WELCOME
Maryland Maternal Health Task Force

--April 30, 2020 Webinar--

MARYLAND
Department of Health

Ms. Colleen Wilburn

Title V Director
Chair, Maryland Maternal Health Task Force

Maryland Department of Health

Maryland Maternal Health Task Force

Webinar 2 – Thursday, April 30th, 2020 (1:00 - 2:00pm EST)

Agenda

1:00 Welcome Remarks

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

Delegate Joseline Pena-Melnik
Member, Maryland House of Delegates

1:05 Maryland Maternal Health Task Force Workgroup Reports

Process to Elicit and Compile Workgroup Feedback & Quality Improvement Workgroup Report
Dr. Jennifer Callaghan-Koru, Assistant Professor, University of Maryland, Baltimore County

Training Workgroup Report
Dr. Kelly Bower, Assistant Professor, Johns Hopkins School of Nursing

Data Workgroup Report
Ms. Amy Hobbs, Research Associate, Johns Hopkins Bloomberg School of Public Health

Telemedicine Workgroup Report
Dr. Andreea Creanga, Associate Professor, Johns Hopkins Bloomberg School of Public Health

Policy Workgroup Report
Dr. Nicole Warren, Associate Professor, Johns Hopkins School of Nursing

Covid-19 Ad-hoc Workgroup
Ms. Briana Kramer, Nurse Researcher, Johns Hopkins Bloomberg School of Public Health

1:40 Questions & Answers

1:55 Process to Develop Maternal Health Strategic Plan

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

2:00 Adjourn

Thank you,
frontline providers!


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HEALTH WEEK 2020

Ms. Joseline Peña-Melnyk

Maryland House Delegates
District 21

Process to Elicit & Compile Workgroup Feedback

Task Force Workgroups

GROUP	CURRENT FOCUS
1. Quality Improvement	Hospital-based implementation of safety protocols Maternal warning signs education for home visiting
2. Training Innovation	Implicit bias, SMM recognition and management, and QI skills training for physicians and nurses
3. Data	SMM surveillance & MDMOM Maternal Data Center
4. Telemedicine	Perinatal telemedicine program
5. Policy	State-based workforce and Medicaid policies
6. Covid-19	Support for pregnant women & providers

