

# Leveraging FQHC's for Maternal Health Solutions

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## Mission

To provide the highest quality clinical services for ALL

## Vision

By 12/31/2025, we will be a national leader in healthcare quality, and the trusted, regional primary care provider of choice.

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# Who we are

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Opened our first clinic in 1978 in Portland, AR

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30+ locations within 7 counties

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Located within 7 school districts

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Provide medical, dental, behavioral health, psychiatry, women's health services

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Other programs – chronic care management, transitional care management, remote patient monitoring, diabetes education, pharmacy management, HIV testing and support, medicine-assisted treatment services

# Objectives

## Discuss

- Discuss challenges faced in OUR rural area regarding Maternal Health

## Share

- Share specific advantages we leverage within our FQHC

## Overview

- Overview of our program, guiding principles, goals, and current status

# Maternal Health Challenges in Southeast Arkansas

Population decline

Rural hospitals' struggle to maintain obstetrical services locally

Physician recruitment to rural areas

Difficulty recruiting qualified licensed staff (nursing, ancillary, etc)

Strain of maintaining call rotations for physicians

Rural geography limits healthcare access

Lowest Medicaid reimbursement rate for OB in the country



# MHSI Advantages

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- Cost-based reimbursement and PPS rate
- Federal Tort deemed status
- National Health Service Corp
- Established relationships with tertiary care systems
- Holistic model of care
- Nationally recognized for delivering high quality care
- Arkansas Rural Health Partnership





**CURRENT REGIONAL AREA**

Cleveland County, Lincoln County, Desha County, Drew County, Bradley County, Ashley County and Chicot County



# Goals

All regional hospitals and clinics involved

Tertiary hospitals involved

1 in 6 weekend physician/provider rotation

Positive cash flow

Prenatal care within 20 miles of maternal health patients

Weekday/night deliveries at more than 1 hospital

Weekend deliveries at 1 centralized hospital

Improved quality outcomes

# Quality of Care Goals

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Early entry into pre-natal care

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Lower c-section rates

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Increase breastfeeding

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Decrease maternal/infant mortality rates

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Decrease the number of ER deliveries

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Management of maternal hypertension

# Our Program

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- 2 OBGYN's, 1 FPOB, 2 WHNP's
- Averaging 40-45 babies/month
- Providing intensive maternal health case management
- Maternal behavioral health therapy
- Maternal community health workers – looking to incorporate doulas in 2024
- Dieticians
- Remote patient monitoring
- Home visits
- Patient/family education – group classes and ongoing individual
- Telemedicine for high risk patients

