



THE FUTURE OF OB HOSPITALIST PROGRAMS:  
THE UNEXPECTED DELIVERABLES

Wednesday, September 21, 2016

1:00pm - 2:00pm CT

# Introductions

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*“As patient safety, clinical quality and outcomes consume increasing portions of the financial risk and penalties health systems face, OB hospitalist programs are growing and evolving to help manage that challenge for one of the hospital’s most crucial patient populations, women’s and children’s services.”*

# Presentation Overview



Today we  
will  
discuss...  
the future  
of OB  
hospitalist  
programs

- What the specialty of OB hospital medicine has achieved and why it's growing leaps and bounds
- The unexpected benefits and beneficiaries
- Why a safety-focused hospital shouldn't be without an OB hospitalist program and stats every hospital leader will want to know
- How OB hospitalists programs are evolving and predictions for the future
- Obstacles to implementing an OB hospitalist program
- Key considerations for outsourcing the program



# Quick Poll Question #1

- ⊕ How does your organization currently provide OB coverage?
  - A. Physician call schedule
  - B. In-house OB hospitalist program
  - C. Outsourced OB hospitalist program
  - D. Other/don't know





## OB HOSPITAL MEDICINE: A STAR IS BORN

Still in its infancy, what OB hospital medicine has achieved in just over a decade and why it's growing leaps and bounds

# The Birth of OB Hospitalist Services

- ⊕ 1996 – Hospitalist (credit Robert Wachter, MD, New England Journal of Medicine article)
- ⊕ 2003 – Laborist (credit Louis Weinstein, MD in the American Journal of Obstetrics and Gynecology)
- ⊕ 2016 – The 20<sup>th</sup> Anniversary of the Hospitalist - follow-up article (credit Robert Wachter, MD, New England Journal of Medicine)



## Sources:

Robert M. Wachter, M.D., and Lee Goldman, M.D. (August 1996) *New England Journal of Medicine*. The Emerging Role of “Hospitalists” in the American Health Care System. *N Engl J Med* 1996; 335:514-517 DOI: 10.1056/NEJM199608153350713

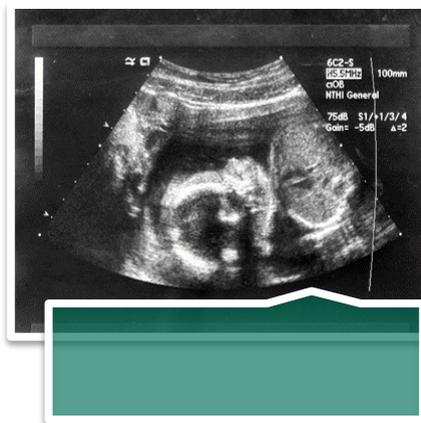
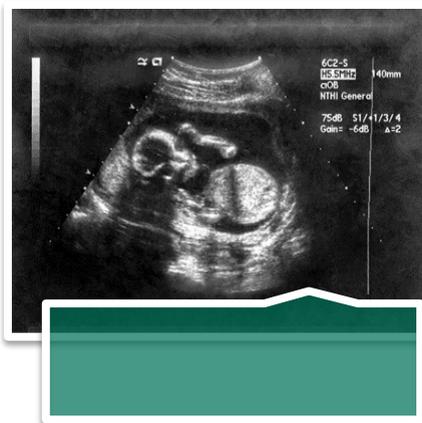
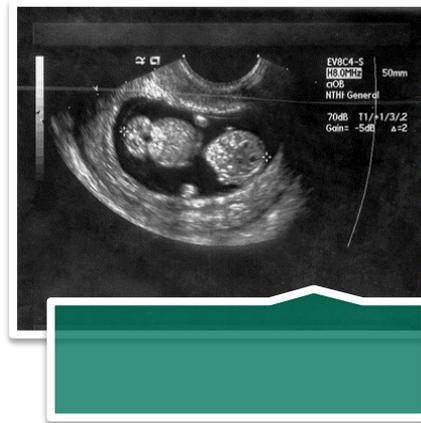
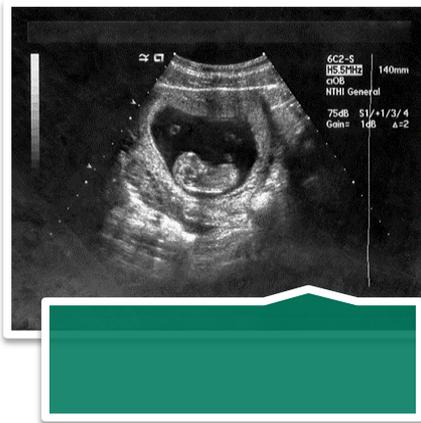
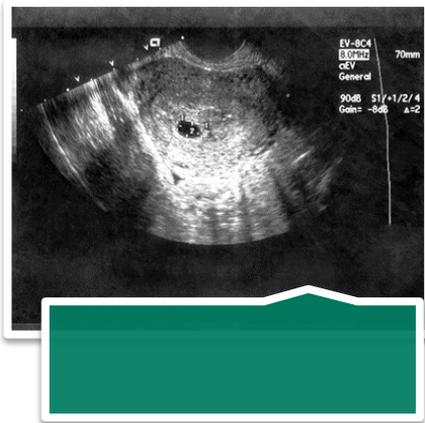
<http://www.nejm.org/doi/full/10.1056/NEJM199608153350713>

