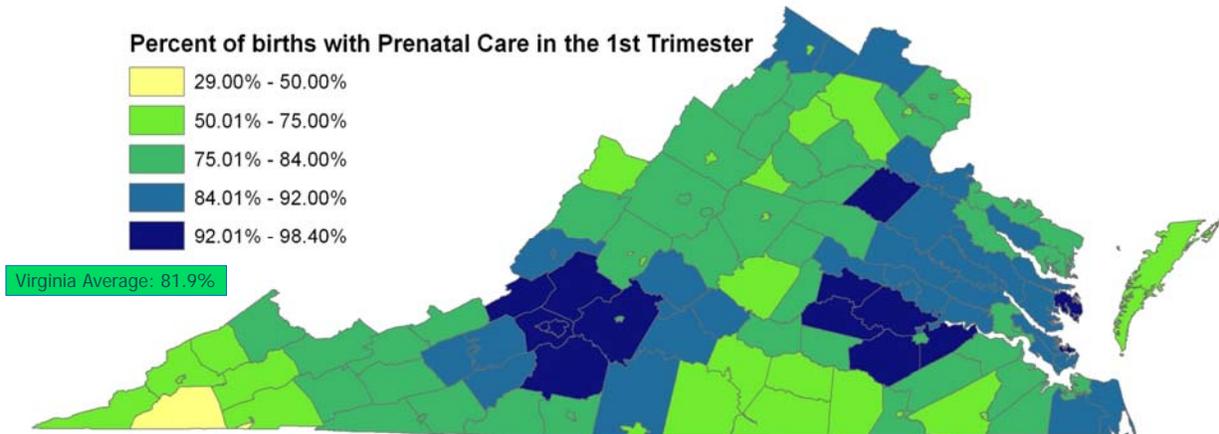
Percent of Births at Preterm (<37 wks Gestation), Virginia 2008-2010



Source: VDH Division of Health Statistics Resident Live Birth, Fetal Death, and Induced Terminations of Pregnancy Certificates 1999-2011, compiled by the Division of Policy & Evaluation, Office of Family Health Services

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Percent of Births Receiving Prenatal Care in 1st Trimester, Virginia 2008-2010



Source: VDH Division of Health Statistics Resident Live Birth, Fetal Death, and Induced Terminations of Pregnancy Certificates 1999-2011, compiled by the Division of Policy & Evaluation, Office of Family Health Services

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Medicaid Expenditures, Rural Only

State Fiscal Year	Birth Weight	Births	Neonatal Expenditures (Infant)	Pre/Post Natal & Delivery Expenditures (Mother)
2009	Low	34	\$2,571,909	
	Normal	3,452	\$19,510,166	
	Total	3,486	\$22,082,075	\$15,563,833
2010	Low	28	\$1,584,283	
	Normal	4,276	\$23,022,922	
	Total	4,304	\$24,607,205	\$17,203,978
2011	Low	39	\$3,245,362	
	Normal	4,221	\$22,976,319	
	Total	4,260	\$26,221,681	\$15,911,088
2012	Low	47	\$1,222,409	
	Normal	5,277	\$25,476,384	
	Total	5,324	\$26,698,793	\$16,765,755

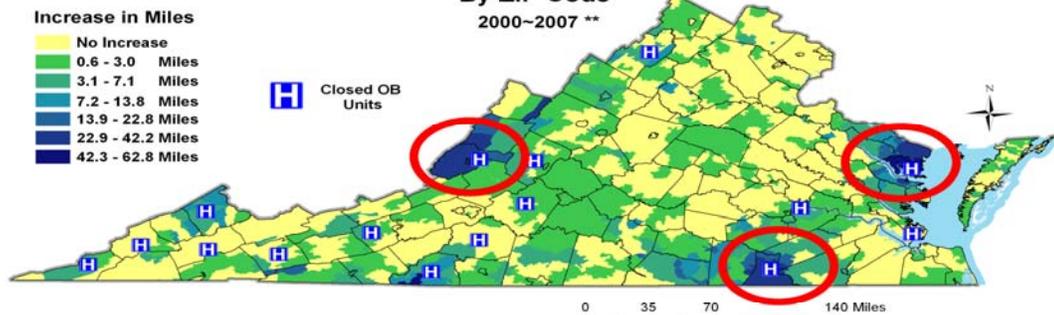
Source: DMAS

Barriers to Access and Utilization of Obstetrical Services in Rural Virginia

Hospital Obstetrical Unit Closures
OB/GYN Health Practitioner Shortages
Difficulty Establishing Birth Centers in Rural Areas
Demographic Factors Influencing Utilization of Prenatal Care Services

