Inter-professional Collaboration: The Virginia Baptist Story

Katie Page, CNM

In Collaboration with Wade Neiman, MD and Leslie Payne, CPM
Disclosures

We have no financial disclosures
Presenter Information

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Objectives

Attendees will know the position and opinions of the professional organizations of midwifery and obstetrics in the United States regarding collaborative practice.

Attendees will be familiar with, and have tools to implement in their institutions, guidelines from the Homebirth Transfer Summit on the care of laboring people during transport from outside of the hospital.

Attendees will have information and resources to evaluate and improve collaboration among maternity providers in their area.
Births by the Numbers: US 2006-2016

Midwife Attended Births 2006-2016

National Vital Statistics Reports

- CNM
- Other midwives
- All midwives

0.00% 1.00% 2.00% 3.00% 4.00% 5.00% 6.00% 7.00% 8.00% 9.00% 10.00% 11.00% 12.00%
Births by the Numbers: Virginia 2007-2016

Attendant & Place of Birth in Virginia 2006-2017

USDHHS, CDC, NCHS, Natality public-use data 2007-2016, on CDC WONDER Online Database, February 2018
Maternity Care Provider Access

OBGYNs per 100,000 population

Source: US HRSA, US DHHS. ©Pew Charitable Trust
Midwifery Integration: MISS

www.birthplacelab.org

Higher MISS score
Increased physiologic birth
Less intervention
Fewer adverse neonatal outcomes
Correlates with density of midwives and access to care

What is Collaborative Practice?

- Mutually negotiated interprofessional provided care
- Prenatal relationships health care
-解决参与医学共识
- Midwives regularly visions
- Postpartum professionals social team services
- Assistants maternity
- Providers least obstetricians work norms
- Between types whose active including
- Type involving nurse integrated
- Shared maternal-fetal governed
- Physicians beneficial practitioners
- Individuals provide physician collaboratively
- Problems following

Smith DC. JMWH, 2015;60:128-139.
EXTERNAL INFLUENCES: Political, Social, Economic, Regulatory

INTERPROFESSIONAL COLLABORATION

CONTEXTUAL
- Shared Power

RELATIONAL
- Trust
- Respect
- Synergy
- Communication
- Reciprocity

PROCEDURAL
- Shared Decision Making
  - Role Clarity
  - Coordination

ORGANIZATIONAL
- Shared Vision
- Shared Interests
- Commitment

STRICTURE

OUTCOMES

TIME

Smith DC. JMW, 2015;60:128-139.
How do professional organizations define collaborative care?
American Medical Association

Ethical obligation
  Team-based
  Patient-centered
  Respect and trust with effective communication

Physician-led team
  Physician as ultimate authority

Oppose legislation for independent practice of APRNs/midwives
American College of Nurse-Midwives

Hallmark of Midwifery
  Collaboration with other members of interprofessional health care team
  Woman-centered in *active partnership*
    Shared decision-making

Standards of Practice & Core Competencies for Basic Midwifery Practice
  Care in context of family, community, and system

Position Statement: Collaborative Management
  Independent providers
  Consultation, collaboration, and referral as indicated
National Association of Certified Professional Midwives

Midwives Model of Care

Woman-centered

Respectful care – individualized and informed

Includes identifying and referring women who require obstetrical attention
Midwives Alliance of North America

- Integrated shared care
- Cost effective
- Elevates client satisfaction
- Preferred by health care providers
- Increases accountability
ACOG Task Force on Collaborative Practice

Supports full-scope practice

Collaboration as a process

Team-Based Care
  At least 2 health care providers working collaboratively
  Patient/family centered
  Coordinated and high-quality
  Seamless communication and transitions
  Team members change as patient care needs and preferences change
  Shared power in leadership

ACNM+ACOG Joint Statement 2018

Joint statement on practice relations
Team-based care
  Effective communication across care settings and among clinicians
  Collaboration of independent clinicians
Appropriate levels of care
Collegial relationships
  Trust and mutual respect
  Professional responsibility and accountability
  National uniformity in practice authority and licensure
Collaboration in Action

Virginia
Certified Midwives **not** currently licensed or regulated

Must have a nursing license to practice as a CNM

Joint Board of Nursing and Medicine

Licensed Nurse Practitioner

Virginia Code: Supervision to Collaboration to Consultation

Patient Care Team (2013)

Consultation (2016)
Regulation of CPMs

Board of Medicine – Midwifery Advisory Board

Licensed Midwives

Required disclosures

Restricted from carrying “controlled substances”

Immunity Clause – “Providers who care for patient during course, are not liable for CPM’s care, only their own”
Collaborative Practices in Virginia

CNMs...

- Full-scope, private practice attending births at home
- Full-scope, private practice attending births at free-standing birth centers
- Hospital only as laborists
- Office-only
- Full-scope, employed by physician-owned practices, MD/CNM/NP/PA providers
- Full-scope, employed by hospitals, MD/CNM/NP/PA providers
- Full-scope, employed by hospitals, CNM only providers
Collaborative Practices in Virginia

CPMs...

