Agenda

- OMHTF Work Groups
- OHCA Updates
- Other Updates
- OPQIC Updates
- OMNO/ OK SAFER IDTA
- Metriarch Collaborative
- Other Business
Transmission // The Basic Formula

\[ R_e = (1 - p_c) \cdot (1 - p_I) \cdot R_0 \]

- \( R_e \): Effective reproduction number
- \( R_0 \): Basic reproduction number
- \( p_c \): Reduction in transition rates due to control measures
- \( p_I \): Proportion of immune individuals

Command Center

Week Over Week – Sensitivity Analysis

OKC Region Hosp Census Projections

<table>
<thead>
<tr>
<th>Date</th>
<th>Regional COVID Estimates</th>
<th>Mercy COVID Share Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Census</td>
</tr>
<tr>
<td>Nowcast</td>
<td>1/14</td>
<td>858</td>
</tr>
<tr>
<td>Forecast</td>
<td>1/20</td>
<td>703</td>
</tr>
</tbody>
</table>

*estimate reflects Regional COVID + Inpatient Capacity with elective procedures
**estimate reflects current Inpatient Census (712 Non-COVID Beds Occupied) + Mercy's COVID Share Census Estimate / Current Reported Capacity (1132 Beds)
***low range = historic % share low; high range = historic % share high

Oklahoma
Reproduction number: 1.3 (1.1 - 1.7)
Rate of growth per day: 0.081 (0.0081 - 0.18)
Doubling/halving time in days: 8.5 (3.8 - 8.5)
Estimated new cases: 15314 (6060 - 47602)

Detailed estimates and plots
State of the State - Oklahoma

CDC Provisional Deaths Mentioning COVID-19 as of 1/12/2022
Oklahoma Occurances - 12,666

https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm
OMHTF Work Groups

Joyce Marshall, MPH
Director of Maternal and Child Health Service, OSDH

John Stanley, MD
Maternal Fetal Medicine
The Perinatal Center
Maternal health encompasses all aspects of a woman’s physical, mental, emotional and spiritual health and well-being. It is optimized by comprehensive health care, both preventative and reactive, for women of childbearing age – including preconception, pregnancy, childbirth, postnatal and inter-conception care.

Continue to Achieve Demonstrated Improvements in Maternal Health

A. Improve Access to Appropriate Care and Maternal Health Programs
   1. Expand Access to Care Using Mobile OB Services
   2. Use Telemedicine to Expand Access to Care
   3. Expand Education to Cover Entire Continuum of Maternal Health
   4. Increase Access to & Utilization of Preventative Health Programs & Services
   5. Expand Insurance/Reimbursement to Address Coverage Gaps

B. Expand Mental Health, Substance Use and Social Services
   - Increase Access to Behavioral Health Services Throughout Oklahoma
   - Coordinate & Align Existing Services
   - Create Innovative Pathways for Information & Referrals
   - Improve Social Services & Supports
   - Increase Inclusion & Outreach to Marginalized Communities

C. Implement Innovative Technology and Data Systems
   - Expand Telehealth & Telemedicine Services
   - Implement High-Risk Obstetric ECHO Using Multi-disciplinary Teams
   - Explore Improving Reimbursement for Innovative Medical Technology
   - Expand Use of Technology for Education & Care Coordination
   - Integrate Data Systems for Better Continuity of Care & Data Collection

D. Address Racial Disparities and Implicit Bias
   - Promote Workforce Diversity & Culturally-Competent Care
   - Implement Culturally-Appropriate Community-Based Maternal Health Programming
   - Promote Policies that Support Equity in Maternal Health
   - Support Black Mamas Matter Alliance & Other Similar Coalitions
   - Identify & Track Measures Related to Birth Equity

E. Increase the Engagement of Communities & Amplify the Voice of All Patients

F. Improve Health Equity for All Oklahomans

G. Promote Maternal Health Policies & Resources

H. Expand & Strengthen Collaborative Partnerships & the Statewide Maternal Health System
UPDATES FROM THE OKLAHOMA HEALTH CARE AUTHORITY

Traylor Rains  
Deputy State Medicaid Director

Oklahoma HealthCare Authority
OPQIC Updates

- OPQIC Activities

- Request for Information regarding reporting to Chief Medical Examiner
OK SAFER

- Family Care Plans
  - Training available mid-to-late March
- Anti-Stigma Campaign
  - Tough as a Mother?

