Secretary of Health and Human Resources: Virginia Neonatal Perinatal Collaborative Workgroup
Senate Bill 1531 (2023)
November 14, 2023 – 1:00pm
Virginia Hospital and Health Care Association

Members Present (* indicates virtual participation)
*Rebecca Anderson, MCH Manager, Department of Medical Assistance Services (DMAS); Kelly Cannon, Chief Executive Officer, Virginia Hospital and Healthcare Association Foundation; Drew Dennsmore, Medical Society of Virginia; *Sofia Dibich, Special Assistant, Health and Human Resources; *Lori Dippold, MSN, RN, NNP-BC, Virginia Neonatal Perinatal Collaborative (VNPC) Neonatal Chair, VNPC; *Heidi Dix, Senior Vice President of Policy, Virginia Association of Health Plans; Adrianne Fegans, Deputy for Programs and Operations, DMAS; Harry Gewanter, MD, FAAP, MACR, VNPC Board; Joseph Khoury, MD, Ex Officio, VNPC; Jen Macdonald MPH, BSN, RN, Director, Division of Child and Family Health, Office of Family Health Services, Virginia Department of Health; Leah Mills, Deputy Secretary, Health and Human Resources; *Arthur Ollendorf, MD, Co-Chair, VNPC; Shannon Pursell, MPH, Senior Director, VNPC; *Melanie Rouse, PhD, Maternal Mortality Programs Manager, Office of the Chief Medical Examiner, Virginia Department of Health; Maryssa Sadler, MPA, Maternal and Child Health Analyst, DMAS; Abraham Segres, Vice President for Quality and Patient Safety, VHHA; Miriam Siddiqui, Senior Advisor, Administration, DMAS; *Barbara Snapp, DNP, APRN, NNP-BC, NICU Nurse, National Association of Neonatal Nurses; VNPC Board; *Stephanie Spencer, Executive Director, Urban Baby Beginnings; *Lisa Stevens, MD, MPH, MBA, Chief Medical Officer, DMAS; Vanessa Walker Harris, MD, Director, Office of Family Health Services, Virginia Department of Health; and Lizbeth C. White, Assistant Secretary, Health and Human Resources.

**Welcome and Introductions**
The meeting was called to order at 1:04pm. Deputy Secretary Mills welcomed workgroup members and led introductions.

**Review of Workgroup Purpose**
During the 2023 General Assembly Session, Senate Bill 1531, Acts of Assembly Chapter 626, patroned by Senator Dunnavant, was enacted. This legislation directed the Office of the Secretary of Health and Human Resources to convene a workgroup to facilitate collaboration on neonatal and perinatal care of woman and infants to positively impact maternal and child health care outcomes in the Commonwealth. Ms. Mills shared that the workgroup is critical given the importance of maternal health and the increase in maternal mortality.

The legislation identifies four key areas for the workgroup to develop recommendations to the General Assembly to help strengthen the Virginia Neonatal Perinatal Collaborative (VNPC). First, successfully implementing Alliance for Innovation on Maternal Health (AIM) patient safety bundles and other maternal or newborn quality improvement initiatives on a statewide basis. Second, how to best maximize public and private funding. Third, how to distribute grants on an efficient, effective, and equitable basis. And fourth, determine the best structure and placement for the VNPC in the future.

The intent is to hold two meetings so the Office of the Secretary of Health and Human Resources can report on recommendations to the 2024 General Assembly Session.

**Public Comment Period 1**
No persons signed up to speak.

**Virginia's Prenatal and Postpartum Care Quality Data**

Jeff Lunardi, Deputy Director for the Department of Medical Assistance Services, presented an overview of prenatal and postpartum care quality in Virginia. He reviewed data available comparing Virginia to national data trends in key areas. He reviewed metrics such as total births, measures of care, and measures of clinical outcomes. It was noted that well child visits, part of the care measures for Virginia, does not have a comparable national dataset.

There was discussion about causes of maternal mortality in Virginia, and sources of data where more information may be available within the Department of Health. There was a short highlight of the Maternal Mortality programs at the Office of the Chief Medical Examiner.

**Virginia's Neonatal Perinatal Collaborative**

Shannon Pursell presented about the history of structure and placement of the Virginia Neonatal Perinatal Collaborative (VNPC). Ms. Pursell highlighted the VNPC's commitment to quality improvement, the widespread engagement with Virginia's hospitals, and the available funding through the General Assembly and also grants. She also provided an overview of the VNPC's strategic priorities and structure.

There was information shared regarding the four quality improvement projects that VNPC is actively working on:

1. Project EMBRACE. There are currently 23 hospitals participating.
2. Project Eliminating Bias in the Dyad Care. This project is anticipated to have approximately six hospital pilot sites.
3. Project LOCATe. This project has hospitals self-assess their maternal and infant levels of care. Currently, 38 of 50 birth hospitals have participated.
4. Turn the Page. This project collects and shares birth stories; a documentary is planned for 2024 focused on impact of maternity care deserts and the effect on providers, particularly in Southwest Virginia.

Ms. Pursell shared that there are plans to explore additional projects related to reinvigorating obstetric hemorrhage work and perinatal viability in 2024.

There was discussion around the reduction in number of birthing hospitals in VA from 52 (2017) to 50 (2023). Though number of births have decreased overall, there is a disproportionate number of births now occurring at the birthing hospitals that remain.

