PUBLIC HEALTH DIVISION
Maternal and Child Health Section
Kate Brown, Governor

December 7, 2018
House Interim Committee on Health Care, Senate Interim Committee on Health Care
900 Court Street NE
Salem, OR 97301-4048

Dear Members:

This letter provides the Oregon Health Authority's (OHA) progress report on the Maternal Mortality and Morbidity Review Committee as required by Section 3 of House Bill 4133 (2018).
If you have questions, please contact Cate Wilcox, MCH Section Manager at 971-673-0299 or cate.s.wilcox@state.or.us.

I. Background and review of legislative requirements

HB 4133 passed in the Oregon 2018 Legislative Session established a Maternal Mortality and Morbidity Review Committee (MMRC) in the Oregon Health Authority (OHA). The Committee is required to conduct studies and reviews of the incidence of maternal mortality and severe maternal morbidity and make recommendations to reduce the incidence of mortality and severe morbidity in the state. The Committee will be staffed by the Maternal and Child Health Section of the Public Health Division (PHD) in OHA and the overarching vision for the work is to improve the health of women in Oregon.

The Committee is required to perform reviews on maternal mortality no later than July 1, 2019 and reviews on maternal mortality and severe maternal morbidity no later than July 1, 2021. Reviews must examine whether social determinants of health are contributing factors to the incidence of maternal mortality and severe maternal morbidity.

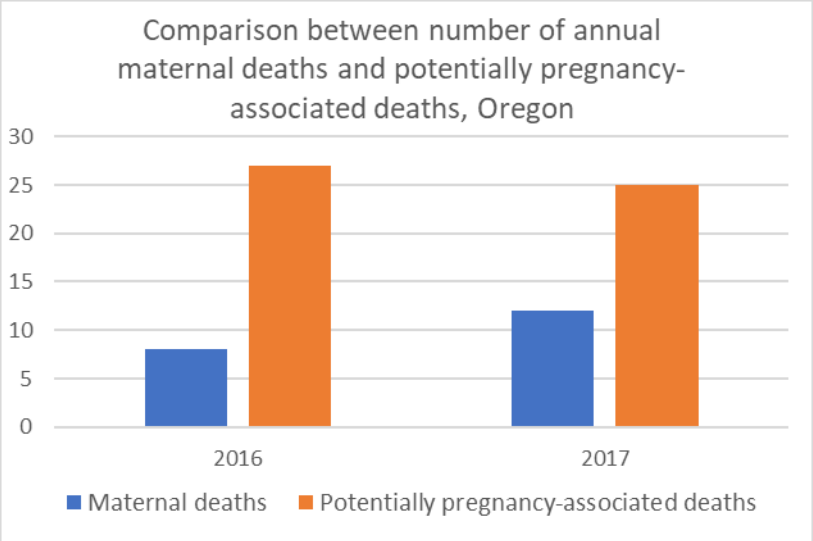
The Committee is required to submit biennial reports to the interim committees of the Legislative Assembly related to health care that include: a summary of the committee's conclusions and findings relating to maternal mortality; aggregated data related to the cases of maternal mortality in this state; a description of actions that are necessary to implement any recommendations of the committee to prevent occurrences of maternal mortality in this state; and recommendations for allocating state resources to decrease the rate of maternal mortality. Reports submitted after January 2, 2021 will additionally include information on maternal morbidity.

II. Progress to Date

A. Case-finding for 2016 and 2017 deaths

Staff from the OHA Maternal and Child Health Section and the Center for Health Statistics (CHS) worked together on a detailed method for finding deaths of women that occurred during or within one year of the end of pregnancy, regardless of the cause of death (these are termed "pregnancy-associated deaths"). This enhanced case-finding method differs from that used to determine the number of "maternal deaths" reported each year in the CHS Vital Statistics Annual Report, Volume 2, Mortality. The maternal deaths for that report are ascertained by finding all death certificates of Oregon resident women for whom the primary cause of death was coded as obstetrically-related. The enhanced case-finding process for review

of potentially pregnancy-associated deaths includes the above, plus: 1) finding deaths certificates of all women for whom the death certificate pregnancy checkbox is marked (indicating a pregnancy at the time of death or within the past year prior to death); 2) matching birth certificates and certificates of fetal deaths (stillbirths) to women who had died to find women who died but for whom a pregnancy was not noted on their death certificate; and 3) using a computer algorithm to scan women's death certificates for words related to pregnancy. We also included women who died in Oregon but who were not Oregon residents. These potentially pregnancy-associated deaths, of which we identified 25 for the year 2017, make up the group of maternal mortality review cases.



