

**Missouri Women’s Health Council  
Meeting Minutes  
September 18, 2019**

<b>Members Present</b>	Karlyle Christian-Ritter, Colleen Coble, Karen Edison, Sandra Jackson, Eboni January, Sue Kendig, Katherine Mathews, Bridget McCandless, Mary McLennan, Denise Wilfley, Denise Willers, Rachel Winograd
<b>Members Absent</b>	Paula Baker, Daphne Bascom, Pat Clay, Wendy Doyle, Sherry Maxwell, Melissa Terry, Katie Towns, Emily van Schenk Hof, Padma Veligati
<b>Department of Health and Senior Services (DHSS) Staff</b>	Randall Williams, Karen Kliethermes, Mindy Laughlin, Tracy Henson
<b>Department of Social Services Staff (DSS)</b>	Jessica Dresner
<b>Guests</b>	Jennifer Johnson, Crystal Schollmeyer, Ashlie Otto, Mandy Hagseth, Alex Tuttle, Reggie Rideout

<b>Topic/Presenter</b>	<b>Discussion</b>
<b>Welcome</b>	The meeting of the Missouri Women’s Health Council (WHC) was called to order by Vice Chair Sue Kendig at 9:00 a.m. Sue asked for introductions.
<b>Department of Health and Senior Services Update</b>	<p>Alex Tuttle is the legislative liaison for DHSS. Prior to coming to the Department he was with the Missouri Senate in the budget office.</p> <p>Dr. Williams asked for introductions of the guests in attendance. Dr. Williams indicated the Department is tremendously committed to try to be a value add to the WHC as well as the WHC is a value add to the Department. He hopes to provide the WHC the opportunity to ask questions and get an interactive of what is going on in women’s health in Missouri, as well as, give the WHC late breaking news.</p> <p>Dr. Williams stated the DHSS put out two press releases on vaping. There have been four more cases since the last time the Department reported. The Department will put that out in the news today. There have been about 450-500 cases throughout the country in 33 states and the Virgin Islands. There have been six deaths. He said it is a clinical diagnosis and appears to be an inhalational injury. He indicated it is not a reportable disease to the Centers for Disease Control and Prevention (CDC).</p> <p>Dr. Williams talked about the America’s Health Rankings – Health of Women and Children Report that has been around since 1990. Missouri had the largest increase in Women’s Health Care going from 46th to 38th and overall going from 41<sup>st</sup> to 37<sup>th</sup>. Dr. Williams recommended the WHC read the report. He stated that one of the things Missouri needs to work on is maternal mortality. He state the Department received a \$450,000 grant from CDC. DHSS has a very robust PAMR Board and they are reviewing maternal mortality in real time. Dr. Williams indicated he is the Executive Director of the PAMR board, but does not vote. He will write a report in January on what they have found. There are about 30 deaths in Missouri every year, and the Board reviews each case to determine if it was preventable or not preventable. They know the number one cause for death for</p>

women in Missouri is drug abuse (opioids).

Dr. Williams talked about the Alliance for Innovation in Maternal Health (AIM) in which they introduce safety bundles that look at the direct causes which are pulmonary embolus, preeclampsia and the number one cause being cardiovascular disease. He indicated we have a thought leader in Kansas City, Dr. Karen Florio, who heads heart disease and maternal mortality. She is the chair elect of the PAMR board. She is doing a national registry of all maternal moms with heart disease using 56 national centers running a trial working with Boston. The *Heart Outcomes in Pregnancy: Expectations for Mom and Baby* or HOPE, is a partnership between Saint Luke's Mid America Heart Institute and Saint Luke's Hospital Maternal-Fetal Medicine Division who envision HOPE as a nationwide registry that will, for the first time ever, collect and study the data necessary to better understand deaths from cardiovascular disease, as well as risks to the infant, including premature birth and low birth weight to dramatically improve outcomes for pregnant women with heart disease and their babies. Dr. Williams indicated cardiac disease is the number one cause of direct death, not opioids.

Dr. Williams indicated they would like to get the perinatal collaboratives going. He recognized Sue Kendig as being one of the thought leaders in the country on this. He would like to get to the fourth trimester where so much happens during the first year of life, whether it's opioids, depression, suicide, domestic abuse, car accidents or homicides. He would like the WHC to talk about the year after birth, and he indicated that the WHC brings a great skill set for that. Dr. Williams talked about concentrated disadvantage.

