



## 2020 DRAFT STRATEGIC PLAN

### 1. Overview of Maternal Health & Wellness

- a. The Montana Obstetrics and Maternal Support (MOMS) program has worked with a task force, the MOMS Maternal Health Leadership Council to identify strengths and challenges related to the top four barriers to the best prenatal, labor and delivery and postpartum care that were identified by a needs assessment. The table below summarizes the strengths and challenges identified for each of the programs areas of work – driven by needs assessment results.

Barrier/Focus Area	Strengths	Challenges
<b>Access to care</b>	<ul style="list-style-type: none"> <li>Two family medicine residency programs to recruit providers interested in obstetrics to stay in Montana to practice.</li> <li>Strong lay and certified midwifery programs.</li> <li>Medicaid expansion program makes most Montanans insured and most providers take Medicaid patients.</li> </ul>	<ul style="list-style-type: none"> <li>Patients must travel long distances to receive care, which also provides safety challenges in inclement weather.</li> <li>Patients lack reliable and affordable transportation to care.</li> <li>Rural hospitals and Indian Health Services (IHS) continually reducing obstetric services.</li> <li>Patients lack the necessary technology and/or internet for telehealth.</li> </ul>
<b>Provider skill level</b>	<ul style="list-style-type: none"> <li>MOMS Extension for Community Healthcare Outcomes (ECHO) is providing clinical training and patient case review sessions for rural providers.</li> <li>MOMS Simulation in Motion-Montana (SIM-MT) Training provides mobile high-fidelity medical simulation training to reduce errors, improve outcomes and increase team performance at rural non-birthing hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>ECHO struggles to get patient-case submissions and to get physicians to attend rather than nurses.</li> <li>SIM-MT is currently contracted only for trainings in Eastern Montana.</li> <li>Covid-19 has prevented MOMS from hosting face-to-face trainings.</li> </ul>
<b>Social determinants of health (SDOH)</b>	<ul style="list-style-type: none"> <li>Some clinics have started screening for SDOH to identify the patient's situation and provide resources.</li> <li>Some facilities have teams meeting to discuss domestic violence.</li> <li>Urban communities have resources that provide resources for women experiencing domestic violence such as housing, help with forensic interviews, legal assistance and referrals to substance use disorder (SUD)/mental health treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Training on SDOH is inadequate.</li> <li>Provider caseloads are overwhelmed without enough time to adequately address SDOH.</li> <li>There are not enough resources to refer patients to for SDOH.</li> <li>Many organizations lack social services, case managers and counselors.</li> <li>Rural areas do not have stable domestic violence resources and housing.</li> </ul>



<p><b>Treatment for substance use and depressive disorders</b></p>	<ul style="list-style-type: none"> <li>• Funding and workforce training to provide treatment and professional mental health services.</li> <li>• More providers are waived to give medication assistance treatment (MAT).</li> <li>• The “Eat. Sleep. Console” program is reducing Children and Family Services interventions and keeping babies out of the neonatal intensive care unit (NICU).</li> <li>• The Montana Primary Care Association (MPCA) MAT trainings, Quitline program, perinatal mental health conferences, local maternal mental health coalitions and breastfeeding supports are all strengths.</li> </ul>	<ul style="list-style-type: none"> <li>• It is difficult to keep all key players consistently apprised of all the relevant activities.</li> <li>• There are limited treatment options for prenatal SUD and perinatal mental and anxiety disorders (PMADs).</li> <li>• The stigma surrounding prenatal SUD patients prevents patients from seeking care and providers from adequately caring for these patients.</li> </ul>
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- b. MOMS program staff compiled the [Montana Maternal Health Programs and Resources report](#) to identify perinatal resources and serve as the hub of information on existing maternal health initiatives within Montana.

## 2. Maternal Health Task Force (MOMS Leadership Council)

- a. [Click here to access the Council Charter](#) that contains the council’s aim, mission, goals and roster.

