

Exploring Team-Based, Collaborative Maternity Care

Presenters: Dr. Rebecca Psutka (Family Physician), Susie Lobb (Registered Midwife),
Taunya Cossentine (SOS Division of Family Practice Project Lead)



Quality Forum, June 2023

The South Okanagan Similkameen Division of Family Practice and the South Okanagan Maternity Centre are located on the traditional, unceded and unsurrendered territory of the Syilx (Okanagan) people.



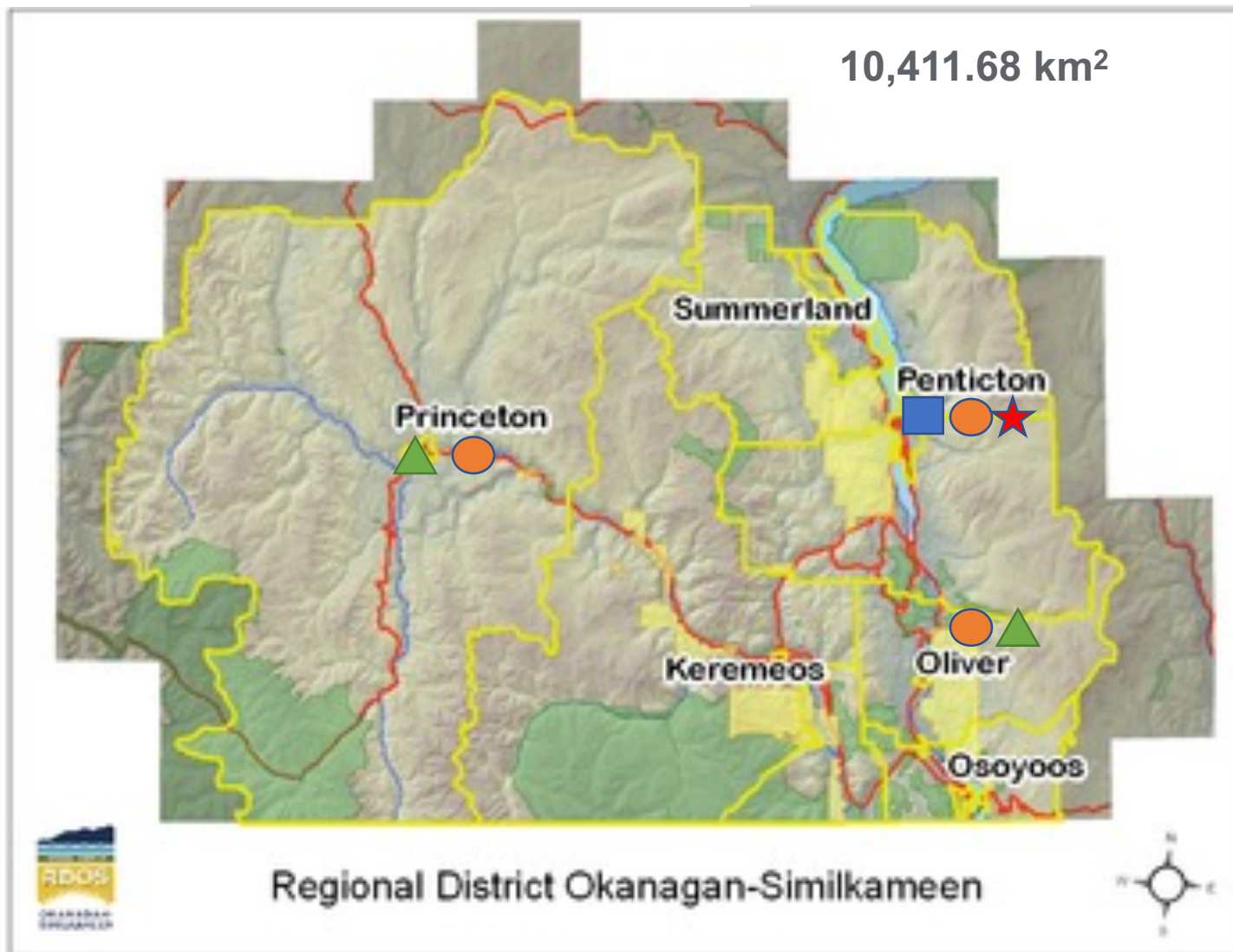
Disclosure

We have no conflicts of interest to disclose



South Okanagan Similkameen Division of Family Practice

An FPSC initiative



Population: 93, 278





Penticton: 46,248

Summerland: 13,319

Oliver/Osoyoos: 21,897

Princeton: 6,080

Keremeos: 5,743

-  Hospital (*Penticton hospital only for deliveries*)
-  Obs/Gyne/Peds Speciality Practices
-  Primary Maternity Care (full course of care)
-  Primary Maternity Care until 28wk GA



Defining the Problem

In 2014, maternity care in the South Okanagan was in crisis. A Shared Care Project, managed by the SOS Division of Family Practice, was initiated.

- Family physicians' presence was in decline due to compensation challenges, competition, and long hours.
- Maternity providers worked in isolation, with a notable lack of personal and professional trust between individual provider groups

