

**OPQIC  
OKLAHOMA MATERNAL HEALTH TASK FORCE  
QUARTERLY MEETING**

**JANUARY 21, 2025**



**OKLAHOMA  
State Department  
of Health**



**EVERYONE OKAY  
WITH RECORDING  
THIS MEETING?**





**Please rename yourself  
on Zoom or type your  
name into the chat box.**

# Agenda

- OSDH/MHTF Updates
  - Newborn Screening Updates
- Legislative Updates
- Transforming Maternal Health Model (TMaH)
- Maternal Mortality Review Committee 2024 Report
- OPQIC Updates

**Lorri Essary**

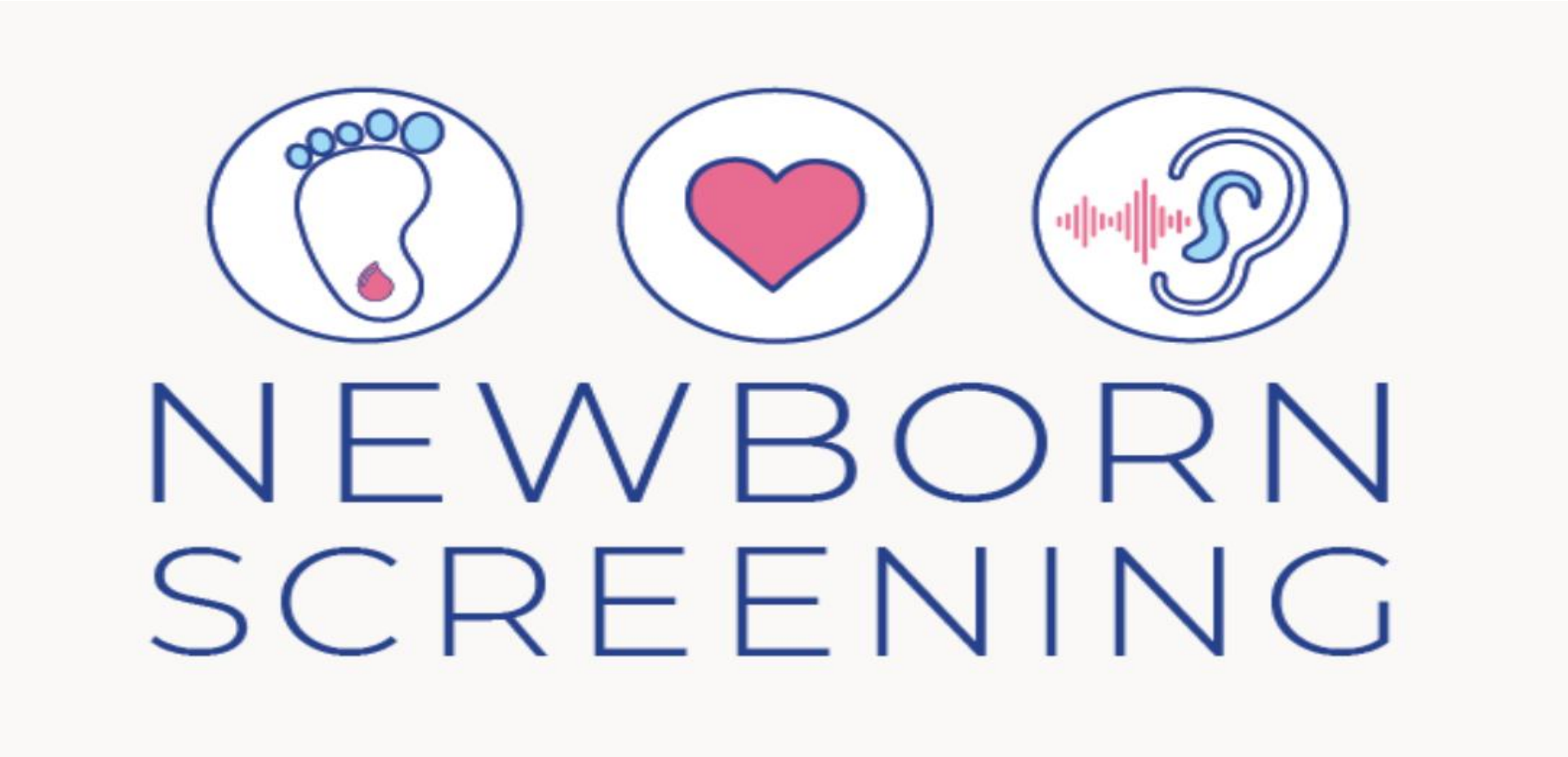
Director,  
Family Support and  
Prevention Services



**OKLAHOMA**  
State Department  
of Health

**OKLAHOMA  
STATE DEPARTMENT OF HEALTH  
UPDATES**

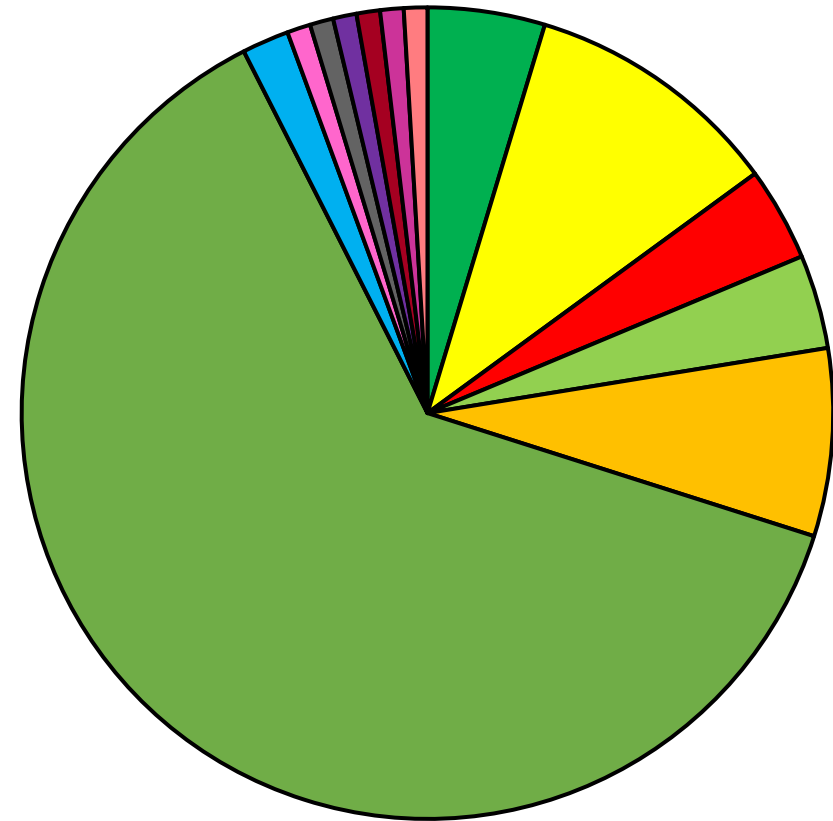
# Newborn Screening Follow up Program at OSDH



**Shari Arceneaux, BSN, RN | NBS Educator**

# Diagnosed Bloodspot Cases – Preliminary Data 2024

- Congenital Hypothyroidism - 67
- Cystic Fibrosis – 11
- Medium-chain acyl-CoA dehydrogenase deficiency (MCAD) - 1
- Glycogen Storage Disease Type II (Pompe Disease) – 4
- Phenylketonuria (PKU) – 4
- Spinal Muscular Atrophy (SMA) – 8
- Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD) – 2
- Biotinidase Deficiency – 5
- Hemoglobinopathy (SS) – 1
- Severe Combined Immunodeficiency (SCID) – 1
- Congenital Adrenal Hyperplasia (CAH) – 1
- X-linked Adrenoleukodystrophy (X-ALD) – 1
- 3-Methylcrotonyl-CoA carboxylase deficiency (3MCC) - 1



**Folake Adedeji**  
Chief Quality Officer



**OKLAHOMA**  
Health Care Authority

**OKLAHOMA HEALTH CARE  
AUTHORITY  
UPDATES**



# TRANSFORMING MATERNAL HEALTH (TMaH OK) MODEL OKLAHOMA

OHCA Healthcare Quality & Performance

January 21<sup>st</sup>, 2025



**TRANSFORMING  
MATERNAL  
HEALTH (TMaH)  
MODEL**

# GOALS

- Reduce rates of low-risk C-sections
- Reduce incidence of severe maternal morbidity
- Reduce rates of low birthweight infants
- Improve experience of perinatal care
- Reduce Medicaid and CHIP program expenditures for maternal and infant care

# MODEL ILLUSTRATION



## Transforming Maternal Health (TMaH) Model

### Jaya's Pregnancy Journey with TMaH

Jaya, 25, is currently enrolled in Medicaid. Jaya has a high risk pregnancy due to her Type 2 diabetes, and has food and housing insecurity.