Louis Weinstein, MD. (2003) *The laborist: A new focus of practice for the obstetrician*. Department of Obstetrics and Gynecology, Medical College of Ohio, Toledo, Ohio. (*Am J Obstet Gynecol* 2003;188:310-2.) DOI: <http://dx.doi.org/10.1067/mob.2003.133>

Robert M. Wachter, M.D., and Lee Goldman, M.D., M.P.H. (August 2016) *New England Journal of Medicine*. Zero to 50,000 — The 20th Anniversary of the Hospitalist. DOI: 10.1056/NEJMp1607958 <http://www.nejm.org/doi/full/10.1056/NEJMp1607958>



# How We've Grown



# Nuances of the Specialty

- ⊕ OB hospitalist vs. laborist vs. ob-gyn hospitalist
- ⊕ In-house vs. outsourced
- ⊕ OB hospitalists impact:
  - Certified nurse midwives (CNM)
  - Maternal fetal medicine (MFM) extenders
  - Residents
  - Antepartum and postpartum units
  - Emergency department (ED)
  - Inpatient units
  - Labor and delivery (L&D)



# Top 10 OB Hospitalist Services

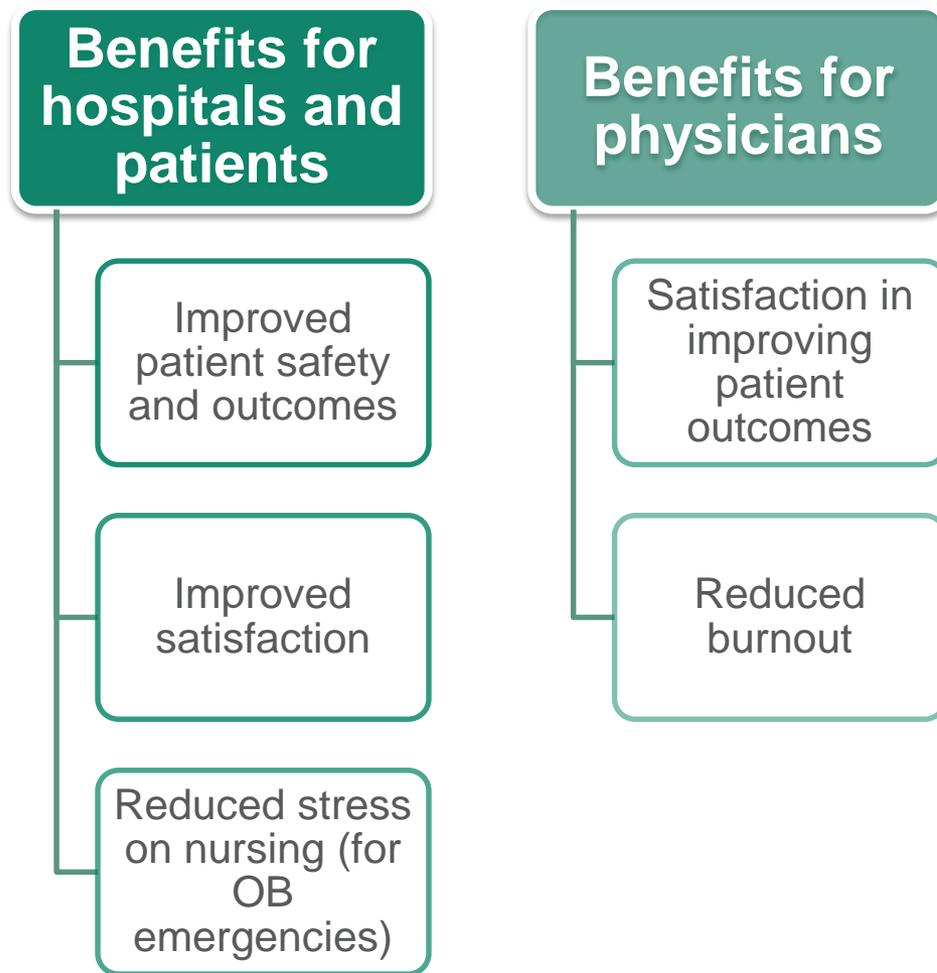
1. Immediate availability for emergency deliveries, C-sections and any ob-gyn emergency
2. Management of unassigned or labor & delivery drop-in patients
3. Patient evaluations and dispositions
4. Inpatient consults
5. Nursing and CNM consults, education and instruction
6. Supervision of CNMs, residents and medical students
7. Assist in management and care of staff ob-gyn patients
8. Provide emergency back-up as needed
9. Admit specialized and high-risk antepartum transfers as part of outreach program, maternal fetal medicine extender
10. Facilitate post-partum and newborn discharges