**MISSION:**

*MOMS will improve maternal health across the state to make the Last Best Place also the First Best Place to have a baby.*

**VISION:**

- *What are we trying to accomplish?*
  - Improve maternal mortality and morbidity rates in Montana by increasing access to specialty providers and resources needed for high-risk pregnancies – perinatology, psychiatry, medication assisted treatment (MAT), behavioral health treatment, substance use treatment and community-based resources.
- *Why is it important?*
  - Montana has the sixth highest maternal mortality rate nationwide and Montana’s rate of severe maternal morbidity is 35% higher than the national rate. Maternal health is the cornerstone of a community’s health.
- *Who is the target population?*
  - Pregnant and postpartum mothers through the first year after delivery.
- *What is the time frame for completing the effort?*
  - Five years

**KEY DRIVERS:**

The council is working with program staff and support from the Maternal Health Learning and Innovation Center (MHLIC) to develop key drivers. MHLIC



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Implementation Specialist, Leslie deRosset gave an overview of a driver diagram at the Council's September 22, 2020 meeting to introduce the concept prior to facilitating them in the strategy activity at upcoming meetings. Program staff plans to work with the Council to define approximately two to three drivers per program objective (goal), as indicated in the grant's work plan.

**b. Membership by Organization Name & Roles**

Representing/Role	Name	Organization
MOMS Medical Director and OB/GYN (Chair)	Dr. Tersh McCracken	Billings Clinic
State public health/Title V Director	Ann Buss	Montana DPHHS
Local public health	Tami Schoen	WIC, Hill County Public Health Dept.
Maternal Morbidity Review Committee	Dr. Drew Malany	Women's Health Care Center, PLLC
Maternal Fetal Medicine Specialist	Dr. Bardett Fausett	Origin Health
Family Practice trained OB in rural area	Dr. Christina Marchion	Central Montana Medical Center
Rural maternal health nurse	Dina Kuchynka	SCL Health - Holy Rosary
Perinatal Quality Collaborative	Vicki Birkeland	SCL Health - St. Vincent's
Tribes and tribal organizations	Karen Cantrell	American Indian Health Director: DPHHS Director's Office
Private payer Medical Director	Dr. Tim Wetherill	Blue Cross Blue Shield of Montana
Private payer Wellness Consultant	Lisa Troyer	PacificSource Health Plans
Medicaid/HMK (CHIP)/Meadowlark	Mary LeMieux	DPHHS - Medicaid
Substance use counselor	Janie Quilici, LAC, LSWC	Community Medical Center
Rural midwife	Jude McTaggart	Northeast Montana Health Services
Drug court judge	Judge Mary Jane Knisely	13th District Court
Social worker	Malcolm Horn, Ph.D., LCSW, MAC, SAP	Rimrock Addiction Treatment Services
Federally Qualified Health Centers	Cindy Stergar	Montana Primary Care Association (MPCA)
Community organization/nonprofit	Brie MacLaurin	Healthy Mothers, Healthy Babies

**c.** The MOMS Leadership Council meets monthly for one and half hours, occasionally meeting for two hours.



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Planned activities include the following:

- [Click here for an infographic](#) that visually displays most of the MOMS grant activities that were planned in the project narrative.
- Upcoming Council meetings will include the following activities:
  - TOWS analysis of one of the top barriers to best prenatal/labor and delivery/postpartum care identified by our needs assessment to determine
    - Strategies that use strengths to maximize opportunities and minimize threats; and,
    - Strategies that minimize weaknesses by taking advantage of opportunities and avoiding threats
  - Driver diagram activity for one of the following program goals:
    - Catalyze multidisciplinary collaboration in maternal health
    - Measure maternal health in Montana
    - Promote and execute innovation in maternal health service delivery
  - Tree diagram activity to show how the council's goals fit within the program goals
  - Update on the maternal health innovation demonstration project
  - Update on data and evaluation projects
  - Update on MMRIA and MMRC
  - Update on PQC and AIM
- The Title V 2020-2025 Maternal and Child Health Needs Assessment results indicate that for the next five years, Montana will focus on activities addressing National Performance Measure 1: Well-Women Visit—Percent of women, ages 18 through 44, with a preventive medical visit in the past year.
  - The MOMS Program Director will serve as a technical assistance resource for the county public health departments that are focusing on NPM 1.
  - The Title V Needs Assessment also affirmed the need to continue with State Performance Measures 1 and 2, both of which will support the MOMS strategic plan to increase the number of women receiving prenatal care services.
    - SPM 1: Access to Public Health Services – Number of clients ages 0 – 21, and women ages 22 – 44 who are served by public health departments in counties with a corresponding population of 4,500 or less.
    - SPM 2: Family Support and Health Education – Number of clients ages 0 – 21, and women ages 22 – 44 who are



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assessed for social service and health education needs; and then are placed into a referral and follow-up system or provided with health education as needed.

