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Health and Human  
Services

**Texas Department of State  
Health Services**

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

**March 10, 2021**

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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



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# 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:



Hospital Enrollment:

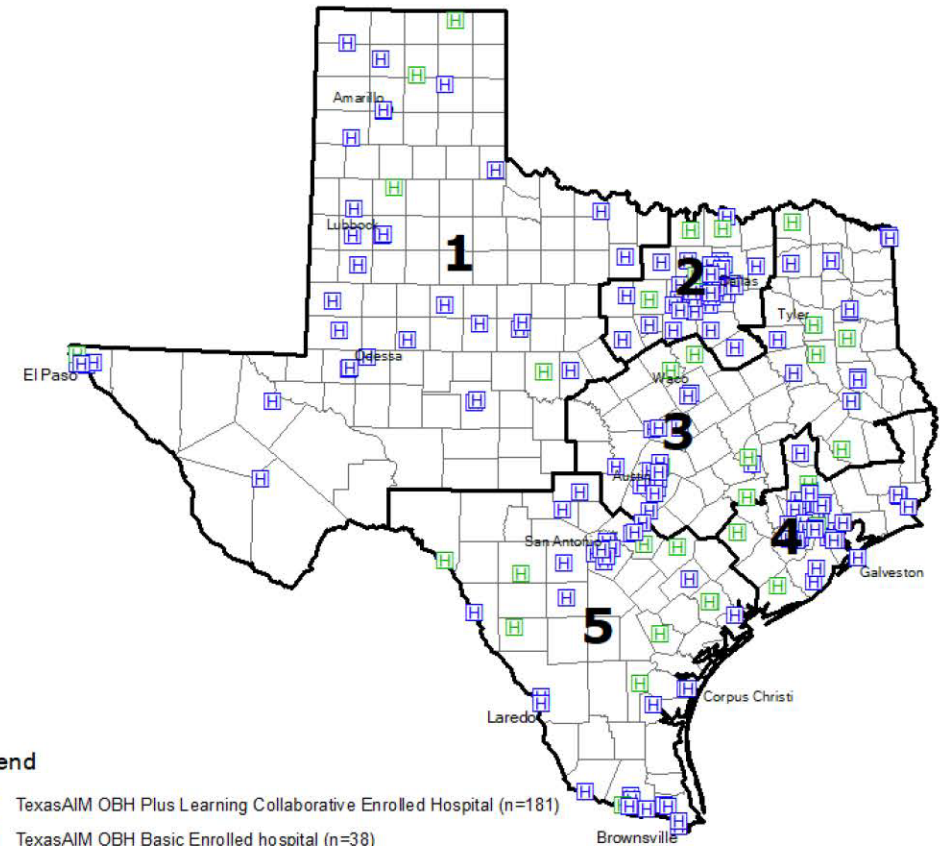


TexasAIM Severe Hypertension in Pregnancy Learning  
Collaborative **Enrolling Now**




<https://dshs.texas.gov/mch/TexasAIM>

[TexasAIM@dshs.texas.gov](mailto:TexasAIM@dshs.texas.gov)

Hospitals Enrolled in the TexasAIM Obstetric Hemorrhage (OBH) Initiative as of September 15, 2020  
By TexasAIM Cohort Region