Dr. Williams stated the Missouri Family Health Council (MFHC) received the Title X funding. There were some things that came up with vendors, and DHSS staff met with MFHC staff to talk about that. Sue asked Mandy Hagseth if Michelle Trupiano, MFHC Executive Director, would be available to come and speak with the WHC.

Mary McLennan has some concerns regarding levels of care issues. Many women in the Bootheel have difficulty accessing obstetrics. St. Francis Health Center received the Rural Maternity Obstetrics and Management Strategy Grant (RMOMS). Missouri was one of three awards in the country which includes the six Bootheel counties. The initiative is looking at building a perinatal system of care that leverages the resources that are already available. Not only leveraging the hospital services, but also Telehealth, behavioral health, and community agencies so that not only is there a standardized pathway for care, but there are support resources so women can get from point A to point B.

Sue Kendig gave a summary report in looking at the one-year post-partum initiative. She attended a provider roundtable at the Federal Department of Health and Human Services where a lot of these issues were discussed. There is a lot of national movement looking at how to help states that have limited scope expansion and how to get full expansion. She has been working on beyond fourth trimester for a while. The RMOMS grant was not only to look at building a perinatal system of care, but they had to bring in MO HealthNet from the beginning for the sustainability piece. It would be their hope there would be engagement from the state agencies so they can create something that works and they can help to inform the execution of levels of care.

	<p>The Health Resources and Services Administration (HRSA) issued four grants at the same time. One of the grants they issued at the national level is AIM 3. That grant went to national Healthy Start which Sue is involved with. The grant specifically requires implementation of the two post-partum bundles they talked about, overlaying the racial disparities bundle on all of the bundles they are doing. The grant is looking at social determinants of health.</p> <p>Dr. Williams stated the State Board of Public Health has not met in seven years. There have been two members appointed and confirmed last week. They need three more to have a quorum. They hope to have the State Board of Public Health up and going in the next two to three months.</p> <p>Sue asked Dr. Williams to give the high level view of how far Missouri dropped on Maternal Mortality and why. Missouri went from 42<sup>nd</sup> to 44<sup>th</sup> which represented 32.6 per 100,000 to 40.7 per 100,000 for the number of moms that passed away. Looking at the data in Missouri, it is 55/45 split between pregnancy associated and pregnancy related and the majority of pregnancy associated is opioids.</p> <p>Karen Edison stated that the University of Missouri received a HRSA grant on rural workforce for getting more primary care physicians in rural areas and more partners will be involved with this.</p> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• Invite Michelle Trupiano, MFHC, to the next WHC meeting.</li> </ul>
<p><b>Department of Social Services Update</b></p>	<p>Jessica Dresner asked what the WHC would like from DSS for future meetings. She stated they talked about Medicaid enrollment at the last meeting which is primarily a Family Support Division function and said Pat Luebbering would be more than happy to come and talk to the WHC. At DSS they also have Youth Services and Children’s Division, and she would be happy to reach out to those folks if there is anything that falls into their lap that would be helpful for the WHC. She would also be happy to come back to future meetings.</p> <p>She spoke about Medicaid transformation efforts and that Todd Richardson is preparing something that can be public facing as to where they are right now with transformation. She talked about a project they have started that speaks to how they pay hospitals. Some of the things that they have started around transformation are called the operational initiatives. These are things they can improve with MO HealthNet and their contractors. One of the operational initiatives is to work on the eligibility process and let that morph into the call centers while they do some work on the call centers on a smaller scale. They partnered with Savilla to look at the eligibility process and the application form, and they were able to go on to the next step with automation and a portal. She said the kick off with their Family Support Division will be at the end of September. They are thinking of bringing in some other folks to look at their call centers, and that customer and provider experience is important. With Savilla that is front and center to what they do and they want a human-centered approach.</p> <p>They have a provider education section at MO HealthNet that was renamed from provider education to constituent education. They are excited to work with Family Support Division to communicate with their participants.</p>

Katherine Mathews talked about the frontline people, who are often the lowest paid and have a number of struggles in their own lives, which have the first and most interactions with the patients. It raised the concern about are people paid appropriately and are there good incentive systems when people do really well with the customer service side. Jessica indicated that with MO HealthNet there are 200 people, all on the same floor, and that there is a lot they have begun to do with their employees, but making sure they get the information to the right folks in the provider community is an extension of that and will take a little more time working with their providers.

