



Maternal Health Leadership Council Meeting

October 18, 2022

3:00 – 5:00 PM

Zoom Meeting <https://mt-gov.zoom.us/j/83167637499?pwd=VVkrS1U2Qkr5VjFzbVhwUERXT0J3UT09>

Meeting ID: 831 6763 7499

Password: 252031

Agenda

- | | |
|--------------------|---|
| 3:00 - 3:15 | Welcome, roll call, agenda review, minutes approval, introduce new members |
| 3:15 – 3:25 | 2022 Montana Maternal Health Annual Report
<i>Dr. Annie Glover, University of Montana</i> |
| 3:25 – 3:30 | Questions and discussion |
| 3:30 – 3:50 | Montana Perinatal Quality Collaborative – new grant and new cohort/bundle!
<i>Dr. Annie Glover, University of Montana</i> |
| 3:50 – 3:55 | Questions and discussion |
| 3:55 – 4:15 | Healthy Southwest Montana – Rural Maternity and Obstetrics Management Strategies (RMOMS) Program
<i>Sarah Diefendorf and Kerry Palakanis of Intermountain Health Care Services</i> |
| 4:15 – 4:20 | Questions/Discussion |
| 4:20 – 4:40 | Council housekeeping items <ul style="list-style-type: none">• Discuss council survey results• Discuss and approve revised charter• Discuss and approve revised terms of reference• Determine 2023 schedule |
| 4:40 – 4:50 | Updates on MOMS and related projects <ul style="list-style-type: none">• Maternal Mortality Review Committee• Cultural Safety• Simulation Leadership Academy• Empaths |
| 4:50 – 4:55 | Questions and discussion |
| 4:55 – 5:00 | Public comment |

Next meeting – January 17 – Zoom 3:00-5:00

MOMS Maternal Health Leadership Council Members

Name	Representing/Role	Organization	Email	Phone
Dr. Tersh McCracken, Chair	Ob-Gyn, MOMS Medical Director	Billings Clinic	cmccracken@billingsclinic.org	406-671-4505
Olivia Riutta, Co-Chair	Federally Qualified Health Centers, Director of Special Populations	Montana Primary Care Association	oriutta@mtpca.org	406-880-3374
Tami Schoen, RN, BAN	Local public health, WIC Aide	Hill County Public Health Department	tami.schoen@mt.gov	406-400-2359
Dr. Bardett Fausett	Maternal Fetal Medicine Specialist President / Medical Director at Origin Health	Origin Health	bfausett@originhealth.com	406-523-5650
VACANT	Family Medicine/OB practicing in a rural area			
VACANT	Maternal & Newborn Health nurse practicing in a rural area			
Jackie Muri, MSL, FACHE	Women's & Children's Services, Regional Sr. Director	SCL Health - St. Vincent's/Intermountain Healthcare	jackie.muri@imail.org	406-853-8174
Stephanie Iron Shooter	Tribes and tribal organizations	DPHHS: Director's Office: American Indian Health Director	Stephanie.ironshooter@mt.gov	406-444-5649
Dr. Jean-Pierre Pujol	Blue Cross Blue Shield of MT (private payer), Medical Director	Blue Cross Blue Shield of Montana	Jean-Pierre_Pujol@bcbsmt.com	406-437-6433
Lisa Troyer	Wellness Consultant PacificSource (private payer)	PacificSource Health Plans	lisa.troyer@pacificsource.com	406-441-2152
Janie Quilici, LAC, LCSW	Perinatal Behavioral Health Counselor	Community Physicians Group	jquilici@communitymed.org	406-327-3818
Brie MacLaurin	Nonprofit community organization, Exec. Dir.	Healthy Mothers, Healthy Babies	brie@hmhb-mt.org	406-461-0784

VACANT	Certified Nurse Midwife, practicing in a rural area			
VACANT	Drug court judge			
Jennifer Verhasselt, MS, LAC	Sr. Director of Residential and Peer Support Services	Rimrock Addiction Treatment Services	jverhasselt@rimrock.org	406-248-3175x447
Jennifer Wagner, CPHQ	Rural Hospital Improvement Coordinator	Montana Hospital Association	Jennifer.wagner@mtha.org	406-457-8000
Dr. Steve Williamson	Tribes and tribal organizations, Medical Director	Billings Area Office of Indian Health Services	Steven.Williamson2@ihs.gov	406-672-3615
Tressie White	Nonprofit community organization/Program Director, American Indian Health Programs	Montana HealthCare Foundation	Tressie.white@mthcf.org	406-451-7060
Dr. George Mulcaire-Jones	Retired Family Physician, Clinical Advisor for MPQC- AIM	MOMS and MPQC-AIM	gmuljones@gmail.com	406-490-1998
Amy Stiffarm	Individual with lived experience and Indigenous Public Health PhD Student		astiffarm@gmail.com	406-262-3511
Non-Voting Members				
Name	Representing/Role	Organization	Email	Phone
Mary LeMieux	Member Health Management Bureau Chief at Medicaid and Meadowlark Initiative Project Director	DPHHS	mlemieux2@mt.gov	406-444-4146
Ann Buss	Title V Director/MCH Supervisor	DPHHS	abuss@mt.gov	406-444-4119



Maternal Health Leadership Council

Meeting Minutes:

July 19, 2022:

12:00-4:00 PM:

Location: Zoom/In-person

Members Present

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

Oliva Riutta, Director of Special Populations at MPCA

Lisa Troyer, Wellness Consultant at Pacific Source Health Plans

Janie Quilici, Perinatal Behavioral Health Counselor at Community Physicians Group

Brie MacLaurin, Executive Director of Healthy Mothers, Healthy Babies

Tami Schoen, RN at Hill County WIC Department

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

Jen Verhasselt, Senior Residential Services at Rimrock and Pathway to Parenting program

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

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

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

Dr. George Mulcaire-Jones, Retired Family Physician, Clinical Advisor for MPQC-AIM

Amy Stiffarm, Individual with lived experience and Indigenous Public Health PhD Student

Members Absent

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

Tressie White, Program Director with Montana Healthcare Foundation

Jennifer Wagner, Rural Hospital Improvement Coordinator with Montana FLEX Program at Montana Hospital Association

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

Dr. Steve Williamson, Medical Director, Billings Area Office of Indian Health Services

Program Staff Present

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

Amanda Eby, MOMS Project Coordinator at DPHHS

Ann Buss, Title V Director/Maternal & Child Health Supervisor at DPHHS

Public Attendees

Dr. Sarah Reese, University of Montana

Anna Schmitt, Yarrow Community Health

Welcome and introductions

Dr. Tersh McCracken introduced two new members who were recently appointed to the council, George Mulcaire-Jones and Amy Stiffarm opened the meeting with discussion on April's presentation on American Indian Historical Trauma and Maternal Health. Brie MacLaurin motioned, and Janie Quilici seconded the motion to approve the meeting minutes from April. The motion passed unanimously. Introductions were done with an ice breaker – Name, role/organization, heritage and/or culture – ethnicity, traditional family practices. This was to get the council thinking about the topic of cultural safety which would be the of the meeting. The meeting began with a working lunch that was over a



follow up discussion on April's presentation about American Indians and historical trauma and cultural safety.

Cultural Safety presentation

Amy Stiffarm introduced herself and gave her credentials and positionality. She shared that she felt there were a lot of similarities culturally by what was shared in the discussion. She talked about how she's acquired knowledge through both the western and indigenous worldviews. Amy discussed how she approaches maternal health as part of taking care of mother earth. She did a land acknowledgement, then gave an overview of what her presentation will cover. The presentation covered terminology and definitions, social determinants of indigenous health, recommendations/considerations, resources, and references. She turned it over to Dr. Reese for her presentation on trauma-informed care.

Overview of Trauma-Informed Care

Dr. Sarah Reese gave a presentation on Trauma-Informed Care. She spoke on the effects of trauma, and how that shows up in the work setting. Dr. Reese covered the Trauma-Informed Care model and the six key principals in an OBGYN setting.

Q&A

Dr. McCracken opened the floor for questions on both Amy Stiffarm's presentation and Dr. Sarah Reese's. Olivia asked if there are other projects in other states that are using cultural safety framework in the same way? Amy answered that she hasn't seen it much in other states. She stated conversations are happening around it but there's not a good way to find what other tribes are doing. Cultural competency can give the wrong impression that all indigenous tribes have the same culture. Dr. McCracken asked how he can get broach the subject of Cultural Safety and Trauma-Informed care with patients when they have limited appointment time? Amy said just have compassion and empathy and look at the data. She said to create an environment where the patient feels safe enough to bring the subject up. Dr. McCracken asked Dr. Reese to give input on the trauma side of the issue. Dr. Reese responded to assume that every patient has had some trauma and take a team-based approach. An attendee asked if they felt there is discrimination in healthcare in Montana? Amy Stiffarm responded that she did not have the statistics, but it is an issue she hears about from family and friends. Annie stated qualitatively it does show from providers. Providers referring to certain populations as apathetic or not caring about their health outcome. She said that was a broad misrepresentation. Dr. Reese said there is a significant difference between the number of Indigenous mothers being asked about substance use versus white mothers.

Small Group Discussions

Dr. McCracken moved the meeting into the small group discussions. Leslie deRosset lead the online small group. The goal of the groups was to discuss what Trauma-Informed care and Cultural Safety training should look like for maternal health providers so that MOMS could provide it.