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Virginia Increase in Average Distance* Travelled for OB Services After Closure of Local OB Units By ZIP Code 2000-2007 **

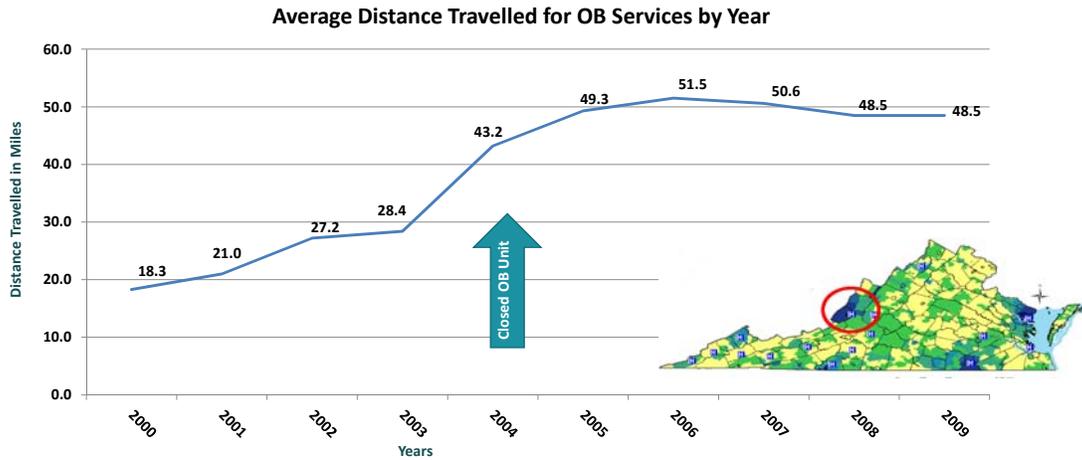


* Increase in average distance travelled for OB services is determined by subtracting average distance travelled between 2000-2002 and 2005-2007. 2003 & 2004 have been excluded because these are the years which most closure occurred. Average distance was calculated using Virginia road data provided by Virginia Geographic Information Network (VGIN).

** Data Source: Virginia Vital Record, 2000-2007

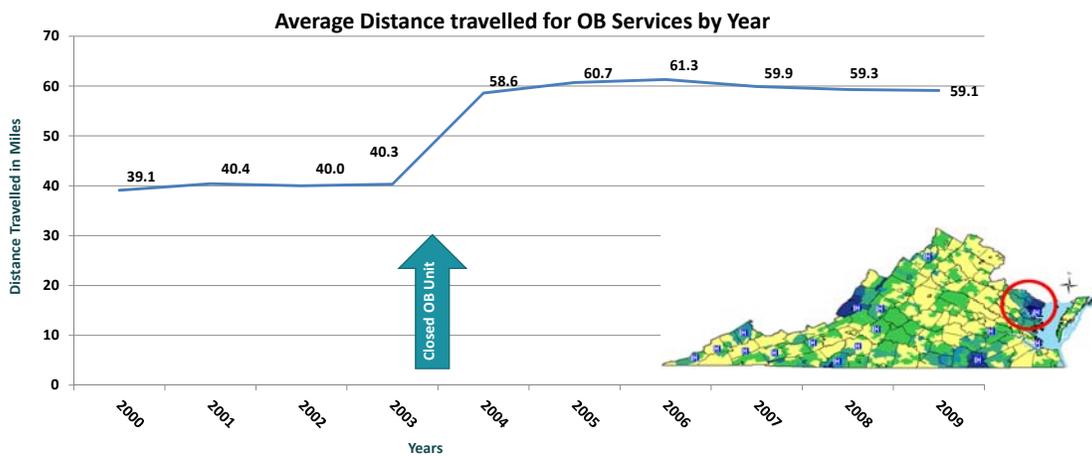
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Lewis Gale Hospital at Allegheny Market Region*



