WELCOME
Maryland Maternal Health Task Force

--March 30, 2020 Webinar--

Dr. Nicole Warren

Associate Professor

Johns Hopkins
School of Nursing

Maryland Maternal Health Task Force

Agenda

Webinar 1 – Monday, March 30th, 2020 (1:00-2:30pm EST)

1:00 Welcome Remarks

Ms. Courtney McFadden
Deputy Director, Prevention and Health Promotion Administration, Maryland Department of Health

Dr. Joshua Sharfstein
Vice Dean for Public Health Practice, Johns Hopkins Bloomberg School of Public Health

Dr. Andrew Satin
Chair, Gynecology and Obstetrics Department, Johns Hopkins School of Medicine

Delegate Jheanelle Wilkins
Member, Maryland House of Delegates

1:20 Maryland Maternal Health Task Force: Goals & Membership

Ms. Colleen Wilburn
Chair, Maryland Maternal Health Task Force & Title V Program Manager, Maryland Department of Health

1:35 Maryland Maternal Health Innovation Program (MDMOM) Overview

Dr. Andreea Creanga
Director, MDMOM Program & Associate Professor, Johns Hopkins Bloomberg School of Public Health

2:05 Introduction to Maryland Maternal Health Task Force Workgroups

Delegate Stephanie Smith
Member, Maryland House of Delegates

Dr. Jennifer Callaghan-Koru
Assistant Professor, University of Maryland, Baltimore County

Ms. Bonnie DiPietro
Director of Operations, Maryland Patient Safety Center

2:25 Final Remarks and Next Webinar

Dr. Theresa Chapple-McGruder
Project Officer, Health Resources and Services Administration

Ms. Colleen Wilburn
Chair, Maryland Maternal Health Task Force & Title V Program Manager, Maryland Department of Health

Ms. Courtney McFadden

Deputy Director
Prevention and Health
Promotion Administration

Maryland Department
of Health

SEVERAL NEW MATERNAL HEALTH PROGRAMS IN MARYLAND & CORRESPONDING FUNDING AGENCIES

MD MOM
Maryland Maternal Health Innovation Program

HRSA
Health Resources & Services Administration

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Maryland
DEPARTMENT OF HEALTH
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Maryland Medicaid's Maternal Opioid Misuse (MOM) Model

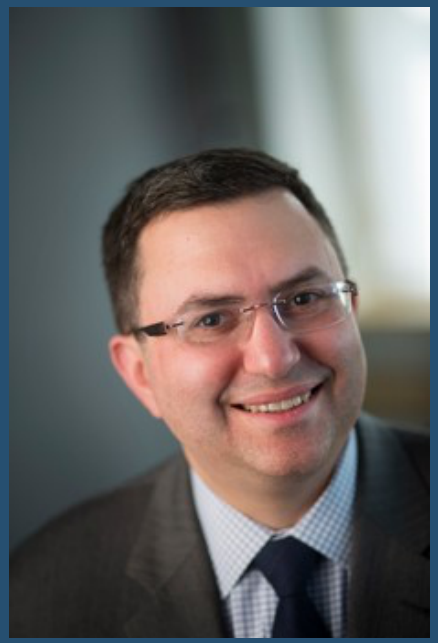
Overview
The Maryland Department of Health (the Department) launched its Maternal Opioid Misuse (MOM) model in January 2020, with funding the Center for Medicare and Medicaid Innovation (CMMI) and in collaboration with the Centers for Medicare and Medicaid Services (CMS). The MOM model focuses on improving care for pregnant and postpartum Medicaid beneficiaries diagnosed with opioid use disorder (OUD). With over 21,000 individuals of childbearing age diagnosed with an OUD in Maryland, substance use is a leading cause of maternal death and has significant impact on the approximately 1,500 infants born to Medicaid beneficiaries with OUD in Maryland per year. The MOM model focuses on improving clinical resources and enhancing care coordination to Medicaid beneficiaries with OUD during and after their pregnancies.

BALTIMORE HEALTHY START
Our Babies Are More Precious Than Gold

MERCK

2020 Maryland Title V Maternal and Child Health Services Needs Assessment

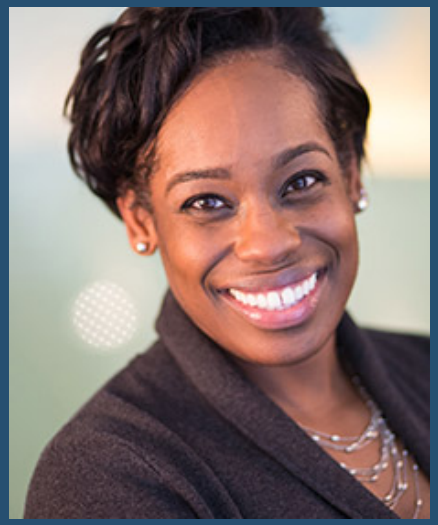
MARYLAND
Department of Health



Dr. Joshua Sharfstein

Professor & Vice Dean for Public Health Practice and Community Engagement

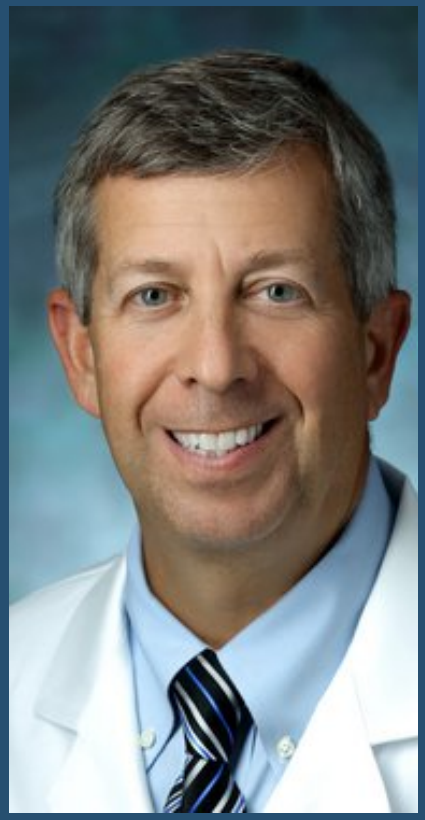
Johns Hopkins Bloomberg School of Public Health



