

Perinatal Hubs Workgroup: House Bill 1537 (2023) DRAFT Meeting 3 Minutes

December 11, 2023 – 8:30am – 12:30 pm
VDH Office of Vital Records, 1002 Maywill St.

Member Attendance	Voting Record Y=Yes, N=No, A=Abstain
Bold = Present <i>Italicized</i> = Absent	Approve Meeting 2 Minutes 12/11/2023
Dr. Vanessa Walker Harris/Dr. Melanie Rouse/Cindy DeSa, Virginia Department of Health	Y
<i>Heidi Dix/ Doug Gray, Virginia Association of Health Plans</i>	
Rhonda Newsome, proxy for Dr. Lisa Stevens, Department of Medical Assistance Services	Y
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	motion
Lisa Brown, Birth Sisters of Charlottesville	Y
Kenda Sutton-EL, Birth In Color	second
Kathryn Haines, Virginia Interfaith Center for Public Policy (VICCP), Faith-based Organization	Y
<i>Dr. Jaclyn Nunziato, OBGYN</i>	
Lauren Agyekum, American College of Nurse Midwives, Provider	Y
Danielle Montague, Virginia Association of Rural Health, Rural Health	Y
<i>Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation</i>	
Mandolin Restivo, Postpartum Support Virginia	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker Representative	Y
<i>Kamil Chambers, Lived experience/doula</i>	
<i>Deborah Oswald, Virginia Health Care Foundation</i>	
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	Y

VDH Support Staff Present: Lauren Kozlowski, Jen Macdonald

Welcome, Introductions and Workgroup Business

The meeting was called to order at 8:55 a.m. Lauren Kozlowski led welcome, agenda review, and introductions of workgroup members. A quorum was established.

Meeting minutes for 11/30/2023 were reviewed with the minor edits below. Shannon Pursell made a motion to approve the meeting minutes, and Kenda Sutton-EL seconded. Vote occurred and the minutes were approved by all members present.

Pg 5 3rd line... add Mortality and Morbidity. Shannon made first motion. Kenda seconded. Unanimously approved.

Public Comment Period

No members of the public signed up to speak or were present for the public comment period.

Review of Workgroup Purpose

Dr. Walker Harris, VDH, reviewed timeline and objectives of the workgroup.

- (i) *analyze federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs*
- (ii) *review evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hubs*
- (iii) *project estimated costs of implementing the work group's recommendations for the next five year*

Workgroup Discussion on Crafting Recommendations:

The workgroup discussed drafting language for recommendations on perinatal health hubs. Below are key points from the discussion, grouped by language from the bill that itemizes the tasks given to the work group.

- (i)
 - There is legislation from NY that uses consistent language across the state's agencies
 - Questions arose regarding out of state providers or entities who want to practice or implement perinatal health hub model in Virginia. There should be consideration of border states and the providers there who serve Virginia populations, as they are useful to those who don't have ready access. They could be useful in coalition building, especially related to social drivers like housing.
 - There was discussion of what regulations could mean for the implementation of the model versus providing guidelines.
- (ii)
 - The group discussed directing VDH to convene a workgroup to explore feasibility and necessity of establishing regulations around perinatal health hubs, defining a perinatal health hub is and how hubs are implemented.
 - Requirements should consider and include cultural sensitivity and responsiveness as a training requirement for hub staff.
 - Should be informed by input by community leaders, relevant stakeholders, grass roots. Should there be a collaborative learning group for those operating hubs?

- The group discussed capacity building and what that could entail.
- A perinatal hub is a centralized, safe space for support and to accept all, it is not necessarily one program.
- There was discussion on building relationships with CBOs and health departments-participating with, supporting and being interactive and collaborative, with an emphasis on information sharing as opposed to data sharing. Such collaborative information/data sharing could be incorporated into Title V district workplans.
- Tiered approach to data collection – expectations as the perinatal hubs grow and the data collection expands. Data is sensitive in nature and there are concerns regarding whom it is shared with.
- Data should be credited to the submitting community when appropriate. How data is displayed can look different for many entities. Data collection may be a burden especially with many systems in place to collect the data. Collection and reporting requires resources some organizations may not have.
- There should be common set of data metrics. Expect that partners may need technical assistance to collect and report requested metrics. Data should be presented in an unidentified and aggregated way, to help identify program impact, including which specific activities are impacting the community, where the impact is, and demonstrates that actions were favorable and the right way to go.
- VDH provides technical assistance to smaller organizations. Home visiting is an example of data collection and Early Impact Virginia provides TA to those organizations that submit data. BabyCare is an example that data collection projects can take some time. If VDH takes on the data collection piece, what does Title V need to tell organizations back? If organizations can commit to providing data, Title V can commit to providing data back. Mutually supportive of each other in the process.
- Group discussed the need to paint the picture of support they provide and provide context in the realm of the longer-term drive of maternal mortality and morbidity rates as well as reporting hub performance data in context with state outcome data. DMAS could provide data on outcome measures for Medicaid populations in places where perinatal hubs are located vs. where they are not. Examples include number and types of delivery, delivery outcome, prenatal visits, and prenatal vitamins, etc.
- This group recommends that data is collected from funded perinatal health hubs in order to illustrate the impact and effectiveness of this model of care for the perinatal population.
- The group discussed the option of VDH/Title V as the collector of data. VDH could be supportive of work without taking funding from community-based organizations. VDH also operates with an understanding of the varying capacity of organizations in the community to collect, track, analyze data.
- The group discussed defining what community population should be served by perinatal health hubs. Are they placed where there are certain high-risk parameters? Does Virginia target areas in specific low opportunities census tract to connect primary prevention

activities and allow for the continuation of community-based care. There are RFP/funding opportunity examples that can be utilized in this framing.