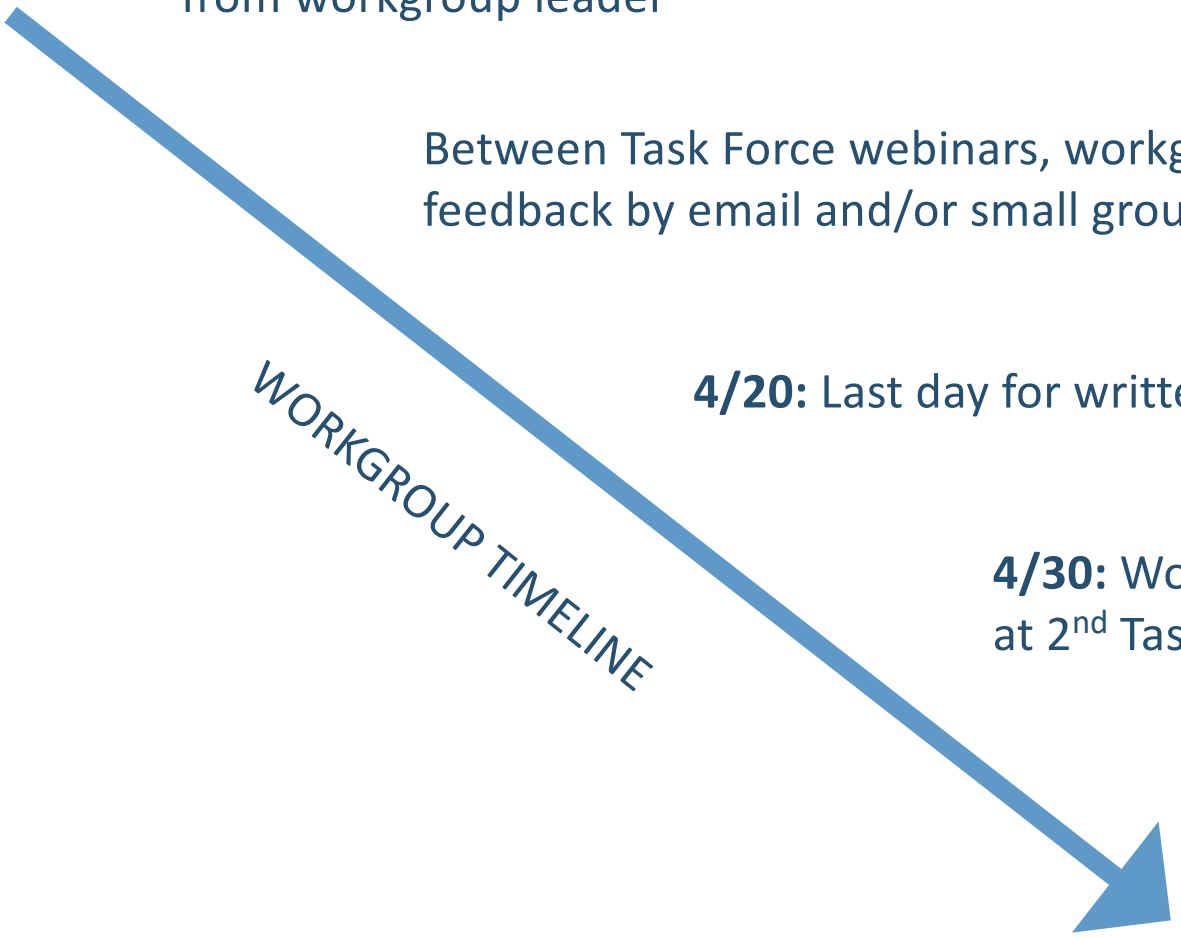
Workgroup Input Process

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

Between Task Force webinars, workgroup members provided 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



Workgroup Rapporteurs

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

Training Workgroup
Dr. Kelly Bower, Assistant Professor, Johns Hopkins School of Nursing

Data Workgroup
Ms. Amy Hobbs, Research Associate, Johns Hopkins Bloomberg School of Public Health

Telemedicine Workgroup
Dr. Andreea Creanga, Associate Professor, Johns Hopkins Bloomberg School of Public Health

Policy Workgroup
Dr. Nicole Warren, Associate Professor, Johns Hopkins School of Nursing

Covid-19 Ad-hoc Workgroup
Ms. Briana Kramer, Nurse Researcher, Johns Hopkins Bloomberg School of Public Health

Quality Improvement Workgroup Report

QI Workgroup - Background

- Quality improvement initiatives help speed the translation of research evidence and best practices into routine maternal health care and services
- National QI initiatives for maternal health:
  - Council on Patient Safety in Women's Healthcare & Alliance for Innovation in Maternal Healthcare
- State QI initiatives for maternal health:
  - Maryland perinatal quality improvement collaborative (PQC)
  - MDMOM program QI activities

QI Workgroup - Composition

Lauren Arrington, CNM
Certified Nurse Midwife, St. Joseph's Hospital

Ann Burke, MD
Vice President of Medical Affairs, Holy Cross Hospital

Jennifer Callaghan-Koru, PhD MHS
Assistant Professor, University of Maryland Baltimore County

Elizabeth Chung, MPH
Executive Director, Asian-American Center for Frederick

Bonnie DiPietro, MS NEA-BC
Director of Operations, Maryland Patient Safety Center

Maisha Douyon Cover, MPH
Director, Maryland Department of Health - Maternal and Child Health Bureau - Office of Quality Initiatives

Jenifer Fahey, CNM MPH
Assistant Professor, University of Maryland Medical Center - Obstetrics, Gynecology and Reproductive Sciences

Annelise Iversen, MSPH
Program Coordinator, University of Maryland Baltimore County

Alyson Jacobson, MSW
Director, Home Visiting Services - Prince George's Child Resource Center

Aliya Jones, MD MBA
Deputy Secretary, Maryland Department of Health – Behavioral Health Administration

Sandy Kick, MSPH
Senior Manager, Maryland Department of Health – Office of Innovation, Research and Development - Health Care Financing

Traci La Valle, MPH
Senior Vice President, Maryland Hospital Association – Quality & Health Improvement

Tanay Lynn Harris, BA
Co-founder, The Bloom Collective

Dillon McManus, LMSW
Coordinator of Special Projects, Maryland Department of Health – MIECHV Program

Lorraine Milio, MD
Assistant Professor, Johns Hopkins University

Tennile Ramsay, MS
Nursing Program Consultant - Patient Safety, Maryland Office of Health Care Quality

Colleen Wilburn, MPA
Program Manager, Maryland Department of Health - Title V Program

Becky Wimmer
Executive Director, Maryland Academy of Family Physicians

Andrea Zumbrum, MPA
Chief - Quality & Reporting, Maryland Department of Health - Health Services Cost Review Commission

Q1. What quality improvement skills training will most benefit labor & delivery implementation teams and how can this best be delivered?

