



Maternal Health Leadership Council Meeting

June 22, 2020

3:30 - 5:00 PM

Agenda

- 3:30 – 3:40** Roll call, review agenda and approve minutes
- 3:40 – 4:05** Update from Montana Primary Care Association (MPCA) on health care coverage and transitions Navigator Grant – brainstorm activities related to the perinatal population
- *Help identify gaps and strategies their workplan could address in maternal health*
- 4:05 – 4:20** Updates on MOMS
- 4:10 University of Montana
 - 4:15 Billings Clinic
 - 4:20 DPHHS
- 4:20 – 4:40** Strategic Plan
- *Review program goals drafted by staff and provide feedback*
- 4:40 – 4:55** Discuss meeting schedule and plans
- *Survey to follow meeting to confirm*
- 4:55 – 5:00** Public comment/roundtable questions and discussion

Meeting materials

- Agenda
- May draft minutes
- Goals for Strategic Plan
- Proposed council schedule



Maternal Health Leadership Council

Meeting Minutes:

May 25, 2021:

3:30-5:00 PM:

Location: Zoom only

Members Present

Chair, Dr. Tersh McCracken, MOMS Medical Director & Ob-Gyn at Billings Clinic

Ann Buss, Title V/Maternal Child Health Block Grant Director

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

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

Dr. Jean-Pierre Pujol, Medical Director at Blue Cross Blue Shield of Montana

Dr. Steve Williamson, Chief Medical Officer, Billings Area Indian Health Service

Janie Quilici, Perinatal Behavioral Health Counselor at Community Physicians Group

Oliva Riutta, Outreach and Engagement Manager at MPCA

Tami Schoen, MOMS Medical Director and OB/GYN at Billings Clinic

Brie MacLaurin, Executive Director of Healthy Mothers, Healthy Babies

Members Absent

Dina Kuchynka, Maternal and Newborn Health Manager at SCL Health-Holy Rosary

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

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

Mary LeMieux, Member Health Management Bureau Chief at Medicaid, and Perinatal Behavioral

Vicki Birkeland, Nursing Director, Women's Services at St. Vincent's Montana Perinatal Quality Collaborative

Program Staff Present

Amanda Eby, MOMS Program Coordinator at DPHHS

Ann Buss, Title V/Maternal Child Health Block Grant Director

Dr. Annie Glover, Lead evaluator and PI for MOMS at University of Montana

Stephanie Fitch, MOMS Grant Manager at Billings Clinic

Public Attendees

Anna Schmitt, Yarrow Consulting

Sarabeth Upson – filling in for Mary LeMieux

Nicole Campbell, Pregnancy and Postpartum Program Manager at DPHHS

Nicole Quirino, Administrative Assistant at DPHHS

Welcome and introductions

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

The Leadership Council was needing a vice chair and Oliva Riutta was nominated for the position. The council unanimously approved.

Maternal Health Partner Presentation – Strengthening Families Initiative

Nicole Campbell, Pregnancy and Postpartum Program Manager, presented on the Strengthening Families Initiative (SFI). The project is to enhance substance use disorder (SUD) and family strengthening services through SFI for pregnant and postpartum mothers who are experiencing SUD. The SFI along



with several divisions within the Department of Public Health and Human Services (DPHHS) will oversee the implementation of the work. The strategic plan consists of five main goals: equitable access, coordination, workforce, engagement, and sustainability. The initiative is comprised of six partnerships: Florence Crittenton, Mountain Home, Rimrock, YWCA Helena, Partnership for Children and OneHealth. The project will also be reviewed for potential expansion under Medicaid. [Click here to access the presentation slides.](#)

Q & A opportunity with guest presenter

Dr. Tersh McCracken asked how the Montana Leadership Council can help Nicole Campbell and the initiative. Campbell said that the contractors are doing the bulk of the work, but she may need to reach out to the council if they need provider input or any support with new partnerships. Campbell said that some of the contractors are not aware of the programs or organizations that are available in Montana and she mentioned that it may be helpful to connect the contractors to the council. She also said that if there was a need for further justification as to why this funding needs to continue, she would like to have the council help justify the need.

Janie Quilici asked what the plan is going to look like. Quilici also asked if housing is going to be a part of it, and if she is involved with local governments, legal entities, and or mayors. Campbell said that the contractual sites are different. Some sites will have a community-based focus such as Mountain Home Montana. Other sites will have more of a treatment clinical focus such as OneHealth and Rimrock, and some will fall in between the two. Campbell said that she believes that the housing initiatives will be supported.