B. MMRIA installation—progress and challenges, timeline

Since HB 4133's passage, OHA has actively worked with Centers for Disease Control and Prevention (CDC) staff who are specifically tasked with assisting states in initiating and sustaining MMRC processes. This includes a body of software termed the Maternal Mortality Review Information Application (MMRIA), developed by CDC over the past 5 years. This software, available free to states for MMRC use, allows for the compilation of data in compliance with confidentiality laws and provides a system for data collection, review and analysis for the MMRC. Through September of this year, OHA Maternal and Child Health staff worked with OHA's Office of Information Security on steps toward authorization, installation and implementation of MMRIA within State of Oregon servers ("locally hosted", as it is currently used with all MMRC/MMRIA states). CDC has been developing a secure "cloud-based" version of MMRIA ("CDC-hosted") to supplant the locally hosted version and is in the pilot phase of their CDC-hosted MMRIA launch. Due to their software developer's and state support staff's time needed to launch the CDC-hosted MMRIA while still supporting existing MMRIA states, they are now unable to provide support for a new locally hosted MMRIA system in Oregon. However, due to our legislated timeline for starting maternal mortality review, Oregon will be the first state following the pilot to obtain the CDC-hosted MMRIA system.

The CDC-hosted MMRIA system provides large savings in staff time and associated funds as compared to the initially-assumed locally hosted MMRIA system. However, our utilization of a cloud-based system requires different, newly-evolved processes for permissions within our state agencies. We are now working closely on a new Business Plan with the Office of Information Systems and completion of the "Cloud Work Book" security review and approval process with the Office of the State Chief Information Officer (OSCIO) and the Chief Information Officer (CIO). Approvals may take 3-6 months for completion. MMRIA implementation is projected to occur by June 2019, which will allow for CDC training of OHA staff and of MMRC members in June, for case investigations to begin in June, and for medical record and other data source abstraction to begin at that time.

C. Assembling Committee per Governor's invitation to apply

HB 4133 requires that the Committee consist of at least 11 but not more than 15 members appointed by the Governor. The Governor is required to consider for membership the following individuals:

- A physician who specializes in family medicine and whose practice includes maternity care and delivery;
- A physician who specializes in obstetrics and gynecology;
- A physician who specializes in maternal fetal medicine;
- A licensed registered nurse who specializes in labor and delivery;
- A licensed registered nurse who is certified by the Oregon State Board of Nursing as a nurse midwife nurse practitioner;
- A direct entry midwife;
- A doula;
- A traditional health worker;
- An individual who represents a community-based organization that represents communities of color and focuses on reducing racial and ethnic health disparities;
- An individual who represents a community-based organization that focuses on treatment of mental health;
- An individual who represents the authority with an expertise in the field of maternal and child health;
- An individual who is an expert in the field of public health; and
- A medical examiner.

OHA staff have been working with the Governor's office to recruit Committee members that are representative of Oregon's geographic, ethnic and economic diversity. In July, a press release was distributed, and a website established to recruit interested applicants for the Committee. The announcement was shared with a broad set of stakeholders. The deadline for applications was extended twice to ensure representation in all required categories as well as geographic and ethnic diversity. Fifty-four applications were received in total. OHA staff have reviewed all applications and made recommendations to the Governor's office.

III. Next steps/Timeline

A. Personnel

A Committee Coordinator, a new position within the MCH Section of the Public Health Division, will be in place by March 1, 2019. The Coordinator will be responsible for developing, implementing and updating the policies and procedures for the review committee. The Coordinator will track down and obtain necessary sources of data on each death. In consultation with the case abstractor, Committee Chair and PHD staff, the Coordinator will prioritize cases and review the status of cases sent for abstraction. The Coordinator will be responsible for agenda-setting and facilitation of the review Committee meetings, writing and dissemination of reports and coordinating activities to implement findings from review deliberations.

By July 1, 2019 PHD will hire a part-time Research Analyst and will have a clinically trained case abstractor under contract. The Research Analyst will work with the Center for Health Statistics to comprehensively identify pregnancy-associated deaths through birth certificates, death certificates and linkages. The Research Analyst will use existing data sources to analyze the burden of severe maternal

morbidity in Oregon and will be responsible for developing products such as fact sheets. The abstractor will review and abstract information from medical and hospitalization records, autopsies and social service records. The case abstractor prepares de-identified case narratives for review by the Committee.

B. Policies and Procedures

PHD staff will develop policies and procedures that describe the responsibilities of Committee members, confidentiality considerations, meeting structure, and how decisions will be made and documented, to be presented to the Committee at its initial meeting. PHD staff will work with the elected Committee Chair to develop draft statements describing the mission, vision, goals and scope of the Committee.

C. Committee meetings in 2019

The initial meeting of the MMRC will take place in April for the purpose of orientation to maternal mortality review and roles of OHA staff, MMRC chair, and MMRC members, as well as addressing confidentiality requirements. In this first meeting, the Committee Coordinator will guide the new committee in developing a process for selection of Chairperson. Policies and procedures for the MMRC will be reviewed and edited if necessary.

The second meeting of the MMRC will take place in June. Staff from the Centers for Disease Control and Prevention will attend this meeting to conduct with us a full mock case review and train the committee in uses of the Maternal Mortality Review Information Application (MMRIA).

The third meeting of the MMRC will take place in September/October. The case review process will take place at this meeting, and the MMRC's decisions regarding circumstances leading to death, potential preventability of each death, and ascertainment of areas where improvements could have been made will be documented. Note that this first MMRC review of maternal mortality cases will take place later than the legislative deadline of July 1 as OIS processes for permitting use of MMRIA, as well as funding for the case abstractor and position authority and funding for the research analyst will not be in place until July 1.