The groups shared their thoughts on trainings, organization, what has worked well so far. Jen Verhasselt said their group discussed being aware of their own biases, having staff and leadership buy in and the culture of the organization really affects how information is given and received. They suggested an in-person training when possible and having the training developed in small groups then with the input of experts. They'd like that to be pre-work, so it won't use much of the provider's time. Merlin Fausett stated they want to do culturally sensitive training, as everyone has biases. It'd help providers to be successful when they interact with different cultures. Leslie stated that time and money are also



something to consider and that creating collaborative communities that could be used to test out what it could look like.

Dr. Sarah Reese said their group discussed many of the same issues. They believe in person training would be a benefit. The question of who would be included in the trainings and who are the trainers? The consensus was that there should be a co-trainer who is a clinician as well as someone who identifies as indigenous to discuss the cultural safety side of things. They asked what information should be in the trainings, what the outcome they were looking for is, and how to make it worth the provider's time.

Amy Stiffarm agreed in person would be the best option for training. The group discussed tacking it on to a training or at the end of a conference to help decrease the amount of time providers needed for it. Amanda Eby talked about the AIM bundle providing support to patients and families after a traumatic birthing experience and doing a debriefing. She said that was a stumbling block in the obstetrics hemorrhage bundle. How can they make them buy into the training and find value in it? They also discussed if they could start at cultural safety or trauma-informed care or if they needed to start with the historical reasons it's needed. They also discussed how to make it known that a facility has gone through Cultural Safety or Trauma-Informed Care training. Dr. Reese mentioned implementation of the Trauma-Informed care for staff and bridging that with burn-out prevention and care. Amy stated that they need to be able to follow up after these trainings and see what's working and what's not. The group discussed adding the trainings into the AIM bundles. A council member asked what resources are going to be allocated for this, is there a landscape scan of other models they can pull from, and who is going to make those kinds of decisions? Amanda responded that it would fall under the objective C of the implementing innovation in healthcare, at Billings Clinic, under the strategy of workforce development and professional training. Creating the training is a team effort from all the partners, but Billings clinic will handle the administration of it. The MOMS staff will be taking one of trainings they found from Canada, then take what they learn from that training and see what is missing so they can create something that is Montana specific. Ann added that it's important to have it integrated into the existing trainings.

Amanda stated she would take all the feedback given today and compile it from the three groups, then get feedback from Amy Stiffarm. Amanda said there will be follow-up via email in-between meetings. Amy Stiffarm asked if there would be a chance for a subcommittee to meet or who else would be consulted on the action plan. Amanda asked the committee if anyone would be interested in being on a subcommittee or people outside of the council who would be interested? Jen Verhasselt said Malcom Horn at Rimrock would be a good resource to help. Dr. McCracken suggested Steve Williamson or someone from one of the tribes. He also mentioned that the subcommittee shouldn't be too big. Anna Schmitt said Lynn Mad Plume would help as well. Dr. McCracken asked Amanda to combine the information from the meeting today, make an outline of the decisions that need to be made, then create a subcommittee after that. There was further discussion on who could be potential partners. An action plan was not created, the information was used as the first step in preparing information for leadership.

Dr. McCracken wrapped up the meeting with discussion on what went well with the meeting and if in person versus zoom is preferred. Ann Buss stated she prefers in person. Amanda Eby suggested doing the summer meeting always in person and the others be virtual. Dr. McCracken suggested always doing it in person since Helena is a central location. Another attendee agreed that in person is a nice way to catch up with everyone and connect. Another suggested doing two virtual and two in person. Amy Stiffarm thought doing in person would be better, with a longer meeting time to allow for further discussion. Amanda Eby took a vote for two in person two virtual meetings with longer meeting times.



Dr. Pujol thought having the virtual option for those who can't travel or have health concerns around COVID. The continued discussion resulted in a conclusion to hold off on deciding the meeting format until the next meeting.

The next meeting will be held October 18th

DRAFT



MATERNAL HEALTH ANNUAL REPORT

OCTOBER 18, 2022

Annie Glover, PhD, MPH, MPA
Research & Evaluation Director, MOMS
Senior Research Scientist, UM Rural Institute
for Inclusive Communities
Research Associate Professor, UM School of
Public & Community Health Sciences

OVERVIEW

The HRSA MHAR

HRSA REPORTING REQUIREMENTS

Report designed for consistency across MHI States

1. Key Findings and Factors
2. Maternal Health Policy & Programmatic Recommendations
3. Maternal Health Data Collection & Analysis Improvements
4. Sharing Data
5. State Maternal Health Data

KEY FINDINGS AND FACTORS

Pregnancy-related deaths
Maternal health data

KEY FINDINGS AND FACTORS: PREGNANCY-RELATED DEATHS

Pregnancy-Related Deaths

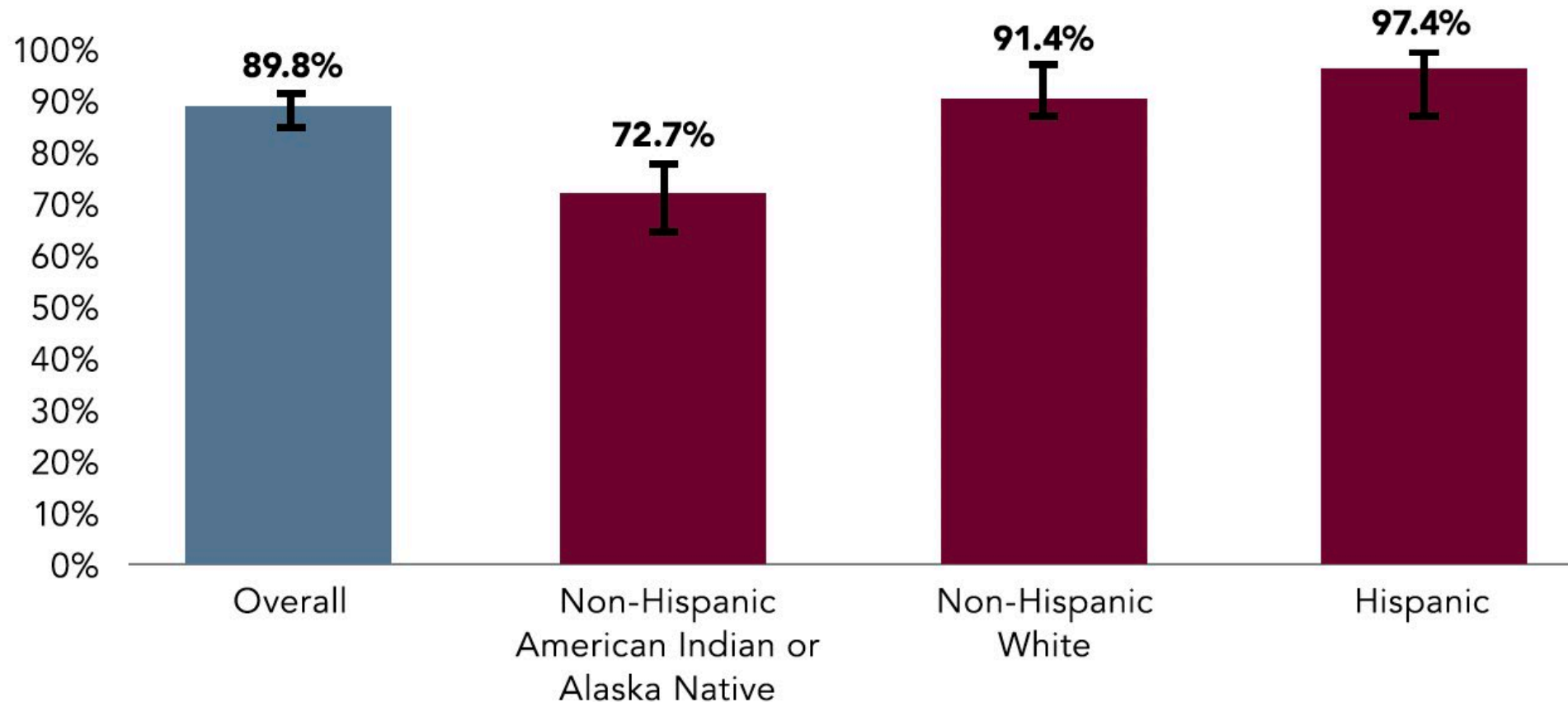
- Tracked by CDC Pregnancy Mortality Surveillance System
- 24 pregnancy-related deaths in Montana 2016-2018
- Due to small cell sizes, most disaggregated data suppressed, cannot do trends/disparities analysis

Maternal Mortality Review Committee

- Began conducting reviews in 2022 of 2020 deaths
- After catchup period, Montana will have better data on pregnancy-related deaths

