



## **Maternal Health Leadership Council**

Meeting Minutes : July 28, 2020 : 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  
**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  
**Karen Cantrell**, American Indian Health Director at DPHHS  
**Lisa Troyer**, Wellness Consultant at PacificSource  
**Sarabeth Upson** in lieu of **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  
**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. Christina Marchion**, Family Medicine/OB at Central Montana Medical Center

### **Members Absent**

**Judge Mary Jane Knisely**, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)  
**Kristen Rogers**, Family & Community Health Bureau Chief at DPHHS  
**Tami Schoen**, WIC, CPA at Hill County Public Health Department  
**Dina Kuchynka**, Maternal & Newborn Health Manager at SCL Health – Holy Rosary  
**Dr Malcom Horn**, Medical Director at Blue Cross Blue Shield of Montana  
**Dr. Rob Kurtzman**, Chief Medical Examiner for the State of Montana  
**Dr. Tim Wetherill**, Medical Director at Blue Cross Blue Shield of Montana

### **Program Staff Present**

**Amanda Eby**, MOMS 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**

Dr. Tersh McCracken opened the meeting and lead roll call, as well as reviewed the agenda and minutes approval. Dr. Christina Marchion motioned to approve the minutes and all approved.

### **Discuss the Terms of Reference**

Amanda Eby presented the draft Terms of Reference, which came from a template given to her by the



University of North Carolina's Maternal Health Learning and Innovation Center (MHLIC). Amanda adapted the document to the specific needs of the MOMS Program. Membership Terms were discussed, and there was consensus that the Leadership Council should continue past the MOMS program. They decided on a two-year term, with the possibility of two extensions, with a maximum of six years. The Council would like to see some carry over members for continuity. The Council would like to see a Membership Committee and/or subcommittee created. All members agreed. It was discussed and decided that the Chair and Vice Chair Terms should renew bi-annually, or in even years, in June. It was also agreed that attendance expectations were no more than three unexcused absences, anything more than that would result in being excused from the committee. Attendance via Zoom is acceptable. Amanda agreed to check into Public Meeting Laws and requirements for the council to provide a public forum.

#### **Key Comments and Concerns:**

"Sectors that should be involved and we forgot to include and a good example of that is the Montana Hospital Association"

"Partners that we just don't know that are not at the table yet."

#### **Updates on Year Two Roll-Out Plans**

Stephanie Fitch presented the year two roll-out plan for Billings Clinic. Stephanie stated since the last council meeting it was decided to organize in terms of four primary areas: assess, train, support and integrate. The focus will be on facility assessments and staffing needs for rural communities. The simulation-in-motion (SIM) trainings will continue going into year two. These are currently up and running but have had some hurdles with the current Covid-19 pandemic. Additionally, for year two, Stephanie is working on a "train-the-trainer" program through the American College of Obstetrics and Gynecology (ACOG)'s Emergencies in Clinical Obstetrics (ECO) program and will continue to scout out locations and hosts that are interested in providing trainers for the program. Some of the certifications to be offered include, Neonatal Resuscitation Program (NRP), Electronic Fetal Monitoring (EFM) and perinatal mental health. Project ECHO sessions will continue twice monthly through year two which offer support and great feedback and participation. Stephanie discussed how the two-year plan includes integration of the Perinatal Medication Assisted Treatment (MAT) programs in Yellowstone County and Wolf Point which will bring services in collaboration with mental health providers and other substances use treatment programs to rural Montana. Telehealth and outreach program needs are still being identified in the rural communities.

Annie Glover presented the year two roll-out plan for the University of Montana. There are several different studies currently going on to understand how obstetricians have transitioned to telemedicine during Covid-19. The University of Montana is working on a study of health disparities and pregnancy risk factors of prenatal care utilization and birth outcomes. They are also looking at severe maternal morbidity using the hospital discharge data and will be doing an annual epidemiological report. Moving forward, in year two, starting in May (around Mother's Day) and then subsequent years of the grant the University of Montana will be releasing a longer report that pulls data from different sources to provide a snapshot of maternal health in Montana. Ongoing evaluation reports on the efficacy of simulation trainings, as well as the ECHO clinics in rural Montana are also being done. Annie's team is currently looking for obstetric physician participants for the telehealth study to see how care practices moved to telemedicine during Covid-19.

