**Task Force on Maternal Health Data and Quality Measures**
Tuesday, June 13, 2023
10:00 AM – 2:00 PM

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

**Attendance** (Present=**Bold**):

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| Richard Rosendahl, DMAS | Angela Lello, UHC | Crystal Fink, CPM, LM |
| | **Shannon R. Pursell, MPH** | **Jonathan Swanson, MD, MSc** |
| | **Jacque Hale** | **Tameeka L. Smith, UHC** |
| **Laura Boutwell, DVM, MPH, DMAS** | Stephanie Spencer, BSN, RN, LCCE, CLC | Doreen Bonnet, Birth Sisters of Charlottesville |
| Laurel Aparicio, Early Impact VA | Kenda Sutton-EL, B.H.S., CLC, Doula Trainer, DEI | Heidi Dix, VAHP |
| **Kelly Cannon, VHHA** | Doug Gray, VHI | Jillian Capucao, VHI |
| **Mary Brandenburg, VHHA** | **Scott Sullivan, MD MSCR** | Deborah Waite, VHI |
| | Jenny Fox, MD, MPH | **Peter Kemp, MD, F.A.C.O.G.** |
| Christian Chisholm, MD | **Karen Kelly, VAACNM** | Kenesha Barber, PhD, VDH |
| Barbara Snapp | **Melanie J. Rouse, PhD, OCME** | **Dane De Silva, PhD, MPH, VDH** |
| Shannon Miles, RN | **Sydney Ray, Centra Health** | **Lauren Kozlowski, VDH** |
| Gabriela Mandolesi | **Mary Ellen Bouchard** | Sandra Serna, MPH, VDH |
| Evette Hernandez, CNM, Fort Belvoir Community Hospital | Jamia Crocket, Families Forward Virginia | Vanessa Walker Harris, MD, VDH |
| Karen Shelton, MD, State Health Commissioner | Featherstone (Rachel) WHNP-BC, MSN | |

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

| **Other Stakeholders** | | |
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| **Keenan Caldwell, Sentara Healthcare** | **Tori Mabry, OHHR** | **Ann Parker** |
| **Leslie Shubat** | **Lynn Brunke** | **Moira Holdren** |
| **Susan Franz** | | |

**VDH Staff**
**Charli Williams, MPH**

**AGENDA**

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| 10:00 – 10:15 | **Welcome**: Dr. Scott Sullivan, Task Force Chair<br>• Introductions were made starting in person, then going to the individuals present via Zoom.<br>• Chair gave overview of the objectives for the meeting.<br>• Review of meeting minutes: May 2, 2023 meeting minutes reviewed, quorum was not present in person to be approved. A vote will be taken at July 5 meeting. |
| 10:15 – 12:10 | **Directed Discussion:** Dr. Scott Sullivan, Chair<br>• Implicit Bias Training discussion recap/update<br>o There are currently 8 states (including CA, MI, MD, MN, and others) with legislation that requires implicit bias training, and there are 18 other states with bills in the works. The oldest regulation requiring implicit bias trainings for licensure is 3 years old. Chair discussed that Michigan is more in line with other states than initially communicated at May meeting. Maryland is the only state that has a one-time training when an individual gets licensed. All other states with a current training requirement has 1 or 2 hours every renewal. Members discussed keeping that in mind when training recommendations are made.<br>o The Task Force discussed the need to know how other states put the implicit bias training requirement into effect (e.g., regulations or legislation).<br>o Task Force members discussed the presentations to be given in July on implicit bias trainings. Requested that Virginia Hospital and Healthcare Association (VHHA) be added to July's agenda to give a brief overview of what is already happening in Virginia's hospital systems related to implicit bias training.<br>o Members discussed the requirements and their burden on licensed physicians, but agreed on importance/need for the trainings including implicit bias training.<br>o Questions to be addressed by Task Force in order to make recommendation: length of training (1 or 2 hours?); frequency; acceptable formats for training?<br>o Members asked and discussed how training fulfillment will be tracked, including mechanisms, vendors, or certain platforms. Discussion included whether an individual is able to demonstrate a comparable training or substitution of conferences with continuing education credits.<br>o Members discussed current trainings used to address bias: newly created **Racial Equity Learning Series (RELS)**: 7 modules, up to 10 CNEs, CEUs, CMEs are all available; Norfolk, VA as the pilot site. Virginia is an AIM Community Care Initiative (AIM CCI) state and the use of RELS is through AIM CCI. **March of Dimes equity training**: Cons- cannot view content before paying, organizations have to pay bulk price for access regardless of training uptake. |