Feedback: QI Skills Training

- Priority QI skills training topics:
  - Analytical skills
  - Project management skills & templates
  - Self assessments & simulations
- Engage partners in QI initiatives
- Align QI training with initiatives to reduce disparities

Q2. What other statewide resources for quality improvement in maternal healthcare would you recommend that MDMOM program consider promoting or developing?

Feedback: QI Resources

- Promote resources in high-priority topics
  - Substance use, neighborhood effects on health
- Identify and promote regional best practices
- Identify resources from ongoing initiatives

Q3. What resources are available for maternal education on warning signs of postpartum complications and how would you rate their quality?

Feedback: Postpartum Education

- Review content and quality of resources mentioned by members
  - Nine different resources recommended by group
- Consider the health literacy level and applicability for different populations
  - Developmentally-delayed parents, different languages
  - Use of visual aids
- Incorporate locally-targeted information
- Integrate additional topics in postpartum education
  - Substance use disorder treatment, psychiatric care, diabetic care, cardio-vascular

Q4. How might home visiting programs coordinate with healthcare providers when their clients experience or have questions about signs of postpartum complications?

Feedback: HV coordination with providers

- Establish a direct line for home visitors (HVs) to health care providers
- Contact providers when HVs make a referral
- Consider telemedicine during home visits
- Review new local innovations in HV data systems
- Improve referral systems to mental health services and to substance use disorder treatment

Summary Recommendations

State Strategic Plan:

- Leverage synergies between various partners in QI and disparities work
- Identify and promote locally successful models
- Strengthen links between community-based services and healthcare providers
- Address needs for services in priority areas (e.g., SUD, mental health, chronic conditions) in the prenatal and postpartum period

MDMOM Program:

- Provide trainings on identified QI skills topics
- Home visiting intervention: Develop and test locally-adapted materials to meet postpartum education needs

Training Innovation Workgroup Report

Training Innovation Workgroup - Background

MDMOM **Training Activities**:

- Continuing education trainings for maternity care providers to address:
  - Recognition & management of SMM
  - Substance use stigma
  - Implicit bias
- QI implementation skills training for hospital QI leaders
- Maternal Health Equity Toolkit for hospital QI leaders

Workgroup Feedback will be used to:

- Identify critical content and modes of delivery for provider and QI trainings.
- Identify best practice for design, implementation, and coordination of trainings to maximize participation and minimize barriers and burden.

Training Innovation Workgroup - Composition

Robert Atlas
Chair Department of Obstetrics and Gynecology, Mercy Medical Center

Keena Carter
Director of Nursing, Charles County Department of Health

Dianne Fenny
Associate Director, Maryland Department of Health, Health Services Cost Review Commission

Melissa Fleming
President, Maryland Affiliate of the American College of Nurse Midwives

Clark Johnson
Clerkship Site Director, Anne Arundel Medical Center, Obstetrics and Gynecology

Patricia Liggins
Doula, Birth Supporters United

Gene Ransom
Chief Executive Director, Maryland State Medical Society (MedChi)

Megan Renfrew
Chief, Maryland Health Care Commission, Government Affairs & Special Projects

Catherine Downey
Patient Safety Officer, Johns Hopkins University

Torre Halscott
Assistant Professor, Johns Hopkins University

Nia Leak
Assistant Professor, Johns Hopkins University

Q1. Are the proposed trainings and modes of delivery meeting the needs of maternity care providers in Maryland? Are there critical training areas that should be addressed or critical content to include in the proposed trainings?

Feedback: Additional Training Topics

- Best practice for recognition and management of:
  - Postpartum hemorrhage
  - Preeclampsia
  - Infection
- Best practice for support of normal physiologic birth and role of doulas
- Teamwork and communication
- Completion of Pregnancy Risk Assessment (PRA)

Q2. What potential barriers could there be for implementing the proposed trainings? What steps can we take to avoid them?

Q3. How can implicit bias trainings be designed to effectively address disparities in maternal health and ensure high hospital and provider participation?

Feedback: Barriers to Implementing Trainings

- Hospital and provider buy-in and engagement
- Provider availability, time, and amenability
- Hospital understanding of benefits of participation
- Provider belief that they don’t have biases that impact care

Feedback: Buy-In & Incentives

- Need for leadership buy-in, understanding of benefits of participation, and an organizational culture that values bias training
- Provide CME credits
- Trainings will need to be mandatory (e.g. - state board, hospital, mandatory department meetings) and built into yearly competency
- Provide incentives/rewards for provider & hospital participation

Feedback: Use Engaging Strategies

All Trainings

- Use online *interactive* formats with opportunities for in-person follow-up
- Efforts need to be sustained and engage providers through recurring trainings