The program will provide funding to organizations for housing women when discharged from treatment and prevent them from falling into old habits. They will start the process by offering a system where they can provide housing, which they pay rent. Rent is collected by the organization, which is a forced savings account, given back to them. The program will also provide funding for organizations to host a childcare center and play therapy for mothers and their children.

Maternal Health: By the numbers

Dr. Annie Glover presented on how maternal mortality and morbidity is measured. Glover said that racial disparities is the most dramatic population level factor for maternal health. There are several challenges measuring maternal mortality. Maternal Mortality Review Committees (MMRC) are the gold standard in measuring maternal mortality per CDC, however Montana does not yet have MMRC. The confidence intervals are wide, and the rates are unstable. The mortality rates, pregnancy-related death rate, and associated rankings are not good due to them not being complete. Maternal mortality is a problem within the state of Montana. [Click here to access the presentation slides.](#)

Glover said that Molly Molloy will be reaching out to everyone who is a part of the Leadership Council in the next couple weeks to ask a set of questions for the needs assessment for MOMS.

Q & A opportunity with guest presenter

Dr. Tersh McCracken asked what was surprising about the research that was conducted. Glover said that she was surprised in the racial disparities they see with birth records. She believes that health risks and diagnoses should show up on the birth records. This is indicating that they are not understanding the undiagnosed risk factors and the effects of stress and trauma on the cardiovascular health and mental/behavioral health.

Olivia Riutta wanted to know what the Primary Care Association could be looking at when they don't have the data. She also asked how do they compare unknown race data to other states? Glover said that the birth records have more race data than the hospital discharge records have, and this is common in every state. Montana and other states are comparing a match between the birth record and the hospital discharge data. The full information morbidity report will be published and should be out in early July and from there they will be able to determine how big of a role race is playing. Education will be a key component to those entering the data

Ann Buss asked if there is research that compares the US, to countries that have universal health care that provide more services to moms and families? Glover said that the US is the only developed country that does not have a universal health care system. There is disparity and if we can equalize and bring the rates of minority races up, then the US wouldn't have such a low overall rate.

Dr. Bardett Fausett understands that there are racial disparities but wants to know why. He recommended that we should work on the social economic issues, genetic modifications, genetic therapy, or predisposition. Fausett mentioned that we focus all our time measuring mortalities that are rare. He said that we are not looking at the underlying problems or addressing them. He believes that we need to measure everyday quality. Glover responded and said that the outcome measure is one piece of that. They are measuring the outcomes and the long-term goal is to focus on the process and the structure. By measuring the outcomes, you can then have a modifiable impact and an intervention. McCracken said that by heightening awareness on racial disparity, we can help drive resource allocation. Steve Williamson commented, and he too felt that racial disparities is very complex.

Brie MacLaurin said that the C-section rate is one of the disparity points and mentioned that it is high in Montana. She also mentioned that it would be a good topic to put on the agenda for the next meeting.

Updates from DPHHS

(The following update was emailed out to the council after the meeting because there wasn't time left for a verbal report during the meeting.)

MMRC/MMRIA

- The list of recommended members for the MMRC sent to Bureau Chief, Jacqueline Isaly is now with Division Administrator, Jamie Palagi who has asked a few questions and plans to approve soon.
- Staff continues to consult with the CDC regularly on planning and preparation for the MMRC and will schedule a monthly meeting including UM staff, Title V staff, Vital Statistics and Office of Epidemiological Support staff with the CDC.
- DPHHS staff is meeting to strategize internal processes that will need to change for the MMRC.
- Researching CDC recommended policies and procedures to ensure safety precautions are in place for the committee to propose to the planning group.
- Submitted recommendations to the CDC for three potential MMRC members to participate in the CDC Foundation-supported Delphi study to come to consensus on the pregnancy-relatedness of suicide and overdose.

Public Education Campaign

- Staff meets with contractor, Windfall monthly to coordinate and plan the campaign.



