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Thank you for joining today's webinar. We will begin promptly at 2:00 pm Central.

Maternal and Obstetric Care Challenges in Rural America from the National Advisory Committee on Rural Health and Human Services

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Your *First* **STOP** for *Rural Health* **INFORMATION**

Maternal and Obstetric Care Challenges in Rural America from the National Advisory Committee on Rural Health and Human Services

Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at https://www.ruralhealthinfo.org/webinars/nacrhhs-maternal-care
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

National Advisory Committee On Rural Health and Human Services

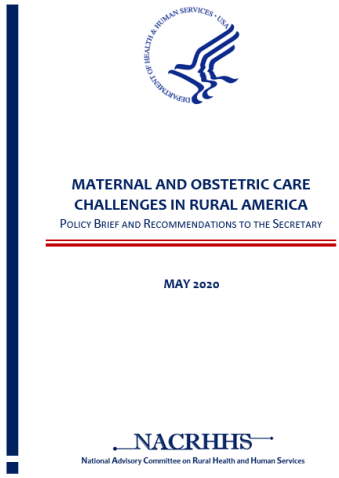
Maternal and Obstetric Challenges in Rural America

Policy Brief Webinar

August 2020

Background on the Committee

- The Committee is a federally chartered independent citizens' panel whose charge is to advise the Secretary of HHS on issues related to how HHS and its programs can better serve rural communities.
- Chaired by former Kansas Governor, Dr. Jeff Colyer, the Committee members' experience and expertise cover a wide range of rural health and human services issues.



The Committee meets twice a year to:

- Examine important issues that affect the health and well-being of rural Americans
- To hear directly from rural stakeholders in healthcare and human services

Following each meeting, the Committee produces policy briefs to the HHS Secretary with recommendations on policy or regulatory matters that are within the Secretary's purview.

Committee's Policy Briefs:

https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html

Webinar Speakers

Jeff Colyer, MD

Committee Chair | National Advisory Committee on Rural Health and Human Services
Board Certified Craniofacial/Plastic Surgeon | University of Kansas

Darci Graves, MPP, MA, MA

Health Insurance Specialist | Office of Minority Health, Center of Medicare and Medicaid Services

Jacob Warren, PhD, MBA, CRA

Director | Center for Rural Health and Health Disparities at Mercer University School of Medicine

Sally Poepsel, PhD, CRNA, APRN

MSMP Anesthesia Services, L.L.C.

Columbia, Missouri

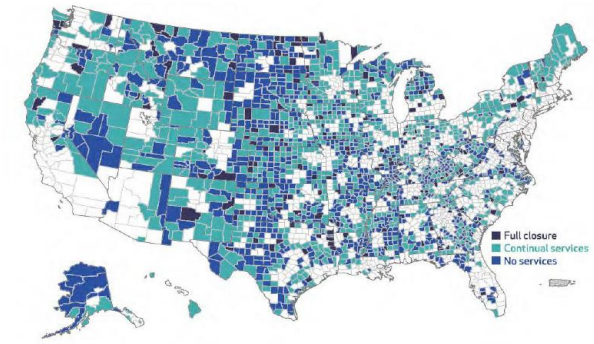
Former member of the National Advisory Committee on Rural Health and Human Services

Why Maternal and Obstetric Care Challenges?

- More than 700 women a year die of complications related to pregnancy in the U.S., and two-thirds of these deaths are preventable. As of 2016, the U.S. pregnancy-related mortality ratio was 16.9 per 100,000 live births.
- However, there are significant disparities within this calculated statistic among rural and urban populations. According to Scientific American, rural areas had a pregnancy-related mortality ratio of 29.4 per 100,000 live births versus 18.2 in urban areas in 2015.
- Researchers have identified both clinical factors (workforce shortages) and social determinants of health (transportation, housing, poverty, food security, racism, violence, and trauma) as significant challenges faced by rural patients.7.
- Both the rates of maternal mortality and of morbidity among rural residents highlight the importance of transforming our health care system to ensure that birth is not a deadly or traumatic experience for any woman, regardless of race, geographic location, socio-economic status (SES), and health insurance status.

