



Maternal Health Leadership Council Meeting

February 23, 2020

3:30 - 5:00 PM

Agenda

- 3:30 – 3:40** Roll call, review agenda and approve minutes
- 3:40 – 4:10** Propose subcommittee to survey educational needs that MOMS could address
- 4:10 – 4:25** Guest presentation on maternal health initiatives - Montana Winners of AHRQ's Cross-Sectional Innovation to Improve Rural Postpartum Mental Health
-Jana Sund, CNM, of the Flathead Postpartum Resource Center
- 4:25 – 4:30** Q & A Opportunity with Guest Presenter
- 4:30 – 4:40** Update from Payer Subcommittee and discussion
- 4:40 – 4:50** Updates from DPHHS
- Maternal Mortality Review Committee (MMRC)
 - Perinatal Quality Collaborative (PQC)
 - Alliance for Innovation in Maternal Health (AIM)
 - Public education campaign
- 4:50 – 4:55** Q & A Opportunity with DPHHS Staff
- 4:55 – 5:00** Public comment/roundtable questions and discussion

Meeting materials

- Agenda
- January draft minutes
- Survey results

Maternal Health Leadership Council

Meeting Minutes:

January 26, 2021:

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

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

Brie MacLaurin, Executive Director of Healthy Mothers, Healthy Babies

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

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

Dr. Malcom Horn, Medical Director at Blue Cross Blue Shield of Montana

Members Absent

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

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

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

Jude McTaggart, Certified Nurse Midwife at Northeast Montana Health Services

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

Program Staff Present

Amanda Eby, MOMS Program Coordinator at DPHHS

Brenna Richardson, Program Assistant at DPHHS

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

Stephanie Fitch, Project Coordinator for MOMS at Billings Clinic

Annie Glover, Lead evaluator and PI for MOMS at University of Montana

Public Attendees

Kristen Krane, Yarrow

Anna Schmitt, Yarrow

Colin Bonnicksen, Windfall

Kelsey Kyle, St Peter's Health

Ashley Belton, HRSA Project Officer

Welcome and introductions

Dr. Tersh McCracken opened the meeting and lead roll call. Dr. Christina Marchion moved to approve the minutes and minutes were approved.

Continue Discussing Survey Results to Determine Council Changes & Priorities in 2021

Amanda Eby led the discussion on the biannual survey results. There was one additional survey completed after the December 8, 2020 meeting and the new results are represented in red. The full survey results can be viewed [here](#). Overall, Amanda feels good about the progress of the council and program. Dr. Tersh McCracken stated there were basically two questions to currently address: Who are the critical stakeholders and partners missing from the MOMS council and what the priorities should be.

- **Janie Quilici** suggested having more support and influence with hospitals' administration to support the staff and offer better education to provide better care.
- **Bardett Fausett** encouraged getting the primary care providers interested in what the goal of the MOMS Program is. Bardett would like to see a larger outreach and representation of MOMS.
 - **Dr. Tersh McCracken** asked about the status of adding someone from the Montana Hospital Association (MHA) to the council.
- **Amanda** stated that a legislative representative and a consumer/patient advocate is missing from the leadership council, which was feedback received from the HRSA program officer, but DPHHS has not found the right person for those roles and asked for recommendations.
- **Karen Cantrell** suggested getting Indian Health Services (IHS) hospitals and doctors involved.
- **Tami Shoen** added that representation from all over Montana, like the North Central region, because it is very rural, would be helpful.

Dr. McCracken commented that the first two priorities (addressing barriers to best prenatal/labor and delivery/postpartum care; and rural and racial disparities in care) are strongly in the lead and the others could also fall within them.

- **Time Wetherhill** stated Blue Cross Blue Shield might have the tools to pull data for addressing barriers and could send out a survey.
- **Brie MacLaurin** suggested looking at the continuum of care and identify where support starts and stops, insurance coverage, transportation. This could address disparities as well as barriers.

