Shuttering of Maternity Care: A Call to Action

Colleen Townsend, MD
Regional Medical Director
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PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Housekeeping

- Presentations will be shared after this event.

- This event will recorded.

- Restrooms are to the right as you exit the conference room and past the reception area,

- Wi-Fi access:
  - Fairfield "Visitor Wi-Fi" and check the "disclaimer" box
  - Eureka   Please see posted instruction

- Q & A will follow each presentation
  - Please use table top microphones to ask questions or join discussions (green light = on)
  - Turn off any table top microphone that is not in use
    (red light = off)

Land Acknowledgement

We would like to begin by taking time to acknowledge that Partnership HealthPlan offices in Fairfield and Eureka sit on tribal land that in Solano Suisune, Patwin of Wintun tribes, Miwuk, Karkin Ohlone and Yoche Dehe tribe and Wiyot tribes in Eureka as well as other countless California tribes who are the original caretakers of this land.
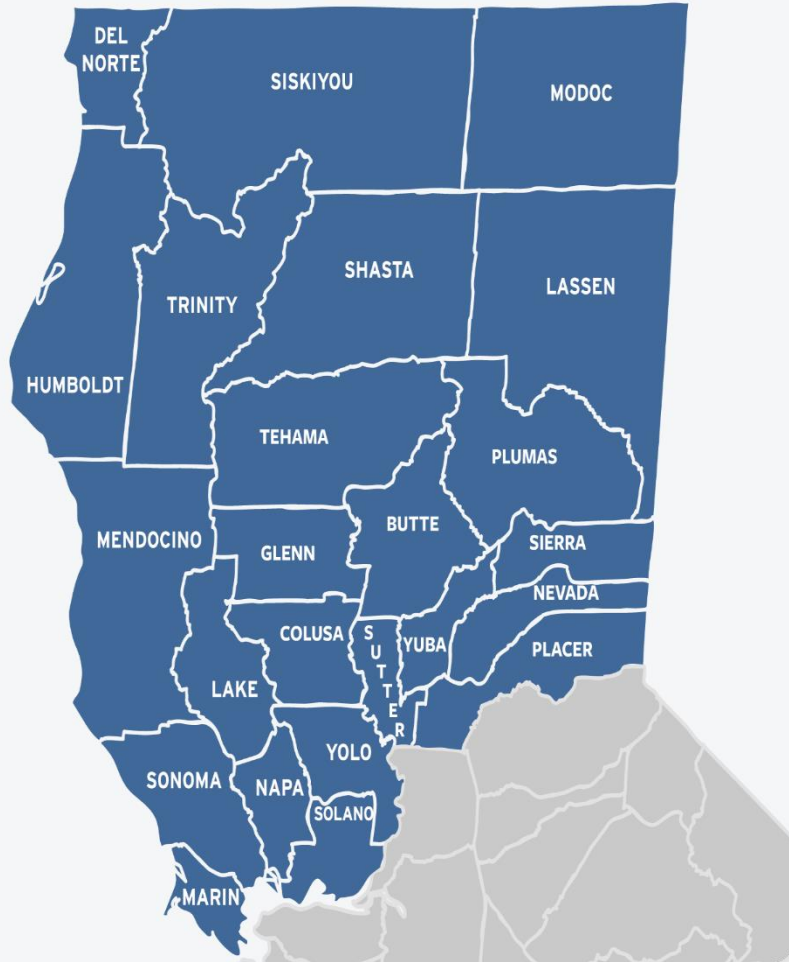
Partnership Health Plan of California recognizes the sovereignty of these nations and is committed to promoting the well-being and health of our Native American members.

We acknowledge that it is important to recognize the history of this area and the displacement and lost lives due to colonization and ongoing social inequities. We honor those who have passed and those who continue to live on.

This acknowledgment does not take the place of authentic relationships with indigenous communities but serves as a genuine gesture of respect for the land we are on.

We are committed to improving our relationships to help our Native American members, and the communities we serve, be healthy.

