

# Office of Governor Mark Gordon



# Wyoming Healthcare Authority

*Recommendation of the Governor's Health Task Force*

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# Wyoming Healthcare Authority

- **Purpose:**

- Utilize the expertise from the public and private sector partners to inform conversations and recommendations to establish the Wyoming Healthcare Strategy while supporting public information and education.

- **Mission:**

- Engage in collaborative decision making for improved health outcomes and economic diversification

- **Vision:**

- A comprehensive healthcare system that supports healthy living and economic security



# Wyoming Healthcare Authority

The authority will serve as the Wyoming HUB for Healthcare Excellence focused on four areas:

- Healthcare Accessibility
- Healthcare Affordability
- Quality Healthcare
- Innovations in Healthcare



# Governor's Health Task Force

## OB Subcommittee

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# OB Subcommittee

- The committee has been meeting for approximately six months
- The committee will be combining with the primary care subcommittee so that we take a comprehensive approach to address maternal healthcare through primary care, as well as speciality OB care
- Currently has a diverse membership; both professionally and geographically
  - OB physicians
  - Family Nurse Practitioners
  - Midwives
  - Doulas
  - University of Wyoming staff
  - Department of Health-Public Health-Maternal Child Health Unit and Rural Health Unit
  - Wyoming Hospital Association
  - Wyoming Medical Society
  - EarthSide Birth and Wellness Center
  - Consumers
  - EMS representatives
  - Wyoming Women's Foundation
  - Payors
  - Philanthropy



# OB Hospital Survey

- The Committee recently decided to survey the hospitals in Wyoming to have a better sense of what was happening with maternal care across the state.
- The survey was meant to complement the work of the Wyoming Department of Health Needs Assessment
- We received 15 responses from hospitals across Wyoming from our small critical access hospitals to some of our larger hospitals
  - Earthside Birth and Wellness Center
  - Hot Springs Health
  - Cody Regional Health
  - Three Rivers Health (South Big Horn County Hospital)
  - South Lincoln Hospital District
  - North Big Horn Hospital
  - Johnson County Healthcare Center
  - Memorial Hospital of Converse County
  - Niobrara County Hospital District
  - North Platte Valley Medical Center
  - Banner Wyoming Medical Center
  - Powell Valley Health Care
  - Ivinson Memorial Hospital
  - St. John's Health
  - SageWest Lander



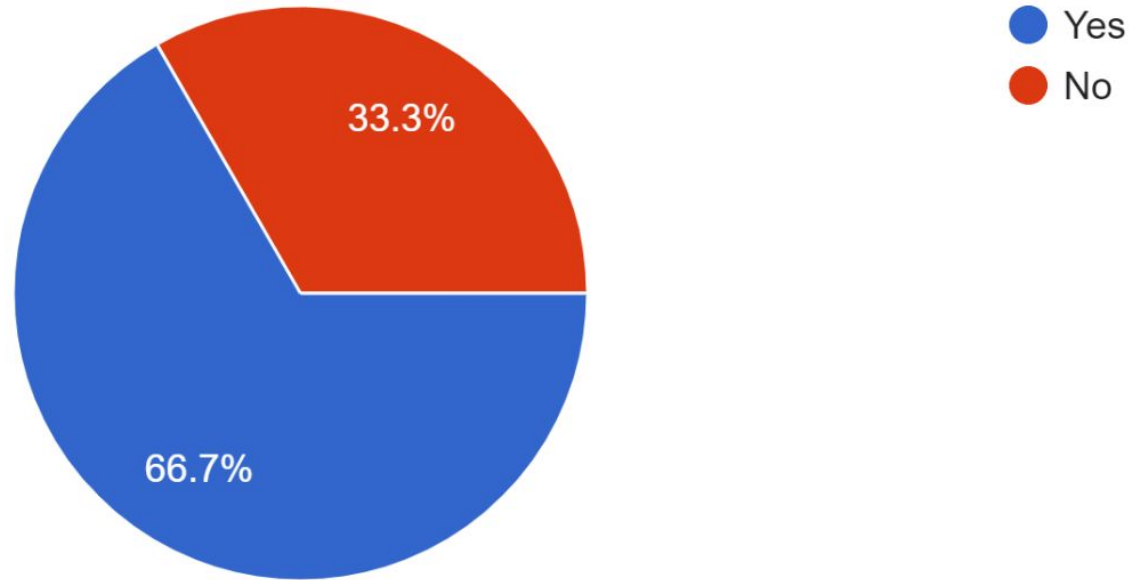
# OB Survey Results





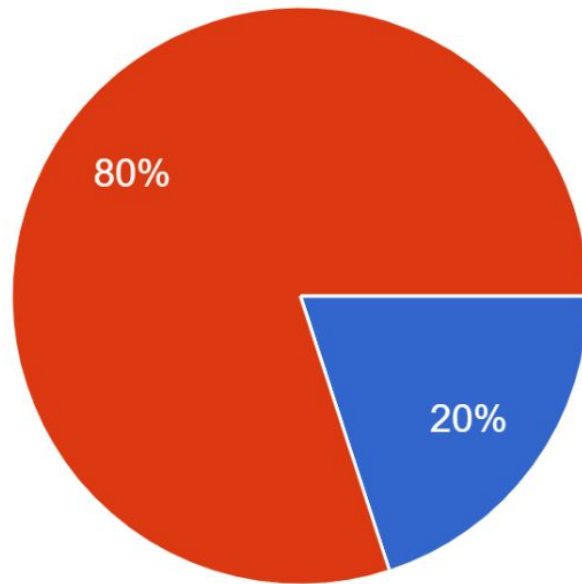
# Does your facility offer labor and delivery services?

