Changes from the March document are highlighted in green.

Situation: Long-term, sustainable solutions to FMOB are necessary to ensure physician satisfaction, resident role-modeling, and accessible obstetrical care to Wisconsin communities. The current call and rounding system places inequitable pressure on UW Community partners whose professional responsibilities are linked to patient care and production-based compensation models (RVU). Discussions about possible call and rounding changes have been taking place since 2022. An OB Call Workgroup has facilitated further information gathering and discussion. Following review of surveys, hospital policies, OB data, stakeholder meetings, and DFMCH leadership conversations, this document outlines proposed changes to FMOB Call and FMOB Rounding.

Background:

Surveys, interviews, town halls, and meetings indicate that community faculty prioritize patient continuity and the opportunity to make decisions about where their time is spent (in the clinic/hospital vs other); while residency faculty prioritize resident training/education and demonstrating collaborative FMOB care (including support of community partners).

The DFMCH Community OB Call group and OB Call Workgroup, in partnership with DFMCH leadership, have considered numerous OB call and rounding options (see Appendix A). And while many proposed solutions offer progress, no single solution addresses all existing challenges. As such, Community partners will be presented with options and the autonomy to determine which approach works best for their individual practice and life needs. It then becomes our shared responsibility as a DFMCH to continue evaluating this process and ensuring we achieve the desired outcomes.

Proposal 1: 7-day FMONS vote currently open through 4/6 5PM (Residency Call faculty pls see 3/25 email with link)

Proposal 2: **Support DFMCH Community FMOB colleagues in selecting an OB Call option that best suits their individual needs**

Option 1: Remain in a Community OB Call group with decreased call coverage responsibilities

Goal: (1) prioritize FMOB continuity deliveries for patients and UW community physicians, (2) decrease the responsibilities of night/weekend/holiday call for DFMCH Community, and (3) role model sustainable FMOB practice options

Logistics:

- DFMCH Community partners continue to manage OB continuity patients in clinic unchanged (individuals determine their own volume, etc.)
- FMONS continues to be available to assist in managing patients M-F 7a-6p
- DFMCH Residency continues to be available to assist with patient care nights/weekends/holidays when requested
- OB triage calls will be managed by the Primary OB 7a-6p and the on-call person 6p-7a (unchanged from current model)

- New: DFMCH Residency would manage labor patients (from admission to delivery) if the Primary OB is unavailable.
- New: DFMCH Community may ask DFMCH Residency to temporarily manage labor patients without a full transfer of care to FMONS. Parameters for this need further discussion (April Mtg).
- DFMCH Community on-call will continue to cover newborn calls unchanged
- DFMCH Community on-call will continue to act as back-up for DFMCH Residency at Meriter (ex. if residency faculty is pulled to SMH and in-house coverage at Meriter is needed)
- DFMCH Community OB/NB Rounding will remain linked to faculty participating in this call group (ie. any physician who remains in the DFMCH Community OB Call group would also be responsible for OB/NB Rounding and their continuity dyads would be rounded on by the DFMCH Community OB/NB Rounder). (may result in more frequent OB/NB Rounding weeks if fewer ppl take this option, although volume of patients would also be expected to decrease)

Option 2: Join the Residency OB Call group ~~with the possibility of co-attending on FMONS~~

Goal: This option seeks to (1) decrease the frequency of night/weekend/holiday call for community colleagues, (2) increase community physician comfort/ability to sign-out patient care to a larger call pool, (3) provide an opportunity for community physicians to engage more with residency education and (4) role model sustainable FMOB practice options.

Logistics: Examples of this model in practice include physicians from Access Clinics and physicians from Yahara Integrative Medicine (non-residency clinic sites that participate in the DFMCH Residency call)

- DFMCH Community physician continues to manage OB continuity patients in clinic unchanged (individuals determine their own volume, etc.)
- DFMCH Community physicians who select Option 2 would undergo a residency faculty interview with FM OBNB Director, DFMCH Residency Program Director and/or Obstetrics Rotation Education Director (an abbreviated version of the process for all DFMCH Residency Faculty) followed by orientation/onboarding and credentialing for SMH.
- Participate in DFMCH Residency call group
    - Take night, weekend, and holiday call as part of DFMCH Residency group (weekend and holiday call options include 12 vs 24-hr shifts).
    - Cover OB triage calls, newborn calls, labor admissions, and antepartum admissions at both SMH and Meriter/UPH
    - Perform all expectations of DFMCH Residency call, including back-up for GHC, Wildwood, and DFMCH Community groups

~~- Option to co-attend on FMONS (See Appendix C for a draft of criteria)~~

Appendix A: Timeline and Review of Actions Taken (with a focus on changes to call/rounding/compensation)

