Ministry of Health

# Ontario's Midwifery Program

## Webinar for Indigenous Midwifery Programs (IMPs) and Expanded Midwifery Care Models (EMCM)

July 16, 2020

Primary Health Care Branch

*Ontario Health Insurance Plan Division*

Ontario

# Outline

1. Building Connected and Sustainable Health Care and Midwifery Services in Ontario

2. EMCM Program
   a) Overview
   b) Review of the Implementation Approach
   c) Review of the Application Package
   d) Submission Timelines

3. IMP
   a) Overview
   b) Review of the Application Package

4. Questions and Answers

Appendix: Communities with Demonstrated Need

# Connected Care

- Delivering coordinated and better connected care is key in building a sustainable public health care in Ontario.

- In communities where there are strong linkages along the care continuum there is **an improved experience for the patients**: improved access to needed care, reduction in transfers of care, and improved health and wellness.

- Connecting care services can also increase the capacity for care providers and hospitals in busy communities, as well as **sustaining services** in smaller communities.

- Currently pregnancy and newborn care is primarily provided in a “stand alone” model **outside of comprehensive primary care**, often resulting in multiple transfers of care and/or uncoordinated care from multiple providers.

- There is an **opportunity to connect** maternal and primary care services to **provide seamless care** that results in improved patient experience and better outcomes.



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# Improving Primary Care Midwifery Access

The Ministry of Health (ministry) and the Association of Ontario Midwives (AOM) are working together to expand options for low-risk pregnancy and reproductive care to better serve the needs of expectant families.

- **Indigenous Midwifery Programs (IMPs)** provide culturally appropriate Indigenous-led midwifery services to urban, rural, northern and on-reserve Indigenous communities
- **Expanded Midwifery Care Models (EMCMs)** enable community-based midwifery services to be delivered in a wider variety of settings

# Midwifery in Ontario

- In 2018-19, midwives attended 26,625 births, or approximately **19% of all births in Ontario**.
- Midwifery Care is a unique model of pregnancy and newborn care that is client centred, emphasizes informed decision making and choice and demonstrates excellent client outcomes which contribute to lower health care system costs.

## Positive Outcomes

- **Fewer** clinical interventions
- **Decreased** pain management interventions in labour
- **Shorter** hospital stays and lower readmission rates
- **Higher** breastfeeding rates

## Client-Centred

- **Enhanced patient experience** – clients can access their midwife 24/7 during pregnancy, labour and delivery, and for 6 weeks postpartum for newborn care
- **Supports informed choice** – provide clients with options for care (related to pain relief, interventions, etc.) and choice of birth place (home, hospital, or in a birth centre).

# Current Challenges in Newborn and Pregnancy Care

## Challenges in Pregnancy and Newborn Care

- Expectant families must typically seek pregnancy and newborn care outside their current primary care provider which leads to **gaps in comprehensive primary care**
- Among expectant families, there is a **lack of awareness** and understanding regarding the available range of providers for low-risk pregnancies
- There is an identified need to **enhance access to midwifery care** and increase choice for low risk births: up to 27% of clients wishing to receive midwifery care are unaccommodated due to lack of capacity

## Course of Care Funding Challenges

- Does not facilitate **discrete portions of a course of care** from being provided (e.g. pre/postpartum care only, episodic care for incarcerated women)
- Limits support services offered **outside of the course of care** (e.g. counselling, education, participation in cultural ceremonies)
- Not suitable for **communities with low birth rates** unable to sustain a fee-for-service practice model

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# Expanded Midwifery Care Models (EMCM)

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# Expanded Midwifery Care Models (EMCMs)

- Introduced in 2018, **EMCMs** respond to public interest in receiving midwifery care, while offering a new model of delivery that enhances partnerships between primary care and pregnancy and newborn care providers. These linkages enable midwifery services to become available in a wider variety of settings while also potentially stabilizing pregnancy and newborn services in communities where recruitment and retention of these services is a challenge.

**Communities struggling to maintain pregnancy and newborn care services** with lower volumes or a lack of providers, where the midwife may also be providing other services within the community.

- Enhancing an NPLC, FHT, physician practice group, or hospital with midwifery services would increase access to pregnancy and newborn care closer to home.

