



Maternal Health Leadership Council Meeting

December 8, 2020

3:30 - 5:30 PM

Agenda

- 3:30 – 3:40** **Roll call, review agenda and approve minutes**
- 3:40 – 4:00** **Pregnancy Risk Assessment Monitoring System (PRAMS) data summary/analysis**
-Dr. Annie Glover of the University of Montana
- 4:00 – 4:25** **Maternal Mortality Review Committee (MMRC) decision brief discussion**
-Vote on recommendation to DPHHS on MMRC
- 4:25 – 4:45** **Update from a MOMS partner**
- Vicki Birkeland, Nursing Director, Women's Services at SCL Health, St. Vincent Healthcare and the Montana Perinatal Quality Collaborative
- 4:45 – 4:55** **Update from Billings Clinic on MOMS demonstration project**
-Stephanie Fitch, MOMS Project Coordinator
- 4:55 – 5:05** **Year one evaluation report overview and recommendations**
-University of Montana
- 5:05 – 5:15** **Public education campaign update**
-Colin Bonnicksen of Windfall
- 5:15 – 5:25** **Discuss survey results – council priorities in next six months**
-Leslie deRosset (dependent on amount of responses)
- 5:25 – 5:30** **Public comment/roundtable questions and discussion**

Meeting materials

- Agenda
- October draft minutes
- PRAMS slides
- MMRC decision brief
- MPQC & SCL update slides
- Year one evaluation slides
- Demonstration project update slides
- Public education campaign work plan
- Survey results slides



Maternal Health Leadership Council

Meeting Minutes:

October 27, 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

Tami Schoen, WIC, CPA at Hill County Public Health Department

Dr. Drew Malany, OB/GYN at Women's Health Care Center, PLLC and Chair of Montana American College of Obstetrics & Gynecology (ACOG)

Karen Cantrell, American Indian Health Director at DPHHS

Lisa Troyer, Wellness Consultant at PacificSource

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

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 MacLaurin, Executive Director of Healthy Mothers, Healthy Babies

Dr. Christina Marchion, Family Medicine/OB at Central Montana Medical Center

Members Absent

Vice-Chair, Judge Mary Jane Knisely, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)

Jude McTaggart, Certified Nurse Midwife at Northeast Montana Health Services

Dr. Malcom Horn, Medical Director at Blue Cross Blue Shield of Montana

Dr. Tim Wetherill, Medical Director at Blue Cross Blue Shield of Montana

Dr. Bardett Fausett, Maternal Fetal Medicine Specialist and President/Medical Director at Origin Health

Dina Kuchynka, Maternal & Newborn Health Manager at SCL Health – Holy Rosary

Program Staff Present

Amanda Eby, MOMS Program Specialist at DPHHS

Brenna Richardson, Program Assistant at DPHHS

Dianna Linder, Director of Grants and Program Development at Billings Clinic

Stephanie Fitch, Program Coordinator for MOMS at Billings Clinic

Annie Glover, University of Montana

Kimber McKay, University of Montana

Public Attendees

Leslie deRosset, Implementation Specialist at the Maternal Health Learning and Innovation Center and the University of North Carolina

Welcome and introductions

Dr. Tersh McCracken opened the meeting and lead roll call. September Meeting minutes were approved.

Maternal mortality review (MMR) discussion

Dr. Tersh McCracken began the meeting with discussing Maternal Mortality Review (MMR) for Montana. He recognized that this is a lot of work with a lot of learning and discussion needed. Currently, two options are being explored. One would be a Montana based MMR with the possibility of tying in Utah. Another option would be utilizing Utah as the primary review community. More discussions with Utah will be had to see what a partnership with them would look like. Dr. McCracken reiterated the purpose of the review committee is to learn from a death by evaluating the causes, the processes in place and processes that are not in place that could have helped prevent the death. Dr. McCracken's presentation and draft for the Montana MMR can be found [here](#).

Determine key drivers for workplan objective 1: catalyze multidisciplinary collaboration in maternal health

Leslie deRosset, Implementation Specialist at the Maternal Health Learning and Innovation Center and the University of North Carolina facilitated a recap of last month's strengths, weaknesses, opportunities and threats (SWOT) analysis, now taking it one step further with the driver diagram activity. Ann Buss with DPHHS mentioned the importance of showing data to the population of Montana and the functionality of the ECHO Clinics. Ann also discussed the importance of utilizing press opportunities. Leslie and Ann lead a conversation about the upcoming legislative session and any concerns. The goals will strongly remain the same and the focus on the maternal health in Montana will continue.

Key comments and concerns from the Driver Diagram

- Aim: Catalyze multidisciplinary collaboration in maternal health.
- Goals: Ensure maternal health is a priority issue in Montana.
- Key Factors: Create urgency and immediate action around the importance of maternal mortality/severe morbidity in Montana.
- Sub Factors:
 - o Support and collaborate with the perinatal quality collaborative (PQC) to guide towards Alliance for Innovation on Maternal health (AIM) enrollment.
 - o Establish Maternal Health Task Force (Council).
 - o Establish a Maternal Mortality Review Committee (MMRC).
 - o Develop maternal health strategic plan.
- Innovation:
 - o Disseminate surveillance reports regularly with MMR data.
 - o Identify strategies to overcome insurance barriers to care.
 - o Maternal morbidity and risk factor data highlight disparities to ensure efforts are targeted to the areas of highest need.
 - o Align and reward maternal health quality improvements.

Draft Strategic Plan

Amanda Eby, MOMS Program Specialist at DPHHS provided a brief update that the draft strategic plan was submitted to HRSA on September 29. Amanda welcomed any questions about the draft. She also explained the plan is considered a draft for a year, followed by submitting a final strategic plan on September 29, 2021. [The Draft Strategic Plan is accessible here.](#)

Maternal Health Report preview from University of Montana



Annie Glover with University of Montana presented on the key factors of the Maternal Health Report. Annie emphasized the enthusiasm at the University of Montana for the MOMS program in providing data to help drive decisions. The full report can be reviewed [here](#).

Key comments

- Montana has a high rate of maternal mortality. It is higher than United States and in fact, ranked sixth amongst the other 50 states in the highest in the western states.
- National maternal mortality has more than doubled since 1987.
- Most common severe maternal morbidity conditions in Montana include blood transfusions, sepsis, eclampsia and hysterectomy.
- Epidemiology tells us, racial disparities are driving these numbers and are bearing the brunt of this crisis.
- Racial disparities in prenatal care are lagging and should be a big focus with the leadership council.
- Additional topics the report covers include mental health, alcohol and substance use, rural disparities, pregnancy during adolescence, family planning, health insurance coverage and primary care.

Update from a MOMS partner – Healthy Mothers, Healthy Babies (HMHB)

Brie MacLaurin, Executive Director of HMHB presented on the mission and vision of HMHB. HMHB has multiple avenues of care and support. Programs includes Essentials for Baby, Montana Early Childhood Coalition (MT-ECC) and the Shaken Baby Syndrome Prevention Project. HMHB also partners with Montana Advocates for Children (MAC) which helps align eligibility standards for Early Head Start Child Care Partnership sites with Best Beginnings Child Care Scholarships. MAC also works to improve mental health and substance use disorder screening and treatment in the perinatal period for mothers, infants and caregivers. HMHB has advocated and created shared measurements for a collective impact to improve maternal child health optimal funding across the state. Brie's entire presentation is located [here](#).

Public comment

No public comments were made.

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 November 24, 2020, 3:30-5:00.

Meeting adjourned at 5:14 pm.

PERINATAL RISK FACTORS AND HEALTH BEHAVIORS: MONTANA PRAMS (2018)

Annie Glover, PhD, MPH, MPA

Director of Research, UM Center for Children, Families & Workforce Development

Lead Evaluator, MOMS Program

MONTANA'S PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

- Random, population-based survey about maternal behaviors and experiences before, during, and after pregnancy
- Respondents are mailed a survey 3-6 months after delivering, telephone follow-up
- Collaborative effort with CDC
- Montana has conducted PRAMS survey since 2017
- DPHHS Staff:
 - Dr. Miriam Naiman-Sessions, PI and Project Director
 - Carol Hughes, Data Manager



Source: <https://dphhs.mt.gov/prams>

OVERVIEW



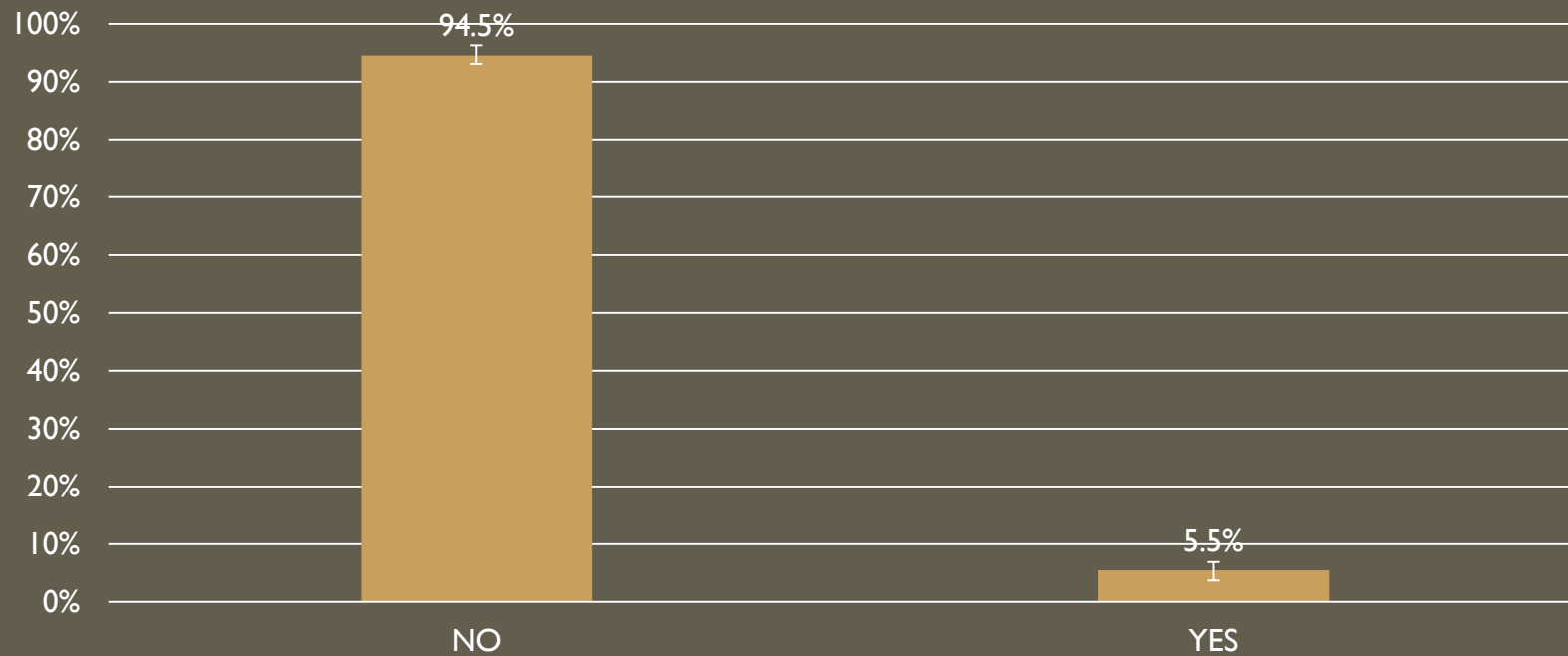
- PRAMS includes datapoints on:
 - Preconception health
 - Insurance coverage
 - Perinatal behavioral health
 - **Pregnancy health conditions**
 - Postpartum care
 - **Family planning**
- Most data points are not powered for stratified analysis (i.e. racial disparities)
- 95% confidence intervals denoted on bar graphs

