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 20th Anniversary of the Hospitalist - follow-up article (credit Robert Wachter, MD, New England Journal of Medicine)

Sources:


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

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

Benefits and Beneficiaries of an OB Hospitalist Program
The Benefits You May Expect

Benefits for hospitals and patients
- Improved patient safety and outcomes
- Improved satisfaction
- Reduced stress on nursing (for OB emergencies)

Benefits for physicians
- Satisfaction in improving patient outcomes
- Reduced burnout

Program benefits according to the Society of OB/GYN Hospitalists (SOGH)
http://www.societyofobgynhospitalists.org/
What You May Not Have Expected

Benefits for hospitals and patients
- Reduced C-section rates
- Increased consistency in high-risk protocols
- Better teamwork

Benefits for physicians
- Expanded knowledge and skill in L&D
- Proven decrease in malpractice costs

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

Facilitates maintenance and growth of NICU admissions

Cost-effective

Grows market share

Reduces risk / liability payments

Improves recruiting and retention (saves costs)
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. Obstetricians had at least 1 liability claim\(^1\)
   - 77%

2. Claims could have been prevented\(^2\)
   - 40%

3. NPIC/QAS hospitals use OB hospitalists\(^3\)
   - 40%

4. Reduction in likelihood of C-section\(^5\)
   - 15%

5. Estimated reduction in direct liability payments\(^*4\)
   - 95%

6. Increased volume of deliveries with OB hospitalists\(^3\)

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\(^*\) 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?

- Level of training
- Experience
- Work force issues
- Systems issues

Could a bad program make things worse?


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

People

Organization

Quality

Patient Services

Growth/Marketing

Financial
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, MFMss, 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

- Antenatal Steroids
- Appropriate DVT Prophylaxis in women undergoing cesarean delivery
- Cesarean Section
- Elective Delivery
- Prophylactic Antibiotic received within 1 hour prior to surgical incision
- Prophylactic Antibiotic selection for surgical patients within 24 hours after surgery end time
- Prophylactic Antibiotics discontinued
- Surgery Patients with appropriate hair removal
- Urinary catheter removed on postoperative day 1 or postoperative day 2 with day of surgery being day zero
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
- Excellent clinical outcomes

= Marketing
= Growth
# 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

Services include consultation, disposition, management, rounding and discharge; C-section assists
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

<table>
<thead>
<tr>
<th>OB ED Visits</th>
<th>C-section</th>
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<tbody>
<tr>
<td>L&amp;D observations</td>
<td>Deliveries</td>
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<tr>
<td>Maternal transport/transfers</td>
<td>Ante-partum admits</td>
</tr>
<tr>
<td>Re-admit of post-partum patient within 6 weeks of delivery</td>
<td>Circumcisions</td>
</tr>
<tr>
<td>NICU admissions</td>
<td>ED consults</td>
</tr>
<tr>
<td>Obstetrical saves</td>
<td>Gyn admits</td>
</tr>
<tr>
<td>Unattended deliveries avoided</td>
<td>Gyn surgeries</td>
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<tr>
<td></td>
<td>Inpatient consults</td>
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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:

- 185 unattended deliveries avoided
- 35 obstetrical saves
- Nearly 400 maternal transports in 2015 and growing in 2016
- Expanded outpatient clinical services
- 100% compliance with quality initiatives and no malpractice claims
What Outsourcing Adds

<table>
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<tr>
<th>Increased revenue from 24/7 staffing of OB ED-A</th>
<th>Reduced hospital malpractice/liability premiums</th>
<th>Potential increased NICU admissions</th>
<th>Decreased patient transfers out of facility</th>
</tr>
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<tbody>
<tr>
<td>Increased patient transfers into facility</td>
<td>Reduced cost for nursing recruiting/training</td>
<td>Increased ob-gyn medical staff retention and satisfaction</td>
<td>Accurate tracking and reporting of quality metrics</td>
</tr>
<tr>
<td>Reduced administrative overhead, obstacles</td>
<td>Physicians focused on the success of the program</td>
<td>Commitment to maximizing charge capture, billing, revenue; decreasing subsidy</td>
<td>Decreased risk</td>
</tr>
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</table>

Reduced 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
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?

1. Thorough recruiting, interviewing, hiring and onboarding process
2. Identify strengths and weaknesses of all physicians
3. Utilize physician strengths to benefit others
4. Alleviate weaknesses
5. 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
To assess the program’s strengths and weaknesses and assure future success, the OB hospitalist group must place a priority on communication.
Thank you!

For more information about our OB hospitalist programs or other services, call 877.416.8079 or visit www.emcare.com.