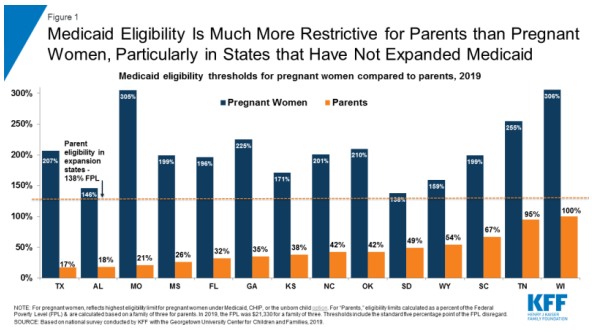
Hospital Closures and Obstetric Care Shortages

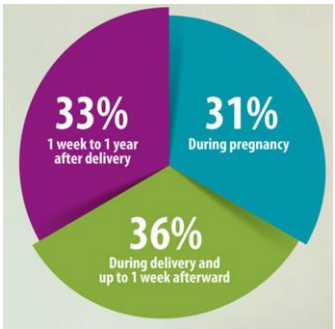
Figure 1. Hospital Obstetric Services in Rural Counties, 2004–2014



Source: P Hung, C Henning-Smith, M Casey, and K Kozhimannil. Access to Obstetric Services in Rural Counties Still Declining, With 9 Percent Losing Services, 2004–14. Health Aff (Millwood). 2017 Sep 1; 36(9): 1663-1671.

Medicaid Expansion





Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1

Rural Maternal Health

- 2019
  - Co-hosted, "A Conversation on Maternal Health Care in Rural Communities: Charting a Path to Improved Access, Quality and Outcomes"
  - Released an issue brief Improving Access to Maternal Health Care in Rural Communities
- 2020
  - Rural Maternal Request for Information
  - Rural OB Readiness Workgroup

go.cms.gov/RuralHealth

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Maternal Mortality in Rural Georgia

Jacob C. Warren, PhD, MBA, CRA
Director, Center for Rural Health and Health Disparities
Associate Dean for Diversity, Equity, and Inclusion

K. Bryant Smalley, PhD, PsyD, MBA
Associate Dean for Research

Mercer University School of Medicine

Maternal and Infant Death Crisis

- Maternal death rates have **more than doubled** in the US since 1987
- The US is currently **46th in the world** for maternal deaths
- In its *Deadly Delivery* report, Amnesty International ranked Georgia as **50th in the nation** for maternal deaths

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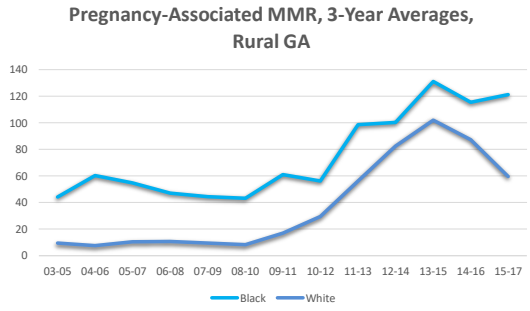
Layers of Risk

- Rural women in Georgia have a significantly higher maternal mortality rate than in urban Georgia
- Rural African American women have double the maternal mortality rate of rural White women, with the gap widening



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Layers of Risk

- Rural African American women have a 30% higher maternal mortality rate than their urban African American counterparts (121 vs 93)
- Rural White women have a 50% higher maternal mortality rate than their urban White counterparts (60 vs 40)

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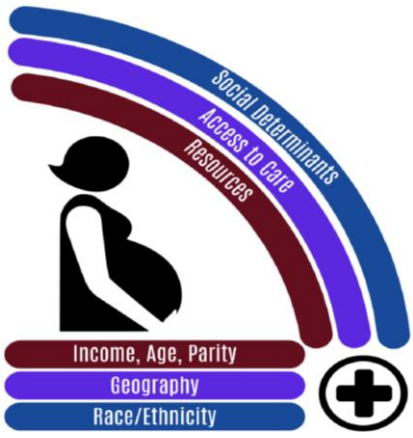
Layers of Risk



- The risks associated with demographics are layered, interconnected, and complex
- Relate back to fundamental barriers to healthy outcomes

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Social Determinants

- Economic stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

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Resources

- Rural residents face increased burden associated with
  - Transportation
  - Shift work (time off)
  - Supportive organizations
  - Social services availability
- Leads to baseline differences in health status and subsequent inadequate prenatal and postpartum care