Feedback: Use Engaging Strategies

Implicit Bias Trainings

- Use evidence
  - state and hospital-level data to describe disparities and needs
  - how implicit bias impacts care and contributes to disparities
- Use a pre-training self-assessment of implicit biases
- Use strategies that are personal and emotional in nature
  - video testimonials from patients and providers about how implicit bias impacts care
  - examples of bias that occurs within *their* hospital to dispel idea that bias exists at other institutions but not their institution
- Opportunities for reflection and interactive practice of techniques to avoid stereotypes

Q4. How can MDMOM best coordinate across various hospital-based initiatives, including the proposed trainings and QI initiatives through statewide collaboratives? What support can the Task Force provide to hospitals? (QI Group & Training Group)

Feedback: Integration and Support

- Link to and integrate into institution's existing training programs and initiatives to address disparities
- Utilize existing training avenues (e.g., grand rounds)
- Provide information, tools, and consultation to support hospital implementation
- Provide clear steps. Provide a plan with obvious targets
- Create forums for reporting progress & accountability

Summary Recommendations

- Hospital Collaboration
  - Identify opportunities to integrate trainings into existing initiatives and feasibility of mandating trainings
  - Provide clear evidence of the need for and benefits of trainings
- Training Formats
  - Use hybrid (online with in-person facilitation), highly interactive, and personalized formats for trainings
  - Provide hospitals clear guidance and support for implementation
- Training Incentives
  - Provide CEUs and other incentives for hospitals and providers - draw on specific suggestions from the data workgroup
- Training Topics
  - Consider additional topics

Data Workgroup Report

Data Workgroup - Background

- In Maryland, there is currently no:
  - Centralized and easy to access source for all relevant maternal health data
  - Severe Maternal Morbidity (SMM) surveillance and review process

- Improve access, availability and utilization of statewide maternal health data through:
  - Data integration and development of a data dashboard
  - Establishing a statewide severe maternal morbidity (SMM) surveillance and review process

Data Workgroup - Composition

Saifuddin Ahmed, MBBS, PhD
Professor, Johns Hopkins University

Dianne Feeney, MS
Associate Director, Quality Initiatives, Maryland Department of Health - Health Services Cost Review Commission

Nora Hoban, MPA
Senior Vice President, Maryland Hospital Association

Amy Hobbs, RN, MSc (Workgroup Co-Lead)
Research Associate, Johns Hopkins University

Lee Hurt, DrPH, MS
Director, Maryland Department of Health - Vital Statistics Administration

Oscar Ibarra, MS
Chief - Information Management & Program Administration, Maryland Department of Health - Health Services Cost Review Commission

Desirée Israel, MSW, LCSW-C
Founder, MotherlandCo., LLC

Güneş Koru, PhD, FAMIA (Workgroup Co-Lead)
Professor, University of Maryland Baltimore County

Russell Moy, MD
Health Officer, Harford County Health Department

Donna Neale, MD
Assistant Professor, Johns Hopkins University

Destiny-Simone Ramjohn, PhD
Vice President, Community Health & Social Impact, CareFirst BlueCross BlueShield

Holly Schuh, PhD
Assistant Scientist, Johns Hopkins University

Kristin Silcox, MS
Epidemiology Program Manager, Maryland Department of Health - Maternal Child Health Bureau

Maxine Reed-Vance, RN, PhD, MS
Deputy Director, Baltimore Healthy Start - Quality Assurance and Clinical Affairs

Claudine Williams, MA
Associate Director - Clinical Data Administration, Maryland Department of Health - Health Services Cost Review Commission

Q1. How should additional hospitals be involved in the SMM surveillance and review process, after the completion of the pilot phase?

Feedback: SMM Hospital Selection

- After the pilot evaluation, use a risk assessment for each hospital to guide the decision as to which additional hospitals to involve
  - Focus on involving hospitals that have recently had the greatest number of pregnancy-associated deaths or burden of maternal morbidity or mortality
  - Inclusions of hospitals based on level of care, birth volume, rural/urban sites, community and teaching hospitals, and hospitals that provide care to vulnerable populations

- Survey birthing hospitals to ascertain interest and voluntary participation

Q2. What process should be used to establish a statewide SMM review committee? Who should be members of the SMM review committee?

