



## Maternal Health Leadership Council Meeting

March 23, 2020

3:30 - 5:00 PM

### Agenda

- 3:30 – 3:40**      **Roll call, introduce new members and approve minutes**
- 3:40 – 4:00**      **Maternal health partner initiative presentation**  
**Perinatal Behavioral Health Initiative Program – Meadowlark and PRISM for Moms**  
*Sarabeth Upson of Medicaid and Dr. Eric Arzubi of Frontier Psychiatry*
- 4:00 – 4:10**      **Q & A opportunity with guest presenter**
- 4:10 – 4:20**      **Legislative/policy update from Montana Primary Care Association (MPCA)**  
*Stacey Anderson, Policy Director for MPCA*
- 4:20 – 4:30**      **Reports from subcommittees**
- Payer subcommittee
  - Education subcommittee
- 4:30 – 4:40**      **Discuss and approve application for mini-grant program** (*council vote needed*)
- 4:40 – 4:55**      **Plan Maternal Mortality Review Committee (MMRC) composition and development**
- 4:55 – 5:00**      **Public comment/roundtable questions and discussion**

### **Meeting materials**

- Agenda
- February draft minutes
- Meadowlark, PRISM slides
- MPCA HB 632 slides
- Draft application for mini-grant program
- <https://reviewtoaction.org/content/members> - consider who to appoint to MT MMRC
- PQC graphics
- Images for digital and social media campaigns



## **Maternal Health Leadership Council**

Meeting Minutes: February 23, 2021:

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

**Karen Cantrell**, American Indian Health Director at DPHHS

**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

**Mary LeMieux**, Member Health Management Bureau Chief at Medicaid, and Perinatal Behavioral Health/Meadowlark Initiative Project Director

**Vicki Birkeland**, Nursing Director, Women's Services at SCL Health-St. Vincent Healthcare and Chair of the Montana Perinatal Quality Collaborative

**Judge Mary Jane Knisely**, 13th District Court Judge, Felony Impaired Driving Court (IDC),

**Brie MacLaurin**, Executive Director of Healthy Mothers, Healthy Babies

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

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

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

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

**Dr. Malcom Horn**, Director of Mental Health Services at Rimrock

### **Members Absent**

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

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

**Lisa Troyer**, Wellness Consultant at PacificSource

**Mary LeMieux**, Member Health Management Bureau Chief at Medicaid, and Perinatal Behavioral Health/Meadowlark Initiative Project Director

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

**Jude McTaggart**, Certified Nurse Midwife at Northeast Montana Health Services

### **Program Staff Present**

**Amanda Eby**, MOMS Program Coordinator at DPHHS

**Brenna Richardson**, Program Assistant at DPHHS

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

**Stephanie Fitch**, Project Coordinator for MOMS at Billings Clinic

**Carly for Annie Glover**, Lead evaluator and PI for MOMS at University of Montana

### **Public Attendees**

**Ashley Belton**, HRSA Project Officer

**Jana Sund**, CNM Flathead Postpartum Resource Center

### **Welcome and introductions**

Dr. Tersh McCracken opened the meeting and lead roll call. January meeting minute were approved.

### **Propose Subcommittee to Survey Education Needs that MOMS could address**

Amanda Eby presented on the option for a subcommittee for the previously identified needs for addressing barriers to the best prenatal labor, delivery, and postpartum care and to address disparities in rural and racial outcomes. The grant team supports the idea of a smaller group or committee who could manage the education needs of the maternal health care system and providers across that state. Overall, the goal of the subcommittee is to identify gaps in what the maternal health care provider community across the state. Another aspect of the subcommittee was discussing critical partners like the Montana Hospital Association (MHA). Amanda has been in communication with the CEO Rich Rasmussen and Rich will be working internally with his staff to determine the be representative to join the council.

- **Dr. Tersh McCracken** – The question came up previously for how we handle trauma informed care: Do we address the issue separately or do we acknowledge it and wrap it into everything we do? What will our audience be respective to and how do we build that into our projects?
- **Dr. Malcom Horn** – A point of motivation for this group has been systems change, and system change starts with education. How do we best teach the value of these changes?
- **Dr. Tim Wetherill** – Previous education has come across in the form of webinars, pamphlets, etc. which doesn't seem to deliver the message. How do we effectively educate on implicit biases and trauma informed care?
- **Janie Quilici** – Addressed the issue of lack of time for a lot of medical personnel to take trainings and suggested the idea of hospitals being able to hold medical staff. accountable as an agreement to working and the facility.
- **Olivia Riutta** - Can the expectation be that we have a health equity statement?
- **Karen Cantrell**- Do hospitals offer surveys to patients where they specially address the cultural and implicit bias questions? Getting feedback from the community, tracking responses, and implementing the results would be helpful to monitor and use for educational opportunities.
  - **Stephanie Fitch** summarized the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey that the Billings Clinic administers to patients and read some of the questions that could somewhat determine how trauma-informed an organization is.

Dr. Malcom Horn motioned to create a subcommittee to address the depth of the educational needs of this group. The motion was seconded and approved.

### **Guest Presentation on Maternal Health Initiatives- Montana Winners of AHRQ's Cross-Sectional Innovation to Improve Rural Postpartum Mental Health**

Jana Sund, Certified Nurse Midwife (CNM), of the Flathead Postpartum Resource Center presented on the Postpartum Resource Center, a non-profit focused on advocacy, support, and resources for mothers experiencing postpartum mood disorders. The PRG started as a group of survivors meeting monthly to discuss their journey toward healing and grew into a grassroots response for the need for additional health awareness and resources. The work includes training for postpartum doulas, monthly peer-to-peer support groups, online peer support forums, and Mothers in need fund. Jana's entire presentation can be reviewed [here](#).

