

## **Summary of Maternal Mortality and Morbidity Forum Sept 30, 2017, Austin – Texas Medical Association**

The Maternal Mortality and Morbidity Forum was hosted by the Texas Medical Association (TMA) and the Department of State Health Services (DSHS) on September 30<sup>th</sup>, 2017. The purpose of the Forum was to convene medical and public health professionals to identify how medicine could reduce maternal morbidity and mortality in the state of Texas. The Forum consisted of three workgroups:

- Data Collection and Reporting
- Public Health
- Systems of Care

More than 80 professionals attended the Forum. Attendees included obstetrics and gynecology specialists, maternal fetal medicine specialists, internal medicine physicians, family medicine physicians, pediatricians, neonatologists, and cardiologists.

The day began with opening remarks by Carlos J. Cardenas, M.D., TMA President, and John Hellerstedt, M.D., Commissioner of DSHS. Next, Lisa Hollier, M.D., MPH, gave an overview presentation on Texas' maternal mortality and morbidity data, prevention strategies, and current collaborations taking place throughout the state. The workgroup chairs presented on the needs of their specific workgroups before the forum split into their respective groups.

### **Data Collection and Reporting Workgroup**

#### *Participants:*

- Tara Das, PhD, Texas State Registrar (lead)
- Medical Examiners
- Obstetricians
- Justices of the Peace
- Pathologists
- Data quality and reporting specialists from DSHS and Health and Human Services Commission (HHSC)
- A member from the Maternal Mortality and Morbidity Task Force (MMMMTF)
- Professional organizations, such as the Texas Hospital Association

#### *Discussion:*

The workgroup focused on establishing best practices for reporting pregnancy-related deaths to the medical examiner or justice of the peace in each Texas county. The workgroup explored methods for educating certifiers of death about accurate completion of death certificates, including for maternal deaths. The workgroup also discussed recommendations for best practices in death scene reporting.

The Data Collection and Reporting workgroup began to develop an action plan that will be finalized and implemented within the upcoming months. These efforts will support implementation of Senate Bill 1599 passed during the 85<sup>th</sup> Legislative Session. The action plan will include:

- An environmental scan of how death certificates are completed throughout Texas will be conducted
- A gap analysis of provider education and resources to inform development of educational materials and resources and improvements to the new Texas Electronic Vital Events Registrar (TxEVER)

- An exploration of potential legislative and policy changes that could enhance data quality

## **Public Health Workgroup**

### *Participants:*

- David Lakey, M.D., University of Texas (co-lead)
- Manda Hall, M.D., Associate Commissioner of the Community Health Improvement Division, DSHS (co-lead)
- Public and private sector physicians in women's health, psychiatry, neonatology and primary care
- DSHS staff from Maternal and Child Health, and Health Promotion and Chronic Disease Prevention
- HHSC staff from Behavioral Health Services, Medicaid, Healthy Texas Women, and the Women, Infants, and Children (WIC) Program
- Representatives from the MMTF, Perinatal Advisory Council (PAC), the Texas Collaborative for Healthy Mothers and Babies (TCHMB)
- Members of professional organizations such as Texas Medical Association and Texas Pediatric Society
- Representatives of non-profits such as the March of Dimes.

### *Discussion:*

The goal of the workgroup was to focus on chronic disease, behavioral health, and the role of the primary care physician in maternal morbidity and mortality. Discussion identified many key areas of focus to improve maternal health outcomes.

The first area identified was opportunities to address mental health and substance abuse, including postpartum depression and opioid dependence. The group discussed methods to enhance provider ability to address these issues including implementation of patient safety bundles, development of standardized opioid prescribing guidelines for providers caring for pregnant women, and dissemination and increased awareness of DSHS and HHSC resources and services.

Another area of focus was the need for effective interventions in the preconception and interconception periods to address chronic diseases and modifiable risk factors. The workgroup identified opportunities related to access to Long-Acting Reversible Contraceptives and use of the One Key Question® intervention to determine pregnancy intention.

Finally, the group identified the need for provider education and engagement, particularly as it relates to preventable morbidity outcomes. Opportunities exist through programs like WIC and providers like Community Health Workers to ensure culturally effective care and enhance existing chronic disease prevention efforts.

## **Systems of Care Workgroup**

### *Participants:*

- Lisa Hollier, M.D., M.P.H. (co-lead)
- Carla Ortique, M.D. (co-lead)
- Physicians from specialties like anesthesiology, cardiology, endocrinology, emergency medicine, obstetrics and gynecology, and pulmonology
- DSHS and HHSC staff from Maternal and Child Health, Behavioral Health Services, Medicaid, Healthy Texas Women and WIC

- Representatives from the MMTF, PAC, and the TCHMB

*Discussion:*

The workgroup focused on the care of women during pregnancy, transitions into and out of pregnancy care, and prevention initiatives such as maternal safety bundles.

The first focus of the workgroup was promotion of the Council on Patient Safety in Women's Health Care's Alliance for Innovation on Maternal Health (AIM) program in all hospitals providing maternity services. This could be accomplished by engaging healthcare system decision makers, gaining multi-disciplinary buy-in, supporting state policy of maternal safety quality improvement initiatives, and facilitating collaborative learning to accelerate innovation and improvement through the AIM program.

The workgroup also identified a need to increase provider access to and use of comprehensive maternal health history information – including obstetric, surgical, and medical histories – in clinical decision making. Workgroup discussion focused on ways to improve the quality of available maternal health history information. Strategies include continuing medical education on the importance of quality documentation, and increased access to meaningful use data and applying it in practice.

Another discussion topic was identification of hospitals and providers that exemplify commitment to continuous quality improvement for maternal health outcomes. The group discussed the possibility of developing standardized statewide criteria that recognize hospitals for consistent, high-reliability adherence to maternal safety care practice.

The workgroup also discussed the need for providers to better educate women in understanding and managing their current health risks, including education about warning signs that require the woman to seek immediate medical attention and the importance of participating in preconception health and health care. The workgroup identified a need to engage and train providers to incorporate existing and emerging state and national patient awareness, education and communication initiatives into their clinical practice.

In the coming months, the workgroup will review existing health data access platforms – like the Texas Immunization Registry and Texas Prescription Monitoring Program (PMP) – and whether similar models could increase provider access to meaningful maternal health information. The workgroup will also assess the feasibility and desirability of provider and hospital recognition for high maternal safety care standards.

### **Conclusion and Next Steps**

The Maternal Mortality and Morbidity Forum brought together a variety of key physicians and public health professionals to discuss what medicine can do to address maternal mortality and morbidity in Texas. Through smaller breakout sessions focusing on data collection and reporting, public health, and systems of care, participants started developing actionable plans to address key issues identified by each workgroup. Through these plans, physicians and public health professionals will be better equipped to report and improve maternal health outcomes in Texas.

Each workgroup continues to work in earnest on the topics identified for further analysis. Some workgroups may explore topics as an entire group, while others may break off into sub workgroups to analyze specific topics. Workgroups will continue meeting throughout the fall/early winter until all workgroups reconvene together near the end of January 2018.