- The DPHHS Media Campaign Notification Form is currently in the Director's office awaiting approval to move forward from Public Information Officer (PIO), Jon Ebelt.
- The Education Subcommittee asked Windfall to develop options for them to consider of messages that were less pointed and pressuring women to seek care so as not to negatively impact those who struggle to access care – particularly Native Americans. The new tagline the subcommittee agreed on is: *"For two" includes you. Pregnancy resources for all Montanans*
- The Education Subcommittee only had positive feedback on the images, so with the consensus on the tagline, the digital advertising and social media campaigns are ready to launch immediately upon approval from the DPHHS PIO.
- Contacting some friends who are pregnant to potentially participate in the photo and video shoots for the campaign this summer.

Mini-Grant Program with UM

- Met with review committee (Olivia Riutta of MPCA, Lisa Troyer of PacificSource and Jen Verhasselt of Rimrock) twice to discuss applications and scoring. Consensus was reached on those to decline, those to reward and some to consider as possibilities.
- There were also several applications that Amanda, Annie and Stephanie determined appropriate to fund through Billings Clinic's existing programming for simulation, provider training, and education.
- The applications showed diversity among regions across the state and types of organization.
- Letters notifying applicants of award or decline were emailed on May 28th.

Perinatal Quality Collaborative (PQC) and Alliance for Innovation on Maternal Health (AIM)

- Staff meets weekly with Yarrow Consulting staff and bi-weekly Annie Glover and Carly Holman of UM join the meetings for planning and coordination of the PQC maternal track and AIM bundle implementation and enrollment.
- Four members of the expert panel of clinical advisors have reviewed the Obstetric Hemorrhage toolkit created by MOMS staff and provided feedback. They include Caroline McConville of Benefis, Marci Gossett of Community Hospital of Anaconda, Dina Kuchynka of Holy Rosary Healthcare and Kristen Srna of Benefis/AWHONN. Chelsea Lennox of AIM provided feedback on the parts of the California toolkit that were omitted from ours.
- With some help through DPHHS colleagues with the Meadowlark Initiative, a promising potential physician champion for the PQC has been identified. Sarabeth Upson introduced the team to Dr. George Mulcaire-Jones of St. James Healthcare. He is a family medicine OB provider who has been doing OB in Butte, including cesarean-sections and high-risk obstetrics for 30 years. He reviewed the OB Hemorrhage toolkit, provided feedback, and met with Amanda and the Yarrow team. Next, the team will bring all the reviewers and AIM program manager together to meet and finalize the toolkit for distribution.
- Distributed the enrollment form on May 17 to all Montana birthing facilities to join the Obstetric Hemorrhage AIM Bundle statewide learning cohort. As of May 27th, 13 of the 26 birthing facilities had enrolled, covering 59% of births in Montana. They include six large hospital systems, six critical access hospitals and one IHS facility.
- PQC participants begin prework this June/July with a review of a draft charter and then a webinar overview of AIM and QI training.
- On track to complete first draft of the AIM enrollment form to review with our program manager at our June meeting.

Other Activities



- Amanda is participating with Sarabeth Upson in the 2020 Mom Maternal mental Health Public Health Fellows program.
- Serving as co-leader with Sarabeth Upson for Montana's team in the Medicaid & CHIP Postpartum Care Quality Improvement Affinity Group with CMS and Mathematica.
- Participating in Region 8 and 10 PQC Leadership meetings convened by federal partners HHS, HRSA and CDC to plan a regional PQC Summit.
- Planning program presentation proposals with the grant team for several conferences, such as Montana Public Health Association, Rocky Mountain Childbirth, Maternal Health Learning and Innovation Center and more.
- Coordinating UM's LOCATe tool planning and administration with stakeholders.

Public comment/roundtable questions and discussion

No additional comments.

DRAFT



Final Guidance from HRSA on the Strategic Plan states the following:

State Maternal Health Innovation (MHI)/MOMS Program Goals (2019 – 2024)

- a) The goals listed should be specific, measurable, achievable within the project period, relevant, and time-bound (SMART).
- b) The goals should be informed by the State MHI program's approved work plan and the work of the Task Force.

Program staff met for a strategic planning session drafted goals according to the same framework being used for the ongoing needs assessment conducted by the University of Montana (UM): the World Health Organization (WHO) strengthening health systems framework which includes six core components or "building blocks." Goals were drafted for each of the WHO building blocks: Data; Health Care Delivery; Financing; Workforce; Leadership and Governance; Medical Products, Vaccines and Technology.

