Maternal Health Leadership Council Meeting

August 25, 2020
3:30 - 5:00 PM

Agenda

3:30 – 3:40 **Roll call, review agenda and approve minutes**

3:40 – 3:45 **Review the Terms of Reference**

3:45 – 4:05 **Overview of the Alliance for Innovation on Maternal Health (AIM)**

4:05 – 4:10 **DPHHS updates on PQC, MMRIA and MMRC**

4:10 – 4:40 **Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis**

- (20 minutes) Breakout groups according to top barriers to best prenatal/postpartum care
- (10 minutes) Report out from breakouts and full council discussion

4:40 – 4:45 **Review council page on website, process for meetings**

4:45 – 4:50 **Schedule for reports from demonstration project to council**

4:50 – 4:55 **September – finalize strategic plan and training on implementation science**

4:55 - 5:00 **Public comment**

Meeting materials

- Agenda
- Roster
- Minutes
- Draft Terms of Reference
- AIM presentation
- Needs Assessment Preliminary Results
- SWOT worksheets

Future agenda topics:

- Update on needs assessments
- Updates on PQC, MMRIA and MMRC
- Public education plan

Maternal Health Leadership Council

Meeting Minutes : July 28, 2020 : 3:30-5:00 PM : Location: Zoom only

Members Present

Chair, Dr. Tersh McCracken, MOMS Medical Director & OB/GYN with Billings Clinic
Ann Buss, Title V Director/Maternal & Child Health Supervisor at DPHHS
Dr. Drew Malany, OB/GYN at Women's Health Care Center, PLLC and Chair of Montana American College of Obstetrics & Gynecology (ACOG)
Dr. Bardett Fausett, Maternal Fetal Medicine Specialist and President/Medical Director at Origin Health
Karen Cantrell, American Indian Health Director at DPHHS
Lisa Troyer, Wellness Consultant at PacificSource
Sarabeth Upson in lieu of **Mary LeMieux,** Member Health Management Bureau Chief at Medicaid and Perinatal Behavioral Health/Meadowlark Initiative Project Director
Janie Quilici, LAC, LSWC, Perinatal Behavioral Health Counselor at Community Physicians Group
Jude McTaggart, Certified Nurse Midwife at Northeast Montana Health Services
Olivia Riutta (for Cindy Stergar), Outreach & Engagement Manager at Montana Primary Care Association
Vicki Birkeland, Nursing Director, Women's Services at SCL Health-St. Vincent Healthcare and Chair of the Montana Perinatal Quality Collaborative
Brie Oliver, Executive Director of Healthy Mothers, Healthy Babies
Dr. Christina Marchion, Family Medicine/OB at Central Montana Medical Center

Members Absent

Judge Mary Jane Knisely, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)
Kristen Rogers, Family & Community Health Bureau Chief at DPHHS
Tami Schoen, WIC, CPA at Hill County Public Health Department
Dina Kuchynka, Maternal & Newborn Health Manager at SCL Health – Holy Rosary
Dr Malcom Horn, Medical Director at Blue Cross Blue Shield of Montana
Dr. Rob Kurtzman, Chief Medical Examiner for the State of Montana
Dr. Tim Wetherill, Medical Director at Blue Cross Blue Shield of Montana

Program Staff Present

Amanda Eby, MOMS Program Specialist at DPHHS
Brenna Richardson, Program Assistant at DPHHS
Stephanie Fitch, Program Coordinator for MOMS at Billings Clinic
Dianna Linder, Director of Grants and Program Development at Billings Clinic
Annie Glover, Lead Evaluator of MOMS at the University of Montana

Welcome and introductions

Dr. Tersh McCracken opened the meeting and lead roll call, as well as reviewed the agenda and minutes approval. Dr. Christina Marchion motioned to approve the minutes and all approved.

Discuss the Terms of Reference

Amanda Eby presented the draft Terms of Reference, which came from a template given to her by the University of North Carolina's Maternal Health Learning and Innovation Center (MHLIC). Amanda adapted the document to the specific needs of the MOMS Program. Membership Terms were discussed, and there was consensus that the Leadership Council should continue past the MOMS program. They decided on a two-year term, with the possibility of two extensions, with a maximum of six years. The Council would like to see some carry over members for continuity. The Council would like to see a Membership Committee and/or subcommittee created. All members agreed. It was discussed and decided that the Chair and Vice Chair Terms should renew bi-annually, or in even years, in June. It was also agreed that attendance expectations were no more than three unexcused absences, anything more than that would result in being excused from the committee. Attendance via Zoom is acceptable. Amanda agreed to check into Public Meeting Laws and requirements for the council to provide a public forum.

Key Comments and Concerns:

"Sectors that should be involved and we forgot to include and a good example of that is the Montana Hospital Association"

"Partners that we just don't know that are not at the table yet."

Updates on Year Two Roll-Out Plans

Stephanie Fitch presented the year two roll-out plan for Billings Clinic. Stephanie stated since the last council meeting it was decided to organize in terms of four primary areas: assess, train, support and integrate. The focus will be on facility assessments and staffing needs for rural communities. The simulation-in-motion (SIM) trainings will continue going into year two. These are currently up and running but have had some hurdles with the current Covid-19 pandemic. Additionally for year two, Stephanie is working on a "train-the-trainer" program through the American College of Obstetrics and Gynecology (ACOG)'s Emergencies in Clinical Obstetrics (ECO) program and will continue to scout out locations and hosts that are interested in providing trainers for the program. Some of the certifications to be offered include, Neonatal Resuscitation Program (NRP), Electronic Fetal Monitoring (EFM) and perinatal mental health. Project ECHO sessions will continue twice monthly through year two which offer support and great feedback and participation. Stephanie discussed how the two-year plan includes integration of the Perinatal Medication Assisted Treatment (MAT) programs in Yellowstone County and Wolf Point which will bring services in collaboration with mental health providers and other substances use treatment programs to rural Montana. Telehealth and outreach program needs are still being identified in the rural communities.