15 responses



# Do you perform high risk deliveries?

15 responses

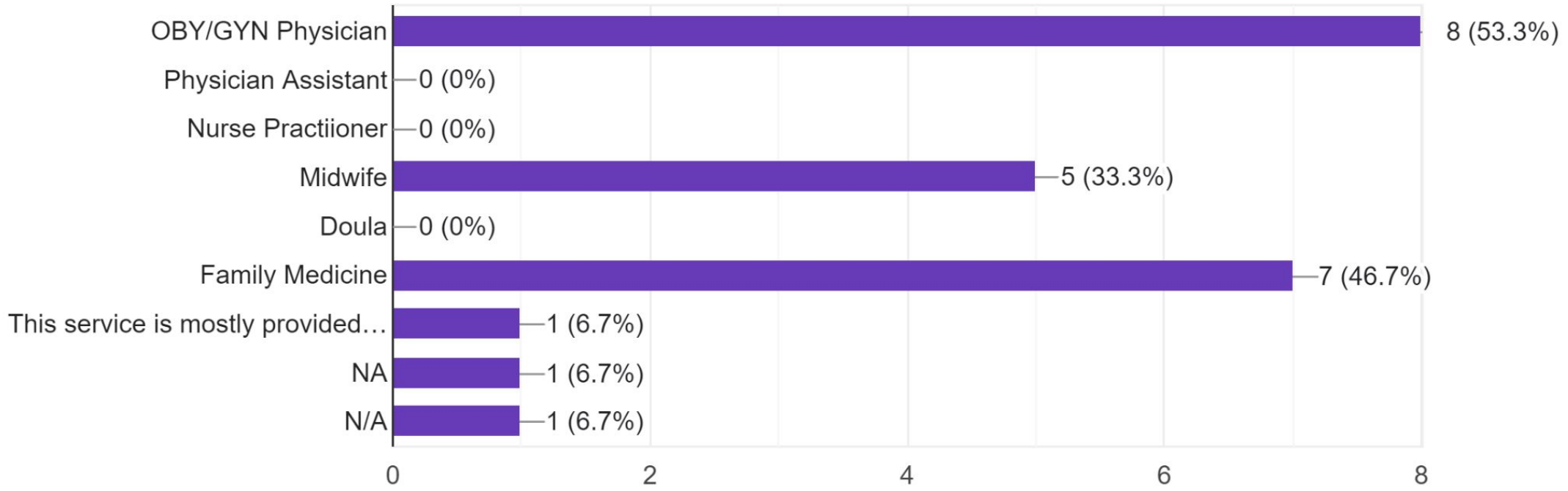


- Yes
- No



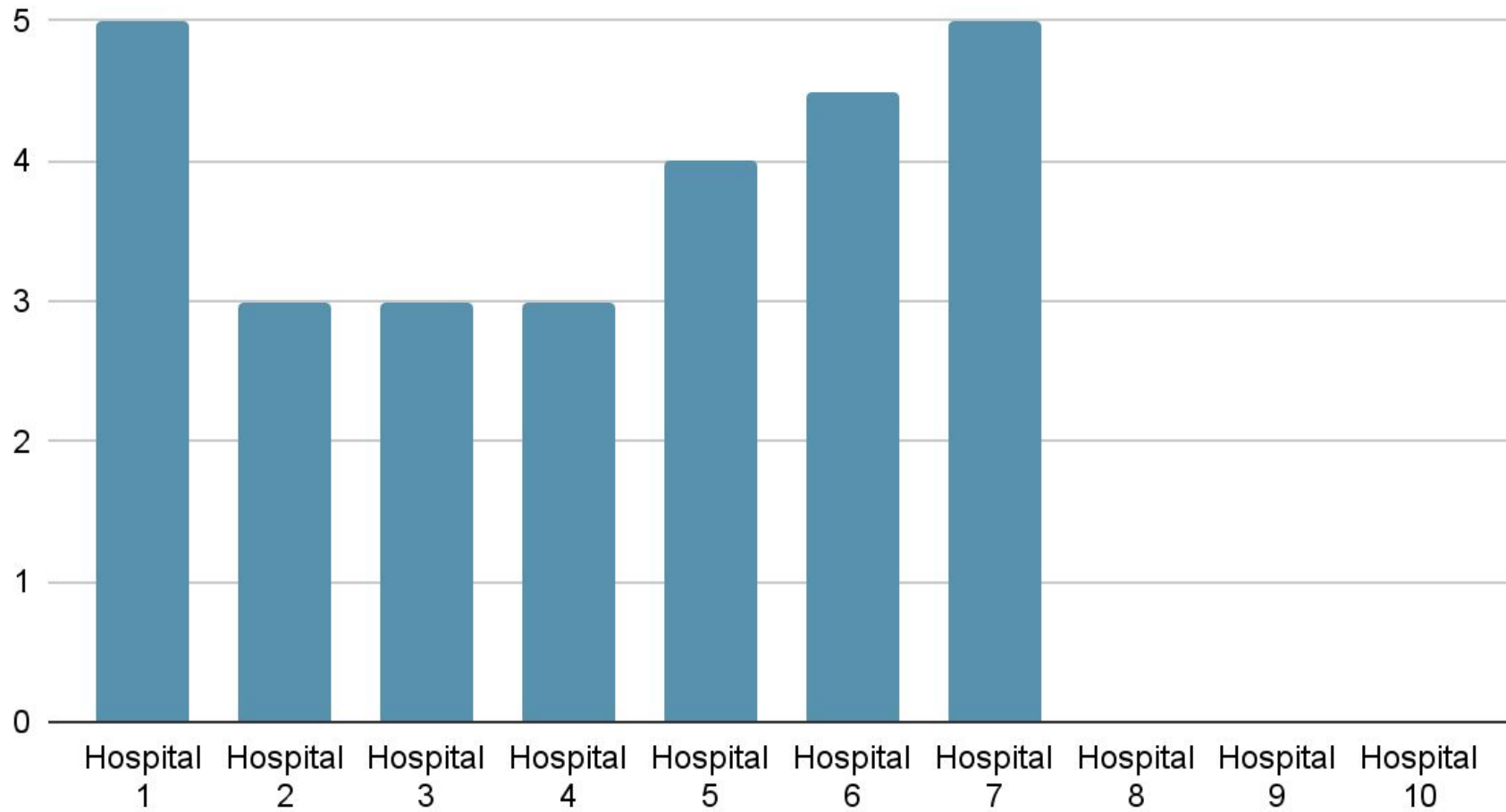