Guest Presentation on Maternal Health Incentives – Montana Winners of AHRQ's Cross-Sectional Innovation to Improve Rural Postpartum Mental Health

Kelsey Kyle, RN Care Manager PMH-C with St Peter's Health presented on the hospital's new program, Taking Care of You – A Parental Support Program, which is dedicated to supporting parents, guardians, and families experiencing a variety of stressors including mental health or substance use challenges during pregnancy and through the first year postpartum. The three priority areas identified during the development of the program included behavioral health, early childhood and system access and referral. Multiple populations are serviced under the program, including patients whom have the desire to become pregnant, patients or partner with an infant delivered, adopted, or fostered in the past year, patients who are a caregiver to a child less than twelve months old, as well as patients from the Women and Children's unit and Child Protective Services (CPS). Within the hospital itself, St. Peter's program offers a warm handoff approach with their referral program, if outside the hospital, outreach occurs within two days. Kelsey's entire presentation can be reviewed [here](#).

- **Tim Wetherhill** asked what the durability in terms of long-term engagement that St Peter's is finding once the patient gets beyond a couple of weeks.
 - Kelsey explained that patients continue to be engaged if they are feeling a need for additional support. Sometimes a patient may be enrolled and drop off for a month, but

patients do seem to come back if they feel the need for support again. What has been successful, Covid-19 complications aside, is the warm handoff referral approach and being able to connect with the patient.

- **Dr. Malcom Horn** asked how the program utilizes behavioral peer support and explained the benefits of bridging the gap between professional visits and offer community activities and assistance.
 - Kelsey states the hospital maternal mental health task force supports the idea of peer support and foresees groups up and running in 2021.

Updates from DPHHS

Amanda Eby provided an update from the Department of Public Health and Human Services (DPHHS).

- **Maternal Mortality Review Committee (MMRC)**
 - The previously shared decision-making brief for the MMRC was updated to include comments from the leadership council. Additionally, after last month's meeting, Amanda met with the Fetal, Infant, Child and Maternal Mortality Review (FICMMR) County Team Leaders and stated the overall feedback was to keep the review committee at a state level. The final brief also includes the feedback from the FICMMR leaders. She also asked the leadership committee for recommendations for individuals that would be suitable to sit on the state review committee. The MMRC brief was submitted to the division administrator, Jamie Palagi, who has also submitted it to the director's office for review and direction on next steps. Primarily, direction is needed on whether the committee will be director or governor appointed or less officially established. The final brief is available [here](#).
- **Perinatal Quality Collaborative (PQC)**
 - Amanda has been working with Kristen Krane and Anna Schmitt with Yarrow for the planning and preparation for re-launching the Montana Perinatal Quality Collaborative (PQC), which will include not only the neonatal aspect but also a new maternal arm that will implement the Alliance for Innovation in Maternal Health (AIM) patient-safety bundles. A partnership has been established with the Montana Hospital Association and they sent out letters to all the birthing facilities inviting them to participate in the PQC. Although this process is slow, the PQC and AIM are the path to sustainability in system-level initiatives improving maternal health outcomes beyond the life of the MOMS grant.
- **Alliance for Innovation in Maternal Health (AIM)**
 - Currently DPHHS is meeting with AIM's staff to discuss the contracting, budgeting and data center onboarding process that will occur once the enrollment form is approved.
- **Public Education Campaign**
 - Colin Bonnicksen with Windfall is working on the new patient facing webpage and seeking feedback from the leadership council before launching the webpage live. There are some features that will be added later, including pregnancy apps.

Public Comment/Roundtable Questions and Discussion

Dr. Tersh McCracken explained the score cards from the Society of Maternal Fetal Medicine on how states are addressing maternal mortality and Montana is ranked as one of the three worst states. However, all the things that scored low are currently being addressed and are in progress.

Tami Shoen suggested adding Women Infant and Children (WIC) to the new patient-facing webpage.



Annie Glover explained since MOMS is a federal grant, there are restrictions on lobbying which means federal funds cannot be used to advocate specifically for a legislative agenda. However, that doesn't mean that individuals in the council cannot provide information, education, background, as long as no one is lobbying.