#### **Update on Needs Assessments:**

Dianna Linder provided an update on the needs assessments for Billings Clinic which will be repeated



each year. The needs assessment, like a lot of activities that started at the same time as Covid-19, didn't see the desired number of participants as hoped. Billings Clinic supplemented with a Survey Monkey type needs assessment with key informants. Dianna reiterated what Stephanie had mentioned previously, that the assessment focuses on training, support and integration. The assessment survey asked people to identify the most significant barriers to prenatal care. The responses listed in priority order include lack of treatment options for substance use disorders, lack of patient transportation for care or distance to care, lack of providers to treat depressive and mental health problems and domestic factors. Additionally, the survey asked respondents what the single most unaddressed issue that would improve maternal mortality and morbidity statistics and the answers heavily centered around mental/behavioral healthcare and addiction services. The needs assessment also includes questions about future ECHO session topics and what needs to be done to address virtual patient care in the rural communities of Montana. An area of opportunity is to coordinate with existing programs and services. Blair Lund presented on behalf of DPHHS and Title V/Maternal and Child Health Block Grant and explained that Montana receives approximately \$2.3 million a year for block grant funding which is all federal funds administered through the Health Resources and Services Administration. Blair provided an explanation of how the MOMS grant came about by narrowing down to maternal needs. Montana's "boots on the grounds" are the county public health departments so it's important to understand where they have capacity and they can have the greatest impact. Smaller meetings were held to discuss the top priority for women's health, which included maternal mental health, well women visit and postpartum depression. In September, DPHHS contracted with the University of Montana's Rural Institute for Inclusive Communities to help finish with surveys of organizations across the state and key informant interviews, contractors and subject matter experts. It is recognized across the board that there is a need for more frequent screening and non-stigmatized services to address postpartum depression. The overall state needs assessment is completed every five years and the goal was to be able to compare backwards for changes and trends, but also to create a learning opportunity for future changes and improvements. DPHHS wanted to identify the unmet health needs and subsequently was charged with coming up with a priority to address these needs.

#### **Key Comments and Concerns:**

"Raise level of awareness, form more of a perinatal community."

"Reliable distribution list"

"Network of communities and integration with state programs and communities."

"Platform and voices for decisions made at the state level."

#### **DPHHS updates on PQC, MMRIA and MMRC**

Amanda Eby presented updates on the Perinatal Quality Collaborative (PQC), Maternal Mortality Information Application (MMRIA) and Maternal Mortality Review Committee (MMRC). Amanda started with an update on the Montana Perinatal Quality Collaborative group that currently includes Benefis, Billings Clinic, Community Medical Center, Kalispell Regional Medical Center and St. Vincent's. At the last PQC meeting Brie Oliver gave a Healthy Mothers Healthy Babies presentation on the new Safe Sleep 2020 campaign. Stephanie and Amanda gave a presentation on the MOMS Program for the PQC members. The MOMS program is committed to the success of the PQC. Logistics are currently being worked out to provide administrative support to the PQC so the MOMS program and other entities like the MMRC can work together to help Montana become an Alliance for Innovation in Maternal Health (AIM) state. AIM will be discussed in greater details in future meetings. MMRIA is the database platform created by the Centers for Disease Control (CDC). DPHHS epidemiologist and data analyst recently created a new database that is being tested now and will be used to store, analyze and report the



historical data prior to launching Montana's MMRIA site. Amanda recently met with Oklahoma's maternal mortality review team and learned about the MMRIA trainings to help prepare our staff. DPHHS is currently in discussions with Utah about joining their regional Maternal Mortality Review Committee they have already established in partnership with Wyoming. Discussions with Idaho are also in progress, about joining the regional committee. This regional approach is preferred by the CDC. Vicki Birkeland commented about having great data from a perinatal collaborative perspective and asked how it can be taken back to the PQC to make specific decisions around the next steps statewide. Vicki asked which aspect to start with for the AIM bundles and what data is available to help provide decision making around which bundles. Dr. Tersh McCracken stated one approach to the AIM bundles is to wait for the data to drive which one to pick. He suggested the Council look at the bundles and pick an easy one to work on first and move to more data-driven bundles later.

### **Review Council Page on Website ask for feedback and plan next steps**

This topic was not covered due to lack of time.

### **Public comment**

No public attendance or comments.

### **Review Meeting Process and Next Steps**

Dr. Tersh McCracken and Amanda thanked everyone for their attendance and contributions to the committee. The next meeting was confirmed for August 25, 2020, 3:30-5:00.

Meeting adjourned at 5:19.