- Private solo practice attending births at home
- Private group practice attending births at home, CPM and CNM providers
- Private practice attending births at free-standing birth centers
Joint Statement of Virginia

Virginia women want access to all maternity care providers for prenatal, labor & birth, and postpartum care. Our three organizations, the Virginia Midwives Alliance, the Virginia Affiliate of the American College of Nurse-Midwives, and the Virginia Section of the American College of Obstetricians and Gynecologists, stand committed to promoting collaborative relationships and practice environments among all providers to ensure continuity of care. These collaborative, open relationships among providers will promote quality outcomes for mothers and newborns, or, in the simplest terms, happy and healthy moms and babies.
Results from Laura’s survey

Barriers

1) Interpersonal
   - Professional judgement
   - Respect – provider and patient
   - Communication

2) Interdisciplinary
   - Safety of homebirth
   - Client selection

3) Organizational
   - Liability concerns
   - Employment and fee structures
Opportunities

Increased communication and respect
Personal relationships
Sharing of common goals
Understand scope of practice
Increase autonomy of midwives (CNM and CPM)
Collaboration in Action

Virginia Baptist Hospital
Lynchburg, VA
Births at the Baptist

- CNM
- MD
Midwife-Physician Collaboration: CNM
Midwife-Physician Collaboration: CPM

Before license, there was no relationship

Transfers due to serious emergencies (actual or suspected)

Licensure and the Midwifery Advisory Board

Local meeting between 2 CPMs and local physicians and administrators

No follow-up for several years

Transport protocol established → Not implemented

In-house OB received transfers
Midwife Collaboration: CNMs and CPMs

- Conversations, curiosity, and meetings outside of the hospital
- Awareness and relationship
- Office referrals
- Phone consults
- In-house CNM receiving transfers

In-house CNM receiving transfers

Phone consults

Office referrals

Conversations, curiosity, and meetings outside of the hospital

Awareness and relationship
How it Works Today

Communication and Respect

Consultation with OBGYN
  APP policy
  Hospital privileges
  Admitting privileges

Covering providers in hospital
  All “unassigned”
  FQHC contract

Billing
  Hourly rate for FQHC coverage
  Professional fee for US reads
  OB fee for unassigned GYN and CNM support
  Modifier 52

Education/training
  Family Medicine residents
  SNM, NP & PA students
How it Really Works

**OB**
- Joint board sign-out
- Coverage of floor during surgery
- Coverage during other births
- Triage assistance
- First assist with c/s
- Second pair of skilled hands
- High Risk meetings

**CPM**
- In-office consults
- Postdates testing
- Facilitating processes for Vit K and Rhogam
- Outpatient circumcisions
- Hospital transfers
Working together, we challenge each other to understand the benefits of our approaches...the result is a balance that leads to patient centered safe pregnancies and deliveries.

Christine Marraccini, MD
<table>
<thead>
<tr>
<th>Conditions Requiring Transfer of Care</th>
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<tbody>
<tr>
<td>▪ Active HSV Lesion in labor/SROM</td>
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<tr>
<td>▪ Cervical Cerclage</td>
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<tr>
<td>▪ HIV POS</td>
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<tr>
<td>▪ IUFD w/ Abnormal Lab Values (DIC)</td>
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<tr>
<td>▪ Significant Fetal Anomalies – case by case basis</td>
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<tr>
<td>▪ Malpresentation in labor</td>
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<tr>
<td>▪ Multiple Gestation</td>
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<tr>
<td>▪ Complete/Partial Previa w/ bleeding</td>
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<tr>
<td>▪ Pre-E w/ Severe Features AND:</td>
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<tr>
<td>▪ Unresponsive to IV Labetalol/Hydralazine</td>
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<tr>
<td>▪ Post-partum Readmission</td>
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<tr>
<td>▪ Eclampsia / HELLP / Preterm</td>
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<tr>
<td>▪ IDDM</td>
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<tr>
<td>▪ Previous Classical C/S or T-incision</td>
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<tr>
<td>▪ Chronic or Suspected Abruption &lt;36 wks</td>
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<tr>
<td>▪ Uterine Infection – Not Responding in typical course</td>
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<tr>
<td>▪ PPROM &lt;32 wks</td>
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<tr>
<td>▪ Preterm Labor &lt;32 wks, delivery not imminent</td>
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<tr>
<td>▪ Pyelonephritis not responding to treatment w/i 48 hrs, or deteriorating</td>
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<tr>
<td>▪ Maternal Cardiac Defect – w/ MFM rec to deliver at transfer center</td>
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<tr>
<td>▪ ANY CONDITION THE CNM FEELS IS OUTSIDE THEIR SCOPE OF PRACTICE</td>
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Receiving Transfers from Community

Communication – provider to provider
Direct admission/evaluation on L&D
CPM coming with client
Support informed consent and refusal
Postpartum and newborn care referred to CPM
Record sharing

Challenges and Opportunities

COMMUNICATION
Collaboration without competition
Billing
Liability

Inclusion of CPM in care team
Debriefing and peer review
Bias (anti-physician or anti-midwife)
Primary role confusion
Secondary role confusion
Improving Collaboration

Informal gatherings –
GET TO KNOW EACH OTHER!

Education sessions/conferences
VA ACNM Annual Potpourri of Women’s Health Topics
ACOG Section Meetings
Enhancing Safety Through Maternity Care Collaboration Conference
Improving Collaboration

Joint community education
The Motherhood Collective Panels
The Labor Comfort Measures Workshop

Peer review/group review and debriefing after transfers
Dartmouth Hitchcock Hospital Model
We owe it to the families in our community to figure this out. We owe it to OURSELVES...
Opportunities for future physician/midwife collaboration are only limited by lack of imagination.

Wade Neiman, MD
Resources: Community Birth & Collaboration

  Standard definitions/nomenclature for facilities – Birth Center through Level IV
  Consistent guidelines according to level of maternal care
  Proactive integration, risk-appropriate care

Best Practice Guidelines: Transfer from Planned Home Birth to Hospital
  Model practice recommendations for midwives and hospital providers
  Quality improvement and policy development
  www.homebirthsummit.org

Smooth Transitions: Enhancing Safety of Planned Out-of-Hospital Birth Transports
  QI Initiative in Washington State -