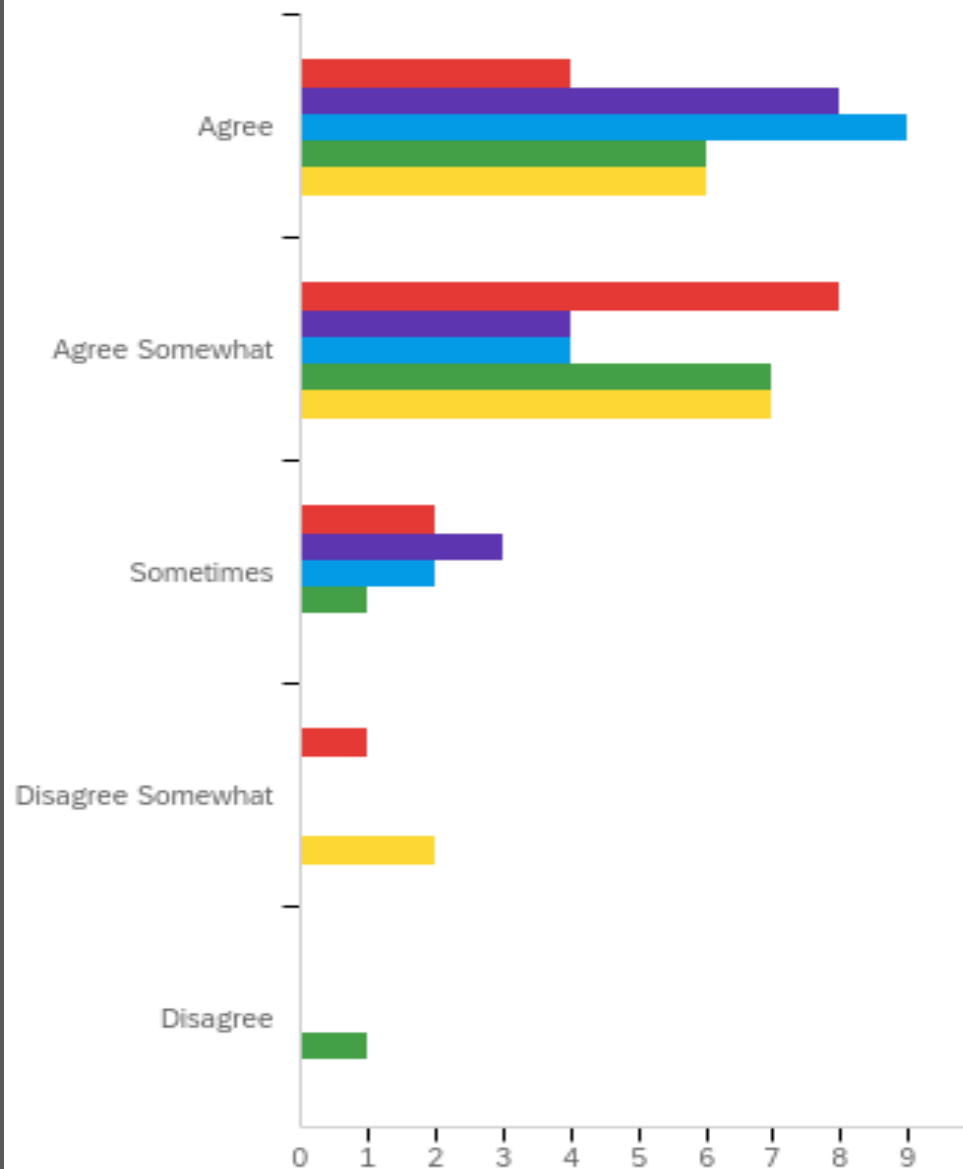
Brie MacLaurin announced the new perinatal psychiatry consultation line is offering a two-day, virtual training from Postpartum Support International May 19 -20.

Meeting adjourned at 5:34 pm.

DRAFT

MOMS BI-Annual Feedback Survey

- Survey open for feedback from 12/4 – 12/8/20 at noon
 - Additionally, 1 person completed after 12/8 and results were updated
- **15** out of 18 respondents completed the survey (**83.3%**)
- Critical partners or stakeholders that are missing from the MOMS program?
 - **40.0% (n = 6)** said yes
 - **20.0% (n = 3)** said no
 - **40.0% (n = 6)** said “I am not sure”



- a. My role and contributions to the MOMS Leadership Council are important a...
- b. The communications strategies (emails, meeting minutes and notes, postin...
- c. The meeting materials easy to access and useful.
- d. Meetings are well-organized and strategically facilitated so members fee...
- e. The program planning, design implementation and evaluation metrics are t...

