



CASE STUDY
ST. DAVID'S SOUTH AUSTIN
MEDICAL CENTER

Local Physicians Appreciate Presence of OBHG Hospitalists



Background:

St. David's South Austin Medical Center

St. David's South Austin Medical Center (SDSAMC) is a 316-bed acute care facility that offers full-service maternity and newborn care with an NICU as well as Level I and Level II nurseries. Part of HCA Healthcare, SDSAMC logs more than 1,600 deliveries a year and is the community's leader in maternity care.

Challenge:

Win the Support of Local OB/GYN Physicians

When St. David's South Austin Medical Center (SDSAMC) began employing Ob Hospitalist Group (OBHG) clinicians to provide 24/7 coverage for its Labor and Delivery (L&D) unit, local OB/GYNs were suspicious that the hospitalists might try to pilfer their patients and erode their OB market share. They did not yet realize that OBHG was there to support them and make their practices even more profitable. Direct outreach was needed to communicate the advantages of the around-the-clock hospitalist presence. Additionally, the hospital had a goal to increase OB/GYN loyalty and birth volume.

Solution:

Provide Unparalleled L&D Support Via an Obstetric Service Agreement

OBHG Team Lead Dr. Kristi McKenzie and OBHG Senior Director of Medical Operations Dr. Charlie Jaynes reached out to the local OB community, and their efforts were rewarded when [Hill Country OB/GYN Associates](#), a prominent Austin medical practice, agreed to several meetings. Those conversations led to the development of an Obstetric Service Agreement (OSA). The OSA is a billing agreement between OBHG and the Local Provider. It allows the Local Physician to maintain the global reimbursement (or billing) of delivery services when the OB hospitalist actually performs the services.

"They had a need, and we identified a way to help them. They had an on-call situation that was really untenable," Dr. McKenzie said. "We can be there so they don't have to disrupt their office hours (or leisure time). Our role at the hospital is to make their lives easier."

“The OSA has one purpose and one purpose only — to allow us to deliver a service to community physicians and not bust their global,” Dr. Jaynes explained. “The ‘global’ is an arrangement where private physicians provide perinatal care services to a patient for a single bundled global charge. It includes everything from office visits to labor and delivery.”

The OSA with Hill Country, he said, is very specific. It covers services OBHG hospitalists provide the patient in the L&D only. To attend a patient in labor, whether it’s for one hour or 30 hours, the charge is the same flat fee. If the woman delivers under an OBHG hospitalist’s care, whether it’s vaginal or a C-section, the charge is the same flat fee. So the OB/GYN practice knows the cost will never exceed the negotiated flat fee.

“We save them a bunch of money doing it that way,” Dr. Jaynes said. “It enables them to get call coverage and not break the bank.”

A significant benefit to local OB/GYNs, Dr. Jaynes added, is that if any doctor, with or without an OSA, arrives at the hospital within 30 minutes of their patient delivering, there’s no charge from OBHG. “That’s called a ‘courtesy delivery.’”

“Our primary responsibility as hospitalists is to be the first responders of the unit,” Dr. Jaynes said. “I expect any of our hospitalists at any given time to have a situational awareness of what is happening in the L&D.”

Results:

Higher Volume. Happier Obstetricians.

OBHG and Hill Country OB/GYN executed an OSA in November 2016. It not only ensured support after-hours and for vacations, it also provided essential assistance to Hill Country physicians when they are unnecessarily required to be present at the hospital. “We are in a city where it is hard to practice medicine,” Dr. McKenzie explained. “The hospitals in this area have a lot of onerous rules that require physicians to be at the hospital at times when they shouldn’t have to be.”

Austin hospitals, for example, require a physician be on the floor when an epidural is being placed or an induction is begun. “We are here and present so they don’t have to do those things. They don’t have to come in for the epidural or the induction,” she said. “We also can be here for VBACs (vaginal birth after cesarean).”

Dr. McKenzie noted that Austin hospitals also do not provide personnel to assist with surgeries, so it is beneficial to have a hospitalist on hand to provide any needed OB/GYN surgical assistance. Thus far, she has received only positive feedback from Hill Country.

“The hospitalists are easy to work with. They have made our call and coverage easier,” said Dr. Ana Eduardo of Hill Country OB/GYN. “They are very competent in their evaluation and treatment of our patients.”

St. David’s South Austin Medical Center can anticipate a growth in their birth volume in part due to this OSA. “I believe Hill Country OB/GYN would not have moved over to SDSAMC without OBHG being here,” said Will McDonald, OBHG Regional Vice President of Operations.

“The hospital administration will see a doubling of their delivery volume because of this agreement,” Dr. Jaynes said. “We are hoping to recruit another medical group to our hospital in a year or so,” Dr. McKenzie added, “because they are building a women’s center” to accommodate increased demand.

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— Dr. Ana Eduardo
Hill Country OB/GYN



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