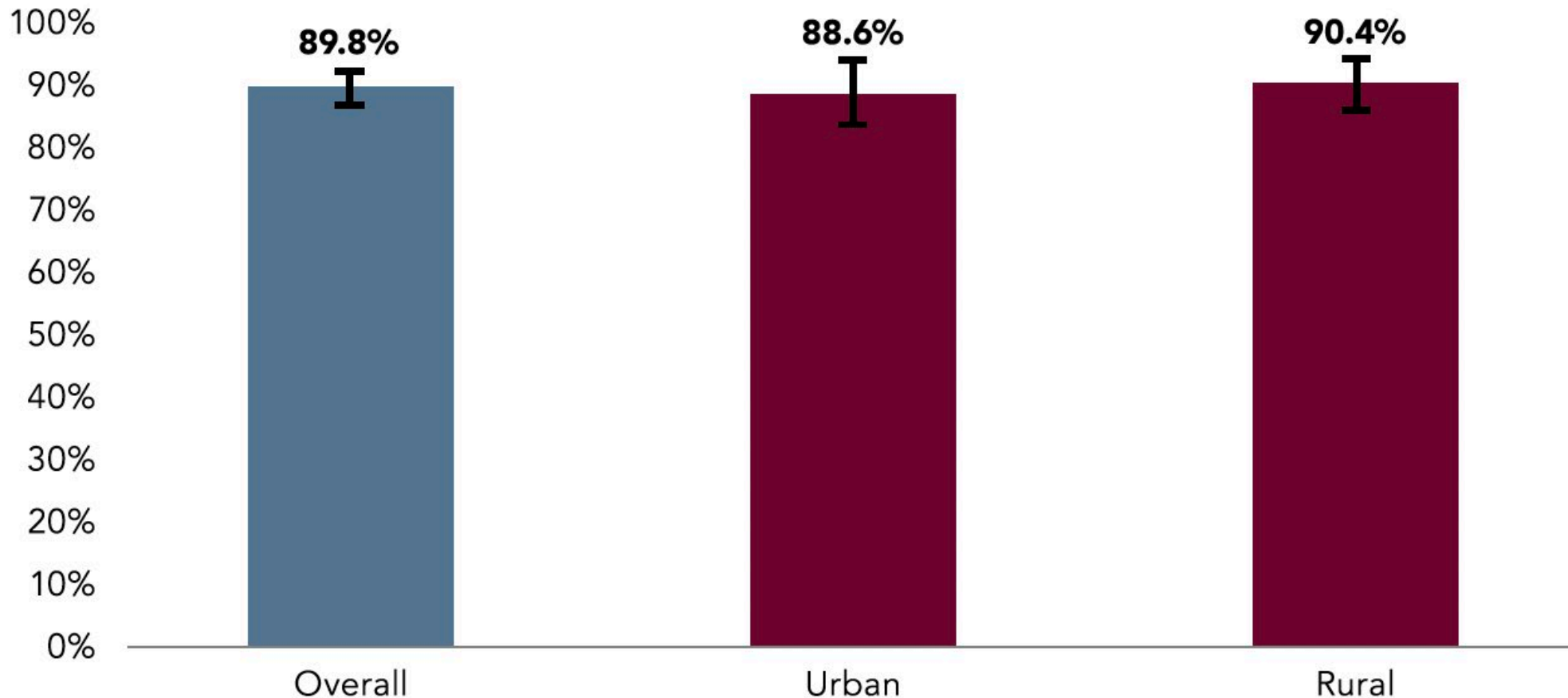
KEY FINDINGS AND FACTORS: POSTPARTUM VISIT

Figure 3. Percentage of women who received a postpartum visit, by race/ethnicity. PRAMS, 2020.



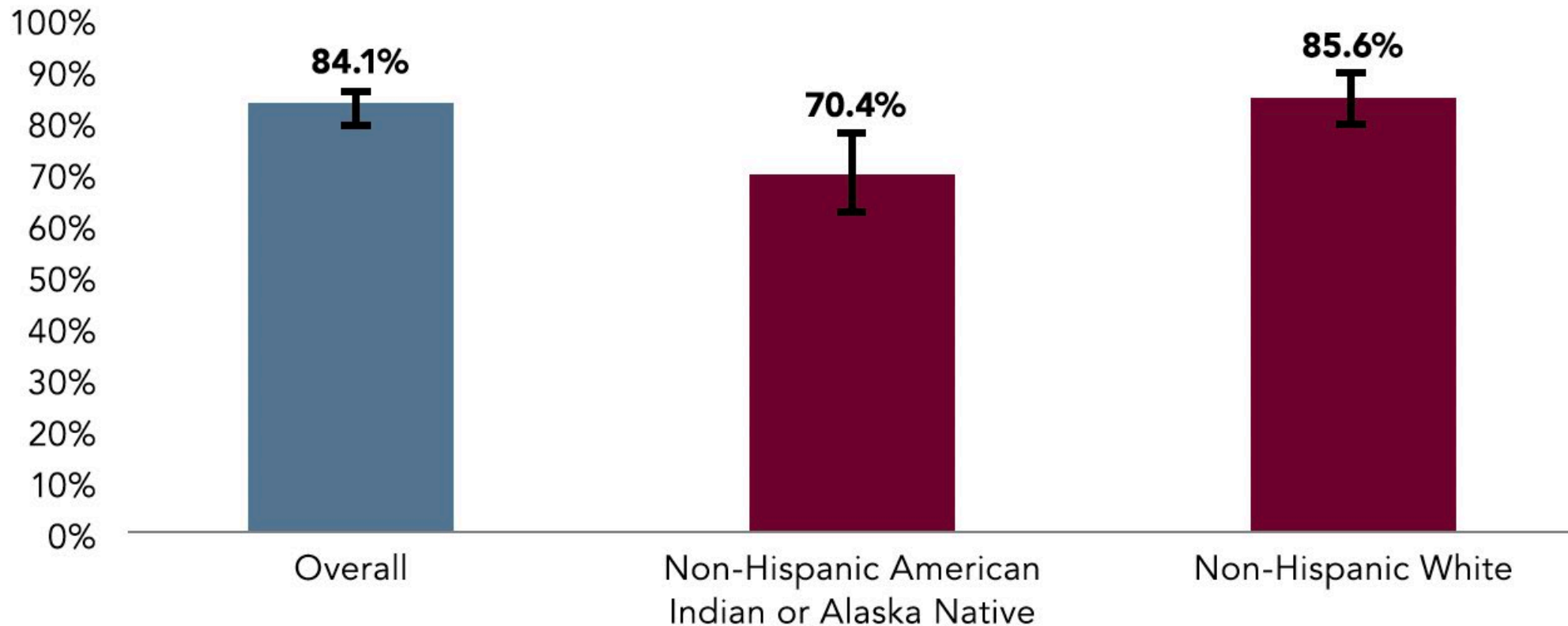
KEY FINDINGS AND FACTORS: POSTPARTUM VISIT

Figure 5. Percentage of women who report receiving a postpartum visit, by geography. PRAMS, 2020.



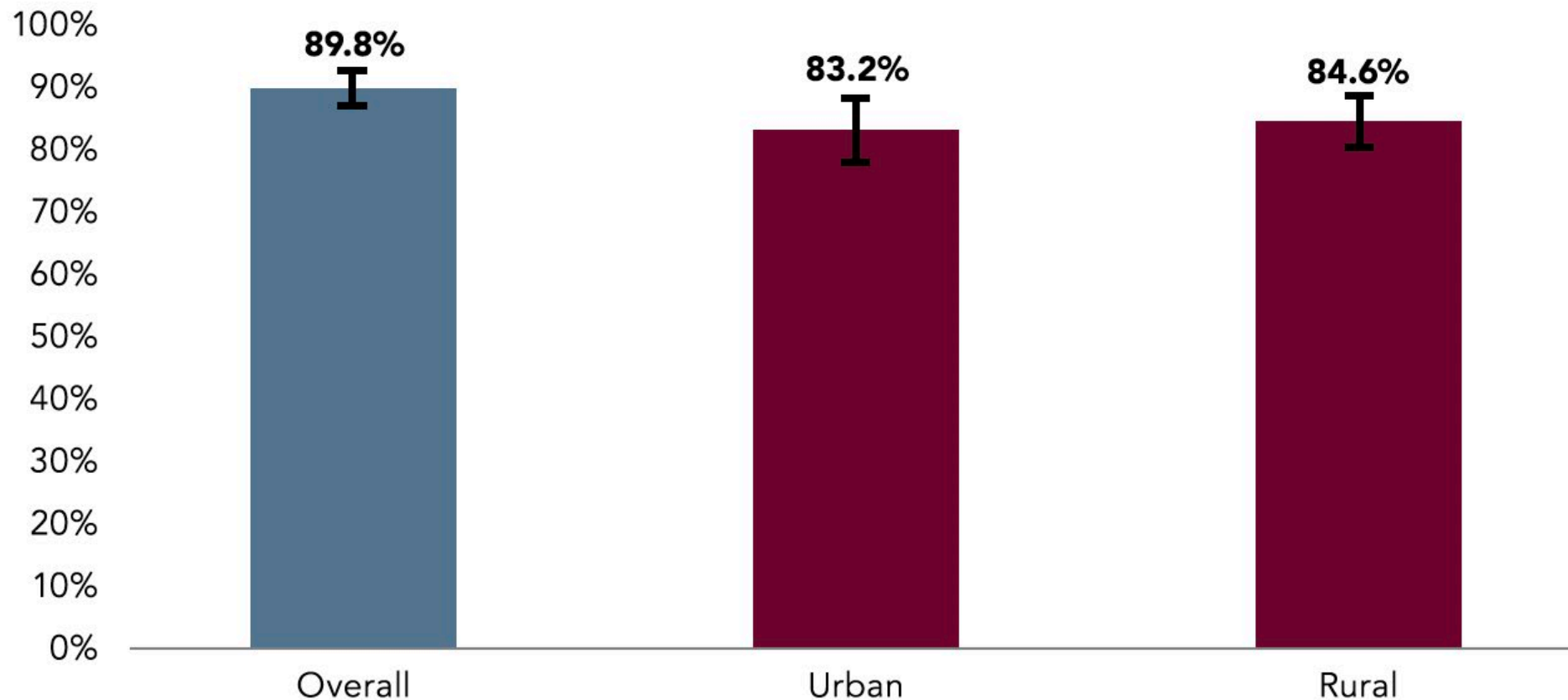
KEY FINDINGS AND FACTORS: PPD SCREENING

Figure 4. Percentage of women screened for postpartum depression, by race/ethnicity. PRAMS, 2020.