Annie Glover presented the year two roll-out plan for the University of Montana. There are several different studies currently going on to understand how obstetricians have transitioned to telemedicine during Covid-19. The University of Montana is working on a study of health disparities and pregnancy risk factors of prenatal care utilization and birth outcomes. They are also looking at severe maternal

morbidity using the hospital discharge data and will be doing an annual epidemiological report. Moving forward, in year two, starting in May (around Mother's Day) and then subsequent years of the grant the University of Montana will be releasing a longer report that pulls data from different sources to provide a snapshot of maternal health in Montana. Ongoing evaluation reports on the efficacy of simulation trainings, as well as the ECHO clinics in rural Montana are also being done. Annie's team is currently looking for obstetric physician participants for the telehealth study to see how care practices moved to telemedicine during Covid-19.

Update on Needs Assessments:

Dianna Linder provided an update on the needs assessments for Billings Clinic which will be repeated each year. The needs assessment, like a lot of activities that started at the same time as Covid-19, didn't' see the desired number of participants as hoped. Billings Clinic supplemented with a Survey Monkey type needs assessment with key informants. Dianna reiterated what Stephanie had mentioned previously, that the assessment focuses on training, support and integration. The assessment survey asked people to identify the most significant barriers to prenatal care. The responses listed in priority order include lack of treatment options for substance use disorders, lack of patient transportation for care or distance to care, lack of providers to treat depressive and mental health problems and domestic factors. Additionally, the survey asked respondents what the single most unaddressed issue that would improve maternal mortality and morbidity statistics and the answers heavily centered around mental/behavioral healthcare and addiction services. The needs assessment also includes questions about future ECHO session topics and what needs to be done to address virtual patient care in the rural communities of Montana. An area of opportunity is to coordinate with existing programs and services.

Blair Lund presented on behalf of DPHHS and Title V/Maternal and Child Health Block Grant and explained that Montana receives approximately $2.3 million a year for block grant funding which is all federal funds administered through the Health Resources and Services Administration. Blair provided an explanation of how the MOMS grant came about by narrowing down to maternal needs. Montana's "boots on the grounds" are the county public health departments so it's important to understand where they have capacity and they can have the greatest impact. Smaller meetings were held to discuss the top priority for women's health, which included maternal mental health, well women visit and postpartum depression. In September, DPHHS contracted with the University of Montana's Rural Institute for Inclusive Communities to help finish with surveys of organizations across the state and key informant interviews, contractors and subject matter experts. It is recognized across the board that there is a need for more frequent screening and non-stigmatized services to address postpartum depression. The overall state needs assessment is completed every five years and the goal was to be able to compare backwards for changes and trends, but also to create a learning opportunity for future changes and improvements. DPHHS wanted to identify the unmet health needs and subsequently was charged with coming up with a priority to address these needs.

Key Comments and Concerns:

"Raise level of awareness, form more of a perinatal community."

"Reliable distribution list"

"Network of communities and integration with state programs and communities."
"Platform and voices for decisions made at the state level."

DPHHS updates on PQC, MMRIA and MMRC

Amanda Eby presented updates on the Perinatal Quality Collaborative (PQC), Maternal Mortality Information Application (MMRIA) and Maternal Mortality Review Committee (MMRC). Amanda started with an update on the Montana Perinatal Quality Collaborative group that currently includes Benefis, Billings Clinic, Community Medical Center, Kalispell Regional Medical Center and St. Vincent's. At the last PQC meeting Brie Oliver gave a Healthy Mothers Healthy Babies presentation on the new Safe Sleep 2020 campaign. Stephanie and Amanda gave a presentation on the MOMS Program for the PQC members. The MOMS program is committed to the success of the PQC. Logistics are currently being worked out to provide administrative support to the PQC so the MOMS program and other entities like the MMRC can work together to help Montana become an Alliance for Innovation in Maternal Health (AIM) state. AIM will be discussed in greater details in future meetings. MMRIA is the database platform created by the Centers for Disease Control (CDC). DPHHS epidemiologist and data analyst recently created a new database that is being tested now and will be used to store, analyze and report the historical data prior to launching Montana's MMRIA site. Amanda recently met with Oklahoma's maternal mortality review team and learned about the MMRIA trainings to help prepare our staff. DPHHS is currently in discussions with Utah about joining their regional Maternal Mortality Review Committee they have already established in partnership with Wyoming. Discussions with Idaho are also in progress, about joining the regional committee. This regional approach is preferred by the CDC.

Vicki Birkeland commented about having great data from a perinatal collaborative perspective and asked how it can be taken back to the PQC to make specific decisions around the next steps statewide. Vicki asked which aspect to start with for the AIM bundles and what data is available to help provide decision making around which bundles. Dr. Tersh McCracken stated one approach to the AIM bundles is to wait for the data to drive which one to pick. He suggested the Council look at the bundles and pick an easy one to work on first and move to more data-driven bundles later.

Review Council Page on Website ask for feedback and plan next steps

This topic was not covered due to lack of time.