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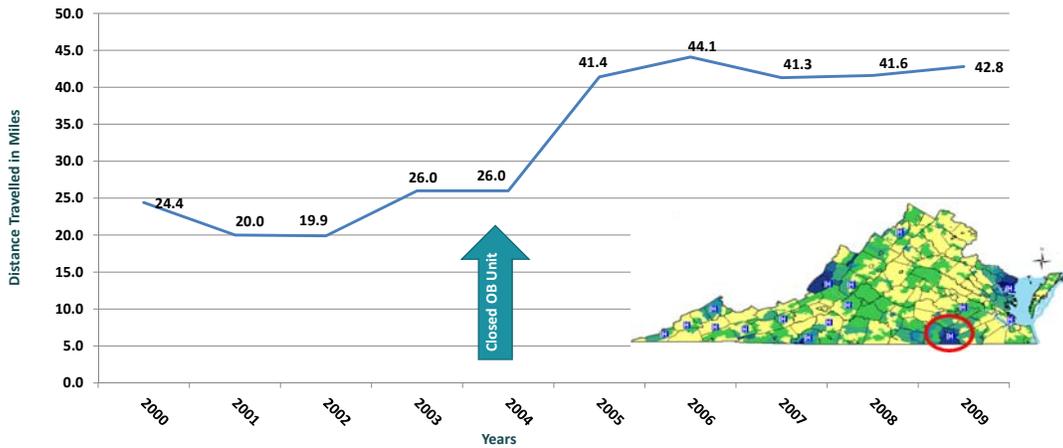
Rappahannock General Hospital Market Region*



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Southern Virginia Medical Center Market Region*

Average Distance Travelled for OB Services by Year



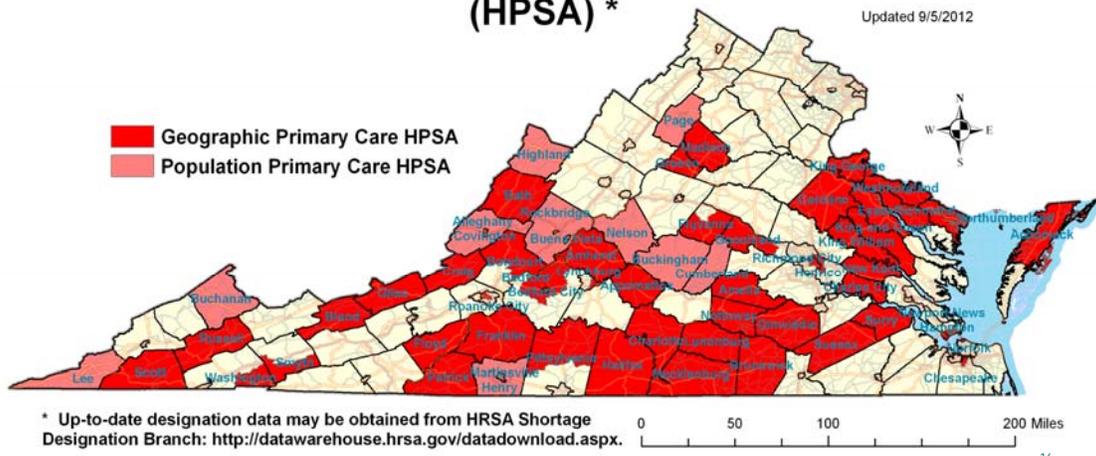
* Market region is defined as those ZIP Codes that represent 75% of a hospital's total births

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OB/GYN Health Practitioner Shortages