# Who offers your primary labor and delivery services?

15 responses



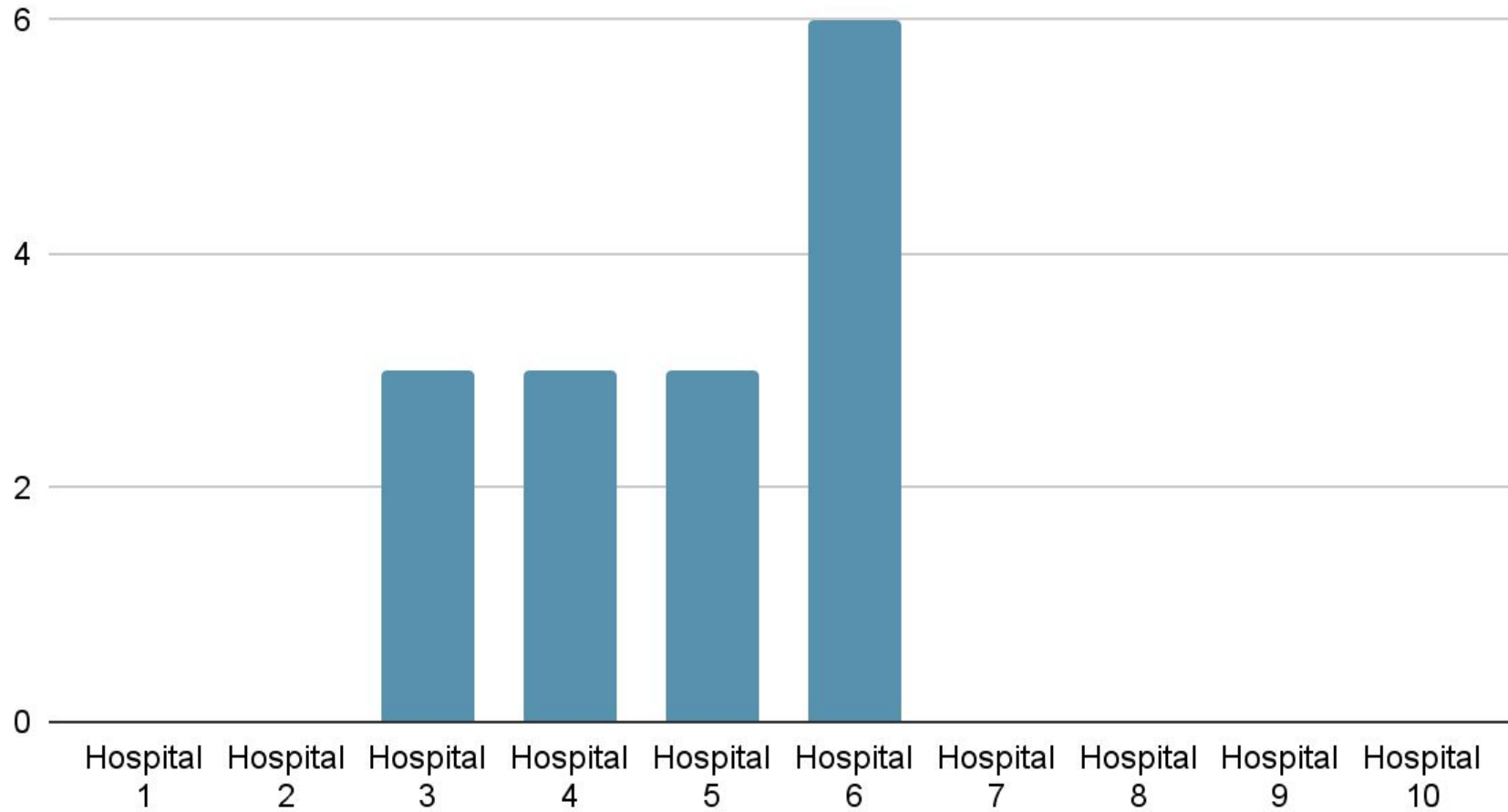
How many providers do you employ that perform labor and delivery services? (Direct employees NOT contract)

