Jeffrey Hall

Jeffrey W. Hall, MD, FAAFP, has served as an assistant professor with the University of South Carolina School of Medicine since 2008. He directs the Department of Family and Preventive Medicine's maternity care curriculum and supervises several of the school's global health projects, including the M-4 student international electives, the travel health clinic and the Global Health Fellowship program.

Dr. Hall holds a certificate of knowledge in clinical tropical medicine from the American Society for Tropical Medicine and Hygiene and a certificate in travel health from the International Society of Travel Medicine. He has spent time living and working in Latin America, Asia, Africa, Europe and the United States.

Hall received his medical degree from the University of Florida College of Medicine and completed his residency in family medicine at St. Anthony Hospital in Oklahoma City in 2003.

Prenatalist Family Physicians in 2025: Improving South Carolina Prenatal Access Through a Shared Care Model

Jeffrey W. Hall, MD

Clinical Professor of Family and Preventive Medicine

University of South Carolina School of Medicine

& Prisma Health

South Carolina Birth Outcomes Initiative Symposium
Brookland Banquet & Conference,
1066 Sunset Boulevard, West Columbia, SC 29169
22 October, 2025

- Review of what a “Prenatalist”clinician is
- Updates from 2025
- Steps forward

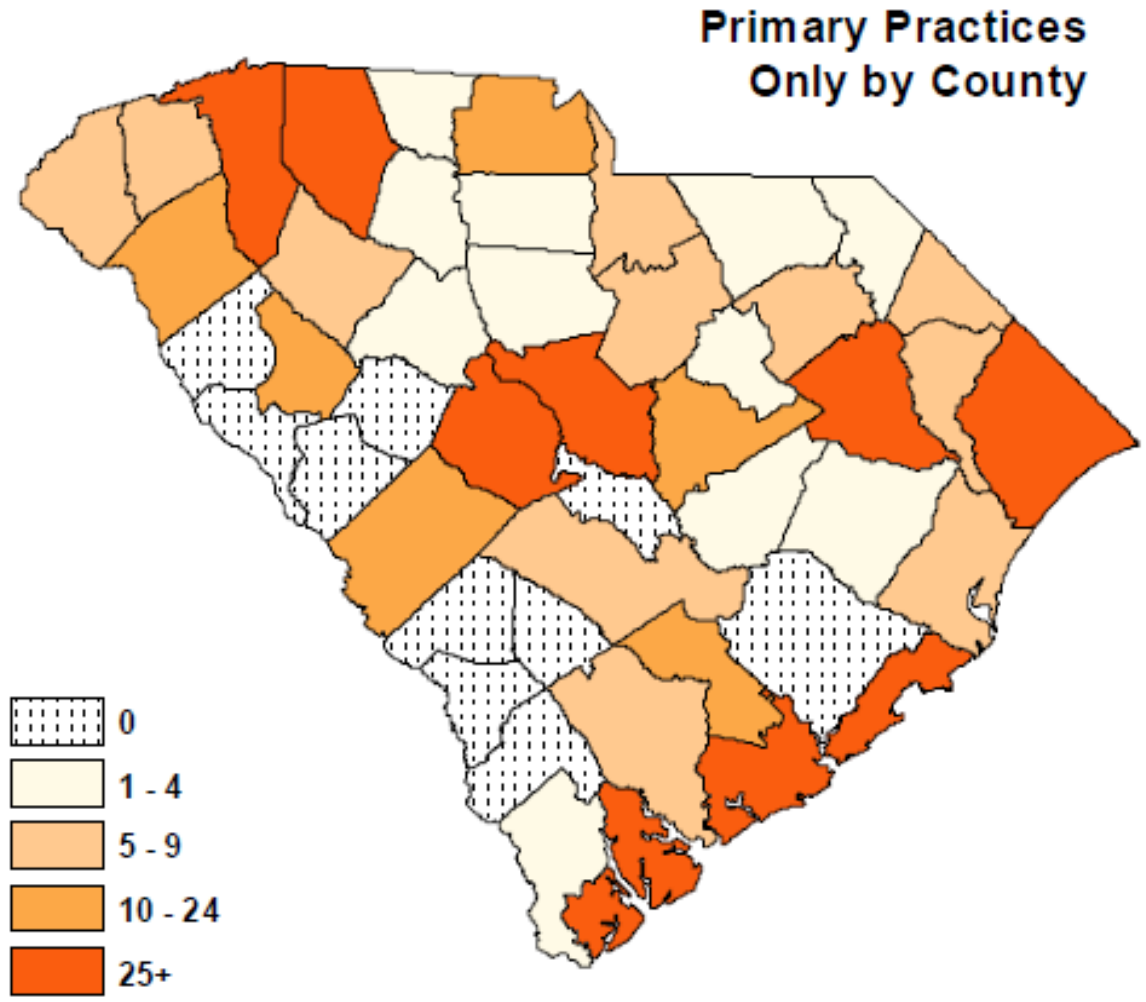
Review

- “Prenatalist” – a physician who provides prenatal maternity care but does not provide intrapartum/labor care.

What for?

- Rural Access to Prenatal Care is a stubborn problem

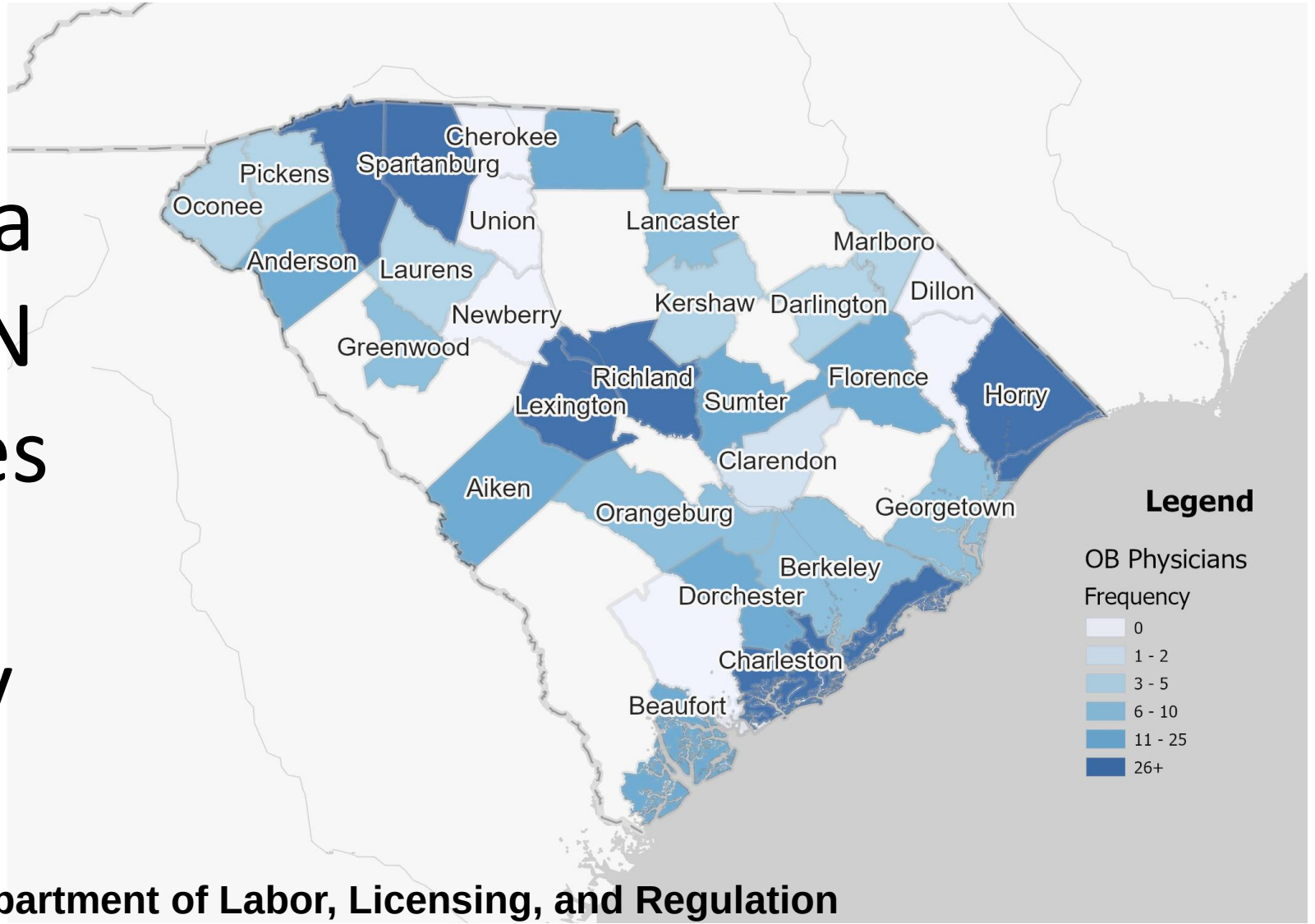
South Carolina OB/GYN Practices by County