### **Updated from Payer Subcommittee and Discussion**

Dr. Tim Wetherill updated on the payer subcommittee meeting which was a general discussion about some of the issues around payers and peer support counseling and the fact no one really pays for that. There is evidence from multiple specialists that suggests peer counseling is beneficial. This will be looked

at more closely with payers going forward. This was the first payer subcommittee meeting and was mostly introductory information and to identify other areas to explore over the next year.

### **Updates from DPHHS**

Amanda Eby provided an update from the Department of Public Health and Human Services (DPHHS).

- **Maternal Mortality Review Committee (MMRC)**
  - MMRC cannot move forward until we have direction given to us from the director of the department. The decision brief which included input from the council as well as the county level leaders is currently with the deputy director for review. Currently, there is a transition with leadership with the director's office and competing priorities during a busy legislative session. In the meantime, Amanda encouraged anyone that is interested in serving on the MMRC or has recommendations of others to contact her.
- **Perinatal Quality Collaborative (PQC)**
  - Work continues with the MHA on contacting birthing facilities and where they are in terms of implementing the AIM patient safety bundles and what they are interested in moving forward with. Visual infographics are being worked on and should be ready to share during the March meeting. Survey results continue to come in, showing hemorrhage as the top choice for AIM patient safety bundle to implement first. We are continuing to research and prepare materials to support the pre-work time frame of May through August that will include monthly quality improvement strategy webinars to present and partner with MHA on. The first learning session will be in September, after we enroll in AIM.
- **Alliance for Innovation in Maternal Health (AIM)**
  - Per the recommendation of the AIM program staff, we will enroll in the program on September 1, as part of the fall cohort enrollment. The spring enrollment would not allow feasible time to spend the grant funds we receive and not enough time for the contracting process. Instead, we will use that time to front load the prep work so we can hit the ground running right away in September. Right now, the contracting process is being worked on with the University of Montana (UM). UM is the fiduciary agent that will handle the funds we receive from AIM. DPHHS is the coordinating body in collaboration with MHA.
- **Public Education Campaign**
  - Amanda previously sent out a website draft to the leadership council. Windfall staff is currently making the edits the leadership council recommended. The website will need to be set and approved before launching a digital advertising and social media campaign. Program staff is currently reviewing mockup imagery and taglines. The website and campaigns are on track in launch in March.

### **Q & A Opportunity with DPHHS Staff**

No questions were asked.

### **Public Comment/Roundtable Questions and Discussions**

Amanda asked for public comments or additional questions, as well as a volunteer to present during the March meeting. Mary LeMieux offered to present on PRISM at the March meeting. Meeting adjourned at 5:00.





# Meadowlark Initiative and PRISM for Moms (Psychiatric Referrals, Interventions and Support in Montana for Moms)

# Funding Acknowledgement

- 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 \$650,000 annually with 0% financed with non-governmental sources. 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. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

# Agenda

- Background: Perinatal Behavioral Health Initiative
- Meadowlark Initiative
  - Eligibility
  - Services Available
- PRISM for Moms (Psychiatric Referrals, Interventions, and Support in Montana for Moms)
  - Eligibility
  - Services Available
  - Example of Calls
- Contact Information
- Q&A

# Background: Perinatal Behavioral Health Initiative (PBHI)

Maternal Depression and Related Behavioral Disorders (MDRBD) Grant funded in September 2018 by HRSA for five years.

- Awarded to seven states: RI, VT, FL, LA, KS, NC, and MT
- In Montana, the Meadowlark Initiative and the PRISM for Moms program both make up the Perinatal Behavioral Health Initiative
- Partnership with the Montana Healthcare Foundation, National Council for Behavioral Health and Frontier Psychiatry

# Meadowlark Initiative



- Eligibility
  - Any hospital that applies for the program through the MHCF website; currently there are four cohorts
  - Hospitals need to have buy-in from leadership to invest in this care coordination model and infrastructure
- Services Available
  - Care coordination of perinatal patients (pregnant women and women one-three years postpartum)
  - SBIRT: Screening, Brief Intervention, Referral to treatment
  - Integrated Behavioral Health



# PRISM for Moms Clinical Team:



Monday/Wednesday

Melinda Truesdell  
PMHNP; Director of APP's



Tuesday/Thursday

Amelia Wendt, MD



Friday

Molly Howland, MD



# PRISM for Moms



**PRISM**  
PSYCHIATRIC CONSULTATION LINE

- Services Available: Psychiatric Teleconsultation
  - Medication management
  - Treatment plans
  - Follow-up consultations on patient as needed
  - Didactics/trainings for providers—Virtual PSI conference May 19<sup>th</sup>-21<sup>st</sup> 2021
  - One-time evaluation of a patient
    - \*If allowed by your organization
  - Community resource and referrals for patients organized through Healthy Mothers, Healthy Babies

# PRISM for Moms



**PRISM**  
PSYCHIATRIC CONSULTATION LINE

- Eligibility
  - Any prescribing provider in Montana working with pregnant and postpartum women
- Hours of Operation
  - 9 AM-5 PM MST, Monday-Friday
  - Available 24/7, but call backs occur during normal business hours
  - E-consults on our website: <https://prismconsult.org/>
- Examples of calls to the line

# Resources

- Meadowlark website: <https://mthcf.org/the-meadowlark-initiative>
- PRISM for Moms Website: <https://prismconsult.org/>

# Perinatal Behavioral Health Initiative

## Contact Information

### DPHHS Program Staff

Sarabeth Upson – Perinatal  
Behavioral Health Program  
Officer

Phone: 406-444-0950

Email: [sarabeth.upson@mt.gov](mailto:sarabeth.upson@mt.gov)

Mary LeMieux – Bureau Chief,  
Member Health Services

Phone: 406-444-4146

Email: [mlemieux2@mt.gov](mailto:mlemieux2@mt.gov)



# PRISM for Moms Contact Information

## Frontier Psychiatry Program Staff

Melinda Truesdell, PMHNP —  
Director of APP's

Phone: 406-201-9787  
Email: [Melinda@frontier.care](mailto:Melinda@frontier.care)

Eric Arzubi, MD —  
Managing Member & CEO

Phone: 406-200-8471  
Email: [Eric@frontier.care](mailto:Eric@frontier.care)





# HB 632 – Implement receipt of and appropriate federal stimulus and COVID recovery funds

HB 632 – Implement receipt of and appropriate federal stimulus and COVID recovery funds – is scheduled to have four hearings this week before the House Appropriations. It is expected that these hearings will be divided into “sections” related to the subcommittees that considered this funding last week.