Feedback: SMM Review Committee

- Include the SMM review committee as part of the current MMR Committee structure and process (e.g., as a sub-committee)
- Specify expertise required and circulate a request for expression of interest for membership to:
  - Health departments, birthing hospitals, community and professional organizations, advocacy groups, and other stakeholder groups
  - Review applications to assess interest, availability, and select members based on qualifications and experience
- Diversity in membership – geography (i.e. counties, rural/urban), hospital delivery volume and level of care, teaching and community hospitals, and various racial/ethnic backgrounds and professions
  - Health care providers, data and analytics, leaders and hospital administrators, patient advocates, researchers with specialized expertise (e.g., preconception health, mental health and substance use, intimate partner violence, and chronic diseases)

Q3. What data sources are available for monitoring improvements in maternal health care quality and outcomes? What data linkages can be made?
(QI Group & Data Workgroup)

Feedback: Data Sources

- Data Sources:
  - Regulatory reporting (e.g., Joint Commission, MIEMSS)
  - Administrative and claims data (e.g., HSCRC, CMS)
  - Vital Statistics Data
  - Surveillance systems & surveys (Behavioral Health, PRAMS)
  - Patient satisfaction measures

- Explore opportunities to link available data sources and disaggregate data by race, ethnicity, language to monitor disparities

Q4. What maternal health indicators should be prioritized for inclusion on the data dashboard?

Feedback: Indicator Prioritization

- **Individual and community-level measures of socio-economic status** (e.g., income, education, neighborhood deprivation indices)
- **Preconception health and pre-existing conditions** (e.g., obesity, hypertension, diabetes, cardiovascular disease, mental health, substance use, intimate partner / gender-based violence)
- **SMM by diagnosis and procedure groups and level of preventability**
- **Risk adjustment of indicators** at hospital-level (e.g., low risk cesarean section rates)
- Leverage **quality measures** that are linked with existing population health goals and models in Maryland

Q5. How should hospitals be recognized for participation in state-wide maternal health program activities and improvements in maternal health indicators over time?

Feedback: Hospital Incentives

- Give kudos and recognition in the form of banners or announcements
- Public reporting of risk adjusted performance measures and hospital score cards to encourage healthy competition
  - Ensuring established environment where there is collaboration and trust
- HSCRC interested in methodologies that include financial incentives for improved performance on quality measures
- Offer advanced access to data regarding performance in exchange for voluntary participation in program activities
- Adding additional staffing or providing capacity building activities to birthing hospitals for the purpose of quality assurance or data analysis at the hospital level

Summary Recommendations

- Severe Maternal Morbidity (SMM) surveillance and review process
  - Include review committee as part of the Maternal Mortality Review Committee with a multi-disciplinary, geographically and ethnic/racially diverse group of stakeholders, clinicians, and community members, including the patient voice

- Maternal health indicators and data sources
  - Explore linkage of data sources (e.g., Vital Statistics, HSCRC, PRAMS, and others) to compressively report on a broad range of maternal indicators from preconception to postpartum health, stratified by sociodemographic characteristics, preexisting conditions and risk factors

- Incentives for participation and improvement in performance measures
  - Ensure establishment of an environment of trust and collaboration
  - Offer public recognition, financial, or data-related incentives at the hospital-level

Telemedicine Workgroup Report

Telemedicine Workgroup - Background

- In Maryland
  - 6 Level-I and 11 Level-II birthing hospitals
  - JHU-led Perinatal Outreach Program provides 6+ in-person MFM physician visits each month to some of these hospitals
- Telehealth/telemedicine for perinatal health services has been shown to be feasible and acceptable
- Covid-19 pandemic led to high reliance on and use of telehealth and telemedicine in the state

Telemedicine Workgroup - Composition

Linda Alexander, MD MPP FACOG
Medical Director, Maryland Department of Health

Karin Blakemore, MD
Professor, Johns Hopkins University

Sherrie Burkholder, MSN MHA RNC- OB C-EFM
Manager, Quality/Informatics- Adventist Healthcare

Katie Cabrera, MSN RNC-OB C-EFM
Clinical Nurse Specialist, Peninsula Regional Medical Center

Andreea Creanga, MD PhD
Associate Professor, Johns Hopkins School of Public Health

Katherine Goetzinger, MD
Assistant Professor, University of Maryland Medical Center

Maria Grant, JD
Vice President, Public Policy - CareFirst BlueCross BlueShield

Ernest Graham, MD
Assistant Professor, Johns Hopkins University

Laura Herrera Scott, MD MPH
Medical Director, State Insurer Amerigroup

Ben Kogutt, MD
Research & Clinical Fellow, Johns Hopkins University

Cathleen Lawson, MS
Genetic Counselor, Johns Hopkins University

Jamie Murphy, MD
Assistant Professor, Johns Hopkins University

Habibat Oguntade, MSPH
Research Associate, Johns Hopkins School of Public Health

Michelle Ogunwole, MD
Research & Clinical Fellow, Johns Hopkins University

Garima Sharma, MBBS
Assistant Professor, Johns Hopkins University

Jeanne Sheffield, MD
Professor, Johns Hopkins University

Michael Udwin, MD, FACOG
Medical Director, Practice & Payment Transformation - CareFirst BlueCross BlueShield

Lee Woods MD, PhD
Former Medical Director, Maryland Department of Health

Q1. What birthing hospitals in Maryland would benefit most from telemedicine for expert MFM consultation, genetic counseling and/or other services for pregnant and postpartum women?