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Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Maternity Closures Across California 2016 - 2023

Hospital	Births	Closure
Northeastern Region		
1 Colusa Regional Medical Center	152	2016
2 Dameron Hospital	997	2016
3 Mayers Memorial Hospital District	54	2016
4 Adventist Health Feather River	789	2018
5 Sutter Solano Medical Center	420	2021
6 Plumas District Hospital	61	2022
7 Doctors Hospital of Manteca	392	2023
North Coast – East Bay Region (Also see suspension of services slide*)		
8 Seton Medical Center	544	2015
9 Sonoma Valley Hospital	119	2018
10 Adventist Health St. Helena	198	2020
11 Mendocino Coast District Hospital	56	2020
12 Providence Redwood Memorial Hospital	243	2021
Mid-Coastal Region		
13 George L. Mee Memorial Hospital	254	2020
14 Regional Medical Center of San Jose	790	2020
Central San Joaquin Valley – Sierra Nevada Region		
15 Adventist Health Selma	271	2015
16 Madera Community Hospital	721	2022
Central – North Los Angeles – Coastal Valley Region		
17 Glendora Community Hospital	185	2014
18 Pacifica Hospital of the Valley	199	2018
19 Emanate Health Foothill Presbyterian Hospital	830	2019
20 Greater El Monte Community Hospital	131	2020
21 West Hills Hospital & Medical Center	511	2020
22 Beverly Hospital	404	2023
23 Palmdale Regional Medical Center	789	2023

Hospital	Births	Closure
24 San Dimas Community Hospital	978	2023
Orange County Region		
25 Pacific Alliance Medical Center	1,747	2017
26 Los Angeles Community Hospital	16	2018
27 Garden Grove Hospital & Medical Center	896	2020
28 Anaheim Global Medical Center	793	2021
South Coastal and East Los Angeles Region		
29 College Medical Center	501	2016
30 La Palma Intercommunity Hospital	164	2018
31 Los Alamitos Medical Center	862	2019
32 Memorial Hospital Gardena	482	2020
33 Monterey Park Hospital	1,164	2020
34 PIH Health Hospital-Downey	959	2020
35 Providence Little Company of Mary Medical Center San Pedro	146	2021
36 Centinela Hospital Medical Center	723	2023
Southern Inland Counties Region		
37 Palo Verde Hospital	76	2022
38 Mammoth Hospital	63	2023
San Diego and Imperial Counties Region		
39 Fallbrook Hospital District	385	2014
40 Paradise Valley Hospital	482	2021
41 El Centro Regional Medical Center	754	2022
42 Palomar Medical Center Poway	783	2023
43 Tri-City Medical Center	623	2023
TOTAL	21,707	(out of 410,327)*

Orange bolded text indicates most recent closure

BLUE highlighted – not currently Partnership Health

*Total 2022 Live Births based on Birth Certificate data
Birth totals reflect last full operating year (Pulled from HCAI Reports)
https://reports.siera.hcai.ca.gov/
Slide Last updated: 11/10/2023

Provided by Cristina Oldini, RN,MBA, CPHQ Regional Perintal Programs and CMQCC

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10 hospitals in 8 years

- Number of hospitals providing OB services decreased from 34 to 24 (excluding Kaiser)

- 29% of hospitals providing OB services closed their units.

- Rate of about 1 closure per year for 8 years or 3% per year.