- A perinatal health hub will need to identify a strategy around addressing inequities. State agencies are there to assist and support community driven entities, but there are communities where they might not be the most trusted re: perinatal health.

(iii)

- The group began with the following suggested recommendation language in order to start the discussion for this task: The state should fund perinatal health hubs. General funds should be put toward perinatal health hubs to complement and be in addition to other braided funding that state agencies and community-based organizations have and/or will receive.
- The group discussed a tiered funding approach at the last meeting (start-up/small, established/expanding, collaborative). The group discussed including this differentiation within the body of the report with the highlight that organizations at different current capacities would require differing levels of funds. Giving specific examples of usage at tiered levels should also be imbedded in report. Service can be defined simply as a connection. Tiered approach may be more digestible.
- Cost per family may be helpful in promoting the importance of the model as well as the number of families served annually and number of visits per family per month.
- Inclusive of anyone of childbearing age. Serving all families in Virginia, while ensuring that those with the worst health outcomes have access to the services.
- The group discussed the specific amount of general funds to recommend, modeling another Virginia initiative that has been successful, discussed the funding steps for VMAP (Virginia Pediatric Mental Health Access Line), which recently had additional funding allotted for services related to maternal mental health.
- Group talked about how it would be ideal to have a hub in each region but realize there are constraints. Decided to offer pilot site option of 3 perinatal health hubs with intention to expand over time. The consideration of provider capacity factored into the decision to request funding for a smaller number of hubs at the outset.

The following recommendations were work shopped live during the meeting and passed with a quorum, voting record can be seen below.

iiA: This group recommends that VDH make public an annual report from perinatal health hubs in order to illustrate the impact and effectiveness of this model of care for the perinatal population.

iiB: This group recommends that VDH provide technical assistance to perinatal health hubs to develop their ability to produce annual reports, data stories, and other narratives/briefs/one-pagers.

iiC: This group directs VDH to recommend common performance metrics for perinatal health hubs to collect and track.

iiD: This group directs VDH to collect and report aggregate performance metrics for perinatal health hubs.

iiE: This group directs the perinatal health hubs to participate in the perinatal health hubs learning collaborative convened by the Virginia Neonatal Perinatal Collaborative which will provide a monthly community of practice to connect and engage perinatal health hubs through regular, facilitated meetings. It will include but is not limited to continuing education on effective mentoring techniques, cultural responsiveness, and creating inclusive and supportive environments.

iiiA: This group recommends an appropriation of 2.5 million general funds each year of the biennium to support three perinatal health hub pilot sites with the intention of requesting additional funds for expansion.

Recommendations Voting Record

Member Attendance						
Bold = Present <i>Italicized</i> = Absent	<i>Adopt</i> <i>iiiA</i>	<i>Adopt</i> <i>iiA</i>	<i>Adopt</i> <i>iiB</i>	<i>Adopt</i> <i>iiC</i>	<i>Adopt</i> <i>iiD</i>	<i>Adopt</i> <i>iiE</i>
Dr. Vanessa Walker Harris/Dr. Melanie Rouse/Cindy DeSa, Virginia Department of Health	Y	Y	Y	Y	Y	Y
<i>Heidi Dix/ Doug Gray, Virginia Association of Health Plans</i>						
Rhonda Newsome, proxy for Dr. Lisa Stevens, Department of Medical Assistance Services	Y	Y	Y	Y	Y	Y
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	Y	Y	Y	motion	Y	Y
Lisa Brown, Birth Sisters of Charlottesville	Y	Y	second	Y	Y	Y
<i>Kenda Sutton-EL, Birth In Color</i>						
Kathryn Haines, Virginia Interfaith Center for	Y	Y	Y	Y	Y	Y

Public Policy, Faith-based Organization						
<i>Dr. Jaclyn Nunziato, OBGYN</i>						
Lauren Agyekum, American College of Nurse Midwives, Provider	Y	Y	Y	Y	Y	motion
Danielle Montague, Virginia Association of Rural Health, Rural Health	Y	motion	motion	Y	Y	second
<i>Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation</i>						
Mandolin Restivo, Postpartum Support Virginia	Y	Y	Y	Y	second	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker Representative	second	second	Y	second	motion	Y
<i>Kamil Chambers, Lived experience/doula</i>						
<i>Deborah Oswalt, Virginia Health Care Foundation</i>						
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	motion	Y	Y	Y	Y	Y

Next Steps

Lauren will share outline for final report and send out draft meeting minutes via email.

Adjournment

The meeting adjourned at 12:30 pm.