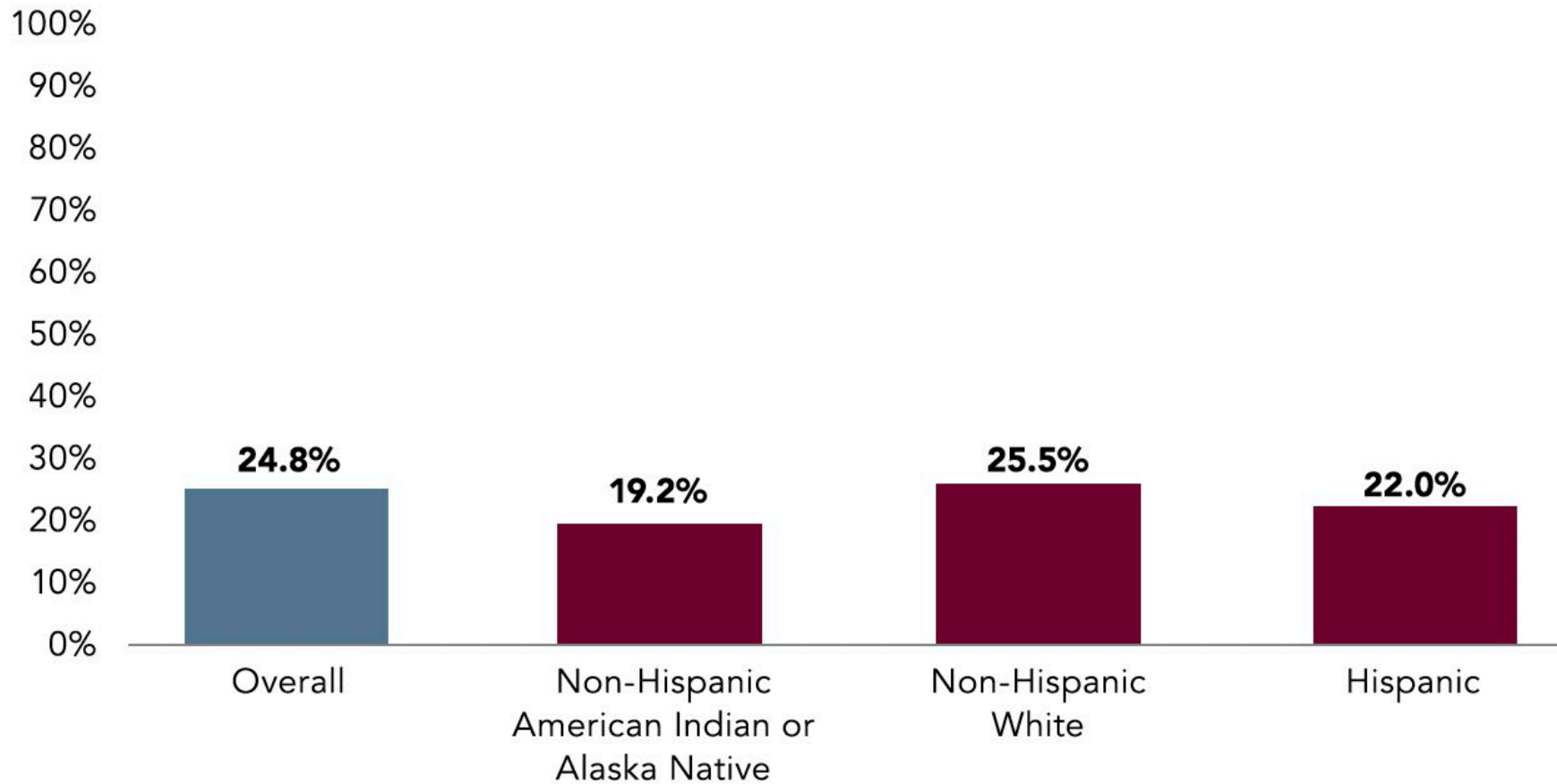
KEY FINDINGS AND FACTORS: PPD SCREENING

Figure 6. Percentage of women who report being screened for postpartum depression, by geography. PRAMS, 2020.



KEY FINDINGS AND FACTORS: LOW-RISK CESAREAN DELIVERIES

Figure 7. Rate of low-risk cesarean delivery, by race/ethnicity. Vital Statistics, 2020.



KEY FINDINGS AND FACTORS: LOW-RISK CESAREAN DELIVERIES

Cesareans are low-risk when they are:

- nulliparous (first birth),
- term (37 or more completed weeks),
- singleton (one fetus), and
- cephalic (head-first)

No disparities in rural vs. urban
observed

National rate is 25.9%

National Healthy People 2030 target
is 23.6%

Montana is not out of the norm for
Cesarean deliveries

KEY FINDINGS AND FACTORS: SEVERE MATERNAL MORBIDITY

Table 1. Rate of SMM per 10,000 hospitalized deliveries, Montana Hospital Discharge Data 2017-2019

N=30,332	SMM including blood transfusion	SMM excluding blood transfusion
Overall		
Montana	106.2	34.3
Race		
White	64.8	30.4
AI/AN	220.6	70.0
Geography		
Small metro	85.5	35.3
Micropolitan	89.9	28.7
Noncore	145.2	39.3
Unknown	1 (0.1)	1 (0.0)
All rates presented per 10,000 hospitalized deliveries, 2017-2019 MT Hospital Discharge Data		

MATERNAL HEALTH

Policy & Programmatic
Recommendations

MATERNAL HEALTH POLICY & PROGRAMMATIC RECOMMENDATIONS

1. Engage Indigenous communities, patients with lived experience, leaders, and institutions in closing health disparities
2. Extend postpartum Medicaid coverage to 12 months
 - a) 45.5% of Montana births paid by Medicaid
 - b) Most deaths occur during postpartum, with 12% occurring in late postpartum (43-365 days)
3. Codify MMRC into MCA
4. Expand community-based supports, such as doulas, for high-risk individuals
5. Continue QI work through MPQC-AIM

DATA

Improvements
Driving Program Change

USING DATA AND DATA IMPROVEMENTS

1. SMM analysis has driven prioritization of safety bundles for MPQC-AIM
2. PRAMS has facilitated focus on universal screening, rather than perceived risk-based screening, for SUD and PPD
3. MOMS funded:
 - a) First-ever analysis of SMM in Montana
 - b) LOCATe assessment
 - c) Emergency obstetric services assessment
4. Stay tuned:
 - a) Maternal experiences survey
 - b) Postpartum care and contraception practices of providers
 - c) Qualitative case studies on rural transport and emergency services
 - d) Analyses of pregnancy-associated deaths

A photograph of a woman and a young child. The woman, on the left, has long dark hair with a braid and is smiling warmly at the child. The child, on the right, is a young girl with dark hair, wearing a white lace-trimmed top, and is smiling back at the woman while holding a small green kiwi fruit. The background is a plain, light-colored wall. The entire image is overlaid with a semi-transparent dark grey filter.

QUESTIONS?

Or comments?

MPQC-AIM Initiative

Annie Glover, PhD, MPA, MPH • 10/18/2022



Overview

- ❖ MPQC-AIM Initiative Overview
- ❖ MPQC-AIM Obstetric Hemorrhage Patient Safety Bundle Update
- ❖ MPQC-CDC Grant