Virginia Primary Care Health Professional Shortage Areas (HPSA) *

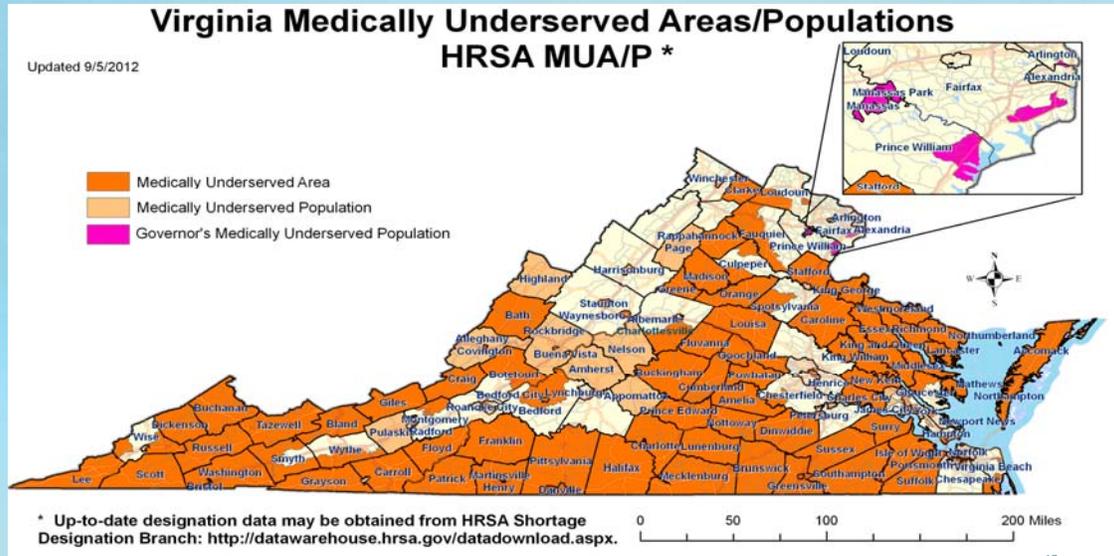
Updated 9/5/2012



<http://datawarehouse.hrsa.gov/datadownload.aspx>

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OB/GYN Health Practitioner Shortages



Source: <http://datawarehouse.hrsa.gov/datadownload.aspx>

Difficulty Establishing Birth Centers in Rural Areas

- In 2005, the General Assembly passed HB 2656 authorizing the State Board of Health to approve birth center pilot projects as an alternative way to improve access to obstetrical and pediatric care in areas without inpatient maternity services
 - The Family Maternity Center of Northern Neck
 - Closed August, 2011 after being operational for 14 months
 - Patient Payment Type: 40% Medicaid, 40% Self-Pay, 20% Commercial Insurance
 - One of the primary factors affecting financial viability was Medicaid reimbursement
 - Currently birth centers are not licensed in Virginia as health care facilities and, therefore, do not qualify for reimbursements related to the cost of running the facility
 - Women's Health and Birthing Center in Emporia
 - Opening has been delayed indefinitely

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Difficulty Establishing Birth Centers in Rural Areas

- State funding to support start-up costs of the two sites ended June 30, 2010
- Health reform law requires states to make birth center facilities eligible to receive payment for Medicaid services, to the extent the state licenses or recognizes birth centers
 - 40 states license or recognize freestanding birth centers for Medicaid reimbursement
 - If birth centers are licensed or recognized by Virginia, it would allow for reimbursement for facility costs which may improve the financial viability of rural birth centers that rely heavily on Medicaid payments (Option 2)