Email elizabeth-ouk@ouhsc.edu if you’d like to be included in these meetings
OMNO Update

OMNO Oklahoma Mothers and Newborns Affected by Opioids
ODMHSAS Overdose prevention project

- Free naloxone distribution in hospitals to patients at risk of, or experiencing overdose
- ODMHSAS online data collection system to track naloxone kits distributed
- Webinar held with OMNO hospital pharmacists in November
- 2 hospital systems and 2 individual hospitals have signed agreements and began training. 2 other hospital systems are in the process of signing agreements.
Chess Health Update

17 OMNO Hospitals:
11 Live with Chess Health referrals
3 Pending training
3 Pending signed BAA

Big Network. Getting Bigger.

eIntervention:
- 81 Providers/Agencies Live
- 56 Implementing

eRecovery:
- 30 Providers/Agencies Live
- 11 Implementing

Connections App for Maternity Patients
- Group discussions
- Peer support/socialization
- 1:1 messaging
- Recovery progress tracking
- Rx & Appointment reminders
- Sobriety tracking
- Support/meeting locator
- Recovery help button
- Audio, video recovery content
- Telehealth/Video Meetings

New online Community called, Family: Pregnancy, Parenting and Beyond provides the following services:
- Daily group and 1:1 messaging
- Weekly Alongside virtual peer support groups
- Up-to-date and evidence-based content and resources
- Routine screenings (EPDS, T-ACE, 4Ps)
- Support for pregnant people and parents trying to quit substance use, receiving MAT, or in recovery
OMNO Data – Q3 2021 (July – Sept.)

- Total Records: 101
- Women with OUD: 97
- Total Live Newborns: 101
- Opioid-exposed newborns \( \geq 35 \text{ weeks} \) (OEN): 87
  - 15 < 35 weeks
- Hospitals reporting cases: 12
- Hospital reporting no cases: 3
ZIP Code Breakdown

- 97/97 records with ZIP code entered
  - Reported by 12 hospitals

- 71 unique ZIP Codes
  - 51 ZIP Codes with only one record
  - 15 ZIP Codes with two records
  - 5 ZIP Codes with >2 records

- All within Oklahoma

### Table 2: ZIP codes represented by more than two records

<table>
<thead>
<tr>
<th>ZIP</th>
<th># of Records</th>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>73036</td>
<td>4</td>
<td>El Reno</td>
<td>Canadian</td>
</tr>
<tr>
<td>74112</td>
<td>3</td>
<td>Tulsa</td>
<td>Tulsa County</td>
</tr>
<tr>
<td>74107</td>
<td>3</td>
<td>Tulsa</td>
<td>Tulsa County</td>
</tr>
<tr>
<td>74429</td>
<td>3</td>
<td>Coweta</td>
<td>Wagoner County</td>
</tr>
<tr>
<td>74403</td>
<td>3</td>
<td>Muskogee</td>
<td>Muskogee County</td>
</tr>
</tbody>
</table>
Tulsa and OKC
## Insurance Status