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| | ○ Members discussed the importance of a mechanism for verifying training fulfillment, and the importance of recommending ways to track outcomes changes for providers. |
| 12:10 – 12:25 | **BREAK, Lunch provided by VDH** |
| 12:25 – 1:55 | **Directed Discussion continued:** Dr. Scott Sullivan, Chair<br><br>• Review and refine drafted recommendations. Members worked on the language and layout of drafted recommendations for mandates 3, 5, and 6.<br><br>Mandate 5: Social Determinants of Health screening and their impact<br>*i.* *Increase sustained funding for community health workers that connect pre conception, prenatal, and postpartum care patients to community services. This funding may include Medicaid reimbursements, grants, and additional State plan flexibilities*<br>Task force members discussed leaving funding source broad with examples of funding sources. Members discussed community health workers and other professionals affected by increasing funding. Members discussed the term Community Health Workers as a profession, not an umbrella term. Members recommended having a glossary for inclusion in the report.<br>*ii.* *Enhance the quality of care, by improving how Social Determinants of Health data are collected, shared, and analyzed. The Task Force recommends building upon the existing e-referral infrastructure that allows for easy collection of SDoH data, and also working towards sharing social care data bi-directionally across health systems, health plans, state agencies, and community-based providers. This will help gain a better understanding of patients' needs and provide personalized care. The Task Force also recommends the use of evidence-based SDoH assessments across organizations to ensure consistency and effectiveness.*<br>*iii.* *Educate care providers on the importance of using Z codes, a diagnosis code that captures social needs that influence health. Create incentives to consistently and accurately capture and submit Z codes using the electronic medical record*<br>Members discussed how the recommendation for providers to improve their knowledge, collection, and reporting of Z-codes is backed by the Center for Medicare and Medicaid Services (CMS) and Joint Commission's new requirement for screening for health related social needs and reporting the results of that screening. Options for building the infrastructure for capturing and sharing data were discussed. The group also recognized that the use of, and mandate to collect, Z-codes should not be for every healthcare or health-related setting.<br><br>Mandate 6: Collect and review data 1 year after delivery<br>Members discussed the needs and capabilities of the Virginia Pregnancy Risk and Monitoring System (PRAMS). Members determined that Virginia Department of Health PRAMS team should be responsible for crafting |

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| | recommendations related to PRAMS and mandate 6 to ensure the needs for expansion of PRAMS are captured correctly.<br>Members discussed the waiver from CMS that allowed the expansion of Medicaid for 12 months required Department of Medical Assistance Services (DMAS) to create an evaluation of multiple years to see benefit. These data may be able to be used to analyze data 1 year after birth. Members discussed potential to link PRAMS, PAHS, and 12-month Medicaid Waiver data to have more robust information. Unite Us was recognized as being able to play a role in housing and sharing data on where a woman is receiving care and services.<br><br>Mandate 3:<br>*i. Grant data access for the Maternal Mortality Review Team to medical records including but not limited to substance abuse, mental health, oral health, etc. for incarcerated, or recently incarcerated, decedents*<br>Members discussed the contracts for care providers inside of jails may be able to require them to collect and report care data to MMRT.<br>The task force put the following topics in the "Parking Lot" to be discussed in the next meeting: teen pregnancy—school nurses, and data and parents. |
| 2:00 | **Adjournment**: Chair, Dr. Scott Sullivan |