- This is part of a nation-wide trend. Half of all rural counties in the U.S. have no maternity services.
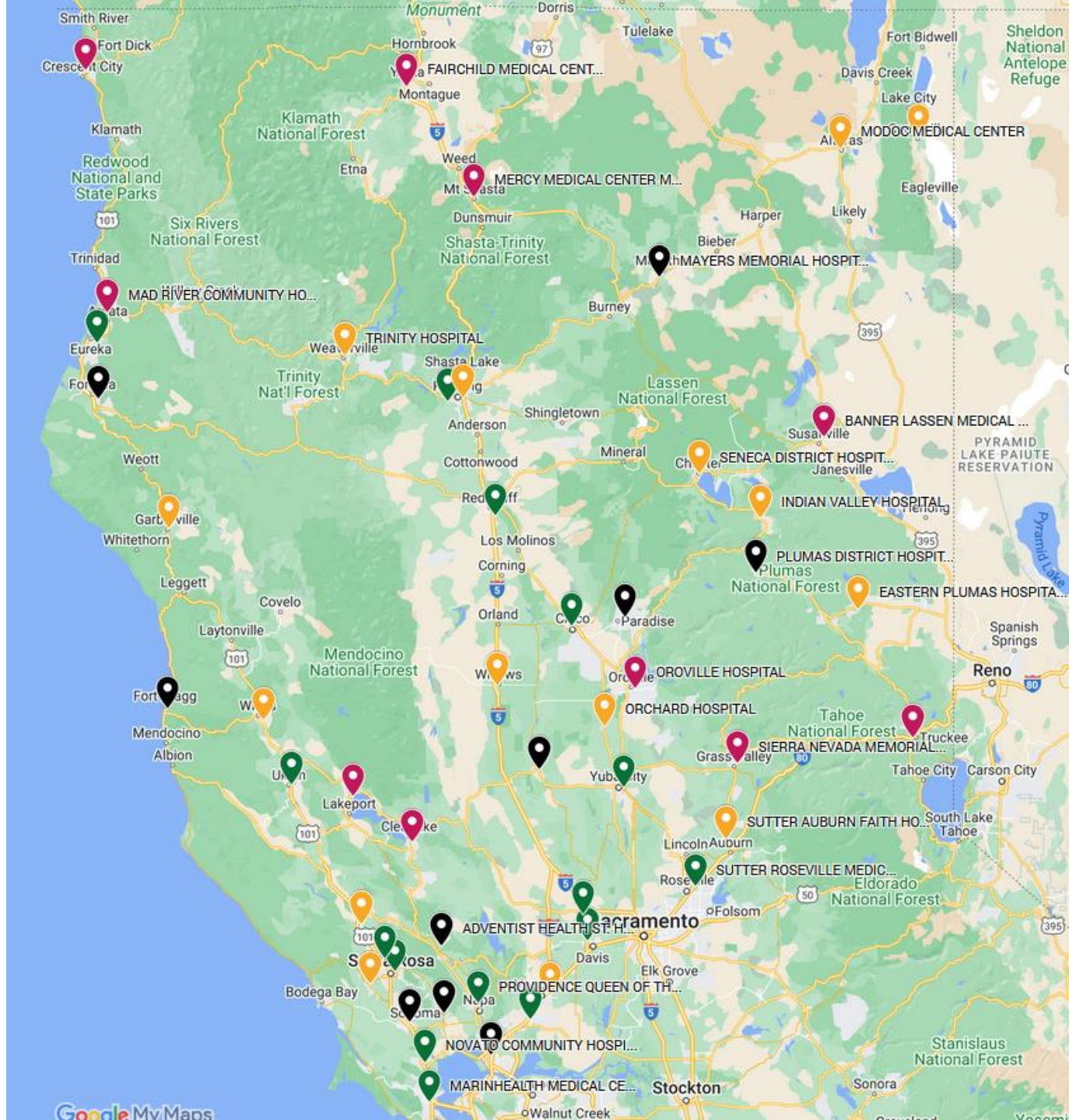
Loss of Maternity Services Over Time

Maternity Units in 50 non-Kaiser hospitals in Partnership service area

- 🟠 Closed>10 yrs (15)
- 🟢 Current: >500 Deliveries/year (15)
- ⚫ Closed <10 yrs (10)
- 🔴 Current: Risk of Closure (10)

Link:
https://www.google.com/maps/d/edit?mid=1Va5GJtG5-CbVWrec3FSt_DSDewv-saw&usp=sharing

What Does the Future Hold??

What is the Trajectory ?

- Seven more hospitals are at higher risk of closing
- Without action, we are likely to continue to see a continued decrease in access to OB services in the years to come.

HOSPITAL NAME	Region	County	City	Annual Deliveries 2022
Dignity Health Mercy Medical Center Mount Shasta	Northeast	Siskiyou	Mount Shasta	119
Adventist Health Clear Lake	Southwest	Lake	Clearlake	155
Fairchild Medical Center	Northeast	Siskiyou	Yreka	182
Banner Lassen Medical Center	Northeast	Lassen	Susanville	197
Sutter Coast Hospital	Northwest	Del Norte	Crescent City	242
Sutter Lakeside Hospital	Southwest	Lake	Lakeport	246
Dignity Health Sierra Nevada Memorial Hospital	Eastern	Nevada	Grass Valley	339
Tahoe Forest Hospital	Eastern	Nevada	Truckee	375
Mad River Community Hospital	Northwest	Humboldt	Arcata	398
Oroville Hospital	Eastern	Butte	Oroville	429

Hospitals with < 500 deliveries/year

Highest Risk
Medium Risk
Medium-low Risk

What are the Factors Linked to Obstetrics Closures?