PREGNANCY HEALTH CONDITIONS

MT PRAMS 2018

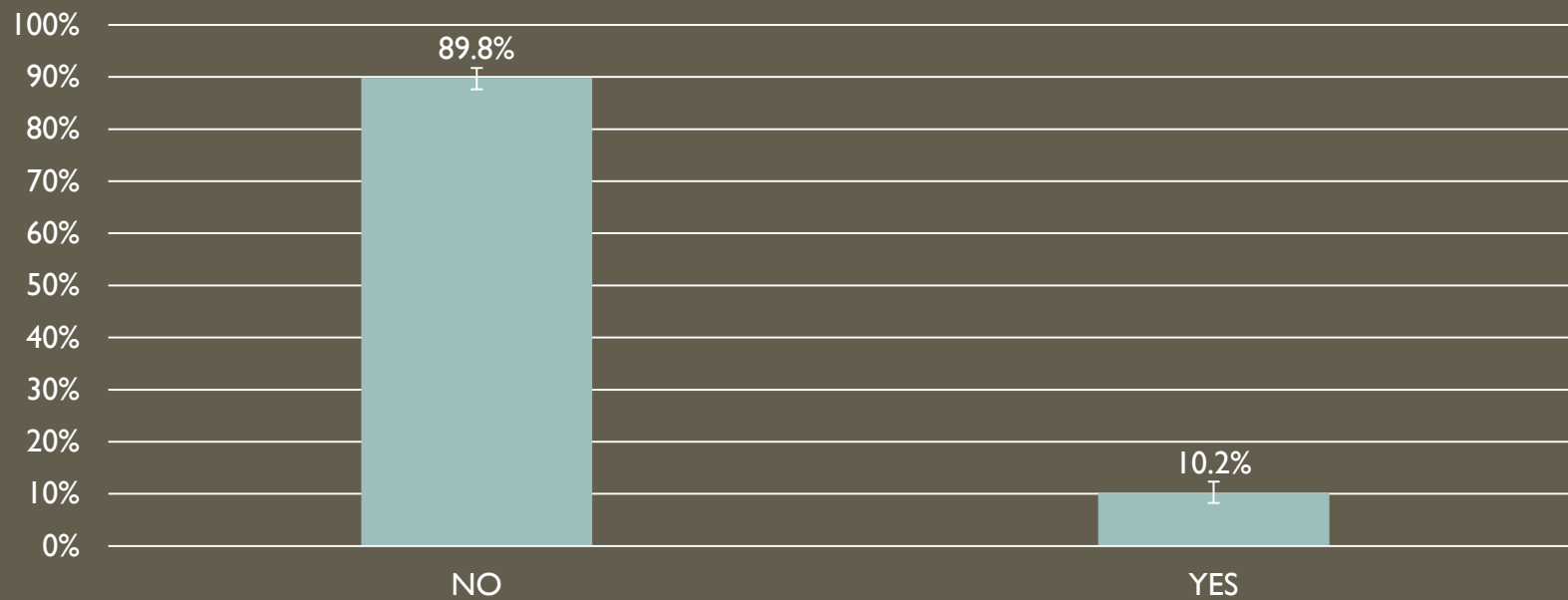
GESTATIONAL DIABETES

Percent reporting diabetes developed during last pregnancy
(MT PRAMS, 2018)



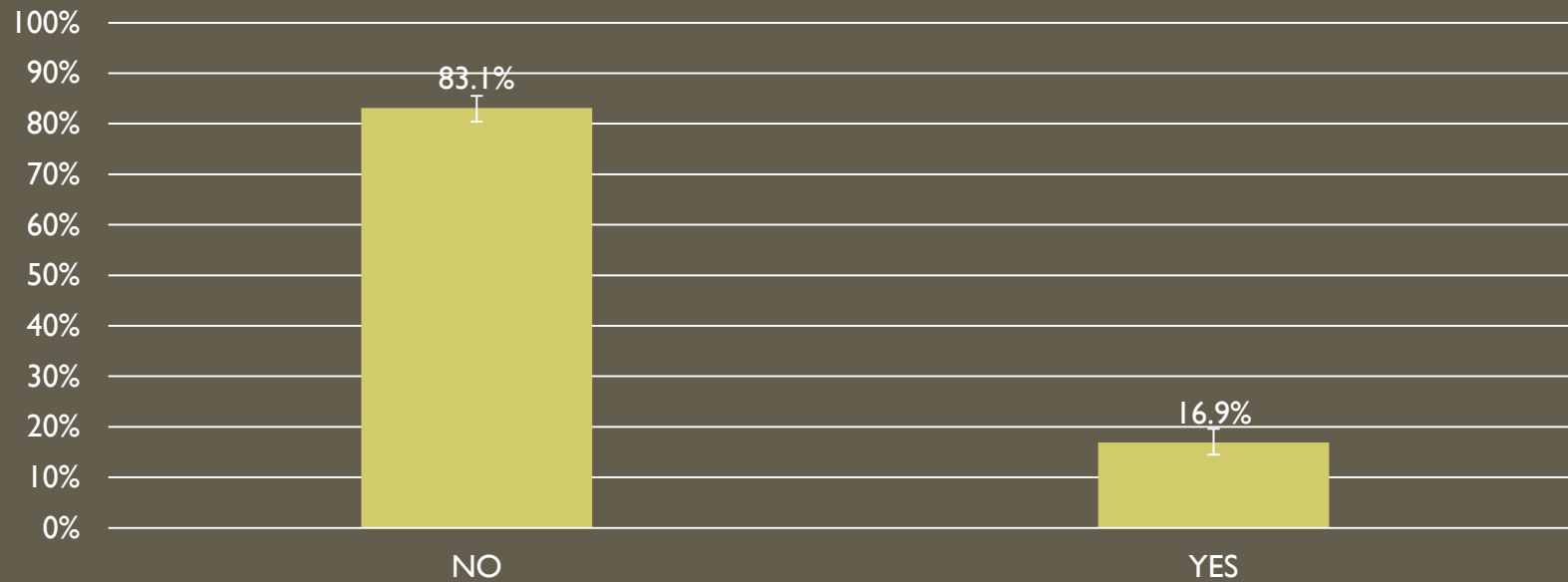
GESTATIONAL HYPERTENSION

Percent reporting hypertension developed during last pregnancy (MT PRAMS, 2018)



DEPRESSION DURING PREGNANCY

Percent reporting depression during last pregnancy (MT PRAMS, 2018)

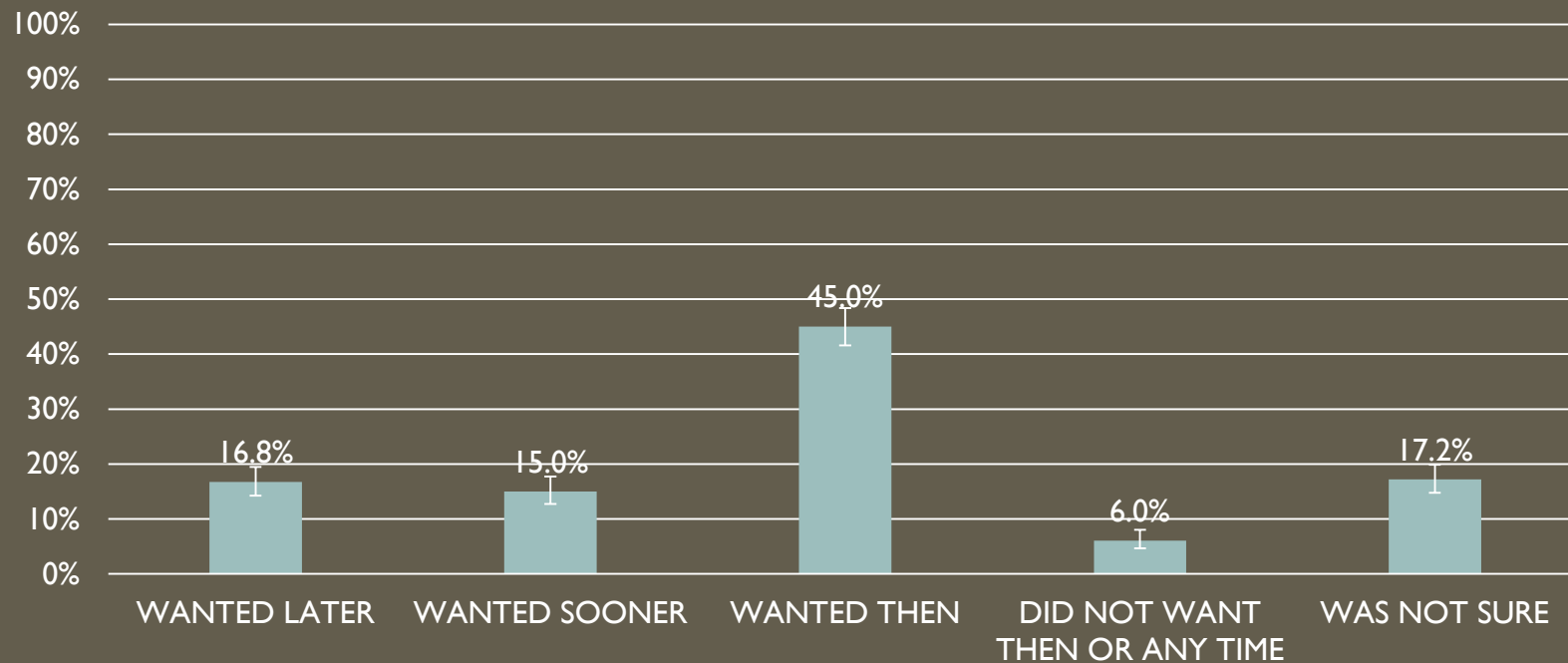


FAMILY PLANNING

MT PRAMS 2018

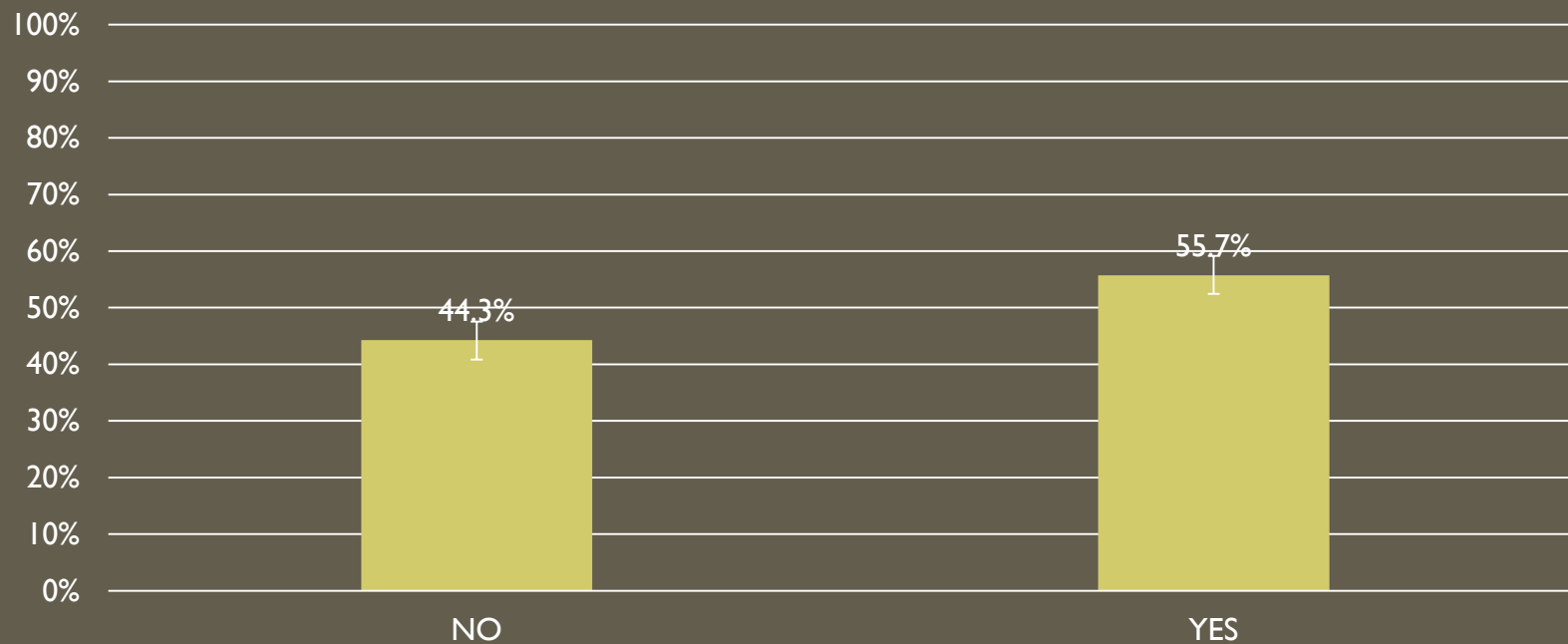
PREGNANCY TIMING

Feelings about becoming pregnant prior to last pregnancy
(MT PRAMS, 2018)