MPQC-AIM Initiative

AIM

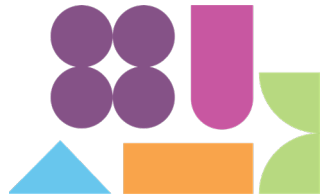
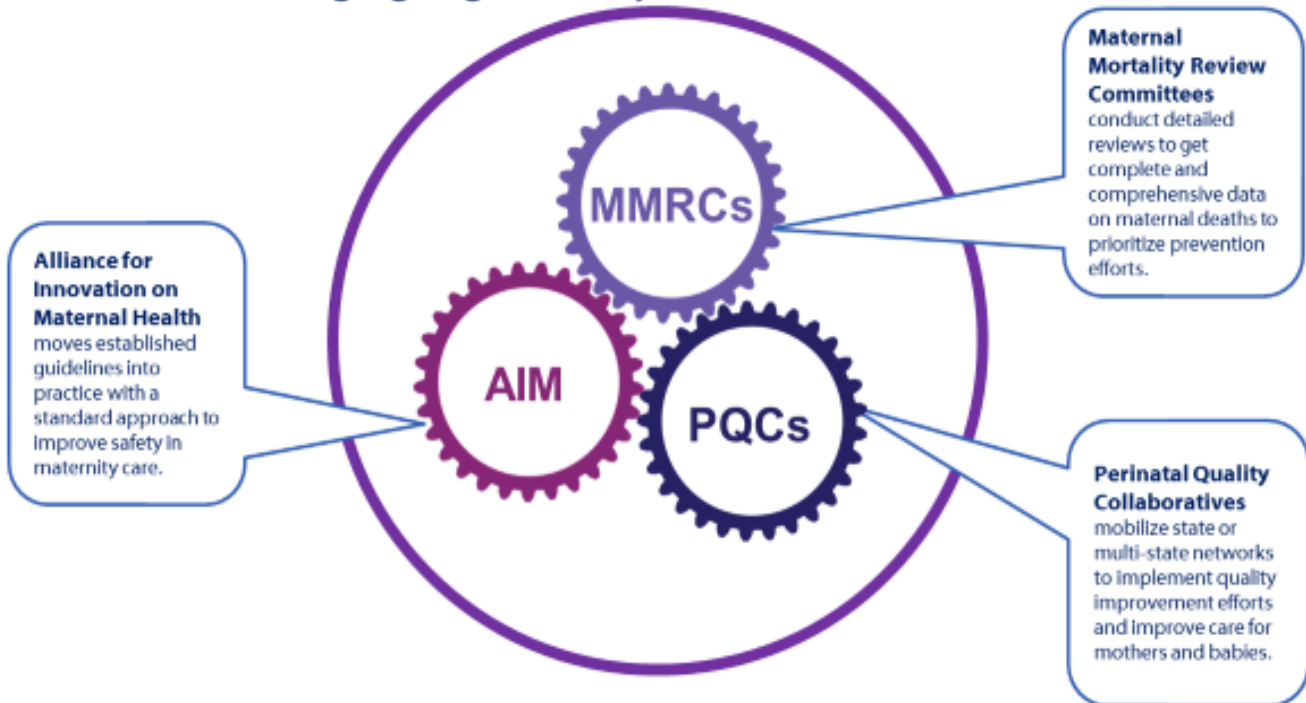
- “The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative. Based on proven safety and quality implementation strategies, AIM works to reduce preventable maternal mortality and severe morbidity across the United States.”
<https://saferbirth.org>

PQC

- “Perinatal Quality Collaboratives (PQC) are state or multistate networks of teams working to improve the quality of care for mothers and babies. PQC members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible.”
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm>

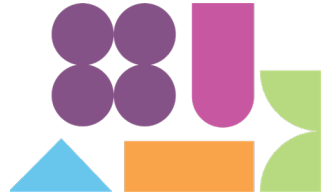


Bringing Together Key Efforts to Save Lives



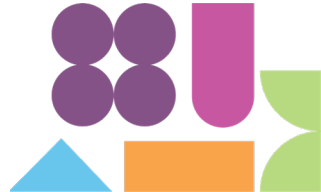
Montana Partners

- Implementing:
 - PQC Member Hospitals
 - Montana DPHHS / MOMS
 - Yarrow
 - University of Montana
 - Clinical Advisors
- Supporting:
 - Montana Hospital Association
 - Montana Perinatal Association
 - ACOG/AIM



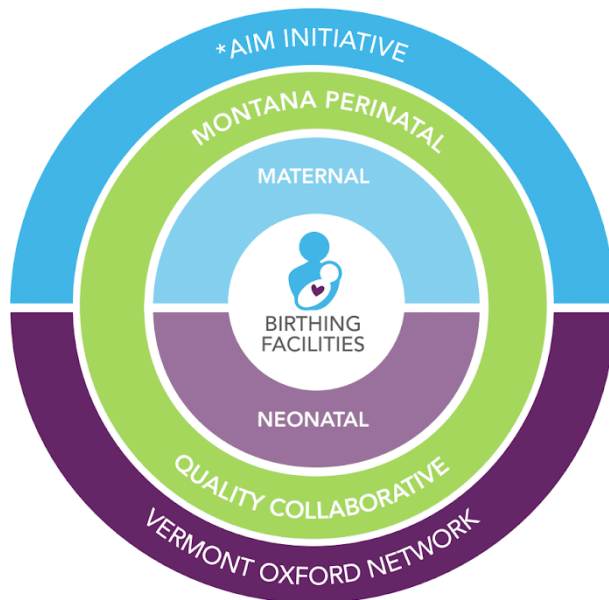
MPQC-AIM Initiative

- Montana became a fully enrolled AIM state on October 1, 2021
 - Required existence of MMRC and PQC
- MPQC-AIM implemented the AIM Obstetric Hemorrhage Patient Safety Bundle from October 1, 2021, to September 30, 2022.
 - MOMS Grant, DPHHS as convener; Yarrow as QI facilitator; UM as data manager
- MPQC-AIM will launch the AIM Severe Hypertension in Pregnancy Patient Safety Bundle in October 2022
 - MPQC-CDC Grant, UM as convener; Yarrow as QI facilitator; DPHHS hosting Steering Committee





Partnering Organizations



- **University of Montana Rural Institute for Inclusive Communities (UM RIIC):** MPQC-AIM convener, data manager, and evaluator. <https://www.umt.edu/rural-institute/>
- **Yarrow:** Contracted by UM RIIC to facilitate the MPQC-AIM initiative and provide quality improvement and technical assistance coaching to hospitals. <https://www.yarrowcommunity.org/>
- **Alliance for Innovation on Maternal Health (AIM):** A national data-driven maternal safety and quality improvement initiative based on interdisciplinary consensus-based practices to improving maternal safety and outcomes. <https://saferbirth.org/>
- **Montana Department of Health and Human Services (DPHHS) Title V/Maternal & Child Health Block Grant Program:** Provides subject-area and systems-level guidance to MPQC-AIM. <https://dphhs.mt.gov/ecfsd/mch>
- **Montana Hospital Association (MHA):** Partner coordinating body supporting the convening, quality improvement, and education of the Perinatal Quality Collaborative. <https://mha.org/>
- **American College of Obstetricians and Gynecologists (ACOG):** The professional membership organization for obstetricians and gynecologists. <https://www.acog.org/about>
- **Vermont Oxford Network (VON):** A non-profit voluntary collaboration of health care professionals working together to improve neonatal care. <https://public.vtoxford.org/>

YOU'RE INVITED TO

Improve health outcomes for mothers and babies by:

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

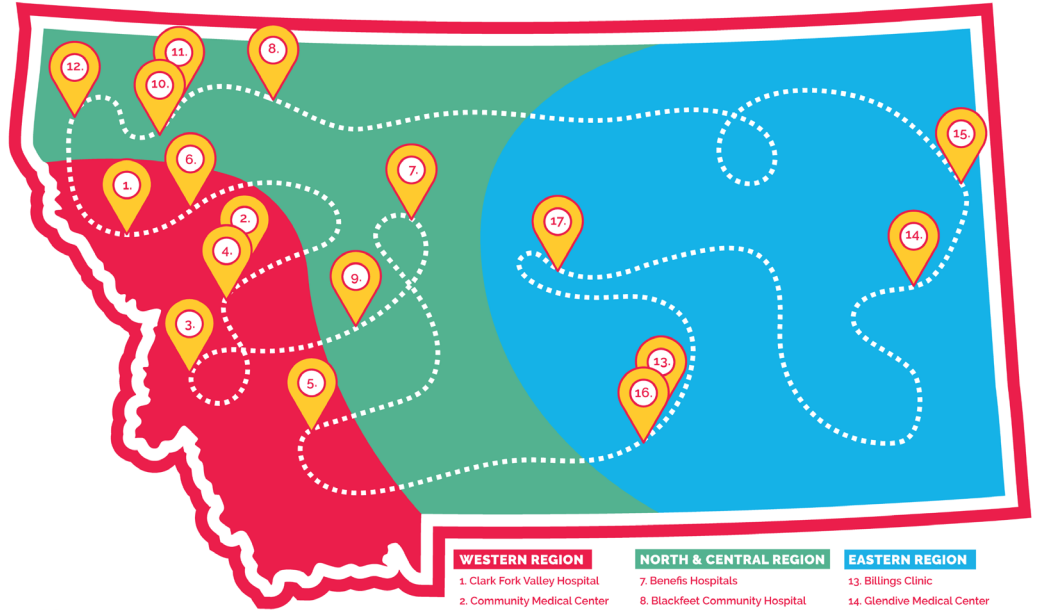
Perinatal Quality Collaborative (PQC): Learn more about the Centers for Disease Control and Prevention (CDC)'s guide to perinatal quality collaboratives. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html>



Year 1 (2021-2022) Pilot: OBH Bundle

- **Participants:** All birthing facilities (n=27) in Montana were invited to participate in the initiative.
 - **17 facilities** enrolled in the AIM OBH Bundle.
- The OBH collaborative utilized the Institute for Healthcare Improvement (IHI) Breakthrough Series (BTS) Style Collaboration model to guide implementation

MONTANA PERINATAL QUALITY COLLABORATIVE PARTICIPATING FACILITIES



WESTERN REGION

1. Clark Fork Valley Hospital
2. Community Medical Center
3. Bitterroot Health-Daly Hospital
4. Providence St Patrick
5. St James Healthcare
6. St Luke Community Healthcare

NORTH & CENTRAL REGION

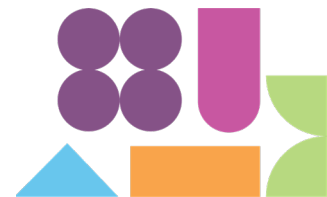
7. Benefis Hospitals
8. Blackfeet Community Hospital
9. St Peter's Hospital
10. Kalispell Regional Medical Center
11. North Valley Hospital
12. Cabinet Peaks Medical Center

EASTERN REGION

13. Billings Clinic
14. Glendive Medical Center
15. Sidney Health Center
16. St Vincent Healthcare
17. Central Montana Medical Center

MPQC-AIM OBH Quality Improvement Process

- **Orientation:** In 2021, facilities engaged in a series of virtual orientation webinars that covered supporting materials, collaborative structure, data collection processes and requirements, and basic tenets of quality improvement using Plan-Do-Study-Act (PDSA) cycles.
- **Learning Sessions:** Facilities engaged in three quarterly key project meetings with focused training on bundle content and peer-to-peer sharing.
- **Action Periods:** In between Learning Sessions, hospital teams developed, tested, and implemented evidence-based care practices through PDSA cycles and joined monthly All Calls to report out and support each other.
- **1:1 Coaching:** Facilities engaged in one-on-one QI coaching calls at implementation, midway, and at the end of the Collaborative.
- **Data:** Facilities reported structure and process measures quarterly; evaluation being conducted now.

