



Maternal Health Leadership Council

Meeting Minutes:

April 27, 2021:

3:30-5:00 PM:

Location: Zoom only

Members Present

Chair, Dr. Tersh McCracken, MOMS Medical Director & Ob-Gyn at Billings Clinic
Tami Schoen, RN, BAN, WIC/CPA at Hill County Public Health Department
Dina Kuchynka, RN, BSN Maternal & Newborn Health Manager at SCL Health – Holy Rosary
Janie Quilici, Perinatal Behavioral Health Counselor at Community Physicians Group
Olivia Riutta, Outreach and Engagement Manager at MPCA
Lisa Troyer, Wellness Consultant at PacificSource
Mary LeMieux, Member Health Management Bureau Chief at Medicaid, and Perinatal Behavioral
Dr. Jean-Pierre Pujol, Medical Director at Blue Cross Blue Shield of Montana
Brie MacLaurin, Executive Director of Healthy Mothers, Healthy Babies
Vicki Birkeland, Nursing Director, Women’s Services at St. Vincent’s Montana Perinatal Quality Collaborative
Dr. Christina Marchion, Family Medicine/OB at Central Montana Medical Center
Jennifer Wagner, Rural Hospital Improvement Coordinator at Montana Hospital Association
Ann Buss, Title V Director/Maternal & Child Health Supervisor at DPHHS
Jennifer Verhasselt, Senior Director of residential Services at Rimrock in Billings

Members Absent

Dr. Bardett Fausett, Maternal Fetal Medicine Specialist and President/Medical Director at Origin Health
Dr. Steve Williamson, Chief Medical Officer, Billings Area Indian Health Service
Judge Mary Jane Knisely, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)
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
Jamie Palagi, ECFSD Division Administrator at DPHHS
Stephanie Fitch, MOMS Grant Manager at Billings Clinic
Dr. Annie Glover, Lead evaluator and PI for MOMS at University of Montana
Carly Holman, Research Analyst with the Center for Children, Families, and Workforce Development
Kaitlin Fertaly, Evaluation Service Director at the University of Montana

Public Attendees

Shannon Hauck, RN, CLC-Nurse-Family Partnership Supervisor at Riverstone Health
Brianne Swift, Nurse for commercial prenatal program at Pacific source
Alex Ewing, Health Scientist at CDC
David Goodman, Team Lead for Maternal Mortality Prevention Team at CDC
Jenny Wilkers, ORISE Fellow at CDC
Doug Anderson, Program Manager at RiverStone Health for Family Health Services

Welcome and introductions

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

Presentation on the Centers for Disease Control's Levels of Care Assessment Tool (CDC LOCATe)

Alex Ewing, health scientist, gave a presentation on the CDC levels of Care Assessment Tool (LOCATe). It is designed to help states create standardized assessments of levels of maternal and neonatal care. It is based on clinical guidelines, but it is not comprehensive assessment of all prenatal & maternal criteria. The first pilot was tested back in 2013. It has undergone improvements and updates since then. Twenty-one states including Puerto Rico have implemented (at least begun data collection) LOCATe. Once a state expresses their interest of implementing LOCATe, they will work on building support for participation from stakeholders, then collect data and analyze and share results. [Click here to access the presentation slides.](#)

Q & A opportunity with guest presenter

Dr. Tersh McCracken asked if Texas was using this tool. Ewing responded by saying that Texas is using a different model. He believes that the American Academy of Pediatrics (AAP) is coming in and doing assessments at the facilities (more in depth than LOCATe). Dr. Tersh McCracken mentioned that the council is going to be asked to consider a subcommittee to guide the implementation and asked what guidance would be needed. Preparation would be needed for facilities such as education on the tool and its use. Ewing recommended to identify one-point person to be in charge at each facility. CDC would send out information that is covered that the facilities would need to gather to fill it out the assessment.

Janie Quilici asked to explain the difference in the numbers between the self-report and LOCATe assessment since the tool is a self-assessment. Why are the numbers different, what does it mean? What does the difference mean? The difference is between what level a facility assumes they are before they actually complete the assessment. The differences could stem from a lack of familiarity with the guidelines because the guidelines change. It's been known to see a discrepancy when you look at the LOCATe criteria for the level that they self-assess as, they typically see that they meet most of them, but you will see a difference in one or two where they are not up to date with the guidelines that they suggest.