Section B & D – which includes a number of American Rescue Plan Act (ARPA) funds related to healthcare and housing – is **tentatively scheduled to be heard on Thursday afternoon.**

- Section B & D Discussion document: <https://leg.mt.gov/content/Publications/fiscal/Session-2021/Section-B-and-D-Subcommittee-ARP-Recommendations.pdf>



# Morbidity & Mortality Data

**Pregnancy-related deaths** (during pregnancy and up to one year after birth): This data is pulled from a [presentation by Dr. Annie Glover to the MOMS Leadership Council on 10/27/20](#). Sources: Rate from CDC Wonder, 2019 report of 5-year (2013-17) pregnancy-related death rate estimate; Rankings by America's Health Rankings, United Health Foundation.

- Montana is 6<sup>th</sup> highest in the US in maternal mortality.
- In Montana there are 40.7 deaths per 100,000 live births vs. 29.6 in the US.
- In Montana's AI/AN population, there are 167.2 deaths per 100,000 live births.
- In Montana's non-Hispanic white population, there are 23.9 deaths per 100,000 live births.

**Maternal morbidity:** This data is pulled from [a presentation by Dr. Annie Glover to the MOMS Leadership Council on 12/08/20](#). Sources: 2017 Montana Hospital Discharge Data; ACOG SMM Screening and Review Creanga AA, Bateman BT, Kuklina EV, Callaghan WM. Racial and ethnic disparities in severe maternal morbidity: a multistate analysis, 2008-2010. Am J Obstet Gynecol 2014;210(5):435.e1-35.e8 doi: 10.1016/j.ajog.2013.11.039

- 1 out of 10 (10%) of Montanans develop hypertension during pregnancy
  - o Can lead to preeclampsia, eclampsia, and other serious cardiovascular complications
- 1 out of 6 (17%) of pregnant Montanans experience depression.
- In the US, 1 in 7 women develop a perinatal mood disorder. Only 50% of who are diagnosed with depression receive treatment.  
(Source: Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States; <https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>.)

# Tracking/Testifying on HB 632

- Who are you, what do you do, and why do you support extending Medicaid coverage for Montana women postpartum?
- How does continuity of health insurance coverage impact your patients? Tell anecdotal stories.
- What are common health (physical and behavioral) needs that you see in your patient postpartum? What is the impact of untreated health needs on women and children?

If you would like to stream the hearing on Thursday:

1. Visit [www.leg.mt.gov](http://www.leg.mt.gov)
2. Open “Watch & Listen” tab
  - a. Select “Streaming Schedule”
  - b. Look for “House Appropriations”

If you would like to listen and (possibly) provide comment:

1. Visit [www.leg.mt.gov](http://www.leg.mt.gov)
2. Open “Request to Testify Remotely/Upload Your Testimony”
  - a. Select Bill: HB-632
  - b. Select a Committee: 2021-03-25 02:00PM
  - c. Select your position on the bill: proponent
  - d. Do you represent another party other than yourself?
    - Select “YES” if you want to list your organization
      - i. Complete remaining contact info
  - e. Write your comment...simply state that your support for HB 632 and any particular issues of interest (workforce, Medicaid, housing, homelessness, etc.)
  - f. You do not need to upload testimony if you do not have any prepared.
  - g. Would you like to testify before the committee via Zoom: YES
    - i. The select by computer or phone





# MOMS Rapid Response Grants

Molly M. Molloy, MSW LCSW CCFWD

# Introductions



- Who am I?
  - MSW, LCSW
  - CSCT Therapist
  - FQHC, Integrated Behavioral Health
  - Western Montana AHEC and Montana Institute of Interprofessional Education