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Moms</th>
<th>Babys</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoonerCare (Medicaid)</td>
<td>79 (81.4%)</td>
<td>86 (85.1%)</td>
</tr>
<tr>
<td>Private insurer</td>
<td>9 (9.3%)</td>
<td>9 (8.9%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (1.0%)</td>
<td>2 (2.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>7 (7.2%)</td>
<td>3 (3.0%)</td>
</tr>
<tr>
<td>Tricare or military</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Uninsured / self-pay</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Indian Health Service (IHS)</td>
<td>1 (1.0%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>97</strong></td>
<td><strong>101</strong></td>
</tr>
</tbody>
</table>
## Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Moms (97)</th>
<th>Baby (101)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White or European descent</td>
<td>66</td>
<td>67.3%</td>
</tr>
<tr>
<td>Native American or Alaskan Native</td>
<td>18</td>
<td>18.4%</td>
</tr>
<tr>
<td>Black or African descent</td>
<td>17</td>
<td>17.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5</td>
<td>5.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>4.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hawaiian or other Pacific Islander</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Substance</td>
<td>Umbilical Cord</td>
<td>Meconium</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td>negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amphetamines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>barbiturates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>benzodiazepines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>buprenorphine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cannabinoids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cathinones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cotinine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fentanyl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gabapentin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>heroin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>kratom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>meperidine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>methadone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>opioids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>oxycodone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>phencyclidine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>propoxyphene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tramadol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Newborn Toxicology

- Umbilical Cord
- Meconium
- Urine
Prenatal Sites with Universal Screening Policy

Q4 2020: 52% Sites WITH Univ. Screening, 48% Sites without Univ. Screening
Q1 2021: 67% Sites WITH Univ. Screening, 33% Sites without Univ. Screening
Q2 2021: 73% Sites WITH Univ. Screening, 27% Sites without Univ. Screening
Q3 2021: 79% Sites WITH Univ. Screening, 21% Sites without Univ. Screening
Percent of Women with OUD During Pregnancy who receive medication-assisted treatment OR behavioral health treatment

Each bar represents one hospital

Q3 2021 Collaborative-Wide
48/97 = 49%
Percent of pregnant women with OUD tested for HCV during pregnancy

Q3 2021 Collaborative-Wide
58/97 = 60%
ACOG’s Practice Advisory, May 2021

Routine Hepatitis C Virus Screening in Pregnant Individuals

Because of the increase in infections in women of reproductive age and the implications for perinatal transmission, the CDC has revised their HCV screening recommendations to include screening for pregnant individuals during each pregnancy in addition to screening for all adults at least once in their lifetime. The American College of Obstetricians and Gynecologists is updating its hepatitis C screening guidance to recommend screening for all pregnant individuals during each pregnancy. Hepatitis C screening during the first prenatal blood assessment obtained in every pregnancy is recommended to identify pregnant individuals with HCV infection and infants who should receive testing at a pediatric visit.
OO1: Percent of OENs requiring pharmacologic therapy

Q3 2021 Collaborative-Wide
30/87 = 34%
Number of Days of Pharmacological Treatment for Babies with NAS

Q3 2021 Collaborative-Wide
Average LOT=13.48 Days
Average Length of Stay for Opioid-Exposed Newborns

Each set of bars represents one hospital

Q3 2021 Collaborative-Wide
with Withdrawal (31) = 12.5
ALL OEN (63) = 7.9
B.3. Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, or any other health care professional or midwife involved in the prenatal care of expectant mothers or the delivery or care of infants shall promptly report to the Department instances in which an infant tests positive for alcohol or a controlled dangerous substance. This shall include infants who are diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder.

Was the baby reported to DHS?

- No: 4
- Yes: 15
- Unknown/Blank: 1

- No: 10
- Yes: 20
- Unknown/Blank: 4

- No: 4
- Yes: 8
- Unknown/Blank: 1

- No: 2
- Yes: 2
- Unknown/Blank: 1

- No: 1
- Yes: 1
- Unknown/Blank: 2

- No: 1
- Yes: 2
- Unknown/Blank: 6
Babies NOT Reported to DHS

- 18 (13%) with Non-yes response
  - 16 “No”
  - 2 blank or “unknown”

- Toxicology:
  - Opioids+: 10
  - Cannabinoids only: 2
  - Negative: 1
  - Not tested: 1
  - No data: 2