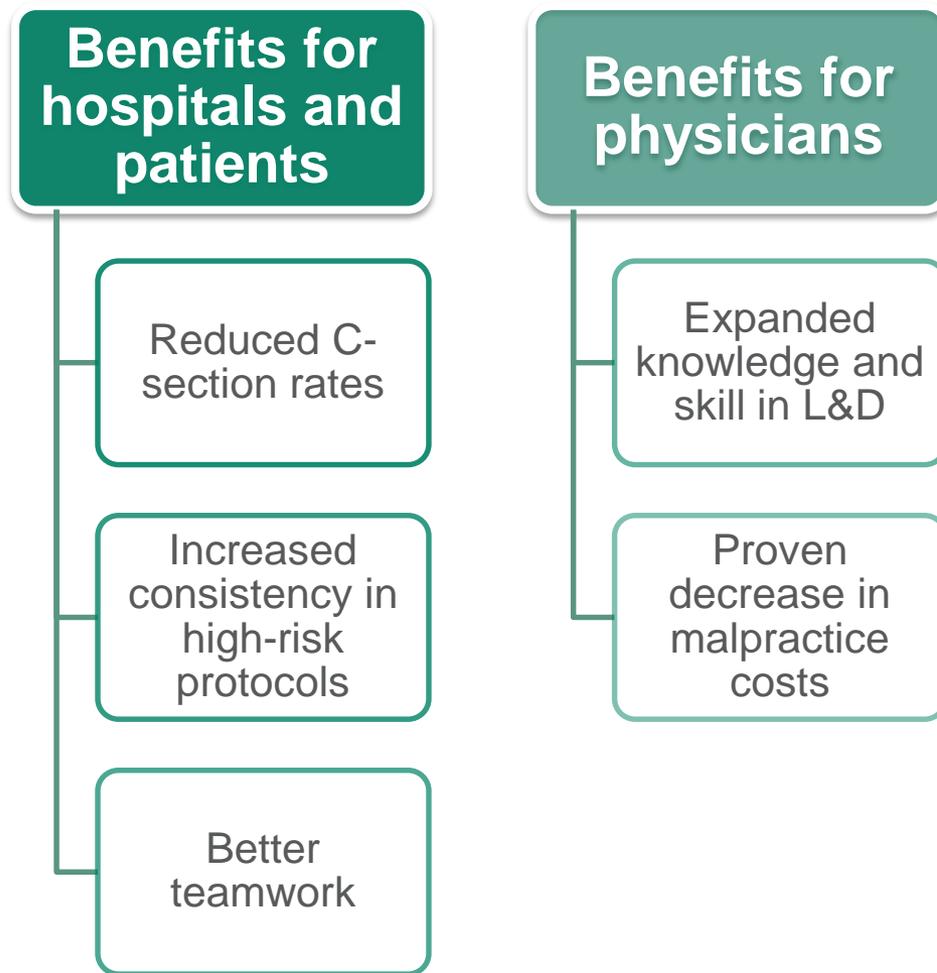
THE UNEXPECTED  
Benefits and Beneficiaries of an OB  
Hospitalist Program

# The Benefits You May Expect



Program benefits according to the Society of OB/GYN Hospitalists (SOGH)  
<http://www.societyofobgynhospitalists.org/>

# What You May Not Have Expected



# The Benefits We've Witnessed

Improved patient safety and decreased patient length of stay

Improved ability to recruit and retain new ob-gyn physicians

Improved quality of life for physicians

Improved L&D triage / OB ED times

Acceptance of high-risk OB transfers to support NICU services

Decreased costs of rehiring and retraining nurses due to improved satisfaction / retention

Demonstrated high levels of patient, nurse, physician and administration satisfaction



# More of the Unexpected... Impacting the Bottom Line



# Expect Less Stress

Physicians available 24/7 to respond quickly to emergencies

Reduced potential medical-legal liability for hospital, nursing staff and ob-gyn staff

Reduces stress on ob-gyn physicians, hospitalists, medical staff, nurses, ED and hospital administration



# Quick Poll Question #2

- ⊕ For those organizations that do not have an OB hospitalist program, do you feel your organization has adequate support for call coverage from community ob-gyns?
  - A. Yes
  - B. Somewhat
  - C. No
  - D. Other/don't know



# What About Outpatient Services?

**OB Hospitalist Programs Now Providing OB Services**





## SIX SAFETY STATS

Why a safety-focused hospital shouldn't be without an OB hospitalist program and stats every hospital leader will want to know

# Six Stats Hospital Leaders Need to Know

1.