- 2021-2023 DFMCH Community OB Call group experienced rapid fluctuations in volume (13 to 9), OB Leads met regularly with DFMCH leadership and FMOB faculty to discuss concerns
- 2022 Oct Wildwood requested call support, contract signed
- 2023 Jan-May DFMCH Community focus group discussions, needs assessment, and survey conducted (led by OB Leads); faculty co-created 4 possible call change proposals which were presented to DFMCH leadership
- 2023 August a practice change was made to decrease burden of telephone calls for DFMCH Community physicians (OB triage calls would still be covered by the Primary OB during the day and deferred to the DFMCH Community on-call person overnight)
- 2023 June/Nov DFMCH Leadership presented OB compensation changes to FMOB faculty
- 2024 Jan DFMCH Community reviewed the Aug 2023 call change; consensus that further changes need made to alleviate call burden
- 2024 March DFMCH Leadership led further discussion on the new comp plan and implications for FMOB faculty
- 2024 Oct-Dec FMOB faculty and stakeholder interviews led by Howlett in new role as FMOB Medical Director
- 2025 Jan OB Call workgroup established
- 2025 Jan – May OB Call Workgroup met with stakeholders and reviewed existing data
- 2025 June OB Call Workgroup presented current findings at FMOB Faculty Mtg and facilitated discussions on next steps, including (1) 12hr vs 24hr residency call on weekends, (2) 7-day FMONS service, (3) merged call group, (4) future considerations and suggestions. Implemented Qualtrics survey with (1) vote for the option of a 12-hr residency weekend call (passed), (2) vote for the option of a 24-hr community weekend call (passed but only 1 person chose to pursue this option)
- 2025 Sept OB Call Workgroup presented a proposal to merge call groups at the FMOB Faculty Retreat and solicited feedback
- 2025 Oct OB Call Workgroup presented updated data for the proposed call group merge. Implemented Qualtrics survey for feedback on call group merge
- 2025 June-Dec GHC requested call support, internal discussions and vote held for DFMCH Residency to take non-Primary OB labor admissions; contract in process with UW legal

Appendix B: Proposal Comparisons

	Wildwood (4ppl)	**GHC** (4ppl)	**Current DFMCH Community** (10ppl)	**DFMCH Community Proposal 2, Option 1**	**DFMCH Community Proposal 2, Option 2**
1st call for OB Triage calls <36 wks	DFMCH Residency	GHC Primary OB or GHC on-call	7a-6p Primary OB, 6p-7a DFMCH Community on-call	7a-6p Primary OB, 6p-7a DFMCH Community on-call	DFMCH Residency
1st call for OB Triage calls >36 wks	Wildwood Primary OB	GHC Primary OB or GHC on-call	7a-6p Primary OB, 6p-7a DFMCH Community on-call	7a-6p Primary OB, 6p-7a DFMCH Community on-call	DFMCH Residency
1st call for in-house labor needs	Wildwood Primary OB	GHC Primary OB	DFMCH Community Primary OB	DFMCH Community Primary OB	DFMCH Primary OB
2nd call for in-house labor needs	DFMCH Residency	DFMCH Residency	DFMCH Community on-call	DFMCH Residency	DFMCH Residency
PP/NB Rounding	Wildwood Primary OB (even if DFMCH Res delivers)	Delivering attending (GHC or FMONS)	DFMCH Community OB/NB Rounder	DFMCH Community Primary OB or DFMCH Residency	FMONS
Antepartum admissions	DFMCH Residency	GHC Primary OB or DFMCH Residency (if unavailable)	DFMCH Community Primary OB or on-call (if unavailable)	DFMCH Community Primary OB or DFMCH Residency	DFMCH Residency

	UW Community (10 faculty)

	Current	Option 1	Option 2
Proposal 2 – both options would be implemented in parallel			
7a-6p responsibilities	Clinic, teaching, administrative time, personal time, etc. OBT calls	Clinic, teaching, administrative time, personal time, etc. OBT calls >36wk	Clinic, teaching, administrative time, personal time, etc. ~~FMONS 1 wk/yr~~
Management of labor admission of continuity patient	1st call Primary OB, 2nd call DFMCH Community on call	1st call Primary OB, 2nd call DFMCH Residency	1st call Primary OB, 2nd call DFMCH Residency
Call responsibilities	DFMCH Community - labor mgmt for signed out partners, OBT, antepartum, newborn concerns, DFMCH Residency back-up at Meriter	DFMCH Community OB triage calls >36wk	DFMCH Residency - labor mgmt, OBT, antepartum, newborn concerns, teaching, community partner back-up at Meriter + SMH
Who does PP/NB Rounding?	DFMCH Community OB/NB Rounder	DFMCH Community OB/NB Rounder or FMONS	FMONS
Credentialing needed	Meriter	Meriter	Meriter + SMH (3mo paperwork + 6mo privileges)