PRMM
Division of Policy and Research on Medicaid and Medicare
Institute for Families in Society | University of South Carolina
Map created July 2013.

Sources: SC MMIS, December 2012; Maximus, March 2013

South Carolina OB/GYN Practices by County



Data from SC Department of Labor, Licensing, and Regulation
South Carolina Center for Rural & Primary Healthcare

What for?

- Rural Access to Prenatal Care is a stubborn problem
- Significant part of the access issue is economically driven
  - Most OB-GYN's need 120 -150 deliveries per year
  - Tough lifestyle if you are the only delivering doc in the county.

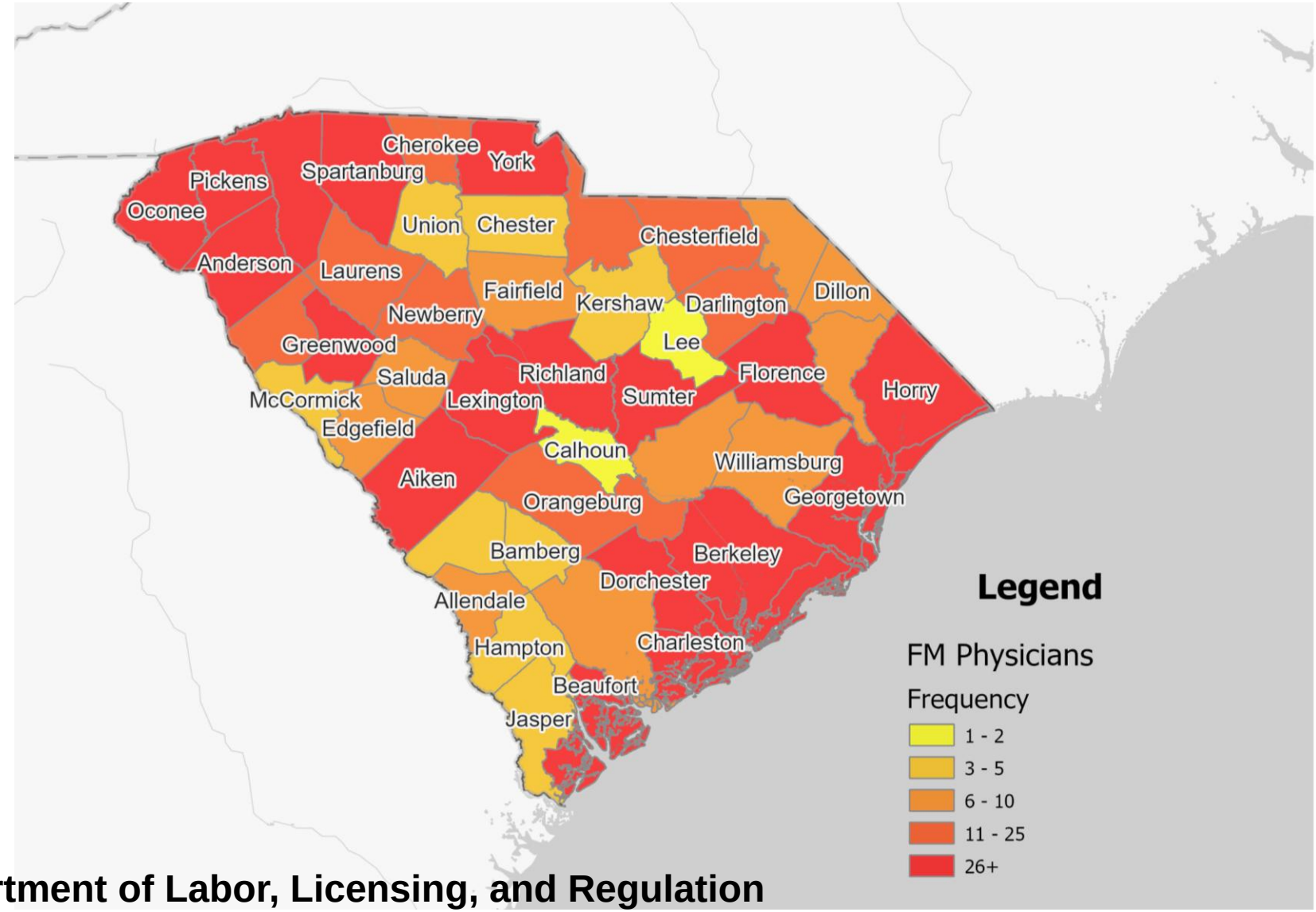
D H E C PROMOTE PROTECT PROSPER	Live Births For South Carolina Residents			P H S I S PROMOTE PROTECT PROSPER	
Multiple Counties					
Year					
	2010	2011	2012	2021	2024
Region	Frequency	Frequency	Frequency		
Allendale	126	118	95	63	75
Bamberg	179	164	152	134	120
Barnwell	283	304	320	245	247
Hampton	263	212	230	193	202
Saluda	249	252	262	235	263
McCormick	75	53	55	63	64
Abbeville	251	278	253	222	216
Edgefield	166	157	205	176	238
Newberry	455	443	410	416	418
Richland	4871	4920	4779	4598	4425
Lexington	3400	3255	3232	3389	3318
Charleston	4845	4753	4685	5033	4965
Spartanburg	3680	3541	3582	3875	4107
Total	18843	18450	18260		

- http://scangis.dhec.sc.gov/scan/pregnancy/input.aspx Created 1 June 2014
- 2021 Data from SC Community Assessment Network (SCAN)
- South Carolina Center for Rural & Primary Healthcare