Public comment

No public attendance or comments.

Review Meeting Process and Next Steps

Dr. Tersh McCracken and Amanda thanked everyone for their attendance and contributions to the committee. The next meeting was confirmed for August 25, 2020, 3:30-5:00.

Meeting adjourned at 5:19.

Maternal Health Leadership Council Members

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July 24, 2020

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July 24, 2020

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July 24, 2020

LEADERSHIP COUNCIL TERMS OF REFERENCE
8/12/20

This document sets forth the guiding policies and procedures for which the council will operate.

Membership Term: Two-year term to allow for a check in on commitment approximately halfway through the life of the program, with two possible re-appointments for a maximum term of six years. Appointments will occur bi-annually in June .

Other interested parties: Appointed, voting members will not exceed 19, discussion and comments from the public will be invited at the end of every meeting. Other representatives beyond the 19 council members may serve on subcommittees for specific work.

Chair and Vice-Chair Terms: The chair and vice-chair will serve a two-year term but may seek re-election in June bi-annually. These leadership positions are determined through a roll call vote during the meeting or via email to the DPHHS Program Contact. DPHHS staff, the Title V Director and Family and Community Health (FCHB) Bureau Chief will not serve in leadership positions nor are they allowed to vote

Chair and Vice-Chair Roles and Responsibilities: The council chair and vice-chair collaborate with program staff leads to develop meeting agendas and materials as well as the overall strategic plans for council initiatives. The chair facilitates council meetings with program staff. The vice-chair supports the chair as needed and serves in his/her absence to facilitate meetings.

Proxies: A proxy with voting privileges must be designated and submitted in writing to the department and council leadership by the council member in advance of sending the proxy in his or her place. Proxy attendance does not count toward the council member's attendance requirement.

Attendance Expectation: Members will be excused from the committee after three consecutive unexcused absences from meetings. Regular meeting attendance is important to understanding MOMS program activities and challenges to implementation to be able to advise and provide helpful input to program staff.

Meeting Schedule: Meetings occur the fourth Tuesday of every month, 3:30-5:00 PM. Program staff will provide at least one-week notice if a meeting will need to be extended to 5:30. Rescheduling meetings due to holidays or conflicts will be determined by council leadership and program staff and they will notify members at least one-week in advance.

Meeting Location: While social distancing requirements are enforced by the State of Montana due to the COVID-19 pandemic, meetings will be held via zoom using the following information:

https://mt-gov.zoom.us/j/91224192994?pwd=d1RTaENYczdLVXMra0FJNGhwM2JPUT09
Meeting ID: 912 2419 2994
Password: 201080
Dial by Telephone
+1 646 558 8656

When in-person meetings are possible, the council will meet in person quarterly. The first meeting in-person meeting will be in the basement conference room of the State of Montana USFG building at 1625 11th Avenue

in Helena, Montana. Subsequent in-person meetings can potentially rotate locations between Missoula, Bozeman, Billings or other appropriate cities, as determined by the council.

Voting: All council members can vote except potential ad hoc members such as legislative representatives and DPHHS staff. Voting will be conducted using a verbal roll call vote during the meeting or via email to the DPHHS Contact. Decision-making consensus requires a quorum of at least 50% of the council members.

Frequency of Review of Terms of Reference: This document will be reviewed and approved via council vote bi-annually unless council leadership or program staff determine a need for additional review.

Linking Communication Protocols:

- The council will determine a schedule for reports from Billings Clinic, University of Montana, the DPHHS Meadowlark Initiative, DPHHS – Maternal Mortality Information Application (MMRIA), Maternal Mortality Review Committee (MMRC), Perinatal Quality Collaborative (PQC); and other reports as requested.
- Resources available to the council:
    - Information and updates on MOMS program activities are on the website at www.mtmoms.org.
    - The council's meeting notices, agendas, minutes, materials and other resources can be found here: https://www.mtmoms.org/moms-leadership-council/.
- MOMS program staff at DPHHS will email council members the meeting information and materials the week prior to each meeting.

Purpose of the council: The council serves in an advisory capacity to DPHHS program staff to guide on program implementation.

Deliverables/Outputs:

- Strategic plan based on identified gaps in care in the Title V and MOMS Needs Assessments
- Advice on communications campaign plan
- Feedback on MOMS program activities
- Maintain consistent collaboration among all interrelated entities focused on perinatal and maternal health (MMRIA, MMRC, PQC, HMHB, Safe Sleep, Title V, etc.)
- Other items that may be identified by the Leadership Committee or HRSA required

SENIOR LEADERSHIP SIGNATURE APPROVAL

Printed Name	Signature	Date
Dr. Clayton "Tersh" McCracken		

Alliance for Innovation on Maternal Health (AIM):

Maternal Mortality Support to States

HRSA Maternal & Child Health

ACOG The American College of Obstetricians and Gynecologists

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
safe health care for every woman

AIM

- The Alliance for Innovation on Maternal Health (AIM) is a **national data-driven maternal safety and quality improvement initiative**
- Based on proven implementation approaches to improving maternal safety and outcomes in the U.S
- End goal is to eliminate preventable maternal mortality and severe morbidity across the United States.
- Funded by a grant from HRSA

AIM Partners 2019

AIM's Goal

Reduce maternal deaths and severe maternal morbidity

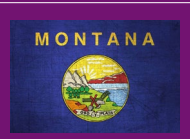
By

- Promoting safe maternal care for every U.S. birth.
- Engaging multidisciplinary partners at the national, state and hospital levels.
- Developing and implementing evidence-based maternal safety bundles.
- Utilizing data-driven quality improvement strategies.
- Aligning existing safety efforts and developing/ collecting resources.