77%

Obstetricians had at least 1 liability claim<sup>1</sup>

2.

40%

Claims could have been prevented<sup>2</sup>

3.

40%

NPIC/QAS hospitals use OB hospitalists<sup>3</sup>

4.

15%

Reduction in likelihood of C-section<sup>5</sup>

5.

95%

Estimated reduction in direct liability payments<sup>4</sup>

6.



Increased volume of deliveries with OB hospitalists<sup>3</sup>

Reference article: Tessmer-Tuck, J., McCue, B. (May 08, 2015) Contemporary OB/GYN. The ob/gyn hospitalist. Retrieved from <http://contemporaryobgyn.modernmedicine.com/contemporary-obgyn/news/obgyn-hospitalist-0?page=full>.

1. Clark SL, Belfort MA, Dildy GA, Meyers JA. Reducing obstetric litigation through alterations in practice patterns. *Obstet Gynecol.* 2008;112(6):1279–1283.

2. Klagholz J, Strunk AL. Overview of the 2012 ACOG Survey on Professional Liability. <http://www.acog.org/-/media/Departments/Professional-Liability/2012PLS...> Accessed September 12, 2016.

3. Srinivas SK, Shocksneider J, Caldwell D, Lorch S. Laborist model of care: who is using it? *J Matern Fetal Neonatal Med.* 2012;25(3):257–260. <http://www.ncbi.nlm.nih.gov/pubmed/21506656> Accessed September 12, 2016.

4. Pettker CM, Thung SF, Lipkind HS, et al. A comprehensive obstetric patient safety program reduces liability claims and payments. *Am J Obstet Gynecol.* 2014;211(4):319–325. Accessed September 14, 2016 from <http://www.ncbi.nlm.nih.gov/pubmed/24925798>.

5. Iriye BK, Huang WH, Condon J, et al. Implementation of a laborist program and evaluation of the effect upon cesarean delivery. *Am J Obstet Gynecol.* 2013;209(3):251.e1–6. Accessed on September 14, 2016 at [http://www.ajog.org/article/S0002-9378\(13\)00656-X/abstract](http://www.ajog.org/article/S0002-9378(13)00656-X/abstract).

\* Estimated by Yale University based on its Yale On Call Attending program





## A BRIGHT FUTURE

How OB hospitalists programs are evolving  
and predictions for the future

# Growing and Evolving



The  
standard  
of care



# Prediction

Will evolve into 3 ob-gyn specialties

Inpatient OB

Outpatient ob-gyn  
(no hospital  
privileges)

Gynecological  
surgery

# Trends of Improvement Will Continue

- + Decrease C-section rates
- + Fewer unattended deliveries
- + Increase in VBAC attempts & success rates
- + Decrease in malpractice claims
- + Decrease in malpractice premiums to hospitals with OB hospitalist programs
- + Reduction in malpractice premiums for ob-gyn physicians utilizing the services of the OB hospitalist program
- + Decrease lengths of stay as medically appropriate





## GROWTH ISN'T ALWAYS EASY

Obstacles to implementing an OB hospitalist program

# What can go wrong?



Tessler-Tuck, J. and McCue, B. Ob/gyn hospitalists and the evidence to date - Society of OB/GYN. Retrieved from [www.societyofobgynhospitalists.org/links/118](http://www.societyofobgynhospitalists.org/links/118) quoting *Labor and delivery care models are associated with term birth outcomes*. January 2014, Srinivas, Et Al, SMFM Abstract

Srinivas, S. (August 2016) Evaluating the impact of the laborist model of obstetric care on maternal and neonatal outcomes. The work was presented as an oral presentation at the Society for Maternal Fetal Medicine 33rd Annual Meeting February 2013.. DOI: <http://dx.doi.org/10.1016/j.ajog.2016.08.007>



# From the beginning, and to this day, there are many questions regarding hiring for OB hospitalist programs

What type of physician is best qualified to be a hospitalist?

- ⊕ Seasoned physicians?
- ⊕ New graduates out of residency?
- ⊕ Board-certified only?
- ⊕ Board-eligible?