Jessica also talked about another transformation effort and coordinating efforts around moms and kids. They visited a hospital a couple of weeks ago. They contracted with the hospital in 2016 to pay a vendor to do care coordination for moms and kids before managed care became statewide. Managed care is now statewide and they are paying managed care plans to do care coordination, but they are still paying for the contract with the hospital. They wanted the hospital to continue to feel supported and traveled there with folks from all three of the health plans with the people that actually do the care coordination for moms and kids. One of the medical directors came, and they met with the hospital. The hospital knew they were not going to renew the contract, but she wanted them to hear from the plans all the things they do and the things the Medicaid agency cannot do. The CEO and CFO of the hospital were there and other folks from the hospital, and they were not aware of what all the plans did. The folks from the plans indicated they would travel back to southern Missouri and meet with all the providers in their community and let them know what they have to offer. Jessica indicated for the billing issue, she is sending some of her folks down to help and help with training at the hospital and their clinics. Colleen Coble asked if there has been any discussion of bringing case management back into county offices or regional centers. Jessica indicated it is not far enough along to know how folks are leaning.

MO HealthNet is moving forward on putting their outpatient procedures on a fee schedule, and how to implement this without affecting access, quality, and hospitals they need to support. This will be the first big transformation with payment methodology.

By January 1, 2020, MO HealthNet should be on track to go live with covering chiropractic services and also with the program Treat No Transport which will pay for treatment in the field.

MO HealthNet has been working on diabetes prevention, which will go live July 2020. The other program they have been working on is psychosocial treatment for obesity services, and that will go live January 2021.

MO HealthNet has had a Telehealth regulation for a long time, and had some legislation sponsored a few years ago, to expand Telehealth services. The regulation grew. There was a new bill sponsored that Missouri was going to have Telehealth. In order to let that law move forward, and to let Telehealth flourish in the state of Missouri, MO HealthNet rescinded their regulation. Jessica stated they are working with their providers the best they can with questions about Telehealth. They have started to get some questions and indicated it is time to go back to the table with their stakeholders to work on promulgating a new regulation. Karen

Edison encouraged them to get help from those who have decades of experience and expertise in the Telehealth field, and a discussion followed. Mary McLennan indicated they have the maternal side for high-risk pregnancy and she will send Jessica the name of the person who is responsible, and has been part of the operations for the grant for Telehealth for Missouri. Colleen talked about the Division of Finance and Administrative Services in the Division of Family Support who developed the grant parameters for sexual assault nurse examiners through Telehealth. Jessica will follow up on this.

Jessica talked about data sharing. MO HealthNet got together with DHSS and one of their special counsel to share his time with them to do a couple projects that eclipse both of the Departments. They are working on getting rid of the obsolete Memorandum of Understandings and drafting new ones so they can share data better between DSS and DHSS. The Office of Administration had money in its budget last year to employ a couple of vendors to come onsite. One vendor is to look at data governance and Information Technology issues. The other vendor is to come onsite to look at processes among DSS, DHSS and Department of Mental Health (DMH). Rachel Winograd asked about larger scale data sharing agreements across DHSS, DSS, and DMH. Jessica stated they are in phase one of the Business Intelligence Solution Electronic Data Warehouse (BISEDW) which is in phase one of implementation, which is importing their information into BISEDW and figuring out how they can report out to the public so they can produce dashboards and have more public-facing information in real time. There will be more phases to follow on how to integrate with DHSS and DMH regarding social determinants of health, and how they properly integrate information. Jessica will ask Tisha McGowen from DSS to come and speak to the WHC in regards to the larger scale data sharing.

Jessica talked about one of the items in the priorities document in regards to physical therapy being cut. She has asked people to runs some fiscal analysis for her. She wanted the WHC to know they have folks working on that. Chiropractic services were approved by the General Assembly in last year's session. They have developed their state plan amendment for approval and also filed a regulation to be able to have the authority to provide the services, and they will become effective January 1, 2020.

Jessica talked about a report that came out in regards to the guidelines that the CDC put out in 2016 around opioid prescribing. A discussion followed.

Sue invited Jessica to come to the December WHC meeting.

**Action Items:**

- Mary McLennan will send Jessica the name of the person who is part of the operations and also responsible for the grant for the Telehealth for Missouri.
- Jessica will follow up on Colleen's question in regards to the sexual assault nurse examiners through Telehealth.
- Jessica will ask Tisha McGowen from DSS to come and speak to the WHC in regards to the larger scale data sharing.
- Jessica will provide a document on enrollment to share with the WHC.