**Existing pregnancy and newborn care and primary care services** where expectant families must currently seek pregnancy and newborn care outside their current primary care provider team.

- Embed midwifery services within the interprofessional team, to improve continuity of care, access and connectedness, offering:
  - Seamless comprehensive primary care services,
  - Reductions in the number of transfers of care, and
  - Access to appropriate care where and when needed.

# Examples of Funded EMCM Initiatives

| | |
|---|---|
| **Hospitalist Midwife** | • Midwives working in this model provide services embedded within the hospital setting. They provide dedicated triage assessments for clients (who may be clients of local MPG or obstetrical clients), discharge planning and communicate any relevant information to community midwife/ most responsible provider regarding out-patient follow-up and home care services. |
| **Full spectrum midwife in primary care team-based setting** | • Midwives in this model provide full course of care, including prenatal and postpartum home visits and to assist clients navigate the health care system. |
| **Hospital-based integrated postpartum primary care and coordination midwife** | • Midwives who work in collaboration along with interprofessional primary care team to provide postpartum and newborn care for clients who do not have a GP and/or for physician clients in hospital, and to facilitate transition between hospital and community care. |
| **Primary care team-based prenatal and postpartum midwife** | • Midwives who work in collaboration along with interprofessional primary care team to provide comprehensive primary prenatal and postpartum care and assist clients to navigate the health care system. |

**Please Note**: The ministry is interested in replicating these models, where possible, particularly in communities with demonstrated need. See Appendix for identified communities with demonstrated need.

# Implementation Approach

- **Priority will be given to communities with demonstrated need** to respond to client demand for midwifery services and to support improved client experience and access. See Appendix for list of communities identified as high-need areas.

- An **expedited open call for applications is underway over the summer** to allow proposals to be submitted for funding this fiscal year (2020-21)

- A **second call of applications will be submitted in Fall 2020** to support programs for consideration in 2021-22 fiscal year and is expected to be an **annual application process going forward** in subsequent years.

    - Applicants who applied in July and are unsuccessful will receive feedback to improve proposals and help them if they want to resubmit for Fall.

# Key Considerations and Criteria

- Priority will be given to communities with demonstrated need and applications must demonstrate:
  - ✓ Inability to provide these specific pregnancy and newborn services within the existing midwifery models (i.e. midwifery practice groups and Indigenous midwifery program).
  - ✓ Addresses gaps in service provision and supports high quality and client centered care.
  - ✓ Supports the effective use of health care resources.
  - ✓ Maximizes midwifery scope of practice.
  - ✓ Supports coordination and integration of pregnancy and newborn care with interprofessional primary care.
  - ✓ Contributes to an efficient and sustainable health care system and will not negatively impact or duplicate existing pregnancy and newborn services.

