Thank you for joining today’s webinar. We will begin promptly at 12:00 pm Central.

Rural Maternal Health Networks: Evaluation Findings from the First Implementation Year of the RMOMS 2019 Cohort

Your First STOP for Rural Health INFORMATION

Rural Maternal Health Networks: Evaluation Findings from the First Implementation Year of the RMOMS 2019 Cohort
Housekeeping

- Slides are available at www.ruralhealthinfo.org/webinars/rmoms-evaluation-implementation-year
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

If you have questions…
Featured Speakers

Ellie Coombs, Managing Associate, Mission Analytics Group, Inc.

Elizabeth Crane, Health Researcher, Mission Analytics Group, Inc.

Claire Wilson, Director of Human Services Research, Insight Policy Research
AGENDA

1. Overview of the RMOMS Program
2. Evaluation Design
3. Findings from the 2019 Cohort First Implementation Year (September 2020 to August 2021)
   - Building and Maintaining a Cohesive Network
   - Strategies to Support Maternal Care
   - Serving RMOMS Participants

OVERVIEW OF THE RMOMS PROGRAM
RMOMS SUPPORTS MATERNAL HEALTH IN RURAL AREAS

- Funded by the Health Resources and Services Administration (HRSA)
  - Federal Office of Rural Health Policy (FORHP)
  - Maternal and Child Health Bureau (MCHB)
- Three awardees funded in the 2019 Cohort and three in the 2021 Cohort

**MAJOR GOALS OF THE RMOMS PROGRAM**

- Network approach to coordinate care
- Telehealth to improve care access
- Improve access to maternal care in rural communities
- Improve health outcomes for mothers and infants
- Aggregation of low-volume services
- Financial sustainability
2019 AND 2021 COHORTS

2019 Cohort
• Bootheel Perinatal Network (BPN) in Missouri
• New Mexico Rural Obstetrics Access and Maternal Services (ROAMS)
• Texas-RMOMS Comprehensive Maternal Care Network

2021 Cohort
• Families First: Rural Maternity Health Collaborative in Minnesota
• RMOM-Southeast Missouri Partnership
• West Virginia RMOMS

AWARDEE HIGHLIGHT
https://www.youtube.com/watch?v=h7zKf3_taLY
EVALUATION DESIGN

Structure of Evaluation

Shared Findings

Lessons Learned and Next Steps
TYPES OF DATA INFORMING THE EVALUATION

<table>
<thead>
<tr>
<th>Group</th>
<th>Interviews/ Site Visits</th>
<th>Progress Reports/ Program Documents</th>
<th>Network Measures</th>
<th>Patient-Level Data</th>
<th>Medicaid Claims*</th>
<th>Secondary Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Approach to Coordinating Care</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery and Access to Services</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Maternal and Neonatal Outcomes</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Financial Sustainability and Viability</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

*If exercised or used.

PATIENT-LEVEL DATA

*Five categories of data to report during implementation:*
- Demographic data
- Risk factors
- Health behaviors
- Clinical services and outcomes
- Support services

Awardees report common required data elements and select opt-out data elements tailored to their local contexts.
FINDINGS FROM THE 2019 COHORT (FIRST IMPLEMENTATION YEAR)
SEPTEMBER 2020 – AUGUST 2021

OUTLINE

- Network structure and coordination
- Network strategies
- Populations served
# BPN (MO) Network Structure

<table>
<thead>
<tr>
<th>Participants</th>
<th>BPN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Agency</td>
<td>Saint Francis Medical Center</td>
</tr>
<tr>
<td>Number of Counties</td>
<td>6</td>
</tr>
<tr>
<td>Total Hospitals/Systems</td>
<td>2</td>
</tr>
<tr>
<td>FQHC Network</td>
<td>1</td>
</tr>
<tr>
<td>Behavioral Health Agencies</td>
<td>3</td>
</tr>
<tr>
<td>Support Services Agencies</td>
<td>1</td>
</tr>
<tr>
<td>Health Departments</td>
<td>6</td>
</tr>
<tr>
<td>State Medicaid Program</td>
<td>MO Healthnet</td>
</tr>
</tbody>
</table>

Notes: Includes formal network partners/affiliates only.

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# ROAMS (NM) Network Structure

<table>
<thead>
<tr>
<th>Participants</th>
<th>ROAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Agency</td>
<td>Holy Cross Medical Center</td>
</tr>
<tr>
<td>Number of Counties</td>
<td>5</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Other Clinical Partners</td>
<td>4</td>
</tr>
<tr>
<td>Support Services Agencies</td>
<td>4</td>
</tr>
<tr>
<td>Other Partners</td>
<td>State university</td>
</tr>
<tr>
<td>State Medicaid Program</td>
<td>Centennial Care</td>
</tr>
</tbody>
</table>

Notes: Includes formal network partners/affiliates only.
TX-RMOMS NETWORK STRUCTURE

<table>
<thead>
<tr>
<th>Participants</th>
<th>TX-RMOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Agency</td>
<td>University Hospital</td>
</tr>
<tr>
<td>Number of Counties</td>
<td>6</td>
</tr>
<tr>
<td>Total Hospitals/Systems</td>
<td>3</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Other Hospital Type</td>
<td>2</td>
</tr>
<tr>
<td>Other Clinical Partners</td>
<td>2</td>
</tr>
<tr>
<td>State Medicaid Program</td>
<td>Medicaid</td>
</tr>
</tbody>
</table>

Notes: Includes formal network partners/affiliates only.