Ms. Michelle Spencer

Associate Scientist & Associate Director, Bloomberg American Health Initiative

Johns Hopkins Bloomberg School of Public Health



Dr. Andrew Satin

Professor & Chair
Gynecology and Obstetrics

Johns Hopkins
School of Medicine

Ms. Jheanelle Wilkins

Maryland House Delegate
District 20 – Montgomery
County

Ms. Colleen Wilburn

Title V Director
Chair, Maryland Maternal Health Task Force

Maryland Department of Health

MARYLAND
Department of Health

Maryland Maternal Health Task Force

Colleen Wilburn, MPA

TASK FORCE OBJECTIVES

- Identify gaps in
  - *state maternal health data*
  - *delivery of and access to quality perinatal health services*
  - *health policies for pregnant and postpartum women*
- Develop a 5-year Strategic Plan to improve maternal health in Maryland building on
  - *2020 Maryland Title V Needs Assessment*
  - *workplans of on-going maternal health programs in the state*
  - *maternal health data (e.g. Maryland Maternal Mortality Review)*
- Engage, support and monitor implementation of maternal health programs in the state of Maryland
- Assist with dissemination of maternal health program findings and lessons learned in Maryland and beyond
- Develop a Sustainability Plan to ensure continuity of work towards improving maternal health in the state of Maryland

Title V: Maternal and Child Health Services Block Grant

Enacted as part of the 1935 Social Security Act to assist states with extending health services to women and children.

Provides funding for services that promote the health and well being of women, infants, children, including those with special health care needs and adolescents.

Maryland receives approximately $12 million annually with the state matching approximately $8 million for the program.

Every five years, states are required to complete a *Needs Assessment* to determine priorities for the next five-year period.

TITLE V *NEEDS ASSESSMENT* PROCESS

- Steering Committee Meeting 1
- Public Forums
- CYSHCN Planning Sessions
- Steering Committee Meeting 2
- Maternal/Infant Health and Child/Adolescent Health Planning Sessions
- Steering Committee Meeting 3
- Public Comment Period
- Finalization and Submission of Needs Assessment

TITLE V NATIONAL PERFORMANCE MEASURES 2021-2025

- Risk Appropriate Perinatal Care
- Breastfeeding
- Preventive Dental Care-Pregnancy
- Smoking Pregnancy
- Low Risk Cesarean Delivery
- Safe Sleep
- Medical Home
- Adolescent Well-Visits
- Transitions to Adult Care

TASK FORCE MEMBERSHIP

- 48 invited & confirmed members
- Aimed for representation of
  - *organizations serving pregnant and postpartum women in the state*
    - government & Maryland legislature
    - state/county/city health agencies
    - birthing hospitals
    - community groups & organizations
    - multidisciplinary review committees
    - payers
    - professional organizations
    - universities
  - *minority racial, ethnic and nativity groups*
  - *variety of counties*

- Only one representative from each organization
  - *aimed to select those who represent multiple stakeholders*

- List of Task Force members will be publicly available March 31, 2020
  - *check mdmom.org*

State/County/City Health Agencies

- Calvert County Department of Health
- Charles County Department of Health
- Harford County Department of Health
- Maryland Association of County Health Officers
- Maryland Behavioral Health Administration
- Maryland Department of Health
- Maryland Health Services Cost Review Commission
- Maryland Health Care Commission
- Maryland Home Visiting Consortium & Family Support
- Maryland Hospital Association
- Maryland Institute for Emergency Medical Services Systems
- Maryland Maternal Child Health Bureau
- Maryland Medicaid Program
- Maryland Mental Health Association of Maryland
- Maryland Office of Health Care Quality
- Maryland Office of Minority Health
- Maryland Patient Safety Center
- Maryland State Medical Society (MedChi)
- Maryland Title V Program
- Maryland Vital Statistics Administration

Multidisciplinary Maternal & Infant Health Committees

- Maryland Fetal and Infant Mortality Review
- Maryland Maternal Mortality Review Committee
- Maryland Maternal Mortality Review Stakeholder Group

Universities

- Johns Hopkins University
- University of Maryland
- University of Maryland, Baltimore County

Birthing Hospitals

- Anne Arundel Medical Center
- Holy Cross Hospital
- Howard County General Hospital
- Johns Hopkins Hospital
- Johns Hopkins Bayview Medical Center
- Mercy Hospital
- Peninsula Regional Medical Center
- St. Joseph's Hospital

Payers

- Amerigroup
- CareFirst

Community Groups & Organizations

- Asian-American Center for Frederick
- Baltimore Healthy Start
- Birthers Supporters United
- House of Ruth
- Mommy Up
- Motherland Co
- Nzuri Malkia Birth Collective
- Prince George's County Child Resource Center
- The Bloom Collective
- TurnAround, Inc

Professional Organizations

- Academy of Family Physicians
- American College of Obstetrics & Gynecologists
- American College of Nurse Midwives
- Association of Women's Health, Obstetric and Neonatal Nurses
- National Association of Social Workers
- Society for Maternal and Fetal Medicine

TASK FORCE OBSERVERS

- Observers are
  - *persons invited by the Chair of the Task Force to observe and contribute to Task Force meetings on as needed basis*
  - *persons invited by the Coordinators of Task Force Workgroups to contribute to workgroup discussions on as needed basis*

- Names of Task Force Observers may be made public to
  - *acknowledge their participation in Task Force meetings in Task Force Meeting Reports*
  - *acknowledge their contributions to Strategic & Sustainability Plans*

TASK FORCE MEETINGS, PLANS & REPORTS

- Bi-annual meetings during 2020-2024
  - *1st Meeting (2-webinar format) on March 30, 2020 & April 30, 2020*
  - *2nd Meeting (September 2020)*
  - *generally, meetings in March & September every year*

- Work in 5 small groups
  - *maternal health data*
  - *training innovation*
  - *quality improvement*
  - *telemedicine*
  - *policy*

- Develop and annually update
  - *5-year Strategic Plan (due September 2020)*
  - *Sustainability Plan (due September 2024)*

- Meeting reports following each meeting (2020-2024)
  - *accessible to general public*

Dr. Andreea Creanga

Associate Professor &
MDMOM Program Director

Johns Hopkins Bloomberg
School of Public Health

MDMOM Program Overview

Andreea Creanga, MD PhD

MD MOM

Maryland Maternal Health Innovation Program

- 5-year program to improve maternal health in Maryland
- Collaboration between
  - *Johns Hopkins University*
  - *Maryland Department of Health*
  - *Maryland Patient Safety Center*
  - *University of Maryland, Baltimore County*
- Funded by the Health Resources and Services Administration
  - *$10.3 million total funding based on annual performance reviews*
  - *similar funding received by 7 other states late 2019*
- Coordinated by the Maryland Maternal Health Task Force