<b>Opportunity for Partnership</b>	Ashlie Otto introduced Reggie Rideout with the Missouri Foundation for Health. Reggie gave a Power Point presentation on the Infant Mortality Reduction
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<b>Request</b>	Initiative. See attached Power Point presentation.
<b>Pressing Issues</b>	<p>Bridget McCandless said Medicaid Expansion is in process. The initiative petition signature gathering phase has been launched. There is a consortium of partners to do that work. They need 172,000 signatures to put it on the ballot in 2020. The language is simple and clean, and they have a summary and a fiscal note they liked.</p> <p>Mary McLennan addressed the pressing issue that was discussed earlier about the levels of care for maternity care in Missouri. Sue asked if there would be something that is helpful in shaping the levels of care issue. One issue is that they don't know where they are at with the levels of care issue. Mindy Laughlin indicated it is in the process of being looked at. Mindy will follow up with Alex Tuttle on this issue. Sue asked to have Alex Tuttle's contact information sent out to the WHC.</p> <p>Colleen Coble indicated that with the maternal mortality and infant mortality strategies document there was no mention of screening for violence. Sue requested that the maternal mortality and infant mortality strategies document be updated if there is work being done around violence against women in the initiatives that can also be included in the document. Mindy will follow up with Sharmani Rogers with the Section for Healthy Family and Youth and Andra Jungmeyer with Adolescent Health. Sue asked about a maternal mortality research report they could issue by working with PAMR.</p> <p>Colleen stated, as of August, if you are a victim of domestic violence, sexual assault, or stalking and you are renting, you have the right to break your lease and move, but may be charged a reasonable fee.</p> <p>Sue drafted the recommendations for the WHC's Reproductive Health Care document. The WHC looked over the document for edits and will send the revised document to DHSS. Katherine Mathews recused herself from participating in the preparation and further presentation of questions submitted by the WHC to the DHSS.</p> <p>Sue indicated that Jessica Dresner wanted to convey a message to the WHC regarding enrollment. They are working to make it possible for school nurses to update address changes for kids on Medicaid.</p> <p>Sue asked for help working with Mindy, Tracy and Karen on drafting meeting agendas, moving WHC work forward, and to run ideas by them. Katherine Mathews and Bridget McCandless volunteered to help out. A request was made to look at moving the March 27, 2020 meeting because of spring break.</p> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• Mindy will follow up with Alex Tuttle on the levels of care issue.</li> <li>• Karen will send out Alex Tuttle's contact information to the WHC.</li> <li>• Mindy will follow up with Sharmani Rogers with the Section for Healthy Family and Youth and Andra Jungmeyer with Adolescent Health to see if there is work being done around violence against women that can be included in the maternal mortality and infant mortality strategies document.</li> <li>• Tracy will look at dates for moving the March 27, 2020 meeting.</li> </ul>

<b>2020 Priorities</b>	<p>The WHC worked on updating the 2020 priorities document by looking at last year's priorities document and adding language and additional priorities. The WHC will update the priorities document to a "thank you" for the <i>Ensure Access to Feminine Hygiene Products in Correctional Facilities</i>. Update the section <i>Reduce the rate of unnecessary churning of Medicaid enrollees</i>. Update the section <i>Missouri's extension of Medicaid eligibility for substance use treatment and psychiatric services up to one year to post-partum women with substance use disorders</i> to add the comment they are still waiting on waiver for the actualization for women. They will leave physical therapy on the priorities document as well as <i>closing the domestic violence loophole</i>. Colleen will update the <i>closing the domestic violence loophole</i> section. They will leave on <i>do not add work requirements</i>. Look at updating IT as part of infrastructure in the data sharing piece. They will add block grants, gun violence to include: death of children by guns; suicide by gun violence; and death of women by gun violence in domestic violence. They will also add eating disorders and food insecurities as a risk factor for obesity; obesity being a global threat to women and children. Bridget McCandless will draft the 2020 priorities document to send to the WHC members.</p> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• WHC members will update the 2020 priorities document.</li> </ul>
<b>Adjourn</b>	The meeting was adjourned at 12:50 p.m.
<b>Next Meeting</b>	December 11, 2019 Harry S Truman Building, Room 400, 9:00-1:00