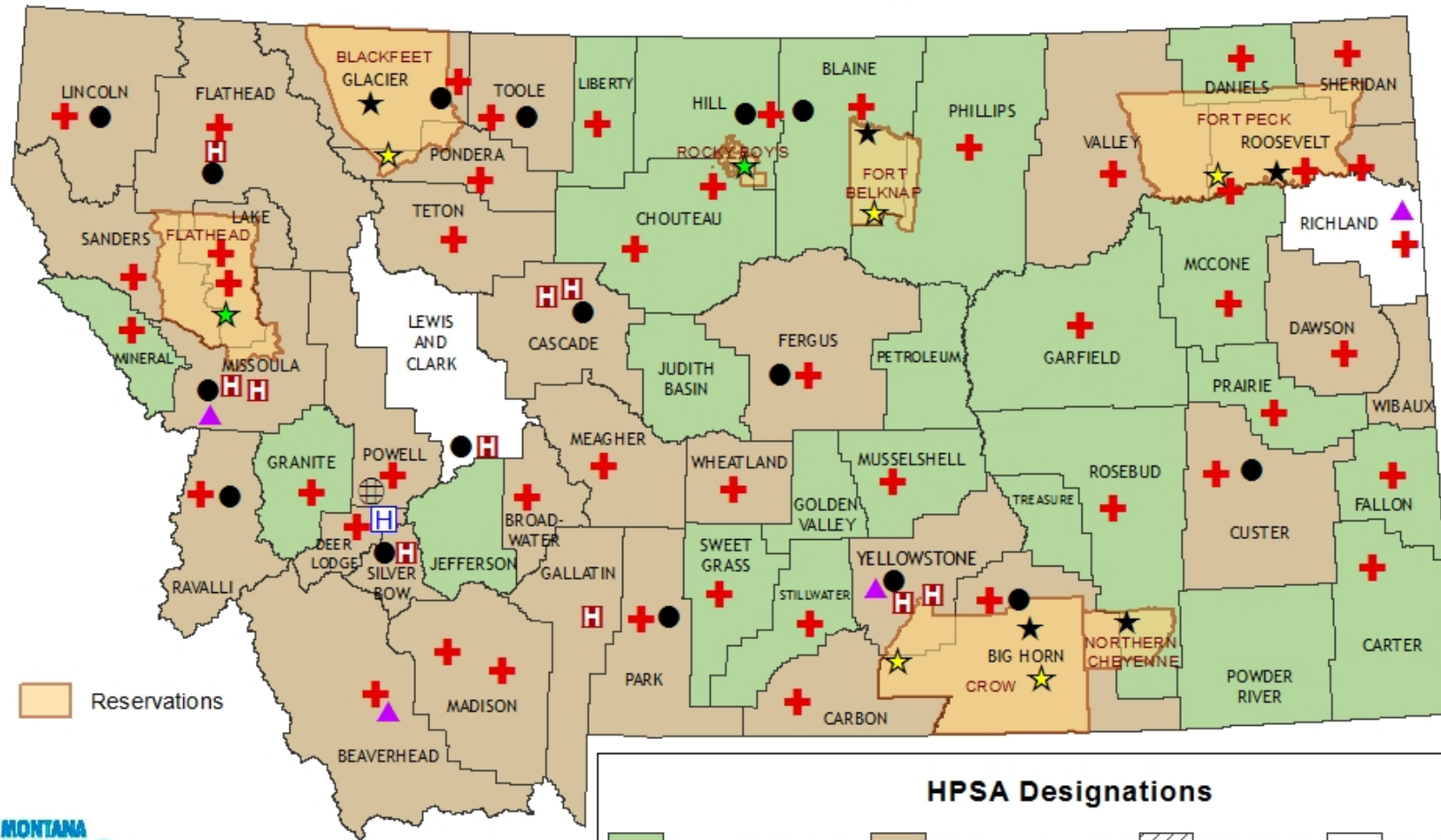
# Eligibility & Scoring criteria

- Preference given to HPSA (Health Professional Shortage Area) greater than 16 and organizations serving tribal communities.
- Scoring rubric will give additional point values to rural/HPSA and tribal communities.
- Based on:
  - Knowledge of population and community need
  - Impact and outcomes
  - Innovation
  - Financial information (Budget and Budget Narrative)





# Montana Primary Care Health Professional Shortage Areas (HPSAs)



## HPSA Designations

Geographic Population Low Income Population Under Review No Designation



Map Number: 19HHS0001

- Montana State Prison
- Montana State Hospital
- Hospital
- Critical Access Hospital

- AG Worker Health Services
- Federally Qualified Community Health Centers

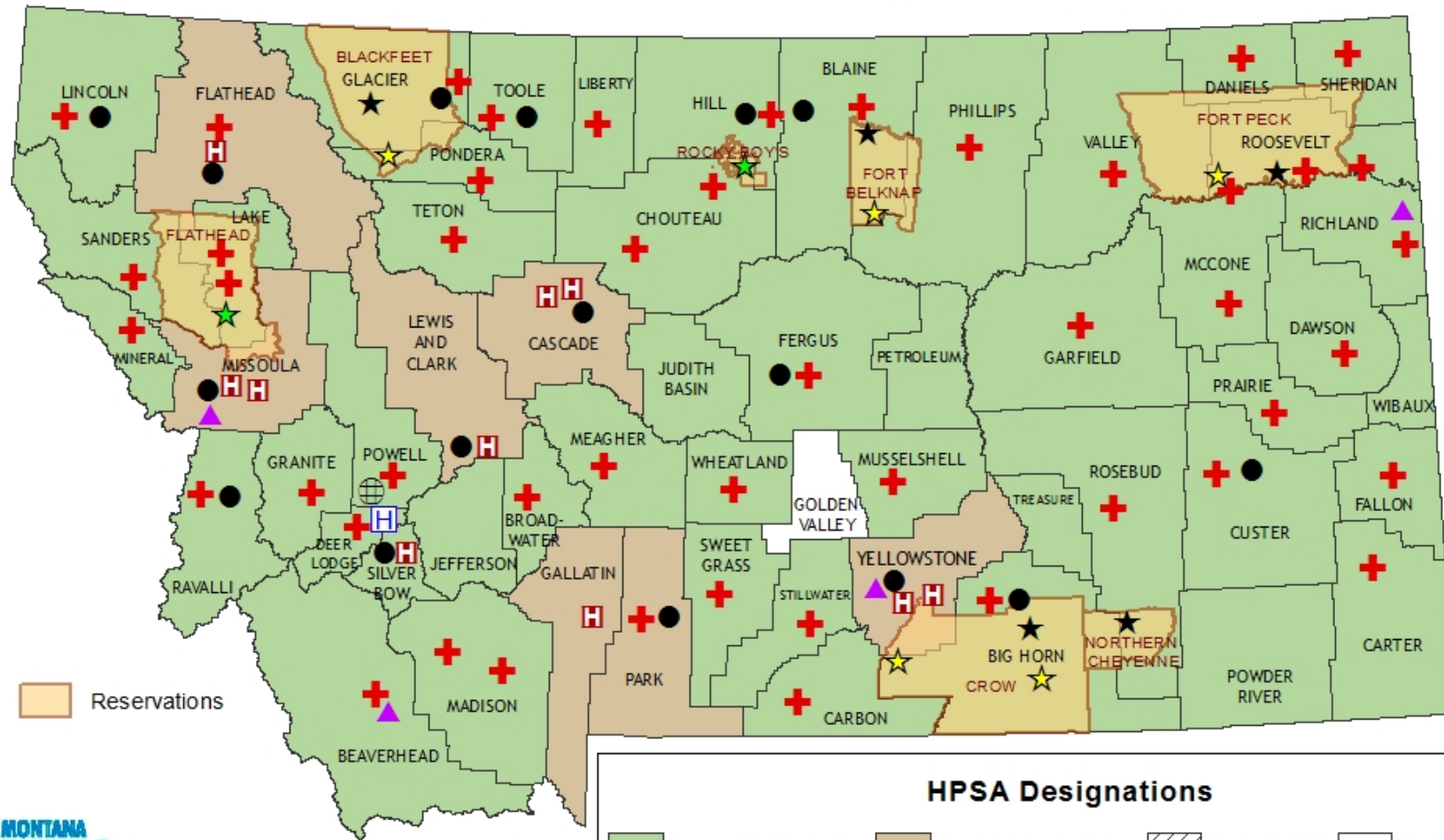
- Indian Health Service Facility
- Indian Health Service Station/Clinic
- Compacted Tribes-Tribally Operated Health

