Maternal Health Data and Quality Task Force Meeting Notes
November 8, 2024
Patrick Henry Building, 9am-11am

Members Present: Secretary Janet Kelly, VDH Commissioner Dr. Karen Shelton (Co-Chair), DMAS Director Cheryl Roberts, DSS Commissioner James Williams, Chief Martin Brown, Dr. Siobhan Dunnavant (Co-Chair), Ildiko Baugus, Heidi Dix, Dr. Kurt Elward, Dr. Charles Frazier, Leah Kipley, Glenda Knight, Nicole Lawter, Shannon Pursell, Fidelma Rigby, Melanie Rouse, Kyle Rusell, Tameeka Smith, Stephanie Spencer, Kenda Sutton-El, Dr. Louis (Tom) Thompson, Paula Tomko, Susan Murphy, George Saade, Verneeta Williams, Kathryn Hanes representing for Pamela Pilch, Mary Brandenburg representing for Kelly Cannon, Alyson Buckner representing Emily Anne Gullickson

Members Present Virtually: Senator Emily Jordan, Sheila Mathis, Gabriela Ammatuna, Dr. John Pierce, Dr. Lee Ouyang, Dr. Jennifer Wells, Joely Mauck, Candance Roney representing Glenda Knight

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

Opening Remarks from Secretary Kelly and Member Introductions
- Secretary Kelly announced that Dr. Siobhan Dunnavant would be joining the Task Force as Co-Chair.
- Dr. Shelton reviewed the minutes from the first meeting and gave an overview of the meeting agenda. She then thanked everyone for coming, which was followed by introductions.
- Introduction of the members of the Task Force starting with the members in person, followed by the members who joined virtually.

Virginia Data to Support Maternal Health - Kyle Russell, Chief Executive Officer of Virginia Health Information (VHI)
- This presentation started with an introduction of VHI and their collaboration with other organizations.
- VHI oversees the Patient Level Data System (PLD), All Payer Claims Database (APCD), and Emergency Department Care Coordination Program (EDCC/SmartChart).
- Mr. Russell discussed the history of VHI and how the PLD was created.

- Gaps identified included maternal emergency department data (efforts are being made to improve this) something they will be addressing & working for in the 2025 GA Session.
- Mr. Russell described the APCD system, a database with a wide variety of information through claims data. One weakness is that there is no RISA/FEHBP/TRICARE/uninsured data or dental claims. They are continuing to revise the system to improve it; to do this they would need increased funds to increase the matching rate and reduce the data lag.
- Mr. Russell then discussed the EDCC program, now known as SmartChart. This program has no data lag because it is real time data. This system was created in 2017 and was historically limited to ED care coordination data only. An example was shown highlighting Sentara's positive experience using EDCC data for their maternal workflow.
- Mr. Russell finished the presentation by discussing opportunities for attendees and other stakeholders to get involved and utilize the data from the EDCC program.

Virginia Doula and Community Initiatives - Kenda Sutton-El, Founder and Executive Director of Birth in Color
- Ms. Sutton-El provided a history of Birth in Color, which was launched in 2018 to respond to the rising maternal mortality rate. They are a Virginia based non-profit that focuses on the various intersections of reproductive justice, culturally competent maternal healthcare, and the celebration of people of color. Ms. Sutton-El emphasized the need to shift from victim blaming to supporting moms with needed resources.
- Ms. Sutton-El spoke to the services that Birth in Color provides including childbirth education, lactation clinics, prenatal and postpartum yoga. Ms. Sutton-El defined doulas and described the scope of doula services offered.
- Ms. Sutton-El stated that all Medicaid managed care plans in Virginia cover doula services, which include four prenatal visits, continuous labor and birth support, four postpartum visits, and phone/text support as needed.
- She also explained the steps required to become a doula through Birth in Color and the impact of a strong support system for mothers, especially in the postpartum period.
- Ms. Sutton-El discussed the elements of the doula workforce support which include billing and reimbursement and coordinated care. She shared the necessary components of the doula workforce development plan and next steps for Birth in Color.

The Importance of Quality Maternal Health Data - Dr. Siobhan Dunnavant, OBGYN from HCA VA Physicians
- Dr. Dunnavant spoke about the importance of high-quality maternal health data and how it can be utilized to improve quality of care and outcomes. She emphasized best care practices, following data trends, and tracking of outcomes.

Virginia Medicaid Presumptive Eligibility Overview - Sara Cariano, Director of Eligibility, Policy, and Outreach, Virginia Department of Medical Assistance Services (DMAS)
- Ms. Cariano presented on the current Medicaid application process, and the specific Cover VA unit and call center for pregnant women. She shared the application process for Medicaid and the timeline from application to approval with full coverage.
- Ms. Cariano noted that in Virginia there is Hospital Presumptive Eligibility (HPE), which provides coverage for pregnant women, children under 19, low-income parent/caretakers, and adults under expanded Medicaid. There are 49 hospitals are participating in HPE.