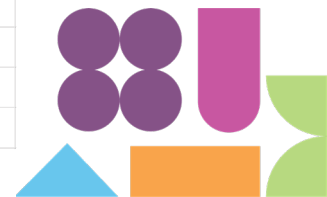


MPQC-AIM Obstetric Hemorrhage Bundle Update

OBH Bundle Activities

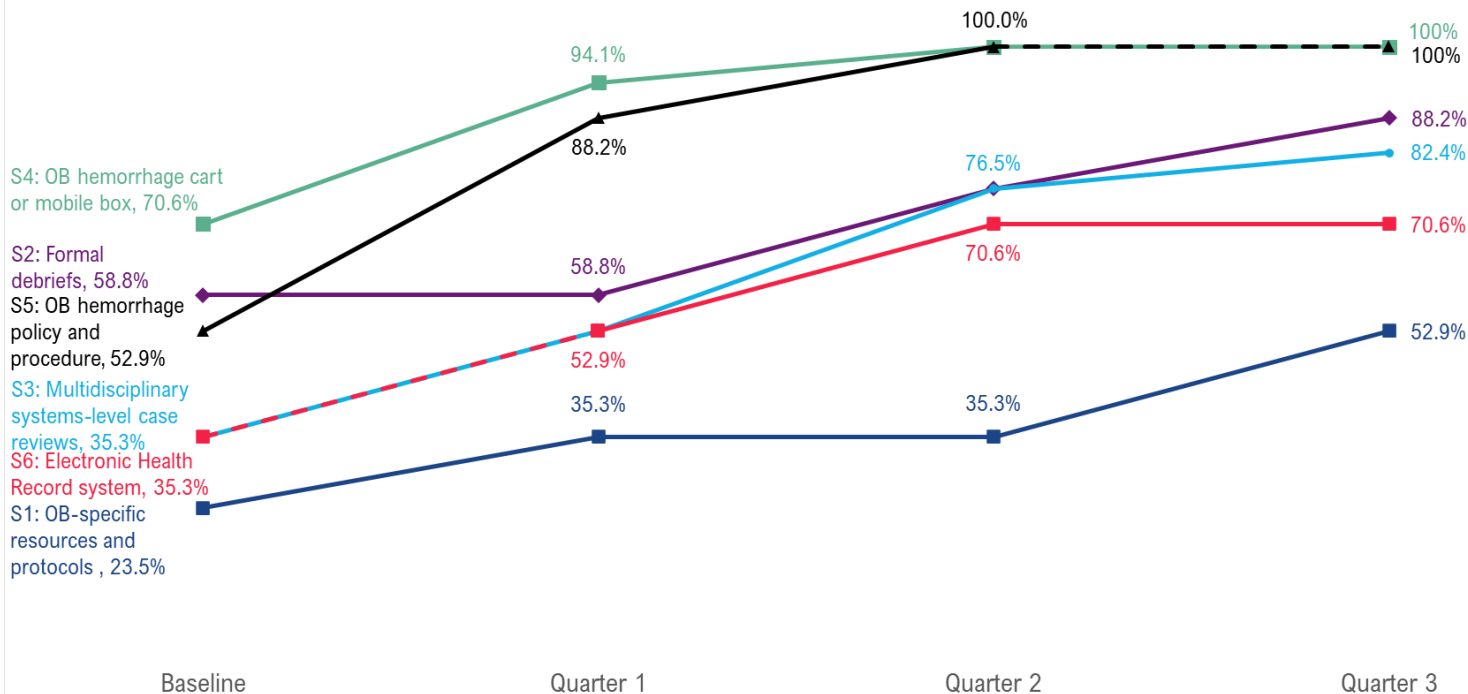


Quarterly Activities	Dates	# of facilities attended
Onboarding / Baseline	Jul 1 - Sept 30, 2021	
Orientation Webinar	8/3/2021	15
Data Webinar	9/7/2021	15
Quarter 1	Oct 1 - Dec 31, 2021	
Learning Session 1	10/5/2021 - 10/6/2021	15
All Call 1	11/18/2021	13
All Call 2	12/15/2021	15
Quarter 2	Jan 1 - Mar 31, 2022	
Learning Session 2	1/25/2022 - 1/26/2022	13
All Call 3	3/2/2022	12
Quarter 3	Apr 1 - Jun 30, 2022	
All Call 4	4/7/2022	12
Learning Session 3	5/4/2022	16
All Call 5	6/9/2022	12
Quarter 4	Jul 1 - Sept 30, 2022	
All Call 6	7/7/2022	12
Optional: Special Interest Call - High Risk Discharge	8/24/2022	6
Optional: Special Interest Call - Patient Support	8/26/2022	4
Optional: Special Interest Call - Massive Transfusion Protocol	8/31/2022	5



OBH Structure Measure Progress: Baseline to Quarter 3

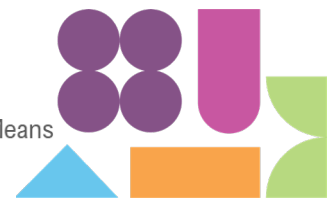
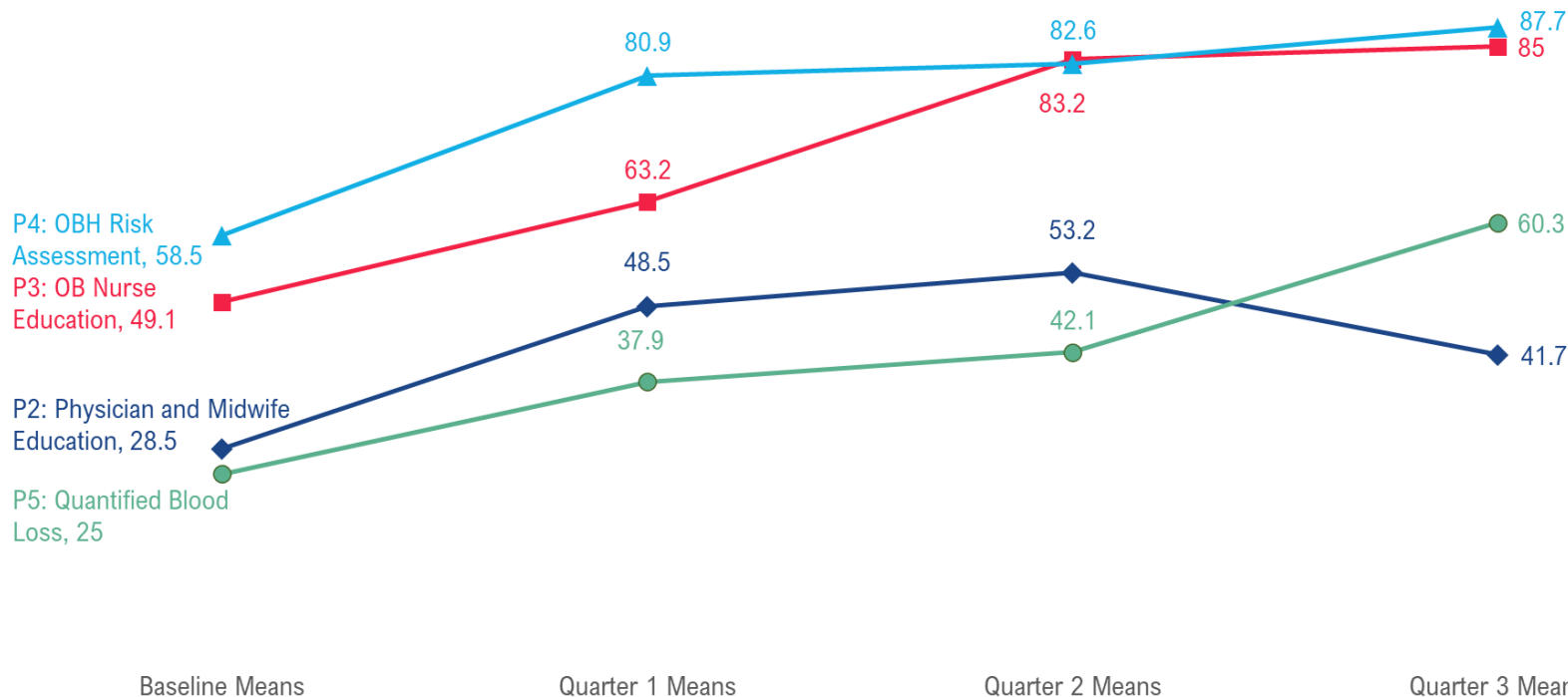
Structure measures S4 (OB hemorrhage cart) and S5 (OB hemorrhage policy and procedure) were implemented by all facilities in the collaborative.
MPQC-AIM structure measures implemented.



