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

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

Attendance (Present=**Bold**):

Richard Rosendahl, DMAS	Angela Lello, UHC	**Crystal Fink, CPM, LM**
Kim Holden, DMAS	**Shannon R. Pursell, MPH**	**Jonathan Swanson, MD, MSc**
Allie Atkeson, 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	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
Davis Gammon, VHHA	**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**	

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

Other Stakeholders		
Keenan Caldwell	**Kristin Underhill (PAHS)**	**Bailey Harlow- Consultant**
Chen Lui (Data Analyst PAHS)	**Jaimie Daw (PAHS)**	**Leah Mills, Deputy Secretary**
Heidi Allen (PAHS)	**Andrew Densmore**	

VDH Staff
Charli Williams, MPH

10:00 – 10:15	**Welcome**: Dr. Scott Sullivan, Task Force Chair • Roll Call: Introductions were made with those attending in-person, followed by those attending via ZOOM meeting. • Review of Agenda: The agenda was reviewed by the Task Force Chair. The Task Force Chair provided brief remarks regarding implicit bias training to be discussed later in the meeting. • March 21, 2023 meeting minutes were resent to members one day prior to meeting, and were shared during the meeting for review. Motion was made to approve minutes. March 21 minutes were approved.
10:15 – 10:45	**Presentations and Updates** • **Postpartum Assessment of Health Survey**: (PAHS) PAHS team, Columbia University The PAHS study team consisted of Jamie Daws, Heidi Allen, Kristin Underhill, and Chen Lui. The team presented background of what PAHS is, the results of PAHS for Virginia, and what the team hopes the study leads to. The team gave kudos to Dr. Kenesha Smith-Barber for her help throughout the process with Virginia. PAHS was funded through Columbia World Projects. The PAHS team announced they were recently awarded NIH funding to conduct another round of the survey with 2024 births. NIH funding is an important indicator of federal government interest in addressing maternal health outcomes. The study team discussed how PAHS uses birth certificate data and linkages to PRAMS (Pregnancy Risk Assessment Monitoring Survey) responses. They also described how PAHS builds on weighted responses of PRAMS. PAHS proved the feasibility of states undertaking longitudinal surveillance of pregnancy experience and birth outcomes, as PAHS is the first large scale survey to look at maternal health one year after birth. The PAHS team presented data among Virginia respondents. The presenters discussed data on healthcare access, healthcare usage, mental health, substance use, discrimination, social determinants of health, intimate partner violence, and health insurance or lack thereof. They discussed that even during the COVID-19 public health emergency where Medicaid recipients could not be dropped, Virginia had a high rate of uninsured persons, compared to other participating sites. The Task Force and PAHS study team discussed publishing PAHS results, new ways to offer the survey, delving into intimate partner violence deeper with follow-up questions, revising both the core and flex questions available to sites, and the timing of administering the survey related to the number of months after birth.

	Task Force members relayed the desire to have this body be consulted on any revision for the next survey cycle.
10:50 – 12:15 BREAK 12:30 – 1:55	**Directed Discussion:** Dr. Scott Sullivan, Chair • **Implicit Bias** Senate Bill 1440 (SB1440) resulted in a letter from the Senate Committee on Education and Health directing the Task Force to study the subject matter contained in SB1440 and provide a written report to the Clerk of the Senate by November 1, 2023. SB1440 directs the Board of Medicine to adopt and implement policies requiring practitioners licensed by the Board and who have direct contact with persons who are or may become pregnant to complete two hours of continuing education on implicit bias and cultural competency at least once every other licensure renewal cycle. SB1440 was reviewed and Task Force members discussed the broadness of "implicit bias" and the benefits of addressing it in medical care through training. Members discussed other states that require implicit bias training for licensed healthcare providers. The Task Force focused on several points for implementing an implicit bias training: length, frequency, effective content, and delivery method and provider burnout. Length and frequency: A majority of Task Force members favored a training plan that would require an introductory course that was longer than two hours and more in-depth when a provider obtained a new license and additional, shorter training at license renewal. Content and effectiveness: Members questioned who would create the training content, and how completion of the training would be tracked. Members discussed computer-based learning as a typical training format; remarked that some providers do not look forward to completing them; and questioned their effectiveness. In particular they noted the state of Maryland's implicit bias training, and Virginia's opioid use training requirements. To increase effectiveness, members discussed the input of patient, and community voice into content. They also discussed how training content that changes with the providers' needs also helps the training feel impactful and not just checking off a requirement. Providers: Various healthcare providers discussed the increase in requirements for training. In general, they agreed with the importance of the training topics and expressed concern about how meeting training requirements takes time away from direct patient care. Task Force members recognized the burnout of providers and how that can affect the benefits of a training. The option for training refreshers to be for providers who have received complaints from patients was discussed, but not thought as viable since very few patients make

formal complaints, and of those, all complaints do not make it to the Board for review.

The Task Force agreed to do more research on what is currently practiced in other states and find more data on results of the training, if possible.

Delegate Herring raised concern about delaying voting to move forward with recommending implicit bias training just to gather more data. She advised if the Task Force delays a formal vote, that the Task Force should focus data gathering on identifying data on effective implicit bias training being implemented in other states.

BREAK (Lunch provided by Dr. Sullivan, Chair)

- **HB2111 Mandates 5, 6, and 7**
  - **Mandate 5: What's available, what has been done, what's needed**

Members discussed social determinants of health (SDoH) screenings; agreeing that they are currently done, but questioned where the screenings go and what's the point of asking more questions to identify those issues (which takes time away from treating patient) if when you get results, you can't give help. Members agreed on the need for implementation of the screenings and on the importance of knowing where/how to refer patients to resources to address identified needs.

  - **Recommendations for inclusion in final report**
    - Increase sustained funding to community health workers that connect pre conception, prenatal, and postpartum care patients to community services.
    - Build on infrastructure that allows collection of SDoH data and incentivize providers to collect data.

  - **Mandate 6: What's available, what has been done, what's needed**

Members discussed the current state of data one year after delivery in Virginia. They shared thoughts about the potential role of artificial intelligence (AI) in developing closed systems where information could be collected and shared on a limited basis. Members discussed the opportunity to provide education and direction to healthcare systems regarding data collection along with the opportunity to incentivize collection of SDoH data through Z-codes. Members agreed to the benefit of the PAHS study for data one year after delivery.

  - **Recommendations**
    - Increase funding for PRAMS supplements for experience of care at birth

	▪ Provide sustainable funding for ongoing implementation of PAHS, preferably in partnership with a Virginia public university. ▪ Incentivize collection on postpartum care in a manner where data can be analyzed for trends. ○ **Mandate 7: What's available, what has been done, what's needed** Members discussed the ways quality metrics for maternal care are measured. Members discussed the patient satisfaction survey from hospitals and how they are tied to Centers for Medicaid and Medicare Services. Members discussed the importance of having experience of care as a quality care metric. The task force also discussed an important triad of provider education and training, alignment of incentives, and enablement of technology. ○ **Recommendations** ▪ Develop and track fetal loss/demise (Fetal Infant Mortality Review) ▪ Identify quality metrics to standardize across providers
2:00	**Adjournment**: Chair, Dr. Scott Sullivan