Finding a Common Approach

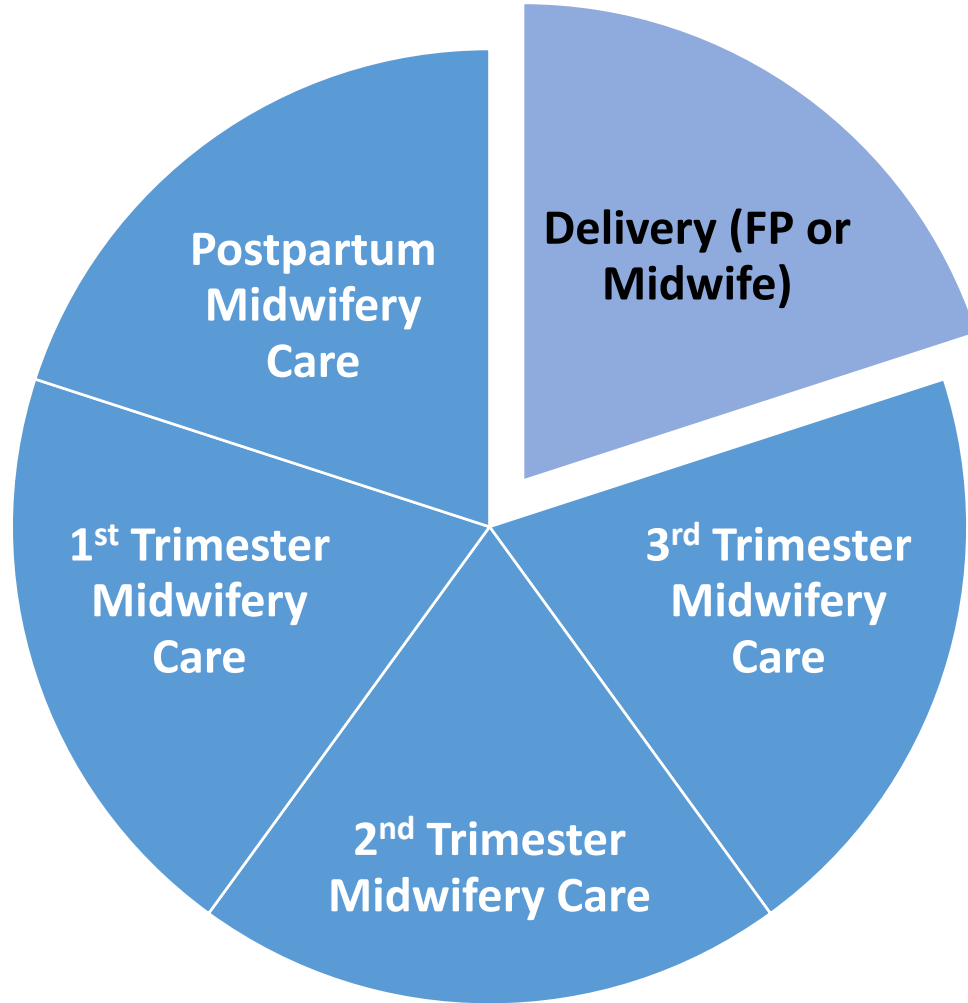
An advisory committee was assembled

- Family physicians, midwives, obstetricians, pediatricians, patients, Interior Health, and allied professionals.

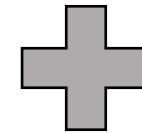
Setting Goals

Goals were established

- **Sustainability**
- **Patient choice**
- **Keep providers practicing**
- **Work/life balance for all providers**
- **Flexibility, cross-coverage, and ease of transfer of care**
- **Educate community providers and patients about care options**