<table>
<thead>
<tr>
<th>Reasons given for NOT contacting DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Adoption (1 case)</td>
</tr>
<tr>
<td>Mother taking prescribed opioids for medical reason. (4 cases, all with toxicology positive for opioids, none with withdrawal)</td>
</tr>
<tr>
<td>Told mom would only report if infant toxicology was positive. (1 case – baby had negative toxicology (umbilical cord), but required pharmacologic treatment for withdrawal)</td>
</tr>
<tr>
<td>Reason unknown/blank. (9 cases: 1 with withdrawal symptoms and toxicology positive for cannabinoids only)</td>
</tr>
<tr>
<td>Pending cord results (1 case – toxicology positive for buprenorphine)</td>
</tr>
</tbody>
</table>
Percent of OEN who go home to biological mother

Q3 2021 Collaborative-Wide
55/87 = 63%
Percent of OEN with appropriate follow up at discharge (Early Intervention)

Q3 2021 Collaborative-Wide
25/87 = 29%
Take Control Initiative

Metriarch Collaborative

Tommy Yap
Research and Policy Coordinator
Legislative Session:
OPQIC
Current Metriarch Support Team.

Jacqueline Blocker
Data and Policy Director
She/her/hers

Jenna E. Chapman
Women’s Health Policy Manager
she/her/hers

Grace Poulos
Data & Policy Fellow
she/her/hers

Tommy Yap
Policy & Research Coordinator
he/him/his
Overview

- How a bill becomes a law
- “Carryover”
- 2021 Carryover Bills
  - SB469
  - SB849
- 2022 Introduced Bills
  - OHCA Composition
  - Expansion of Practice
  - Vaccines
- Further Trends
- Open Forum
Whole women’s health.

Bodily Health

The direct health of the body

Ex: breastfeeding, maternal health, birth control, etc.

Social Determinants of Health

External factors that affect health

Ex: economic ability, education, healthcare access, etc.
Bill Passing Process
January 18th
Today

January 20th
Bill introduction deadline

February 1st
Legislative tracker launch

February 7th
Session opens

100s more bills

Bills identified
Carryover

Bills from Session 1 start in the same place in Session 2
2021 Bills
Maternal Mortality Review Committee (MMRC)

SB 849 (2021)
Maternal mortality; requiring compilation and submission of certain report by Maternal Mortality Review Committee. Effective date.

Summary
Requires the MMRC to compile findings into a formal report and submit it to the chairs of the House and Senate health committees.

Reference
Sen. J A Dossett has indicated she will be running SB849 in the 2022 session. No clear indication Chair Sen. Pugh will schedule a hearing.

Status: Assigned to Committee
Breast milk

SB 469 (2021)
Medicaid; requiring coverage of medically necessary pasteurized donor human milk under certain conditions. Effective date. Emergency.

Summary
Medicaid to cover pasteurized breast milk.

Reference
Sen. Hicks indicated she will be running this bill in 2022. Noted that it stalled in the House due to an inflated fiscal impact analysis.

Status: Assigned to House Committee
OHCA Board Composition

SB1158 (2022)
Oklahoma Health Care Authority; increasing membership of Oklahoma Health Care Authority Board. Emergency.

Summary
Adds two new seats to OHCA board, one D.O. and one M.D. Appointed by Senate Pro Temp and Speaker.

Status: Introduced

HB2971 (2022)
Public health; Oklahoma Health Care Authority; Board membership; administrator; effective date.

Summary
Alters the qualifications of OHCA board members to require a physician, stakeholders, and non-affiliated consumers. Removes at-will service. Increases role of board over administrator.
Expansion of Practice: Midwives

**SB1220 (2022)**
Advanced practice registered nursing; eliminating supervision requirement for prescriptive authority of Certified Nurse-Midwives; providing for independent and collaborative practice.

**Effective date.**

**Summary**
Allows Certified–Nurse Midwives to practice independently under the supervision or collaboration with a physician.

**Status: Introduced**
Expansion of Practice: Pharmacists

SB1221 (2022)
Practice of pharmacy; authorizing pharmacist to enter into certain collaborative practice agreements. Effective date.

Summary
Allows pharmacists to manage the medications of patients after receiving a diagnosis from a physician.