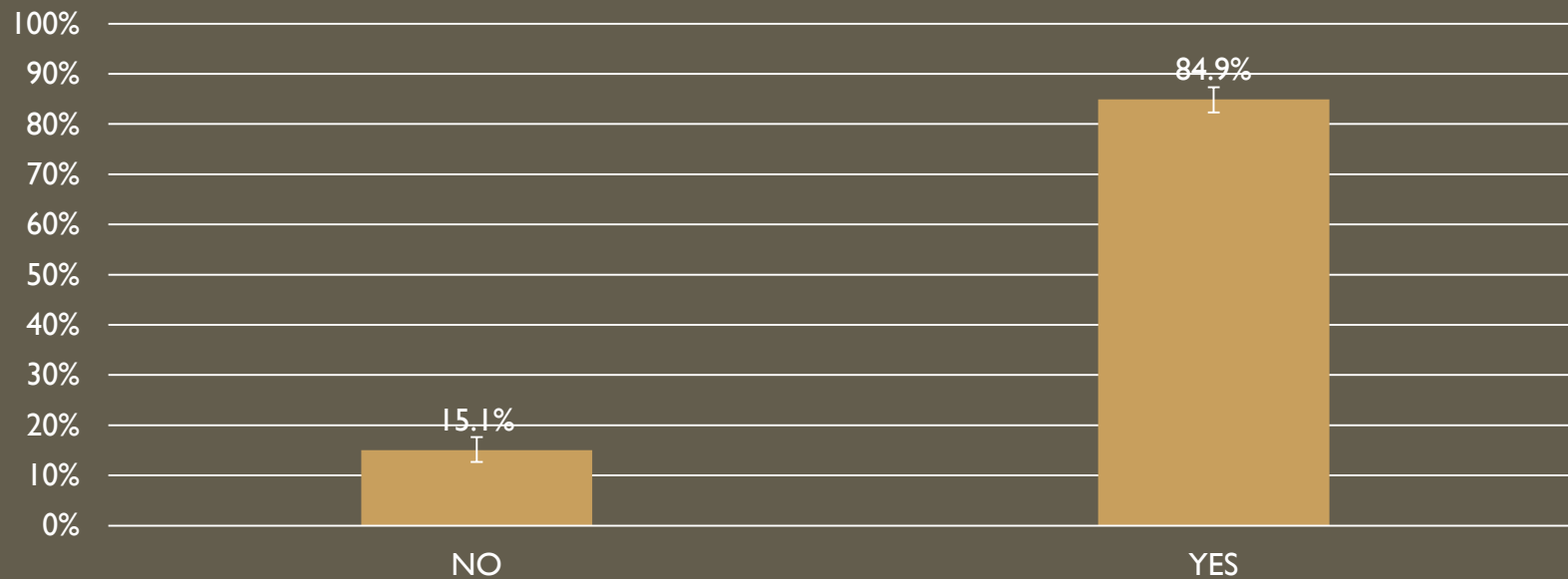
PREGNANCY INTENTION

Percent reporting they were trying to get pregnant prior to last pregnancy (MT PRAMS, 2018)



POSTPARTUM CONTRACEPTION

Percent reporting that self or partner are practicing any form of contraception, including natural methods, in the postpartum period (MT PRAMS, 2018)



CONCLUSIONS

- 1 out of 10 (10%) of Montanans develop hypertension during pregnancy
 - Can lead to preeclampsia, eclampsia, and other serious cardiovascular complications
- 1 out of 6 (17%) of pregnant Montanans experience depression
- Less than half (45%) of Montanans report their last pregnancy was well-timed
 - Indicates need for greater investment in both contraception and fertility support care
- Most (85%) of couples practice some form of postpartum contraception
 - Spacing/limiting in postpartum period is a priority for Montanans

Draft Maternal Mortality Review Committee (MMRC) Decision Brief

December 3, 2020

Issue Definition: Provide a high-level statement on the issue that is trying to be solved

The Montana Department of Public Health and Human Services (DPHHS) must decide whether to create a Montana Maternal Mortality Review Committee (MMRC) or join a regional MMRC with Utah and Wyoming.

Executive Summary: Input relevant information, history, regulation, context.

The Health Resources and Services Administration (HRSA) Maternal Health Innovation (MHI) program that funded the Montana Obstetrics and Maternal Support (MOMS) program requires coordination with a MMRC. The federal program also requires coordination with a Perinatal Quality Collaborative (PQC), informed by the work of the MMRC and collaborating with MOMS. Currently, Montana does not have a MMRC.

MMRCs are multidisciplinary committees that perform comprehensive reviews of deaths of women within a year of the end of a pregnancy. They include representatives from public health, obstetrics and gynecology, maternal-fetal medicine, nursing, midwifery, forensic pathology, mental and behavioral health, patient advocacy groups and community-based organizations. The Centers for Disease Control (CDC) works with MMRCs to improve review processes that inform recommendations for preventing deaths.

Maternal death reviews in Montana are currently done at the county level by the Fetal Infant Child and Maternal Mortality Review (FICMMR) teams, authorized by Montana statute (MCA 50-19-401 to 406): the Fetal, Infant, Child, and Maternal Mortality Prevention Act. These county teams conduct death reviews with limited resources, often without much expert consultation or access to and organization of data to determine whether the death was related to pregnancy; if it could have been prevented; factors that contributed to the death; and recommendations to prevent future deaths. In order to achieve MOMS objectives to elevate maternal health as a priority issue in Montana and to collect and analyze maternal health data, aligning multiple datasets, a more comprehensive state-level death review is necessary.

MOMS program staff, including the Title V Maternal and Child Health Block Grant Director, MOMS Program Specialist and MOMS Medical Director have been researching and consulting with other states and national experts on the details of both options. Some MOMS staff observed a UT-WY MMRC meeting to learn their process. MOMS staff has also consulted with the Utah and Wyoming Departments of Health and experts at the Centers for Disease Control (CDC). The CDC recommends that if a state opts to develop their own state MMRC, that a nurse abstractor be hired. The nurse abstractor plays a pivotal role identifying maternal death cases and accessing any number of records, i.e. decedent's medical records; motor vehicle reports;

etc., pertaining to the maternal death. The records are used to ascertain the preventability of the maternal death.

Wyoming has partnered with Utah on the CDC Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant, whereby, Wyoming participates on Utah's MMRC. Wyoming hired their own nurse abstractor, a Certified Nurse Midwife, to do their own case identifications and abstractions. Wyoming staff review their cases and then the Utah MMRC reviews them twice a year.

It is important to note that Wyoming has approximately five to ten maternal deaths that occur among about 9,000 births per year. Montana averages 10 deaths per year among about 12,000 births per year. Also, Wyoming does not have any maternal-fetal medicine specialists or level three birthing facilities; whereas Montana has nine maternal-fetal medicine specialists and six level three birthing facilities. Therefore, Montana is positioned to consider creating a Montana MMRC.

Identification of Alternatives: Provide the options the decision maker could consider as a possible solution

Option 1 – Join the regional UT-WY MMRC.

Option 2 – Create a Montana MMRC.

Comparison of Alternatives: Provide the benefits and risks of each of the options described above, detailing if there are potential political, fiscal, or other implications as well.

Option 1– Join the regional UT-WY MMRC.

Risks

- Less of an opportunity to forge relationships among maternal healthcare providers in Montana around maternal death prevention.
- More difficult to ensure a timely feedback loop of death data review into prevention recommendations to inform clinical care – Montana providers would be less engaged.
- Without ownership of a Montana MMRC, the entity could have less of a driving force in elevating maternal health significance for MOMS, PQC and other maternal health initiatives.

Benefits

- The experience of Utah, as they have been doing MMR since 1995 on a shoestring budget with one staff person abstracting 80-100 charts per year and running meetings.
- Utah's expanded resources of the ERASE grant that has enabled them to hire an MMR coordinator to support their abstractor, as well as an epidemiologist. The increased capacity has allowed them to focus more on getting recommendations out to the clinical community.

- Consultation on Montana maternal death reviews by specialists not available in Montana, such as an obstetrician-gynecologist with board certification in maternal-fetal medicine and addiction medicine, as well as work in psychiatry.

Option 2 - Create a Montana MMRC.

Risks

- Timing is an issue because work with an MMRC should have begun in year one of the MOMS program that ended September 29, 2020. Establishing the governance, infrastructure, training and resources for our own MMRC could take longer than joining a regional MMRC. It could also delay the goal of enrolling in the Alliance for Innovation in Maternal Health (AIM) in the spring 2021 cohort, which requires an established MMRC.
- Sustainability is a concern because staffing and support will be funded by MOMS now, but another revenue stream for the MMRC will need to be determined before the end of the MOMS five-year grant period, ending September 29, 2024.

Benefits

- A Montana-based MMRC would have greater synergy with the MOMS Leadership Council and PQC than a regional MMRC would with these state-based entities.
- Montana providers and community members at the table for death reviews keeps the data feedback loop into clinical care prevention recommendations more efficient and effective.

Additional Notes:

- Either option would require MT DPHHS to hire or contract with a nurse abstractor. Based on consultation with Wyoming staff and resources on www.reviewtoaction.org the estimated annual cost of a nurse abstractor is \$14,600. This estimate is based on 15 deaths per year, training in the CDC's Maternal Mortality Review Information Application (MMRIA), the CDC's abstraction and case review time cost estimator and a \$50 an hour salary.
- The option 2 – Montana MMRC's additional staff support for the committee would be provided by existing MOMS and FICMMR staff.

Recommendation: Provide and describe the option that the submitter of this decision request would recommend as the best solution to the issue.

Feedback from MOMS Maternal Health Leadership Council to go here.



Montana Perinatal Quality Improvement Collaboration (MPQC)

December 8, 2020

History

- April 2014: Kick-off
 - Integrated with Montana Perinatal Association
 - Mission Statement
 - Membership
 - Charter
- Bi-annual meetings in conjunction with
 - Montana Perinatal Association
 - Rocky Mountain Childbirth Conference
 - VON Annual Quality Congress
- Bi-annual virtual group meetings
- May 2019: Logo and Facebook



MPQC Mission Statement

Promoting maternal and infant health in Montana through education, collaboration, and influence of state policy.

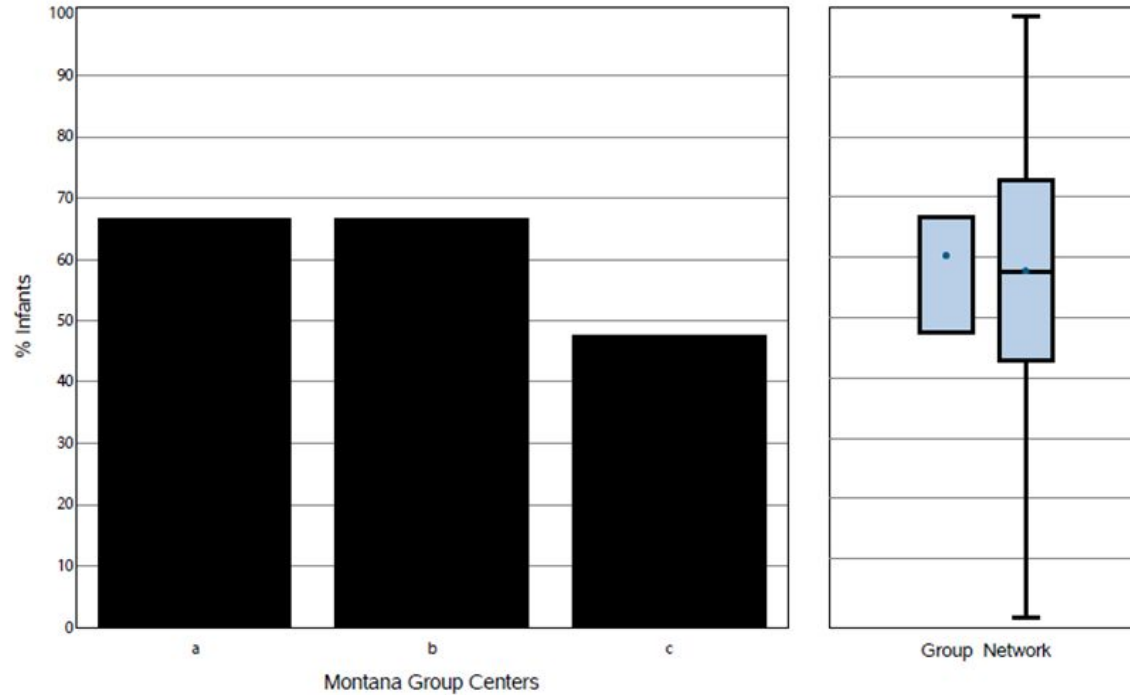
MPQC Past Projects / Collaboration

Past Projects / Collaboration:

1. Neonatal Abstinence Syndrome (NAS)
2. Gentle Ventilation
3. Feeding Progression
4. Vermont Oxford Network (VON) MT State Group Report
 - VLBW < 2500 grams