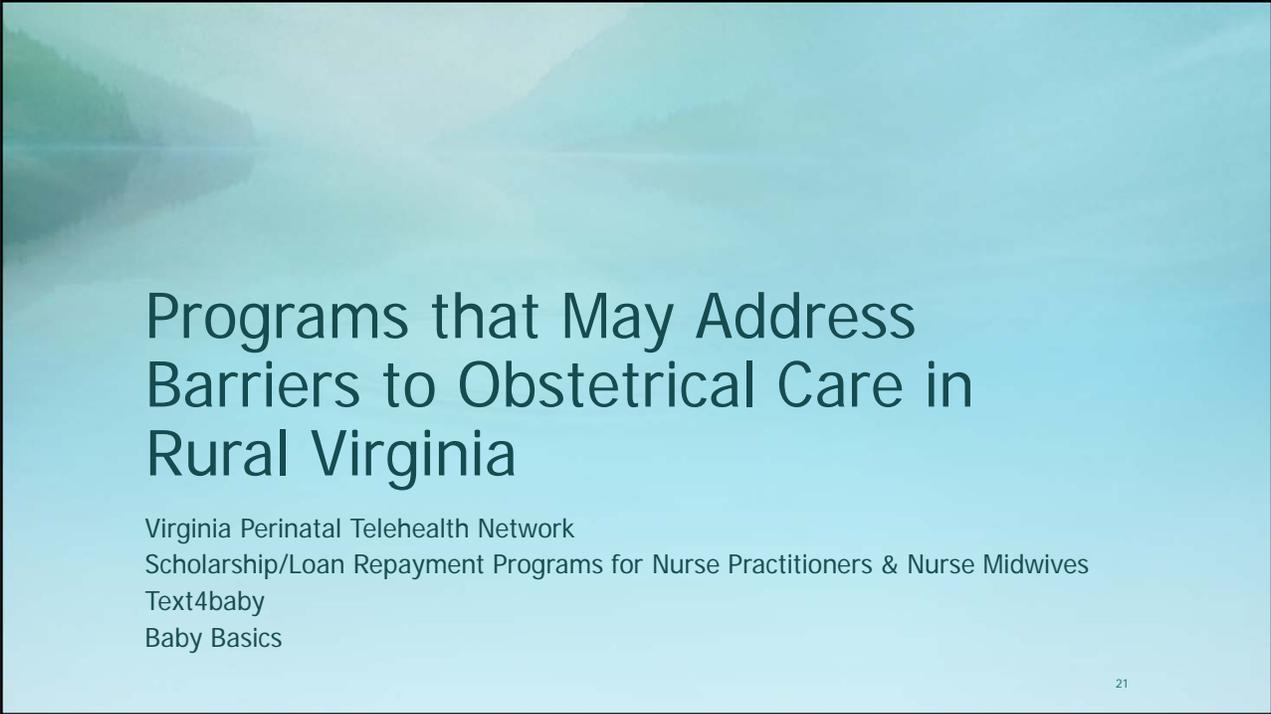
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Demographic Factors Influencing Utilization of Prenatal Care Services

	Percent of Population		
	Rural Virginia	Urban Virginia	Virginia Total
Education Level (2010) (% not completing High School)	23.5%	12.2%	13.9%
Poverty Rate (2010)	16.7%	10.2%	11.1%
Unemployment Rate (2010)	9.2%	6.6%	6.9%
	(2011)	8.2%	6.0%

Source: USDA Economic Research Service, 2011 (www.ers.usda.gov)

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Programs that May Address Barriers to Obstetrical Care in Rural Virginia

Virginia Perinatal Telehealth Network
Scholarship/Loan Repayment Programs for Nurse Practitioners & Nurse Midwives
Text4baby
Baby Basics

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Virginia Perinatal Telehealth Network

- The Virginia High-Risk Obstetrics Telehealth Program could be expanded to include Danville, Pittsylvania County, and Washington County; and to initiate ultrasound services at the Culpeper and Staunton Health Department telemedicine sites (Option 3)
- In 2009, the High-Risk Obstetrics Telehealth Program, operated by UVA, was created
 - Original funding:
 - \$136,000 Governor's Productivity Investment Fund Grant
 - \$670,000 HRSA Grant
 - Procured video-conferencing equipment and fetal monitors, trained staff and initiated five sites (plus one additional site beginning fall, 2012)