#### PRENATAL

Jaya meets with a **midwife** who learns about her **health, wellbeing and social needs**.

Jaya is then connected with a:

- **Doctor** who manages her diabetes and supports her pregnancy.
- **Doula** who provides information and encouragement throughout pregnancy and helps her prepare for birth.
- **Social Worker** who helps Jaya move to a secure home and enroll in a healthy food program.

Jaya works with her doctor, doula and midwife to create a birth plan that feels right for her.



Jaya feels safe, supported, and maintains good health throughout her pregnancy.



#### BIRTH

Jaya and her care team discuss where she'll give birth, a hospital or a birth center, and decide a hospital because of her Type-2 diabetes. They work together to follow through on Jaya's birth plan.

Jaya's **doula** is with her at every step in the birth process. After birth she helps Jaya get comfortable caring for her new baby.

Jaya's **social worker** visits her at the hospital to help with the childcare plan and make sure Jaya's housing is secure.

Jaya and her baby are scheduled for **follow up medical appointments** before they leave the hospital. Jaya's doula has already helped her get her home ready for the baby's arrival.



Jaya feels supported by her care team and prepared to go home. She and her baby are doing well because of the person-centered, team-based care she has received.



#### POSTPARTUM

Jaya has 12 months of Medicaid coverage including access to her doctor and doula. Jaya and her baby receive regular postpartum care and monitoring of her diabetes via telehealth and office visits throughout the year.

Jaya's **doula** visits her and the baby several times at their home. The doula answers questions, checks on their wellbeing, and helps Jaya know the signs of postpartum depression.

Jaya's social worker connects her to virtual group parenting classes and ensures that she continues to have healthy food and a stable home.



One year later, Jaya and her baby are thriving, eating well, and live at home. Jaya feels good about the ongoing support she received from her doula and care team.

# MODEL OVERVIEW

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CMS funded 15 State Medicaid Agencies (SMAs) – Alabama, Arkansas, California, DC, Illinois, Kansas, Louisiana, Maine, Minnesota, Mississippi, New Jersey, Oklahoma, South Carolina, West Virginia and Wisconsin.

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Selected SMAs can receive up to \$17m over the lifecycle of the project

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2025 – 2027 pre-implementation years (technical assistance + infrastructure funding)

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2028 – 2034 implementation years (operationalization of TMaH and value-based payment models)

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# MODEL PILLARS & ELEMENTS



## Access, Infrastructure and Workforce

- Increase access to midwifery/doula workforce
- Develop payment model



## Quality Improvement and Patient Safety

- Support implementation of AIM safety bundles
- Support birthing friendly hospital designation



## Whole Person Care Delivery

- Increase risk assessments, screenings, referrals and follow-up for perinatal depression, anxiety, tobacco use and SUD.

# TMAH OK MODEL IMPLEMENTATION REGION

Sub-state implementation

- Includes rural, underserved and tribal areas
- Includes test & comparison regions
- Test region has overall poorer birth outcomes and higher levels of health disparities
- Will include MCEs



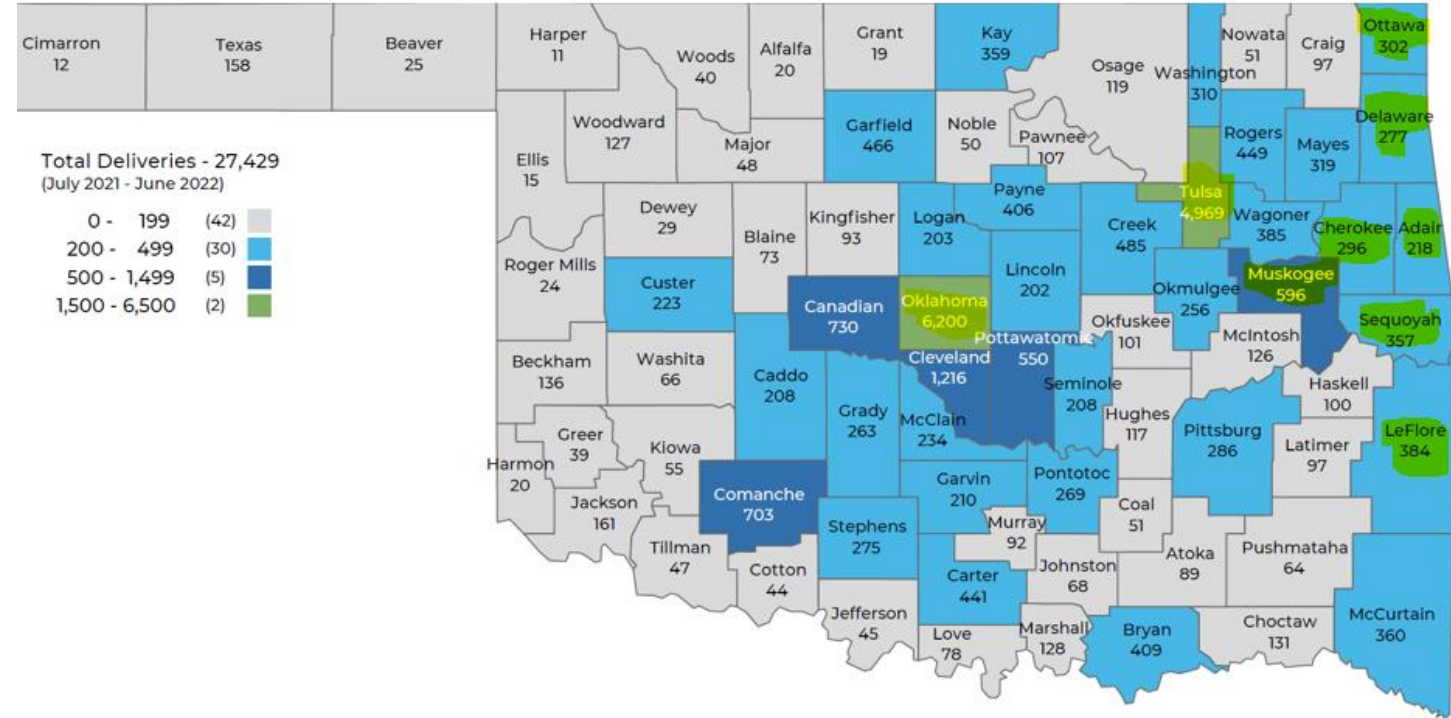
Comparison region selection

- Like test region in demographic composition, population size and density
- There will be no service overlap