MDMOM.ORG

IMPROVE THROUGH INNOVATION

- Generate, analyze and disseminate maternal health data
- Implement nationally-endorsed maternal patient safety bundles through a statewide quality collaborative model
- Provide training for maternity care providers to address:
  - Implicit biases
  - Early recognition and management of pregnancy complications
  - Identification and treatment of substance use disorders
- Increase access to maternal-fetal medicine specialists through telemedicine
- Partner with home-visiting programs to deliver pre- and post-birth education to women of childbearing age

CORE PROGRAM VALUES

PARTNERSHIP KNOWLEDGE HEALTH EQUITY

EXPECTED RESULTS

- Lower the burden of preventable severe pregnancy complications and pregnancy-associated deaths
- Reduce racial, ethnic and nativity disparities in maternal health
- Strengthen the culture of quality, safety and respect in maternity care
- Make data accessible to women of childbearing age, families, health providers and policy makers for decision-making and accountability

AT A GLANCE: MATERNAL HEALTH IN MARYLAND

Indicator 2018	All races	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Hispanic
Live births total	71,037	30,282	22,701	5,155	12,461

Maryland Vital Statistics Administration; Hurt et al, 2019

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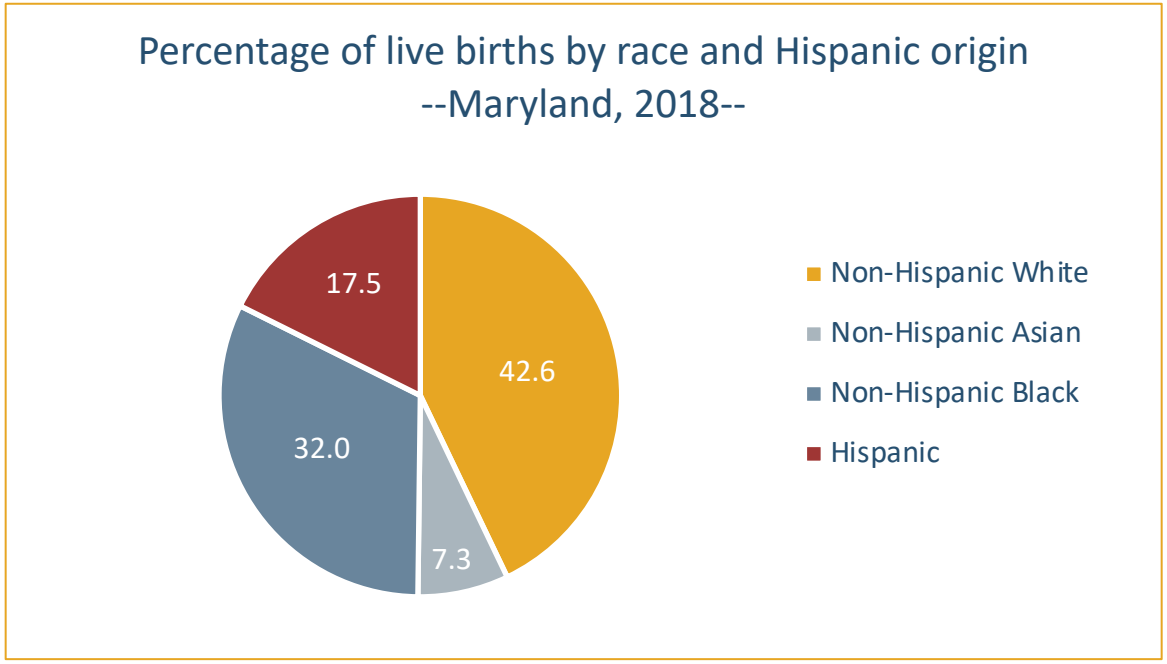

Hurt et al, 2019

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Percentage of births to women					
< 20 years	3.8				
< 12 years education	12.6				
unmarried	39.2				
≥ 4th order birth	11.1				
multiple pregnancy	3.5				
late/no prenatal care	7.3				

Hurt et al, 2019

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Percentage of births to women					
< 20 years	3.8	2.2	5.0	0.5	6.8
< 12 years education	12.6	4.5	8.3	5.0	43.0
unmarried	39.2	23.9	59.3	6.3	53.3
≥ 4th order birth	11.1	8.8	13.4	4.5	15.3
multiple pregnancy	3.5	3.7	4.2	2.6	2.1
late/no prenatal care	7.3	4.4	9.8	5.8	10.2

Hurt et al, 2019

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≥ 4th order birth		**8.8**	13.4		15.3
multiple pregnancy		**3.7**	4.2		2.1
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Hurt et al, 2019

AT A GLANCE: MATERNAL HEALTH IN MARYLAND

Pregnancy outcomes 2018	All races	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Hispanic
Live births total	71,037	30,282	22,701	5,155	12,461
Percentage of live births that are					
<2,500 grams	8.9				
< 1,500 grams	1.7				
preterm <37 weeks	10.2				
cesarean	33.8				
Mortality rate per 1,000 deliveries[1] or 1,000 live births[2]					
fetal mortality[1]	7.0				
neonatal mortality[2]	4.2				
infant mortality[2]	6.1				

Hurt et al, 2019

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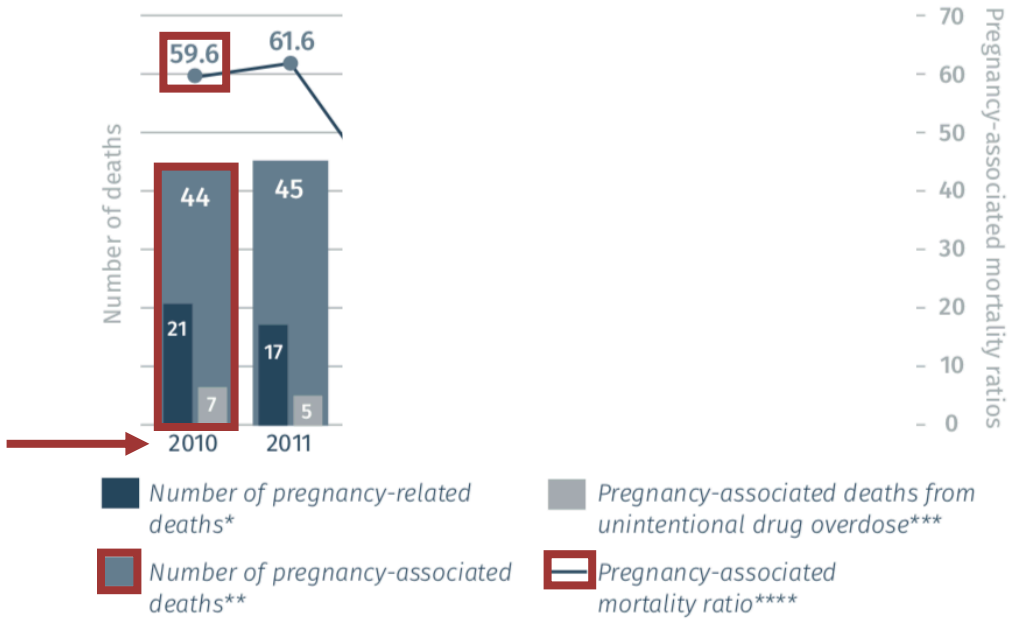
< 1,500 grams	1.7	1.1	2.9	1.4	1.2
preterm <37 weeks	10.2	8.8	12.8	9.1	9.1
cesarean	33.8	32.0	39.1	34.7	28.4
Mortality rate per 1,000 deliveries[1] or 1,000 live births[2]					
fetal mortality[1]	7.0	5.0	9.8	Not reported	7.0
neonatal mortality[2]	4.2	2.6	6.9	3.9	2.9
infant mortality[2]	6.1	4.1	10.2	4.8	3.8