AIM Works at the National, State, and Facility Level

National Public Health and Professional Organizations

- Engage/coordinate national partners and resources
- Develop QI tools
- Support multi-state data platform
- Support inter-state collaboration



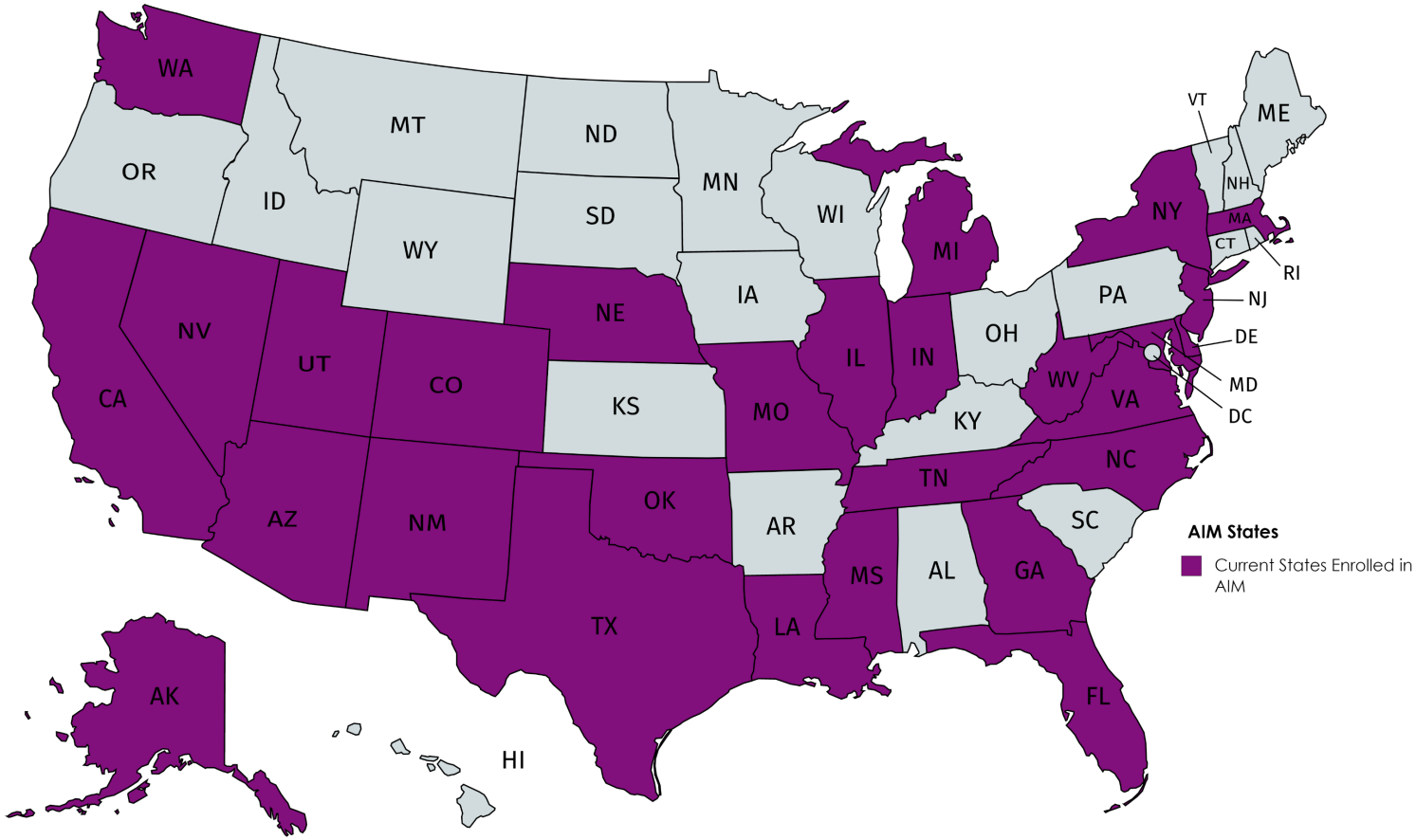
Perinatal Collaborative, Department of Public Health, Hospital Assoc., Professional Groups

- Support/coordinate hospital efforts
- Share tools, resources, and best practices
- Use state data for outcome metrics
- Share and interpret progress

Hospitals, Providers, Nurses, Offices, and Patients

- Create QI team
- Implement bundles
- Share best practices
- Collect structure and process metrics
- Review progress

Current AIM States



Maternal Safety Bundles

- Maternal VTE
- Obstetric Care for Women with Opioid Use Disorder
- Severe Hypertension in Pregnancy
- Obstetric Hemorrhage
- Postpartum Basics: From Maternity to Well-Woman Care
- Safe Reduction of Primary Cesarean Birth
- Postpartum Basics: From Birth to Postpartum Visit
- Reduction of Peripartum Racial/Ethnic Disparities