# TMAH OKLAHOMA: TEST REGION

## Counties:

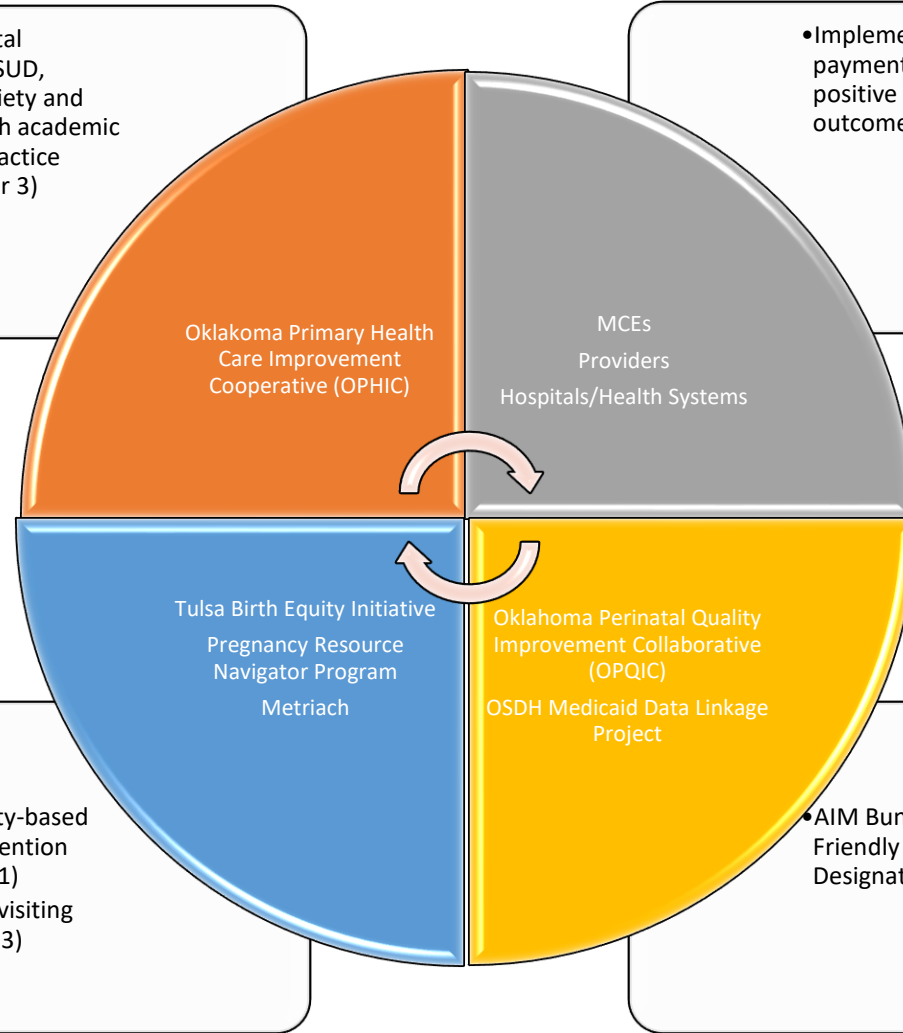
- Oklahoma – 1 site (OKCIC)
- Tulsa (3 zip codes in North Tulsa: 74115, 74116, 74117)
- Ottawa
- Delaware
- Adair
- Cherokee
- Sequoyah
- La Flore
- Muskogee





CMS requires states to increase perinatal screenings and referrals. OHCA will contract with OPHIC to provide academic detailing and practice facilitation to participating providers. OHCA will recruit providers.

- Increase perinatal screenings e.g. SUD, depression, anxiety and referrals through academic detailing and practice facilitation (Pillar 3)



- Implement value-based payment models to reward positive maternal health outcomes

CMS requires managed care plans to participate in the TMAH. OHCA and managed care entities will work with CMS to design a value-based payment program to reward providers for positive maternal and infant health outcomes

CMS requires states to increase access to midwives and doulas for Medicaid members. To this end, OHCA will contract with OKBEI to train community-based doulas in intervention counties and work with a midwife liaison .

- Train community-based doulas in intervention counties (Pillar 1)
- Conduct home visiting activities (Pillar 3)

OHCA will contract with perinatal community health workers to conduct home visits during pregnancy & postpartum periods.

- AIM Bundles and Birthing Friendly Hospital Designation (Pillar 2)

OHCA will partner with OPQIC to advance AIM Bundles ([Alliance for Innovation on Maternal Health \(AIM\) | ACOG](#)) as well as support the Birthing Friendly Hospital Designation ([FY 2023 Hospital Inpatient Prospective Payment System \(IPPS\) and Long-Term Care Hospitals \(LTCH PPS\) Final Rule — CMS-1771-F Maternal Health | CMS](#)).

# TMAH OKLAHOMA CONTRACTORS

# TMAH OKLAHOMA NEXT STEPS



CREATE TMAH OK  
SPECIFIC CONTENT



DEFINE CONTRACTOR  
SCOPE OF WORK



SET UP MEETINGS  
WITH CMS TEAMS



COORDINATE  
STAKEHOLDER  
MEETINGS



QUESTIONS &  
ANSWERS



**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonercare.org](http://mysoonercare.org)

Agency: 405-522-7300  
Helpline: 800-987-7767



# OHA Legislative Brief

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Scott Tohlen, VP of Advocacy, Oklahoma Hospital Association

# 340B Drug Pricing Program

HB 2048 by Rep. Stinson

SB 1030 by Sen. Howard

SB 1063 by Sen. Rosino



Created by Congress, the program helps safety-net providers serving vulnerable communities stretch scarce resources to support essential services.

The program is paid for with drug discounts, not state or federal tax dollars.

340B providers include:

- Rural Hospitals
- Federally Qualified Health Centers
- Non-Profit Hospitals
- Oklahoma State Dept. Of Health

Drug manufacturers are unilaterally placing additional requirements for participation in the program outside of existing rules and regulations.

# U.S. Big Pharma\*

## U.S. Tax Paid vs. Total Profit 2015-2023

USD Billion as Reported in Company 10-Ks

\*AbbVie, Pfizer, Eli Lilly,  
Johnson & Johnson, Merck,  
Bristol Myers Squibb, and  
Amgen





# Big Pharma Pay Rankings



Johnson & Johnson 2023 total CEO compensation: \$28.4 million



Gilead Sciences 2023 total CEO compensation: \$22.5 million



Eli Lilly 2023 total CEO compensation: \$26.6 million



Amgen 2023 total CEO compensation: \$22.6 million



Teva Pharmaceuticals 2023 total CEO compensation: \$25.71 million



Pfizer 2023 total CEO compensation: \$21.56 million



AbbVie 2023 total CEO compensation: \$25.7 million



AstraZeneca 2023 total CEO compensation: \$21.3 million





# SoonerSelect Prior Authorizations

HB 1812 by Rep. Newton

## SoonerSelect PA

- 24 hours to approve or deny
- Result is increased denials

## HB 3190 eff. 1/1/25

- Only applies to 3rd party payers
- Result of months long negotiation b/w hospitals, providers and payers

## Apply HB 3190 to SoonerSelect

- Remove existing PA requirements for SS
- Incorporate SS into 3190 statute



## Sepsis Early Treatment and Payment

- **HB 1686 by Rep. Roe**
- Aligning best practice (early identification and treatment) with reimbursement.
- Insurance carriers are utilizing a different definition of sepsis, SEP-3, while CMS reimburses based on SEP-2 criteria.
- This is leading to denials of appropriate care.

**MATERNAL MORTALITY REVIEW COMMITTEE  
2024 REPORT**



Oklahoma Maternal Health

# Morbidity & Mortality

Annual Report 2024



<https://opqic.org/mmrcreport>



# Definitions Related to Maternal Mortality

- **Maternal Mortality:** The death of a woman **while pregnant or within 42 days** of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (WHO Definition) Rate used in the U.S. and OK for reporting purposes-denominator of **100,000 live births**. (This definition used to compare U.S. to other countries.)
- **Pregnancy Related Deaths:** The death of a woman **while pregnant or within 1 year** of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Rate used in the U.S. and OK for reporting purposes-denominator of **100,000 live births**. (This definition most often is produced from state MMRCs.)
- **Pregnancy Associated Deaths:** The death is the death of any women, from any cause, while pregnant or within 1 year of termination of pregnancy, regardless of duration and the site of pregnancy. Rate used in the U.S. and OK for reporting purposes-denominator of **100,000 live births**. (Generally, a definition associated with timing only.)



