

Members in Action: Redesigning the Delivery System

Mayo Clinic

OB Nest Redesigns Prenatal Care for Low-risk Pregnancies

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

Overview

Mayo Clinic developed the OB Nest program to optimize prenatal care for low-risk expectant mothers and transform care from a medicalized model to an innovative wellness model.

OB Nest, which is optional for patients, utilizes technology and enhanced communication techniques to streamline prenatal care. The redesigned care model allows women experiencing low-risk pregnancies to reduce the number of in-person prenatal doctor visits during a 40-week pregnancy from the standard 12 to 14 down to eight. In place of these visits, women receive services through the OB Nest program, which was developed with input from physicians, nurses, midwives and administrative staff.

Program elements include:

- Converting from a manual to an electronic knowledge-based tracking system, allowing physicians to access in one place their

Impact

OB Nest is now routinely offered as an option for prenatal care for low-risk obstetric patients.

Patients enrolled in the program reported being more satisfied with the care received, had less prenatal stress and perceived similar quality of care compared to patients receiving standard prenatal care.

The level of interest in enrolling surprised the Mayo staff. Women whose low-risk pregnancies proceed without complication report that by attending fewer in-person prenatal check-ups, they save time, travel expenses, child care costs and lost wages.

OB Nest quality outcomes are on par with traditional care. The program also has freed up obstetricians and nursing staff to spend more time with mothers with higher risk pregnancies. Partners and family members of OB Nest patients also report feeling engaged by participating in at-home monitoring.



patients' health information. The custom IT solution's dashboard allows obstetricians and gynecologists to quickly identify and develop care plans for patients with a high risk of complications, such as high blood pressure or premature labor.



- Home monitoring equipment provided by the clinic, allowing patients to transmit to the nursing team by phone data such as the fetal heart rate, as well as the mother's blood pressure and weight. If there are any abnormal results, questions or concerns, the mother contacts her care team immediately online or by phone.
- A social media community monitored by specially trained OB Nest nurses, allowing patients to share their experiences in a secure fashion, ask questions and get answers that benefit the whole cohort.
- Dedicated OB Nest registered nurses to assist with patient education and care during the in-person office visits. They also are in contact with OB Nest patients by phone between visits and moderate the social media discussions.
- Reassuring OB Nest patients that if they wish to see their doctor sooner than scheduled, they are free to do so.

Women in OB Nest receive all the recommended laboratory tests, ultrasounds, immunizations and patient education of a traditional care path. Elements of OB Nest are the results of a pilot test of 14 expectant mothers and their care teams, assessing 19 alterations of prenatal care. Mayo Clinic adopted OB Nest as an optional standard of care in 2016. This was followed by a randomized control trial of 300 expectant mothers.

Lessons Learned

Mayo believes having a safety net – such as nurses who closely monitor patients' progress – is key to redesigning care for low-risk pregnancies. They also learned that patients need options for how to conveniently connect with the obstetrics staff, such as through the electronic health records (EHR) portal or by telephone. In addition, adequate time for training of all staff has been critical to Mayo's success. Overall, the expectant mothers – particularly those who previously gave birth – proved to be very open to the new model.

"Patients often cite the fact that they feel more engaged in their care," said Yvonne Butler Tobah, M.D., an obstetrician instrumental in developing OB Nest.

Future Goals

Mayo continues to look for ways to further integrate technology into service delivery, such as the use of smartphone apps and maximizing the EHR's capabilities to capture clinical data in meaningful ways.

"There are so many possibilities," said Butler Tobah.

In addition, Mayo is testing the model in two of its rural Wisconsin clinics with hopes of using OB Nest to increase access for patients faced with distance or weather barriers that make it challenging to have in-person office visits. Mayo also plans to test the model at inner-city sites and calculate the program's return on investment.

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