



## **Maternal Health Leadership Council**

Meeting Minutes : June 23, 2020 : 4:00-5:30 PM : Location: Zoom only

### **Members Present**

**Chair, Dr. Tersh McCracken**, MOMS Medical Director & OB/GYN with Billings Clinic

**Judge Mary Jane Knisely**, 13<sup>th</sup> District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)

**Kristen Rogers**, Family & Community Health Bureau Chief at DPHHS

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

**Tami Schoen**, WIC, CPA at Hill County Public Health Department

**Dr. Drew Malany**, OB/GYN at Women's Health Care Center, PLLC and Chair of Montana American College of Obstetrics & Gynecology (ACOG)

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

**Dina Kuchynka**, Maternal & Newborn Health Manager at SCL Health – Holy Rosary

**Karen Cantrell**, American Indian Health Director at DPHHS

**Dr. Tim Wetherill**, Medical Director at Blue Cross Blue Shield of Montana

**Lisa Troyer**, Wellness Consultant at PacificSource

**Mary LeMieux**, Member Health Management Bureau Chief at Medicaid and Perinatal Behavioral Health/Meadowlark Initiative Project Director

**Janie Quilici, LAC, LSWC**, Perinatal Behavioral Health Counselor at Community Physicians Group

**Jude McTaggart**, Certified Nurse Midwife at Northeast Montana Health Services

**Dr. Malcolm Horn**, Director of Mental Health Services at Rimrock

**Olivia Riutta (for Cindy Stergar)**, Outreach & Engagement Manager at Montana Primary Care Association

**Vicki Birkeland**, Nursing Director, Women's Services at SCL Health-St. Vincent Healthcare and Chair of the Montana Perinatal Quality Collaborative

**Brie Oliver**, Executive Director of Healthy Mothers, Healthy Babies

**Dr. Rob Kurtzman**, Chief Medical Examiner for the State of Montana

### **Members Invited**

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

**Judge Reynolds**, Lewis & Clark County, 1<sup>st</sup> Judicial District Court

**Dr. Robert Caldwell**, Medical Director at Florence Crittenton

### **Interested Parties Present**

**Leslie deRosset**, Implementation Specialist at the Maternal Health Learning and Innovation Center

**Sandy Lloyd**, Public Health Analyst - Maternal and Child Health Bureau, HRSA, DHHS

### **Program Staff Present**

**Amanda Eby**, Program Specialist at DPHHS

**Brenna Richardson**, Program Assistant at DPHHS

**Stephanie Fitch**, Program Coordinator for MOMS at Billings Clinic

**Dianna Linder**, Director of Grants and Program Development at Billings Clinic

**Annie Glover**, Lead Evaluator of MOMS at the University of Montana

### **Welcome and introductions**

Amanda Eby called the meeting to order at 1:02 pm. Amanda expressed the department's disappointment for not being able to host the meeting in person due to the State of Montana's social distancing protocols for employees that do not allow in-person meetings due to COVID-19. She thanked everyone for attending via Zoom. Dr. McCracken asked attendees to use their cameras if possible and program staff suggested potentially being able to purchase cameras for any members who don't have them.

Dr. McCracken conducted a roll call by asking each attendee to introduce themselves with their name, their position and organization they represent and their response to the question: *"What do you see as your role in improving maternal morbidity and mortality in Montana?"*

### **Key comments in response to the question included the following:**

*"Grow and connect, reduce duplicity of efforts"*

*"Support more data-driven decision making in maternal health"*

*"Reduce psychiatric and drug use rate among women"*

*"Start with Billings Clinic and spread program across the state as a model for telehealth"*

*"practical things that we can pass on to people in these rural communities"*

*"provide information from the deceased or that can benefit the living"*

*"get the cases (maternal mortality) reviewed and getting all that together, getting people together so that we can get through all this stuff."*

*"workforce development needs to help moms with perinatal mental health challenges"*

*"work with our federal partners for any kind of payment reform or support that we can do and Medicaid, CHIP for the group's intent for healthier babies and healthier moms."*

*"...help moms that are struggling with substance use, how we can help them have healthy babies and then post-delivery continue to have...healthy babies. I mean, that's just when we talk about long term trajectory. If we can give them a healthy start to life."*

*"...bridge the gap in care and education...Just between care providers and other community. Services and providers to raise awareness and reduce the stigma around perinatal substance use"*

*"...increase quality of care on the reservations and to be able to help link the anybody who's doing this kind of work to the reservation communities"*

*"work in prevention and preventive services and getting people to utilize some of those benefits that are available."*