- **Data**

- Increase collaboration among data and epidemiological staff in Vital Statistics, Office of Science and Epidemiological Support (OESS), Pregnancy Risk Assessment and Monitoring System (PRAMS) and UM.
 - Measure according to executed data use agreements (DUAs) between entities and when 100% of requested data requests are completed in 30-60 days.
- Establish data extraction and sharing schedule, with consistent format, between Vital Statistics and the Nurse Abstractor/MMRC to ensure reliable data availability for maternal death reviews.
- Initiate quality improvement plan with birthing facilities, in partnership with the Montana Hospital Association (MHA), to improve their tracking of severe maternal morbidity.
- Complete the Montana Maternal Health Annual Report on time each year.

- **Health care delivery**

- Convene and facilitate the Montana Perinatal Quality Collaborative (MPQC) to implement the Alliance for Innovation in Maternal Health (AIM) Obstetric Hemorrhage patient-safety bundle by September 2022. (Subsequent goals related to the PQC and AIM patient-safety bundles will be added later based on the experience of cohort one.)
- Leverage strengths to promote equitable care across under-served and vulnerable populations.
- Partner with federally qualified health centers (FQHCs) and Title V Maternal and Child Health Block Grant funded county health departments to increase and improve well-woman visits.

- **Financing**

- Collaborate with public and private payers to understand their billing practices for maternal health care and identify potential improvements to promote best practices in health care delivery. Identify one initiative with each payer to improve obstetric care.



- Study Medicaid reimbursement for peer-support specialists to understand the impact on maternal health patients struggling with substance use disorders (SUD) and/or behavioral health (BH) diagnoses.
- **Workforce**
 - Sustain the twice monthly Project ECHO clinics with at least half of participants clinical at each clinic.
 - Engage Indian Health Services (IHS) as hub and spoke participants.
 - Sustain 60% or higher participants who apply learned content from ECHO clinics to their practice.
 - Train 5-10 facilities in obstetric simulations each year (15-30 total sites).
 - Support and increase para-professional perinatal and family support workforce for vulnerable and indigenous populations.
- **Leadership and governance**
 - Enroll MT in AIM September 2021 and maintain membership.
 - Engage and support the maternal track of the MPQC, with membership of 100% of facilities that identify as a birthing facility in the state by 2023 participating and actively implementing AIM bundles.
 - Convene and facilitate the MOMS Maternal Health Leadership Council to provide program implementation guidance; serve as a hub of information on maternal health; a platform for collaboration and partnership building among various maternal health partners across the state; and a potential avenue for policy changes.
 - Staff will become advisors on program and policy regarding rural maternal health at the local, state and national levels as well as empower council members and other stakeholders to lead with them.
 - Establish a distribution plan and protocol for the Montana Maternal Health Annual Report and other MOMS reports.
- **Medical products, vaccines, and technology**
 - Administer mini-grant program specifically for equipment at facilities such as fetal dopplers, ultrasound machines, bakri balloons, telemedicine equipment, etc.



MOMS Maternal Health Leadership Council Meeting Schedule Proposal

DATE	TIME	LOCATION	TOPICS
June 22, 2021	3:30-5:00 pm	Zoom	MPCA grant, goals, mtg. schedule
July 27, 2021	3:30-5:00 pm	Zoom	Review/confirm Vision/Values/Key Drivers and plan council activities
September	TBD	TBD	Review and confirm complete strategic plan, mini-grant awardees present, celebrate AIM enrollment and ERASEMM grant kick-off
3 rd Tuesday of the month so not to conflict with ECHO, mid-day to allow for travel to and from meeting			
January 17, 2022	12:00-3:00	Zoom (in-person option)	TBD
April 18, 2022	12:00-3:00 mtg. 3:00-4:00 social	TBD (council member to host in Missoula, Bozeman, Billings, Butte or other) (Zoom option)	TBD
July 18, 2022	12:00-3:00	Zoom (in-person option)	TBD
October 17, 2022	12:00-3:00 mtg. 3:00-4:00 social	TBD (council member to host in Missoula, Bozeman, Billings, Butte or other) (Zoom option)	TBD

September in-person meeting options:

- September 14
 - Meet after ECHO clinic in Helena
 - 1:30-4:00, 4:00-5:00 social
- September 20 -24
 - Meet in Billings in conjunction with the Montana Healthcare Conference
 - Meet in Helena in conjunction with the Montana Public Health Association Conference
 - Determine time after conference agendas are available