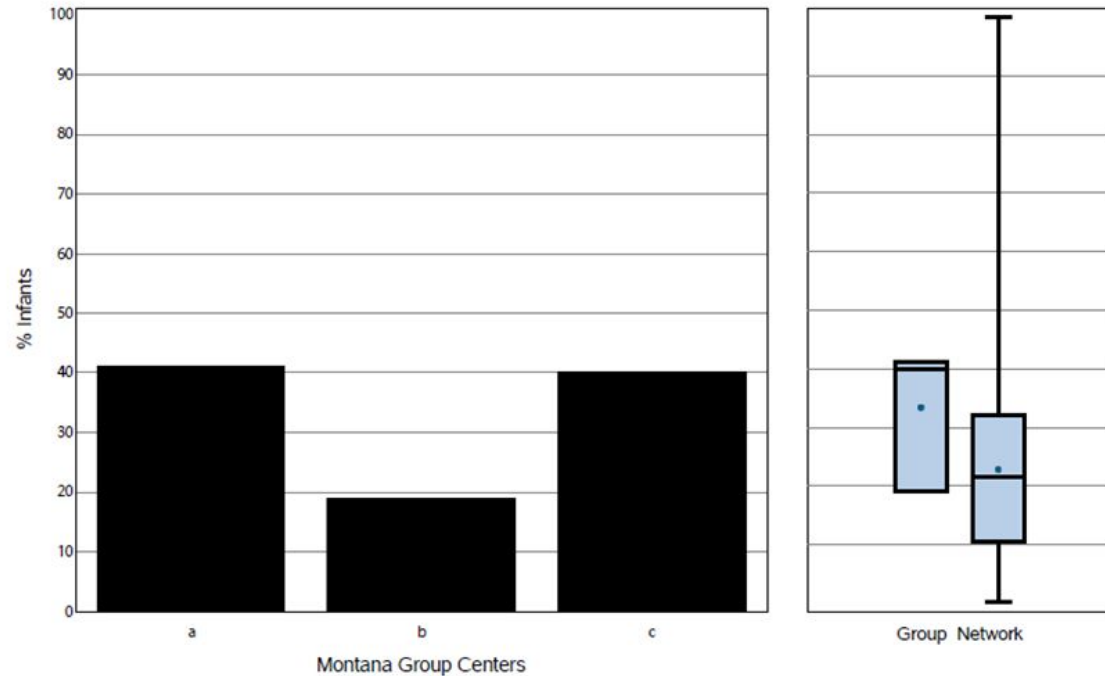
Montana Group Report - VON

Infants 501 to 1500 Grams Born in 2013: Any Breast Milk at Discharge Home



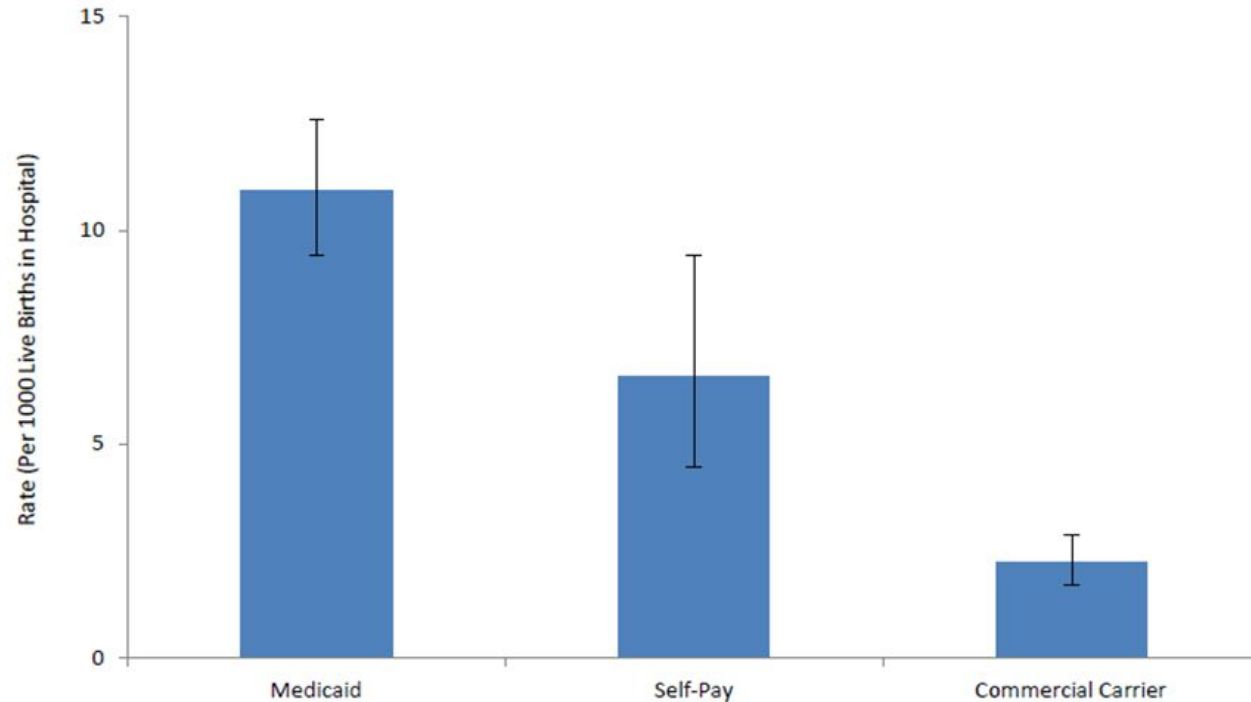
Montana Group Report - VON

Infants 501 to 1500 Grams Born in 2013: Chronic Lung Disease at 36 Weeks for Infants < 33 Weeks GA



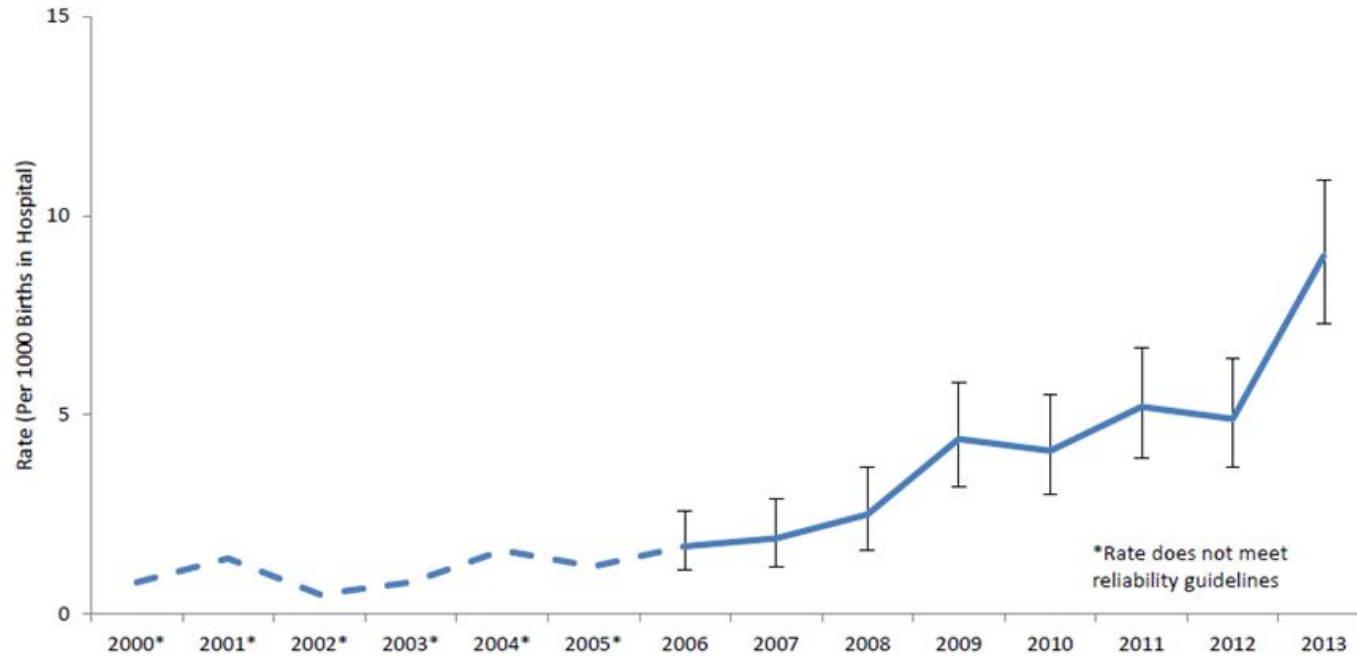
Montana Group Report - VON

Figure 2. Rate of Newborns with Neonatal Abstinence Syndrome (ICD-9-CM: 779.5), by Primary Payer, Montana Resident Liveborns, 2000-2013



Montana Group Report - VON

Figure 1. Rate of Newborns with Drug Withdrawal Syndrome (ICD-9-CM: 779.5), Montana Resident Liveborns, 2000-2013



MPQC Current Projects / Collaboration

Current Projects / Collaboration:

1. Safe Sleep Hospital Certification
2. Meadowlark Initiative - Perinatal Mental Health & Substance Use Disorders



MPQC Next Steps

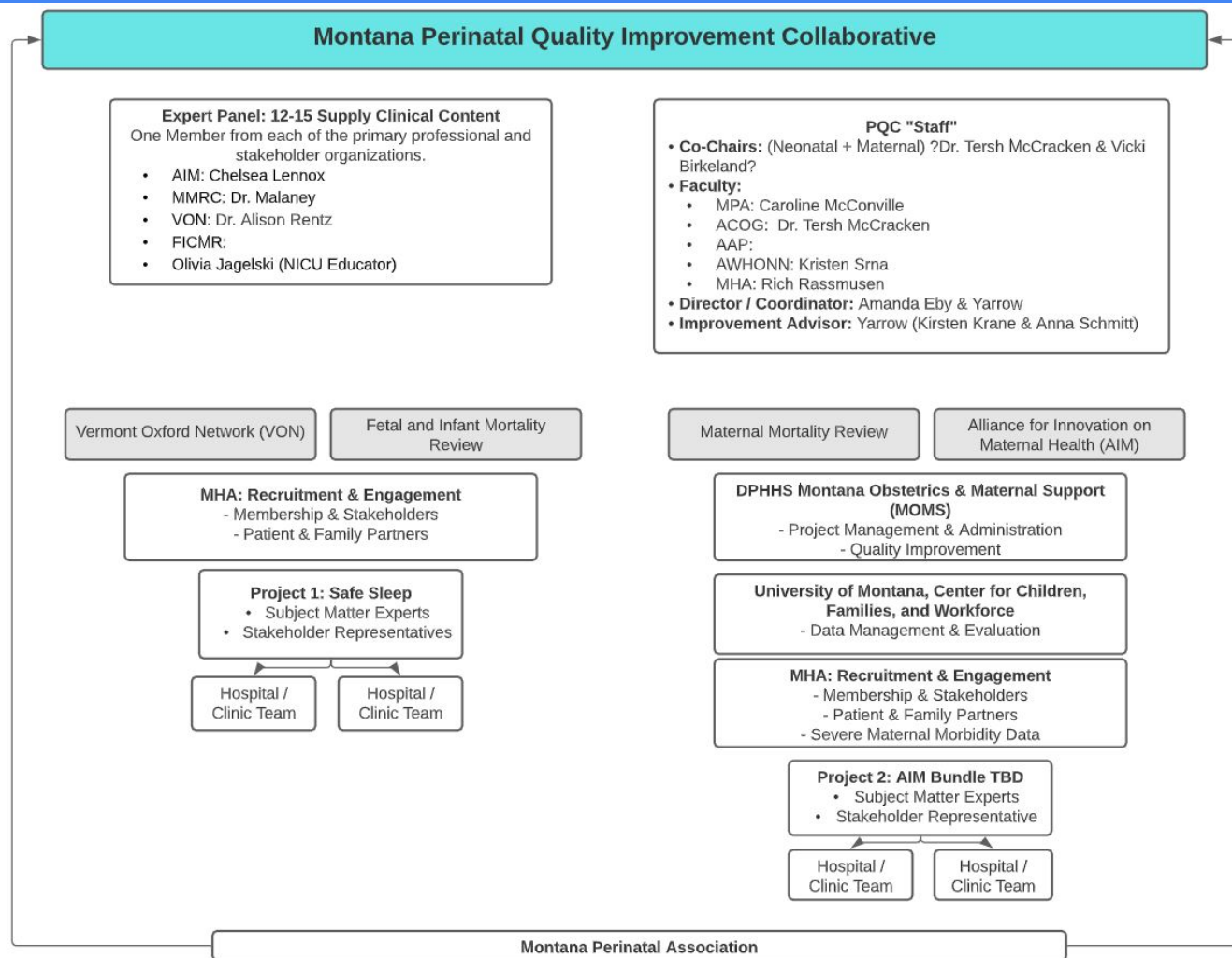
1. MPQ support through DPHHS and MOMS program
2. Revising structure to include new key stakeholders
3. Grow membership
4. 2 Tracks - Neonatal and Obstetric



MPQC Transition

- MPQC mtg on 12/11
- Focus on top 10 delivering hospitals (based on birth volumes)
- Survey administered
 - Increase OB membership
 - Prioritize AIM maternal safety bundles
- January Kick-off meeting
- Monthly “Learning Sessions”
- Develop toolkit

MPQC Structure



Maternal Health Projects





Obstetric Postpartum Hemorrhage Safety Bundle

PURPOSE

To improve each care site's readiness to care for women who are at risk for postpartum hemorrhage and reduce severe maternal morbidity and mortality.