### **Program overview and updates**

Amanda Eby gave an overview of the program and status update from Department of Public Health & Human Services (DPHHS); Stephanie Fitch gave an update on the Billings Clinic demonstration project;

and Annie Glover gave updates on data collection, analysis and evaluation by the University of Montana. There weren't any questions or discussion following the presentation. [Click here for the slides.](#)

### **Discuss draft charter with mission/goals and terms of reference**

Dr. McCracken asked attendees to quickly read through the charter if they hadn't already. [Click here to see the charter that was reviewed.](#) Starting with discussion on the overall aim of the initiative section, Brie Oliver asked to add "community-based supports to the "specialty providers and resources section." Examples in this category include Healthy Mothers, Healthy Babies, home visiting, a peer support community health worker and postpartum doula type services but the group agreed not to list all of these out since it is a broad list. Staff was not able to make live changes to the charter during the discussion but announced that they would send out a revised version of the charter based on the discussion. They planned on some work being done in the interim between meetings make meetings shorter and more efficient.

Dr. Malany asked about the wording on the third bullet point referencing pregnant and postpartum mothers through the first year after birth and if the program would work with insurance to extend coverage since currently Medicaid coverage typically ends at six weeks after delivery. Dr. McCracken responded that regardless of insurance coverage, that is the program's target population. Jude McTaggart commented about situations where her patients have been able to continue with Medicaid longer. Other changes requested were to change "substance abuse" to "substance use" and change "ration" to "rate."

Dr. McCracken moved the group from the section on the overall aim of the initiative to the mission statement. He proposed the following: "MOMS will make the last best place also the first best place to have a baby." He asked for feedback and hearing none, moved on to council goals. Amanda explained that the first three goals are stated in the grant project narrative and the last two were additional goals that program staff decided were important for the council. Jude McTaggart commented that they needed to add other groups in the first goal besides tribes and tribal organizations to include the others on the council, other organizations that impact maternal health care. Brie Oliver suggested using the wording, "a diverse group of stakeholders" and the group agreed. Dr. Fausett recommended changing "birth" to "delivery" since birth refers to the baby while delivery refers to the mother.

There was discussion about the order of the goals and whether they should be prioritized or if order matters since the group will work on all of them at the same time. Dr. McCracken said staff would re-draft the charter in response to the comments, have another discussion on it and then vote to accept it. Dr. Fausett commented that he wants the group to focus on something they can make sure gets accomplished, scope the goals a little smaller and more defined so it is things they feel they can get done. Others agreed that they are more objective and need specifics because measurable goals will come out of what they're monitoring and the tactics they are implementing to move a metric. An attendee commented that the main goal is to improve maternal health in Montana, regardless of specifics. The goals may be more strategies to achieve that goal. The council advises on how to implement objectives and strategies of the program. Judge Knisely commented on the importance of including the judicial branch or legislative representatives, as well as data-driven decision making. Dr. Kurtzman commented on how so many maternal deaths are avoidable, and it is a question of how to address societal changes so people develop healthy habits, seek and maintain healthy choices. Dr. McCracken discussed the group's potential to impact policy through legislation or administrative rule, to make the legislature understand that investments in prevention will pay off in the long-term. Dr.

McCracken wrapped up the conversation and Amanda committed to make the changes discussed to the Charter and send it out for review in the interim.

#### **Elect vice-chair**

Dr. McCracken explained that he was the de facto chair as Medical Director for the program and asked for nominations or volunteers for a vice-chair. Amanda explained that the state staff would support the council in the administrative duties of the council, but Dr. McCracken is the leader as a provider working with the target population. The vice chair's role would be to support him and step in his place when he cannot attend. She said she preferred two members to consult with in developing the agenda and materials and it could be anyone on the council. Judge Knisely, Jude McTaggart all self-nominated. Amanda asked for votes in the chat box.

#### **Establish meeting schedule**

Amanda asked for the group to establish a consistent meeting schedule to help with consistent attendance. She estimated the need for monthly meetings the first one to two years, possibly going down to quarterly by the end of the second year. Dr. McCracken suggested the fourth Tuesday of the month at the same time of 4:00-5:30. Members commented on the problem of losing people with young children if the meeting goes past 5:00. The group decided to move up to 3:30 -5:00 and plan to meet until 5:30 with advance notice when needed. Consistent email communication and reviewing materials in the interim period will help meetings run more efficiently.

#### **Review meeting process and next steps**

Dr. McCracken and Amanda asked people to provide feedback on how the meeting went and think about who else they might want on the council. He confirmed that the next meeting would be July 28, 2020, 3:30-5:00.

Meeting adjourned at 5:30.