OBH Process Measure Progress: Baseline to Quarter 3

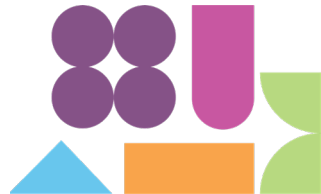
The cumulative proportion average of P5 (Quantified Blood Loss) increased the most from Quarter 2 to Quarter 3.

MPQC process measure averages.



Participant Quotes

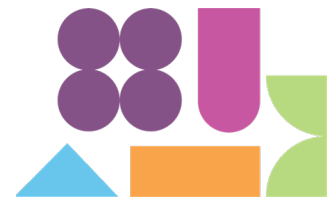
- “Outcome fully bloomed!! PPH event with seamless implementation of medications, PPH protocols & procedures that occurred at CMMC within the last year.”
- “I love being able to help my community and be part of this push to keep our patients safe during labor and postpartum.”
- “We are continually working to provide the most evidence based and patient centered care available. Our team, including nursing, providers, administration, and support staff all share the same goals and vision.”



MPQC-CDC Grant

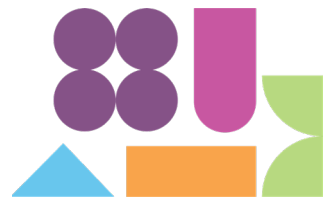
MPQC-CDC Grant Overview

- Grant program: Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative
- Funder: Centers for Disease Control and Prevention
- Title: Montana Perinatal Quality Collaborative
- Five-year grant
- September 30, 2022– September 29, 2027
- Fiscal Agent: University of Montana Rural Institute for Inclusive Communities
- PI: Annie Glover



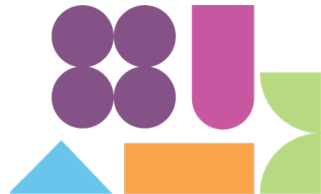
Partners

- **Yarrow:** Facilitation and Quality Improvement Coaching
- **Leadership Team:** Original OBH team
- **Steering Committee:** Leadership team + MSU College of Nursing, AWHONN, MPA, MHA, MPCA
- **UM RIIC Staff:**
 - Megan Nelson: Coordinator
 - Madeline Woo: Epidemiologist
 - Carly Holman: Evaluator
 - Kim Herron: Budget



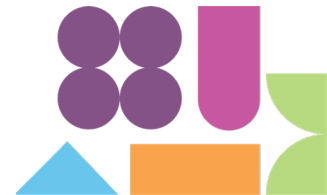
Grant Strategies

1. Build and strengthen the capacity of the MPQC to improve the quality of perinatal care across the state of Montana
2. Engage facilities across Montana to improve perinatal outcomes
3. Support facilities to implement AIM Core and Supporting Safety Bundles
4. Build and strengthen data systems to improve identification and documentation of racial and rural health disparities
5. Engage individuals with lived experiences in safety bundle implementation
6. Build partnerships and conduct outreach and dissemination of QI results



General Plan

- One AIM Core Safety Bundle for each of five years of grant:
 - Y1: Severe Hypertension in Pregnancy
 - Y2: Care for Pregnant and Postpartum People with Substance Use Disorder
 - Y3: Cardiac Conditions in Obstetrical Care
 - Y4: Perinatal Mental Health Conditions (in development)
 - Y5: Safe Reduction of Primary Cesarean Birth
- Other Core Safety Bundles can choose from:
 - Postpartum Discharge Transition
 - Sepsis in Obstetrical Care (in development)
- Every year:
 - AIM Safety Supporting Bundle on Reduction of Peripartum Racial and Ethnic Disparities
 - Cultural safety and trauma-informed care framework



Annual Bundle Timeline

Q1

- October – December
- Enrollment, prework, baseline data collection
- Evaluation of previous bundle

Q2

- January – March
- Learning Sessions / Coaching

Q3

- April – June
- Learning Sessions / Coaching

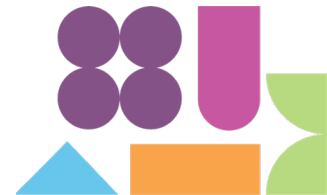
Q4

- July – September
- Learning Sessions / Coaching
- Rollout next bundle planning



Mission (language in progress)

- To support use of best practices that make pregnancy safer through collaborative quality improvement.
- We will...
 - Be creative and innovative, but stay within the lane of clinical quality improvement in maternal health
 - Implement proven best practices and evaluate on effectiveness of implementation, not effectiveness of intervention
 - Focus on our specific sphere of influence, understanding that there are other points of intervention that can make a difference in maternal health
 - Recognize we work within a larger ecosystem of healthcare and public health



Questions?



MHLC Annual Survey Summary Report 10/17/2022

(Prepared by Megan Nelson)

Meeting Schedule and Logistics

- ***Do you want to serve a second 2-year term on the MOMS Maternal Health Leadership Council?***
 - All (N=7) YES
- ***What is the best time of day for you to meet for the 2-hour meetings?***
 - Early morning: 1
 - Lunch hour: 2
 - End of day: 2
 - Other: Late afternoon: 1
- ***Is your organization willing to host a council meeting and/or social event?***
 - Pacific Source, Great Northern
 - MHA, downstairs meeting space
 - Billings Clinic
 - DPHHS, conference room
 - CPG/MFM, Community Medical Center Hospital
- ***Do you want the following at an in-person meeting?***
 - Masks: 1
 - Distancing: 1
 - Rapid Tests: 2
 - Something else: 2
 - None of the above
 - Depending on community transmission, masks and large enough room with adequate ventilation
- ***Preferred meeting format:***
 - 1/4 meetings in person: 2
 - 2/4 meetings in person: 3
 - 3/4 meetings in person: 2
 - All meetings in person: 0
 - All meetings have in person and virtual option: 2
 - In person meetings only, no virtual option: 1

Feedback on Experience

Statement	Yes	Somewhat
My role and contributions to the MOMS Leadership Council are heard and considered.	7	0
Meetings are well-organized and strategically facilitated so members feel welcome, empowered to contribute, and comfortable to share ideas and thoughts.	7	0
The communications strategies (email, PDFs of materials sent out prior to the meeting, meeting notes, and postings to the website) for the MOMS Leadership Council are clear and easy to understand.	7	0
The meeting materials are easy to access and useful.	7	0
Is the MOMS program using the council in a meaningful way?	5	2
The program planning, design implementation, and evaluation metrics are transparent and include stakeholders and council members at every stage.	5	2

- ***What could program staff do better regarding council functions?***
 - Having materials earlier would be helpful
 - Allow for council input in agenda creation.
 - I think it's helpful when breakout groups match people together who would not normally sit/work together. I think it's helpful to encourage all of us to get to know everyone and have opportunities to become more familiar with each other, so that we all may feel more comfortable speaking up, asking questions, or sharing opinions.
- ***What would you like to see more of in council meetings? Less?***
 - Meetings can feel like more of a report out to the council vs. creating a format where the council advising. It would be great to have the opportunity to participate in more working groups to collaborate/problem solve/advocate/remove barriers to advance the MOMS efforts.
 - I feel like we get more quality work done when we meet in person. I wish there was more time before or after the scheduled meeting time to speak freely, or maybe if there was a platform for folks to share experiences, frustrations, questions with the group and allow time for discussion (confidentially or otherwise) perhaps it would open up opportunities to problem solve, strengthen relationships and promote everyone's participation/ownership in the group.
- ***Are there other critical partners to the MOMS program who you think are missing from this council? Please describe.***
 - How about some NICU providers who are taking care of infants born to moms struggling with substance use, and often engaging and educating the moms/parents re: NAS etc., more than the OB/GYN may have done during the entire prenatal period? I have some ideas but will forward after I check with the folks I am thinking of.
 - Parent voice?

Program Planning

- ***Please rank the following in order of your interest and priority to the program (where 1 is highest interest/ priority, and 13 is lowest interest/ priority).***

**Ranked based on participant responses*

Rank	Topic
1	First trimester prenatal care
2	Rural and racial disparities in care
3	Postpartum care
4	Data collection improvement and alignment to better inform programs, policies and clinical care
5	Health equity and implicit bias training
6	Trauma-informed care training
7,8	Family planning
7,8	Reproductive justice
9	Policy advocacy
10	Preconception care
11	Adolescence pregnancies
12	Adverse childhood experiences (ACEs) training
13	COVID-19

- ***Any additional comments or questions?***
 - Why are only postpartum care and first trimester care on this list? I would add intrapartum care and peripartum maternal transport to this list.
 - None at this time.
 - maintaining woman's rights to choice advocacy
 - I just learned that very few care providers who practice/have privileges at CMC, even know about the MOMs Echo Presentations. How do we get into the hospitals and clinics so that it's not up to one person to forward the email links? Tips or thoughts on who/how to get CMC, St. Pat's Providence, Partnership Health, etc., more involved?