- 2024 data from Ranking of South Carolina Counties By Number of Births in 2024

What for?

- Rural Access to Prenatal Care is a stubborn problem
- Part of the access issue is economically driven
  - Most OB-GYN's need 120 -150 deliveries per year
  - Tough lifestyle if you are the only delivering doc in the county.
  - Midwives might be viable at lower delivery volumes,
    - But still need a sustainable practice and delivering hospital.
  - FM physicians with Obstetrics?
    - Viable at lower volumes, but these MD's are rarer than I would like.

South Carolina FM Practices by County



Data from SC Department of Labor, Licensing, and Regulation
South Carolina Center for Rural & Primary Healthcare

Prenatalist

- Prenatal care would be done in consultation with a physician or physician group that would plan to deliver the patient
  - Delivering physicians could have ***selected*** office or tele-visits with patients
    - End of first trimester? End of second trimester?
    - Weekly after 36 weeks? Trimesterly

Advantages of Prenatalist Care

- To the Prenatalist clinician
- To the Laborist clinician
- To the patient

Practical Barriers to Prenatalist care

- Revenue Sharing:
  - Dividing revenue between Prenatalist and Laborist
- Malpractice coverage:
  - Low-cost coverage for low-risk prenatal care
- Networks of Care:
  - Building confident relationships between prenatalists and delivering physicians