Hurt et al, 2019

AT A GLANCE: MATERNAL HEALTH IN MARYLAND

- Maryland has a functional statewide Maternal Mortality Review
  - *established in 2000*
  - *requires*
    - identification of maternal deaths
    - review of medical records and other relevant data
    - determination of preventability of death
    - recommendations for the prevention of maternal deaths
    - dissemination of findings and recommendations
  - *2002-2018 reports available on the MDH webpage*
    - 2019 report describing 2017 maternal deaths forthcoming
    - MMR committee currently reviewing 2018 deaths

AT A GLANCE: MATERNAL HEALTH IN MARYLAND



*Notes: *A pregnancy-related death is the death of a woman while pregnant or within 1 year of the end of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes; **A pregnancy-associated death is the death of a woman while pregnant or within 1 year of the end of pregnancy, irrespective of the duration and site of the pregnancy, and regardless of the cause of death; ***All unintentional drug overdose deaths shown are pregnancy-associated deaths, with some also being pregnancy-related; ****Pregnancy-associated deaths per 100,000 live births in the same year.*

MDH, Maternal Mortality Review, 2012-2019

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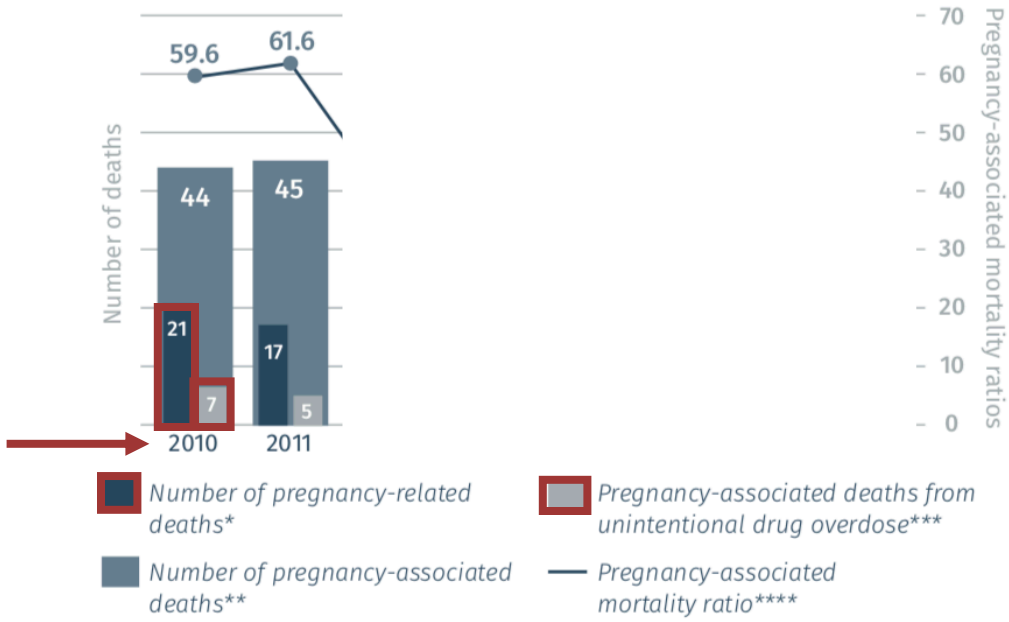

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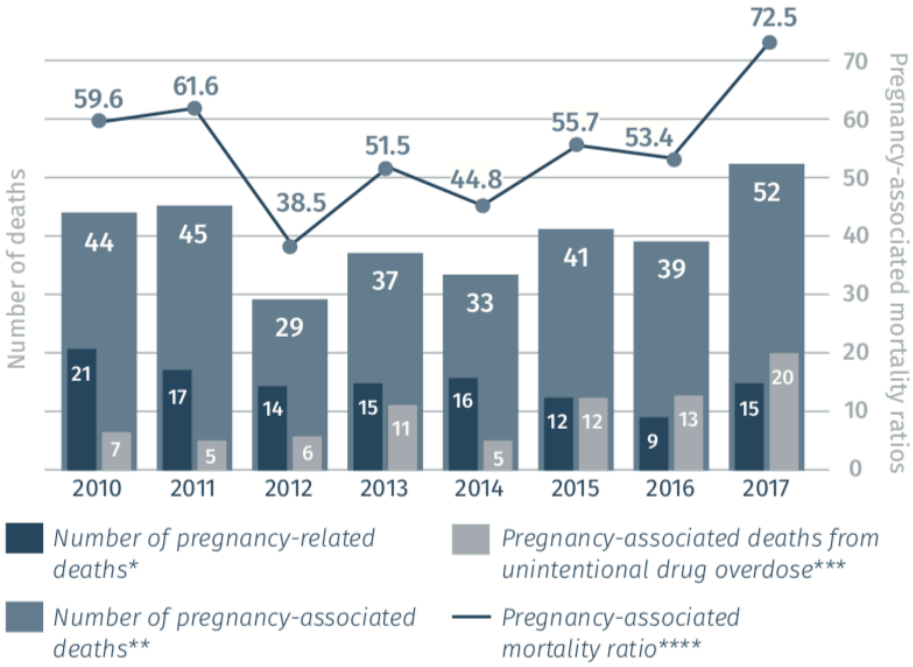