# Plan to Achieve Success Across 6 Pillars



# What Does it Take to Run a Successful OB Hospitalist Program



## 1. Great people

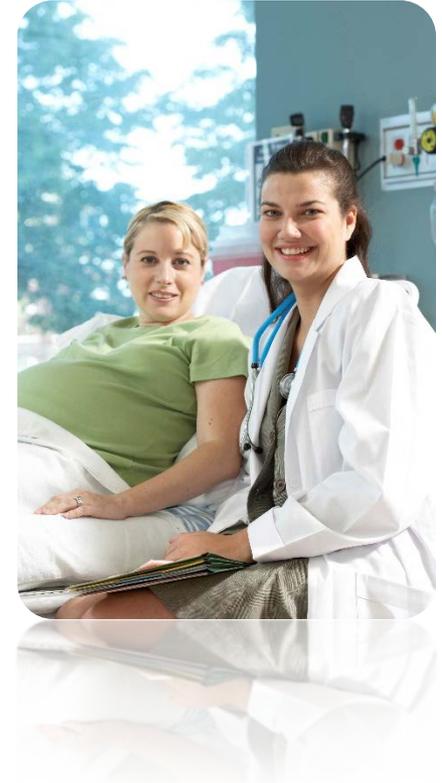
### Commitment to providing quality care

- Flexibility
- Residency-trained in ob-gyn
- Board-certified/Board-eligible
- High-risk ob-gyn experience/training
- Previous practice experience
- May not maintain ob-gyn practice in competitive service areas
- Extended CME/education requirements
- Professional, compassionate and responsive to all patients
- Excellent interpersonal skills
- Dedication to teaching, supervising and promoting education



# You Need the Right People / Physicians

- ⊕ OB hospitalist team dedicated to delivering exceptional care
- ⊕ Aligned with hospital goals for quality, patient safety and improved clinical outcomes
- ⊕ Committed to fostering long-term relationships with medical staff, ob-gyn physicians, MFMs, neonatologists, nursing staff, hospital administration and patients
- ⊕ Engaged physicians who will be involved in medical staff activities, hospital committees, sub-committees



# What Does it Take to Run a Successful OB Hospitalist Program



## 2. Great organization

- Data
- Performance goals
- Dashboards
- Quality measures
- Management reports
  - Billing /revenue/subsidy
  - Patient volume
  - Payor class mix
  - Aging analysis
  - Top diagnosis codes
- Independent practice audits



# You Need A Plan

Design a strategic plan focused on...

Improving the quality of care

Improving patient safety

Improving outcomes



# You Need the Right Plan

- ⊕ Philosophy and approach centered around single-team facility coverage – same physicians, same facility, all the time
- ⊕ Cost-effective OB hospitalist care
- ⊕ Seamless and efficient implementation



# Delivering a Customized Model

## 24/7 model

- 24/7 coverage
- 12 hour shift model → 7a-7p / 7p-7a
- Usually requires 4 to 5 FTE
- Hospitalist working 7a-7p responsible for daily rounds

## Hybrid model

- Full-time OB hospitalists
- Part-time staff/faculty ob-gyn physicians
- Monday through Friday 7a-7p in-house coverage  
Monday through Friday 7p-7a “on call” coverage  
Weekend “on call” coverage  
Nocturnal coverage

## Medical director

- Full-time OB hospitalist
- Oversees program, administrative meetings, scheduling
- Protected administrative time

Regional medical director provides administrative oversight and back-up for program



# What Does it Take to Run a Successful OB Hospitalist Program



## 3. Great quality

- Routine, regular assessment of medical risk management issues
- Evidence-based policies, procedures and protocols
- Committed to exceeding standards in ob-gyn performance metrics such as core measures, SCIP and PQRS (MACRA - MIPS)
- Quest DR (or similar model) charge capture, billing, data collection and communication system



# How to Improve and Continuously Promote Quality

Standardize approach to care – consistent policies, procedures and protocols

Provide tools to improve patient care / communication between patient's entire network of providers (primary ob-gyn, MFM, pediatric specialist/sub-specialist, etc.)

