Missouri Women’s Health Council  
February 23, 2018  

Meeting Minutes

Members Present:  
Teri Ackerson  
Daphne Bascom  
Karlyle Christian-Ritter  
Wendy Doyle  
Karen Edison  
Sandra Jackson  
Eboni January  
Sue Kendig  
Katherine Mathews  
Sherry Maxwell  
Bridget McCandless  
Mary McLennan  
Gay Purcell  
Sue Kendig  

Members Absent:  
Kathi Arbini  
Paula Baker  
Patricia Clay  
Colleen Coble  
Danielle Felty  
Alyson Harder  

Department of Health and Senior Services Staff:  
Randall Williams  
Karen Kliethermes  

Guests:  
Steve Corsi, Department of Social Services  
Senator Jill Schupp (via conference call)

The meeting of the Missouri Women’s Health Council was held on February 23, 2018 from 9:00 a.m. to 3:15 p.m. at the Harry S Truman Building in Jefferson City. Chair Teri Ackerson called the meeting to order. Teri announced the passing of Kathi Arbini’s father and the birth of Rachel Winograd’s daughter. Introductions by members and Department of Health and Senior Services (DHSS) staff followed.

Dr. Williams provided the DHSS update. Combating the opioid crisis is a top priority for DHSS. In 2017, DHSS held nine opioid summits across the state and convened stakeholders from every local public health agency in the state to discuss next steps regarding opioid use disorder and a review of what we have learned from each other and how to put those items into practice. Preliminary data shows our efforts may already be making a difference: the 35% increase in opioid deaths from 2015 to 2016 appears to have slowed in 2017. Missouri is one of five states selected by the National Governor’s Association to work on a new project titled, "Addressing Maternal Opioid Use Disorder to Prevent and Reduce the Effects of Neonatal Abstinence Syndrome (NAS): Preventing NAS Learning Lab." This project will be a collaborative effort between the Governor's Office, Department of Social Services (DSS), Department of Mental Health (DMH), Missouri Hospital Association, and DHSS. The team will develop resources and increase access to Opioid Use Disorder (OUD) screening and treatment with the intent of preventing NAS. The collaborative will work to develop OUD recommendations that can be
deployed statewide, including increasing availability of Medication Assisted Treatment (MAT) and OUD treatment and the prevalence of OUD-diagnosed pregnant women in treatment. DHSS is also working with the Department of Public Safety, DSS, and DMH to address gun violence/mass shootings, preparing proper response and well, thought-out plans. Dr. Williams highlighted some of the current bills under consideration by the legislature including the establishment of a maternal mortality review board (HB 2303) and several to extend Medicaid for pregnant women and postpartum women to provide substance abuse treatment (HB 1468, HB 1616, HB 2120, HB 2280). He distributed copies of the Department’s Overview document and the Missouri 2017 Health Rankings report. Missouri is ranked 40th in 2017; it was 37th in 2016. The state ranks 42nd for senior health and 35th for the health of women and children. The report looks at 35 measures covering behaviors, community and environment, policy, clinical care and outcomes data. The report also serves as a benchmark for states – and the nation – to measure progress, identify emerging trends and drive action for improving public health. DHSS and the state of Missouri were selected by the National Governors Association to participate in a learning collaborative called Improving Health in Rural America: Addressing the Leading Causes of Death. Missouri is one of six states selected. The Missouri delegation, consisting of members from the Governor's Office, Missouri Hospital Association, and DHSS, will develop and implement strategies to address heart disease, which is the leading cause of death in both rural and urban Missouri. As part of the initiative, Missouri will work to address high blood pressure, high cholesterol, smoking, and obesity. Dr. Williams is excited to hear the Council is focusing on maternal mortality in 2018.

Senator Jill Schupp shared information regarding Count the Kicks initiative that educates expectant parents about the importance of tracking baby movements during the third trimester of pregnancy as a way to monitor the baby’s health. This initiative cut infant mortality by half in Iowa. Count the Kicks will launch in Missouri in April.

Dr. Bridget McCandless presented an overview of current coverage for women in Missouri. Her presentation included data on women’s health insurance coverage, Medicaid, work requirements, poverty supports, and opportunities to improve policies.

Dr. Steve Corsi provided the DSS update. His department is working to extend Medicaid coverage for postpartum mothers and babies, especially Substance Use Disorder coverage (current bills being considered include HB 1468, HB 1616, HB 2120, HB 2280). DSS is working with DHSS to address maternal mortality and infant mortality. Dr. Corsi shared his experience, witnessing first-hand, the amazing work through Show-Me ECHO. Show-Me ECHO (Extension for Community Healthcare Outcomes) uses videoconferencing technology to connect a team of interdisciplinary experts with primary care providers. Primary clinicians who participate in Show-Me ECHO collaborate with specialists in a case-based learning environment in order to develop advanced clinical skills and best practices. DSS is developing a medical passport to meet the medical needs of foster children. The passports will be piloted with foster children in Boone, Callaway, and Audrain Counties. Dr. Corsi distributed his business card and encouraged members of the Council to contact him with questions or concerns they have related to services provided by his department.
Sue Kendig presented an overview of the national work on patient safety bundle development by the Council on Patient Safety in Women’s Health and Alliance for Innovation in Maternal Health (AIM). Sue discussed the difference between patient safety bundles and payment bundles and how the bundles can be used as a pathway to support value based care models. The following patient safety bundles were distributed: Maternal Mental Health; Maternal Mental Health: Perinatal Depression and Anxiety, Obstetric Care for Women with Opioid Use Disorder, Reduction of Peripartum Racial/Ethnic Disparities, and the newest bundle on Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care.

After much discussion, Council members created their charge, identified short-term and long-term goals, and created four workgroups.

The charge of the Missouri Women’s Health Council is to improve the health status of women and families in Missouri through:
- Promotion of Missouri-proven strategies;
- Advocacy;
- Policy change;
- Leveraging data-driven strategies; and
- Recommendations to drive measureable change.

Short-term goals
- Rape/sexual violence/trauma
- Medicaid extension
- Extension for mental health
- Extension for diabetes/hypertension

Long-term goals
- Tobacco tax
- Medicaid expansion
- Comprehensive health education in schools
- Postpartum Medicaid extension for all

Workgroups:
1. Medicaid coverage for women with SUD
2. Auto enroll all postpartum women in the 1115 Women’s Health Waiver (eliminates the need for postpartum women to reapply for coverage)
3. Suspend, not eliminate Medicaid coverage for incarcerated women (eliminates the need for women to reapply upon release)
4. Modification of work requirements
   - Study the benefits
   - Address the following: disproportionately affects women, missed school for children, inappropriate childcare, etc.

The following homework was assigned:
1. Select the workgroup you want to participate in, and indicate if you are willing to lead the workgroup
2. Look at data to drive long-term goals. What is your burning passion? Two weeks prior to next meeting, submit one paragraph detailing the long-term goal you want the full council to consider. Include data to support your reason/topic.

The next meeting is scheduled April 10 in Columbia. An agenda will be provided prior to the meeting.