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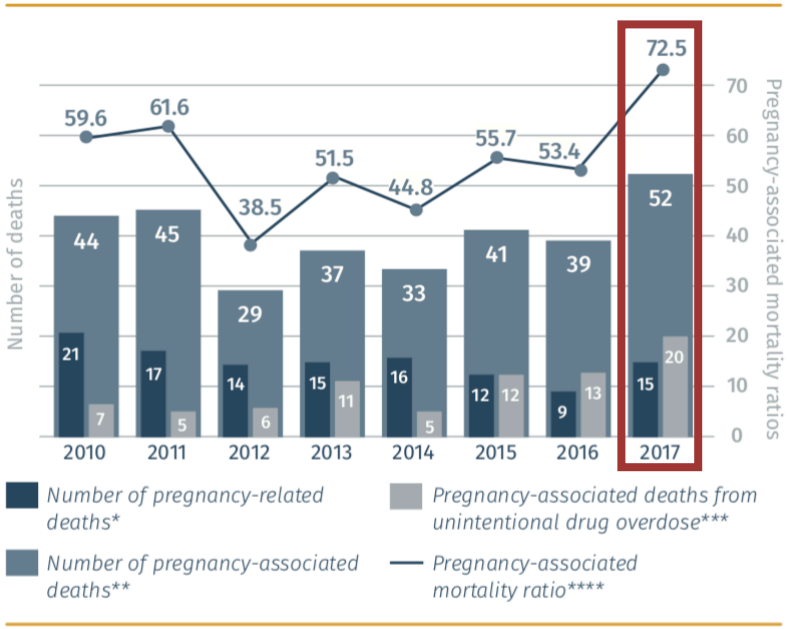
N.B. 2017 data are preliminary

AT A GLANCE: MATERNAL HEALTH IN MARYLAND

- Of 52 pregnancy-associated (PA) deaths in 2017, 15 (28.8%) were pregnancy-related and 20 (38.5%) were from drug overdose
- 38.4% of all PA deaths occurred in Baltimore City
- Timing of PA deaths
  - *34.6% during pregnancy*
  - *21.2% <6 weeks postpartum*
  - *44.2% between 6 weeks and 1 year postpartum*
- Causes of PA deaths
  - *unintentional drug overdose was the leading cause*
  - *traditional causes of maternal mortality contributed fewer deaths than all chronic medical*



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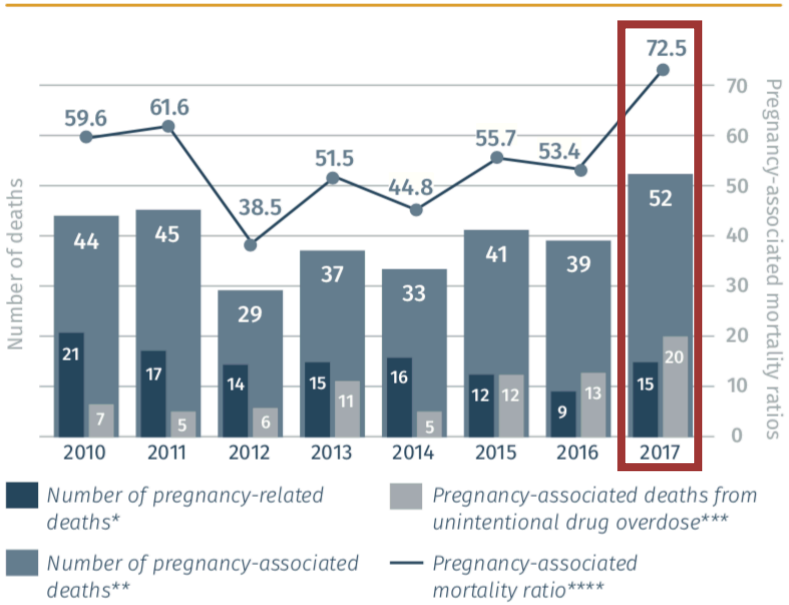

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About 60% of all PA deaths are preventable.

AT A GLANCE: MATERNAL HEALTH IN MARYLAND

- No systematic effort to review severe maternal morbidity (SMM)
  - *statewide hospital discharge data used to generate SMM data*
- SMM prevalence 197 per 10,000 delivery hospitalizations during 2010-2015 and increasing over time*
  - *about 1,500 women experienced SMM every year in recent years*
  - *adjusted SMM risk ratios higher for women with SES/clinical risk factors*
  - *communities with greater socio-economic disadvantage and hospitals with poorer patient experience had higher rates of SMM*

*Reid & Creanga, 2017

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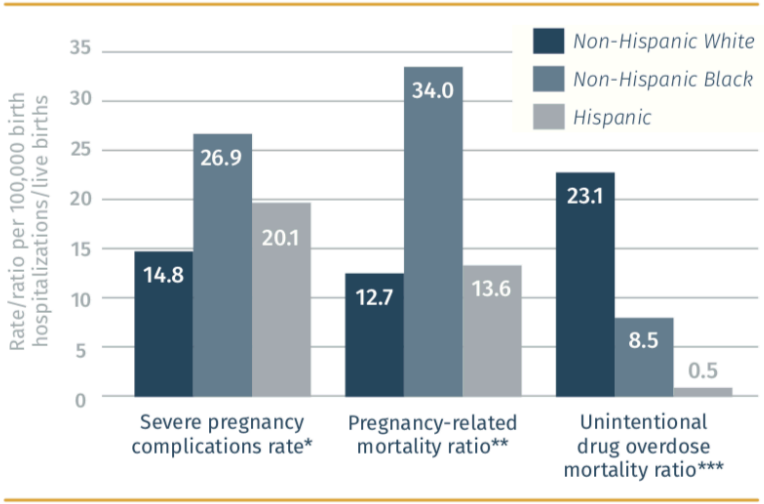

ocio-economic disadvantage and
nt ex[illegible]MM

Significant disparities exists in maternal health outcomes in Maryland.

*Reid & Creanga, 2017

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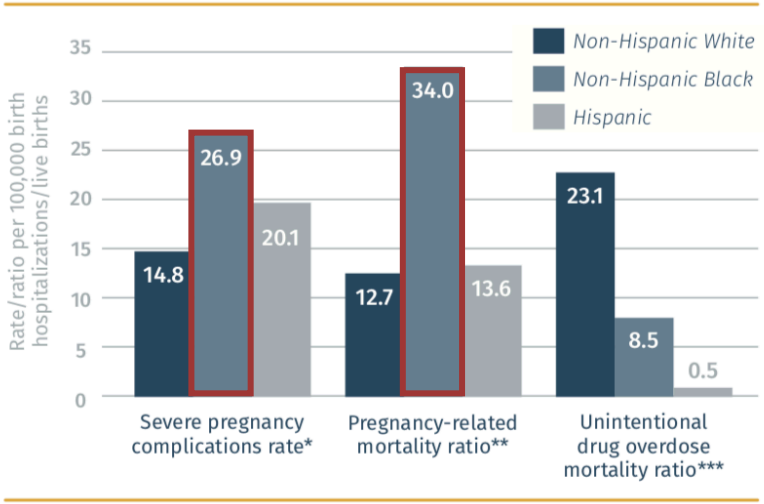