## Labor and Delivery Staff



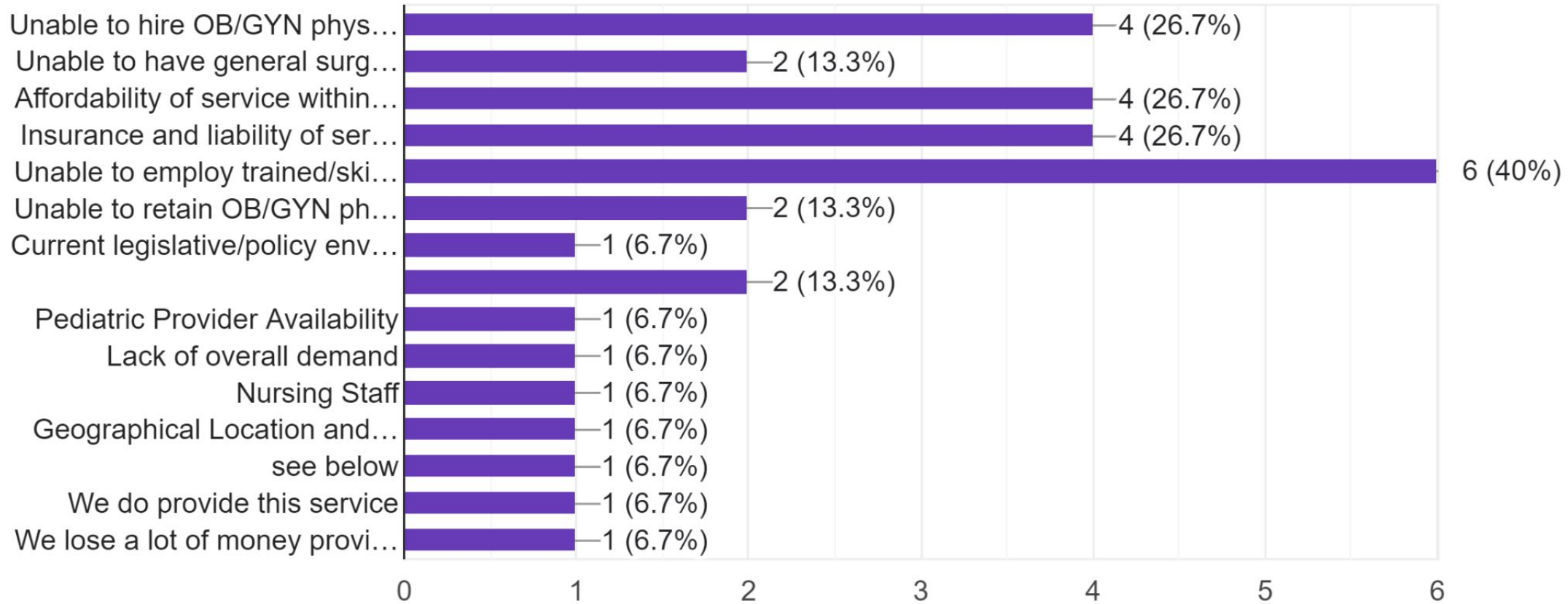
## How many providers do you contract with to perform labor and delivery services?

