



Developing a Digital Tech-Enabled Maternal Health Roundtable

Recommended State Policy Actions
for Women's Health



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HIMSS, along with our partner REACH, hosted *Developing a Digital Tech-Enabled Maternal Health Action Plan: A Roundtable for State Engagement*. Here, participants discussed model practices and strategies that can be utilized by state and local health organizations in the battle to lower the U.S. maternal mortality rate. Using valid and timely health and welfare data as well as the innovative use of health information technology, the round table participants affirmed the need for a comprehensive approach to maternal health by leveraging cross-sector data, telehealth, remote patient monitoring and novel personal health technology solutions. The recommendations are as follows:

- **Support maternal health provisions in H.R. 5376, the Build Back Better Act (reconciliation bill).** This legislation includes historic investments from the Black Maternal Health Momnibus Act and provides \$160 million to strengthen federal maternal health programs including the CDC's Surveillance for Emerging Threats to Mothers and Babies program, Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) and Pregnancy Risk Assessment Monitoring System (PRAMS).
- **Enact Momnibus legislation at the state level.** Similar to the federal package, create state level legislation with special emphasis on the top ten states (AK, GA, IN, LA, MO, MT, NJ, SC, TN, TX) with the highest maternal mortality, corresponding to national legislation and maternal health policy priorities. For example, the proposed [North Carolina Momnibus](#) (SB632/HB507) and the [California Momnibus](#) (SB65) would improve the maternal health crisis by improving data collection and quality measures to examine the maternal health crisis further and inform solutions. State Momnibus legislation should also consider:
 - Enabling access to digital self-monitoring tools for women via Medicaid programs at little to no out-of-pocket cost to the patient
 - Strengthening support for women's health, family planning and reproductive health services by increasing and improving reimbursement for care—starting with preconception through all phases of pregnancy and the first year postpartum including screening, treatment, monitoring, support services and integrated telehealth and remote patient monitoring models for maternity care services
 - Providing funding to expand the use of technology-enabled collaborative learning and capacity models for pregnant and postpartum individuals
 - Providing funding for electronic data collection, surveillance, and research on maternal health outcomes during the ongoing COVID-19 public health emergency

- Developing cross-sector data platforms or 'data lakes' by collaborating with health information exchanges, cloud and data analytics providers, and other community partners to inform collection and analysis by state maternal mortality review boards
- **Focus state-level investments in telehealth and remote patient monitoring on expanded access to digital tools and technologies to sustain efforts beyond the pandemic that address COVID-19, maternal mortality and other chronic and infectious disease issues affecting women.** While the Build Back Better Act proposes \$60 million to expand access to digital tools and technologies that promote maternal health equity, states should match the investment in communities with the highest maternal mortality rates.
- **Support active engagement of birthing hospitals, licensed birth centers and perinatal providers** in quality improvement efforts and regular reporting to state/regional health information exchanges for improved surveillance.
- **Coordinate with U.S. Centers for Medicare & Medicaid Services (CMS) to use Section 1115 Medicaid demonstration waivers in order to pilot interventions** using evidence-based health IT strategies and interoperable solutions to improve health outcomes related to social determinants of health (SDOH).

Justification

The health status of women, including maternal outcomes, is directly influenced by socio-economic and environmental factors. Health equity is essential to the state, local and congressional public policy discussion because African American, Alaskan Native and Indigenous American women are more likely to die from pregnancy-related causes than white women. According to the World Health Organization, health inequities involve more than inequality concerning health determinants—they involve lack of access to the resources needed to improve and maintain health or health outcomes.¹

Unequal access to information and health services further increases health risks among all women. These factors influence the availability of and access to quality healthcare and preventive services. Maternal mortality in particular, deserves action at every level.^{1,2} It is a topic that the [HIMSS Global Health Equity Network](#) (GHEN) has prioritized for greater attention as health officials seek solutions for SDOH-related issues by leveraging modern approaches to data analytics and using technologies that support actionable recommendations for policy change.

Additionally, health systems should collaborate on advocating for maternal health and clinically appropriate uses of telehealth and remote patient monitoring for perinatal care, including advocacy efforts related to maternal health. Additionally, more timely collection, analysis and reporting of maternal health data is imperative. It must be noted that maternal mortality data is publicly reported every ten years by the CDC and states. On January 30, 2020, the CDC's National Center for Health Statistics (NCHS) released data on maternal mortality in the United States (the first data of its kind since 2007) as a result of reporting changes that have gradually been implemented by all 50 states, the District of Columbia and U.S. territories.