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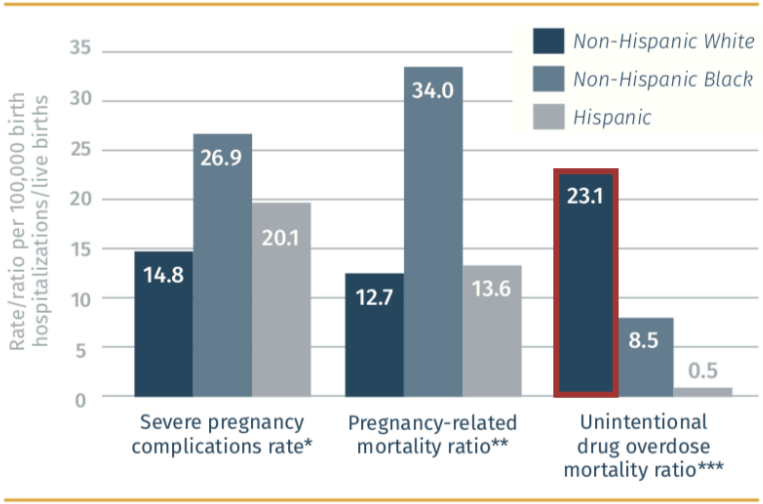

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AT A GLANCE: MATERNAL HEALTH IN MARYLAND

- 32 birthing hospitals in Maryland
  - *6 Level I, 11 Level II, 13 Level III, 2 Level IV*
  - *Perinatal Outreach Program*
    - MDH-funded
    - led by Johns Hopkins ObGyn (on-going)
    - provides access to expert MFM consults to Level I & II hospitals
  - *Perinatal Neonatal Quality Collaboratives*
    - MDH-funded
    - coordinated by the Maryland Patient Safety Center (2006-2019)
    - trainings, webinars, email-network, annual meetings

MDMOM WORKPLAN

Improve Data Availability & Utilization

Innovate in Maternal Health Service Delivery

MDMOM WORKPLAN

Improve Data Availability & Utilization

Use data from the Maryland MMR to develop & disseminate maternal mortality data briefs and other publications

Innovate in Maternal Health Service Delivery

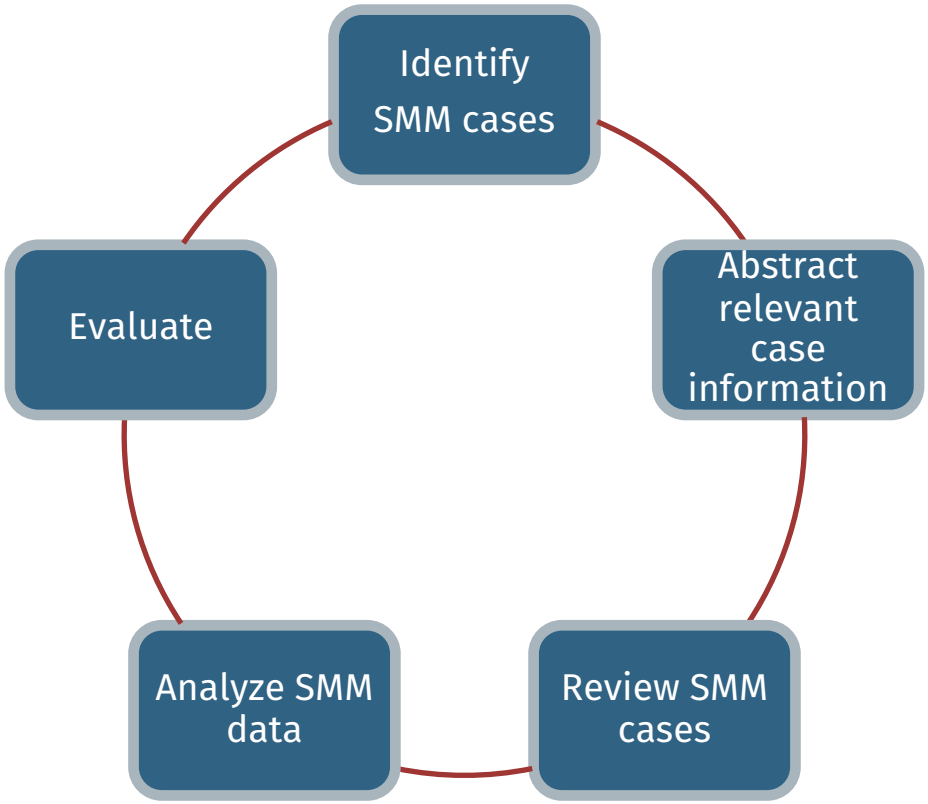
MDMOM WORKPLAN

Improve Data Availability & Utilization

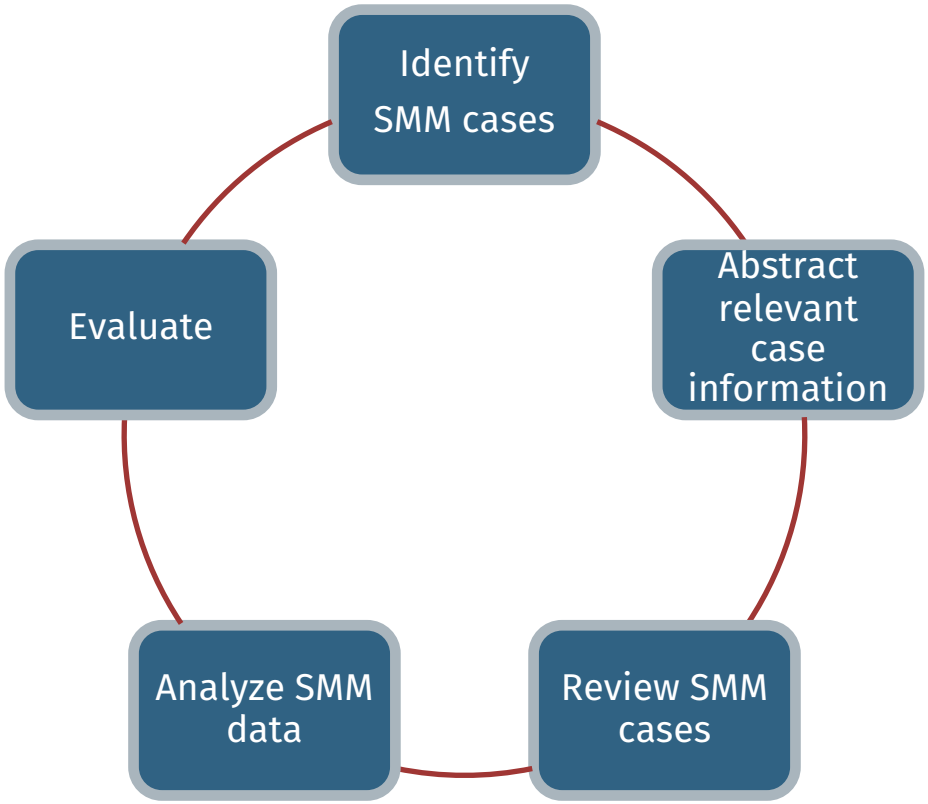
- Use data from the Maryland MMR to develop & disseminate maternal mortality data briefs and other publications
- Establish statewide severe maternal morbidity (SMM) surveillance & review