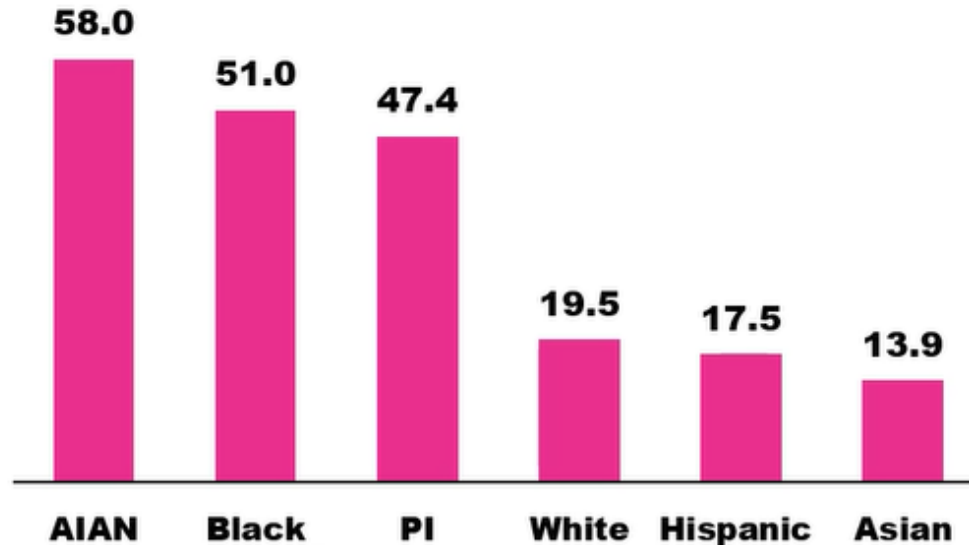
# 2024 MARCH OF DIMES US REPORT CARD

**Maternal mortality has returned to pre-pandemic rates. Still, over 800 maternal deaths occurred in 2022 and disparities by race/ethnicity persist**

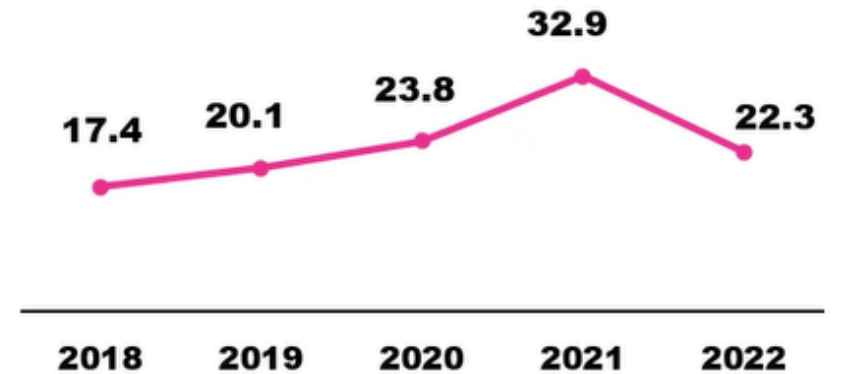
**2022  
MATERNAL  
MORTALITY  
RATE  
22.3**

Maternal mortality is a death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Maternal mortality rate (deaths per 100,000 live births) by race/ethnicity, 2018-2022



Maternal mortality rate (deaths per 100,000 live births) by year, 2018-2022



## Maternal Mortality Rate

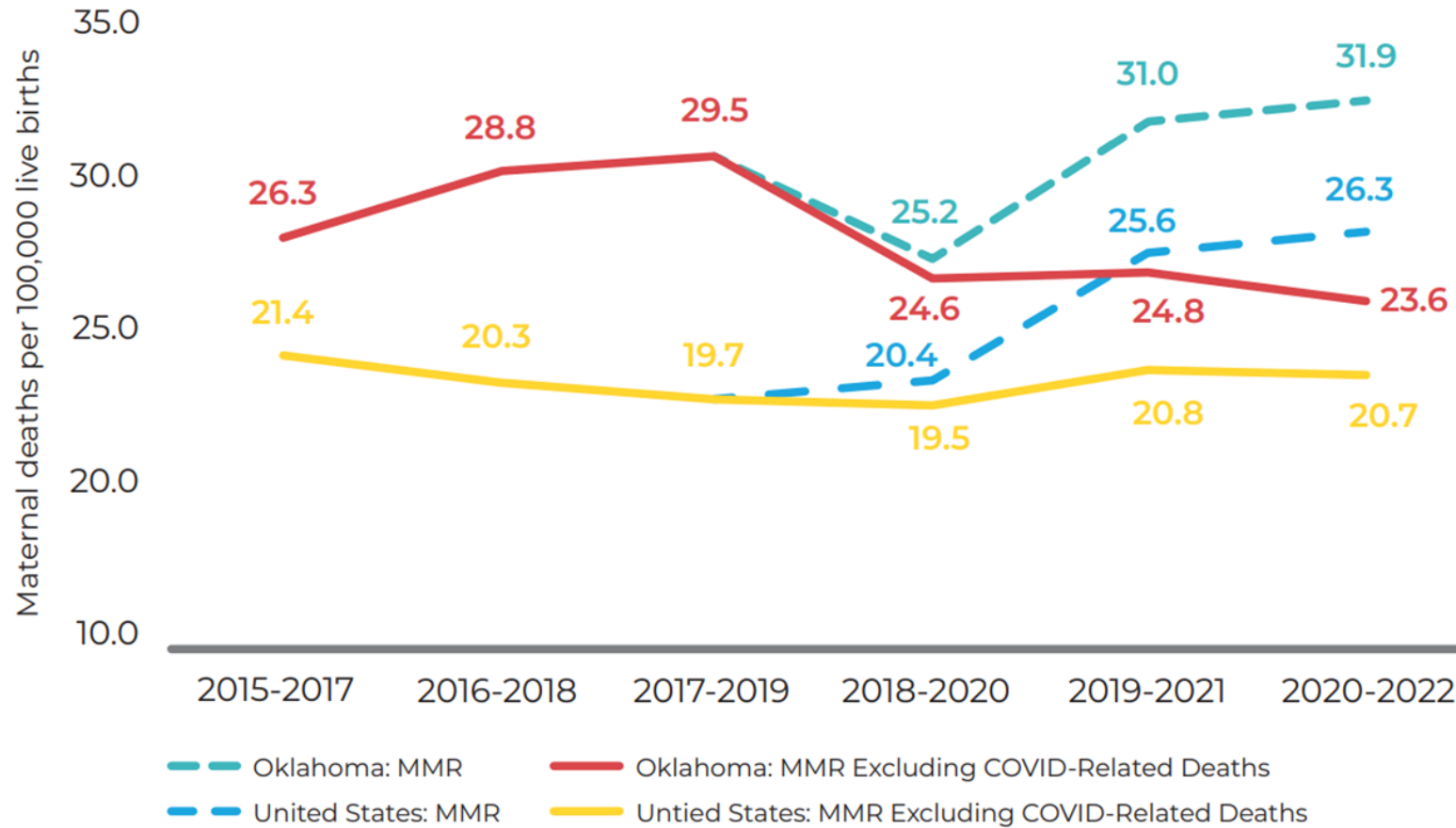
- Healthy People 2030 Goal = 15.7
  - ▶ 2020-2022 **Oklahoma** Maternal Mortality Rate\* for maternal deaths within 42 days of termination of pregnancy is **31.9**
  - ▶ 2022 **United States** Maternal Mortality Rate\* for maternal deaths within 42 days of termination of pregnancy is **22.3**

\*MMR = number of maternal deaths (while pregnant or within 42 days of end of pregnancy) excluding accidents and incidental causes, per 100,000 live births

Source: Oklahoma Vital Statistics, 2020-2022; National Center for Health Statistics, Maternal Mortality Rates in the United States, 2022



Chart 8: three-year rolling maternal mortality rate (MMR) excluding and including COVID-related deaths, Oklahoma and United States 2015 - 2022



**Source:** Oklahoma Vital Statistics, 2015 - 2022; CDC Wonder, Mortality and Natality, 2015 - 2022

**Definitions:** Maternal death - underlying cause of death A34, O00-O95, O98-O99; COVID-related death - any multiple cause of death U07.1