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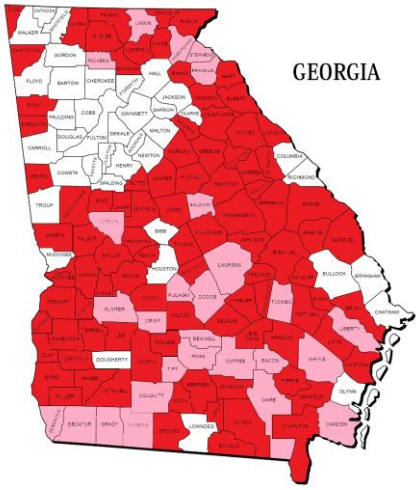
Access to Care



- 93 rural GA counties have no hospital with a labor and delivery unit
  - –43% closed past 20 yrs
- 2/3 of rural GA births outside home county
- No rural counties have a MFM specialist

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Access to Care

- Direct barrier to receipt of prenatal care, high-risk OB services, and postpartum care
- Prevents establishment of continuity of quality care
- Happens within context of lack of preconception primary care, greater EMS response time, greater distance to hospitals when postpartum emergencies occur, etc.

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Access: The Medicaid Myth

- More than 50% of births are covered by Medicaid
- Widely-held misconception that this covers all pregnancy needs
- In GA, coverage ended 60 days after birth; ACOG guidelines extend for 1 year
- Lack of primary care for the years leading up to pregnancy have a profound effect

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South Georgia Healthy Start

- Multilevel initiative focused on clinical care, case management, health education, community engagement, workforce development, systems change, and research
- Work in a 7-county region where African American women have a maternal mortality rate 7 times the state average

South Georgia
HEALTHY START

Core Issues in Creating Solutions

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Core Issues in Creating Solutions

- Rural hospital and rural L&D unit closures are widening care deserts
- Communities need models for preserving access to care when a hospital and/or L&D unit close

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Core Issues in Creating Solutions

- Lack of access to care and dramatic SDOH inequities create a system with no other outcome than stark maternal mortality disparities
- Women need support now while the system is fixed

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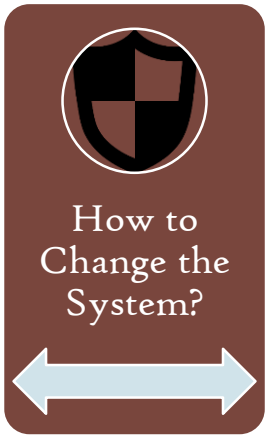
Core Issues in Creating Solutions



- Traditional, urban-based OB care delivery models are neither sustainable in nor designed for rural
- Scope of practice limitations and workforce shortages overly burden rural

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OUR VISION…

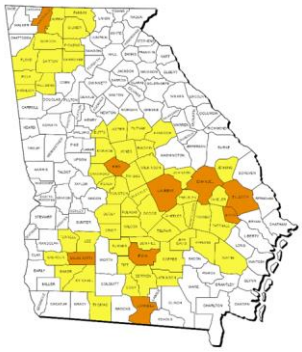
A Georgia Where
ALL Mothers and Babies
Survive and Thrive

Jacob C. Warren, PhD, MBA, CRA
Warren_JC@Mercer.edu

South Georgia
HEALTHY START

Site Visit and Policy Recommendations

Site Visit: Mercer Medical School



Panelist Agency Primary Locations (Orange) and Service Areas (yellow)

- Founded in 1982
- Main mission to is to train primary care physicians and other health professionals for service in rural and medically underserved areas of Georgia
- Center for Rural Health and Health Disparities, at Mercer Medical School, is one of the NIH Centers of Excellence that aims to implement community-driven solutions to health disparities issues in rural areas of Georgia.
- Several local and state groups serve as stakeholders

Stakeholders: Patients and health care South Georgia Health Start, Valdosta Healthy Start, Heart of Georgia Healthy Start, Georgia Home Vising Program of Lowndes County, Highland Rivers Health, Albany Area Primary Health Care, Emanuel Medical Center, Healthy Start, South Central Primary Care, Navicient Health

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Site Visit Themes & Perspectives

- Expanding Medicaid Coverage from 60 post-partum to 1 year post-partum
- Addressing environmental stressors such as lack of access to safe and affordable housing, food deserts, and transportation challenges
- Increasing the number of primary care physicians and ensuring access to primary care wellness checks
- Improving health literacy and human services coordination to link people to services and care

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Site Visit Themes & Perspectives

- Addressing midwifery restrictions and expanding scope of practice for midwives
- Requiring implicit bias training in hospitals and clinics to reduce disparities in maternal mortality among Black women

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Policy Recommendations

Recommendation 1

The Committee recommends the Secretary encourage the adoption of comprehensive, integrative, and intensive case management within the Healthy Start, Early Head Start, and the Maternal, Infant, and Early Childhood Home Visiting Programs.

