



Models of Care for Urban, Rural, and Low-Resource Areas

Background

- A full array of clinical services should be available throughout a woman's life, without delays or the imposition of cultural, geographic, financial, or legal barriers. Full access to care, however, can come with some barriers.
- Risk factors for not having adequate care or access to care include lower socioeconomic status, immigrant status or noncitizenship, physical and mental disabilities, homelessness, former military service, and non-English speaking status.
- Organizations can struggle with developing the proper model of care for the populations they are serving because of inability to meet the needs for translation services, mental health services, adequate staffing, and proper follow-up for the patients.

General Recommendations for Improving Access to Care

- Financial assistance to patients
- Financial incentives to organizations that serve at-risk populations
- Mandates associated with the Patient Protection and Affordable Care Act
- Incentives for health care providers to work in low-resource areas
- On-site resources for social services, pharmacy needs, legal services, and housing opportunities
- Legislation at local, state, and national levels to provide funding for organizations, health care providers, and patients
- Education to patient populations about the importance of receiving health care
- Advocacy for the low-resource areas to improve the access to health care
- Involvement of mental health care providers and services to collaborate on postpartum depression
- Resources for hypertensive management. Involvement of American College of Physicians, American Academy of Family Physicians, or similar organizations
- Resources for diabetes management postpartum. Involvement of American College of Physicians or American Academy of Family Physicians
- Work with local health department on improvement of services
- Development of telemedicine as a resource
 - High-risk postpartum care
 - Frequent follow-up
 - Emergency visits
 - Education tool
 - Nutrition counseling, psychotherapy

Resources

American College of Obstetricians and Gynecologists Clinical Guidance

- ❖ Health care for homeless women. Committee Opinion No. 576. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;122:936–40.
Discussion on how health care providers can address the needs of homeless individuals and educate these patients about available resources in the community, treat their health problems, and offer preventive care.
- ❖ Health care for unauthorized immigrants. Committee Opinion No. 627. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:755–9.
Recommendations for increasing access to quality health care to unauthorized immigrants and their children.
- ❖ Health disparities in rural women. Committee Opinion No. 586. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;123:384–8.
Outlines rural health care disparities and the role of obstetrician–gynecologists.
- ❖ Health care systems for underserved women. Committee Opinion No. 516. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;119:206–9.
Discussion on the Patient Protection and Affordable Care Act and underserved populations.

Health Care Provider Resources

- ❖ Center for Connected Health Policy. Research catalogues. Available at: <http://www.cchpca.org/about-cchp>. Retrieved March 1, 2018.
National telehealth policy resources