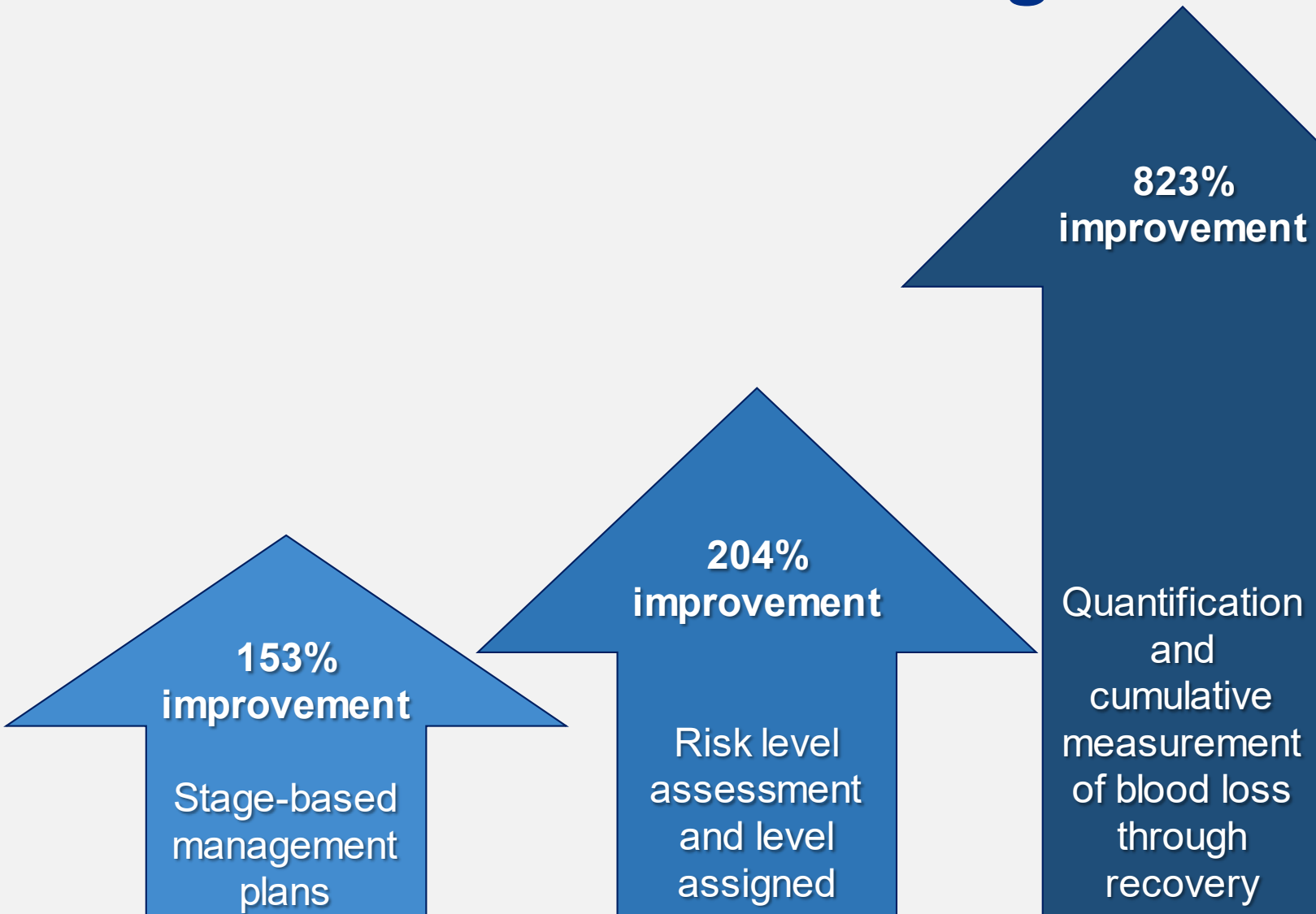


Legend

-  TexasAIM OBH Plus Learning Collaborative Enrolled Hospital (n=181)
-  TexasAIM OBH Basic Enrolled hospital (n=38)
-  TexasAIM OBH Plus Learning Collaborative Cohort Region

Source: TexasAIM Enrollment Data  
Prepared by: Maternal & Child Health Epidemiology, 9/17/2020.

# ACCELERATE: Reducing Hemorrhage in Texas



Slide Credit:  
Dr. Michael Warren, MCHB/HRSA



# Provisional Finding

**14% reduction** from baseline (2017) in the rate of Severe Maternal Morbidity\* among Hemorrhage Cases occurring during initial intervention period [Oct. 2018-Dec. 2019].