### Labor and Delivery Contract



# What are your current obstacles for offering labor and delivery services?

15 responses



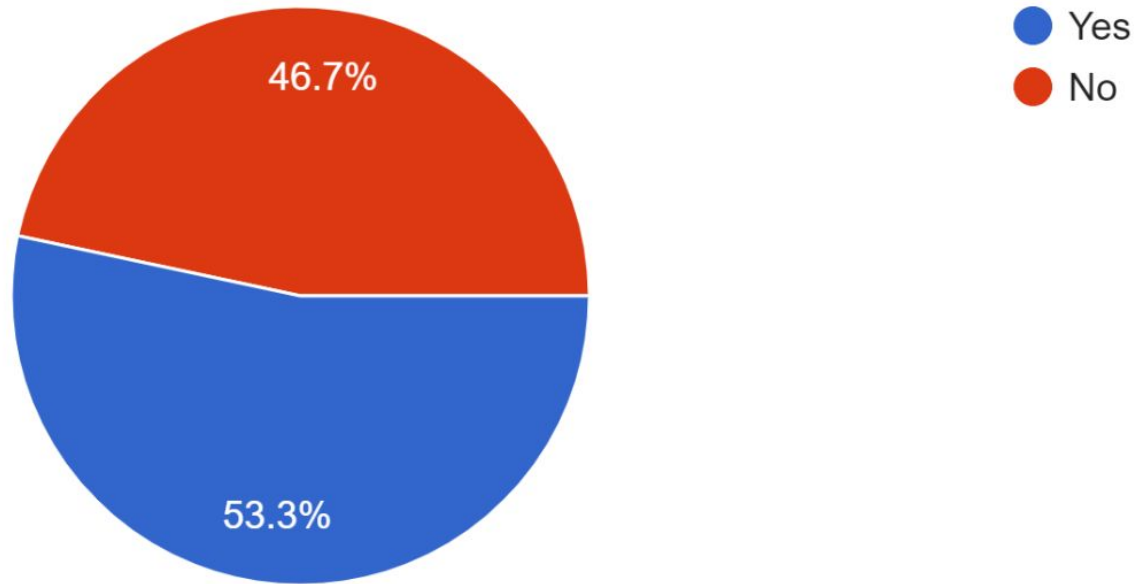
# Current Obstacles to Offering OB Services

- We had previously offered OB services. We saw 7 local deliveries our last year in providing the service from our local population (there was out migration of services for decades). At this minimal level, concerns about providing this service in a competent and safe way becomes questionable.
- Geographical Location and Community Size
- Too low of volumes to be efficient; we lose over \$3,000 per birth
- One of our biggest struggles as a small facility is getting our Nursing staff enough deliveries to become and maintain competency.
- We do too many deliveries for independent OBs to take 24/7 call, but too few to hire a full OB hospitalist program as is being done in other markets.
- We offer this service - however, keeping providers and trained staff is a daily challenge
- We will continue to offer OB but we lose a lot of money on this service line.
- Difficulty maintaining sufficient number of providers to provide Pediatric Call/Services
- Three factors impacting our ability to recruit and, therefore, maintain OB services: 1. Cost of living in Jackson. 2. Providers otherwise interested in coming to Jackson turning us down due to fear of abortion laws in WY and the fear of being criminally prosecuted to provide basic, but potentially life-saving care. 3. Call frequency/burden



# Do you have adequately trained OB nurses to offer labor and delivery services?

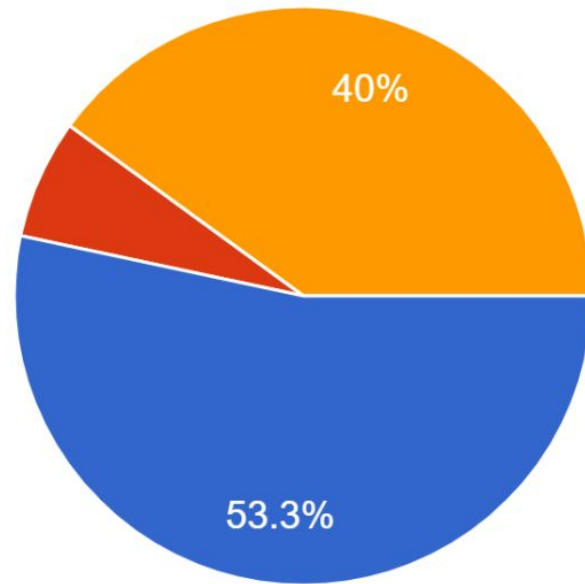
15 responses





# Do you utilize staff OB nurses or contract OB nurses?

15 responses



- Staff employees
- Contract nurses
- Both



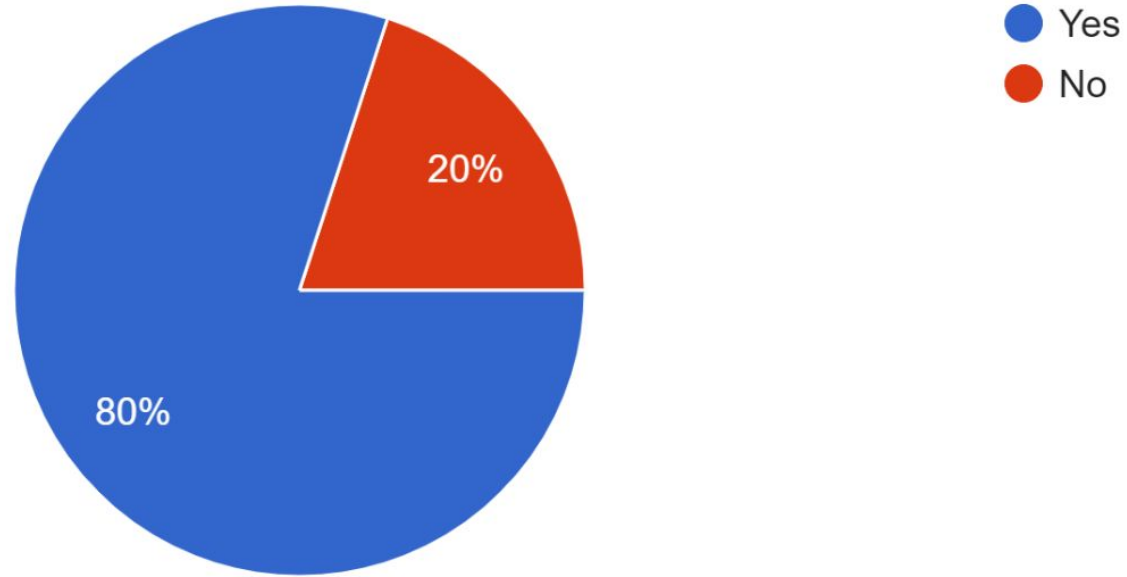
# Barriers to Allowing Other Practitioners From Delivering in Your Facility