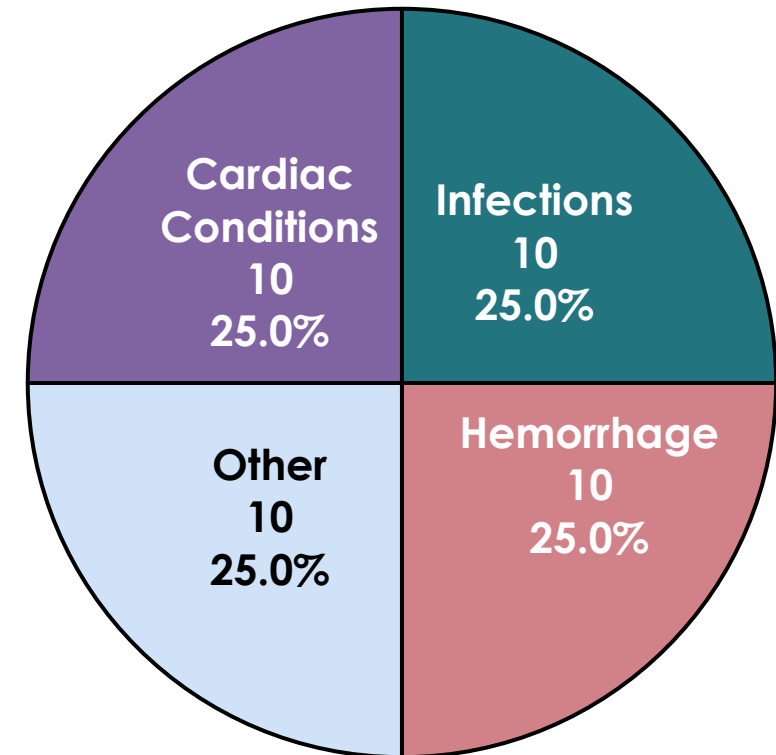
# Maternal Mortality Review

- 80 deaths occurring from 2017-2021 reviewed
- Age range: 15-42 years
- 21 (26.3%) were of an advanced maternal age (>35 years)
- Poverty: 40 cases had Medicaid coverage (61.5%\*)
- 42 deaths (52.5%) were pregnancy-related

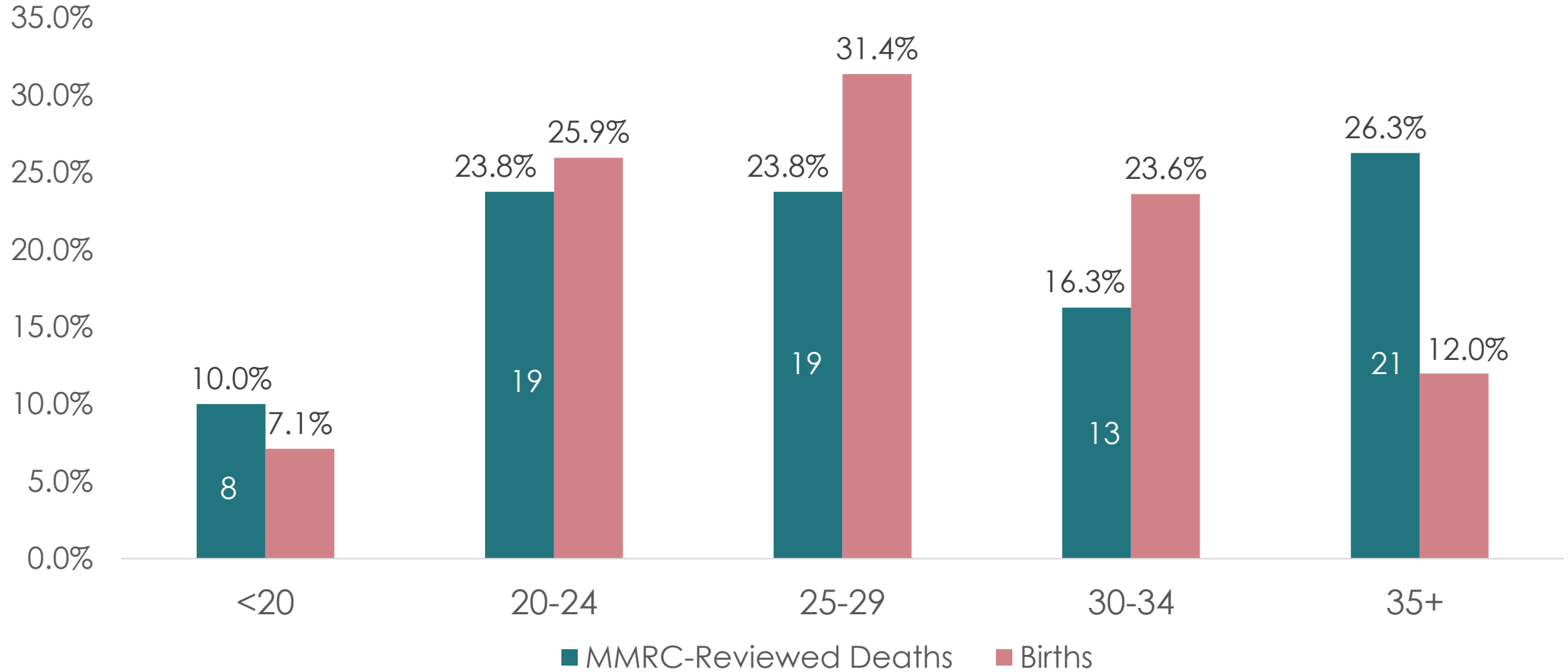
\*Among deaths with known insurance status for health care before, during, or after pregnancy (N=65)

Source: Oklahoma Maternal Mortality Review Committee, deaths occurring from 2017-2021

Top causes among pregnancy-related deaths with an MMRC determination of cause of death (n=40)

