



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.