Data Source: MT DPHHS PCO, HPSA Data, April 2019

Note: HPSA designations subject to change. Requests for review can be made to the PCO.

# Montana Mental Health Care

## Health Professional Shortage Areas (HPSAs)



Map Number: 19HHS0001

- Montana State Prison
- Montana State Hospital
- Hospital
- Critical Access Hospital

- AG Worker Health Services
- Federally Qualified Community Health Centers

- Indian Health Service Facility
- Indian Health Service Station/Clinic
- Compacted Tribes-Tribally Operated Health

Data Source: MT DPHHS PCO, HPSA Data, April 2019

Note: HPSA designations subject to change. Requests for review can be made to the PCO.

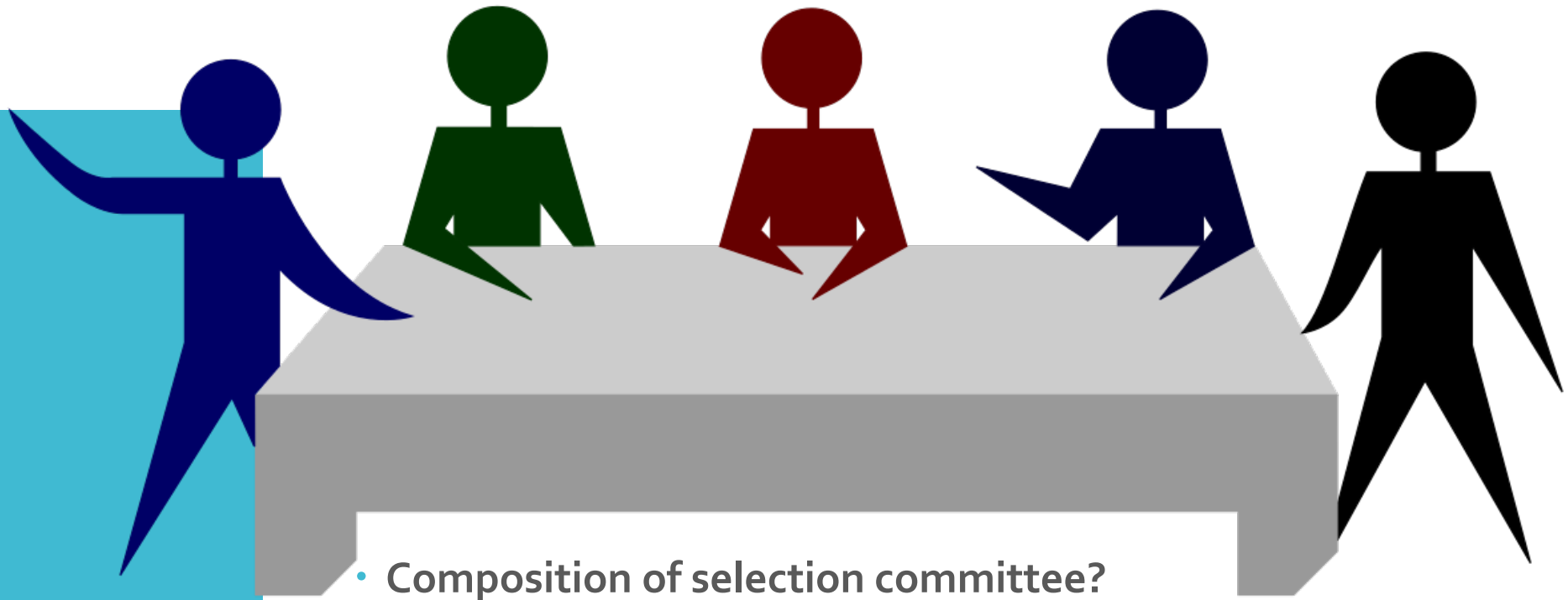
# Allowable costs and award amounts

(subject to change)

- Innovation
- Equipment (i.e. telehealth equipment, hardware/software)
- Training specific to maternal care



# Award selection committee



- Composition of selection committee?
- 5 members
- Representative of the Leadership Council

# Reporting requirements



- Grantee will set up as a vendor in UM Payment Works System (2 weeks for approval for this)
- Preliminary reporting by August 1, 2021 to ensure funding is spent
- Final report by October 31, 2021 including impact and scope of project (final numbers, expenditures)