Recommendation 2

The Committee recommends the Secretary develop guidelines and implement safety and treatment protocols in rural hospitals and clinics, both with and without OB services, to respond to obstetric complications. In addition, the Committee recommends that the Secretary encourage states to utilize and implement the Alliance for Innovation on Maternal Health (AIM) bundles, particularly the AIM Maternal Safety Bundle for the Reduction of Peripartum Racial/Ethnic Disparities.

Recommendation 3

The Committee recommends that the Secretary enhance CDC funding for both the CDC Levels of Care Assessment Tool (LOCATe) program and the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program to ensure all states have standardized assessments of levels of maternal and neonatal care and Maternal Mortality Review Committees.

Recommendation 4

The Committee recommends that the Secretary work with states to standardize scope of practice laws between and within maternal health care providers, and to expand the scope of practice for nurse midwives. This issue is of particular concern in rural areas given the shortage of obstetric providers. Certified Nurse Midwives can play a critical role if allowed to practice to the extent of their training.

Recommendation 5

The Committee recommends that the Secretary, in support of the Administration's broader graduate medical education goals, include an expansion of the current statutory cap on Medicare-supported residencies that allows for support of new rural residencies in high-need areas like primary care and obstetrics.

Recommendation 6

The Committee recommends that the Secretary address the obstetrical workforce shortage by working with Congress to increase support for the National Health Service Corps to expand the number of physicians, nurses and certified nurse midwives working in rural and underserved areas.

Further Policy Considerations

- **Consideration 1:** The Committee is aware that states now have the option to extend the period of Medicaid coverage to one year postpartum, and would benefit from considering it as an option to improve maternal health outcomes.

- **Consideration 2:** The Committee suggests the Secretary consider visible support for the President's 2021 budget proposal to expand the Rural Obstetric Management Strategies program, while also supporting perinatal service models that include midwifery, birth centers, maternal medical homes, doulas, peer counselors and community health workers. .

For More Information

To find out more about the Committee, please visit our website at http://www.hrsa.gov/advisorycommittees/rural/ or contact:

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c/o Federal Office of Rural Health Policy
Health Resources and Services Administration
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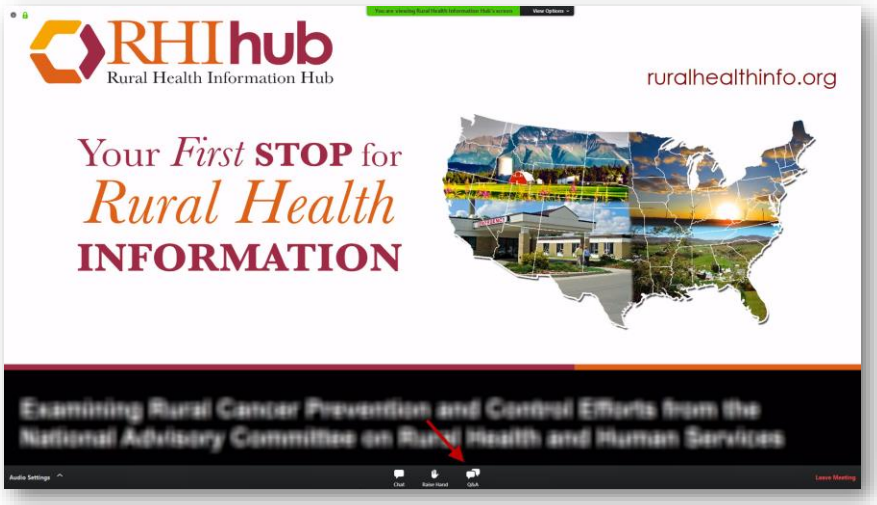
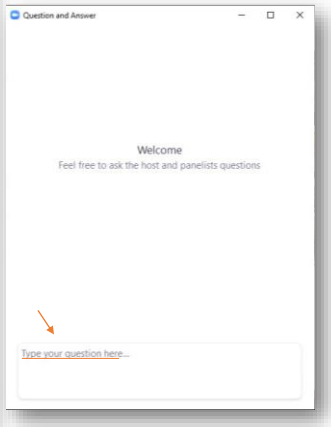
Questions?





Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website