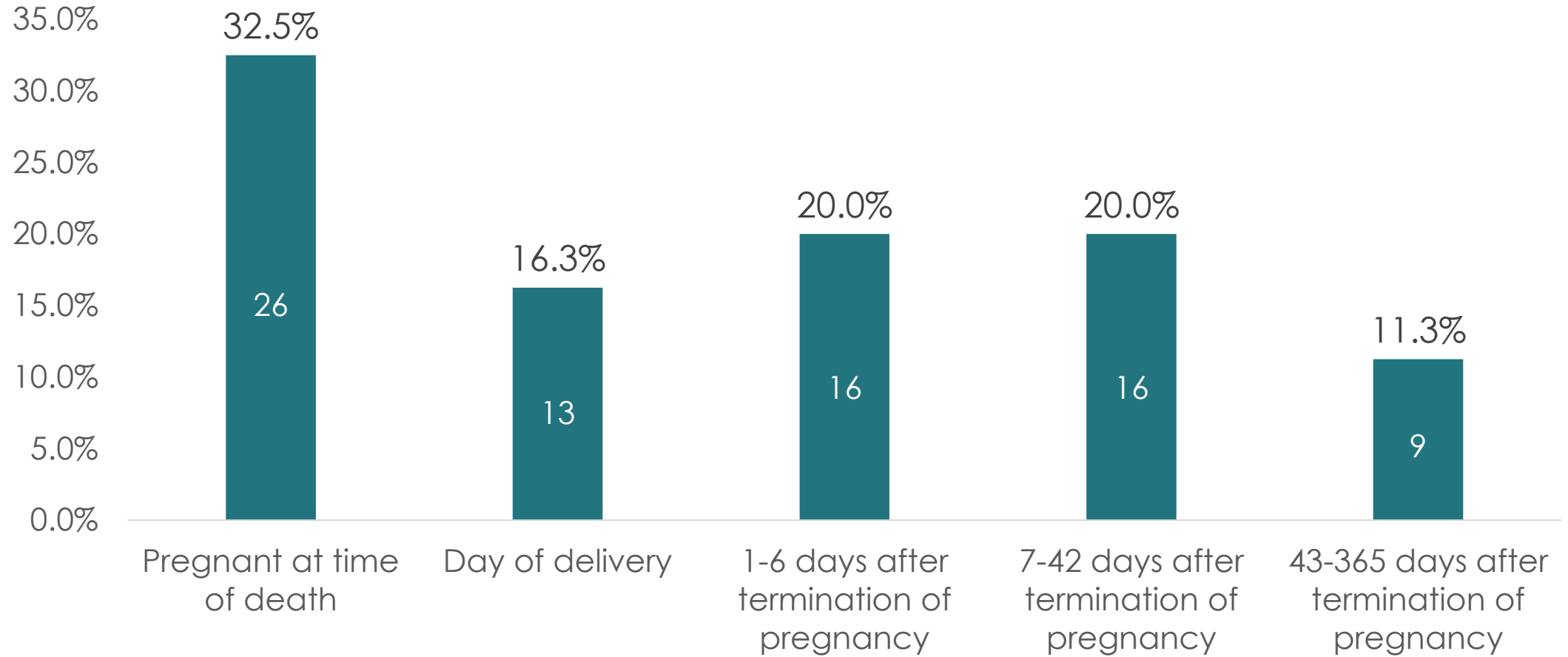


## MMRC-Reviewed Deaths and Live Births by Age, occurring 2017-2021



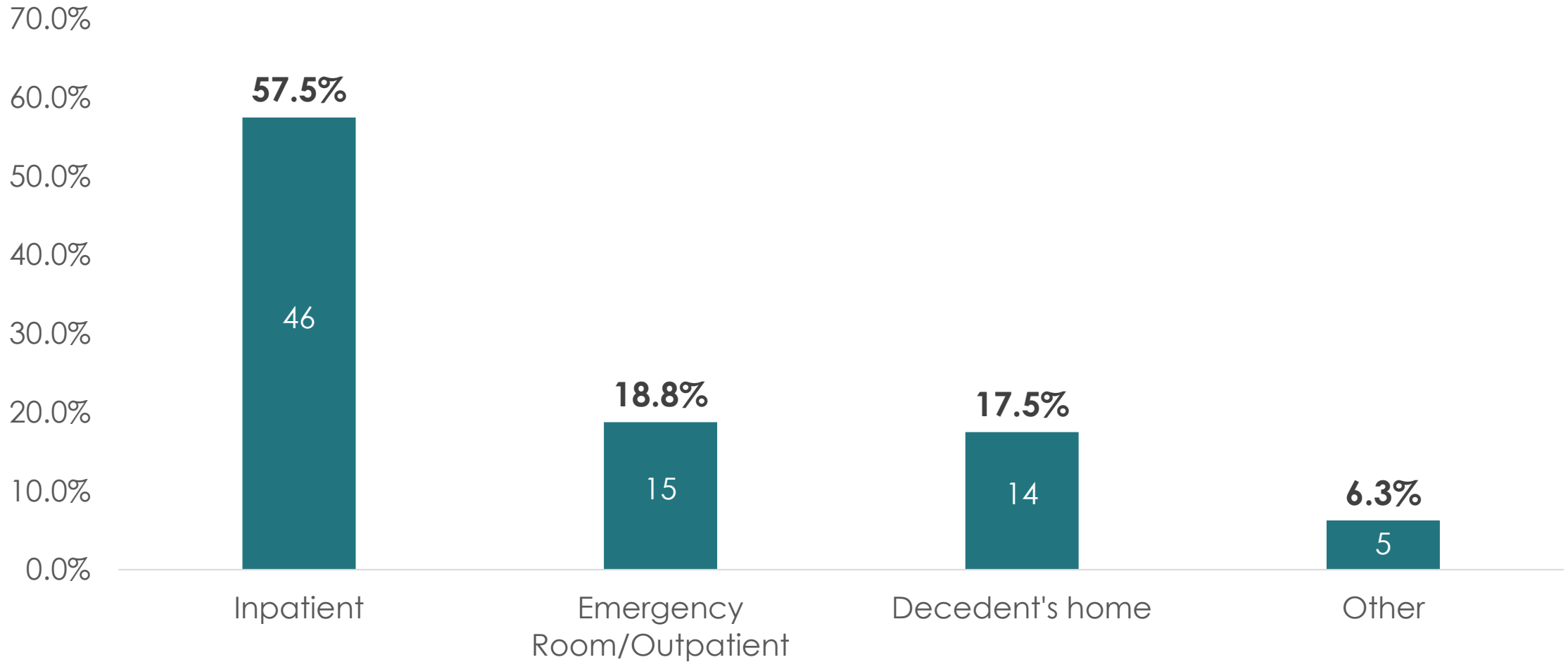
Source: Oklahoma Maternal Mortality Review Committee (Deaths), Oklahoma Vital Statistics (Births), occurring from 2017-2021

## MMRC-Reviewed Deaths by Timing of Death



Source: Oklahoma Maternal Mortality Review Committee, deaths occurring from 2017-2021

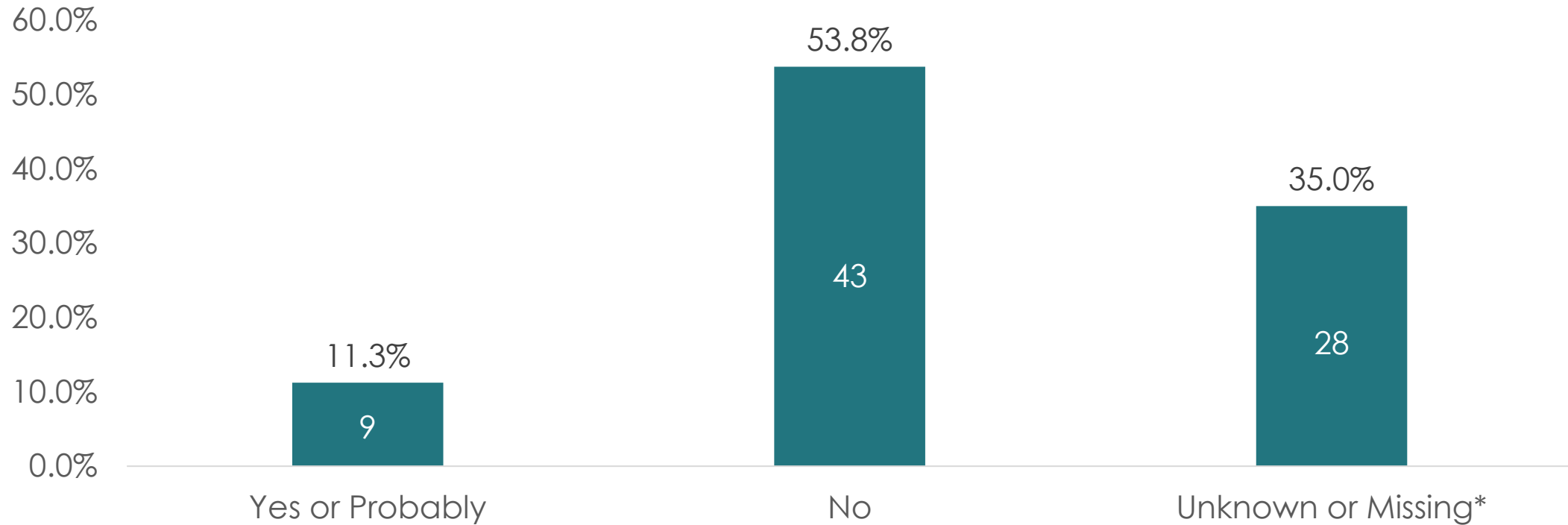
## MMRC-Reviewed Deaths by Place of Death



Source: Oklahoma Maternal Mortality Review Committee, deaths occurring from 2017-2021