JP Pujol wanted to know if it was self-reported. Ewing confirmed that it is self-reported and that it is up to the hospital and facility to input data (trusting the hospital to use resources & capabilities correctly). Goodman mentioned that multiple people check responses. Overreporting is rare. The tool is not to be used for marketing and it is not to be used for reimbursement. the tool is used to make improvements. Follow up question: How can this tool help? From the CDC website: "This tool can create opportunities for informed conversations among stakeholders who work in the area of risk-appropriate care. Examples of these stakeholders include state and local public health departments, state [perinatal quality collaboratives \(PQCs\)](#), hospital associations, and health care providers working in maternal and neonatal care. The results from CDC LOCATeSM are a starting point for discussions about how states can improve health outcomes for women and infants."

VOTE: LOCATe implementation in MT

Janie Quilici - motion

Vicki Birkeland –seconded motion

Moved and Second - **council unanimously endorsed LOCATe tool**

Maternal Health Partner Presentation – Riverstone health Family Health Services

Doug Anderson, Program Manager at Riverstone health with Family Health Services and Shannon Hauck, Nurse, presented on Maternal Child Health Home Visiting. Anderson explained that they have three major programs: Nurse-Family Partnership, Parents as Teachers, and Maternal Child Health. The focus of the programs is prevention and relationship based. Anderson stated that the three programs are funded through DPHHS. Healthy Spark is a new project, but it hasn't officially launched yet. Vicki Birkeland is the principle investigator of the new project. Health Spark is federally funded and aims to provide support to women suffering from substance use disorders in the perinatal period. [Click here to access the presentation slides.](#)

Q & A opportunity with guest presenter

Olivia Riutta asked how the services are layered? Anderson said that they encourage referrals. If they see someone struggling anywhere in the prenatal phase, they are asked to make a referral and then RiverStone Health will determine to correct placement. Anderson mentioned that they receive referrals from Child Protective Services (CPS), Hospitals, Providers, Daycares, and WIC. Collaboration is key.

Reports from subcommittees

Payer Subcommittee: The Payer Group did not meet this month and won't meet in May either but is looking to reconvene in June. MOMS staff will do some internal planning on payer data studies after exploring possibilities with Medicaid data.

Education Subcommittee: The group was put on pause for internal planning on how to best use the group. Number one priority is providing feedback on the public education campaign that is being administered by Windfall. Amanda Eby is currently working with the group to get feedback for the campaign. Any other education opportunities that may be pursued will be communicated over email. Eby will report back to the Maternal Health Leadership Council with updates on the campaign.

Updates from DPHHS

- **Perinatal Quality Collaborative(PQC)** - identified group of about twenty people to serve as an expert panel of clinical advisors to create technical content or provide feedback for toolkits to implement the AIM patient-safety bundles They will also serve as technical assistance “coaches” available to provide support to facilities or present as a speaker at learning sessions.
- **Alliance for Innovation on Maternal Health (AIM)** – UM is working to finalize the budget and contract for AIM soon and DPHHS (Amanda) is completing the first draft of the enrollment form for the Montana program manager to review by the end of May.
- **Maternal Mortality Review Committee (MMRC)** – Amanda thanked those who had submitted recommendations for people to serve on the committee. Since she was still receiving recommendations as late as yesterday, just today, a final list of recommendations was submitted to Division Administrator Jamie Palagi for consideration to appoint.
- **Maternal Mortality Review Information Application (MMRIA) User Meeting** – Some of the members of the council in attendance recently attended and Amanda asked for them to share their takeaway thoughts from the meeting. Attendees commented on the powerful information shared on health equity and implicit bias and the interesting perspective of the significance of storytelling to honor mothers' lives.
- **Public education campaign** – the Education Subcommittee is considering revised wording for taglines that accompany the art for the digital advertising and social media campaigns. The Media



Campaign Notification Form is still awaiting approval from the Director's office before the campaign can launch.

Public comment/roundtable questions and discussion

No additional comments.

DRAFT