LEADERSHIP COUNCIL CHARTER

10/18/2022

OVERALL AIM OF THE INITIATIVE

- *What are we trying to accomplish?*
 - Improve maternal mortality and morbidity rates in Montana by increasing access to specialty providers and resources needed for high-risk pregnancies – perinatology, psychiatry, medication assisted treatment (MAT), behavioral health treatment, substance use treatment and community-based resources.
- *Why is it important?*
 - Montana has the sixth highest maternal mortality rate nationwide and Montana's rate of severe maternal morbidity is 35% higher than the national rate. Maternal health is the cornerstone of a community's health.
- *Who is the target population?*
 - Pregnant and postpartum mothers through the first year after delivery.
- *What is the time frame for completing the effort?*
 - Five years

Mission: MOMS will improve maternal health across Montana through collaboration, data-driven decision making, promoting best practices and innovation, and addressing racial and rural disparities in care.

Vision: MOMS will improve maternal health to make Montana, the Last Best Place, also the First Best Place to have a baby.

Values: Equity, Quality, Safety, Evidence-Based, Accessible, Timely, Patient-centered, Data-driven

Key Drivers:

- Attendance and participation at meetings.
- Access to data necessary to decision-making for program guidance.
- Support from the organizations that members represent to ensure the Council's work translates into local communities and the populations the organizations serve.
- Diverse and inclusive membership that represents all relevant interests in maternal health.
- Open pathways of communication to disseminate impactful information that generates discussion and further elevates maternal health as a priority in Montana.

Meeting structure to facilitate efficient and effective council discussion:

- Regular opportunities for Q&A
- Data
- Speaker
- Brainstorming
- Key driver diagram to identify strategies and action items
- Agendas that clearly outline specific council expectations regarding need for votes, feedback, input.
- Policy advocacy

**COUNCIL GOALS:**

- Ensure continuous representation and collaboration of a diverse group of stakeholders, including but not limited to state and local public health professionals; state Maternal Mortality Review Committee (MMRC); the Perinatal Quality Collaborative (PQC); healthcare providers; payers, representatives of the legislature; the Montana Primary Care Association (MPCA), tribes and tribal organizations; consumers; community-based organizations; and state programs.
- Identify Montana-specific gaps in maternal health services by conducting ongoing needs assessments
- Assist in developing a Montana-focused strategic plan that incorporates Montana's 2020-2025 Title V/Maternal and Child Health Block Grant Needs Assessment outcomes to improve maternal health outcomes, address identified gaps and reflect strategies to translate knowledge and recommendations into practice.
- Recommend and advance policy changes that will improve maternal health in Montana, engaging representatives of the Montana legislature as necessary.



STAKEHOLDERS NEEDED TO ACCOMPLISH GOALS

NAME	TITLE AND ORGANIZATION
<i>Chair, Dr. Tersh McCracken</i>	MOMS Medical Director and OBGYN at Billings Clinic
<i>Vice-Chair, Judge Mary Jane Knisely</i>	13th District Court Judge Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)
Vacant	Montana Legislature
Kristen Rogers	Family and Community Health Bureau Chief at MT DPHHS
Ann Buss	Title V Director at MT DPHHS
Tami Schoen	WIC, CPA at Hill County Public Health Department
Dr. Drew Malany	OBGYN at Women's Clinic
Dr. Bardett Fausett	Maternal Fetal Medicine Specialist and President/Medical Director at Origin Health
Christina Marchion	Family Medicine/OB at Central Montana Medical Center
Dina Kuchynka	Maternal and Newborn Health Manager at SCL Health-Holy Rosary Miles City
Karen Cantrell	American Indian Health Director at MT DPHHS
Dr. Tim Wetherill	Medical Director at Blue Cross Blue Shield of MT
Lisa Troyer	Wellness Consultant, PacificSource
Mary LeMieux	Member Health Services Bureau Chief at MT Medicaid & Project Director for the Perinatal Behavioral Health or Meadowlark Initiative
Vacant	Consumer
Janie Quilici	Perinatal Behavioral Health Counselor, Community Physicians Group
Jude McTaggart	Certified Nurse Midwife, Northeast Montana Health Services
Malcolm Horn, Ph.D., LCSW, MAC, SAP	Director of Special Services, Rimrock
Cindy Stergar	Executive Director, Montana Primary Care Association (MPCA)
Olivia Riutta	Outreach and Engagement Coordinator, MPCA
Brie Oliver	Executive Director, Healthy Mothers, Healthy Babies
Vicki Birkeland	Nursing Director, Women's Services at St. Vincent's and member of the MT Perinatal Quality Collaborative

SENIOR LEADERSHIP SIGNATURE APPROVAL

Printed Name	Signature	Date
<i>Dr. Clayton "Tersh" McCracken</i>		



LEADERSHIP COUNCIL TERMS OF REFERENCE 10/18/2022

This document sets forth the guiding policies and procedures for which the council will operate.

Membership Term: Two-year term to allow for a check in on commitment approximately halfway through the life of the program, with two possible re-appointments for a maximum term of six years. Appointments will occur bi-annually in June.

Other interested parties: Appointed, voting members will not exceed 19, discussion and comments from the public will be invited at the end of every meeting. Other representatives beyond the 19 council members may serve on subcommittees for specific work.

Chair and Vice-Chair Terms: The chair and vice-chair will serve a two-year term but may seek re-election in June bi-annually. These leadership positions are determined through a roll call vote during the meeting or via email to the DPHHS Program Contact. Montana Department of Public Health and Human Services (MT DPHHS) staff will not serve in leadership positions nor are they allowed to vote.

Chair and Vice-Chair Roles and Responsibilities: The council chair and vice-chair collaborate with program staff leads to develop meeting agendas and materials as well as the overall strategic plans for council initiatives. The chair facilitates council meetings with program staff. The vice-chair supports the chair as needed and serves in his/her absence to facilitate meetings.

Proxies: A proxy with voting privileges must be designated and submitted in writing to the department and council leadership by the council member in advance of sending the proxy in his or her place. Proxy attendance does not count toward the council member's attendance requirement.

Attendance Expectation: Members will be excused from the committee after three consecutive unexcused absences from meetings. Regular meeting attendance is important to understanding MOMS program activities and challenges to implementation to be able to advise and provide helpful input to program staff.

Meeting Schedule: Meetings occur the third Tuesday of every month, on Zoom 3:30-5:00 PM or in-person 12:00-4:00. Rescheduling meetings due to holidays or conflicts will be determined by council leadership and program staff and they will notify members at least one-week in advance. The meeting schedule for the full year ahead is shared at the last meeting of the prior year.

Meeting Location: Details on location and logistics for in-person meetings will be provided by program staff at least one month in advance. Meetings will rotate locations. Meetings held via zoom use the following information:

<https://mt-gov.zoom.us/j/91224192994?pwd=d1RTaENYczdLVXMra0FJNGhwM2JPUT09>

Meeting ID: 912 2419 2994

Password: 201080

Dial by Telephone

+1 646 558 8656

Voting: All council members can vote except ad hoc members such as legislative representatives and DPHHS staff. Voting will be conducted using a verbal roll call vote during the meeting or via email to the DPHHS Contact. Decision-making consensus requires a quorum of at least 50% of the council members.



Frequency of Review of Terms of Reference: This document will be reviewed and approved via council vote bi-annually unless council leadership or program staff determine a need for additional review.

Linking Communication Protocols:

- The council will determine a schedule for reports from Billings Clinic, University of Montana, the DPHHS Meadowlark Initiative,, Maternal Mortality Review Committee (MMRC), Perinatal Quality Collaborative (PQC); and other reports as requested.
- Resources available to the council:
 - Information and updates on MOMS program activities are on the website at www.mtmoms.org.
 - The council's meeting notices, agendas, minutes, materials and other resources can be found here: <https://www.mtmoms.org/moms-leadership-council/>.
- MOMS program staff at DPHHS will email council members the meeting information and materials the week prior to each meeting.

Purpose of the council: The council serves in an advisory capacity to DPHHS program staff to guide on program implementation as well as coordination and collaboration with other maternal health initiatives, serving as a hub of information on Montana maternal health

Deliverables/Outputs:

- Strategic plan based on identified gaps in care in the Title V and MOMS Needs Assessments
- Advice on communications campaign plan
- Feedback on MOMS program activities
- Maintain consistent collaboration among all interrelated entities focused on perinatal and maternal health (MMRC, PQC, Title V, etc.)
- Other items that may be identified by the Leadership Committee or HRSA required

SENIOR LEADERSHIP SIGNATURE APPROVAL

Printed Name	Signature	Date
Dr. Clayton "Tersh" McCracken		



2022-2023 Meeting Schedule

Maternal Health Leadership Council		
DATE	TIME	LOCATION/FORMAT
October 18, 2022	3:00-5:00	Zoom
January 17, 2023	3:00-5:00	Zoom
April 25, 2023	12:00-4:00	In-person, Missoula
July 18, 2023	3:00-5:00	Zoom
October 17, 2023	12:00-4:00	In-person, Bozeman