- Trained OB RNs/staff and having 24 hour OR coverage for C-sections
- CMS regulations for providing L&D services are overly burdensome and cost prohibitive
- Lack of professional staff, equipment and finances
- Geographical Location
- Need to recruit providers
- We do not have outside providers interested in providing OB services in our facility.
- Currently FP's don't deliver. The OB's are not in favor of this and won't back them up for c-sections.
- They must live in Jackson in order to provide quality and timely care to patients given the urgent/emergent nature of delivery services.
- We need to draw more trained midwives to Cheyenne & Wyoming, as well as training students in these facilities that can be full time hires



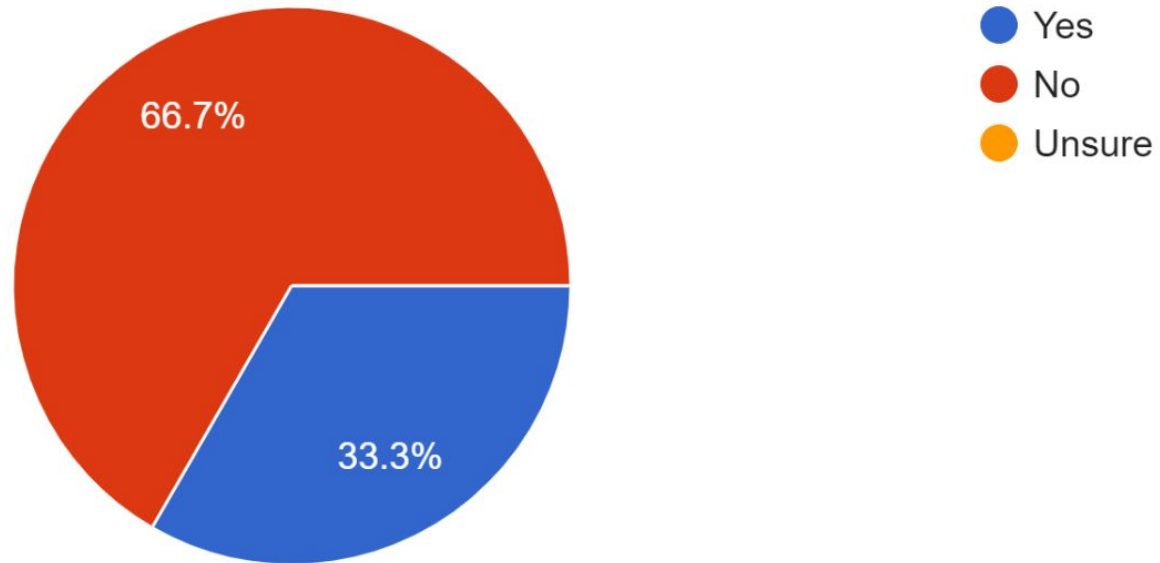
# Do you offer prenatal and postnatal care at your facility?

15 responses



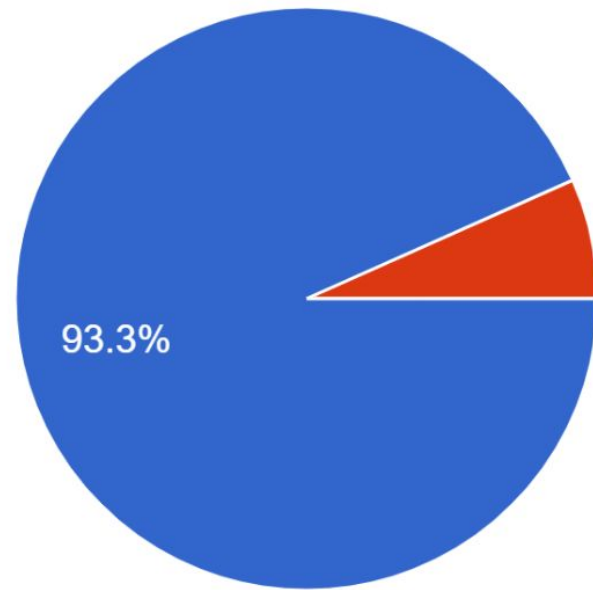
If you answered "NO" to the above question; is there another provider in your area that provides these services?

