



**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

August 5, 2005

Mr. David Whitehead  
Vice President, Planning  
The William W. Backus Hospital  
326 Washington Street  
Norwich, CT 06360

RE: Certificate of Need Determination; Report Number 05-30481-DTR  
Prenatal Service Coordination

Dear Mr. Whitehead:

On March 15, 2005, the Office of Health Care Access ("OHCA") commenced an inquiry into whether The William W. Backus Hospital ("Hospital") may have terminated certain women's health services in the 1990's. On April 11, 2005, OHCA received a response to OHCA's March 15, 2005 inquiry. OHCA requested further information and/or clarification and on July 29, 2005, the Hospital responded to OHCA's request.

Listed below is pertinent information provided to OHCA in this matter:

1. Since at least the early 1980's, the Hospital provided for the coordination of prenatal services for women from the greater Norwich community. For several years, the Hospital provided a setting within the Hospital where pregnant women who had low risk pregnancies, resided in the Hospital's primary catchment area, had incomes less than two times the established poverty level, and were ineligible for other medical coverage, such as state welfare, received coordinated prenatal care.
2. This prenatal service coordination program consisted of a maternal outreach coordinator, a registered nurse, a receptionist and a part-time nurse mid-wife, who saw patients two days a week, to provide prenatal care. The midwife provided services through a purchased service agreement and was not an employee of the Hospital.
3. The services provided by the Hospital were primarily related to the coordination of prenatal services. The obstetrical services themselves were actually provided by two groups of OB/GYN's on staff at the Hospital, but not employed by the Hospital, and services were also provided by the local United Community and Family Services, which is the Norwich Administrator for the Healthy Start Program.
4. Some revenues, expenses and visits associated with these prenatal coordination services may have been recorded on the Hospital's books.

*An Equal Opportunity Employer*

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688  
Fax: (860) 418-7053

5. In the mid 1990's, several instances of adverse outcomes occurred related to poor continuity of care from this prenatal care system. This poor continuity occurred because the patients had their deliveries performed in the Hospital by private physicians who had not seen the patients in their private practice setting during their prenatal care.
6. It was determined in late 1996 that the disassociation of prenatal care provided by a nurse midwife from the delivery and postpartum care provided by an obstetrician was not good medical care, because the obstetrician was placed in the position of handling potentially high risk deliveries without having previously seen the mother. A decision was made at that time, to have the prenatal care provided in the private physicians' office that will be delivering the baby.
7. About the same time that this decision was made, the State of Connecticut expanded the availability of state sponsored insurance, through the Healthy Start program, for the women who previously had qualified by income criteria for the prenatal coordination services provided by the Hospital.
8. United Community and Family Services continues to enroll people in Healthy Start and also helps to coordinate services for these patients, particularly with regard to referrals to Madonna Place and the Young Parents program, which is part of the Youth Service Bureau, in the City of Norwich.
9. Social workers from the Hospital continue to attend to prenatal patients in the private physicians' offices in the course of their prenatal care.
10. The Hospital continues to employ a maternal outreach coordinator. Salary expenses related to a maternal outreach coordinator were previously and continue to be recorded by the Hospital.
11. Although the Hospital did not and does not employ any midwives nor does it have a purchased service agreement, the private OB/GYN practices do now employ midwives.
12. Subsequent to the change that occurred in 1996, coordination of prenatal care continues to be provided by the Hospital. For patients who do not have a preference as to a specific physician, the maternal outreach coordinator will continue to arrange for the patient to be seen in the appropriate private physician's office. The focus of prenatal care is coordinated through the Hospital's maternal outreach coordinator directly with the OB/GYN practices in the area to provide a continuum of maternity care for those patients.
13. The Hospital never employed obstetricians as part of women's care services. The private OB/GYN practices were and are legally liable for all maternal services which they provide. There are no professional services being provided by the Hospital. Both prior to the change in 1996 and subsequent to the change, private obstetricians billed for their own professional services.
14. Based on the direct referrals to the Hospital's prenatal care coordination service, there has been no shift in patient demographics as a result of this change in focus of prenatal care that occurred in 1996.

15. There has been no change in affiliation, relationship or ownership of services related to the change that occurred in 1996. There has been no change in Board membership or structure due to the change.

Based on the above information provided to OHCA, OHCA determines that the Hospital had not terminated a health care service as the coordination of prenatal services was provided by the Hospital both prior to and subsequent to the change that occurred in 1996, the Hospital's obstetrical staff provided the delivery services for the women seen in this prenatal care setting both prior to and subsequent to the change that occurred in 1996 and these obstetrical physicians have never been employees of the Hospital. Therefore CON authorization is not required pursuant to Section 19a-638(a)(3), C.G.S. as the Hospital did not terminate a health service.

Thank you for the Hospital's cooperation in this inquiry. Please contact Karen Roberts, Compliance Officer, if you have any questions regarding the above.

Sincerely,

Signed by Cristine A. Vogel  
Commissioner

CAV:kr