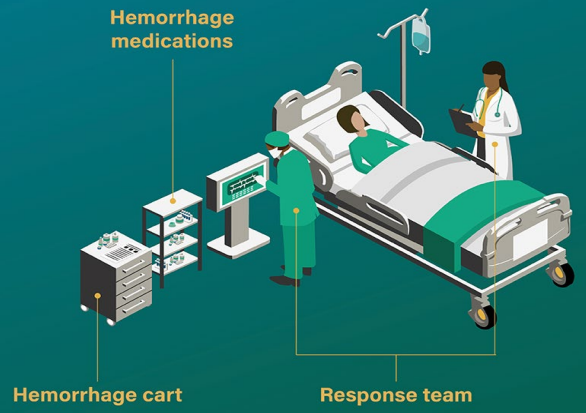
Maternal Safety Bundles

Available at

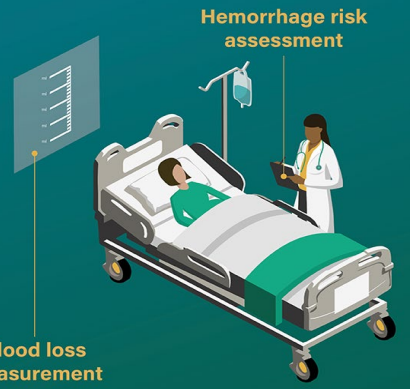
safehealthcareforeverywoman.org/aim-program

AIM Obstetric Hemorrhage
Maternal Safety Bundle

READINESS (1 of 4)



RECOGNITION & PREVENTION (2 of 4)



RESPONSE (3 of 4)

REPORTING/SYSTEMS LEARNING (4 of 4)

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM

Maternal Venous Thromboebolism Prevention

READINESS

Every Unit

- Use a standardized thromboembolism risk assessment tool for VTE during:
  - Outpatient prenatal care
  - Antepartum hospitalization
  - Hospitalization after cesarean or vaginal deliveries
  - Postpartum period (up to 6 weeks after delivery)

RECOGNITION & PREVENTION

Every Patient

- Apply standardized tool to all patients to assess VTE risk at time points designated under "Readiness"
- Apply standardized tool to identify appropriate patients for thromboprophylax
- Provide patient education
- Provide all healthcare providers education regarding risk assessment tools and recommended thromboprophylaxis

Maternal Venous Thromboebolism Prevention

RESPONSE

Every Unit

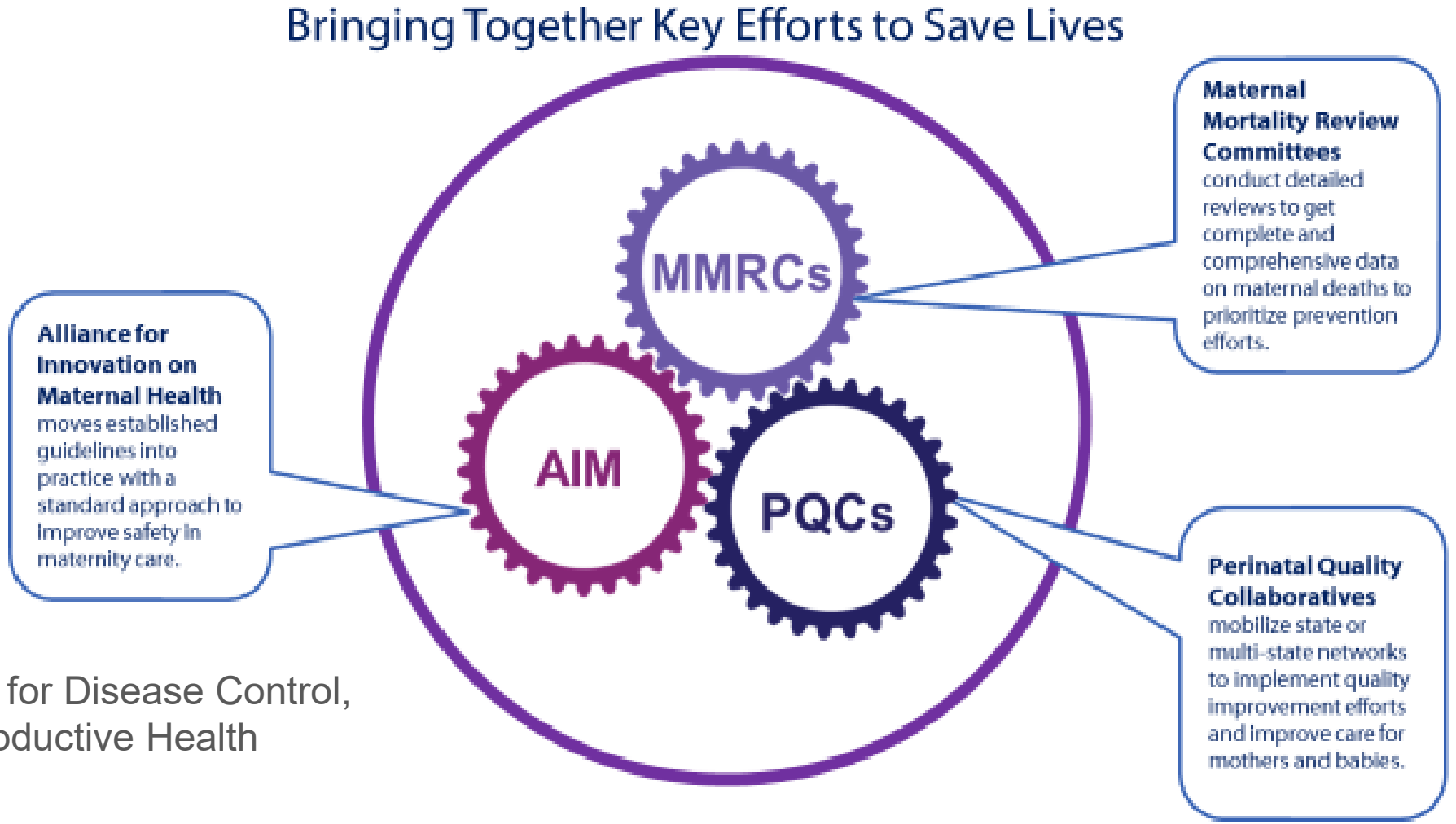
- Use standardized recommendations for mechanical thromboprophylaxis
- Use standardized recommendations for dosing of prophylactic and therapeutic pharmacologic anticoagulation
- Use standardized recommendations for appropriate timing of pharmacologic prophylaxis with neuraxial anesthesia