# EMCM Submission Package

## 1. Introduction and Guide to Completing an Application

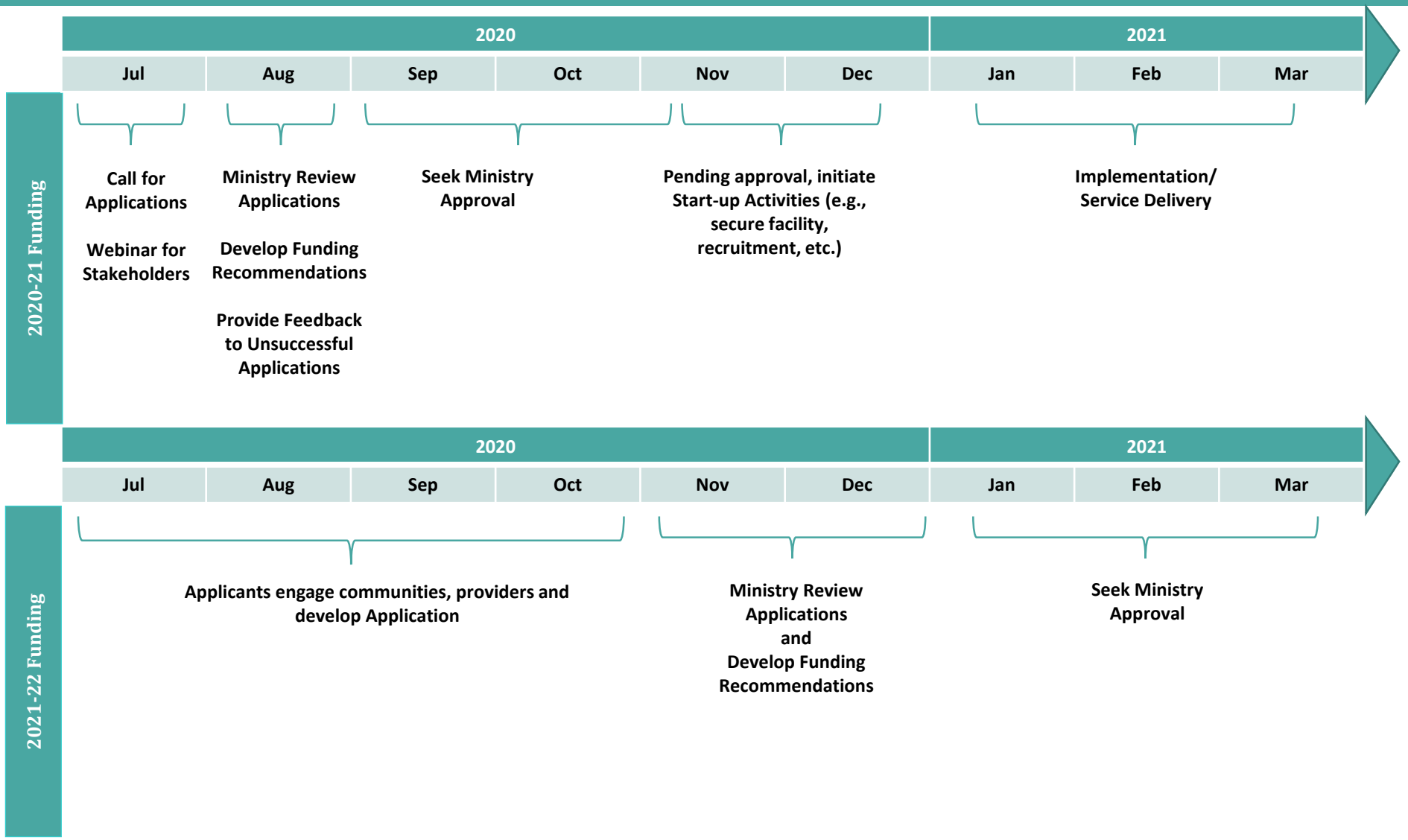
- Provides an overview of the Expanded Midwifery Care Model, the implementation approach, expectations and lists of resources to assist with completion of the application.

- It is recommended that applicants read the guide before completing the application form as it contains many details on requirements and tips on information sought on the application form.

## 2. Application Form Template

- Key components of the application form:
  1. Applicant information, governance and community engagement
  2. Catchment area, population need and service gaps
  3. Proposed program and team composition
  4. Accountability, reporting and quality assurance plans
  5. Readiness to implement
  6. Budget

# Application Submission Timeline

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# Key Date and Contact Information

**The deadline for submission is July 31, 2020, 5:00 pm.**
Completed applications received after this time will not be considered

- Ministry Program Contact Info:
  Dennis Torres
  Senior Program Consultant, Primary Health Care Branch
  dennis.torres@ontario.ca

- AOM Contact:
  Christine Allen, Manager, Policy and Communications
  Email: christine.allen@aom.on.ca

- Applications can be submitted by e-mail to **midwifery@ontario.ca**, through Canada Post or by courier to:

  Ontario Midwifery Program
  Primary Health Care Branch, Ministry of Health
  1075 Bay Street, 9th Floor Toronto ON M5S 2B1



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# Indigenous Midwifery Program (IMP)

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# Indigenous Midwifery Programs (IMPs)

- Introduced in 2016, **IMPs** fund Registered Midwives who identify as Indigenous and Aboriginal Midwives* to support Indigenous-led midwifery care in various Indigenous communities, which include First Nations, urban, rural, and Far North locations. IMPs provide pregnancy and postpartum services through:
  - Culturally safe prenatal, intrapartum, post-partum care
  - Programs and services to support youth and expectant families (e.g. parenting classes, breastfeeding support)
  - Community education to support youth and expectant families to make informed choices around reproductive health
- In addition, IMPs provide a wide range of services for their communities including:
  - Well person care (e.g. reproductive health checks, pregnancy tests, menopausal counselling),
  - Community-based birthing practices,
  - Traditional ceremonies and medicine,
  - Prenatal and parent/baby classes,
  - Adolescent rites of passage among many other activities.