## MMRC-Reviewed Deaths by Substance Use Disorder Contribution

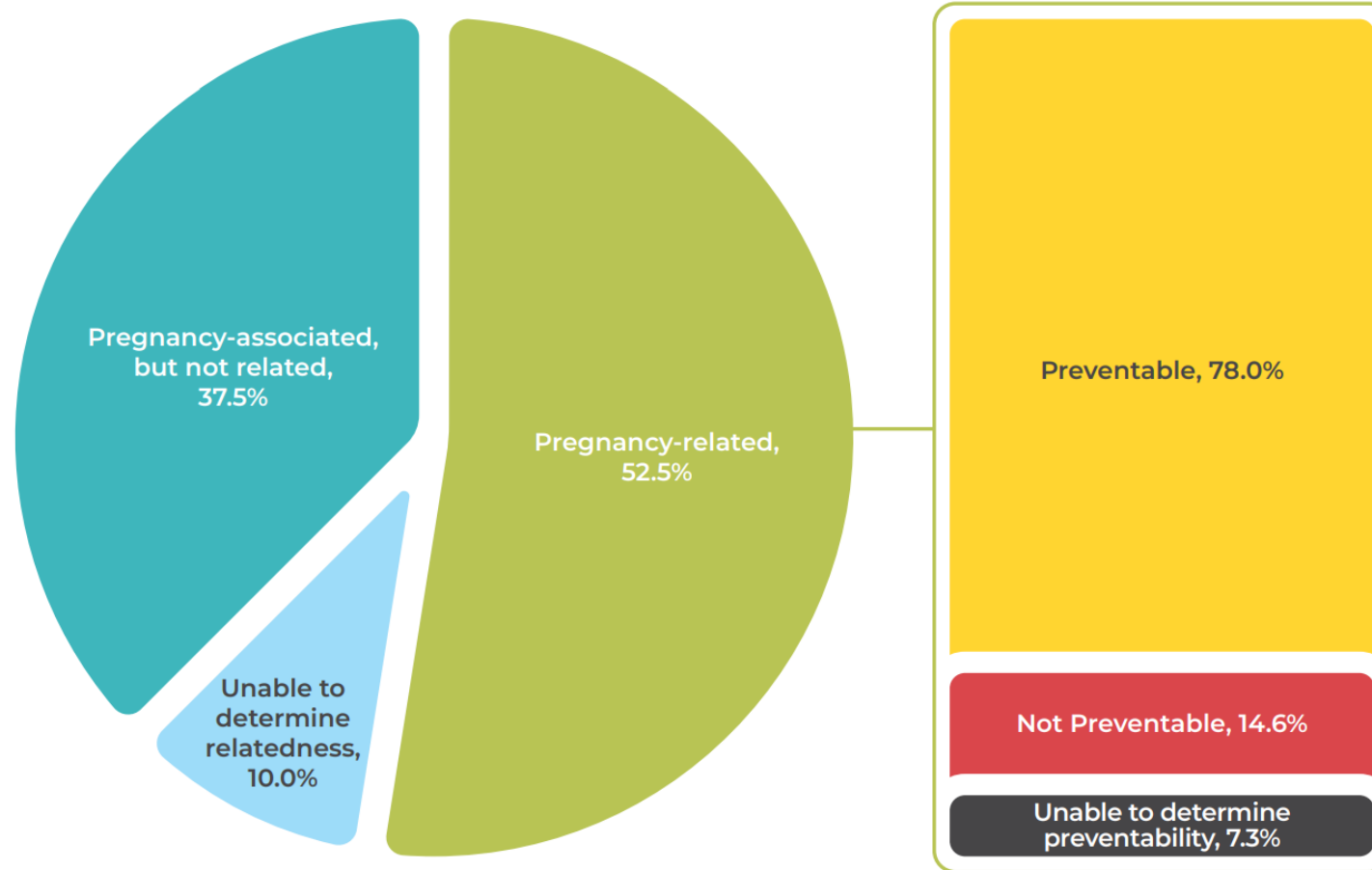


**"Did Substance Use Disorder Contribute to the Death?"**

\*Deaths with "Unknown" or missing data may include deaths with limited relevant information (e.g., health care records, autopsy report) or limited documentation related to substance use disorder

Source: Oklahoma Maternal Mortality Review Committee, deaths occurring from 2017-2021

Chart 11: Relatedness of pregnancy-associated deaths and preventability of pregnancy-related deaths\*, Oklahoma 2017 - 2021