Status: Introduced

HB1215 (2022)
Practice of pharmacy; allowing licensed pharmacist to prescribe nonprescription drugs in accordance with state and federal laws and rules. Effective date.

Summary
Allows pharmacists to prescribe non-prescription medications.
Vaccines

HB2978, SB1186, HB2580*, HB2981 (2022)

Summary
Bans vaccine mandates by employers (in some capacity)
HB2978 specifically bans vaccine mandates in hospitals
HB2580 bans restrictions based on vaccination status

Status: Introduced
*HB2580 Status: Assigned to committee
Federal Funding
$11bn is projected to come to Oklahoma (not including tribal governments)

Tax Cuts
Leadership has begun indicating interest

Fiscal Impact Bills
Bills with no spending associated with it*

COVID-19
Reactions to issues related to COVID-19

Election Year
Bills that will excite voters
Let’s get social.

@metriarchOK
metriarchOK.org/social
Clearinghouse Calls
Weekly policy information exchanges

Fridays at 12:00 noon starting February 11th

Let's talk.
Open Forum

Tommy Yap • tommy@takecontrolok.org • metriarchok.org
You may unmute to ask any questions or address any other business items.

If joining on a phone, press *6 to unmute.
These 30-45 minute web-based programs, developed by the Institute for Perinatal Quality Improvement (PQI), provide interactive education designed for healthcare workers who care for people who are or may become pregnant.

The Speak Up Program Includes Three Modules

1. Module 1: Why Everyone Must SPEAK UP
   - Trends and Racial Disparities in Maternal Mortality and Morbidity
   - Recognizing Bias, Inequities, and Racism in Perinatal Care

2. Module 2: PLEDGING TO SPEAK UP
   - Recognizing Bias, Inequities, and Racism in Perinatal Care

3. Module 3: How to SPEAK UP
   - Against Racism in Perinatal Care

CNE/CME credit available. (.75 credit for each module)

All learners will receive a certificate of completion at the conclusion of the training.

This nursing continuing professional development activity was approved for 0.75 CNE credits each by Northeast Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation, Released on May 1, 2020.

Boston University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Boston University School of Medicine designates this live activity for a maximum of 0.50 AMA PRA Category 1 Credit(s)™ each. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To access the training, please register at opqic.org/speakup/
For more information visit: www.perinatalqi.org
Upcoming Events

To Register, visit https://opqic.org/opqic-upcoming-events/

- **January 20:** OMNO Data Discussion

- **February 2:** ODMHSAS: Keeping Babies in Mind While Working with Parents

- **February 9:** ODMHSAS: Looking at Diversity through the Lens of Trauma and Resilience while Supporting Parents and Babies

- **February 23:** Amplify Tulsa: Unlocking Hidden Bias: How Our Unrecognized Attitudes Impact How We Treat Others

- **February 24:** OMMB/COBA 2nd Annual Pinot and Pints for Premies

- **February 25:** OBRC 10th Annual Becoming Baby-Friendly in Oklahoma Summit

- **OPNF Winter 2022 Bootcamp** 8:00 AM to 4:30 PM
  - Thurs. Feb. 10 – Intro to Fetal Heart Monitoring
  - Fri. Feb. 11 – Care of the Laboring Mother
  - Thurs. Feb. 17 – OB Complications and Simulations
  - Fri. Feb. 18 – Disorders of Pregnancy/Breastfeeding Basics
  - Thurs. Feb. 24 – Newborn Transition and Care
  - Fri. Feb. 25 – Newborn Safety/Perinatal Loss

- **Project ECHO COVID-19 Webinar Series** Wednesdays @ 8:30 AM to 9:30 AM

- **Project ECHO High Risk OB Webinar Series** 1st Thursdays of every month, @12:00 PM to 1:00 PM
Future OPQIC/MHTF Meeting Dates

April 19, 2022
July 19, 2022
October 18, 2022

- 5:00pm – 7:00pm

To Register, visit https://opqic.org/register