MOMS BI-Annual Feedback Survey

Scale: 1 (Agree) 2 (Agree Somewhat) 3 (Sometimes) 4 (Disagree Somewhat) 5 (Disagree)

Question/Statement	Mean	% (n = 15)				
		Agree	Agree Somewhat	Sometimes	Disagree Somewhat	Disagree
a. My role and contributions to the MOMS Leadership Council are important and valued.	2.00	26.7	53.3	13.3	6.7	-
b. The communications strategies (emails, meeting minutes and notes, postings on the website, etc.) for the MOMS Leadership Council are clear and easy to understand.	1.67	53.3	26.7	20.0	-	-
c. The meeting materials easy to access and useful.	1.53	60.0	26.7	13.3	-	-
d. Meetings are well-organized and strategically facilitated so members feel welcome, empowered to contribute and comfortable to share ideas and thoughts.	1.87	40.0	46.7	6.7	-	6.7
e. The program planning, design implementation and evaluation metrics are transparent and include stakeholders and council members at every stage.	1.87	40.0	46.7	-	13.3	-

Opportunities to Improve the Leadership Council

Starting to feel movement towards making actual change in all areas of the state

Length and format of meeting is challenging – lots of housekeeping

It's a hard time to think critically

Concerns from other organizations across the state the partnerships need to be more inclusive

Better delineate sectors to consider well-defined topics

Begin to do work in smaller workgroups, break-out rooms – the group is really large

Shorter summaries – so many documents.

Continue to be transparent and seek input from members for solutions

Only meet 1x per month

Split up and focus on work in smaller groups/teams



The work of the Leadership Council is a critical component for the planning, design and implementation of MOMS. Please describe what you think the program staff of MOMS could do to improve the Leadership Council.

- I feel movement towards areas where we can start to discuss actual changes in all areas of the state.
 - I believe we are working towards this and do understand that with the development of any group there are a lot of implementation objectives that must be handled first.
- Other organizations are concerned about lack of involvement as most everything is communicated as a partnership with Billings Clinic. Although they are doing important work, in order to be a true, statewide program, this needs to be minimized and others are invited to the table.
- Agendas are full, possibly fewer items and facilitate to pull for more dialogue from quiet members; They have a very clinical focus and at times I think we need more clinical representation.
- **Only meet once monthly and let favorites chose their own AIM algorithm.**
- The length and format of the meeting is difficult. Lots of time spend on 'housekeeping' and unproductive items, leaving little time for substantive issues. I think it could be improved with better, more thoughtful coordination and manipulation of the format to include breakout rooms, polls, and better delineated 'sectors' to consider well-defined topics.

The work of the Leadership Council is a critical component for the planning, design and implementation of MOMS. Please describe what you think the program staff of MOMS could do to improve the Leadership Council.

- I have not been able to participate as much as I would like, so I am not a good representative to answer this.
- Continue to be transparent on challenges/barriers and seek input from the members for their solutions.
- Shorter Summaries of what is a priority would help. There are so many documents it is difficult to keep it straight.
- The group is quite large, I believe that the best productivity will come if we can split up into focused groups that are targeting specific items
- The time is difficult for critical thinking activities.
- If activities require discussion, break into smaller groups and allot more time to participate.
- **Send out information to be reviewed in timely manner, poss. with 'reminders' of what needs to be done**

Top 5 Priority Areas for 2021 for the MOMS Leadership Council

Rank	Priority/Interest Description	% (n)
1	Addressing barriers to best prenatal/labor and delivery/postpartum care	16.4% (12)
2	Rural and racial disparities in care	13.7% (10)
3	First trimester prenatal care	8.2% (6)
3	Health Care Provider teams education and support	8.2% (6)
3	Data collection - improvement and alignment to inform policies, programs, and clinical care	8.2% (6)
4	Public education campaign guidance and oversight	6.9% (5)
5	Adverse Childhood Experiences (ACE) training	5.5% (4)
6	CDC Levels of Care Assessment Tool (CDC LOCATe)	4.1% (3)
6	Patient and family engagement with the Perinatal Quality Collaborative (PQC) and Maternal Mortality Review Committee (MMRC)	5.5% (4)

Top 5 Priority Areas for 2021 for the MOMS Leadership Council

Rank	Priority/Interest Description	% (n)
7	Family Planning (all ages)	2.9% (2)
7	Adolescent pregnancy prevention and education	4.1% (3)
7	COVID-19 including telemedicine, access, treatment	2.7% (2)
7	Utilization of implementation tools such as the Key Drivers, Network Mapping, plan/do/study/act (PDSA) and continuous quality improvement (CQI)	2.9% (2)
8	Preconception health care	1.5% (1)
8	Other: create state award system to incentivize participation	1.5% (1)
8	Other: Open up funding to other hospitals to create alignment, reward innovation, as they are all doing similar work	1.5% (1)