- **Workforce Challenges**
  - Fewer nurses trained/cross trained and comfortable/confident in doing OB
  - Insufficient number of OB/GYNs and Family Medicine OBs, Midwives practicing and training in Partnership regions
  - Fewer Pediatrician/Family Physician for newborn stabilization
  - Limited anesthesia coverage for epidurals and C-sections

- **Financial Challenges**
  - Decreased delivery volume (about 25% fewer births in the past 15 years in California)
  - Stagnant Medi-Cal rates for Fee for Service OB for 30 years.
  - Cost of liability insurance for hospitals/clinicians
  - Post-COVID financial stresses at most hospitals
    - OB service line loses hospitals money when Medi-Cal is major payer.
    - Adjacent hospitals in the same corporate organization (e.g. Providence) can close smaller OB unit and increase cost efficiency without much loss of volume.

- **Leadership Priorities**
  - Hospital Leadership with competing priorities that overshadow OB services.
  - Specialty medical societies pushed standards of care not attainable for smaller volume hospitals
  - Insufficient attention and support from policymakers to stave off these losses
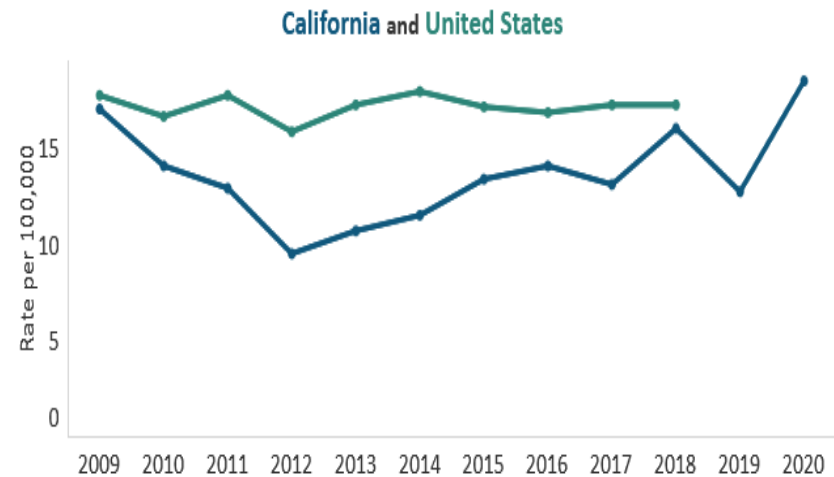
Large geographic areas in the Partnership service area, with thousands of residents, are currently more than 1 hour away from the nearest hospital providing OB services

- <u>Women's reproductive health issue</u>: Individuals and families must now travel further for care, even when in labor or with a complication, due to this lack of access.

- <u>Worse outcomes:</u> for newborns and mothers when they are more than an hour from a hospital with a maternity ward.

- <u>Inequitable:</u> Loss of OB access disproportionately affects lower income, rural, and non-white ethnicity populations
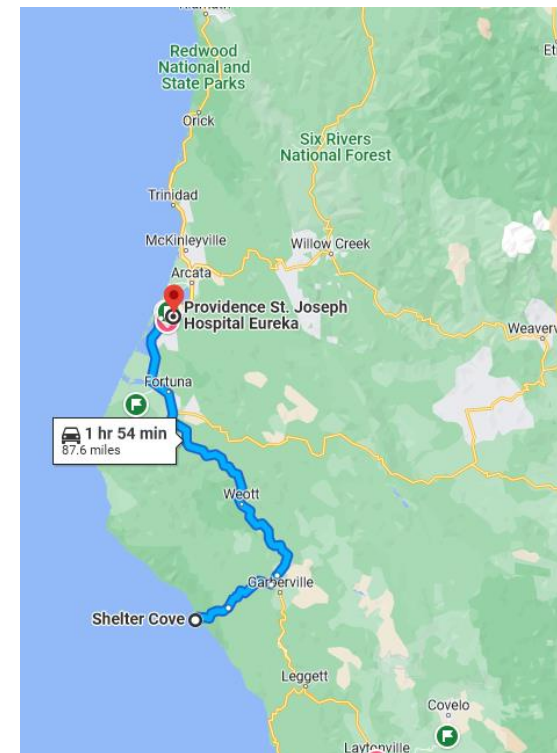
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Maternal Mortality

- Had been falling in the US and more dramatically in California to 2012

- Steadily rising 2012- 2018 in California, with a recent more pronounced rise in rates in California

- Temporal association with hospitals closing OB units, especially in rural areas.