3 responses



# Do you screen for maternal depression?

15 responses



- Yes
- No



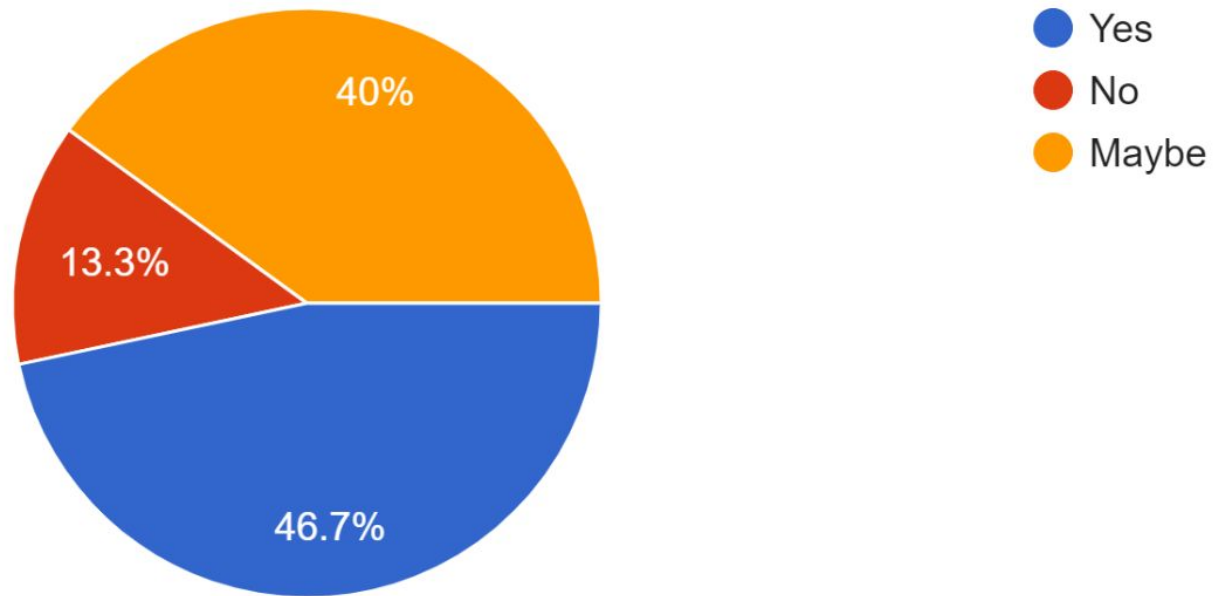
# What Does OB/GYN Services Look Like in 5-10 Years?

- In rural areas, there are fewer family practice providers (with OB) to cover the demands of being on call (minimum 30-50% of the time for call). Most providers are not being trained extensively in OB or going on and doing an OB fellowship. OB/GYN providers rarely practice fulltime in communities under a population of 10,000. Most rural areas continue to see out migration of young childbearing age women. We continue to see an increase in elderly population. Nursing teams in rural areas often don't get consistent exposure to childbirths to keep up skill set. On the below question "Do you utilize staff OB Nurses or contract" we don't use OB nurses, we have ER/med-surge nurses only, like most facilities of our size.
- Without a change in the regulatory burden small hospitals can never break even
- The cost would be prohibitive, and we are in one of the oldest counties in the State
- The birthrate in the USA has been falling. Even lower birth rates, combined with growing Medicare, will make it difficult to provide care to this population in a low-volume setting.
- We lose a lot of money on employing OB's. We must pay them well to attract them to Laramie but the practices are far from break even.



# Do you have an interest in regionalizing labor and delivery services?

15 responses



# Interest in Regionalizing Labor and Delivery Services

- Our patients have been traveling for this service for over a decade. It would be nice to regionalize OB care.
- partnering with other facilities can spread the burden.
- working more closely with NBH and Powell makes sense
- There is a need but typically young mothers travel outside our area for OB/GYN services.
- I would be interested in regionalizing the service IF we could work with a partner that would work with us to provide prenatal and postnatal care in our facility and ship to the neighboring facility for the delivery only. But the reality is that our neighboring facilities are too predatory and have been extremely unwilling to allow any financial benefit to accrue to a neighboring facility, even if it would result in more business overall. I have very little hope that these organizations that are unwilling to compromise will change their attitude and approach. The last time the State mentioned "regionalization" of EMS it was an utter failure, with the State making, but not keeping its promises.
- The day will come when we will need to regionalize services. There will be strong resistance to this in both of our hospitals, but the need for cost containment will likely force it. We intend to hold on as long as possible.
- The ability for us to provide full spectrum medical services to our community is something that we really have prided ourselves on. It's a great service to avoid greater medical deserts with how large our county is individuals from the south side of Johnson County would have a much greater distance to travel for OB services.