Updates on Barriers

- Revenue Sharing in 2025:
  - Straightforward with SC Medicaid since payments are not bundled
  - Global payers are trickier
- Malpractice in 2025:
  - Some insurers include prenatal care only up to 28 weeks
  - Half empty or half full?
  - FQHCs do NOT seem to have this problem

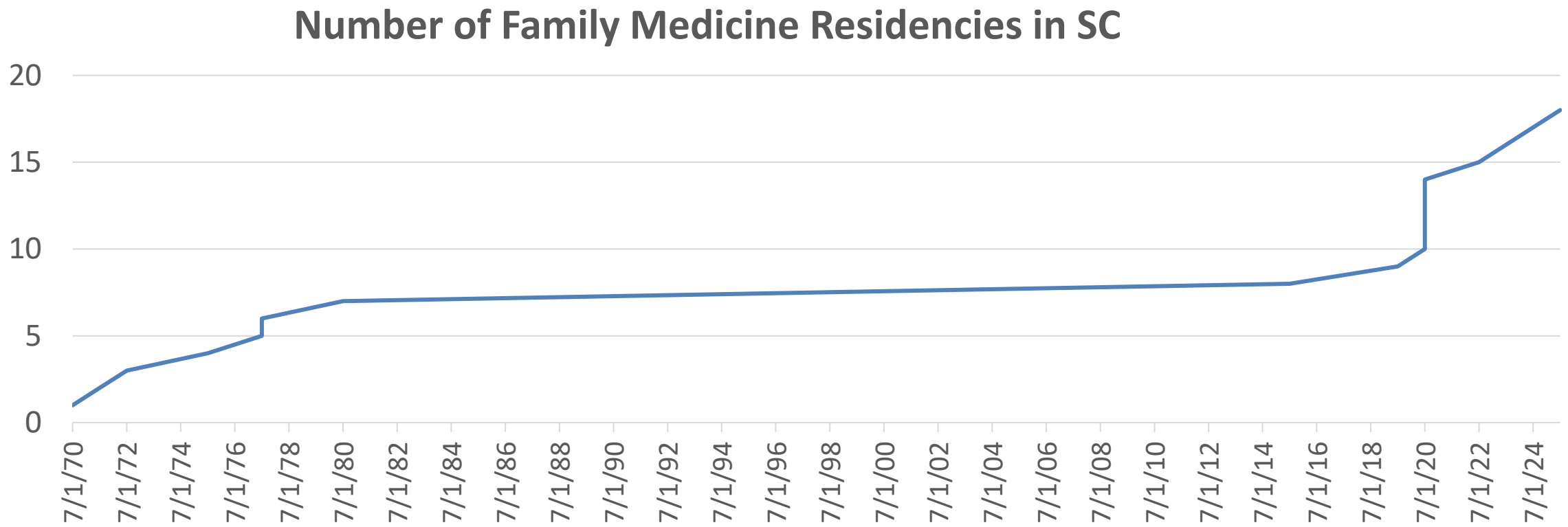
Updates on Barriers

- Networks of Care in 2025
  - Informal Survey
    - 3 practices in SC currently doing some variation of this
    - 1 FQHC that used to use this model, but no longer does
    - 1 effort to start that was thwarted (local ER?)

Common Themes from Networks of care

- FQHC model has few barriers to prenatalist care
- Family Medicine Residencies can play the “laborist” role
  - FMRs need obstetrical patients for training
  - FMRs have a natural affinity for connecting with rural FM physicians
  - Builds the concept into a new generation of doctors
  - FMRs will have established procedures for operative delivery or higher risk care.
  - There are many new FMRs now.

FM Rural Residencies



Steps forward: what if you want to do this?

If you are a:	Short – term steps	Medium-term steps
Clinician wanting to do this:		
Senior leader in a health care company		
Health care researcher		
Policy Wonk		
Social Advocacy Pro		

Summary

- What a “Prenatalist” clinician is
- 2025 update
- Steps forward