

Task Force on Maternal Health Data and Quality Measures

Wednesday, July 05, 2023

10:00 AM – 2:00 PM

Virginia Hospital & Healthcare Association

Washington Conference Room

Glen Allen, VA 23060

Attendance (Present=Bold**):**

Richard Rosendahl, DMAS	Shannon R. Pursell, MPH	Crystal Fink, CPM, LM
Estelle Kendall, DMAS	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	Heidi Dix, VAHP
Kelly Cannon, VHHA	Doug Gray, VHI	Jillian Capucio, VHI
Mary Brandenburg, VHHA	Scott Sullivan, MD MSCR	Deborah Waite, VHI
Jonathan Swanson, MD, MSc	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
Kenda Sutton-EL, B.H.S., CLC, Doula Trainer, DEI	Featherstone (Rachel) WHNP-BC, MSN	Karen Shelton, MD, State Health Commissioner

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

Other Stakeholders		
Shoba Mehta, INOVA	Alex Jansson, GRA, VDH	David Abafi, Office of the Gov.
Rachel Becker, VHHA	Polly Wu, GRA, VDH	Arne Owes, DHP
Ashley Xavier, VHHA	Danielle Jankowski	Leah Mills, OSHHR

VDH Staff

Charli Williams, MPH

AGENDA

10:00 – 10:15	<p>Welcome: Dr. Scott Sullivan, Task Force Chair</p> <ul style="list-style-type: none">• Roll Call Introductions were made by in person attendees, followed by introductions for attendees on Zoom.• Review of Agenda The agenda was read by Task Force chair with the change of VHHA not speaking until next meeting.• Review of meeting minutes Due to a lack of a quorum present, the meeting minutes were not reviewed.
10:15 – 12:15	<p>Presentations and Discussions</p> <ul style="list-style-type: none">• Intimate Partner Violence: Dr. Shoba Mehta, Johns Hopkins University Dr. Mehta defined and presented data on rates of maternal mortality, pregnancy-related mortality, and pregnancy-associated mortality in the United States. She discussed the addition of the “pregnancy checkbox” on death certificates in 2003, and its full implementation across all states by 2018-19, allowing for resumed reporting of Maternal Mortality data by the Centers for Disease Control and Prevention. Dr. Mehta discussed the issues with the pregnancy checkbox and trying to understand relationships between pregnancy and death data. Multiple federal and state surveillance systems used for tracking maternal deaths, and recent studies that analyzed US and Virginia maternal deaths were reviewed. Intimate partner violence was discussed as a factor contributing to pregnancy-associated homicides and suicides. The need for awareness and screening of IPV, and the provider limitations for doing so were also presented. The Task Force discussed the issue of time and resources for physicians to screen for intimate partner violence. Funding of public health infrastructure for collecting IPV data and connecting patients to resources was discussed, along with the usage of tablets and online questionnaires for screenings, which may be beneficial for participation and honesty, as well as taking no time away from the provider visit.• Implicit Bias Trainings- A review: Kassie Primich, CSTE Fellow, VDH Ms. Kassie Primich presented a review of current states with mandated Implicit bias trainings for medical providers. Ms. Primich compared the training fulfillment, frequency of, and length of training required in these six states. She discussed details of training materials and training vendors that were found during her research. Ms. Primich discussed that there is no gold standard state, as implicit bias training mandates are new, and limited evaluation of trainings are available. Ms. Primich also discussed what research indicated as effective implicit bias training. Considerations for trainings included addressing awareness and internal motivations and teaching specific strategies for effective habit breaking to avoid unintentional negative consequences. The Task Force discussed the standard length of implicit bias trainings and the instances where a time was not specified was for trainings that offered table

	<p>exercises and interactive activities. Members also discussed that training content recommendations should ensure that the training can show positive impacts.</p> <ul style="list-style-type: none"> • Implicit Bias Training- Continuing education mandates for the Board of Medicine: Arne Owens, Director Department of Health Professions Director Owens discussed the role of the Department of Health Professions in overseeing the Board of Medicine and other bodies, and the Board of Medicine’s mission to protect the public. He discussed the history of Continuing Education (CE), the changes to requirements of CE, the auditing of CE, and recent bills, passed and failed, relating to new CE requirements. Director Owens reviewed the previous findings of the Board of Medicine from a review of implicit bias trainings tasked to the body when the topic was under review by the General Assembly during the 2022 session. Director Owens commented on what practices and inclusions, when writing bills that, in his experience, has seen more success. The Task Force discussed HB1426 (human trafficking as the first continuing education topic) and the ability of the Board to add implicit bias training as the second training topic to providers. Members discussed the potentially moving forward with an implicit bias training mandate to target specific providers for particular trainings. The Task Force discussed the possibility of a sunset for the training requirement.
12:00 – 12:30	BREAK
12:30 – 1:55	<p>Directed Discussion: Dr. Scott Sullivan, Chair</p> <ul style="list-style-type: none"> • Implicit Bias <ul style="list-style-type: none"> ○ Discussion on recommendations The Task Force discussed implementing implicit bias training using the HB1426 passed during 2023 session as the existing mechanism. Members discussed creating the training as a pilot with an evaluation component that would also allow for evidence-based changes to the training. Task Force members discussed making recommendations for a training that will: <ul style="list-style-type: none"> ▪ be required every renewal, ▪ be able to be refreshed as needs are identified, ▪ have an evaluation component, ▪ and have a self-assessment component. Members discussed the possibility of implicit bias training in medical schools and during Residency. • HB2111 Mandates <ul style="list-style-type: none"> ○ Mandate IV The Task Force discussed birthing centers: the varying rates of birth outcomes, low rates of cesareans, their standing relationships with hospitals, their coverage, and how birth at a birthing center is not covered for Medicaid recipients. Task Force members discussed evidence-based home visiting programs and Medicaid reimbursement for it. Medicaid benefits to include coverage of ambulatory care for prenatal visits. Task Force members representing a

	<p>Medicaid MCO agreed to wordsmith recommendations related to addressing data driven maternal health benefits needs.</p> <ul style="list-style-type: none">○ Mandate I <p>The Task Force discussed the broadness of this mandate, and the gaps in knowledge by the Task Force. Members recommended that Virginia Health Information present to the Task Force an overview of the body, what maternal health data they currently collect related to clinical outcomes, what gaps they know exist, and what platform needs exist for them to be able to build on data and have a comprehensive view of the state of the State. Task Force members discussed other state-level stakeholders, and state agencies, including DBHDS and DOC, which should be a part of this maternal health and disparities work moving forward.</p> <p>The Task Force discussed defining quality of care clearly before making data recommendations. Members discussed finding a way to hear and include the patient’s voice in the discussion, including efforts such as VNPC’s Turn the Page.</p> <ul style="list-style-type: none">○ Task Force members discussed the August 2 meeting and the need for greater in-person attendance for voting requirements. Members received instruction to review each mandate and brainstorm recommendations to bring forward at the next meeting.
1:55	Adjournment: Chair, Dr. Scott Sullivan