# timeline

Date	Requirement
April 1, 2021	Grant application disseminated
April 30, 2021	Applications due
Week of May 3, 2021	Selection Committee will review applications
Week of May 10, 2021	Selection Committee will meet to determine awardees
Week of May 17, 2021	Letters/Email correspondence to awardees
August 1, 2021	Preliminary reports due
August 31, 2021	Grantees will alert committee if unable to spend funds
Week of September 3, 2021	Committee will meet September 3, 2021 to review any unspent funds and make plan
September 29, 2021	All funds must be spent
October 31, 2021	Final reports due



# Questions?

- Thanks!
- Contact:
  - [molly.molloy@umontana.edu](mailto:molly.molloy@umontana.edu)
  - ( c) 406-360-7439



## Request for proposals

### MOMS Rapid Response Mini-Grants 2021

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#### **PURPOSE:**

As a part of the Montana Obstetrics & Maternal Support grant (MOMS), funded by the Health Resources Services Administration (HRSA), the Rural Institute is soliciting applications for grants up to \$20,000 and will award as many as 10, for a total of \$100,000. These mini-grants are one-time only, cash awards given to organizations or groups that demonstrate a need for the treatment and service of maternity care.

The purpose of the MOMS mini-grant program, with guidance from DPHHS and the Maternal Health Leadership Council, is to distribute MOMS funds to local innovative hospitals, clinics, health departments, and nonprofits working to achieve MOMS objectives. This grant program facilitates the broader community inclusion of maternal health innovation activities in more local clinical sites around Montana.

#### **HOW TO APPLY:**

To apply for this grant, please complete the attached application and submit electronically to Molly Molloy, LCSW, at [molly.molloy@umontana.edu](mailto:molly.molloy@umontana.edu) by no later than April 30, 2021 at 5 p.m.

Grant applications will be reviewed by a selection committee comprised of representatives from the Maternal Health Leadership Council and the Rural Institute of the University of Montana. Grantees will be notified by May 30, 2021.

#### **ELIGIBILITY and SCORING:**

Eligible applicants include any state-wide public or private entity providing perinatal and postpartum (up to 12 months after delivery) services. Funding preference will be given to organizations demonstrating that their patient population and/or community in which they work is majority American Indian. Organizations that meet the [HRSA](#) definition for rural communities and with a [HPSA](#) score of 16 or greater will be given preference.

HPSA Score is <16:      \_\_\_\_\_ Yes      \_\_\_\_\_ No

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Applicants are also required to submit SAMS and/or DUNS. LANGUAGE/REQUIREMENT TBD – unsure at this point.

**ALLOWABLE COSTS:**

For this rapid mini-grant, organizations are allowed to request funding for training, equipment and other innovative responses to improving maternal health and well-being. Funds may not supplant current funding but can enhance existing services. Due to HRSA mandates, capital projects are not allowable with these funds.

**SUBMISSION AND DEADLINE**

All applications are due by April 30, 2021 at 5 p.m. Please note that all expenditures must be made by September 29, 2021. If awarded, you will receive 50% of funds immediately and the remainder when the final report has been received and approved.

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### **MINI-GRANTS SAMPLE APPLICATION**

This is an example of the online application that you will submit. It may be useful to print it and refer to it as you prepare your application. The online grant application can be accessed at:-----.

#### **PROGRAM INFORMATION**

Organization Name:	
Street/Mailing Address:	City:
State:	Zip Code:
Do you have IRS status of 501(c)3	Yes: No:
Please provide your Federal Tax ID or Employer ID:	
SAM Registration #:	DUNS#:

#### **Organization Contact Information**

Director of Organization:	Title:
Contact for this mini-grant:	Title:
Phone Number:	Email:
Is your organization providing services to prenatal/postpartum women? If yes, please describe (no more than 250 words):	

#### **PROJECT INFORMATION**

Project Title:
Amount of funding request:
Please explain the need you are trying to address (500-word limit):
Will your proposed project serve tribal communities? Yes ____ No ____

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Please tell us how you will serve native populations (250-word limit):
Please tell us how you will serve the maternal patient population in remote/rural communities (250 word limit):
How do you propose to spend the funding by the 9/29/21 deadline (100-word limit)?

Description of Expenses	Projected Budget
<b>Total</b>	

Statement of Understanding	
I understand that the awarding of all grant amounts shall be at the discretion of the MOMS mini-grants selection committee. The MOMS collaboration has the right to disseminate information and materials that are a result of this project. Grant funds must be utilized for the explicit purpose outlined in this proposal unless a request is submitted for a budget/program modification. I understand that all funds must be expended by September 29, 2021 and if we are unable to expend funds, we will notify the selection committee by no later than August 31, 2021.	
Project Lead Signature:	Date:
Director/CEO Signature:	Date:

For Questions regarding the application process, please contact Molly M. Molloy at [molly.molloy@umontana.edu](mailto:molly.molloy@umontana.edu).

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### MMRC Members to Consider

Organizations	Core Disciplines	Specialty Disciplines
Academic Institutions	Anesthesiology	Addiction Counseling
Behavioral Health Agencies	Community Advocate	Cardiology
Blood Banks	Community Birth Workers	Clergy
Community-Based Doula Program	Family Medicine	Community Leadership
Federally Qualified Health Centers	Forensic Pathology	Critical Care Medicine
FIMR/CDR Programs	Maternal Fetal Medicine/ Perinatology	Emergency Response
Healthy Start Agencies	Nurse Midwifery	Epidemiology
Homeless Services	Obstetrics and Gynecology	Genetics
Hospitals/ Hospital Associations	Patient/Family Advocate	Home Nursing
Private and Public Insurers	Patient Safety	Law Enforcement
Professional Assoc. State Chapters	Perinatal Nursing	Mental Health Provider
Rural Health Associations	Psychiatry	Nutrition
State Medical Society	Public Health	Pharmacy
State Medicaid Agency	Social Work	Public Health Nursing
State Title V Program		Quality/Risk Management
State Title X Programs		
Tribal Organizations		
Violence Prevention Agencies		