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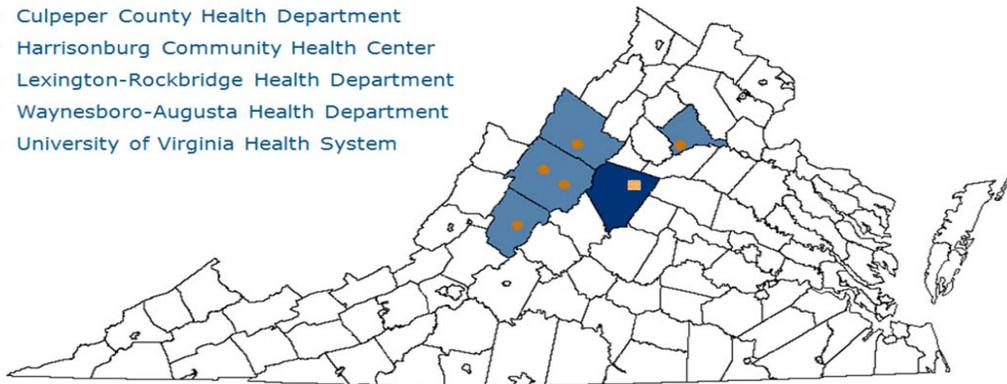
Virginia Perinatal Telehealth Network

- Intent of Program: Improve access to specialized prenatal care for women with high-risk pregnancies in communities that do not have a maternal-fetal medicine specialty clinic
- Intended Program Outcomes:
 - Earlier initiation of prenatal care
 - Reduction in the number of missed OB visits
 - Decrease in preterm births
 - Improved diabetes control
 - Reduction in cost of care for the mother-infant pair by decreasing NICU utilization
 - NICU costs can be as much as \$40,000 per week for one infant

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Current Perinatal Telehealth Partner Network

- Augusta-Staunton Health Department
- Culpeper County Health Department
- Harrisonburg Community Health Center
- Lexington-Rockbridge Health Department
- Waynesboro-Augusta Health Department
- University of Virginia Health System



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Outcomes of Virginia Perinatal Telehealth Network

- In its 3-year existence:
 - 305 High-Risk OB patients have been seen via telemedicine
 - Travel for prenatal care has been reduced by 162,126 miles
 - Preterm deliveries have been reduced by 25 percent

	Before High-Risk OB Telehealth Program	After High-Risk OB Telehealth Implementation
Gestational age at first visit	17 weeks	13 weeks
Entry into care	25% after 20 weeks	All before 20 weeks
Missed appointments	11% of visits	4.4% of visits
Percent missing at least 1 prenatal visit	56.8%	19.4%
Rate of pre-term birth	16.5%	12.5 %
Average number of NICU days	22.1	13.4

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Scholarship/Loan Repayment Programs

- The Virginia Nurse Practitioner and Nurse Midwife Scholarship Program could be expanded (Options 4 and 5)
 - The program could be amended to include loan repayments in addition to scholarships to provide additional flexibility
 - Additional funding could be provided specifically for nurse practitioners who specialize in OB/Women's Health and nurse midwives
 - In FY 2012, 5 scholarships of \$5,000 were awarded
 - In FY 2013, 3 scholarship awards of \$5,000 have been recommended
- Virginia receives \$400,000 per year in federal funding for the Virginia State Loan Repayment Program.
 - Provides loan repayments for physicians, physician assistants and nurse practitioners
 - Requires 50% match by the local non-profit clinic/hospital hiring the practitioner; therefore, not all funds are allocated every year
 - In FY 2012, 1 loan repayment grant was awarded
 - In FY 2013, there are 7 applicants but grants have not yet been awarded