According to the CDC, maternal mortality has long been a public health concern and the ability to correctly identify and report maternal deaths has been a challenge.³ Efforts to obtain official statistics on state-reported death certificates completed by physicians has not been standardized. The NCHS periodically convenes a national consensus process that makes recommendations to the states on the content of birth and death certificates.

In 2003, NCHS recommended that all states add a standardized "checkbox" to improve the identification of maternal deaths. Physicians were instructed to check a box for a known pregnancy in defined timeframes before death. Therefore, while states control their vital registration systems individually, this recommendation was implemented nationwide as funding, technology and state laws allowed. This implementation process began in 2003 and culminated in 2017 when the last state added a checkbox to their death certificate. NCHS has identified instances where the application of the checkbox information according to coding rules led to misclassification of maternal deaths. The Agency is also making changes in coding rules and reporting to make data more accurate.³ Evidence-based prevention strategies require consistently reported surveillance data and validated measurement metrics.

We also see a focus on integration and interoperability among state and local health and human services systems to improve care coordination and cost savings for modernized health I&T systems. According to Leslie Kowalewski, Administrative Director for the California Maternal Quality Care Collaborative, the presence of interoperable systems across the spectrum of care are essential to:

- a. Release maternal health and mortality data for public health-based rapid-cycle metrics stratified by race/ethnicity
- b. Provide valuable insights from patient experience
- c. Define specific evidence-based practices and actions for healthcare systems to adopt
- d. Support accountability: transparency, incentives (case-mix adjusted for hospitals)
- e. Heighten vigilance of disparities in outcomes, specifically at the community level

Digital health solutions, improvements in maternal health reporting and data collection, expanded telehealth, and remote patient monitoring are vital to improving maternal health outcomes. CMS can support states' efforts to address maternal mortality, particularly in the states with the highest rates, by leveraging [Medicaid 1115 waivers](#) to demonstrate the usefulness of the aforementioned digital health tools. 1115 waivers offer an avenue for states to test new approaches in Medicaid, different from what is required by federal statute. They can also provide states additional flexibility in operating programs within the existing flexibility available under current law. For example, in 2018, CMS approved [North Carolina's Section 1115 waiver](#) to pay for non-medical interventions that target the social determinants of health and fund a pilot program called "Healthy Opportunities." This program used evidence-based, non-medical services for a limited number of high-need enrollees to tackle specific social needs linked to health outcomes such as housing instability, transportation insecurity, food insecurity, interpersonal violence, and toxic stress. The use of Medicaid waivers may yield important findings that demonstrate and influence health outcomes using cost-effective approaches. However, the scope and impact of the program is

restricted by its limited funding. Implementing a long-term program on a broader scale would require more extensive, sustainable financing streams—we encourage states to advocate for broader adoption of the model by CMS.

During the pandemic, telehealth and remote patient monitoring demonstrated to be effective modes of providing health care to patients who would otherwise be without means. Home monitoring and communication using both state-of-the-art technology and mobile applications supported prenatal and perinatal care, which offered mothers virtual access to care providers and resources to better manage their health. Several examples targeting maternal complexities such as hypertension and even mental health services were launched.⁵ Furthermore, several studies demonstrated that the expanded use of telehealth interventions was associated with improvements in obstetric outcomes, perinatal smoking cessation, the continuation of breastfeeding and monitoring of high-risk pregnancies.⁶

Conclusion

We all have a responsibility to end preventable maternal mortality. While studies show the positive impact of virtual care, provisions must remain for expanded infrastructure, supporting expanded access. Broadband expansion and cost-effective data plans can be implemented to counter barriers related to uptake including internet connection problems, lack of necessary equipment, digital illiteracy and distrust. Overall, ongoing state and community-focused attention is required for continued implementation of telehealth—including: remote patient monitoring, mobile applications and digital devices, and addressing maternal needs during the current public health emergency. This will allow us to build back beyond the COVID-19 pandemic and for future emergency preparedness.^{5, 6}

HIMSS and REACH strongly encourage you to connect with your state health officer, Medicaid directors, community health centers, and other community-based maternal health organizations to learn more about opportunities to advance remote patient monitoring, telehealth, electronic reporting, wearables and interoperability across the spectrum of care. **We strongly advocate for the passage of Momnibus-like legislation in all states, specifically in those top ten states with the highest maternal mortality.** State Momnibus actions should open opportunities for CMS and states to work together to expand the use of telehealth and Medicaid reimbursement and for the CDC and public health agencies to improve maternal mortality reporting (vital statistics).

References

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