- **Joint Commission Requirements Due By Jan 2021**

GOALS

- Maintain an average yearly rate < 3% of postpartum hemorrhage patients who have to receive 4 or more units of red blood cells by identifying patients at risk for hemorrhage and treating timely and effectively
- Reduce the number of PPH cases that result in severe maternal morbidity or mortality



Maternal Hypertension Safety Bundle

PURPOSE

To improve each care site's readiness to care for women who present with severe hypertension and reduce severe maternal morbidity and mortality.

- **Joint Commission Requirements Due By Jan 2021**

GOALS

- Reduce the number of severe hypertension, preeclampsia, and eclampsia cases that result in severe maternal morbidity or mortality.
- Increase the proportion of patients with severe hypertension treated within 60 minutes to 65% by June 2021.



Maternal Mental Health Safety Bundle

PURPOSE

To improve each care site's readiness to universally educate and screen all postpartum women for symptoms of depression and anxiety, in order to promote the early identification and treatment of perinatal mood and anxiety disorders, necessary to reduce the personal, familial, and societal consequences of untreated maternal mental health disorders.

GOALS

- Increase the proportion of patients screened for depression/anxiety from _____ to _____ by 12/31/20.
- Increase the proportion of patients with a positive EPDS have documented referral and warm hand-off to follow-up provider/case manager from _____ to _____ by 12/31/20.



Maternal Mental Health & Opioid Use Disorder Safety Bundles

PURPOSE

Create a team-based approach to prenatal and postpartum care:

- Clinical team: prenatal providers, care coordination, behavioral health specialist
- Community team: community resources, programs, and social service agencies

GOALS

- Reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications
- Keep families together and children out of foster care.



Montana Perinatal Quality Collaborative (MPQC)
Transition Plan
December 1, 2020

The Family and Community Health Bureau's Montana Obstetrics & Maternal Support (MOMS) program closely tied to Title V, has the following general objective: "This program will strengthen partnerships and collaboration by establishing a state-focused Maternal Health Task Force, improving state-level data surveillance on maternal mortality and severe maternal morbidity, and promoting and executing innovation in maternal health service delivery." To maximize these impacts, MOMS will collaborate with and support the MTPQC to ensure that efforts to improve perinatal health are systematically expanded while avoiding unnecessary duplication. A primary focus of these efforts is to drive the state of Montana to become an Alliance for Innovation on Maternal Health (AIM) State. Eventually, the work of the MTPQC will be driven by the evidence base of the AIM program in conjunction with the data of the Maternal Mortality Review Committee (MMRC) through the CDC's Maternal Mortality Review Information Application (MMRIA) data system. The following is the proposed organization of the MPQC with the additional support of MOMS.

Proposed MPQC Members & Structure

Expert Panel: Supply clinical (e.g. subject matter) content.

Co-Chairs: Assist in Collaborative coordination as regards the management of the two arms (neonatal & maternal).

Faculty: Develop content, plan, teach, and coach to guide the Collaborative.

Director: Manages the overall Collaborative; Coaching for the Breakthrough Series; Manages pre-work development, recruiting, Q&A, team reviews; Creates and facilitates meetings and conference call agendas; Works with Improvement Advisor to track teams' and overall Collaborative's progress; Monthly reports.

Coordinator: Responsible for Collaborative administration, including project timeline, contracting, and financial management; Manages registration and project membership; Coordinates compliance with all Continuing Education requirements; Manages Action Period activities, including communication and reporting; Manages Learning Session logistics.

Improvement Advisor: Coordinates the development of the theory for the topic; Change Package (Work Plan); Designs & manages a measurement system; Teaches and coaches on application of the Model for Improvement; Assesses Collaborative progress and recommends strategies to achieve Collaborative goals

Montana Perinatal Quality Improvement Collaborative

Expert Panel: 12-15 Supply Clinical Content
One Member from each of the primary professional and stakeholder organizations.

- AIM: Chelsea Lennox
- MMRC: Dr. Malaney
- VON: Dr. Alison Rentz
- FICMR:
- Olivia Jagelski (NICU Educator)

PQC "Staff"

- **Co-Chairs:** (Neonatal + Maternal) ?Dr. Tersh McCracken & Vicki Birkeland?
- **Faculty:**
 - MPA: Caroline McConville
 - ACOG: Dr. Tersh McCracken
 - AAP:
 - AWHONN: Kristen Srna
 - MHA: Rich Rasmussen
- **Director / Coordinator:** Amanda Eby & Yarrow
- **Improvement Advisor:** Yarrow (Kirsten Krane & Anna Schmitt)

Vermont Oxford Network (VON)

Fetal and Infant Mortality Review

Maternal Mortality Review

Alliance for Innovation on Maternal Health (AIM)

MHA: Recruitment & Engagement
- Membership & Stakeholders
- Patient & Family Partners

Project 1: Safe Sleep
• Subject Matter Experts
• Stakeholder Representatives

Hospital /
Clinic Team

Hospital /
Clinic Team

DPHHS Montana Obstetrics & Maternal Support (MOMS)
- Project Management & Administration
- Quality Improvement

University of Montana, Center for Children, Families, and Workforce
- Data Management & Evaluation

MHA: Recruitment & Engagement
- Membership & Stakeholders
- Patient & Family Partners
- Severe Maternal Morbidity Data

Project 2: AIM Bundle TBD
• Subject Matter Experts
• Stakeholder Representative

Hospital /
Clinic Team

Hospital /
Clinic Team

Montana Perinatal Association

Montana Perinatal Quality Collaborative (MTPQC)		
Mission Statement	Promoting maternal and infant health in Montana through education, collaboration, and influence of state policy	
Scope	<ul style="list-style-type: none"> • Serve as expert perinatal resource to Montana • Assess and advise perinatal centers and Montana delivering hospitals regarding their level of compliance with national standards for maternal and neonatal care • Integration with Montana Perinatal Association • Facilitate shared maternal and infant data and quality resources in Montana • Provide education to perinatal colleagues in Montana • Partner with healthcare leaders and providers to support efforts to create, adopt, and implement policies and processes to drive improved perinatal outcomes 	
Goals	<p>Neonatal</p> <ul style="list-style-type: none"> • Decrease the proportion of preterm births from 9% to 7% <p>ENGAGEMENT:</p> <ul style="list-style-type: none"> • <p>QUALITY:</p> <ul style="list-style-type: none"> • <p>SURVEILLANCE:</p> <ul style="list-style-type: none"> • Use the CDC's LOCATe Tool to effectively determine levels of care across MT and surrounding states that share patients 	<p>Maternal</p> <ul style="list-style-type: none"> • NEEDS TO BE DETERMINED – could define using baseline maternal severe morbidity data from MHA or here are some possibilities to consider: <ul style="list-style-type: none"> ○ Decrease % of pregnancy-related deaths ○ Decrease disparities in AI/AN and rural pregnancy-related mortality <p>ENGAGEMENT:</p> <ul style="list-style-type: none"> • At least 50% of births in the state of MT will take place in birthing facilities that are implementing AIM bundles as part of the MTPQC <p>QUALITY:</p> <ul style="list-style-type: none"> • Become an AIM State implementing at least 1 AIM bundle by April 2021 <ul style="list-style-type: none"> ○ Ability to collect data ○ Active PQC ○ Active MMRC <p>SURVEILLANCE:</p> <ul style="list-style-type: none"> • Use the CDC's LOCATe Tool to effectively determine levels of care across MT and surrounding states that share patients

Members	All birthing facilities in the State of MT.	
Stakeholders	<ul style="list-style-type: none"> • OBGYNS, Midwives, Nurses, Nurse Practitioners, Pediatricians and Family Medicine Providers in Montana • Perinatologists & Neonatologists • All Hospitals & Health Systems in MT • Public and Private Health Plans • MT Dept of Public Health & Human Services • Quality and Reporting Organizations • Healthcare Leadership in MT • Montana Mothers, Infants, and Families • Healthy Mothers Health Babies 	
Facilitation	Neonatal	Maternal DPHHS Montana Obstetrics & Maternal Support (MOMS) program with support from Yarrow
Project Management & Coordination	Neonatal	Maternal DPHHS Montana Obstetrics & Maternal Support (MOMS) program with support from Yarrow
Quality Improvement	Neonatal	Maternal DPHHS Montana Obstetrics & Maternal Support (MOMS) program with support from Yarrow
Data Management	Neonatal	Maternal The University of Montana Center for Children, Families, and Workforce will provide data management support to collect and analyze AIM bundle quality improvement data.
Recruitment & Engagement	The Montana Hospital Association (MHA) will be asked to assist with recruiting and engaging birthing facilities across the state.	
Project Structures	Neonatal Projects will be chosen based on XXX. For each project, clearly delineated lead roles will be assigned to oversee the	Maternal Projects will be chosen based on areas of focus under the AIM initiative and the most urgent needs of the perinatal community in Montana as determined through data-driven membership decisions. For each project, clearly delineated lead roles will be assigned to oversee the

	<p>progress and implementation plans for the Project.</p> <p>Each Work Group will consist of:</p> <ul style="list-style-type: none"> ● Subject Matter Experts ● Stakeholder Representatives ● Montana Hospital Association ● Birthing Facilities across Montana 	<p>progress and implementation plans for the Project.</p> <p>Each Work Group will consist of:</p> <ul style="list-style-type: none"> ● Subject Matter Experts ● Stakeholder Representatives ● DPHHS Montana Obstetrics & Maternal Support (MOMS) ● University of MT Center for Children, Families, and Workforce ● Montana Hospital Association ● Birthing Facilities across Montana
Meeting Frequency	MTPQC will hold monthly meetings for the full membership. These meetings will allow for education on specific topics and to review progress toward PQC Projects.	
Reporting	The DPHHS Montana Obstetrics & Maternal Support (MOMS) will plan the monthly meetings based on the general guidance of the collaborative leadership team and in coordination with grant funding requirements.	

MOMS

Montana Obstetrics
& Maternal Support

Demonstration Project Updates

December 8, 2020



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10MM designed to improve maternal health outcomes. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Assess

Continually assess the status of maternal health in Montana in order formulate and implement strategies to address identified disparities.

- **Needs Assessment**
 - Continuing work on the key informant interviews.
 - For council members who have not completed their key informant interview, please connect with Dianna Linder to participate.
 - Beginning work on a follow-up survey to assess the equipment and training needs of sites in Eastern Montana.
 - Assessing opportunity to purchase task trainers for birthing sites without adequate training equipment.



Train

Provide evidence-based simulation training, didactic education, and certification opportunities to Montana's perinatal and postpartum medical and behavioral health providers to promote competency and consistency across the state.

- **Simulation In Motion- Montana (SIM-MT)**
 - Mobile, high fidelity simulations for non-birthing, critical access hospitals
 - Have completed 22/72 trainings (per November 2nd report)
 - Having issues scheduling due to COVID-19
- **Emergencies in Clinical Obstetrics (ECO)**
 - Training for birthing centers developed by the American College of Obstetricians and Gynecologists (ACOG)
 - Dr. Shad Deering to lead a train-the-trainer course on January 22nd for 10 Montana providers
- **Provider Certification**
 - Neonatal Resuscitation Program (NRP)
 - **S**ugar, **T**emperature, **A**irway, **B**lood pressure, **L**ab work, and **E**motional support (STABLE)
 - HealthStream is building a MOMS interface that will allow users from multiple organizations. Site should be live by 12/15 and we can then begin registering participants. Currently have 90 participants interested from critical access hospitals in Eastern Montana.

Support

Provide resources, education and consultation opportunities to rural providers in efforts to increase content knowledge, limit provider isolation and improve access to evidence-based best practices.

- **Project ECHO (Extension for Community Health Outcomes)**
 - Includes didactic education and case-presentations/review
 - Occurs the **2nd** and **4th Tuesday** of each month from **12:00 – 1:30 pm** over Zoom.
 - Have hosted 12 clinics with clinics consistently attracting 25-40 participants. 8 different presenters.
 - Have presented on 3 of the AIM bundles, will present 4 more in Jan-Feb-March 2021.
- Creation of **maternal health care guides, toolkits, and other resources** to be disseminated to providers and facilities across the state.
 - Beginning work on toolkits that will correlate with AIM bundles. Tailored to doctors, nurses and behavioral health providers.
 - Cultural consultant working on community resource guides for tribal communities across Montana.
 - Contracting with Healthy Mothers, Healthy Babies to complete resource guides for multiple communities in Eastern Montana.
 - Continually linking to provider resources from state and federal sources on MOMS website.

Integrate

Collaborate with statewide programs/initiatives, health systems, community health agencies, providers, and other stakeholders involved in perinatal/postpartum care to integrate innovations in telemedicine and behavioral health to improve maternal health care across Montana.