- Ms. Cariano described that Virginia has HPE, which is only for the Medicaid population, but not presumptive eligibility, an expansion of presumptive eligibility processes to other entities.
- Ms. Cariano gave an overview of presumptive eligibility, qualified entities, and current barriers for implementing the policy.
    - Dr. Dunnavant asked who captures presumptive eligibility and there was a follow-up discussion about the application and determination process.
- Ms. Cariano continued to discuss the coverage limitations of presumptive eligibility. Presumptive eligibility provides coverage for ambulatory prenatal care, prescription drugs and visits related to pregnancy. Presumptive eligibility does not cover labor and delivery.
- Ms. Cariano shared a comparison between full benefit Medicaid and Family Access to Medical Insurance Security Plan (FAMIS) vs. Presumptive Eligibility.
- Ms. Cariano ended the presentation by mentioning the operational considerations outside of policy implications. Policy considerations included:
    - Expanding HPE to FAMIS pregnant women and children
    - Enhancing monitoring of pregnancy-related application vs. community-based application
    - Increasing income limit for pregnancy-related coverage
        - Income eligibility for Medicaid for pregnant women is 143% vs 205% for FAMIS
    - Creating specialized pregnant women unit to handle application case maintenance and resource support throughout pregnancy and postpartum period

Survey of the Data Gaps and Task Force Discussion
- Dr. Shelton opened the floor for discussion and provided a survey link for the Task Force to fill out for feedback.
- Dr. Shelton summarized the presentations and the data sources that were discussed and asked the Task Force for any thoughts or ideas coming forward.
    - Stephanie Spencer mentioned that Urban Baby Beginnings (UBB) uses the EDCC platform. UBB identifies individuals going to the hospital multiple times but have no follow up care and asked if this could potentially be monitored on a larger scale. She mentioned that this data would be important for people outside of the hospital systems, such as social workers, to know.
    - Dr. Shelton mentioned that there should be necessary flags for occurrences like "frequent fliers" in EDCC.
- Dr. Dunnavant mentioned how all aspects of maternal health should be connected, especially in the inpatient and outpatient settings.
- Stephanie Spencer described UBB's collaboration with VNPC to connect the dots but wondered how this information should get back to the providers.
- Dr. Saade spoke to the large number diagnoses with bias and how administrative databases could be inaccurate due to these biased codes. They have used natural language processing instead of codes to see if they could increase the accuracy of the diagnosis.
- Shannon Pursell spoke to the importance of data linkages and how All-Payers Claims Database (APCD) and inpatient data is one point in time but discussed opportunities to link data together. She noted data gaps in Maternal Mortality Review Team case reviews

included data on the frequency of ED visits and details on care coordination and outcomes.

- Tameeka Smith spoke on focusing on what the data is conveying and how to use these insights in real time to the organizations in those geographical areas. She asked how we intend to use AI to link all of this together.
- Kathryn Haines discussed a recent labor and delivery hospital unit closure and discussed implications to ERs and practices in the area. She highlighted the need of obtaining data during closures to evaluate the impact on emergency rooms ERs and the resulting outcomes.

Review of the Previous Recommendations and Task Force Discussion
- The 22 recommendations from the previous report were discussed.
- Shannon Pursell stated VNPC is working on Recommendation 6, continuing to fund a yearly VNPC report and Recommendation 22, developing a Fetal Infant Mortality Review (FIMR) team.
- Kyle Russell from VHI said that they are working on Recommendation 1, to improve the Virginia APCD by enhancing their patient linkage capabilities. However, he acknowledged that current limitations make these linkages less than ideal. He stated it would be helpful to have an authorization to link with other systems and that linkages should be encouraged while protecting the process.
- The Task Force members then discussed pulling forward additional 2023 report recommendations:
  - There was mention of continuing the work for Recommendation 13, expanding Medicaid facility reimbursement to birthing centers.
  - Stephanie Spencer brought forth Recommendation 16, increase sustained funding for Community Health Workers and recommendation 7, incorporate evidence-based home visiting program into the model of care.
  - Kenda Sutton brought forth recommendation 11, expanding dental care and coverage as well as Recommendation 14, to expand access and utilization of doula services.
  - An online participant emphasized work underway regarding Recommendation 3, ensuring behavioral health access for pregnant and postpartum women, specifically the expansion of VMAP into the perinatal space with VMAP for Moms.

Public Comment
- A representative from Anthem asked about the data on postpartum morbidity and mortality, and if that is where we are seeing some of the adverse outcomes.
- No other comments were offered from the public in person or online.

Next Steps
- Deputy Secretary Leah Mills thanked everyone for being there and said all presentations could be accessed online on the HHR website. Dr. Shelton closed the meeting and stated the next meeting would focus on additional directives from the Executive Order.