

Study: Infant Mortality in African American Infants and Infants in Rural Areas

Advisory Work Group Meeting, October 1, 2019

Meeting Summary

Purpose of the meeting: Discuss draft report for study of infant mortality in African American Infants and Infants in Rural Communities, including discussion of draft recommendations.

Attendance (In person/phone):

Chair: Ben Steffen

Vice Chair: Dr. Lee Woods

Matt Celentano

Sherry Xue Dai (phone)

Bonnie DiPeitro (phone)

Maisha Douyon Cover

Anne Eder

Lawanda Edwards

Marianne Hiles

Dr. Lillian Norris-Holmes

Dr. Lee Hurt (phone)

Sandy Kick

Dr. David Mann (phone)

Dr. Russell Moy (phone)

Megan Renfrew

Kristen Silcox

Ben Wormser

UMD Contractors:

Amelia Jamison

Dr. Marian Moser Jones

Dr. Maria Thoma

Dr. Sandra Crouse Quinn

Agenda Item #1: Welcome & Introductions

Ben Steffen, Chair, started the meeting. Dr. Lee Woods thanked the workgroup and the UMD team for working on this project. Mr. Steffen acknowledged Dr. Thoma's recent publication on disparities in preterm birth ([https://www.ajpmonline.org/article/S0749-3797\(19\)30313-7/abstract](https://www.ajpmonline.org/article/S0749-3797(19)30313-7/abstract)).

Agenda Item #2: MHCC Commissioner Feedback on Report

Ms. Megan Renfrew provided an update on changes in the Study Report from the September 19th Commissioners' Meeting. The Commissioners provided feedback on the methodology used in the data analysis, the geographic level of analysis, the role of the proposed permanent council, and the appropriateness of telehealth recommendation. The staff were encouraged to engage in "outside the box thinking" and reach key audiences.

Ms. Renfrew described changes made to the draft in response to the Commissioner feedback. Additional changes can be made based on discussion in this meeting. Ms. Renfrew and Dr.

Quinn will present the revised report to the Commission on October 17th and the Commissioners will vote on the report.

Agenda Item #3: Discussion Items

The workgroup focused discussion on changes that have been made to the report since the last workgroup meeting.

An executive summary was added to the report.

Recommendation #14, related to the proposed permanent council, has changed. Mr. Steffen described several opinions on how this council would function. He described that it could be an “action oriented” group or a “blue ribbon” group. Budget is an issue; with a “blue ribbon” group, the allure of high-profile figures can be leveraged into action and be managed cheaply. An action oriented group that has more research or programmatic functions would require a more “ambitious budgetary lift.”

Dr. Woods stated that she has seen a lot of interest on this topic. She described the report on infant mortality as the first step: “not a problem solved, but a problem better defined.” We need to gain momentum to achieve these recommendations.

A permanent council could help prioritize the implementation of the recommendations and “get hooks” into legislation to implement policy at a broader scale and also get people invested into the workgroup.

The workgroup continues to support the council focusing on both infant and maternal mortality. These issues are intertwined. A concern with this approach is that it can be difficult to balance both needs and make impact on both areas. Other workgroup members expressed that while widening the scope makes it harder to accomplish any single goal, in this instance, it makes sense to include the mother and the whole family. This combined scope may also help attract more interest from higher-level officials.

Agenda Item #4: Final Comments on Report

Executive Summary & prioritization of recommendations

The workgroup offered no new changes. Similarly, the workgroup agreed that all of the current recommendations should remain.

Recommendation 6: Breastfeeding Initiatives

A workgroup member expressed concern that the “Baby Friendly Hospital” certification, which was included in Recommendation 6, can be quite expensive for a hospital (estimates nearly \$13,000 or more), presenting a barrier for rural hospitals. The work group discussed this concern and decided that it may make more sense to switch the wording to emphasize a set of “Maryland best practices” that would be similar to “Baby Friendly Hospital” but would decrease the financial burden for hospitals.

Recommendation 11: Progestogens

Maryland Medicaid followed up on previous workgroup discussions on Progestogen use. Most MCOs do require preauthorization for progestogens due to the high price. Preauthorization occurs within 48 hours. Delays longer than 48 hours would be abnormal, inappropriate, and should be sent to Medicaid.

The original application to the FDA, Makena (the brand name) was approved in 2011 contingent on follow-up study. The follow-up study did not show statistical improvement for reducing preterm birth. This issue is still under review at the FDA but could have an impact on our recommendations. The workgroup discussed the potential impact of this information on our report and staff agreed to look into the issue.

Agenda Item #5: Next Steps

To conclude the meeting Ms. Renfrew noted that--

- The draft will be revised and finalized by 10/10/2019;
- Revised report will go out Commissioners in advance of the 10/17/2019 meeting; and
- The final report will be submitted electronically on 11/1/2019.

Future developments will be communicated via email.

As a reminder, MHCC has no ongoing role related to infant mortality. It is important for all stakeholders to know that moving the recommendations forward will require legislative champions. State colleagues will continue to do the work that they do to help us achieve these goals.

The MHCC does not typically hold formal votes at workgroup meetings. Instead, we’ve worked to make sure that the final report reflects the workgroup contributions, and in instances where the workgroup does not agree, we want opinions that differ to be reflected.

Agenda Item #6: Evaluations

Workgroup participants were asked to fill out a brief evaluation form. Ms. Renfrew thanked the workgroup for their participation and contributions.