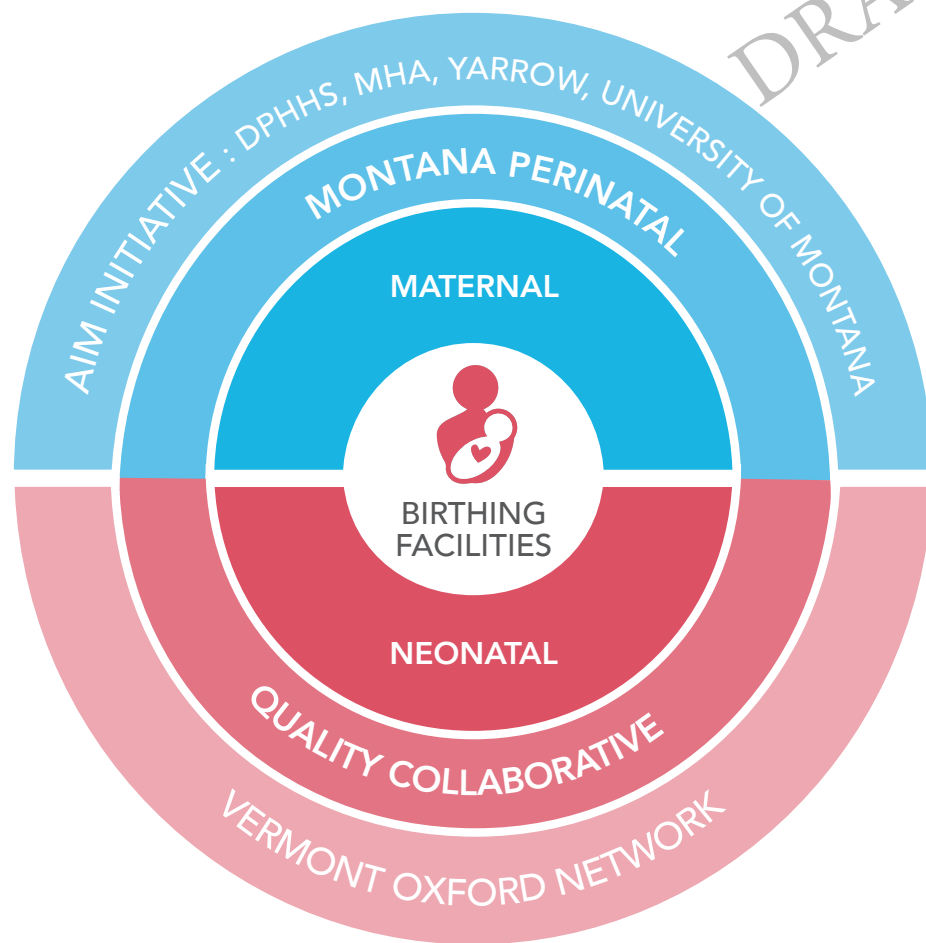
## Maternal Health Leadership Council Meeting

March 23, 2020

### Updates from DPHHS

- Perinatal Quality Collaborative (PQC)
  - Graphics (drafts enclosed) that illustrate the structure of the MPQC and that the process of collaboratively implementing the first AIM patient-safety bundle are near final.
  - Consulting with California and Texas PQCs on utilizing portions of their Obstetrical Hemorrhage toolkits in MT, as well as general advice.
  - Continuing phone calls to birthing facilities who have yet to complete our PQC/AIM survey, as well as follow-up zoom conversations with interested hospitals
  - Contacting clinicians in Montana who have implemented the Obstetrical Hemorrhage bundle about serving on the MPQC's Expert Panel to endorse clinical content for hospitals, be speakers to the MPQC on quality improvement training webinars and coaches to the hospitals implementing the bundle.
- Alliance for Innovation in Maternal Health (AIM)
  - Monthly check-in meetings with our program manager, Chelsea Lennox.
  - DPHHS and UM reviewing scope of work from AIM for contracting.
  - Chelsea helping garner more local ACOG support for the initiative as well as helping us develop our work plan and other guiding materials.
- Public education campaign
  - Two of each size image included in the materials packet will be promoted in the digital advertising and social media campaigns within the next couple weeks – one Caucasian and one Native American to run simultaneously.
- Maternal Mortality Review Committee (MMRC)
  - DPHHS Director approved the recommended option two - establish a state based MMRC.
  - Collecting recommendations for members that Title V, Fetal, Infant, Child and Maternal Mortality Review (FICMMR) and MOMS staff will then review and then recruit and appoint to the committee.
  - In communication with Julie Zaharatos of the CDC Reproductive Health Division who will help with planning next steps, a training for our nurse abstractor on the Maternal Mortality Review Information Application (MMRIA) when hired/contracted and present at the first MMRC meeting with an overview of the process and MMRIA forms.
  - Upcoming MMRIA User Meeting – April 21 – 22 – determining Montana's seven delegates to attend.

