Task Force on Maternal Health Data and Quality Measures
Tuesday, October 25, 2022
10:00 AM – 2:00 PM

Virginia Hospital & Healthcare Association
Washington Conference Room
Glen Allen, VA 23060

Attendance (Present=**Bold**):

Laura Boutwell, DVM, MPH	**LaToya LaSmith**	Crystal Fink, CPM, LM
Richard Rosendahl	Stephanie Spencer, BSN, RN, LCCE, CLC	Jonathan Swanson, MD, MSc
Featherstone (Rachel) WHNP-BC, MSN	Kenda Sutton-EL, B.H.S., CLC, Doula Trainer, DEI	**Tameeka L. Smith**
Kelly Cannon	**Rachel Becker**	**Shannon R. Pursell, MPH**
Mary Arrowood	**Doreen Bonnet**	**Sandra Serna, MPH**
Jillian Capucao	**Scott Sullivan, MD MSCR**	Heidi Dix
Christian Chisholm, MD	**Evette Hernandez**	Deborah Waite
Peter Kemp, MD, F.A.C.O.G.	**Karen Kelly**	**Kenesha Barber, PhD**
Barbara Snapp	**Melanie J. Rouse, PhD**	**Dane De Silva, PhD, MPH**
Shannon Miles, RN	**Sydney Ray**	**Lauren Kozlowski**
Gabriela Mandolesi	**Mary Ellen Bouchard**	**Jacque Hale**
Jenny Fox, MD, MPH	Jamia Crocket	**Laurel Aparicio**
		Calvin Hogg

Senator Mamie E. Locke	**Delegate Charniele Herring**
Senator George Barker	**Delegate Shelly Simonds**
Senator Jen Kiggans	**Delegate Kaye Kory**
	Delegate Dawn Adams **Brandon Jackson, Chief of Staff**
	Delegate Candi Mundon King

<u>VDH Staff</u>
Charli Williams, MPH
Meagan Robinson, DrPH, MPH

10:00 – 10:15	**Welcome**: Delegate Shelly Simonds • Roll Call Introductions will be made instead of roll calls at meetings. Introductions were made first by in-person attendees, then by those attending virtually. • Review of Agenda • Review of meeting minutes Vice Chair asked if the August 30th meeting minutes had been received by all attendees, then moved to approve them. Aug 30th meeting minutes approved.
10:15 – 11:15	**Open Discussion:** Vice Chair, Delegate Shelly Simonds • HB2111 Measures 1 ,2, & 4 Action items and related recommendations for addressing the 1st and 2nd tasks are to be discussed in detail during March 2023 meeting.
11:15 – 12:00	**Presentations and Updates** • Maternal Mortality Review Data Presentation; Dr. M. Rouse, OCME Dr. Rouse presented on the data and needs collected by Virginia's Mortality Review Committee. Dr. Rouse's PowerPoint Presentation will be sent in follow-up email. Some notes below.
12:00-12:15	**Break/ Lunch Grab** (Lunch provided by VHHA)
12:15 -1:30	**Presentations and Updates** • Measure 5 Presentation: Dr. K. Smith-Barber Dr. Smith-Barber presented on the Social Determinants of Health data that are collected during the PRAMS survey. Dr. Smith-Barber's PowerPoint presentation will be included in follow-up email. Some presentation notes below. • Measure 3 Discussion: Kelly Cannon and Mary Arrowood, VHHA Kelly, Mary, and Shannon led a discussion on the barriers to data collection from the perspective of hospitals in the Commonwealth. The discussion also led to some impacts to the care received due to those barriers. Some discussion notes are below. • Environmental Scan sub-team Update: Charli Williams REDCap Survey to be sent in this meeting's follow-up email to Task Force members.
1:30	**Adjournment**: Vice Chair, Delegate Shelly Simonds

Presentation Notes:

Dr. M. Rouse: Maternal Mortality Review Committee

- The Maternal Mortality Review Committee was established in 2002 by the Office of Family Health and the Office of the Chief Medical Examiner.
- Prior to MMRIA (app used by MMRC) there was no way to compare data state-to-state.
- "Accidental" death is labeled so for any death that was unintentional, but not by natural causes.
- Key informant interviews (people close to the deceased in life and other care) to be added to case data with the receipt of new CDC grant funds.
- MMRC would benefit from access to payer claims data. It can ensure more and/or better case data; knowing the way claims are submitted and also helping to identify providers as this information isn't always available from medical records review.
- The MMRC prepares a triennial report which addresses the Recommendations made in cases

Task Force discussed the expansion of Medicaid for women up to one year post-delivery and its possible impact on the number of deaths after birth, at least those related to lack of coverage. Concluded that this cannot be determined because while the expanded coverage is great, it doesn't mean a woman will access or know how to access the services she needs even if it is covered. Members reiterated the important role of Community Health Workers. If they were right in the hospitals they would be able to provide education at the time of enrolling individuals in Medicaid coverage. Unfortunately, there is no reimbursement set up for that.

Discussion about preventable deaths and empowering women led to the CDC Hear Her Campaign. We don't have to reinvent the wheel if we can use what's already available to us.
VNPC currently has bus ads running in multiple localities, empowering women to advocate for themselves and their health needs.

Dr. Smith-Barber: SDoH collected in PRAMS Survey

- What does VDH do with PRAMS data? There are Data-to-Action stories at the end of each year.
- Virginia has a 55% response rate for this survey.
- VDH administers one survey, during which the participant can opt in to receive a secondary survey from Columbia University at a later date.
- The PRAMS Survey has content changes every 5 years. In 2023 the question about a participant's experience with discrimination will be changed to specify if that discrimination was experience in a healthcare setting.

The data collected in the survey about whether a person was screened for a particular behavioral, mental, or social health cursor did not always correlate to the expected outcome for that respondent's newborn. Members discussed the possibilities of a pregnant person being screened for something solely because of increased risk for it and the outcome being what was expected. Instead of them being screened and it happening in spite of (i.e. screened for depression: yes; baby with low birth weight: yes).

Mary Arrowood, Kelly Cannon, Shannon Pursell: Barriers to Collecting Data in Hospitals

VNPC's Maternal Health Dashboard Project Limitations:

- 19 Hospitals
- EMRs- Data that is there is difficult to abstract; to get reports or to send data forward

- Specific to the MHD project- Understanding how many times a patient presents to the hospital since the dashboard only captures birth data

Members discussed how EMRs contain bias. Sometimes the information needs to be relayed to the next provider, but that same information and/or how it is written can have an impact on how that next provider treats the patient.

Maternal Levels of Care

- Virginia does a great job with babies; poor job with moms!
- States have used various routes to assign designations: Self-designations, State Departments of Health, ACOG
- Levels of care are directly related to the number of births in that hospital; also directly related to maternal outcomes.

(Scenario: [Hospital] has this box checked to qualify for a level 4 (i.e. 24 hour coverage), but only performs a birth twice a week. That hospital is still not experienced enough with emergencies to be prepared to deal with the next one that occurs and therefore should not be able to obtain the Level of Care 4 designation.)

Data Access

There is a lot of good data out there, but if there is no access then it's no good.

- VNPC Maternal Health Dashboard- Paid to have 40 people able to access that data. Big question is: how can that data be made better/more widely available?
- Maternal Quality Care Alliance- Patient-value data; going to the community to ask what they need.
- Community for Health Improvement, Partnering for Healthy Virginia-CARES portal
- Virginia Health Opportunity Index- Which community has high VS low opportunity for determining health/health outcomes
    - Online Dashboards available

VNPC is recruiting for 6 stories to be told across Virginia of women and their maternal-related experiences.

Doreen Bonnet completed a project on Black women's stories via video, available online.

RECOMMENDATIONS for RECOMMENDATIONS:

- Needs for data collection efforts in particular areas; especially ways to collect data from black and brown birthing people.
- Efficiency pathways between schools and health providers.
- Whole person care and what that looks like.
- Improvement of documentation of Z-Coded
- MMRT-needs more resources→ increases quality of reviews and timeliness of reports
- Population-based surveys needs more funds→oversampling more areas or populations or outcomes requires more time and/or people.
- Making Infant and Maternal Care Designation Level public