CHANGES IN NETWORK COMPOSITION

- Major hospital system and home visitation program left BPN
- Social service agency left ROAMS
- Two new prenatal care providers joined TX-RMOMS
### CHARACTERISTIC OF A STRONG NETWORK: SHARED AND COORDINATED ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>BPN</th>
<th>ROAMS</th>
<th>TX-RMOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network-wide telehealth initiative</td>
<td>Planned</td>
<td>Implemented; Additional planned</td>
<td>Planned</td>
</tr>
<tr>
<td>Network employs patient navigator or care coordinator</td>
<td>Implemented at one site, planned expansion</td>
<td>Implemented at multiple sites</td>
<td>Implemented at multiple sites</td>
</tr>
<tr>
<td>Clinical providers physically travel to other network sites to provide care</td>
<td>--</td>
<td>Implemented between two sites</td>
<td>--</td>
</tr>
<tr>
<td>Clinical providers provide telehealth services to other network sites</td>
<td>--</td>
<td>Implemented between two sites</td>
<td>Planned</td>
</tr>
<tr>
<td>Pursuit of Medicaid policy changes</td>
<td>In progress</td>
<td>In progress</td>
<td>--</td>
</tr>
<tr>
<td>Referrals to social service providers</td>
<td>Implemented</td>
<td>Implemented</td>
<td>Implemented</td>
</tr>
</tbody>
</table>

### CHARACTERISTIC OF A STRONG NETWORK: CROSS-AGENCY REFERRALS

**Referrals Reported During the First Implementation Year**

<table>
<thead>
<tr>
<th>Referral Type</th>
<th>ROAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>426</td>
</tr>
<tr>
<td><strong>Support services</strong></td>
<td>213</td>
</tr>
<tr>
<td><strong>Specialty clinical services</strong></td>
<td>213</td>
</tr>
<tr>
<td><strong>Referrals per 100 participants</strong></td>
<td>92</td>
</tr>
</tbody>
</table>
BUILDING A FUNCTIONING NETWORK: BARRIERS

- Existing competitive relationships
- Data-sharing concerns
- COVID-19
- Staff turnover and shortages

BUILDING A FUNCTIONING NETWORK: STRATEGIES

- Shared priorities to fill clear gaps in service
- Management responsibilities spread across network partners
- Early wins for all partners
- Clinician perspective incorporated into network activities
- Reduction of reporting burden
- Right balance of planning meetings
TOP STRATEGIES TO IMPROVE MATERNAL HEALTH

- New service offerings
- Provider education and outreach
- Patient navigation and support services
- Telehealth

NEW SERVICE OFFERINGS

- ROAMS: two new prenatal clinics
  - FQHC
  - Critical Access Hospital (CAH)
- TX-RMOMS: a new full-time clinician
- BPN: enhanced referrals to existing services
LESSONS LEARNED

“Recruiting providers to rural sites has been a huge challenge, not just for this grant, but for all positions across the whole hospital….If they came from across the country or something, a lot of times they don't last very long…Moving from a big urban area like that to a very rural remote area like we are, it’s a big change.” - TX-RMOMS Leadership

- Successes
  - Increased access
  - Reduced drive times
  - Keeping services “local”

- Challenges
  - Recruitment
  - Low utilization

PATIENT NAVIGATION AND SUPPORT SERVICES

- BPN
  - System Care Coordinator
  - Automated referral management system

- ROAMS
  - PCHI Pathways
  - Lactation consultants

- TX-RMOMS: Local Perinatal Case Managers
LESSONS LEARNED

- **Successes**
  - Connection to specialty care, WIC, transportation, home visitation
  - Mental health support
  - Insurance support: enrollment, prior authorization, increased awareness

- **Challenges**
  - Low uptake of home visitation
  - Stigma around use of mental health supports
  - Medicaid enrollment issues

“*They know they can go to the doctor [covered by Medicaid] and that’s it. They don’t know that they have vision coverage. They don’t know that they have dental coverage. They don’t know about the transportation. They don’t necessarily know what type of coverage they have or who their managed care provider is and how to get their card. They are waiting on hold for hours trying to find these answers just to get disconnected.*” - BPN Leadership

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TELEHEALTH

- **BPN**
  - Cuff Kits
  - Soon to launch telehealth in two public health department clinics and one prenatal clinic

