



## ILLUSTRATIVE SCENARIO

# High Rock OBGYN Associates – Prenatal/Postpartum Video Visits\*

AMA Return on Health

### STRATEGIC GOALS

High Rock OBGYN Associates adopted video visit capabilities in order to:

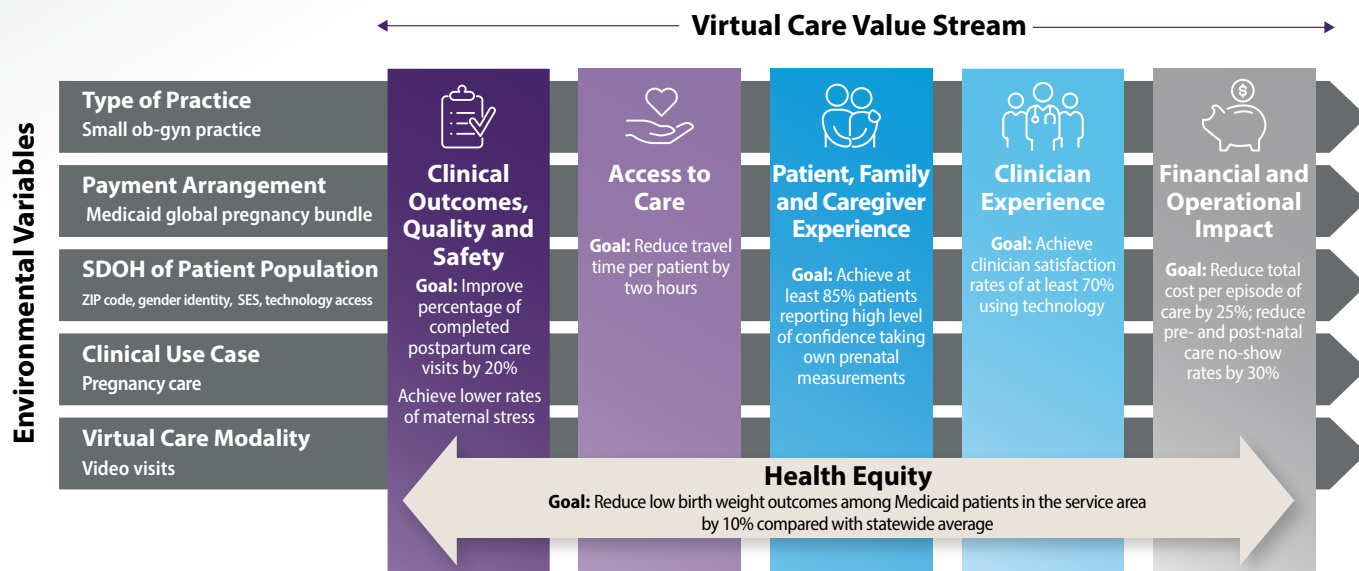
- Improve clinical and quality outcomes among obstetrics patients.
- Improve patient access and timeliness of care for women who do not have easy access to reliable transportation.
- Reduce no-show rates while increasing the number of touchpoints with obstetrics patients.
- Reduce risk by reducing total cost of care for obstetrics patients.

### DESCRIPTION

Early in the peak pandemic period in 2020, North Carolina's Medicaid program temporarily enabled ob-gyns to deliver perinatal care via telehealth. After this flexibility was enabled, the program reported notable increases in telehealth claims for perinatal care across the state. High Rock OBGYN Associates, a small ob-gyn practice located in a rural, agricultural area, has decided to start leveraging synchronous video visits during the COVID-19 pandemic in light of this new flexibility. It is using video visits to connect with Medicaid-enrolled women and ensure continuity of care through the course of their pregnancy. The practice is paid by the state Medicaid program according to a bundled payment model that encompasses pregnancy-related antepartum care, labor and delivery, management of labor including fetal monitoring, delivery and uncomplicated postpartum care until six weeks postpartum.