- **Eastern Montana Perinatal Addiction Treatment Health System (EMPATHS)**
 - Participating clinics will be asked to complete universal SUD self-screenings to all patients at first prenatal appointment, 28 week appointment, and postpartum appointment. Any positive response warrants referral to EMPATHS.
 - Hired Care Manager in November. Care manager will triage all OB behavioral health referrals, conduct SBIRT, and refer to treatment
 - Program will launch at Billings Clinic in January. Following the initial pilot, this service will be opened to interested providers in Eastern Montana.
- **Remote Patient Monitoring (OB Embrace)**
 - In the assessment phase of this project to identify target patient demographic (low-risk vs. high risk).
 - Will recruit providers to participate in enrolling patients for prenatal care modified with telehealth visits and at home vital checks. Participating patients will receive home monitoring equipment such as an automatic blood pressure cuff and potentially a fetal doppler.



FOR MORE INFORMATION

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YEAR 1 MOMS EVALUATION REPORT HIGHLIGHTS & RECOMMENDATIONS

Annie Glover, PhD, MPH, MPA
Lead Evaluator, MOMS Grant
Center for Children, Families & Workforce
Development

OBJECTIVE A

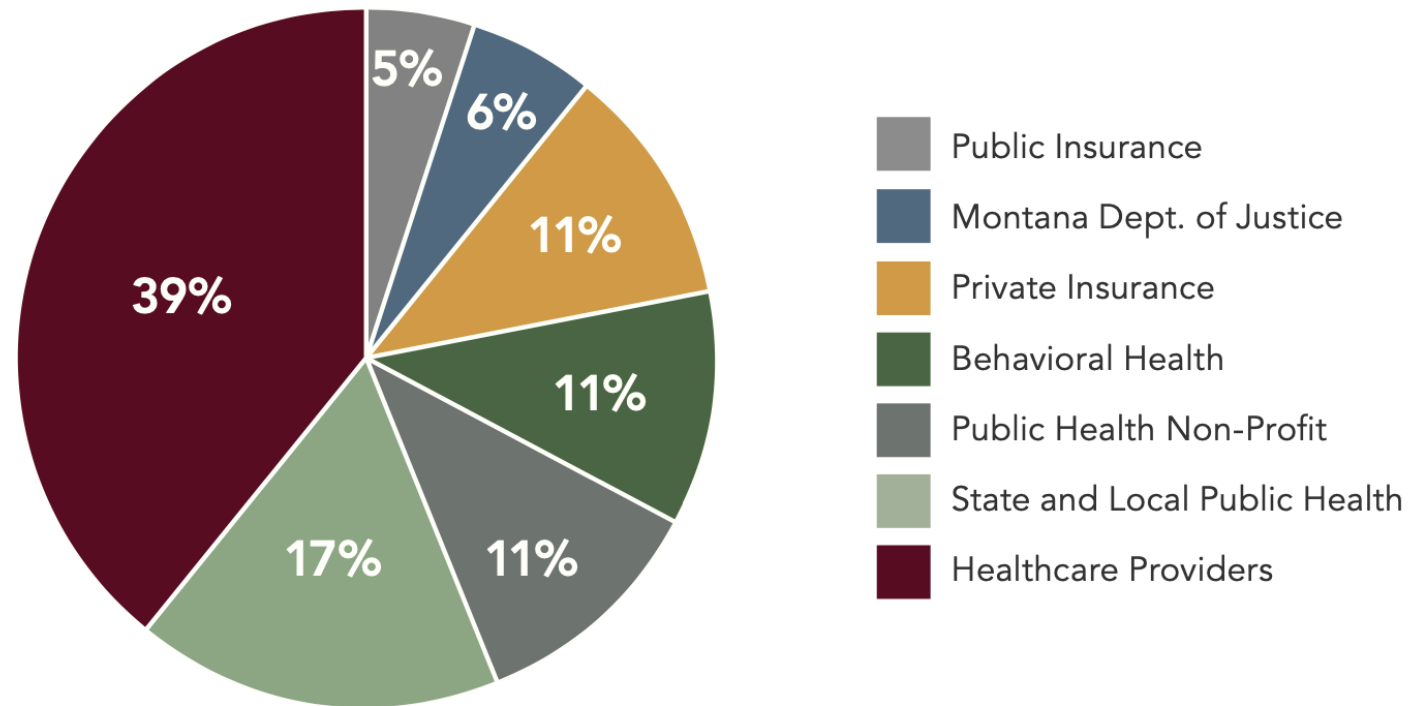
Catalyze Multidisciplinary
Collaboration in Maternal Health

STRATEGY 1 ELEVATE MATERNAL HEALTH IN MT

Figure 1: Maternal Health Leadership Council by Organization Type

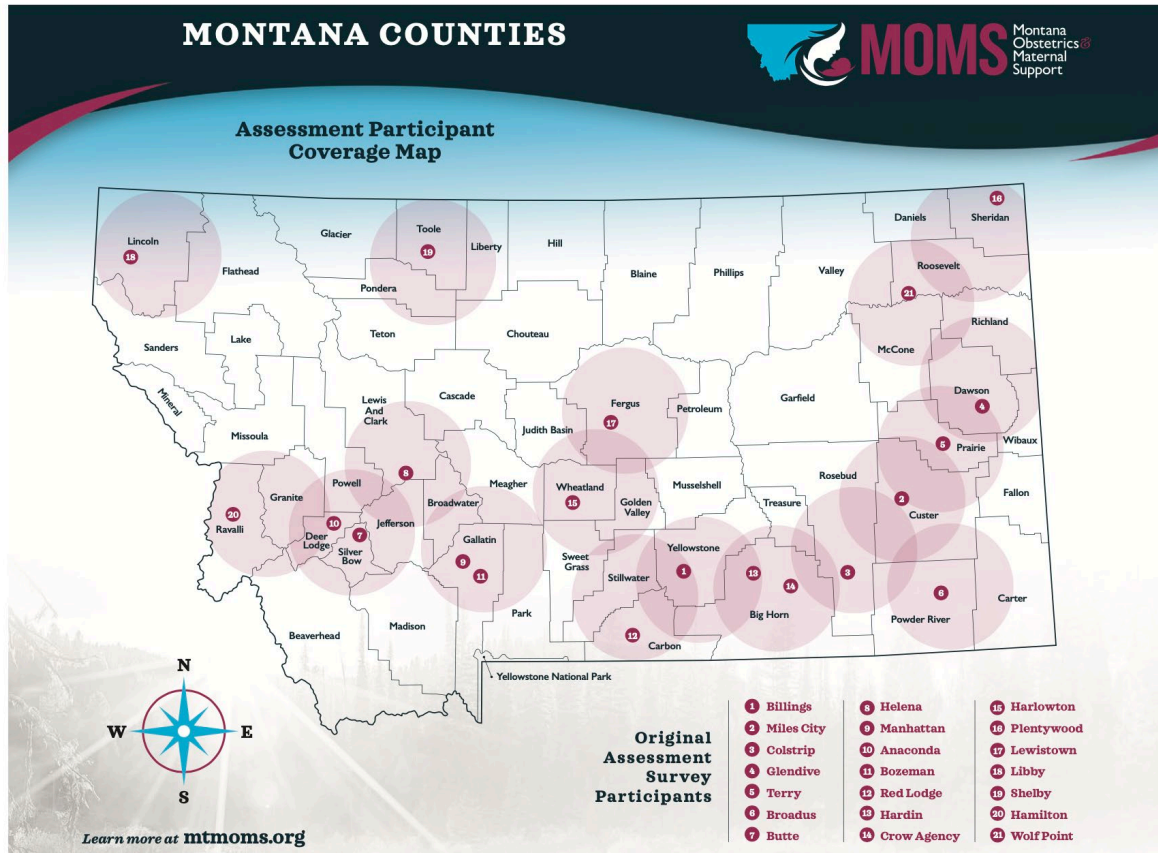
Maternal Health Leadership Council is broadly representative of stakeholders and engaged in improving maternal health.

Despite COVID-19, significant engagement from healthcare providers in needs assessment and strategic planning.



STRATEGY 1 ELEVATE MATERNAL HEALTH IN MT

Figure 2: Needs Assessment Respondents



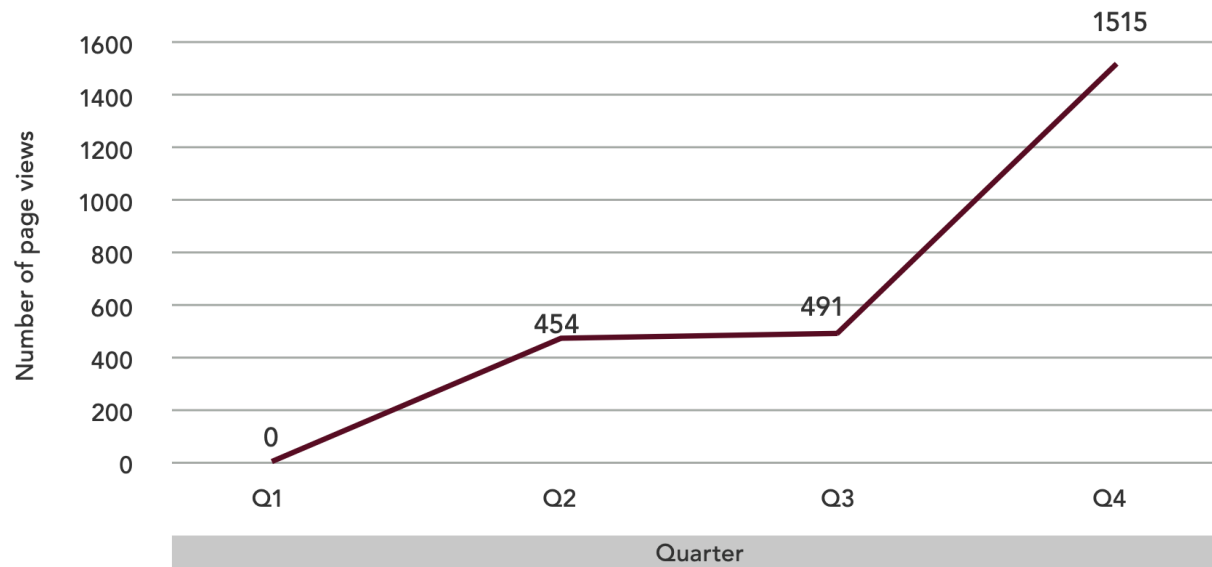
Needs Assessment conducted statewide.

Leadership Council has been using data from Needs Assessment to drive strategic planning process.

Needs Assessment will continue into Year 2, with facility and training needs focus.

STRATEGY 1 ELEVATE MATERNAL HEALTH IN MT

Figure 3: MOMS Website Unique Page View by Quarter



MOMS website launched (www.mtmoms.org) targeting provider community.

Public health education campaign in works for Year 2.

OBJECTIVE B

Measure Maternal Health in
Montana

STRATEGY 2 ANALYZE MATERNAL HEALTH DATA



Mortality Review

- DPHHS working to abstract historical cases for analysis
- Building partnerships with regional partners for mortality review process
- Developing process moving forward to compile investigations into standardized CDC MMRIA program

Morbidity Study

- UM working with MHA and DPHHS to conduct morbidity study
- Will inform AIM safety bundle adoption

Maternal Health Report

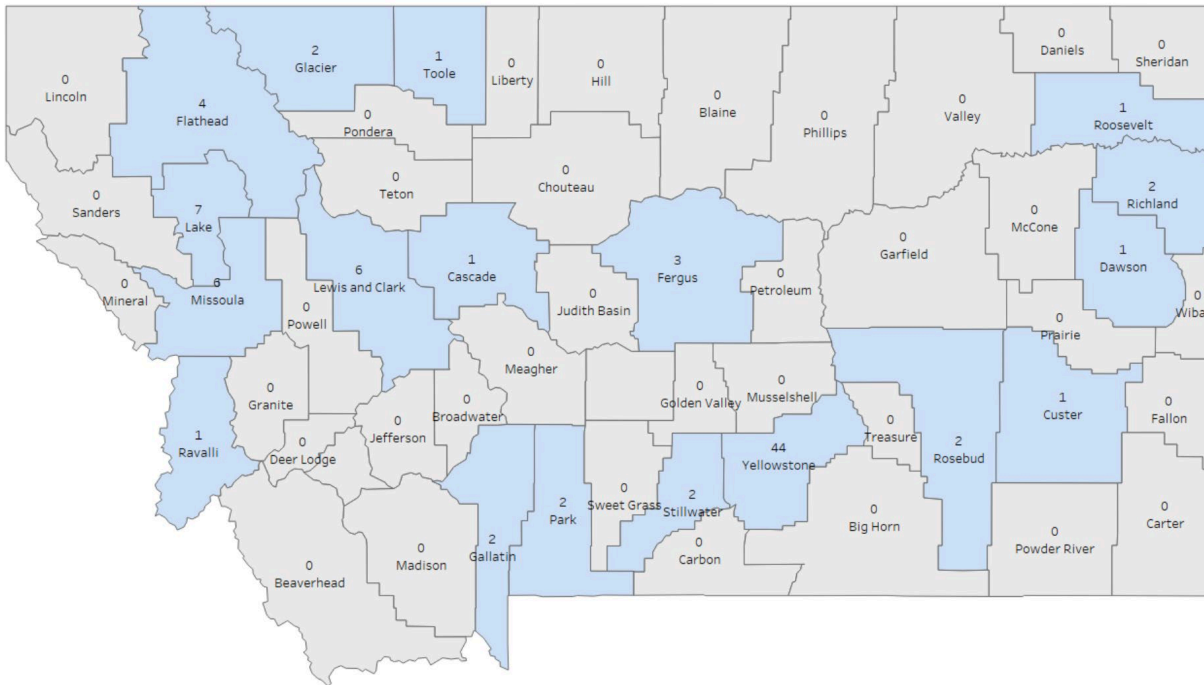
- First annual report in 2020
- Second annual report May 2021, will include in-depth analysis on severe maternal morbidity, environmental health and birth outcomes, Meadowlark Initiative

OBJECTIVE C

Promote and Execute Innovation
in Maternal Health Service
Delivery

STRATEGY 3 TECHNICAL ASSISTANCE AND PROVIDER EDUCATION

Figure 4: ECHO Unique Clinical Spoke Participants by County (N=88) (Y1)



ECHO achieved broad geographic coverage across Montana.