**Course-of-Care MSP Billings
(BC MSP Patient)**



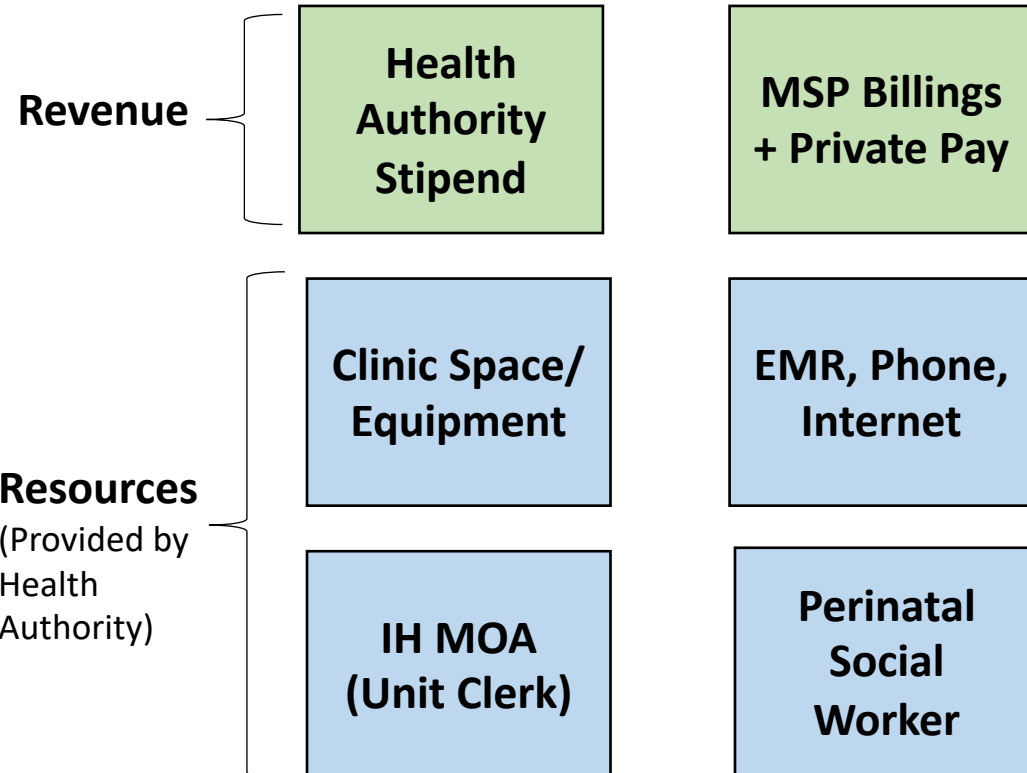
Additional Physician Billings

Care outside of midwifery scope

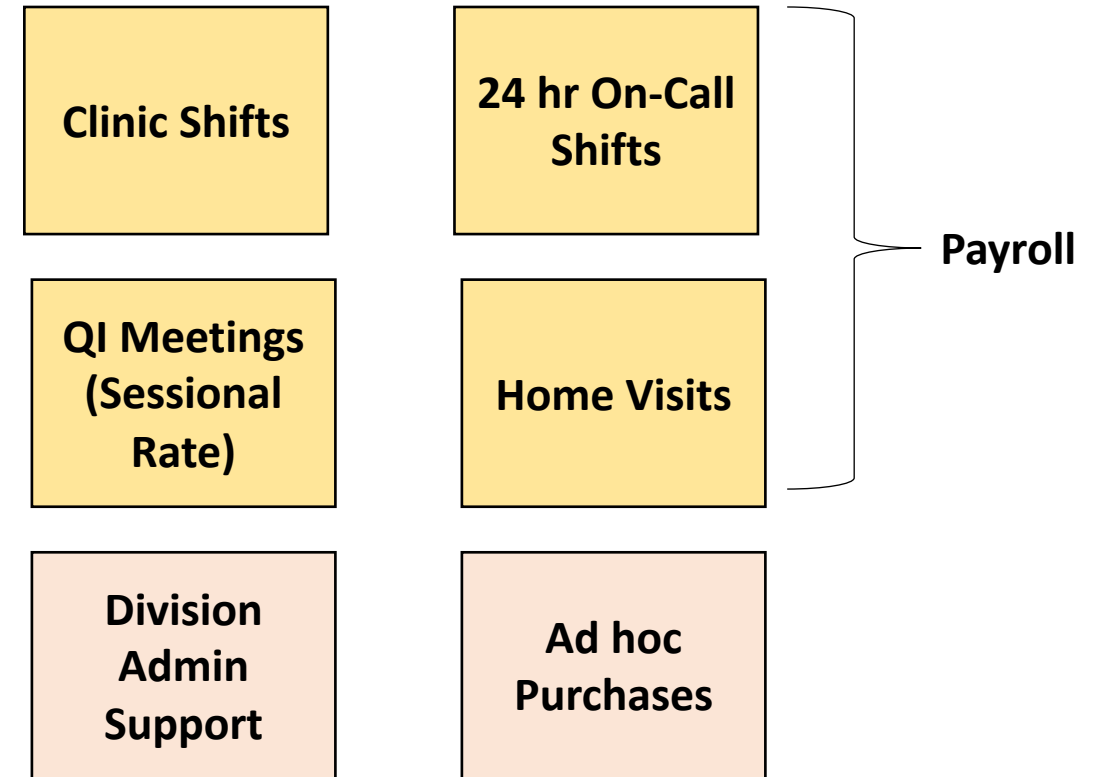
Group Medical Visits

Emergent assessments in the hospital setting

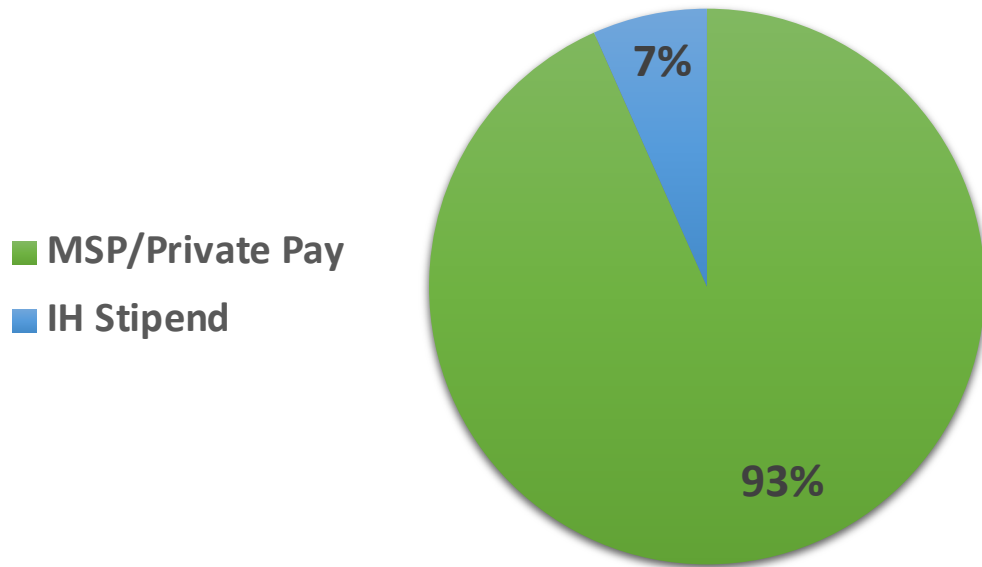
Revenue/Resources



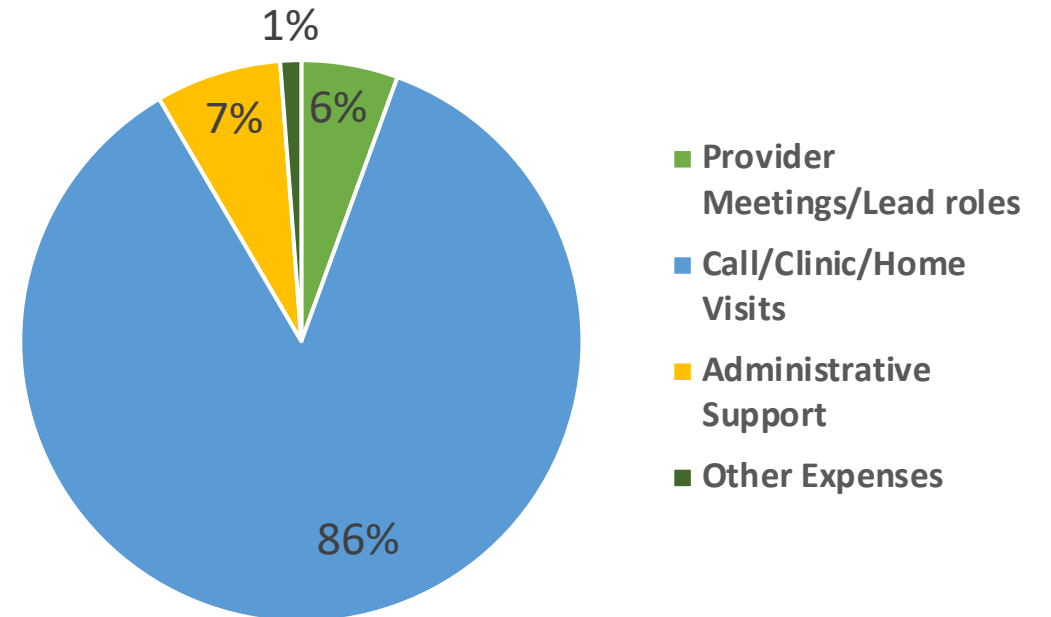
Expenses



Revenue



Expenses



(Approximately 1 month of expenses set aside as contingency funding)



Trusted Relationships



**Teamwork:
Lead Roles**

For
Providers



**Commitment to
Quality Improvement**



Work/Life Balance

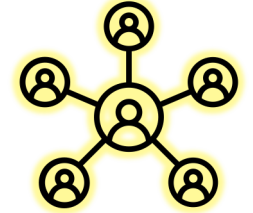


Informed Choice



**Longer Appointments,
Home Visits**

For
Patients



**Group Prenatal
Education**



Cultural Safety

What's Working Well?

Lessons Learned...

- This model is beneficial for physicians and midwives: shared workload, fewer on-call shifts, consistent/equitable compensation
- It is important to develop a model that works for your unique community
- Working to the fullest scope in collaboration with other providers is key
- Through clear communication and guidelines/protocols, providers can ensure continuity of care between different carers.

Where to Start...

Collaborate with local stakeholders:

- Physicians, Midwives, Obstetricians, Pediatricians, Divisions, Health Authority/Public Health



Thank you.

Questions?
