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.