Feedback: Need for Telemedicine

Hospital Name	County	Maternity Level of Care	Live Births (2017)	Consults through Perinatal Outreach Program (2019)
Calvert Health Medical Center	Calvert	I	648	Yes
Garrett Regional Medical Center	Garrett	I	289	Yes
MedStar St. Mary's Hospital*	St. Mary's	I	1,188	Yes
Union Hospital of Cecil County*	Cecil	I	577	Yes
University of Maryland Charles Regional Medical Center	Charles	I	874	Yes
University of Maryland Shore Health at Easton*	Talbot	I	753	Yes
Adventist Healthcare White Oak Medical Center*	Montgomery	II	1,201	No
Carroll Hospital Center*	Carroll	II	1,037	No
Holy Cross Germantown Hospital	Montgomery	II	855	No
MedStar Harbor Hospital*	Baltimore City	II	1,279	No
MedStar Montgomery Medical Center	Montgomery	II	524	No
MedStar Southern Maryland Hospital Center*	Prince George's	II	1,212	Yes
Meritus Medical Center	Washington	II	1,757	Yes
Peninsula Regional Medical Center	Wicomico	II	1,873	Yes
University of Maryland Baltimore Washington Medical Center	Anne Arundel	II	972	No
University of Maryland Upper Chesapeake Medical Center*	Harford	II	1,312	No
Western Maryland Regional Medical Center*	Allegany	II	915	Yes

*Denotes hospitals specifically mentioned by 1+ workgroup members.

Q2. What concerns or barriers might hospitals have for adopting telemedicine for perinatal services, and how can a pilot program help address these concerns and barriers?

Feedback: Barriers to Telemedicine

- Reimbursement
  - Limited experience with coding, billing, and reimbursement
  - No sustainable funding resource for providers identified
- Technical capabilities
  - Patients, providers and staff may not be familiar with the equipment and other technical resources for telemedicine
  - Hospitals may not have the technical resources or compatible platforms and infrastructure needed to coordinate telemedicine services (e.g. different EMR platforms)
- Staffing
  - Need for providers and clinic coordinator to support activities
- Patient involvement
  - Patient engagement & adherence
  - Potential language barriers

Q3. Are there telemedicine models that can be used to inform the design of a pilot perinatal telemedicine program in Maryland?

Feedback: Existing Telemedicine Models

- ANGELS -- statewide telemedicine program in Arkansas
- Johns Hopkins & University of Maryland Telemedicine Programs – MFM and obstetrics anesthesia
- Babyscripts -- app based platform integrated into EMR/Epic with remote monitoring, case management text reminders, special modules for various conditions
- Maven Clinic -- women's health medicine private pay platform
- Penn Medicine Heart Safe Motherhood -- postpartum blood pressure text-based program

Q4. What will be key challenges for developing a larger perinatal telemedicine program and how can we overcome these challenges?

Feedback: Challenges for Statewide Program

- Telemedicine cannot replace bedside care during pregnancy
- Limitations with patient engagement for telemedicine
- Technical capabilities
  - Need for reliable internet connection
  - Use of different EMR systems will create difficulties with documentation
- Need for sustainable funding mechanism
  - will reimbursement procedures allowed under COVID-19 continue?
- Human resources
  - selection of providers for consultation services
  - shortage of some types of providers (e.g. genetic counselors)

Summary Recommendations

- Conduct needs assessment
- Ensure access to equipment & IT services to support telemedicine
- Establish protocols & documentation processes between hospitals outside of UMD and JHU systems during pilot phase
- Coordinate staff and provider telemedicine trainings
- Coordinate hiring new or use of existing clinic coordinators to support telemedicine program
- Plan to measure patient engagement & patient satisfaction with telemedicine services
- Consider additional funding options
  - Additional grants, value-based care model(s), Medicaid
  - Identify individual to serve as financial counselor

Policy Workgroup Report

National Maternal Health Policy

- Social determinants of health
- Community led programming
- Women veterans
- Perinatal workforce
- Data & quality measurement

Mental health & substance use

- Incarcerated women
- Digital tools
- Innovative payment models

Policy Workgroup - Background

Objective:

- **I**dentify and prioritize policy-related initiatives to support maternal health in Maryland

Workgroup Goals:

- Review and summarize Maryland's Medicaid, workforce, and provider compensation policies to inform maternal health programs in MD including MDMOM
- Identify potential gaps where policy may lead to improvements in care

Feedback Utilization:

- Used to identify and prioritize policy-oriented strategies to reinforce work of other Maryland Maternal Health Task Force workgroups

Policy Workgroup - Composition

Laura Goodman
Division Chief, Maryland Department of Health - Office of Innovation, Research and Development, Health Care Financing

Kari Gorkos
Senior Director, Mental Health Association of Maryland - Public Education & Programs

Barbie Johnson-Lewis
President Elect, Maryland Board Chapter of the National Association of Social Workers

Courtney McFadden (Co-lead)
Acting Director, Maryland Department of Health - MCH Bureau

Janice Miller
Director, House of Ruth Maryland - Programs and Clinical Services

Laurence Polsky
Health Officer, Calvert County Health Department

Amanda Rodriguez
Executive Director, TurnAround, Inc.

Stephanie Slowly
Chief of Staff, Maryland Department of Health - Behavioral Health Administration

Nicole Warren (Co-lead)
Associate Professor, Johns Hopkins University

Andrea Williams-Muhammad
Co-Executive Director/CoFounder, Nzuri Malkia Birth Collective

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

Q1: Overall, workforce-related, provider compensation, or policy/legislative issues

Q2: What are the main Medicaid policy issues in Maryland

Q3. Are there state-level Medicaid policies, programs, or initiatives not currently in place in Maryland that should considered?

Q4. Other than Medicaid, other initiatives to be considered?

Q5. What are the practical implications of the current maternal-health related legislation in Maryland

Feedback

Consistent with other workgroups, policy emphasis should be on:

- Extending duration of postpartum care
- Perinatal mood & anxiety disorders services and training
- Substance use disorders services and training
- Implicit bias training
- Doulas – as both an intervention and member of workforce
- Neighborhood impacts on health - asthma, lead
- Enhanced continuity of care
  - Provider to provider and provider to community-based service
  - Across life events and diagnoses: ex. pregnancy and diabetes
- Domestic violence*

**Added after meeting based on member feedback*

Feedback

Policy-specific:

- Medicaid coverage: extend postpartum coverage period
- Medicaid coverage: doula services
- Mandating screening: Perinatal mood & anxiety disorders
- Accountability: Perinatal Risk Assessment completion AND follow up

Preliminary Recommendations:

- Postpartum coverage
  - Consider if optimal via Medicaid and/or state exchanges
- Doula-related legislation
  - Enhance certification and training content and fiscal notes
  - Consider cost analysis from other states with Medicaid reimbursement

Legislation to Watch

HB286

Maternal Mortality Review Program -Stakeholders

SB502

Telehealth - Delivery of Mental Health Services - Coverage for Home Settings

HB448/SB402

Health Care Practitioners - Telehealth

HB837

Maternal Mortality and Morbidity - Implicit Bias Training and Study

Legislation to Watch: Implications

HB286 Increases representation of affected women

Maternal Mortality Review Program - Stakeholders.

SB502 Medicaid reimbursement for telehealth mental health

Telehealth - Delivery of Mental Health Services - Coverage for Home Settings

HB448/SB402 Provides regulatory framework

Health Care Practitioners - Telehealth

HB837 Mandates IB training & SMM study in MD

Maternal Mortality and Morbidity - Implicit Bias Training and Study

Summary Recommendations

- Maintain focus on policies that address disparities
- Continue to engage community in identifying programmatic priorities
- Recognize limitations of legislation
- Focus on policies with short & long term impact
- Plan on & accept incremental legislative success
- Ensure ability to tailor policy implementation by setting
- Remain transparent in decision-making regarding programmatic and policy changes

COVID-19 Ad-hoc Workgroup

Question: How to best assist you in your efforts to provide high quality care to pregnant and postpartum women in the midst of the COVID-19 pandemic?