ECHO topics included:

- MOMS Intro & Project ECHO
- Postpartum Hypertension
- Postpartum Depression
- Treatment of Syphilis in Pregnancy
- American Society of Addiction Medicine and the Perinatal/Postpartum Patient: Montana's Continuum of Care
- Intro to AIM Safety Bundles
- Basics of Medication Assisted Treatment Training, Certification and Implementation
- Adapting to COVID-19

STRATEGY 3 TECHNICAL ASSISTANCE AND PROVIDER EDUCATION

Project ECHO Evaluations

Figure 5: Enhancement of Knowledge

Do you intend to make changes or apply what you've learned to your practice as a result of attending this activity?

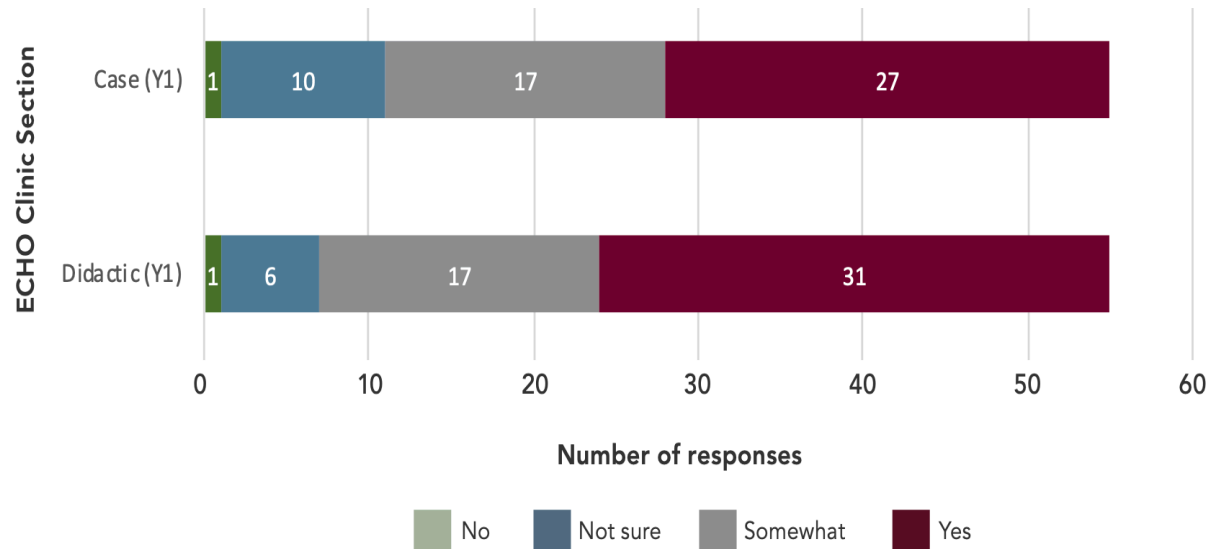
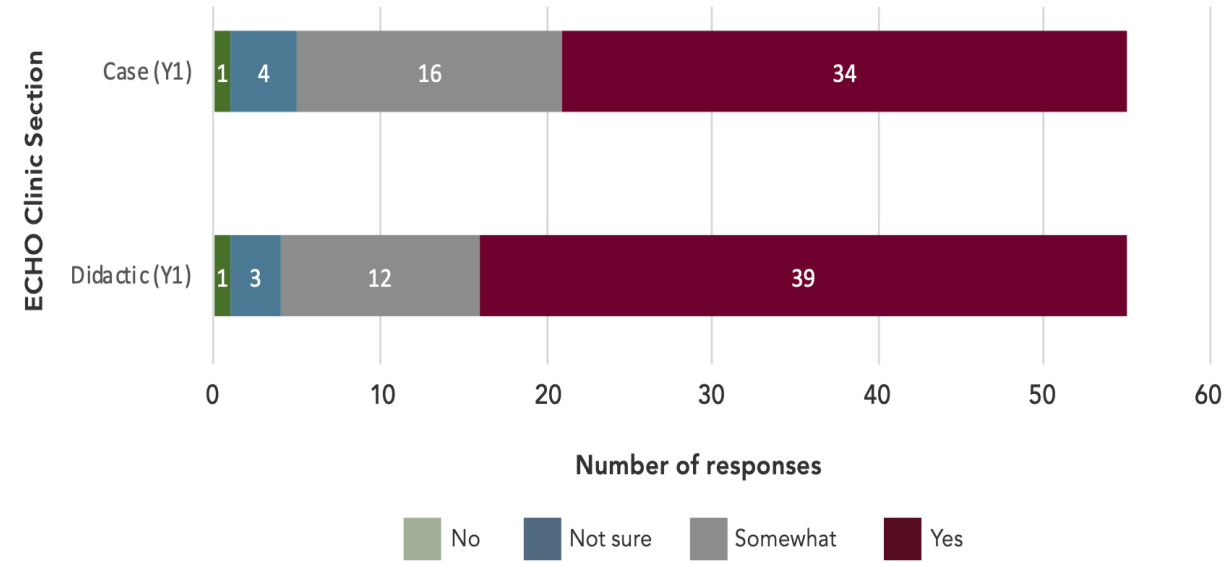


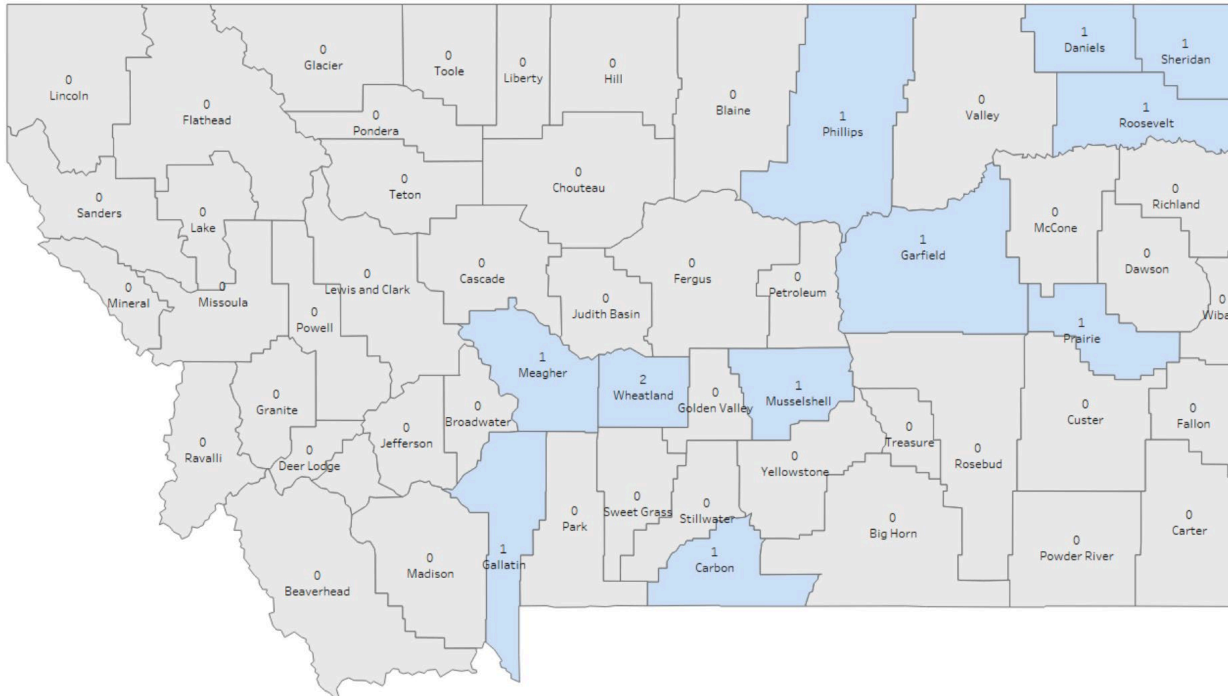
Figure 6: Application to Practice

The information presented enhanced my current knowledge



STRATEGY 3 TECHNICAL ASSISTANCE AND PROVIDER EDUCATION

Figure 7: SIM Training Locations



In Year 1:

- Two simulation modules conducted: Normal Delivery and Normal Delivery Sick Baby
- Twelve total trainings
- 145 individual participants

In Year 2:

- Trainings are continuing to complete delayed Year 1 contract
- Pre/post data collected to assess learning outcomes from simulation trainings
- New American College of Obstetricians (ACOG) Emergencies in Clinical Obstetrics (ECO) simulation model will be rolled out

STRATEGY 4 CONDUCT TELEHEALTH DEMONSTRATION PROJECT

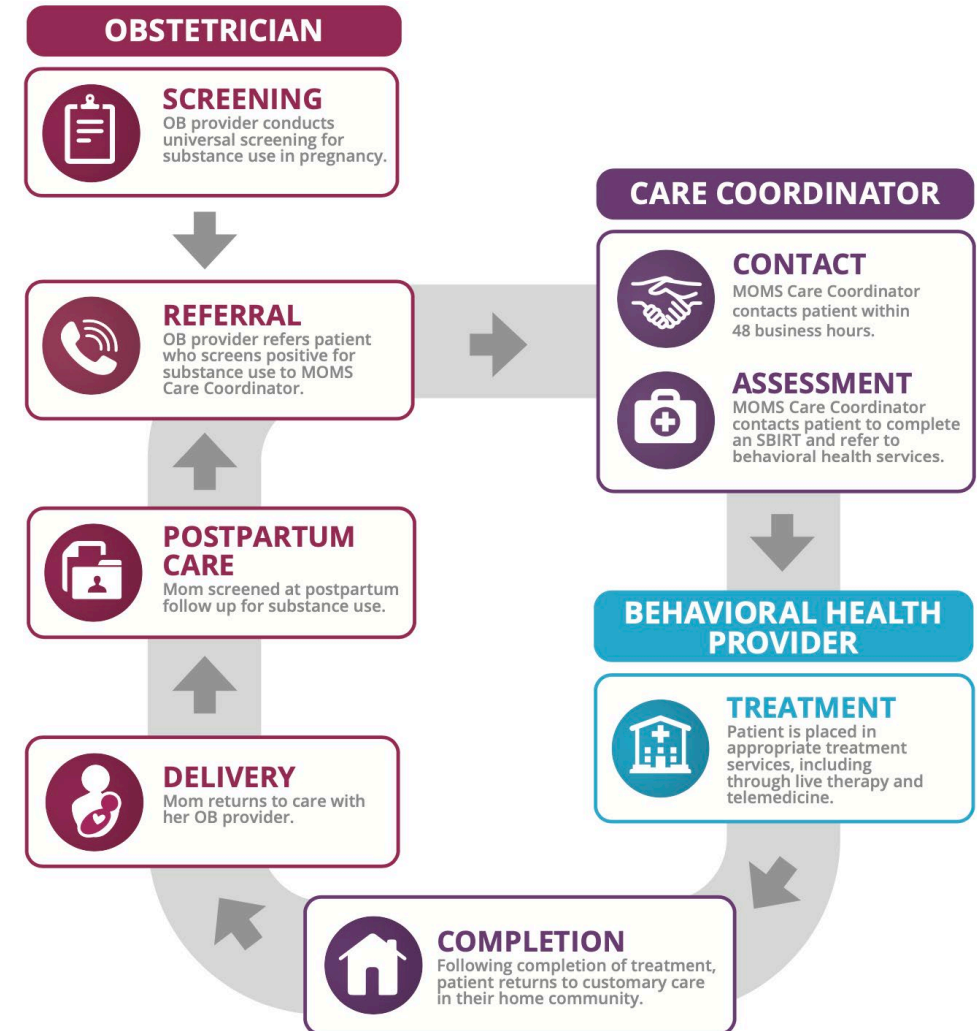
“Eastern Montana Perinatal Addiction
Treatment Health System”

Partnership between Billings Clinic and
Rimrock Foundation.