Innovate in Maternal Health Service Delivery

SMM SURVEILLANCE CYCLE



SMM SURVEILLANCE CYCLE



- Developed SMM surveillance & review protocol & adapted IL review form
  - ICU admission +/- 4 units RBCs
  - emerging public health threats
- Developing case review manual & trainings materials for data abstractors
- Pilot Phase (2020-2021)
  - 6-7 hospitals
  - levels I-IV, various practice models, wide range of annual deliveries
  - MDMOM support for abstractors
  - **revision of SMM protocol/form**
- MDMOM data center for data entry
- MDMOM data management & analysis
- MDMOM report generation
- Statewide implementation (2021-2024)
  - voluntary participation
  - MDMOM support

MDMOM WORKPLAN

Improve Data Availability & Utilization

Use data from the Maryland MMR to develop & disseminate maternal mortality data briefs and other publications

Establish statewide severe maternal morbidity (SMM) surveillance & review

Develop a Maryland Maternal Health Data and Learning Center with 3 functions:
- maternal health data dashboard
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Innovate in Maternal Health Service Delivery

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IMPLICIT BIAS TRAINING & FACILITATION

- **Objective:** To promote maternity care staff's knowledge, attitudes and self-efficacy for mitigating implicit bias; foster a culture of respect; and improve patients' experience of care
- **Approach:** Provide online implicit bias training to all maternity care staff followed by in-person reflection and facilitation activities
- **MDMOM Activities:**
  - *develop or adopt an online implicit training that can be disseminated to all hospital staff (2020)*
  - *develop in-person reflection and facilitation activities (2020-2021)*
  - *roll-out implicit bias online trainings, reflection and facilitation activities in hospitals using a phased-approach (2021-2023 -- in line with HB-837)*
  - *conduct rigorous evaluation (2020-2024)*
    - staff satisfaction with training
    - staff knowledge, attitudes, and self-efficacy
    - unit culture of respect
    - patient experience of care

MATERNAL HEALTH EQUITY TOOLKIT

- **Objective:** To identify and address hospital-specific factors that may contribute to disparities in maternal health outcomes
- **Approach:** Provide hospital QI and equity teams with tools and support for identifying health disparities, examining their root causes and implementing institutional equity interventions to reduce disparities
- **MDMOM Activities:**
  - *develop a Maternal Health Equity Toolkit that is acceptable and feasible for Maryland hospitals (2020-2021)*
  - *pilot and refine the Toolkit in ~8 birthing hospitals (2021)*
  - *roll-out the Toolkit to the remaining Maryland hospitals using a phased approach (2022-2024)*

ILLUSTRATIVE HOSPITAL TRAINING & QI CALENDAR

2020	Online: SUD stigma training (all L&D) Workshop: QI project management (QI leads)	Opioid disorder quality collaborative
2021	Grand rounds: Recognition & management of SMM Online/in-person: Implicit bias training/facilitation (all L&D)	
2022	Workshop: Maternal Health Equity Toolkit (QI leads) Online/in-person: Implicit bias training/facilitation (all L&D)	Quality collaborative TBD
2023	Grand rounds: Recognition & management of SMM Workshop: Collaborative QI project management	
2024	Online: SUD stigma training; Recognition & management of SMM; Implicit bias training; Maternal Health Equity Toolkit	

Note: Timing of various trainings will vary between hospitals.

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Facilitate implementation of perinatal QI
- focus on ACOG/AIM patient safety bundles

IMPLEMENTATION OF MATERNAL SAFETY STANDARDS

- **Objective:** To enhance use of evidence-based practices among birthing hospitals in Maryland
- **Approach:** Support implementation of nationally-endorsed maternal safety standards and recommended best practices through quality collaboratives
- **MDMOM Activities:**
  - support development of state-specific QI resources
  - support enhanced facilitation & QI skill building for hospitals participating in quality collaboratives
  - evaluate quality collaborative outcomes

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM

Available maternal patient safety bundles:

- Obstetric care for opioid use disorder
- Severe hypertension in pregnancy
- Racial/ethnic disparities
- Obstetric hemorrhage
- Venous thromboembolism
- Mental health
- Postpartum care

IMPLEMENTATION OF MATERNAL SAFETY STANDARDS

Cesarean Delivery: *Original Research*

Implementation of the Safe Reduction of Primary Cesarean Births Safety Bundle During the First Year of a Statewide Collaborative in Maryland

Jennifer A. Callaghan-Koru, PhD, Andreea A. Creanga, MD, Bonnie DiPietro, MSN, Katrina Mark, MD, Ardy Sowe, BS, Nour Aboumatar, BS, Ann B. Burke, MD, and Geoffrey Curran, PhD

OBJECTIVE: To describe the status of implementation of the Alliance for Innovation in Maternal Health's primary cesarean birth patient safety bundle in Maryland after 1 year (2016–2017), and assess whether hospital characteristics and implementation strategies employed are associated with bundle implementation.

METHODS: The Alliance for Innovation in Maternal Health's bundle to decrease primary cesarean births includes 26 evidence-based practices that hospitals can adopt based on specific needs. One year after the start of a statewide implementation collaborative at 31 of 32 birthing hospitals in Maryland, we sent a computer-based survey to hospital collaborative leaders to assess progress. Respondents reported on hospital characteristics, adoption of bundle practices, and use of 15 selected implementation strategies. We conducted descriptive and bivariate analyses of their responses.

