

INTERESTED IN A COLLABORATIVE MATERNITY MODEL? HERE'S HOW WE DID IT...



1

CONTACT YOUR LOCAL DIVISION OF FAMILY PRACTICE TO DISCUSS WAYS THEY CAN SUPPORT YOU.

The SOS Division offers the SOMC support with planning, billing and payroll administration, group meeting facilitation, and quality improvement initiatives. The planning stage was made possible through a Shared Care Maternity project that spanned 3 years.



2

PARTNER WITH THE HEALTH AUTHORITY TO EXPLORE THEIR POTENTIAL ROLE IN SUPPORTING MATERNITY CARE IN YOUR COMMUNITY.

In the SOS, the Health Authority supports providing clinic space and MOA support.



3

IDENTIFY THE OBSTETRICAL PROVIDERS IN YOUR COMMUNITY WHO ARE INTERESTED IN COLLABORATIVE MATERNITY CARE AND ESTABLISH TRUST AMONG THE GROUP.

In the SOS, we fostered a collaborative environment by bringing together maternity providers to build mutually trusting relationships. This was done by getting to know each other, establishing common practices within the group, and actively engaging in listening to each other's perspectives.



4

DEVELOP A SHARED CARE MODEL THAT RECOGNIZES EACH PARTICIPATING PROVIDER'S SCOPE, ROLES, AND RESPONSIBILITIES, FOCUSING ON AREAS OF OVERLAP AND COLLABORATION.

In the SOS, the group worked to ensure that each profession's skill set was properly utilized and that parties were on the same page regarding interprofessional care for their shared patient population.



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5

DEVELOP AND DOCUMENT THE GROUP'S AGREED CLINIC GUIDELINES, CARE PATHWAYS, AND PROTOCOLS.

In the SOS, the providers developed a clinic protocol manual that ensures that continuity of care is established regardless of which provider is providing the service.

6

ASSIGN LEADERSHIP ROLES TO THE PROVIDERS BASED ON THEIR INDIVIDUAL SKILLS AND INTERESTS.

In the SOS, lead roles include Technology, Finance, Scheduling, Clinic Lead, Education, Quality Assurance, and Quality Improvement. The leadership roles are defined, and compensation is built into the model.

7

EXPLORE WAYS IN YOUR MODEL TO OPTIMIZE PREDICTABLE COMPENSATION FOR ALL MEMBERS OF YOUR GROUP.

In the SOS, Pooled billings (Assigned to a Group MSP Payee Number) is a financially beneficial model that utilizes midwifery billings for pregnancy care. In addition, the group bills fee-for-service when providing care outside the midwifery scope. Comprehensive billing guides for interprofessional physician and midwifery care are available provincially. ([link](#))

8

EMBED A CONTINUOUS IMPROVEMENT PROCESS WITH YOUR PROVIDERS INTO YOUR MODEL.

In the SOS, providers participate in monthly provider meetings to discuss patient cases, clarify/adapt practice protocols, and address matters related to clinic operations and quality improvement opportunities in a timely and effective manner.

9

EMBED A CONTINUOUS IMPROVEMENT PROCESS WITH YOUR PATIENTS.

The SOS actively seeks feedback from patients through evaluation surveys on their care to ensure the care model delivers optimal patient experience and health outcomes.

10

LEVERAGE EXISTING MODELS OF INTERPROFESSIONAL MATERNITY CARE BUT CUSTOMIZE THEM TO MEET YOUR LOCAL COMMUNITY. THERE ARE SHARED LEARNINGS ACROSS THE PROVINCE, BUT THE SPECIFIC CONFIGURATION OF YOUR INTERPROFESSIONAL CARE MODEL, INCLUDING OVERHEAD COSTS, COMPENSATION, CLINICAL PROTOCOLS, AND THE CLINIC/CALL SCHEDULE, WILL BE A PROCESS DETERMINED BY THE AVAILABLE RESOURCES AND THE NEEDS UNIQUE TO YOUR AREA.

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Want more info?

Contact Taunya Cossentine, Project Lead,
SOS Division of Family Practice
Taunya.Cossentine@sosdivision.ca
Visit SOSMaternity.ca



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