- Other factors influencing these changes include the rise opioid use in pregnancy and then COVID19

California and United States

- If you were pregnant, how far is the longest you would want to travel to get to a hospital that could provide OB care?

- Studies in several countries show a steady worsening of outcomes as distance to hospital increases, comparing <60 minutes, 60-120 minutes, and 120-180 minutes.

Assumes ideal driving conditions

Is Obstetrical Access a Public Service?

Is Obstetrics Access a Public Service, like the EMS, fire departments, police, emergency departments etc., that deserves intentional and protected support to ensure sufficient access to all?

OR

Is community based OB care a service that is driven by market forces and/or other regional economic factors
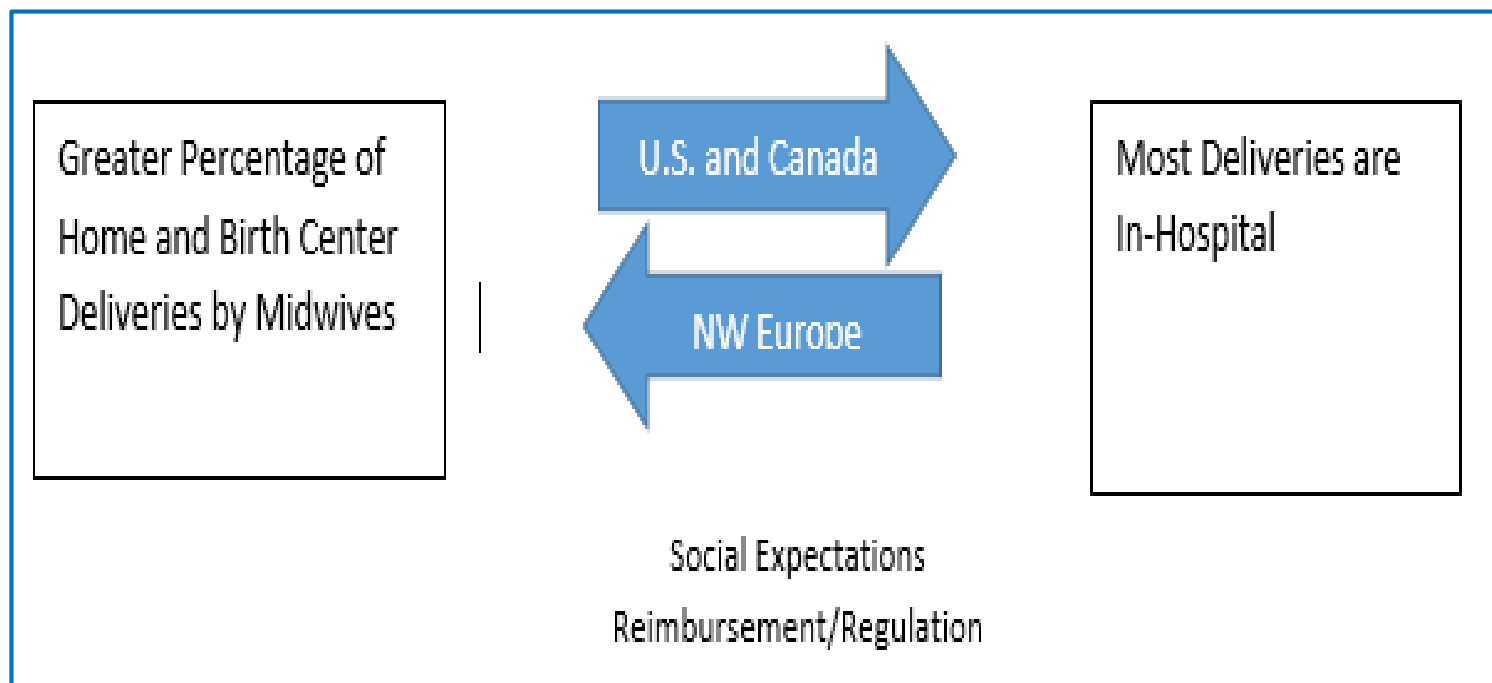
Other developed countries have more home deliveries and integrate midwifery care more than the US

How would increasing home deliveries, birth centers and midwifery for low-risk pregnancies mitigate the current OB access challenges?