Obstetric Provider Feedback

- **Provide up-to-date information regarding COVID-19 in pregnancy on MDMOM program website**
- **Organize thematic webinars for providers**
- Coordinate live clinical discussion forums for Maryland providers to share challenges and solutions
- Develop short videos with obstetric providers to reassure & educate pregnant women
- Design a wall with photos and testimonials to celebrate new mothers & babies
- Other ideas

MARYLAND
Department of Health

Questions & Answers

Ms. Courtney McFadden

Deputy Director
Prevention and Health
Promotion Administration

Maryland Department
of Health

Process to Develop
5-Year Maternal Health Strategic Plan

Developing the 5-Year Strategic Plan

- **This year (2020), the Maryland Maternal Health Task Force is to 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
  - contributed perspectives to questions in 6 small workgroups
  - review & provide feedback on Task Force Meeting #1 Report
  - review & provide feedback on the Draft Strategic Plan

Timeline for Developing 5-Year Strategic Plan

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

5/30: Task Force Meeting #1 Report shared with Task Force members

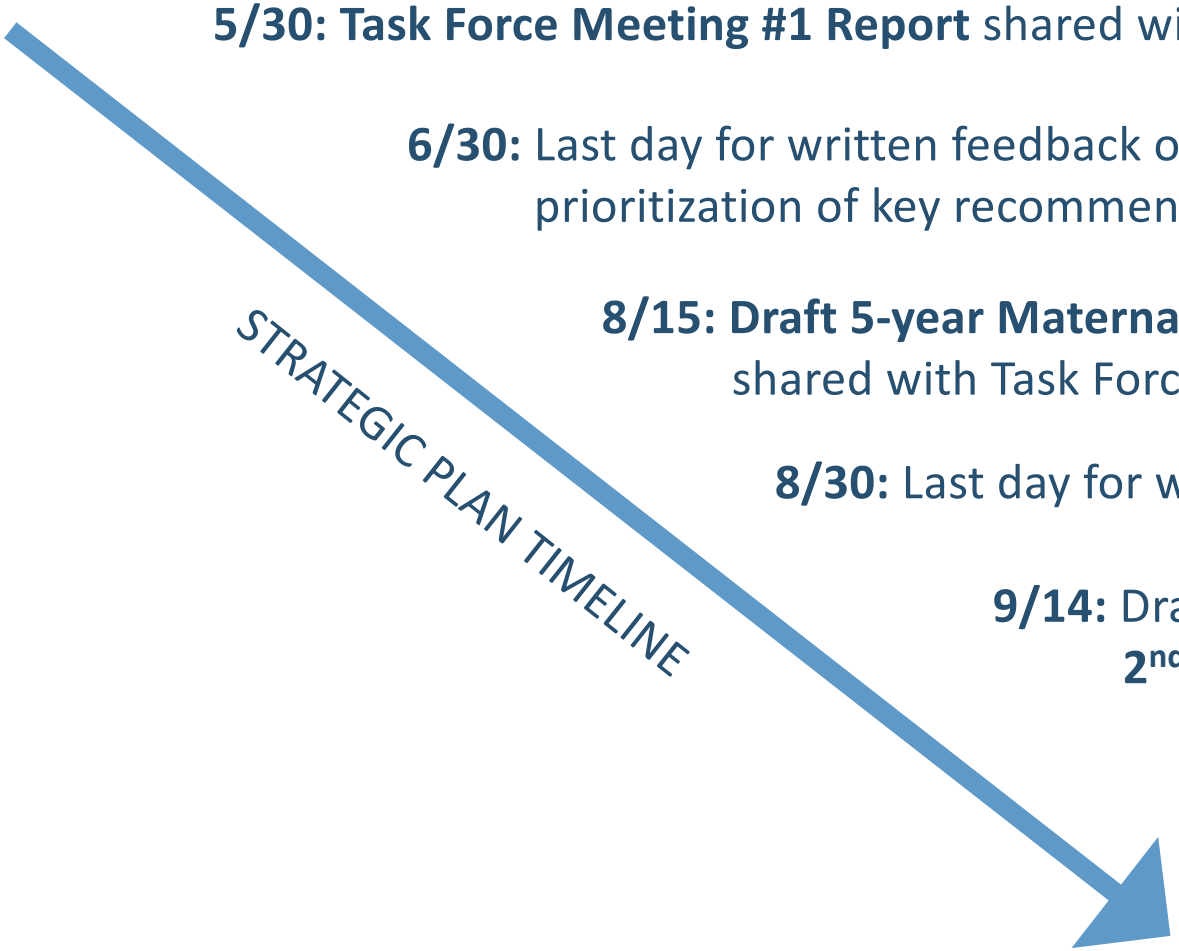
6/30: Last day for written feedback on Meeting Report, including prioritization of key recommendations for Strategic Plan

8/15: Draft 5-year Maternal Health Strategic Plan shared with Task Force Members

8/30: Last day for written feedback on Strategic Plan

9/14: Draft Strategic Plan presented at **2nd Task Force meeting**

9/30: Final Strategic Plan shared with Task Force members



THANK YOU

Maryland Maternal Health Task Force

Next meeting September 14, 2020