



**Maternal Health Data Task Force – Executive Order Thirty-Two
October 17, 2024
1:00 pm – 3:00 pm
Patrick Henry Building, East Reading Room**

Draft Minutes – Meeting One

Members Present: Secretary Janet Kelly, VDH Commissioner Dr. Karen Shelton, DMAS Director Cheryl Roberts, Senator Lashrecse Aird, Delegate Anne Ferrell Tata, DSS Commissioner James Williams, Emily Anne Gullickson, Ildiko Baugus, Dr. Daphne Bazile, Julie Bilodeau, Kelly Cannon, Heidi Dix, Dr. Kurt Elward, Dr. Charles Frazier, Pamela Harvey Pilch, Leah Kipley, Glenda Knight, Nicole Lawter, Dr. Sheila Mathis, Shannon Pursell, Fidelma Rigby, Melanie Rouse, Kyle Rusell, Tameeka Smith, Stephanie Spencer, Kenda Sutton-El, Dr. Louis (Tom) Thompson, Paula Tomko

Members Present Virtually: Dr, Kurt Elward, Delegate Anne Ferrell Tata, Dr. Jaclyn Nunziato, Dr. Lee Ouyang, Dr. Jennifer Wells, Octavia Wynn

Health and Human Resources Staff: Leah Mills, HHR; Jona Roka, HHR; Mindy Diaz, HHR; Kelly Conatser, VDH; Dane De Silva, VDH; Dr. Vanessa Walker-Harris, VDH; Cynthia deSA, VDH; Rebecca Edelstein, VDH; Lauren Kozlowski, VDH; Julie Keeney, VDH; Jennifer Macdonald, VDH; Parker Parks, VDH; Allie Atkeson, VDH; Adrienne Fegans, DMAS

Meeting Discussion:

Secretary Kelly opened the meeting and welcomed the Task Force members. She stated that maternal and child health was a priority for Governor Youngkin and acknowledged the continuation of work from the previous Maternal Health Data Task Force. Secretary Kelly then addressed ongoing initiatives at the state level, highlighted data trends in Virginia, and provided suggestions for the Task Force's consideration. Secretary Kelly then introduced Senator Lashrecse Aird.

Senator Aird provided remarks following Secretary Kelly, highlighting the work around maternal mortality that commenced in the Virginia legislature in 2019. Her remarks emphasized the necessity and usefulness of having ongoing conversations about maternal health data.

Dr. Shelton welcomed the Task Force members and asked they briefly introduce themselves and share which agency or organization they represented. After the introductions, she highlighted the charges outlined in Governor Youngkin's Executive Order 32, noting that they were identical to

those for the Maternal Health Data Task Force convened in the past, with an additional focus on postnatal support services. She discussed the Task Force's goal of building interagency collaboration and working with community members to build on previous efforts. Finally, she highlighted the proposed work plan that was distributed to the attendees.

Kelly Conatser, the Maternal and Child Health Epidemiology and Evaluation Unit Supervisor at the Department of Health (VDH), was the first presenter of the day. He presented on available maternal health data resources at VDH, sharing details on maternal health outcomes and various indicators, including maternal mortality and severe maternal morbidity. The presentation covered methods of data collection, their strengths and limitations, and the frequency and years available for each source. He also highlighted the Maternal and Child Health Dashboard and introduced upcoming dashboards focusing on severe maternal morbidity hospitalizations, maternal mortality, and maternal opioid use. Additional topics included the Pregnancy Risk Assessment Monitoring System, data on postpartum depression and anxiety, well-women visits, Title V maternal and child health data, and barriers to maternal health.

Director Roberts and Adrienne Fegans, Deputy of Programs and Operations at the Department of Medical Assistance Services (DMAS), presented on Virginia Medicaid Maternal Health. Director Roberts outlined DMAS's mission and noted that Medicaid covers one of three births in the Commonwealth. She highlighted key maternal health data, including Virginia's position as the third state to expand postpartum Medicaid coverage for 12 months, regardless of income changes, and the fourth state to offer doula benefits. She also discussed the use of HEDIS measures for maternal care and the variety of data sources utilized. Director Roberts outlined member engagement and education strategies such as the enhanced MCO Benefit Comparison Chart and the revised “New Mom” letter. maternal health outcomes.

Additionally, Director Roberts informed the Task Force members about the cardiovascular issues in the maternal population and showed the audience the Ask about Aspirin campaign. A key finding from the work was the effectiveness of the usage of low dose aspirin while pregnant to prevent preeclampsia hypertension, and cardiovascular disease. The Ask About Aspirin, which was unveiled this summer, which highlights the importance of encouraging members to speak with their prenatal care providers about the medication.

Director Roberts then shared the collaboration with the Virginia Hospital and Healthcare Association on maternal health initiatives, which led to the integration of postpartum visits in discharge checklists within electronic medical records. She noted the expansion of Saturday and evening hours for OB/GYNs, highlighting Dr. Bazile as an early adopter and mentioning that Inova has now announced extended hours across their health system.

Adrienne Fegans presented on member engagement and highlights the importance of getting feedback from Medicaid members and the importance of getting the word out to members that programs are available. She also shared DMAS’s “new mom” letters for members, which now

included an easy-to-read information flyer with charts to help members understand the various maternal benefits that are covered by the different Medicaid Manage Care Organizations.

After the presentations concluded, Dr. Shelton led a discussion among Task Force members focused on the need for real-time data, substance use and recovery in the perinatal population, and barriers faced by various types of midwives. Questions were raised about standardizing the reporting of severe maternal morbidity, and definitions of maternal mortality up to the 42-day period. Another question was raised about what types of death were included in the pregnancy-associated mortality data. The issue of maternity care deserts was raised and whether the Task Force could collect access to care data due to the impact this has caused, particularly in the southwest and Eastern Shore. It was then discussed there was no standard definition of “rural” in that it varied by federal designation/agency. It was noted by a member for the need for representation of all midwifery certifications and scopes of practice on the Task Force to ensure diverse experiences are captured. One of the Task Force members asked for a feedback survey and copy of slides presented in order to obtain community level feedback on what data was needed to make improvements.

Public Comment Period:

- A member of the public in attendance commented that they are wondering why we are still seeing high levels of morbidity if members have access to health benefits? Will the Task Force explore that?
- An addiction specialist in attendance raised the issue of accessibility of addiction-related providers and how we can do a better job of getting our moms who want care and recovery but are afraid to ask for help. How do we easily make it available without giving out the private numbers of our Medication-Assisted Treatment (MAT) providers? How can we address this?

Dr. Shelton concluded the meeting by highlighting the behavioral health resources available through the *Right Help, Right Now* initiative. She acknowledged the vital work of Postpartum Support Virginia and emphasized VMAP for Moms+, the provider-to-provider consultation line for behavioral health issues, along with the training and coordination set to launch in fall 2024.

Next Steps:

- The Task Force is planned to reconvene on November 8th, 2024.