ACLS certification, simulation and skills training for hospitalists

Offer resident curriculum / rotation with OB hospitalist program

Hospitalist teams facilitate simulations 24/7 for physicians and nurses

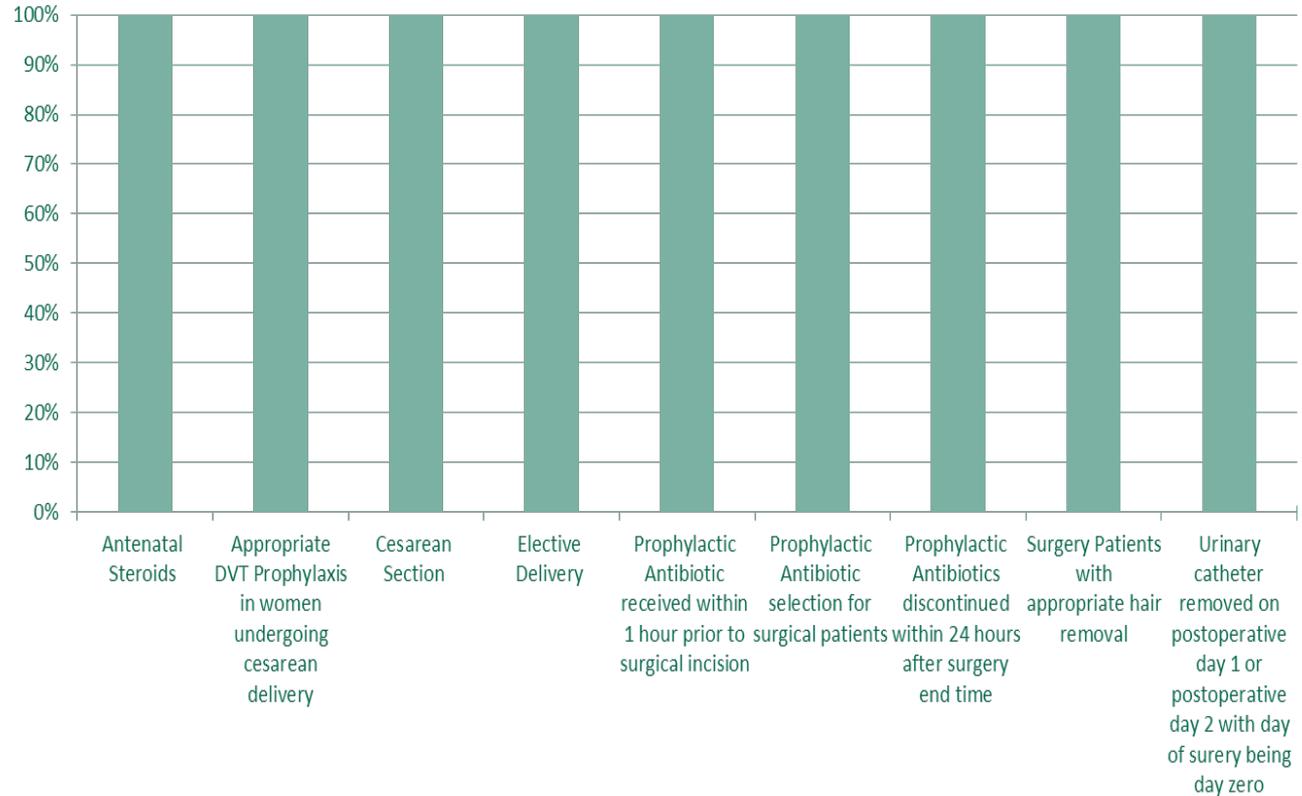
CNM support



# Performance Data and Dashboards



## Quality Measures



# What Does it Take to Run a Successful OB Hospitalist Program



## 4. Great services

- Improved patient services
- Quality care
- Availability
- Convenience
- Improved safety
- Potential for better outcomes
- Communication
- Continuous education and training



# Patient Safety Strategy

A systematic patient safety strategy can significantly reduce the Adverse Outcome Index and improve the climate of safety. The strategy should include:

- ✚ Outside expert review
- ✚ Protocol standardization
- ✚ Patient safety nurse
- ✚ Patient safety committee
- ✚ Training in team skills
- ✚ Training through simulation labs



# What Does it Take to Run a Successful OB Hospitalist Program



## 5. Great marketing

Improved patient safety



High quality of care



Marketing



Growth



Excellent clinical outcomes



# How to Market Your OB Hospitalists

## Key Messages to Patients

- Board-certified ob-gyn physicians
- In-house 24/7/365 and available to assist with care and deliveries
- Work with patient's ob-gyn
- Facilitate care
- Emergency situations
- Quick evaluations in OB ED
- Care for unassigned patients
- Proven quality



## Key Messages to Physicians

- Alleviates the burden of covering call - “your call partner”
- Improves productivity / focus on expanding your practice
- Helps prevent burnout
- Great for patient care
- Upon request or in clinical emergency circumstances
- Convenient, flexible coverage for a few hours or a few days



# What Does it Take to Run a Successful OB Hospitalist Program



## 6. Great financial plan

- Cost-savings measures
- Volume indicators
- Processes, training and efficiencies that reduce subsidies
- Cost effective, revenue-offset financial model
- A focus on growing services and revenue
- Strong billing capabilities
- Strategic contracting with payors
- Possible reduction in malpractice premiums



