87th Legislature – Senate Committee on Health and Human Services – Implementation Update

March 10, 2021
Manda Hall, MD – Associate Commissioner for Community Health Improvement
Texas Department of State Health Services
Overview

• Maternal Health Implementation Update
  • Maternal Health & Safety Initiatives – Exceptional Items
  • 86th Session Maternal Health and Safety Bill Implementation Updates
  • Texas Maternal Mortality and Morbidity Review Committee & Other Initiatives

• Vital Statistics Update
Maternal Health Implementation Update

Maternal Health & Safety Initiatives - Exceptional Items
MCH Exceptional Item: Rider 28 Maternal Mortality and Morbidity

• Implement Maternal Health and Safety Initiatives Statewide
  • $2.6M and 6 FTEs
• Develop and establish a high-risk maternal care coordination services pilot for women of childbearing age
  • $2.34M and 2 FTEs
• Increase public awareness and prevention activities related to maternal mortality and morbidity
  • $2M
• DSHS and Maternal Mortality and Morbidity Review Committee are required to annually collect information related to maternity care and postpartum depression.
About TexasAIM

Core Alliance for Improvement on Maternal Health (AIM) Patient Safety Bundles

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Obstetric Care for Women with Opioid Use Disorder

Overarching Program Goals

1. Obtain participation from more than 75% of Texas hospitals with obstetrics lines of service
   - 98% of Texas’ hospitals with obstetrics services

2. Engage 50% or more participating hospitals in a Learning Collaborative:
   - 83% of enrolled hospitals were Plus

3. Support hospitals with tools and technical assistance in quality improvement as they implement bundles

4. Foster partnerships to develop and align infrastructure and resources to support Learning Collaborative goals
TexasAIM Obstetric Hemorrhage Bundle

TexasAIM Enrollment
by the Numbers

Hospitals participating in TexasAIM serve:

- >378,600 women every year
- >99% of Texas births
- 10% of nation’s births

Hospital Enrollment:

- 98% of birthing hospitals in Texas
- 92% of rural Texas hospitals
- 100% of urban Texas hospitals

TexasAIM Severe Hypertension in Pregnancy Learning Collaborative Enrolling Now

https://dshs.texas.gov/mch/TexasAIM
TexasAIM@dshs.texas.gov
ACCELERATE: Reducing Hemorrhage in Texas

153% improvement
Stage-based management plans

204% improvement
Risk level assessment and level assigned

823% improvement
Quantification and cumulative measurement of blood loss through recovery

Slide Credit:
Dr. Michael Warren, MCHB/HRSA
Provisional Finding


*(excludes cases with only a transfusion code)
Beginning March 2020, TexasAIM shifted to support hospital obstetrics units responding to COVID-19

- Held multiple webinars featuring experts in public health preparedness and infectious disease
- Developed obstetric care & COVID-19 recommendations based on those published by the CDC, American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine
- Developed online information, resources, and a bi-weekly electronic newsletter
Obstetric Care for Women with Opioid Use Disorder Bundle (OB-OUD)

- **June 2018:** Started pilot of ten “early adopter” hospitals with experience or strong interest in providing care to women with OUD to test bundle implementation

- **Current Status:**
  - Applying lessons learned from pilot during consultations with state and national experts to support implementation of OB-OUD practice changes.
  - Identifying resources and creating framework and toolkit for full implementation of OB-OUD bundle.

- **Next Steps:** OB-OUD Innovation and Improvement Learning Collaborative will begin the launch in spring 2021
Severe Hypertension in Pregnancy Bundle

**Bundle Kickoff:** December of 2020 at the second annual TexasAIM summit

**Approach:**
- Integrating and Centering Health Equity into Bundle Implementation and Process Improvement
- Centering Survivor Voices for Patient and Family Support

**Current Status:**
- Enrollment for Learning Collaborative is open through March 15th
- Current Enrollment:
  - All TexasAIM Hypertension Bundle Hospitals: 121 (54% of birthing hospitals in the state)*
  - TexasAIM Hypertension Plus Bundle Hospitals Subset: 108

*as of 3/6/2021
High-Risk Maternal Care Coordination Services Program (HRMCCSP) Pilot

• **Scope:**
  - Maternal High-Risk Screening Tool
  - Community Health Worker curricula for care coordination

• **Current Status:**
  - Hired staff to lead implementation
  - Completed prep work re: scanning existing screening tools and curricula
  - Drafted model for pilot study
  - Risk assessment tool creation in progress