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Text4baby

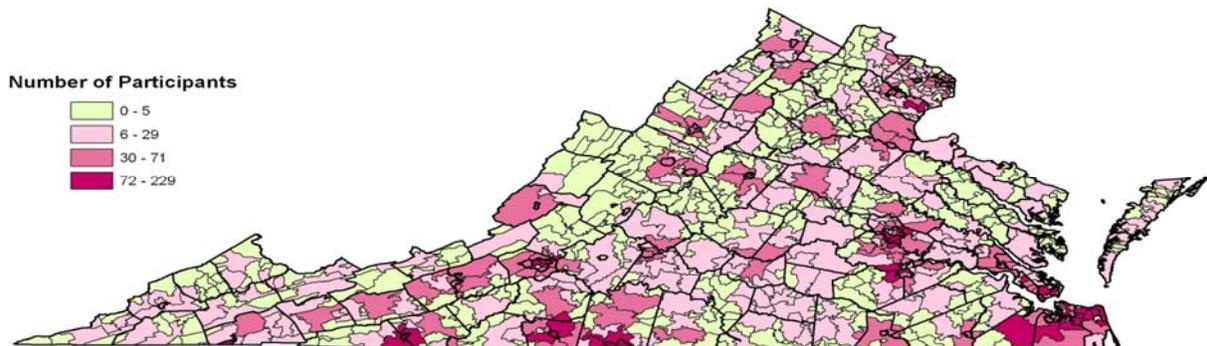
- Launched in February 2010, text4baby is now in all 50 states and Washington, D.C.
- Utilizes mobile health technology to reach underserved populations, reduce the number of premature births among low-income women and improve maternal and child health outcomes
 - Provides pregnant women and new moms with free text messages each week on pregnancy and baby care
 - Messages are timed to a woman's due date or the baby's date of birth
 - Topics covered in text messages include birth-defect prevention, prenatal care, labor and delivery, nutrition, oral health, mental health, smoking cessation and substance use, breastfeeding, safe sleeping environment, exercise and fitness, car seat safety and immunizations
 - Text4baby enrollment is highest in areas with the greatest need...areas with high rates of poverty and poor birth outcomes



Source: VDH presentation, "Text4baby Virginia: Where We've Been and Where We're Going, 2010-2012"

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Number of Unique Text4baby Users, February 2010 - January 2012



Text4baby

- Results of research conducted by California State University, San Marcos University & the University of California:
 - 64.1% reported that text4baby helped them remember an appointment or immunization.
 - 75.4% reported that text4baby messages informed them of medical warning signs that they did not know.
 - 71.3 % reported talking to a doctor about a topic that they read on a text4baby message.
 - 38.5% reported that they called a service or phone number that they received from a text4baby message.
 - 53.3% of participants without health insurance reported calling a service number.

Source: Joan Corder-Mabe, Reproductive Health Programs Manager, VDH, March 16, 2012 presentation, "text4baby: Using Cell Phones in Maternal-Child Health" ²⁹

Text4baby

- Until recently, Virginia had the highest utilization rates in the U.S. The State ranking has dropped to 5th primarily due to a lack of funding for customization and advertising
 - Voxiva, the cellular company that disseminates the texts, offers customized texts for an additional fee
 - Additional funding could be provided for texts regarding Virginia specific prenatal care, parenting, and other health services and contact information for VDH, DMAS, Virginia 211, etc. (Option 6)
 - VDH and DMAS utilize a range of promotional activities including mailings, newsletters, brochures, posters, billboards, press conferences, and public service announcements
 - Additional funding could be provided for television and radio advertisements to reach a greater number of pregnant women and mothers in all areas of the State (Option 6)

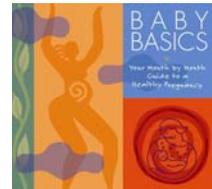


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Baby Basics/Moms' Club

- A national (soon to be international) prenatal health literacy program that provides community-based prenatal care and parenting education
 - Components:
 - Baby Basics Book
 - Provided to expecting mothers, hospitals, health centers and other community organizations serving pregnant women
 - Moms' Club for expecting mothers and their families
 - Training for healthcare providers and educators to improve care coordination and patient understanding and compliance
 - Integration of the curriculum and tools found in the Baby Basics book into existing home visiting models
 - Has been incorporated into Healthy Families, Nurse Family Partnership, Healthy Start, Parents as Teachers, and other home visiting models in other states
 - Evaluation of program effectiveness



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The Baby Basics Book

- Updated annually to reflect evidence-based best practices in prenatal care
- Reviewed and endorsed by National March of Dimes
- 500,000 copies purchased by over 800 organizations for at-risk moms across the U.S.
- Addresses every American Congress of Obstetricians and Gynecologists (ACOG) education standard
- Written at a 3rd to 5th grade level to be appropriate for low-literacy levels



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Breastfeeding: True or False?

Check for True or for False.

