

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.

<u>Guest Presentation on Maternal Health Initiatives- Montana Winners of AHRQ's Cross-</u> <u>Sectional Innovation to Improve Rural Postpartum Mental Health</u>

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 <u>here</u>.

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.