# The Right Volume Indicators and Tracking

C-section



Deliveries



Physician services



Ante-partum admits



Circumcisions



ED consults



Gyn admits



Gyn surgeries



Inpatient consults



OB ED Visits



L&D observations



Maternal transport/transfers



Re-admit of post-partum patient within 6 weeks of delivery



NICU admissions



Obstetrical saves



Unattended deliveries avoided



# Quick Poll Question #3

- ⊕ Is your organization planning to develop or contract for an ob-gyn hospitalist program in the next 12 months?
  - A. Yes
  - B. Under consideration, but not in the next 12-months
  - C. No expansion planned
  - D. Other/don't know





## IN HOUSE OR OUTSOURCE

Key considerations to determine if insourcing  
or outsourcing is the best choice for your  
hospital or health system

# Can You Guarantee These Factors with an In-House Program?



- ✓ Quality measures
- ✓ Volume
- ✓ Perinatal service-line growth
- ✓ Patient satisfaction
- ✓ Physician satisfaction
- ✓ Nursing satisfaction
- ✓ Hospital administration satisfaction
- ✓ OB hospitalist team focused on the success of your OB hospitalist program



# Can You Guarantee These Factors with an In-House Program?

- ✓ OB hospitalist team committed to improving patient safety, quality care and clinical outcomes
- ✓ Continuous education, training, skills and simulation labs
- ✓ Formal obstetrics compliance plan
- ✓ Value proposition specific for ob-gyn hospitalists
- ✓ Leadership conferences
- ✓ Educational peer review process
- ✓ Practice Affairs Council (PAC)
- ✓ Initiative and experience
- ✓ Committee for “Physician Fatigue & Burnout”



# Why Outsource

There is growing evidence in literature supporting outsourcing, especially for reduction in hospital malpractice / liability premiums.



# Look for Programs with a Reputation for Growth

-  History of increased volumes and revenue, year over year
-  Outpatient facilities
-  Maternal transports
-  NICU admissions
-  A focus on expanding perinatal service lines, thus growing women's and children's services



# Look for Programs that Support Improved Financial Outcomes



Thorough training and education, coding accuracy and improved collections (less subsidy required)



Hospital subsidy requirements (where applicable) at all-time low



Tremendous growth in revenue from Extended Services Agreement (ESA)



Strategic contracting with payors



# Look for Programs that Have a Plan



Address and definitively answer all past and present questions regarding physicians and programs



Cognizant and committed to the focus of quality, patient safety and improved clinical outcomes