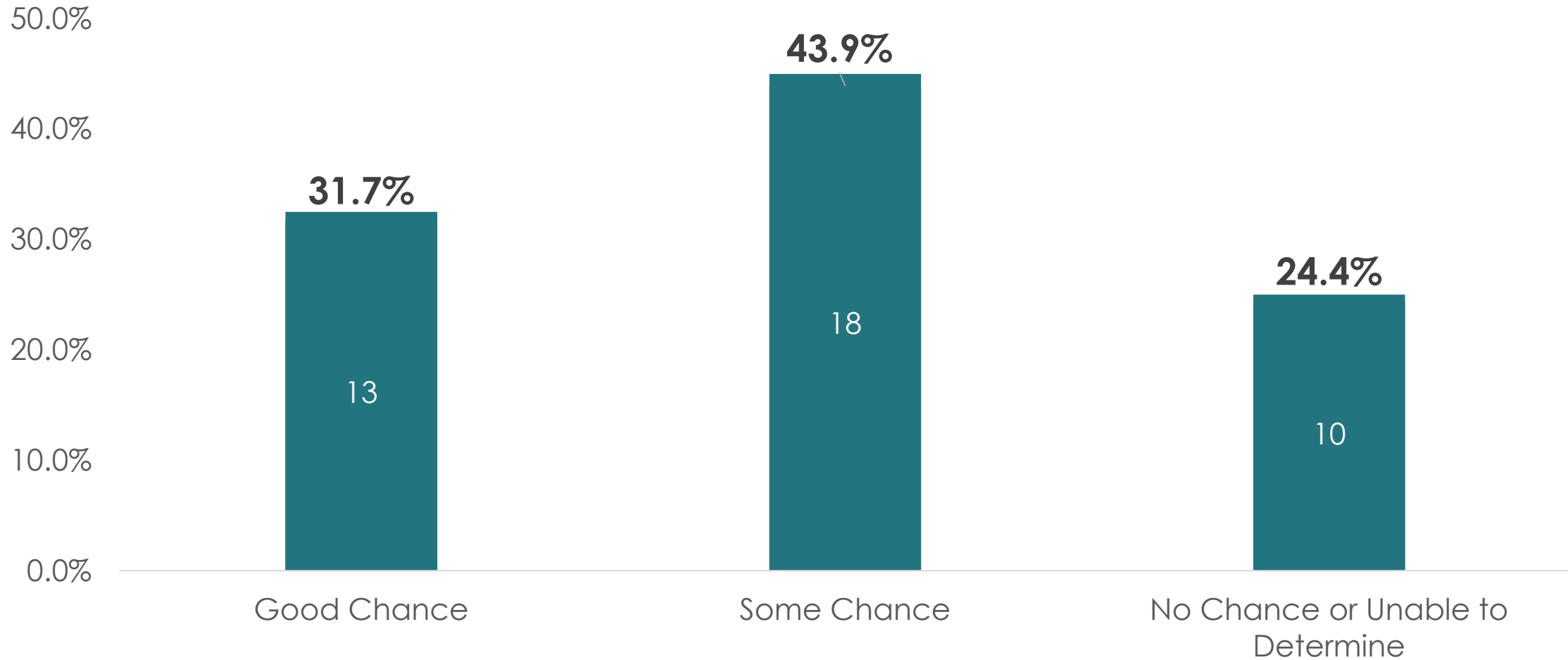


Source: Oklahoma Maternal Mortality Review Committee (MMRC), 2017 - 2021

\*With an MMRC determination of preventability



## Pregnancy-Related Deaths\* by Chance to Alter Outcome



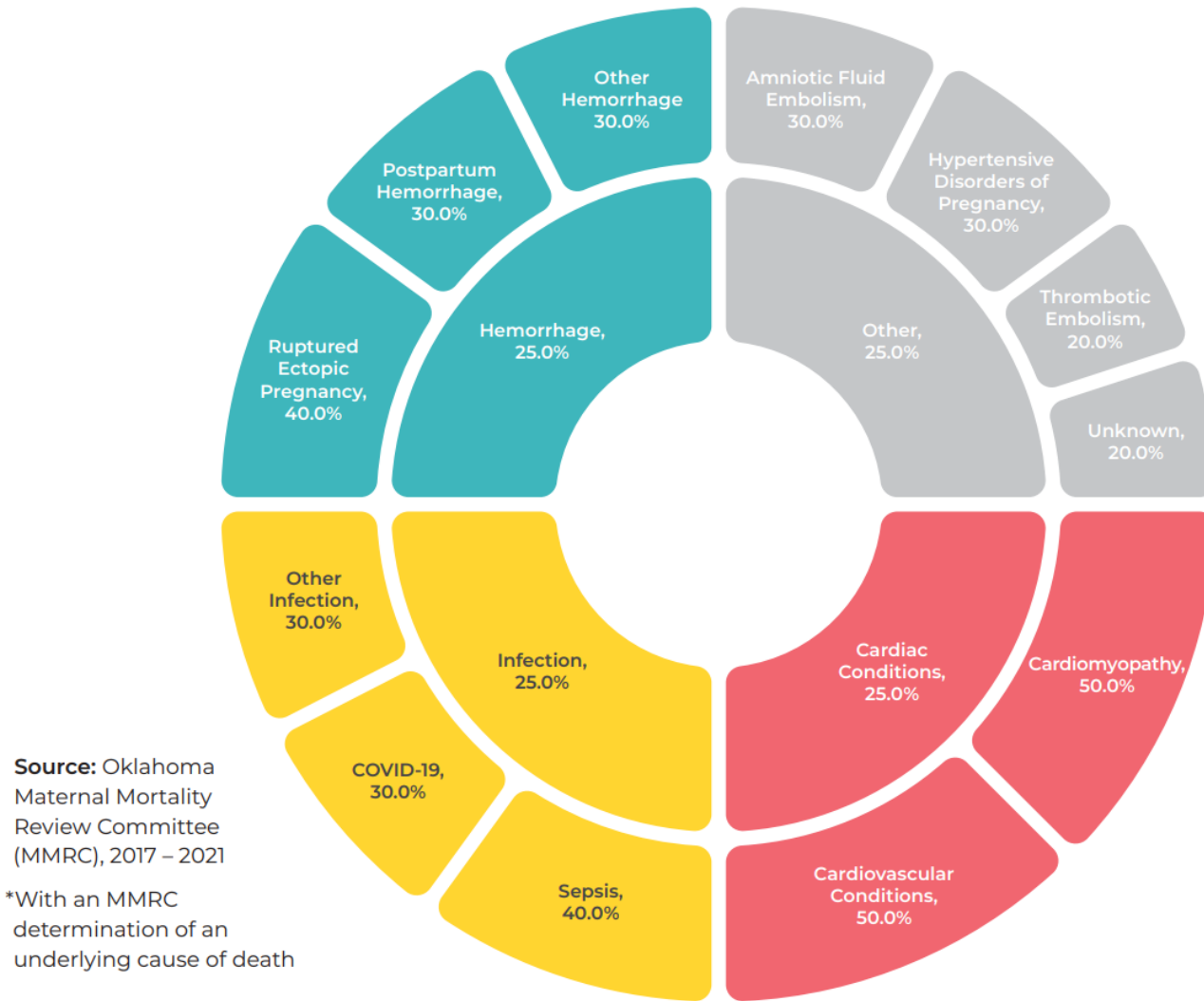
**"Was there a chance to alter the outcome?"**

Source: Oklahoma Maternal Mortality Review Committee, deaths occurring from 2017-2021

\*With an MMRC determination of preventability or chance to alter outcome



Chart 12: Causes of pregnancy-related deaths\*, Oklahoma 2017 - 2021



**Barbara O'Brien, MS, RN**  
Director, OPQIC



# **OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE UPDATES**

# OPQIC Statewide TeamBirth Initiative Supported by HRSA/OSDH Funding

## Cohort 5 Hospitals

### Launched October 3, 2024

- Weatherford Regional Hospital
- Great Plains Regional Medical Center

### Launched December 3, 2024

- Claremore Indian Hospital

### Launched December 10, 2024

- INTEGRIS Health Southwest Medical Center

### Launching later in 2025

- Choctaw Nation Health Services Authority
- INTEGRIS Health Woodward Hospital
- Lakeside Women's Hospital



# Low-Dose Aspirin in Pregnancy


- Effort to reduce rates of prematurity and preeclampsia in Oklahoma
  - Preliminary data from Medicaid populations indicates a drop in eclampsia cases in 2024.
  - Prematurity rate dropped from 11.3% in 2022 to 11% in 2023 (MOD)
- Presented to AWHONN Central, AWHONN North Central and Oklahoma Pharmacists Association live CE event.
- Working on a change package with CMQCC
  - Access the toolkit at [opqic.org/lda](https://opqic.org/lda)
  - Requests: [Melissa@okoha.com](mailto:Melissa@okoha.com)
- Social media campaign
  - 3.7 million impressions of LDA campaign
- What's next?
  - American Heart Month
  - Focus on additional drivers of maternal/infant health – STI's and marijuana use/SUD in pregnancy

November is  
**PREMATURITY AWARENESS MONTH**

Did you know 1 in 5 premature births are related to preeclampsia?

Ask your provider how low-dose (81mg) aspirin can reduce your risk of preeclampsia and preterm birth.

**#ASKABOUTASPIRIN**



**OPQIC**  
OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

# Maternal Mental Health Hotline

## National Maternal Mental Health Hotline



Are you a new parent - or about to be - and feeling sad, worried, overwhelmed, or concerned that you aren't good enough?

For emotional support and resources  
**CALL OR TEXT 1-833-TLC-MAMA (1-833-852-6262)**

Free – Confidential – 24/7  
60+ Languages

Call or text **1-833-TLC-MAMA**  
**(1-833-852-6262)**

- Access to professional counselors
- Real-time support and information
- Response within a few minutes, 24 hours a day, 7 days a week
- Referrals to local and telehealth providers and support groups
- Culturally sensitive support
- Interpreter services in 60 languages
- For Emergencies call 911 or
- National Suicide Prevention Lifeline at 988



# Perinatal Mental Health Toolkit

What if the “happiest time of your life”  
doesn't feel so happy?



*Find all your perinatal mental health resources in one place:*

- Summaries of perinatal mental health conditions
- Patient screeners
- How to assess and treat perinatal mental health conditions
- Educational resources for providers, patients and families
- A QI guide to integrate mental health care into an OBGYN practice

*Access the toolkit at*

[www.acog.org/programs/perinatal-mental-health](http://www.acog.org/programs/perinatal-mental-health)

# QUESTIONS/OTHER BUSINESS?

- You may unmute to ask any questions or address any other business items
- If joining on a phone, press \*6 to unmute

# Future Meetings

Register now to be added to all upcoming OPQIC Quarterly Meetings.

You will be added to a recurring Outlook invite.

Go to <https://opqic.org/register>

## Future Meeting Dates:

- April 15, 2025
- July 15, 2025

5:00pm – 7:00pm

## Quarterly Meeting Registration

FIELDS

After completion of this registration form, the participant will receive the Zoom meeting information in an email.

**Please select the meeting:\***

- April 23, 2024; 5 PM - 7 PM ONLY
- Please sign me up for all upcoming quarterly meetings (a recurring Outlook meeting invite will be sent)

**Participant Name\***

First

Last

**Participant Email\***



# Upcoming Events

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- **AWHONN Maternal Health CoPs for PPS and CAHs**
  - January 30 | 4 pm [Register](#)
- **OPNF Bootcamp February 25, 26, 27 & March 6, 7**

THANK YOU FOR JOINING US!

THANK YOU FOR YOUR ENGAGEMENT!



[info@opqic.org](mailto:info@opqic.org)