- collaboratives
  - evaluate quality collaborative outcomes

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM

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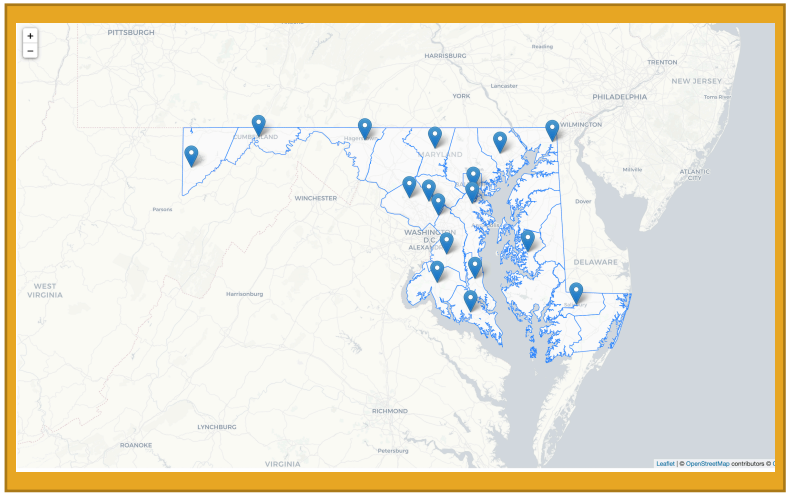
Coordinate perinatal telemedicine program

COORDINATE PERINATAL TELEMEDICINE PROGRAM

- **Objective:** Increase access to expert MFM consults in Levels I-II hospitals in Maryland
- **Approach:** Partner with Level IV hospitals (JHU & University of Maryland) to offer MFM consults through telemedicine
- **MDMOM Activities:**
  - needs assessment (2020)
  - pilot program in several hospitals with high need (2021)
  - scale-up to include additional hospitals with need (2022-2023)
  - monitor sustainability & evaluate (2021-2024)



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FAMILY EDUCATION ON MATERNAL WARNING SIGNS

- **Objective:** Improve awareness of and timely care seeking for signs of maternal complications in the postpartum period
- **Approach:** Partner with Maryland's *Home Visiting (HV) Programs* to deliver education & select screenings for postpartum women
- **MDMOM Activities:**
  - Develop/adapt education & screening package that is acceptable and feasible for HV programs (2020)
  - pilot and refine package in ~10 programs (2021)
  - rollout to ~1/3 of HV programs & evaluate (2022)
  - rollout to remaining HV programs (2023)
  - monitor sustainability & evaluate (2024)

<u>Targeted Complications</u>

- Hypertensive disorders of pregnancy
- Hemorrhage
- Infection
- Embolism
- Cardiomyopathy
- Postpartum depression
- Opioid use disorder

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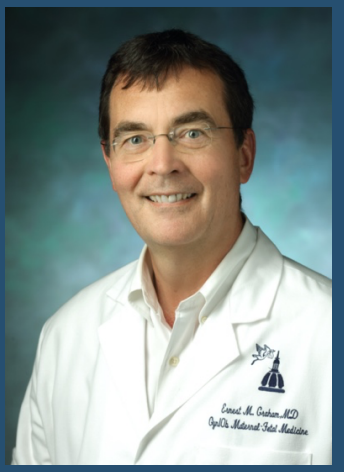
Coordination with the Maryland Maternal Health Task Force

Continuous consultation with & reporting to HRSA

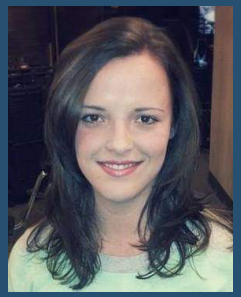
MDMOM TEAM



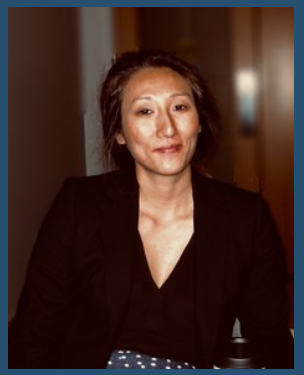














mdmom.org

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MARYLAND
Department of Health

MD MOM
Maryland Maternal Health Innovation Program

Questions & Answers

MARYLAND
Department of Health

Maryland Maternal Health Task Force Workgroups

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Bonnie DiPietro, MS, RN, NEA-BC, FACHE

Ms. Stephanie Smith

Maryland House Delegate
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Dr. Jennifer Callaghan-Koru

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Maryland Patient Safety Center

DEVELOPING THE FIVE-YEAR STRATEGIC PLAN

- This year (2020), the Maryland Maternal Health Task Force will develop a 5-year Strategic Plan for improving maternal health

- Inputs for the plan
  - *2020 Maryland Title V Needs Assessment*
  - *workplans of on-going maternal health programs in the state*
  - *maternal health data (e.g. Maryland Maternal Mortality Review)*

- Task Force member contributions
  - *contribute perspectives to planning questions in small workgroups*
  - *provide feedback on the draft Strategic Plan*

TASK FORCE OBJECTIVES

- Identify gaps in
  - *state maternal health data*
  - *delivery of and access to quality perinatal health services*
  - *health policies for pregnant and postpartum women*
- Develop a 5-year Strategic Plan to improve maternal health in Maryland building on
  - *2020 Maryland Title V Needs Assessment*
  - *workplans of on-going maternal health programs in the state*
  - *maternal health data (e.g. Maryland Maternal Mortality Review)*
- Engage, support and monitor implementation of maternal health programs in the state of Maryland
- Assist with dissemination of maternal health program findings and lessons learned in Maryland and beyond
- Develop a Sustainability Plan to ensure continuity of work towards improving maternal health in the state of Maryland

TASK FORCE WORKGROUPS

GROUP	CURRENT FOCUS
1. Data	SMM surveillance & maternal data dashboard
2. Telemedicine	Perinatal telemedicine program
3. Quality Improvement	Hospital-based implementation of safety protocols Maternal warning signs education for home visiting
4. Provider Trainings	Implicit bias, SMM recognition and management, and QI skills training for physicians and nurses
5. Policy	State-based workforce and Medicaid policies

WORKGROUP INPUT PROCESS

WORKGROUP TIMELINE

3/31: Receive group assignment, discussion questions, and instructions from workgroup leader

Between Task Force webinars, workgroup members provide feedback by email and/or small group calls

4/20: Last day for written feedback

4/30: Workgroup feedback summarized at 2nd Task Force webinar

Sep 2020: Draft plan presented at Task Force meeting

MARYLAND
Department of Health

Questions & Answers

Dr. Theresa Chapple-McGruder

Health Scientist

Health Resources and Services Administration

Ms. Colleen Wilburn

Title V Director
Chair, Maryland Maternal Health Task Force

Maryland Department of Health

THANK YOU

Maryland Maternal Health Task Force

MDMOM Program

Dr. Andreea Creanga

Dr. Nicole Warren

Ms. Habibat Oguntade

NEXT WEBINAR
Maryland Maternal Health Task Force

--April 30, 2020--

MARYLAND
Department of Health