*AMs practice by exception to the midwifery regulatory framework per the Midwifery Act, 1991.

# Indigenous Midwifery Program Types

There are two primary Indigenous Midwifery program types: those working within Interprofessional Primary Care Team (IPCT), and those that are autonomous Indigenous Midwifery Practice Groups.

## Indigenous Midwifery Program within Interprofessional Primary Health Care Teams

Midwives work along side a multi-disciplinary primary care team (may include physicians, nurse practitioners, social workers, and traditional healers).

Governed through an existing primary health care team (e.g. AHAC, FHT, etc).

## Autonomous Indigenous Midwifery Practice Groups

Midwives provide the governance structure within this model and establish a strong link with local primary health care services within the catchment area to better support integrated and comprehensive primary care delivery

# Key Considerations and Criteria

- There are two application initiatives:

1. **Indigenous Midwifery Program (IMP): Aimed at** increasing access to culturally safe midwifery primary care, and a range of programs and services.

2. **One-time Development Funding:** To facilitate the exploration of a community o assess feasibility of a future opportunities to apply for an IMP, through needs assessment and capacity building.

- The ministry is accepting applications from the following eligible applicants:

  - ✓ Registered Indigenous Midwives and Aboriginal Midwives (individuals or existing Midwifery Practice Groups) wishing to establish services in Indigenous communities
  - ✓ Interprofessional primary health care organizations currently serving Indigenous communities (e.g. Aboriginal Health Access Centres and Indigenous governed Community Health Centres).
  - ✓ First Nations, Inuit, and Métis Communities; and
  - ✓ Partnerships of any of the above.

# Application Package Information

- The IMP application kit has two documents:

**1. Guide to Completing an IMP Application**

- Provides a detailed overview of each application question, so it is advised to use the guide as you fill out the application
- Also gives a brief overview of the Indigenous Midwifery Program, the implementation and evaluative approach, expectations and lists of resources to assist with completion of the application.

**2. Application Form Template**

- Key criteria of the application form:
  1. About you and your organization,
  2. Your community,
  3. What your team will look like,
  4. What programs and services you will be offering,
  5. How you will provide oversight,
  6. Readiness to operate, and
  7. Proposed budget

- The Application form for **Developmental Funding** provides a brief introduction on the funding purpose, expense eligibility and important submission information. The following are the key criteria to complete a submission:
  1. About you and your organization
  2. Your community
  3. Intended Partnerships
  4. Proposed Developmental Plan

# Key Date and Contact Information

The deadline for application submission is

**Monday August 3, 2020**

If you have any questions regarding application submission please do not hesitate to contact the following:

For assistance from the ministry, please contact:

**Primary Health Care Branch**
Ashley Thomas, Program Analyst
Ashley.thomas2@ontario.ca OR
midwifery@ontario.ca

For assistance from the AOM, please contact:

**Indigenous Midwifery Programs**
Ellen Blais, Director, Indigenous Midwifery
Ellen.Blais@aom.on.ca

Applications can be submitted by e-mail to midwifery@ontario.ca, through Canada Post or by courier to:

Ontario Midwifery Program
Primary Health Care Branch
Ministry of Health
1075 Bay Street, 9th Floor Toronto ON M5S 2B1



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# Questions?



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# Appendix: Communities with Demonstrated Need

# Overview

The following analyses of demonstrated areas of need for intrapartum care providers and services have been conducted, in collaboration with AOM:

1. MOH: Population Health Need
2. MOH: Provider Supply and Client Demand
3. MOH: Small Northern Hospitals
4. Provincial Council for Maternal and Child Health (PCMCH): Maternal Newborn Gap Analysis

All four analyses are considered together in order to identify the **areas of greatest need** for midwifery services which can be used to inform future funding allocation.