Clearly defined plan for developing that awareness and focus in the new practice

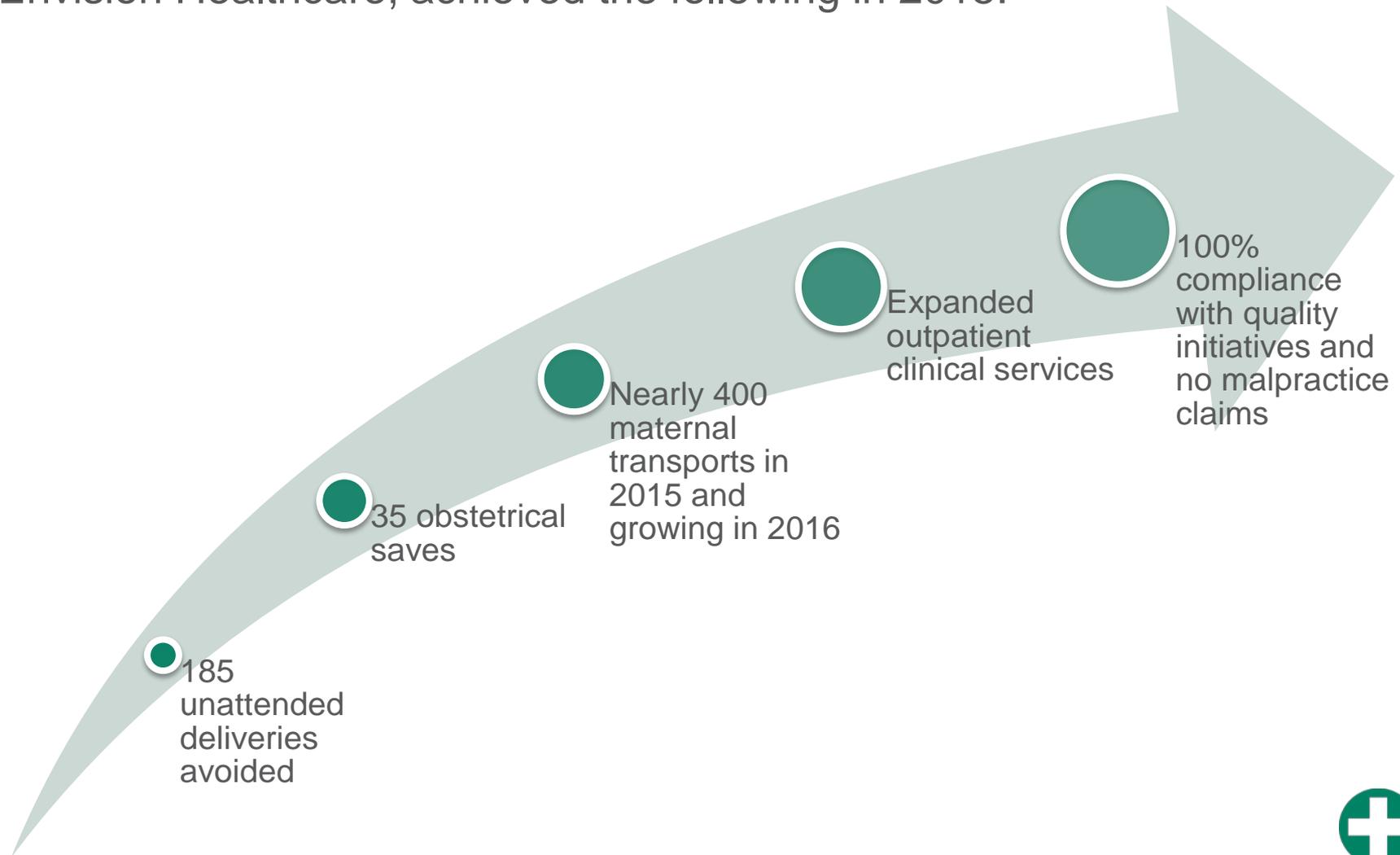


Established standards for both the OB hospitalists and OB program



# Look for Programs that Show Results

For example, Questcare, an affiliate of EmCare's parent company Envision Healthcare, achieved the following in 2015:



# What Outsourcing Adds

Increased revenue from 24/7 staffing of OB ED-A

Reduced hospital malpractice/liability premiums

Potential increased NICU admissions

Decreased patient transfers out of facility

Increased patient transfers into facility

Reduced cost for nursing recruiting/training

Increased ob-gyn medical staff retention and satisfaction

Accurate tracking and reporting of quality metrics

Reduced administrative overhead, obstacles

Physicians focused on the success of the program

Commitment to maximizing charge capture, billing, revenue; decreasing subsidy

Decreased risk



# What Outsourcing Adds

Decreased C-section rates

Increase in VBAC attempts & success rates

Decrease in malpractice claims

Decrease in malpractice premiums to hospitals with ob-gyn hospitalist programs

Reduction in malpractice premiums for ob-gyn physicians utilizing the services of the OB hospitalist program



# Plus

Routine, regular  
assessment of medical  
risk management issues

Evidence-based  
policies, procedures,  
and protocols

Committed to exceeding  
standards in ob-gyn  
performance metrics  
such as core measures,  
SCIP and PQRS  
(MACRA - MIPS)

Quality “customizable”  
tool for charge capture,  
billing, data collection  
and communication



# QuestDR

- ⊕ Customized system designed to enhance practice operations:
  - Captures charges electronically
  - Improves collections
  - Enhances communications between hospitalists and their colleagues, billers and private physicians
  - Improves quality of care
- ⊕ Immediately delivers information to the billing company
- ⊕ Captures quality metrics, core measures, SCIP and PQRS (MACRA - MIPS)
- ⊕ Retrieves patient demographic information through a real-time ADT feed from the hospital



# How Do We Achieve This?

Create the culture!

Appropriate behavior, attitudes and approaches to care

Education

Hire the right physicians

Identify physicians with leadership qualities/potential

Consistent, standardized approach (to everything)



# How Do We Achieve This?

Thorough recruiting, interviewing, hiring and onboarding process

Identify strengths and weaknesses of all physicians

Utilize physician strengths to benefit others

Alleviate weaknesses

Continuous training and education for all, on an ongoing basis



# How Do We Achieve This?

Quality, patient safety, improved clinical outcomes

Improve clinical performance

Optimize care through collaboration

Educational peer review process

Strategies to minimize risks

Financial awareness of healthcare / OB hospitalist programs



# Our Strategic Plan for Sustainable Success

Education processes

Leadership training

Best clinical practices

Standardization of care

SSAT – “Simulation, Skills  
And Thrills”

Hands-on training / education

- Mandatory for all new-hires and every two years thereafter

- Extensive collaborative effort

- Begins November 2017

Publications



# How Do We Achieve This?

**COMMUNICATION!!!**

**To assess the program's strengths and weaknesses and assure future success, the OB hospitalist group must place a priority on communication**

Regular meetings with administration

Hospital-driven outreach initiatives

Dialogue for expanding perinatal service lines

Relationship building with MFMs, OB physicians and nursing staff

Staff involvement

Process improvement discussions



# Thank you!



For more information about our OB hospitalist programs or other services, call 877.416.8079 or visit [www.emcare.com](http://www.emcare.com).

