



## **Maternal Health Leadership Council**

Meeting Minutes:            October 27, 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  
**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)  
**Karen Cantrell**, American Indian Health Director at DPHHS  
**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  
**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 MacLaurin**, Executive Director of Healthy Mothers, Healthy Babies  
**Dr. Christina Marchion**, Family Medicine/OB at Central Montana Medical Center

### **Members Absent**

**Vice-Chair, Judge Mary Jane Knisely**, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)  
**Jude McTaggart**, Certified Nurse Midwife at Northeast Montana Health Services  
**Dr Malcom Horn**, Medical Director at Blue Cross Blue Shield of Montana  
**Dr. Tim Wetherill**, Medical Director at Blue Cross Blue Shield of Montana  
**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

### **Program Staff Present**

**Amanda Eby**, MOMS Program Specialist at DPHHS  
**Brenna Richardson**, Program Assistant at DPHHS  
**Dianna Linder**, Director of Grants and Program Development at Billings Clinic  
**Stephanie Fitch**, Program Coordinator for MOMS at Billings Clinic  
**Annie Glover**, University of Montana  
**Kimber McKay**, University of Montana

### **Public Attendees**

**Leslie deRosset**, Implementation Specialist at the Maternal Health Learning and Innovation Center and the University of North Carolina

### **Welcome and introductions**

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

### **Maternal mortality review (MMR) discussion**

Dr. Tersh McCracken began the meeting with discussing Maternal Mortality Review (MMR) for Montana. He recognized that this is a lot of work with a lot of learning and discussion needed. Currently, two options are being explored. One would be a Montana based MMR with the possibility of tying in Utah. Another option would be utilizing Utah as the primary review community. More discussions with Utah will be had to see what a partnership with them would look like. Dr. McCracken reiterated the purpose of the review committee is to learn from a death by evaluating the causes, the processes in place and processes that are not in place that could have helped prevent the death. Dr. McCracken's presentation and draft for the Montana MMR can be found [here](#).

### **Determine key drivers for workplan objective 1: catalyze multidisciplinary collaboration in maternal health**

Leslie deRosset, Implementation Specialist at the Maternal Health Learning and Innovation Center and the University of North Carolina facilitated a recap of last month's strengths, weaknesses, opportunities and threats (SWOT) analysis, now taking it one step further with the driver diagram activity. Ann Buss with DPHHS mentioned the importance of showing data to the population of Montana and the functionality of the ECHO Clinics. Ann also discussed the importance of utilizing press opportunities. Leslie and Ann lead a conversation about the upcoming legislative session and any concerns. The goals will strongly remain the same and the focus on the maternal health in Montana will continue.

### **Key comments and concerns from the Driver Diagram**

- Aim: Catalyze multidisciplinary collaboration in maternal health.
- Goals: Ensure maternal health is a priority issue in Montana.
- Key Factors: Create urgency and immediate action around the importance of maternal mortality/severe morbidity in Montana.
- Sub Factors:
  - o Support and collaborate with the perinatal quality collaborative (PQC) to guide towards Alliance for Innovation on Maternal health (AIM) enrollment.
  - o Establish Maternal Health Task Force (Council).
  - o Establish a Maternal Mortality Review Committee (MMRC).
  - o Develop maternal health strategic plan.
- Innovation:
  - o Disseminate surveillance reports regularly with MMR data.
  - o Identify strategies to overcome insurance barriers to care.
  - o Maternal morbidity and risk factor data highlight disparities to ensure efforts are targeted to the areas of highest need.
  - o Align and reward maternal health quality improvements.

### **Draft Strategic Plan**

Amanda Eby, MOMS Program Specialist at DPHHS provided a brief update that the draft strategic plan was submitted to HRSA on September 29. Amanda welcomed any questions about the draft. She also explained the plan is considered a draft for a year, followed by submitting a final strategic plan on September 29, 2021. [The Draft Strategic Plan is accessible here.](#)

### **Maternal Health Report preview from University of Montana**



Annie Glover with University of Montana presented on the key factors of the Maternal Health Report. Annie emphasized the enthusiasm at the University of Montana for the MOMS program in providing data to help drive decisions. The full report can be reviewed [here](#).

#### **Key comments**

- Montana has a high rate of maternal mortality. It is higher than United States and in fact, ranked sixth amongst the other 50 states in the highest in the western states.
- National maternal mortality has more than doubled since 1987.
- Most common severe maternal morbidity conditions in Montana include blood transfusions, sepsis, eclampsia and hysterectomy.
- Epidemiology tells us, racial disparities are driving these numbers and are bearing the brunt of this crisis.
- Racial disparities in prenatal care are lagging and should be a big focus with the leadership council.
- Additional topics the report covers include mental health, alcohol and substance use, rural disparities, pregnancy during adolescence, family planning, health insurance coverage and primary care.

#### **Update from a MOMS partner – Healthy Mothers, Healthy Babies (HMHB)**

Brie MacLaurin, Executive Director of HMHB presented on the mission and vision of HMHB. HMHB has multiple avenues of care and support. Programs includes Essentials for Baby, Montana Early Childhood Coalition (MT-ECC) and the Shaken Baby Syndrome Prevention Project. HMHB also partners with Montana Advocates for Children (MAC) which helps align eligibility standards for Early Head Start Child Care Partnership sites with Best Beginnings Child Care Scholarships. MAC also works to improve mental health and substance use disorder screening and treatment in the perinatal period for mothers, infants and caregivers. HMHB has advocated and created shared measurements for a collective impact to improve maternal child health optimal funding across the state. Brie's entire presentation is located [here](#).

#### **Public comment**

No public comments were made.

#### **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 November 24, 2020, 3:30-5:00.

Meeting adjourned at 5:14 pm.