REPORTING/SYSTEMS LEARNING

Every Unit

- Review all thromboembolism events for systems issues and compliance with protocols
- Monitor process metrics and outcomes in a standardized fashion
- Assess for complications of pharmacologic thromboprophylaxis

Partnership and Coordination

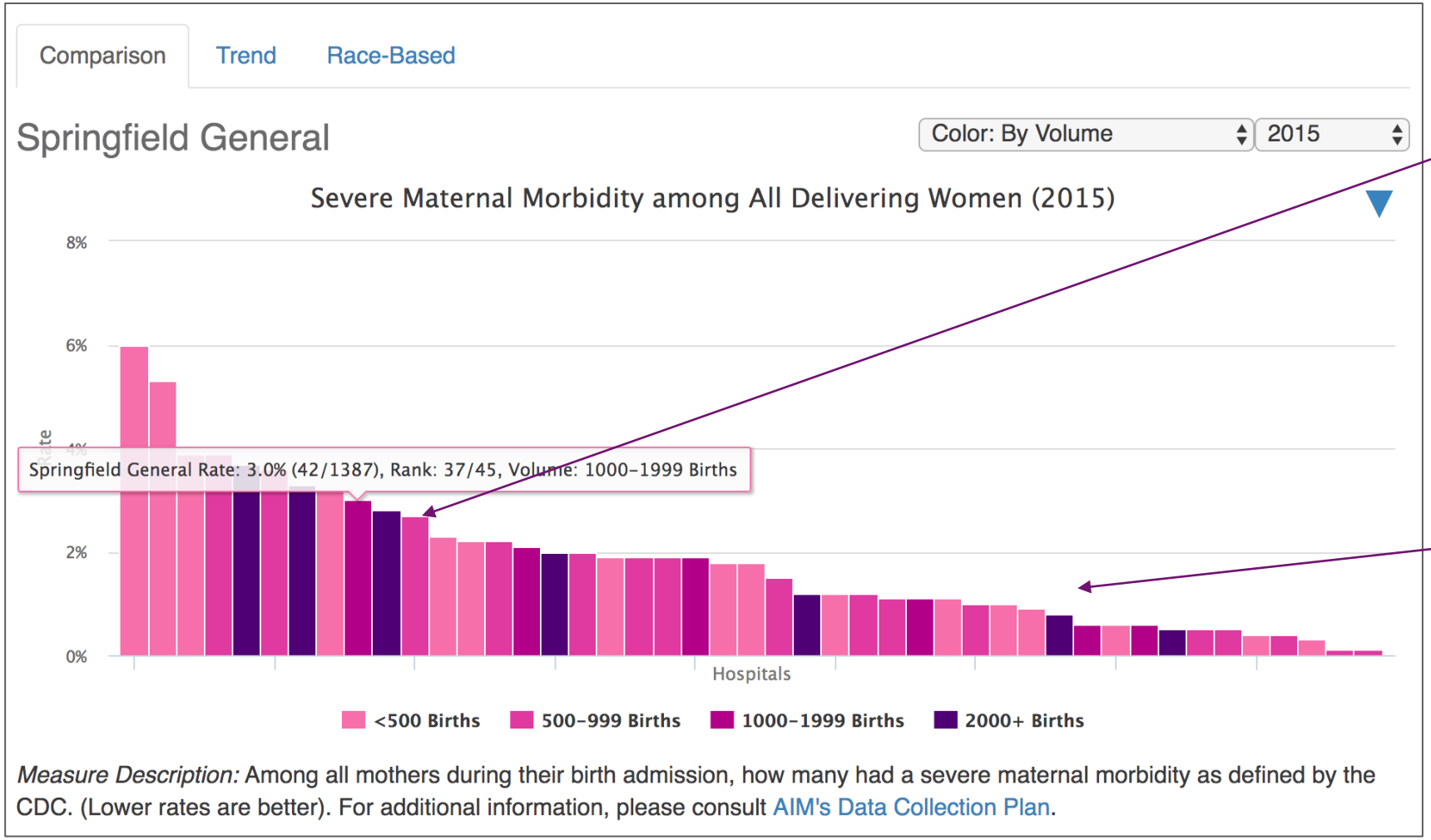


Source: Centers for Disease Control, Division of Reproductive Health

Requirements for AIM Enrollment

- Maternal Mortality Review Committee
- Ability to collect data
- A state-based multidisciplinary coordinating body/ PQC