• **Next Steps:**
  - Pilot study planned for September 2021
Maternal Health and Safety Awareness, Education, and Communication Campaign

• **Scope:**
  • Increase awareness across multiple levels of society about risks and protective factors for maternal health
  • Increase awareness and knowledge about best/promising practices in maternal health and safety and steps Texans can take to propel practices to action
  • Motivate action to build a maternal health and safety culture for Texas

• **Current Status:**
  • Utilizing completed market research to develop marketing and educational materials, a campaign website, as well as media and outreach strategies
Maternal Health Implementation Update

86th Session Maternal Health and Safety Bill Implementation Updates
Maternal Health and Safety Bills

• **SB 253** – Relating to a strategic plan to address postpartum depression

• **SB 436** – Relating to statewide initiatives to improve maternal and newborn health for women with opioid use disorder

• **SB 748** – Relating to maternal and newborn health care, including the newborn screening preservation account.
Maternal Health Implementation Update

Texas Maternal Mortality and Morbidity Review Committee & Other Initiatives
Most of pregnancy related deaths were found to be preventable.

Black women continue to bear the greatest risk of maternal morbidity and mortality.

Cardiovascular, coronary conditions, and mental disorders (with or without substance use disorder) were tied for leading causes of death.

Obesity, mental disorders, substance use disorder, and violence all contributed to pregnancy related deaths.

The Enhanced Maternal Mortality Ratio for identifying maternal deaths remained relatively stable from 2013 to 2015.

Texas Maternal Mortality and Morbidity Review Committee: Recommendations

- Access to health services through 12 months postpartum
- Engaging Black communities and applying health equity principles
- Integrated behavioral health care
- Addressing violence and Intimate Partner Violence
- Implementation of maternal safety initiatives
- Foster supportive community environments and leverage programs and services
- Postpartum care management
- Coordination of emergency and maternal health services
- Public awareness and prevention

Erase Maternal Mortality Grant

• **Scope:** Identifying and reviewing all pregnancy-associated deaths within a two-year period and to enter standardized data into the CDC’s Maternal Mortality Review Information Application (MMRIA) system.
  • This grant awards DSHS $553,209 per year and 4 FTEs to help enhance the work of the review committee

• **Current Status:**
  • DSHS hired all 4 positions
  • The Texas MMRIA System went live in late July 2020
  • The MMMRC began reviewing the 2019 case cohort on 3/5/2021
Vital Statistics Update
Vital Statistics Section Backlog & Improve Customer Service

• **Background:**
  • DSHS Vital Statistics had inadequate FTE staffing to respond timely to increased demands for vital records
  • Statewide implementation in 2019 of the Texas Electronic Vital Events Registrar (TxEVER) system resulted in a backlog of aged applications

• **HB 1:** $1,518,804 and 17 temporary positions

• **Progress:** DSHS eliminated the 2019 backlog and maintained progress in 2020.

• **Maintaining Momentum:**
  • To prevent future backlogs, DSHS needs to maintain current staffing levels that were approved for only one year under this exceptional item
  • DSHS requested authority (not funding) for 25 FTEs in VSS in its legislative appropriations request to prevent future backlogs
Backlog Total: Weeks 9/30/19 - 2/8/21

Total Vital Statistics Backlog Applications Outstanding

Backlog Applications Total
Immediate Steps to Increase Security, Quality, and Capacity

• **Background:**
  - DSHS Vital Statistics is the official repository for all Texas birth and death records
  - The WD Carroll Building - where employees work, vital records stored, and certificates printed on restricted security paper – lacks modern security, monitoring, and environmental controls

• **HB 1:** Authority for 4 FTEs, and capital authority for projects/contracts

• **Progress:**
  - 3 FTEs for security, quality, capacity have been hired, with one vacancy
  - Capital projects are underway for building space redesign to increase security and capacity
  - Installation of surveillance monitors, cameras, and security controls are in progress
**Improve Death Data Quality**

**Background:**
- Vital statistics is foundational data for individual identity and public health
- Birth and death data are used to describe the health of a community, identify priority public health needs (such as maternal mortality), allocate funding resources, and evaluate public health programs

**HB 1: Authority for 2 FTEs**

**Progress:**
- 2 Data Analyst FTEs hired
- DSHS will conduct data quality analysis and recommend training initiatives for stakeholders who report vital events
Thank you!

Presentation to the Senate Health and Human Services Committee

Dr. Manda Hall