- Breastfeeding is best for your baby if you are healthy.
- You can not breastfeed if you have small breasts.
- Babies who breastfeed get sick less often.
- Formula costs more money than breast milk.
- A baby will only take a bottle with formula in it.
- Breast milk is less likely to make your baby fat.
- HIV can be passed through breast milk.
- You can eat or drink anything while you breastfeed.
- Babies who breastfeed are less likely to have allergies.
- You need to have big nipples to breastfeed.
- Breastfeeding helps good — once you and your baby learn how — and is a special way to share your love.
- Breastfeeding makes it harder to lose your baby fat.
- You cannot use both breast milk and formula.
- Breast milk has all the nutrients your baby needs to grow.
- You can get a breastfeed!

Using the true information above, write breastfeeding or not with a healthy baby.

For more information about breastfeeding and you can also visit the US DEPARTMENT OF HEALTH AND HUMAN SERVICES

Moms' Club

- Led by trained facilitators from the community
- Meetings can be held in community centers, health departments, hospitals, libraries, schools, churches, restaurants, prisons, etc.
- 24 curriculum activities
- Bilingual handouts
- Meets all ACOG prenatal standards
- Teaches health literacy skills in prenatal context
- Provides peer support and encouragement to follow recommendations for a healthy pregnancy and baby

Healthy Baby

Using magazines, markers, scissors, tape or glue, build a healthy baby by cutting out and pasting pictures or names of healthy foods onto the page.



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Baby Basics/Moms' Club in Virginia

- Developed by the Southwest Virginia Perinatal Council, in partnership with the What to Expect Foundation
 - Funding provided by the March of Dimes Virginia Chapter and in-kind contributions from community partners
 - Program does not receive State funding
- Currently 5 locations in Southwest Virginia
 - Bristol Regional Medical Center - Bristol, VA (Began: February, 2010)
 - Norton Community Hospital - Norton, VA (Began: March, 2012)
 - Carilion Clinic-New River Valley Medical Center - Christiansburg, VA (Began: April, 2012)
 - Carilion Medical Center-Roanoke Memorial Hospital - Roanoke, VA (Began: April, 2012)
 - Sullivan County Jail - Bristol, TN (In coordination with the Southwest Virginia Perinatal Council – Began: 2011)



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Policy Options

Option 1: Take no action.

Option 2: Request by letter of the JCHC Chair that VDH and DMAS review the potential for licensing or recognition of freestanding birth centers, for the purpose of Medicaid facility reimbursement, and report to the Joint Commission by October 1, 2013.

Option 3: Introduce a budget amendment (language and funding) for the Virginia Department of Health to provide funding of \$867,600 GFs to expand the Perinatal Telehealth Network in Virginia to include Danville, Pittsylvania County, and Washington County; and to initiate ultrasound services at the Culpeper and Staunton Health Department telemedicine sites.

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Policy Options

Option 4: Introduce legislation to amend the Code of Virginia to expand the Nurse Practitioner and Nurse Midwife Scholarship Program to include loan repayments as well.

Option 5: Introduce a budget amendment (language and funding) for the Virginia Department of Health to increase funding by an additional \$150,000 for the Nurse Practitioner and Nurse Midwife Scholarship (and Loan Repayment) Program with requirements that the additional awards be granted to nurse practitioners specializing in OB/Women's Health and to nurse midwives.

Option 6: Introduce a budget amendment (language and funding) for the Virginia Department of Health to provide additional funding of \$75,000 to allow for customization and advertisement of the Text 4 Baby Program.

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Policy Options

Option 7: Request by letter of the Joint Commission Chair that, as part of the maternal and child health strategic plan, VDH give due consideration to the Baby Basics curriculum as a tool to improve patient education and standardize health messages for pregnant women and mothers.

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Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on October 26, 2012. Comments may be submitted via:
 - E-mail: sreid@jhc.virginia.gov
 - Facsimile: 804-786-5538 or
 - Mail to: Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218
- Comments will be summarized and included in the Decision Matrix which will be discussed during the JCHC meeting on November 7.

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Internet Address

Visit the Joint Commission on Health Care website:
<http://jchc.state.va.us>



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