- The MOMS Program's Educational/Awareness Campaign supports SPM 2

### 3. State MHI Program Goals (2019-2024)

- a. Catalyze multidisciplinary collaboration in maternal health
- b. Measure maternal health in Montana
- c. Promote and execute innovation in maternal health service delivery

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## 4. Action Plan for Addressing Maternal Health Needs

### Objective C: Promote and execute innovation in maternal health service delivery

Strategies	Activities	Responsible	Timeframe: Milestones / Deliverables
Provide technical assistance and education to medical and public health providers to improve maternal health interventions	Conduct professional development and maternal health grand rounds through Project ECHO.	Billings Clinic	<ul style="list-style-type: none"> <li>• Continue Project ECHO clinics twice per month through Y2</li> <li>• Continue recruitment efforts to increase physician attendance</li> <li>• Y2M1: Submit CME application</li> <li>• Y2M1-7: Cover seven AIM patient-safety bundles</li> <li>• Host twice yearly curriculum planning meetings with ECHO hub panel and consider evaluation feedback to advice curriculum</li> <li>• UM continue to provide quarterly reports for Billings Clinic to review</li> </ul>
	Disseminate best practices in screening, assessment, clinical care, and community health initiatives in maternal health.	Billings Clinic	<ul style="list-style-type: none"> <li>• Y2M1-6: Cultural liaison creates and disseminates tribal resource guides</li> <li>• Develop clinical care guides and toolkits</li> <li>• Collaborate with the Billings Clinic marketing department to create new page on the Billings Clinic website to house the Maternal Resource Center</li> <li>• Assess the need and interest in virtual maternal support groups across Montana as well as an in-person perinatal mental health retreat for patients</li> <li>• Y2M6-12: Tour Motherhood Centers in Seattle and/or Minneapolis</li> <li>• Develop plan for Y3 implementation of retreat and other in-person events</li> </ul>
	Provide nursing certification opportunities for Neonatal Resuscitation Program (NRP), Electronic Fetal Monitoring (EFM), Sugar, Temperature, Airway, Blood pressure, Lab work and Emotional support (STABLE) and Pediatric Advanced Life Support (PALS).	Billings Clinic	<ul style="list-style-type: none"> <li>• Y2M1-2: Contact sites to recruit nurses</li> <li>• Y2M3: Identify trainers at participating sites</li> <li>• Y2M4: Create training schedule for the remainder of Y2 and order training materials</li> <li>• Y2M6-12: Complete EFM &amp; NRP nursing certification courses at 10 facilities</li> <li>• Y2M12: Begin scheduling trainings for STABLE and PALS at facilities in Y3</li> </ul>



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	Provide Simulation in Motion-Montana (SIM-MT) mobile, high-fidelity simulations for non-birthing, critical access hospitals.	Billings Clinic and SIM-MT	<ul style="list-style-type: none"> <li>• Y2M1-12: SIM-MT to complete remaining trainings after delays due to COVID-19</li> <li>• Continue consistent communication and evaluation monitoring with SIM-MT</li> </ul>
	Provide American College of Obstetrics and Gynecology (ACOG) Emergencies in Clinical Obstetrics (ECO) training opportunities for all levels of providers in birthing hospitals covering breech vaginal delivery, shoulder dystocia, postpartum hemorrhage, umbilical cord prolapse and teamwork/communication	Billings Clinic	<ul style="list-style-type: none"> <li>• Planning and timeframe for this activity is uncertain due to challenges with securing ACOG trainers because of COVID-19.</li> </ul>
Conduct demonstration project to test telehealth interventions in maternal health in rural and American Indian/Alaskan Native (AI/AN) communities	Facilitate co-management of high-risk patients with urban-based specialists and rural-based generalists.	Billings Clinic	<ul style="list-style-type: none"> <li>• Y2M2: Streamlined access to care for rural and Tribal-based patients for mental health care including substance use disorder (SUD), depression, anxiety and other behavioral health issues.</li> <li>• Y2M4: Clinical Coordinator establishes high-risk registry to track co-managed patients.</li> <li>• Y3-Y5: Continue expansion of telemedicine-based supports and consultation accessibility, expanding range of specialty consultation</li> </ul>
	Establish access to multidisciplinary specialists, via live or telemedicine program in rural communities.	Billings Clinic	<ul style="list-style-type: none"> <li>• Y2M9: Schedule regional outreach visits in rural &amp; Tribal communities</li> <li>• Y2M7: Implement expanded virtual care, connecting specialists device-to-device with rural care team and patients</li> <li>• Y3-Y5: Continue to expand outreach and virtual support, including care coordination</li> <li>• Y4-Y5: Expand program to include resident rural rotations</li> </ul>