\*(excludes cases with only a transfusion code)



# TexasAIM Response to COVID-19

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



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# 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



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# Texas Maternal Mortality and Morbidity Review Committee: Findings

- 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

Full report available here: [www.dshs.texas.gov/legislative/2020-Reports/DSHS-MMMRC-2020.pdf](http://www.dshs.texas.gov/legislative/2020-Reports/DSHS-MMMRC-2020.pdf)

# 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

Full report available here: [www.dshs.texas.gov/legislative/2020-Reports/DSHS-MMMRC-2020.pdf](http://www.dshs.texas.gov/legislative/2020-Reports/DSHS-MMMRC-2020.pdf)

# 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



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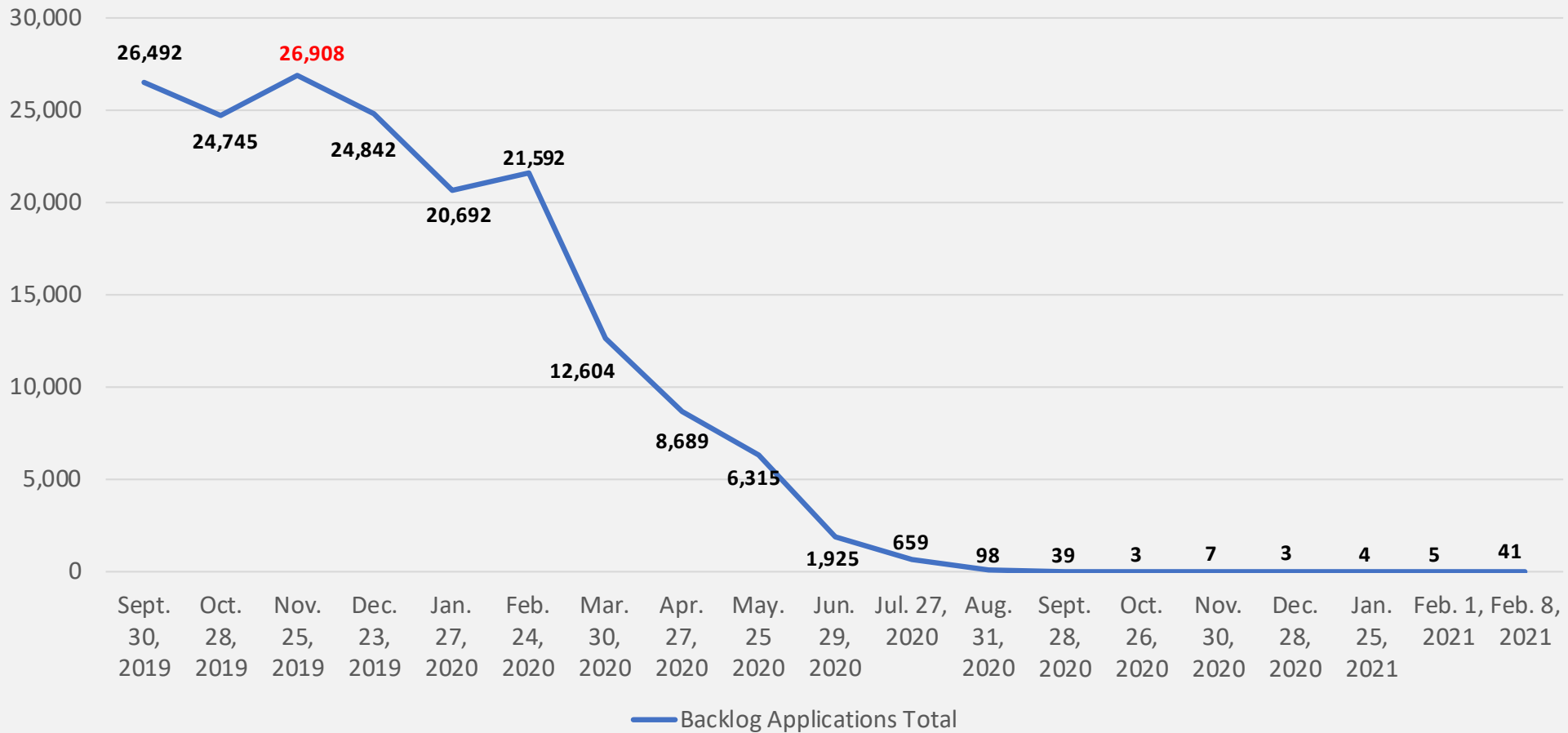
# 86th: HB 1, DSHS Exceptional Item 4

## 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



# 86th: HB 1, DSHS Exceptional Item 4

## 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



# 86th: HB 1, DSHS Exceptional Item 4

## 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