There was discussion about the AIM bundles and how they are typically implemented. Ms. Pursell explained that AIM bundles are guidelines and that states and collaboratives work to mold the bundles to fit state specific projects. VNPC has taken multiple bundles at a time and placed them within one initiative for Virginia hospitals in some instances. Any hospital can implement any AIM bundle on their own, but the work would not necessarily be applicable to other hospitals across the state. There was further discussion about how and if data would be comparable for hospitals and hospital systems.

There was also discussion around data availability. Aggregate reports are able to be created upon request. There was concern about the public and community-based organizations being able to interpret and find the reports useful. VNPC plans to include updated information in its most recent report to the General Assembly that will be made available in the next couple of weeks.

**Hospital Engagement with Perinatal Quality Collaboratives**

Virginia F. Brooks, MHA, CPHQ, FACHE, Principal & Vice President at Health Quality Innovators, presented regarding requirements for hospital engagements with perinatal quality collaboratives. Ms. Brooks discussed current Centers for Medicare and Medicaid Services (CMS) perinatal quality measures

aimed at improving maternal outcomes during inpatient labor, delivery and post-partum care. The Maternal Morbidity Structural Measure is an attestation specified to capture whether hospitals are: (1) participating in a structured state or national Perinatal Quality Improvement (QI) Collaborative; and (2) implementing patient safety practices or bundles as part of these QI initiatives. For 2024, CMS eliminated elective delivery as they deemed hospitals had made enough improvement and exclusive breast milk feeding. For 2024 mandatory measures include cesarean sections, severe obstetric complications, and maternal morbidity structural measure. This last measure will ask if a hospital/health system participates in perinatal quality improvement collaborative and will have to be reported each year.

A birthing-friendly hospital designation will be connected to participating in a perinatal quality collaborative, and be designated by hospital not by health system. Bundles or patient safety practices will be reported as part of this measure. There will be an online comparison tool that shows which hospitals are considered birthing friendly at a state level; additional quality topics will also be available in the tool.

There was discussion around tracking done by VNPC and by the CMS tracking tool. VNPC provides information on participating hospitals to CMS, though some hospitals may do it through a health system if they are part of a larger health system/multi-site hospitals. VNPC keeps a list of hospitals participating, updated every Friday.

Ms. Brooks shared that for any technical assistance, CMS would encourage working with the perinatal collaborative.

**Public Comment Period 2**
No persons signed up to speak.

**Group Discussion**
*Hospital and Provider Engagement*
There was discussion around challenges faced by hospitals and providers. As mentioned, the responsibility of data entry by hospital staff is a key one. Additionally, there is an issue of capacity for hospitals to be able to adopt the bundles and how the VNPC can support them. It was also shared that while not all hospitals are designated as birthing hospitals, there were still births that are occurring at these hospitals and there was a critical need to ensure that these hospitals were also supported.

It was suggested to offer incentives for participation to hospitals, potentially through funding for data and capacity supports. There was discussion that not all senior leadership at hospitals prioritize involvement in this type of quality improvement, so it could not be a blanket amount across facilities.

Another suggestion to ease burden of data entry was to utilize electronic health records, potentially through EPIC, a specific software company supporting electronic health records, which is used by a majority of facilities. VNPC has had challenges attempting to work with EPIC on a national level. It was suggested that a potential recommendation could be supporting EPIC from a state and national level. It was noted that EPIC may not apply to smaller, private providers or community practices. Discussion continued around whether some hospitals have automated EPIC and could share, as has been done in California.

*Community Supports*
There was discussion around the role of community level perspective and AIM bundles. It was shared that hospitals appear to have birthing-friendly designations online, yet also have one-star ratings. There was concern shared that community voices may not be well represented in the scoring, especially in regards to discharge and quality care. Highlights care coordination as a big area for improvement. Ms. Pursell shared that there are some bundles that were not discussed at length today relating to community-level activity,

for example in Norfolk, there have been community level bundles adopted, not just clinical patient safety bundles. It was noted that there needed to be a greater focus on the postpartum period , so only focusing on hospital clinical care bundles was not enough.

*Data and Measuring Success*
The group discussed the benefits and challenges of data in relation to the VNPC quality projects. It was highlighted that the projects are data-driven, particularly with substance misuse, suicide deaths, mental health concerns, and heart disease.

The group discussed that underlying many of the issues is that while data demonstrating the hospitals participating in the VNPC, as well as the bundles that were being utilized by the participating hospitals may be in some of the key areas from the mandating legislation, it is not currently available in a one-pager or another accessible place/format. There is nowhere for the public or legislators to view data on quality improvements occurring in birthing hospitals. It was also pointed out that if an annual one-pager could be created moving forward, it should also include some representation of the community voice. The group discussed that this one pager may help for the first and third key areas. It would also serve as enticement for non-participating hospitals to join the VNPC.

There was further discussion about the types of data and measures that should be present on the one-pager, including process and outcome measures. It was shared that it is important to think about all hospitals that may play a part in maternal mortality and morbidity, not just birthing hospitals. Many hospitals have trauma centers and emergency departments that end up involved in providing care for these families.

Ms. Pursell shared that she would develop a draft for the next meeting of what bundles are being offered and implemented by hospitals across the state and by region. Ms. Pursell also shared that the focus was largely on maternal discussion today, but that there needs to be additional attention given to discussing neonatal and infants as well.

**Next Steps**
The next meeting will be held on November 28 at the Virginia Hospital and Healthcare Association. More information will be sent to workgroup members in the near future. This meeting will include a discussion of proposed recommendations per the legislation for the workgroup's review.

**Adjournment**
The meeting adjourned at 3:05 pm.