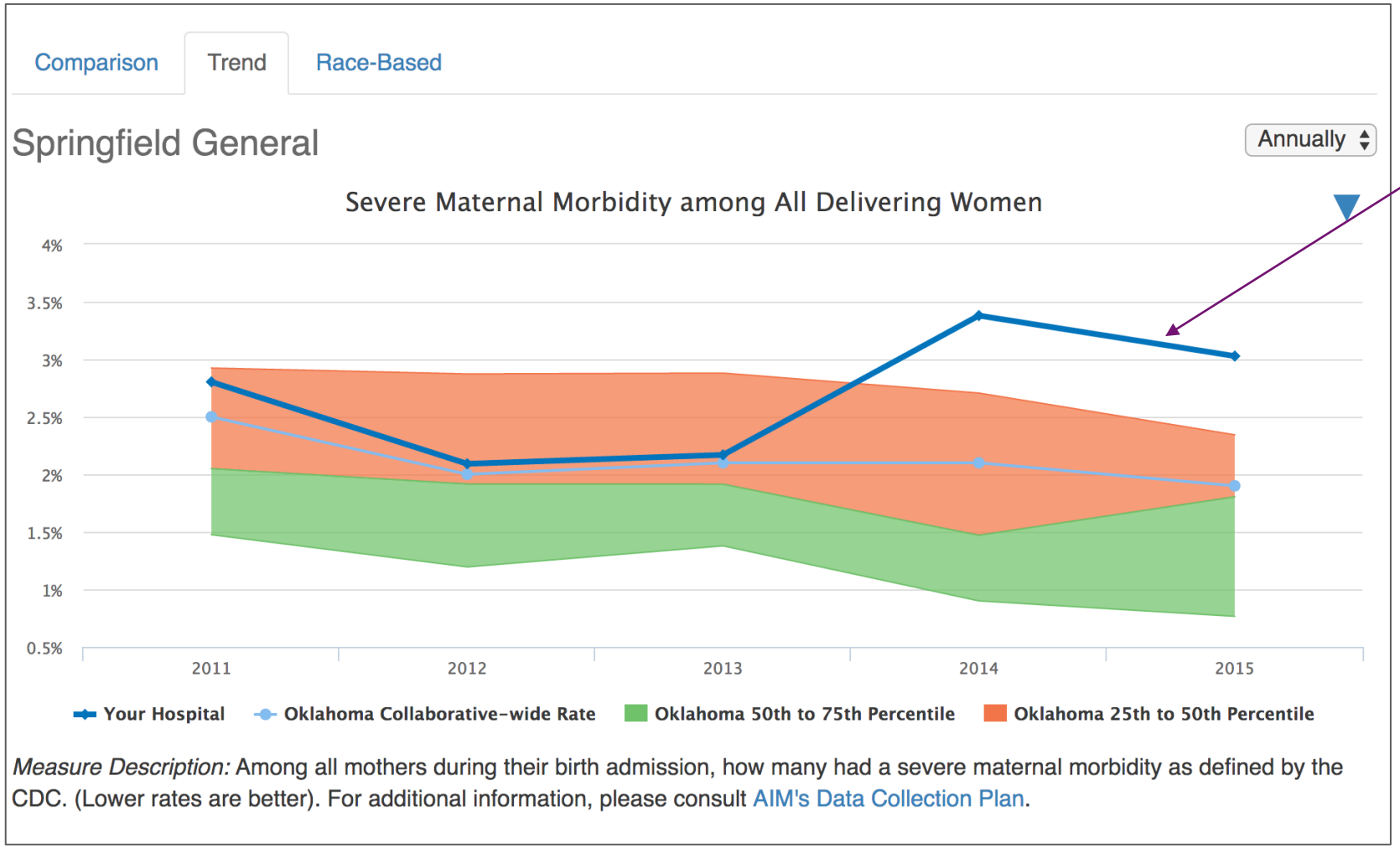
Measure Comparison



Bar per hospital; your hospital is flagged

Can customize strata (color), time period, download

Measure Trend



Trend for your hospital, collaborative

Can customize the frequency, download

How Does AIM Work?

1. **Connect** with your state's leading perinatal coordinating body
2. **Conduct** an environmental scan of causes of maternal mortality and severe maternal morbidity in your state
3. **Learn** about AIM-supported patient safety bundles and tools that fit your needs
4. **Complete** the AIM enrollment form
5. **Distribute** and complete the AIM baseline survey for hospital engagement
6. **Begin** implementation and data benchmarking

Resources

- More About AIM
  - https://safehealthcareforeverywoman.org/aim-program/
- Safety Bundles
  - https://safehealthcareforeverywoman.org/patient-safety-bundles/#tab-maternal