Greater Percentage of Home and Birth Center Deliveries by Midwives

U.S. and Canada →

← NW Europe

Most Deliveries are In-Hospital

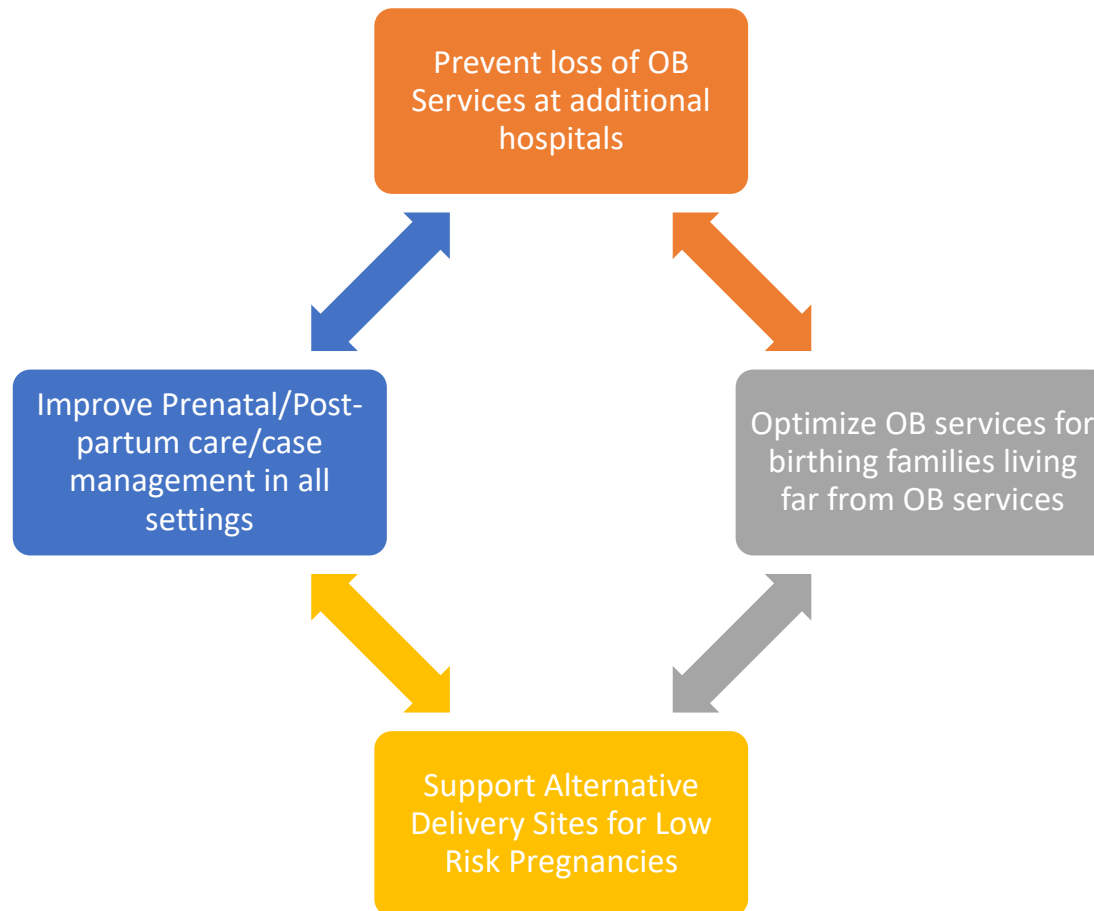Social Expectations
Reimbursement/Regulation

Is There a Tradeoff Between Quality and Access?

Are local outcomes better or worse when low-volume hospitals close their OB units?

Are there ways to mitigate tradeoffs?

- No definitive answers.
    - Some studies show worse outcomes for mothers from rural areas, and a higher rate of infant mortality (nation-wide data) in rural areas. Many confounding factors.
    - A Partnership data does NOT show a relationship between size and quality.
- Commonwealth Fund reported on successful mitigation strategies:
    - Staff Training and cross-training
    - Leveraging telemedicine and setting up remote prenatal care locations

Priorities to Consider Going Forward

Prevent loss of OB Services at additional hospitals

Improve Prenatal/Post-partum care/case management in all settings

Optimize OB services for birthing families living far from OB services

Support Alternative Delivery Sites for Low Risk Pregnancies

Committed Leadership that Drives policy, action and funding
- Federal, State and Regional Policy
- Focusing on birth equity
- Federal grant and foundational support