FIGURE 18. HIGH ROCK PRENATAL/POSTPARTUM VIRTUAL CARE PROGRAM AND IMPACT TARGETS







High Rock seeks to continue offering the delivery of routine pregnancy care (not requiring a physical exam) via video visit as an alternative to in-person visits after the COVID-19 pandemic in order to address high rates of adverse pregnancy outcomes within the practice’s service area. High Rock’s service area has higher rates of low and very low birth weight

births than the statewide average, particularly among Medicaid-enrolled pregnant women. High Rock hopes that offering video visits may be able to eliminate inequities in access to care for Medicaid-enrolled women in the service area. In addition to solely offering video visits, they are also planning to employ a hybrid telehealth/home visit model that involves

sending a medical assistant or nurse practitioner to the patient’s home to provide technology and connectivity support for a simultaneous video visit appointment and/or to conduct critical prenatal services such as ultrasounds, vaccinations, laboratory tests and physical examinations.

## IMPACT GOALS

VALUE STREAM	PRIMARY DRIVER	RELEVANT MEASURES	IMPACT GOALS
 <b>Clinical Outcomes, Quality and Safety</b>	Clinical quality and safety outcomes	Percentage of deliveries of live births that had a postpartum visit on or between 21 and 56 days after delivery (NQF# 1517)	Improve the number of deliveries that received a postpartum visit by 20%
		Maternal stress	Achieve lower rates of maternal stress compared with usual care
 <b>Access to Care</b>	Availability of care	Median travel time per patient	Reduce travel time per patient by two hours
 <b>Patient, Family and Caregiver Experience</b>	Clinical and/or technology experience	Patient-reported confidence and satisfaction with care	At least 85% reporting high level of confidence taking own prenatal care measurements
 <b>Clinician Experience</b>	Technology experience	Reported ease of using technology and obtaining clinical information	Achieve clinician satisfaction rates with the new technology of at least 70%
 <b>Financial and Operational Impact</b>	Direct expenses	Total cost per episode of care	Reduce the total cost per episode of care by 25%
	Operational efficiencies	No-show rate	Reduce pre- and postnatal care no-show rates by 30%
 <b>Health Equity</b>	Equity in clinical outcomes, quality and safety	Relative reduction in low birth weight births among Medicaid population	Reduce rate of low birth weight outcomes among Medicaid patients in the service area as compared with the statewide average outcomes for all patients by 10%

## EXAMPLES OF MATERNAL HEALTH VIRTUAL CARE PROGRAMS

ORGANIZATION EXAMPLES	PROGRAM DESCRIPTION
<b><u>Mayo Clinic Health System: OB Nest</u></b>	The OB Nest program, developed in 2016 by the Mayo Clinic Department of Obstetrics and Gynecology in collaboration with the Center for Innovation, provides frequent check-in visits with home monitoring equipment to monitor fetal and maternal health during pregnancy. <b>Research:</b> A recent study on the outcomes generated by the OB Nest model is available <a href="#">here</a> .
<b><u>Maven Clinic</u></b>	Founded in 2014, Maven is a telemedicine provider for women's and family health care. Through on-demand access to care advocates and a network of more than 1,700 clinicians across 20 specialties, Maven's programs include fertility, maternity, early pediatrics and return-to-work, among others.
<b><u>University of Arkansas</u></b>	The High Risk Pregnancy Program, formerly ANGELS, is a joint program of the University of Arkansas for Medical Sciences (UAMS) College of Medicine, the Arkansas Department of Human Services and the Arkansas Medical Society. The program offers consultation by UAMS board-certified maternal-fetal medicine physicians using telemedicine technology.
<b><u>Wildflower Health</u></b>	Wildflower connects women and families to better care by breaking down silos among providers, payer and best-in-class partners. <b>Research:</b> <a href="#">Peer-reviewed research and white papers</a>

## Relevant Literature Supporting Illustrative Impact Estimates



### CLINICAL OUTCOMES, QUALITY AND SAFETY

- A 2019 [study](#) found that prenatal stress was lower among OB Nest participants at 14 weeks and at 36 weeks of gestation than among patients receiving usual care. The study also found that the OB Nest model increased nursing time by over an hour compared with those receiving usual care.



### PATIENT, FAMILY AND CAREGIVER EXPERIENCE

- A 2018 [study](#) found that patients who exchanged prenatal care measurements with their care team reported an increased sense of control, confidence and reassurance.



### FINANCIAL AND OPERATIONAL IMPACT

- A 2016 [study](#) testing an alternative prenatal schedule with reduced visits supplemented with mobile technology and home monitoring led to a cost savings of \$499.14 per pregnancy.

\*The entity referenced in this Illustrative Case is fictional. Individuals, business, events, and scenarios referenced are influenced by interviews and review of publicly available literature. Any resemblance to actual individuals, entities, or events is purely coincidental.