

From Siloed to Shared:

How a Collaborative Model Is Keeping OB Care Safe and Local in Rural America



The Client Challenge





Memorial Health System (MHS), a critical access hospital in rural Kansas, had to place its obstetric (OB) program on diversion due to staffing challenges. Unfortunately, MHS is not alone. OB care is at risk across rural America as more than 198 rural OB programs have closed since 2011. MHS and its affiliated system Salina Regional Health Center (SRHC) engaged Chartis to conduct a program assessment and develop a sustainable model for rural OB care.

Navigating to Next: The Solution

Both health systems were dedicated to finding a solution to best support the community with OB care, including addressing specific needs like travel time. Avoiding added travel time is essential since rural communities often struggle with adequate transportation. But how could MHS overcome its challenges and provide access to local OB care? MHS partnered with Chartis to complete a robust assessment and collaborate with key stakeholders from both health systems to define criteria and refine model alternatives. We then identified the most sustainable solution to best support community needs: Bringing MHS family physicians and SRHC OB-GYNs together in a collaborative care model.

This model would encourage patient-oriented mother and child safety and extend patient access to advanced OB care. The SRHC OB-GYNs would seamlessly integrate into the patient journey through a shared medical record, predefined care, and virtual visits until the family physicians transferred care to the OB-GYNs for delivery. The new program would create a more highly reliable program with decreased variation, mitigating any vulnerabilities. The model would also be more sustainable since it would balance resources, garner physician support, and provide long-term financial stability.

PUTTING THE OB PROGRAM ON DIVERSION WOULD:

-  Decrease continuity of care for patients
-  Limit physician response time to patients after delivery due to travel time
-  Reduce access to care for patients due to missed clinic appointments
-  Introduce communication issues due to a lack of integration between physician groups

NAVIGATING TO NEXT: KEY COMPONENTS



BUILD A COLLABORATIVE MODEL

Create a shared mission between MHS and SRHC providers for team-based patient care



CO-DEVELOP GUIDELINES

Standardize patient care and support shared decision-making



PRIORITIZE PATIENT SAFETY

Organize the program to ensure optimal patient safety



STREAMLINE PATIENT CARE

Proactively manage patient navigation and care coordination



COMMIT TO EXCELLENCE

Perform regular reviews and implement initiatives to improve processes and patient experience

Client Impact

MHS and SRHC leadership were confident the new collaborative OB program would support the community's needs and preserve local access to quality maternity care for the long-term. The shared care model brings clinicians together from the 2 health systems and establishes a foundation to advance safety and quality outcomes in OB and other service lines. The program also positions the organizations to improve high reliability more broadly across their service lines and sites as it can serve as a model and accelerate efforts toward a systemic approach to high reliability care.



How We Are Making Healthcare Better

“Through exhaustive exploration and disciplined assessment of alternatives, Chartis helped us design a model that not only will enhance quality and safety of deliveries for moms and babies but also help expand local access to other women’s care services. Our learning from this experience may also lead to collaborative opportunities in other services.”

—Robert Freelove, MD, Senior Vice President & Chief Medical Officer, SRHC

With a patient-first solution that emphasizes team-based care, both the community and health systems benefit.

100K+

Community residents better served by local access to care

100%

of MHS and SRHC physicians supported the collaborative care program

>950

Pregnant patients in the community can benefit from the extended OB services

NEXT INTELLIGENCE:

Innovative care models can enable OB care in rural communities through:

Collaboration:

Improve access to care, balance resources, and align providers.

Customization:

Base the model on community needs, market context, and the organization’s strengths and vulnerabilities.

Creativity:

Leverage all resources, including technology, to support program goals.

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