- **ROAMS**
  - Home telehealth kits
  - Telehealth prenatal visits across RMOMS partners and upgraded equipment
  - Soon to launch virtual maternal fetal medicine (MFM) consultation

- **TX-RMOMS**
  - Telehealth carts
LESSONS LEARNED

- Challenges
  - Procurement delays
  - Concerns with bypassing local providers
  - Concerns with the quality of images taken by external providers

- Facilitators
  - COVID-19
  - Leveraging multiple funding sources
  - Sharing data on the benefit for local providers

“…That took way too long getting the docs to actually agree [on the MFM provider]…but in hindsight, recognizing that it’s not just our medical staff but the equivalent of four different medical staffs that we’re trying to get the buy-in – maybe I was unrealistic as far as the timeline.” - ROAMS Leadership

AWARDEE HIGHLIGHT: ROAMS TELEHEALTH

https://www.youtube.com/watch?v=kPNtEk4sILL
PROVIDER EDUCATION AND OUTREACH

- BPN: Virtual training resources for Emergency Medical Services and other providers
- ROAMS
  - Advertising and marketing to encourage local use of services
  - Postpartum education series
- TX-RMOMS: Training on perinatal cardiac diagnosis

AWARDEE HIGHLIGHTS

- ROAMS
  - Health equity efforts
    - Patient navigators with lived experience
    - Mothers’ Advisory Council
    - Surveys for local mothers in English and Spanish
  - Sustainability
    - Promoting expanded postpartum coverage and increased reimbursement in Medicaid
    - Market analysis
- TX-RMOMS: Diapers and other supplies at postpartum visit
AWARDEE HIGHLIGHTS: CLIENT EDUCATION

PATIENT-LEVEL DATA: 2019 COHORT (FIRST IMPLEMENTATION YEAR)
SEPTEMBER 1, 2020 TO AUGUST 31, 2021
OVERVIEW OF RMOMS POPULATIONS

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>BPN</th>
<th>ROAMS</th>
<th>TX-RMOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total maternal/clinical population</td>
<td>1,305</td>
<td>463</td>
<td>1,333</td>
</tr>
<tr>
<td>Total deliveries</td>
<td>929</td>
<td>281</td>
<td>780</td>
</tr>
<tr>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 or younger</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>18–25</td>
<td>42%</td>
<td>33%</td>
<td>44%</td>
</tr>
<tr>
<td>26–30</td>
<td>30%</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>31–34</td>
<td>15%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>35 or older</td>
<td>11%</td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td>Health insurance status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>64%</td>
<td>75%</td>
<td>49%</td>
</tr>
<tr>
<td>Military insurance</td>
<td>0.1%</td>
<td>--</td>
<td>7%</td>
</tr>
<tr>
<td>Private insurance</td>
<td>35%</td>
<td>24%</td>
<td>38%</td>
</tr>
<tr>
<td>No insurance/uninsured</td>
<td>0.6%</td>
<td>1%</td>
<td>7%</td>
</tr>
</tbody>
</table>

PRENATAL AND POSTPARTUM CARE

- **BPN**
  - Received visit in first trimester: 78%

- **ROAMS**
  - Received visit in first trimester: 72%
  - Received postpartum visit: 82%

- **TX-RMOMS**
  - Received visit in first trimester: 45%
  - Received postpartum visit: 72%
**MATERNAL HEALTH OUTCOMES**

- **BPN**
  - Maternal stay longer than three days: 8%
  - C-section delivery: 19%
  - Experienced severe maternal morbidity (SMM): 5%

- **ROAMS**
  - Maternal stay longer than three days: 4%
  - C-section delivery: 19%
  - Experienced SMM: 4%

- **TX-RMOMS**
  - Maternal stay longer than three days: 2%
  - C-section delivery: 30%
  - Experienced SMM: 2%

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**HEALTH DISPARITIES IN INFANT OUTCOMES: BPN**

[Bar chart showing disparities in infant outcomes based on race and birth duration.]
**POSTPARTUM CARE: TX-RMOMS**

<table>
<thead>
<tr>
<th>Postpartum Measure</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received postpartum visit</td>
<td>72%</td>
</tr>
<tr>
<td>Offered effective contraception after delivery</td>
<td>36%</td>
</tr>
<tr>
<td>Received postpartum depression screening</td>
<td>34%</td>
</tr>
<tr>
<td>Offered meeting with lactation consultant after delivery</td>
<td>19%</td>
</tr>
</tbody>
</table>

**LESSONS LEARNED IN RESEARCH**

- Data reporting challenges
  - Data not captured in structured format in data management systems
  - Lack of EHR extraction capabilities
- Linking data across partners
- Changing target populations over time
- Small population sizes
CHECK OUT THE RMOMS WEBSITE!

- More information on the RMOMS program is available from HRSA: https://www.hrsa.gov/rural-health/community/rmoms

THANK YOU!
Questions?

Thank you!

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