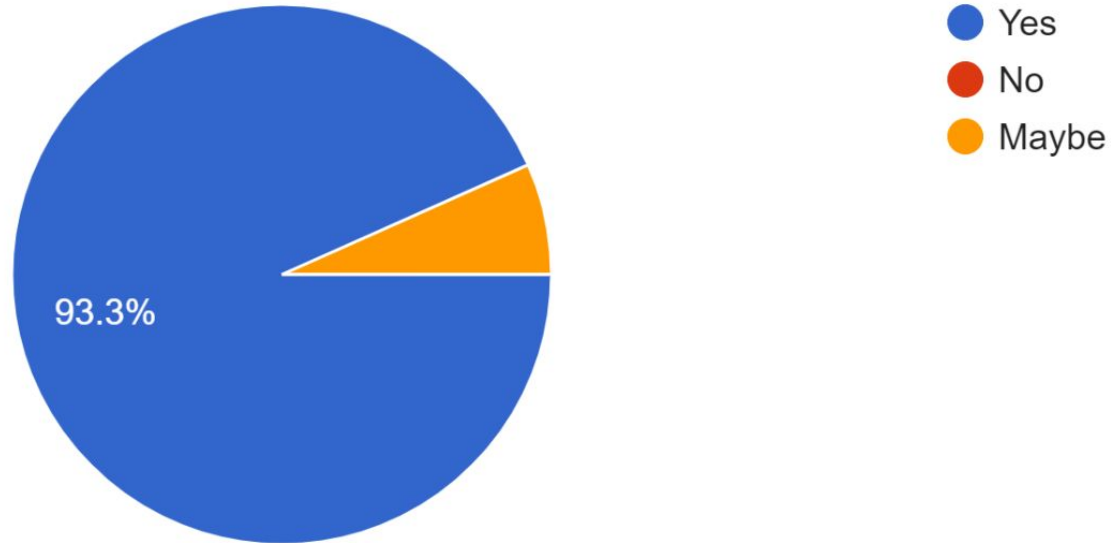
# Interest in Regionalizing Labor and Delivery Services-CONTINUED

- Limited resources
- Would like to understand more about what this looks like
- We will most likely have to partner with Riverton
- We are willing to look at all options - the reimbursement for L&D is far from adequate, and perhaps we can all work together to find a solution
- We already support Rawlins and Saratoga by sending our OB group to those communities.
- We are comfortable talking to other local hospitals that are having problems sustaining labor and deliver services.
- Not sure how practical this would be, but would be willing to hear the arguments.
- Not sure - we see that other freestanding birth centers (that offer prenatal & postnatal services to all, but only birth services to low risk women) are vital to the hospital OB crisis across Wyoming



Would you be open to learning more in future conversations about engaging a collaboration between the public and private sector to address the OB deserts in Wyoming?

15 responses



# Other Comments

- This is much deeper than simply not wanting to provide this service in a rural area (hence the ongoing problem of OB not only in rural areas but also now occurring in urban areas). The major areas of concern (for rural areas) are the ability to do this service safely, the risk of this service to both mom/baby at very low volume hospitals, litigation/insurance risk and cost to hospitals for bad outcomes, lack of qualified providers wanting to do OB as a practice, RN training competency needs, Births funded usually by Medicaid 60% or more of the time. Medicaid often pays less than the cost of providing the services. And more reasons, this is a crisis in rural America.
- No recent history of deliveries at our Hospital or capacity/finances to allow expansion in that area
- I have closely followed birth replacement rate in Europe and the USA since the 1990s. We have known that OB deserts would eventually become reality. That day is clearly here. Rural hospitals must develop innovative staffing models. The idea that hospitals must keep two OB nurses in house at times with zero patients is antiquated. However, this notion is perpetuated by many nurses and nursing unions, as well as the general public. There is strong resistance, both locally and nationally, to having different staffing models for very rural settings. Without innovative approaches, you can expect more OB units in WY to fail. I am thrilled to see HHS getting involved in this discussion. We should be working together to share resources to ensure hospitals work together to minimize OB deserts as much as possible.



# Other Comments-CONTINUED

- We invest a lot of money in this service line (including a brand new nursing unit). The payor mix is poor so the care is given away in a lot of cases. I can see why hospitals like Rawlins and Kemmerer got out of the business. It isn't sustainable for a small hospital long term.
- Pediatric Provider Availability is becoming key concern in providing OB services
- It would be very helpful if the State made it safe for OBs to provide services without the fear of being criminally prosecuted. I would also propose discussing what a sign-on bonus and/or medical school loan repayment plan financed in part or in full by the State might look like.
- Need to work on higher Medicaid reimbursement rates for CNMs & Coverage for CPMs in the future. Need to draw more experienced midwives to Wyoming, as well as new grad students (possibly with rural service debt forgiveness).
- Our current OB rooms are from 1986 when the hospital was built - they are small by current standards, however, construction cost for health care facilities is extraordinarily high, especially with a low reimbursement service lines along with low volume. Our facility provides VBAC, which is rare in Wyoming, we also provide Nurse Midwife program, Water births, Spinning Babies and are a Baby Friendly accredited facility. We had included all these programs in an attempt to provide high quality service to our community. High quality services come at a high cost which is a challenge for a CAH, due to non-reimbursement on the cost report.