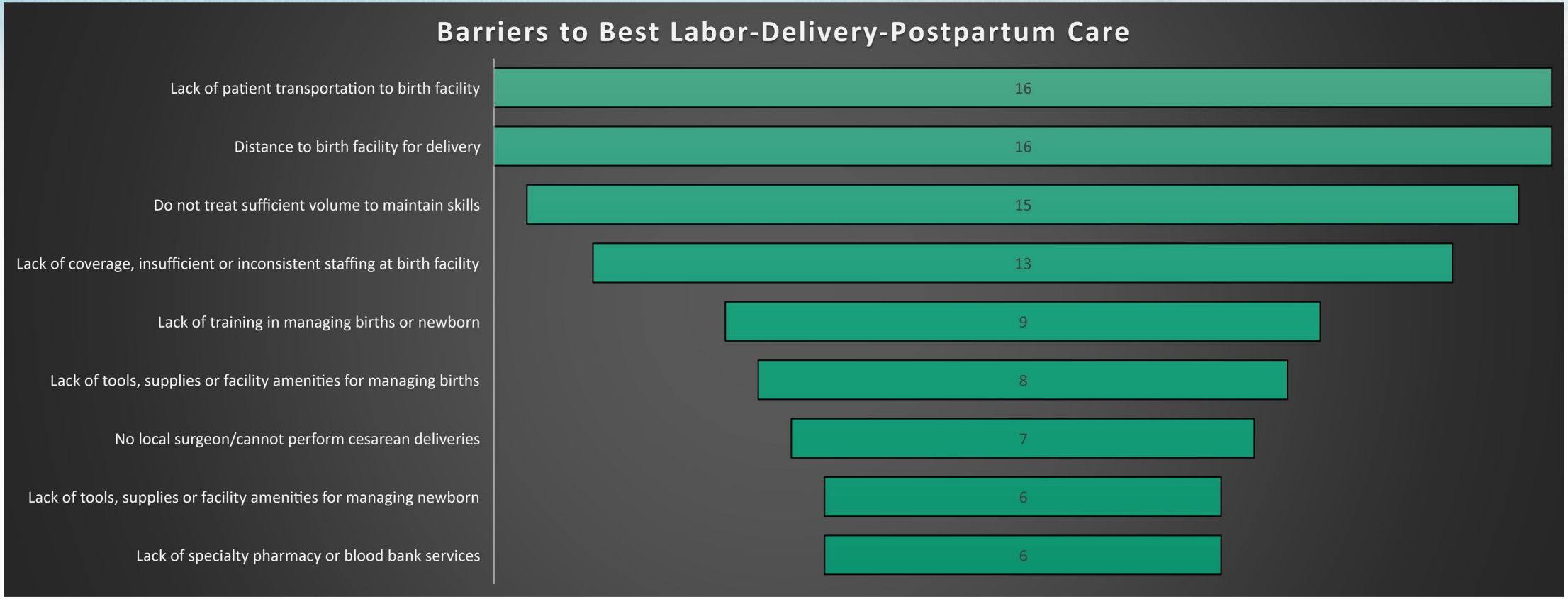
Q3: Barriers to Best Prenatal Care (n=40, 37 answered & 3 skipped)

Selection	# Responses	% of Responses
Lack of treatment Options for Substance Use Disorders	30	81%
Lack of patient transportation/distance to care	22	59%
Lack of providers or consultation support to treat depression/depressive disorders	17	46%
Patient Domestic Situation (homeless, unsafe housing, domestic violence)	15	41%
Distance to Birthing Facility for Planned Delivery	15	41%
Do not treat sufficient volume of pregnant women to maintain skills	13	35%
Lack of coverage/insufficient staffing for provider or team to receive training or take time off	11	30%
Lack of ability to treat pregnancy-related emergencies locally	11	30%
Lack of tools, supplies or training for managing hypertension, diabetes or other pregnancy-related condition	11	30%
Lack of patient interest in prenatal care	8	22%

Lack of access to genetic testing or genetic counseling (4) 10%

Lack of contraception and family planning services (long-acting contraceptives, permanent sterilization) (3) 8%

Q4: Barriers to Best Labor-Delivery-Postpartum Care (n=40, 37 answered & 3 skipped)



Worksheet

SWOT Analysis

MOMS
Montana Obstetrics & Maternal Support

In prenatal care in Montana, address the lack of treatment options for substance use disorders and lack of providers or consultation to treat depression/depressive disorders.

Strengths What do you do well? What unique resources can you draw on? What do others see as your strengths?	**Weaknesses** What could you improve? Where do you have fewer resources than others? What are others likely to see as weaknesses?
Opportunities What opportunities are open to you? What trends could you take advantage of? How can you turn your strengths into opportunities?	**Threats** What threats could harm you? What is your competition doing? What threats do your weaknesses expose you to?

Worksheet

SWOT Analysis

MOMS
Montana Obstetrics & Maternal Support

In prenatal care, labor and delivery and postpartum care in Montana, address the lack of patient access to care, distance to care.

Strengths What do you do well? What unique resources can you draw on? What do others see as your strengths?	**Weaknesses** What could you improve? Where do you have fewer resources than others? What are others likely to see as weaknesses?
Opportunities What opportunities are open to you? What trends could you take advantage of? How can you turn your strengths into opportunities?	**Threats** What threats could harm you? What is your competition doing? What threats do your weaknesses expose you to?

Worksheet

SWOT Analysis

MOMS
Montana Obstetrics & Maternal Support

In prenatal care in Montana, address patient domestic situations (homelessness, unsafe housing, domestic violence.

Strengths	Weaknesses
What do you do well? What unique resources can you draw on? What do others see as your strengths?	What could you improve? Where do you have fewer resources than others? What are others likely to see as weaknesses?
Opportunities	**Threats**
What opportunities are open to you? What trends could you take advantage of? How can you turn your strengths into opportunities?	What threats could harm you? What is your competition doing? What threats do your weaknesses expose you to?

Worksheet

SWOT Analysis

MOMS
Montana Obstetrics & Maternal Support

In labor and delivery and postpartum care in Montana, address provider skill decay from not treating a sufficient volume of pregnant women to maintain skills.

Strengths What do you do well? What unique resources can you draw on? What do others see as your strengths?	**Weaknesses** What could you improve? Where do you have fewer resources than others? What are others likely to see as weaknesses?
Opportunities What opportunities are open to you? What trends could you take advantage of? How can you turn your strengths into opportunities?	**Threats** What threats could harm you? What is your competition doing? What threats do your weaknesses expose you to?