# Becoming an AIM State



**MT DPHHS – Montana Department of Public Health and Human Services** (Title V/Maternal & Child Health Block Grant Program), coordinating body for the AIM initiative, convening the PQC.  
<https://dphhs.mt.gov/ecfsd/mch>

**MHA – Montana Hospital Association**, partner coordinating body supporting the convening, quality improvement, and education of the PQC.  
<https://mtha.org/>

**Yarrow** – Contracted by DPHHS to facilitate the PQC AIM Initiative and provide quality improvement technical assistance to hospitals.  
<https://www.yarrowcommunity.org/>

**UM – University of Montana Center for Children, Families, and Workforce Development**, providing data collection and analysis support to hospitals and submitting data to AIM. [health.umt.edu/ccfwd/](https://health.umt.edu/ccfwd/)

**AIM – Alliance for Innovation on Maternal Health**, a national data-driven maternal safety and quality improvement initiative (funded by HRSA and national ACOG). <https://safehealthcareforeverywoman.org/aim/>

**VON – Vermont Oxford Network** is a nonprofit voluntary collaboration of health care professionals working together to improve neonatal care.  
<https://public.vtoxford.org/>

**PQC –** Learn more about the CDC's guide to perinatal quality collaboratives. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html#>

## YOU'RE INVITED TO

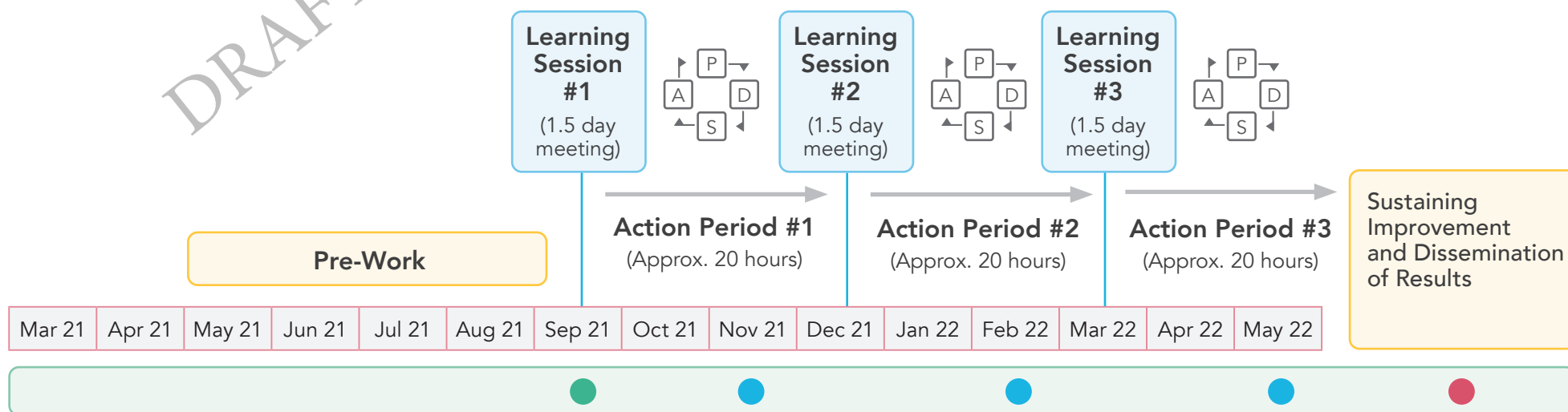
Improve health outcomes for mothers and babies by:

- 1 Joining the PQC
- 2 Participating in the AIM Initiative



# MPQC Obstetric Hemorrhage Collaborative Process

DRAFT



## Pre-Work

- Review Packet (2hrs/person)
- Form Team (2hrs/person)
- Orientation Webinar (2hrs/person)
- Readiness Self-Assessment (5hrs/Team)
- Aim Statement (1hr/Team)
- Storyboard Creation (1hr/Team)
- QI Webinar (2hrs /person)
- Data Webinar (2hrs/person)

Approx. 31 hrs/person  
over 4 months

## Learning Sessions

- Learning sessions will be 1.5 days long and will involve sharing with and learning from other members of the AIM cohort who are implementing the bundle.
- These may be online or in-person.

## Action Periods

These are periods of time between each Learning Session when a hospital team works on implementing the AIM bundle change package through PDSA cycles. Additional activities taking place in the Action Periods will include:

- Monthly All Team Calls & Reports
- Data Collection & Reporting
- Site Visits (As Needed)
- One on One Technical Assistance as Necessary (QI, Data, etc.)

Time Requirement: Varies by facility. Minimally, OB leadership/AIM implementation team should plan to attend 2 meetings per month with other cohort members and/or AIM bundle leadership.

## Data Submission to UM

- Baseline data submitted after enrollment.
- Process and structure measures submitted quarterly.
- Outcome measures submitted at the end of the bundle.

UM will submit all data to AIM.

1.



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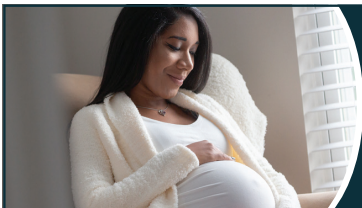
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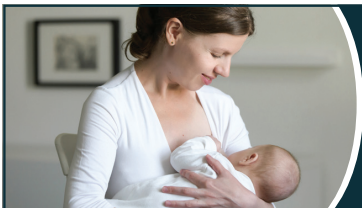
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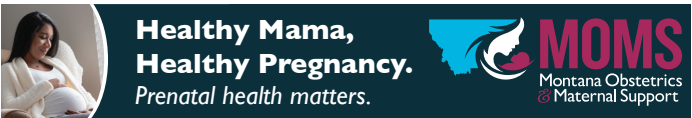


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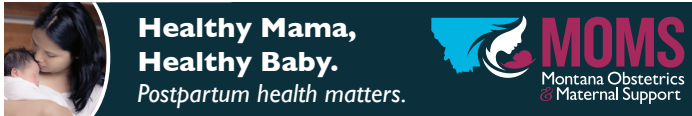
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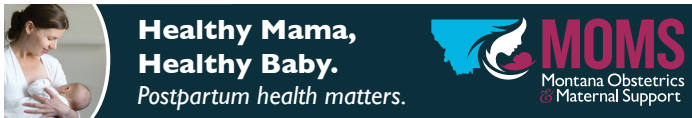
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