It is important to note that the analyses do not account for the health needs of Indigenous populations. The Ministry recognizes that Indigenous communities are considered areas of need and are supported through the Indigenous Midwifery Program.

# 1. Population Health Need

***Methodology***

- The ministry undertook an analysis of **population health need** for midwifery services by LHIN sub-region to support midwifery planning and funding allocations.

- The following five indicators were examined to identify sub-regions with the greatest need:
  1. Percent of **rural** area population, 2016; (Rationale: A proxy for difficult to fill vacancies)
  2. Average number of **total low risk births** per midwife full-time equivalent (FTE), 2019; (Rationale: To determine the average amount of work each midwife provides per region)
  3. Percent of midwives **aged 50+**, 2017; (Rationale: To determine where future supply gaps may arise)
  4. Projected **growth in births** from 2018-23; (Rationale: To determine where future demand gaps may arise) and,
  5. Average **number of births** per obstetrician/family physician, 2017 (Rationale: to determine what the impact other providers will have on need for midwives).

- The ministry developed a **combined score** that equally weights each of the five indicators. Higher scores represent greater need. Regions with midwives and regions without midwives were ranked separately.

# 2. Provider Supply and Client Demand

***Methodology***

- The ministry identified areas of need based on the **proportion of pregnancies per provider** (provider supply) and the **number of expectant families unable to access midwifery care** (client demand).

- Areas with **very high proportions** and **very low proportions** of pregnancies per provider are both considered to be of need; the former areas may require additional providers to adequately provide care to all clients, while the latter areas are at risk of obstetrical service loss due to a limited number of clients.

- Unlike the Population Health Need analysis, this analysis used **census divisions as the geographical unit**.

# 3. Small Northern Hospitals

***Methodology***

- The ministry also identified **small northern hospitals** with **low birth volumes** where adding a Midwife Hospitalist could support births closer to home. The LHIN sub-regions where these hospitals are located are considered areas of need.

# 4. PCMCH: Maternal Newborn Gap Analysis

***Methodology***

- PCMCH's Maternal Newborn Gap Analysis focuses on local access to safe, high-quality intrapartum care services in **low volume centres** (defined as sites with less than 500 births per year, a Level 1a or 1b hospital, or birth centre).

- This analysis was conducted through interviews with care providers in low volume rural and remote intrapartum care settings, as well as quantitative data provided by BORN Ontario and the Institute for Clinical Evaluative Sciences.

- In order to determine areas of need, PCMCH's analysis identifies LHIN sub-regions with:
  1. The **highest induction rates** for low-risk women;
  2. A large percentage of low-risk inductions being performed as a result of **distance from birth hospital**;
  3. The highest **rates of pre-term births** in low-risk women at Level 1a/b hospitals; and,
  4. The highest **number of pre-term births** in low-risk women at Level 1a/b hospitals.

# Conclusion: Areas of Demonstrated Need (1/2)

- The following 18 Census Divisions have been identified as preliminary areas of demonstrated need for midwifery services as negotiated and agreed to with the AOM.
- However, these analyses do not account for the health needs of Indigenous populations; the ministry recognizes that Indigenous communities are considered areas of need.
- Consideration of demonstrated areas of need for intrapartum care providers and services has specifically considered:
  - Population health need (percentage of rural area population, proportion of births per provider, percentage of midwives aged 50+, and projected growth in births);
  - Provider supply;
  - Client demand;
  - Small northern hospitals; and,
  - Low volume centres (hospital opportunities for midwifery growth).
- The following census divisions are identified as demonstrated areas of need by two or more analyses (bolded regions are identified by three analyses; bolded and italicized regions are identified by four analyses):

| | | |
|---|---|---|
| Algoma | Haliburton | Perth |
| Cochrane | Hamilton | Prescott & Russell |
| ***Dufferin*** | **Kenora** | Rainy River |
| Elgin | Muskoka | **Renfrew** |
| Essex | Oxford | Thunder Bay |
| Frontenac | Peel | York |

# Conclusion: Areas of Demonstrated Need (2/2)

- Below the map of 18 Census Divisions identified as areas of demonstrated need for midwifery services.