Includes screening, brief intervention,
and referral to treatment (SBIRT)

Treatment offered in-person or through
telemedicine, depending on needs of
patient.

Planning in Year 1, implementation in
Year 2.



STRATEGY 5 PILOT TELEMEDICINE APPROACHES TO PERINATAL CARE

UM Telemedicine in OB Study

Table 4: Interviews

State	Interviews (N)
Montana	9
Idaho	7
Wyoming	3
Total	19

Research aims:

- Describe experiences of OB providers moving to telemedicine during COVID-19 pandemic.
- Generate clinical delivery recommendations for institutionalization of telemedicine in OB practices moving forward.

Progress:

- Interviews complete.
- 19 interviews completed in Y1; 1 additional completed in Y2 for total of 20
- Data in analysis, with manuscript and report available in early 2021.

CONCLUSIONS

Recommendations

RECOMMENDATIONS

Use public health data to prioritize messaging in public health education campaign, align with AIM/PQC efforts where possible.

Broaden membership of Leadership Council to include Montana Hospital Association for health facility representation.

Use needs assessment and additional data to better target training needs.

Engage Leadership Council partners in organization-driven efforts for maternal health.

Engage Tribal Nations in health disparities work.

Identify policy interventions for maternal health, i.e. Medicaid.

Work Plan / Timeline								
Client: MOMS (FCHB)								
YEAR 2 - 2020-2021								
Novmeber - September								
		WINDFALL						
		<u>November 2020</u>	<u>December 2020</u>		<u>January 2021</u>			
Meetings		<i>Initial Meeting - November 4</i>	<i>Meeting - December 2</i>		<i>Meeting - January 6</i>			
		<i>18 ZOOM: Meeting ID: 942 5286 4564</i>	<i>Meeting - December 16</i>		<i>Meeting - January 20</i>			
Misc. Important Dates		<i>Colin Out November 23-27</i>	<i>Colin Out December 21 - January 3</i>					
Main Project		Campaign Development - January-March Creative	Campaign Development - January-March Creative		Campaign Development - January-March Creative			
		Media Procurement			Photo/Video Planning			
		Timelines Finalized			Media Launch - January - March			
Secondary Project(s)		Photo/Video Planning	Photo/Video Planning		Campaign Development - April-June Creative			
Media Plan Placements		TBD Based on Approval	TBD Based on Approval		TBD Based on Approval			
Website Work		Initial work on patient-facing page	Website Work		Website Launch			
		Sitemap	Layout options presented					
		Resources						

[illegible]

<u>June 2021</u>		<u>July 2021</u>			<u>August 2021</u>			<u>September 2021</u>			
Meeting - June 9		Meeting - July 7			Meeting - August 4			Meeting - September 1			
Meeting - June 23		Meeting - July 21			Meeting - August 18			Meeting - September 15			
								Meeting - September 29			
Photo/Video Work		Photo/Video Work			Photo/Video Work			July - September Reporting			
Campaign Development - July-September Creative		Campaign Development - July-September Creative									
		Media Launch									
		April - June Performance Reporting									
Year 3 Planning		Year 3 Planning			Year 3 Plan Finalized			Year 3 Campaign Development			
					Year 3 Campaign Development						
		TBD Based on Approval									
Year 3 Planning		April - June Performance Reporting			Year 3 Planning			Reporting			
		Year 3 Planning						Year 3 Planning			



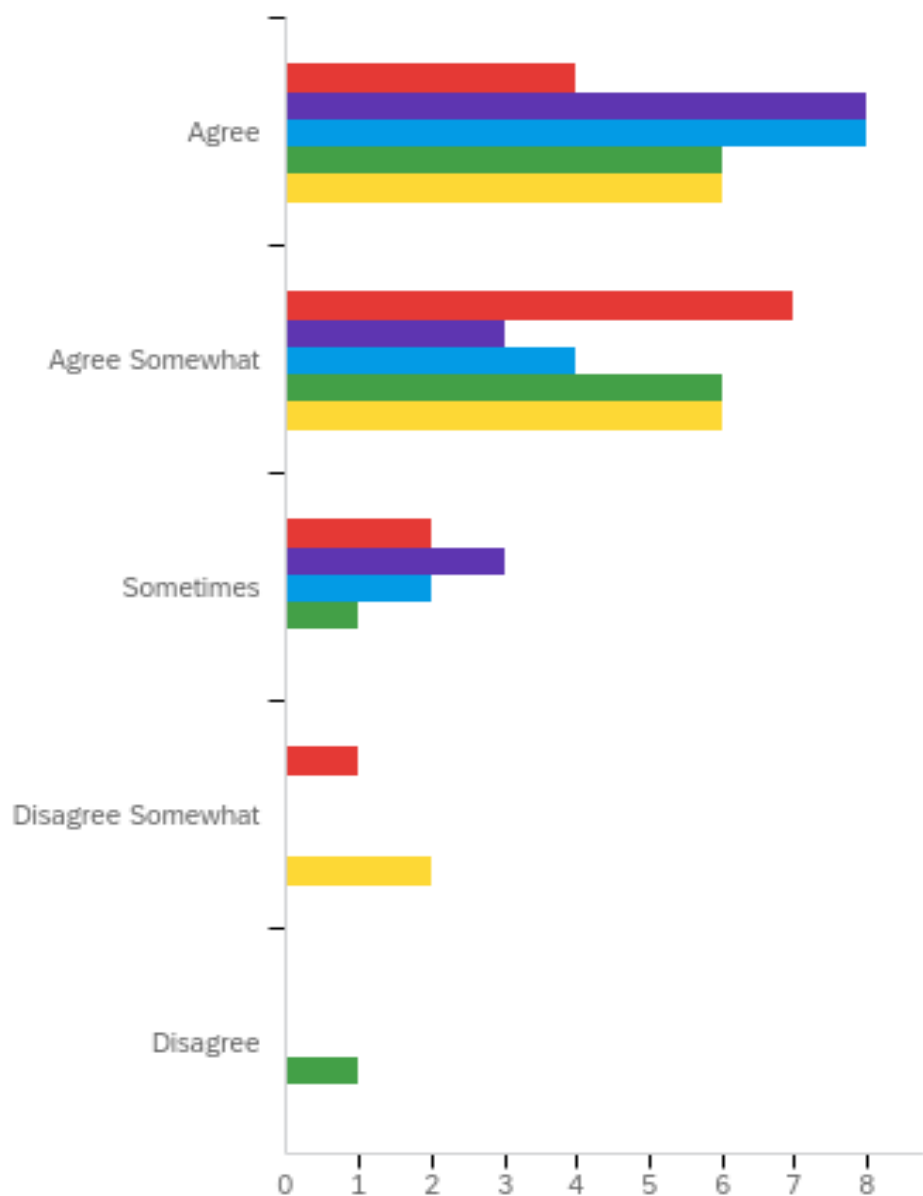
MOMS Leadership Council

Leslie deRosset

December 8, 2020

MOMS BI-Annual Feedback Survey

- Survey open for feedback from 12/4 – 12/8/20 at noon
- 14 out of 18 respondents completed the survey (77.8%)
- Critical partners or stakeholders that are missing from the MOMS program?
 - 35.7% said yes
 - 21.4% said no
 - 42.9% said “I am not sure”



- a. My role and contributions to the MOMS Leadership Council are important a...
- b. The communications strategies (emails, meeting minutes and notes, postin...
- c. The meeting materials easy to access and useful.
- d. Meetings are well-organized and strategically facilitated so members fee...
- e. The program planning, design implementation and evaluation metrics are t...

MOMS BI-Annual Feedback Survey

Scale: 1 (Agree) 2 (Agree Somewhat) 3 (Sometimes) 4 (Disagree Somewhat) 5 (Disagree)

Question/Statement	Mean	% (n = 14)				
		Agree	Agree Somewhat	Sometimes	Disagree Somewhat	Disagree
a. My role and contributions to the MOMS Leadership Council are important and valued.	2.00	28.6	50.0	14.3	7.1	-
b. The communications strategies (emails, meeting minutes and notes, postings on the website, etc.) for the MOMS Leadership Council are clear and easy to understand.	1.64	57.1	21.4	21.3	-	-
c. The meeting materials easy to access and useful.	1.57	57.1	28.6	14.3	-	-
d. Meetings are well-organized and strategically facilitated so members feel welcome, empowered to contribute and comfortable to share ideas and thoughts.	1.86	42.9	42.9	7.1	-	7.1
e. The program planning, design implementation and evaluation metrics are transparent and include stakeholders and council members at every stage.	1.86	42.9	42.9	-	14.3	-

Opportunities to Improve the Leadership Council

Starting to feel movement towards making actual change in all areas of the state

Length and format of meeting is challenging – lots of housekeeping

It's a hard time to think critically

Concerns from other organizations across the state the partnerships need to be more inclusive

Better delineate sectors to consider well-defined topics

Begin to do work in smaller workgroups, break-out rooms – the group is really large

Shorter summaries – so many documents.

Continue to be transparent and seek input from members for solutions

Only meet 1x per month

Split up and focus on work in smaller groups/teams

The work of the Leadership Council is a critical component for the planning, design and implementation of MOMS. Please describe what you think the program staff of MOMS could do to improve the Leadership Council.

- I feel movement towards areas where we can start to discuss actual changes in all areas of the state.
 - I believe we are working towards this and do understand that with the development of any group there are a lot of implementation objectives that must be handled first.
- Other organizations are concerned about lack of involvement as most everything is communicated as a partnership with Billings Clinic. Although they are doing important work, in order to be a true, statewide program, this needs to be minimized and others are invited to the table.
- Agendas are full, possibly fewer items and facilitate to pull for more dialogue from quiet members; They have a very clinical focus and at times I think we need more clinical representation.
- Only meet once monthly and let favorites chose their own AIM algorithm.
- The length and format of the meeting is difficult. Lots of time spend on 'housekeeping' and unproductive items, leaving little time for substantive issues. I think it could be improved with better, more thoughtful coordination and manipulation of the format to include breakout rooms, polls, and better delineated 'sectors' to consider well-defined topics.

The work of the Leadership Council is a critical component for the planning, design and implementation of MOMS. Please describe what you think the program staff of MOMS could do to improve the Leadership Council.

- I have not been able to participate as much as I would like, so I am not a good representative to answer this.
- Continue to be transparent on challenges/barriers and seek input from the members for their solutions.
- Shorter Summaries of what is a priority would help. There are so many documents it is difficult to keep it straight.
- the group is quite large, I believe that the best productivity will come if we can split up into focused groups that are targeting specific items
- The time is difficult for critical thinking activities.
- If activities require discussion, break into smaller groups and allot more time to participate.

Top 5 Priority Areas for 2021 for the MOMS Leadership Council

Rank	Priority/Interest Description	% (n)
1	Addressing barriers to best prenatal/labor and delivery/postpartum care	16.2% (11)
2	Rural and racial disparities in care	13.2% (9)
3	First trimester prenatal care	8.8% (6)
3	Health Care Provider teams education and support	8.8% (6)
3	Data collection - improvement and alignment to inform policies, programs, and clinical care	8.8% (6)
4	Public education campaign guidance and oversight	7.4% (5)
5	Adverse Childhood Experiences (ACE) training	5.9% (4)
6	CDC Levels of Care Assessment Tool (CDC LOCATe)	4.4% (3)
6	Patient and family engagement with the Perinatal Quality Collaborative (PQC) and Maternal Mortality Review Committee (MMRC)	4.4% (3)

Top 5 Priority Areas for 2021 for the MOMS Leadership Council

Rank	Priority/Interest Description	% (n)
7	Family Planning (all ages)	2.9% (2)
7	Adolescent pregnancy prevention and education	2.9% (2)
7	COVID-19 including telemedicine, access, treatment	2.9% (2)
7	Utilization of implementation tools such as the Key Drivers, Network Mapping, plan/do/study/act (PDSA) and continuous quality improvement (CQI)	2.9% (2)
8	Preconception health care	1.5% (1)
8	Other: create state award system to incentivize participation	1.5% (1)
8	Other: Open up funding to other hospitals to create alignment, reward innovation, as they are all doing similar work	1.5% (1)