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<p>Pilot telemedicine facilitated approaches to perinatal care</p>	<p>Enable telehealth to integrate behavioral health services into prenatal and postpartum care using: mental health screening and treatment; SUD screening and treatment; and medication-assisted treatment (MAT).</p>	<p>Billings Clinic and Rimrock Addiction Treatment Services</p>	<p>Y2: Work with providers to develop and implement integrated care model, with access to behavioral health specialists, care coordinator, and peer supports, using telehealth and locally based resources            Y2M1: Identify universal screening tool based on input from providers and research on screening tools covered by Montana Medicaid.            Y2M1: Work with MPCA to schedule MAT waiver training to all providers interested in providing MAT services.            Y2M1: Design evaluation study, create consent materials and study workflow, submit to IRB            Y2M2: MOU agreements between Billings Clinic, University of Montana and Rimrock Foundation executed            Y2M2: Hire MAT Project Social Services Care Coordinator            Y2M2: Create universal screening and referral workflow            Y2M4: Begin universal screening at patient admission → scoring by nurses → results confirmed with patient → providers review positive patients → providers refer patient to MOMS care coordinator to discuss treatment options            Y2-5: Implement referral to treatment protocols regionally, tracking outputs and outcomes</p>
	<p>Support multidisciplinary networks of providers to expand service accessibility in rural communities by implementing telehealth and outreach clinics for medical and behavioral health services.</p>	<p>Billings Clinic</p>	<p>Y2M6-12: Develop specific resource and referral lists and protocols for regional behavioral health referrals, support groups, and community resources to address unmet social needs            Y2M9-12: Convey resource and referral lists and protocols to other practices in the region</p>





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- i) Changes in our activities from our original application are listed below:
  - We are no longer implementing a consultation line because our needs assessment results showed that providers were not very likely to use it and it would be difficult to avoid duplicating this service that the Montana Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program.
  - We are postponing community listening sessions due to COVID-19 and assessing needs through other strategies and means such as facilities assessment.
  - Activities that were not included in original application:
    - ACOG ECO,
    - Nursing certifications,
    - OB Nest remote monitoring
    - Facilitation support for the Perinatal Quality Collaborative.
- b) Identify maternal health activities proposed within the most recent Title V Needs Assessment that are being included within the strategic plan.
  - i) The Title V Needs Assessment has three Evidence Strategy Measure (ESM) recommendations for addressing NPM 1:
    - (1) **ESM 1:** Number of participants attending webinars for providers on increasing preventive and prenatal care visits among women in their clinics
    - (2) **ESM 2:** Number of marketing public awareness messages (i.e. brochures, TV ads, blogs, Facebook posts, website content, etc.) that promote preventative and prenatal health care for women of reproductive age
    - (3) **ESM 3:** Percent of primary providers that have received training and/or consultations for assessing behavioral health needs and providing non-stigmatized care
- c) Highlight maternal health innovations that will be implemented by the project by topic:

Access to care	Provider skill level	Social determinants of health	Treatment for substance use and depressive disorders
Telemedicine integration of behavioral health and SUD screening and treatment into prenatal and postpartum care	Project ECHO	Integration of care coordinator in perinatal telemedicine workflow process	Telemedicine integration of behavioral health and SUD screening and treatment into prenatal and postpartum care
	Maternal Resource Center		
	Nursing certification opportunities		
	SIM-MT		
	ACOG ECO trainings		