Demonstration Project Updates

December 8, 2020

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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 2\textsuperscript{nd} 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 22\textsuperscript{nd} for 10 Montana providers

- **Provider Certification**
  - Neonatal Resuscitation Program (NRP)
  - **Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional 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.
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