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Thank you for joining today's webinar. We will begin promptly at 1:00 p.m. Central.

Rural Maternal Health Series: HRSA Rural Maternal Health Initiatives

1



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Your *First* **STOP** for *Rural Health* **INFORMATION**



Rural Maternal Health Series: HRSA Rural Maternal Health Initiatives

2

# Housekeeping

- Slides are available at <https://www.ruralhealthinfo.org/webinars/maternal-health-initiatives>
- Technical difficulties please visit the Zoom Help Center at [support.zoom.us](https://support.zoom.us)

3

If you have questions...

The image shows a Zoom meeting interface. On the left is a slide from RHIhub (Rural Health Information Hub) with the text: "Your *First STOP* for *Rural Health* INFORMATION" and "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "More" icon in the Zoom meeting controls at the bottom. On the right is a "Question and Answer" window with the text: "Welcome. Feel free to ask the host and panelists questions." and a text input field labeled "Type your question here..." with a red arrow pointing to it.

4



## Rural Maternal Health Learning Series Welcome and Introductions

**Dr. Kristen Dillon, MD, FAAFP, Chief Medical Officer**

Federal Office of Rural Health Policy (FORHP)

Health Resources and Services Administration, U.S. Department of Health and Human Services

**Vision: Healthy Communities, Healthy People**



5

## Featured Speakers



**Carla Haddad, MPH**, Director, Health Resources and Services Administration (HRSA) Enhancing Maternal Health Initiative, U.S. Department of Health and Human Services



**Brittney Roy, MPA**, Program Director, National Governors Association



**Karla Weng, MPH, CPHQ**, Director of Program Management, Stratis Health

6



# Health Resources and Services Administration Enhancing Maternal Health Initiative

May 21, 2024

**Carla Haddad**  
Director, Enhancing Maternal Health Initiative  
Immediate Office of the Administrator



7

## Who We Serve

### HRSA Programs Serve Those Most in Need

- **30.5 million people** in underserved communities
- **More than 58 million pregnant women, infants, and children**
- **Nearly 22,000 health care providers** through loan repayment and scholarship programs
- **More than 560,000 people** with HIV
- **More than 1,900 rural counties and municipalities** across the country



8

## HRSA Enhancing Maternal Health Initiative

- Year-long initiative launched in January 2024
- Focuses on parts of the country where HRSA has significant maternal health investments, there are meaningful opportunities for new partnerships and collaborations, and there is high need
- Aim: to strengthen HRSA’s maternal health work to address maternal mortality and related disparities in partnership with mothers, grantees, community organizations, and state and local health officials



- Read more [here](#).



9

## Goals of the Initiative

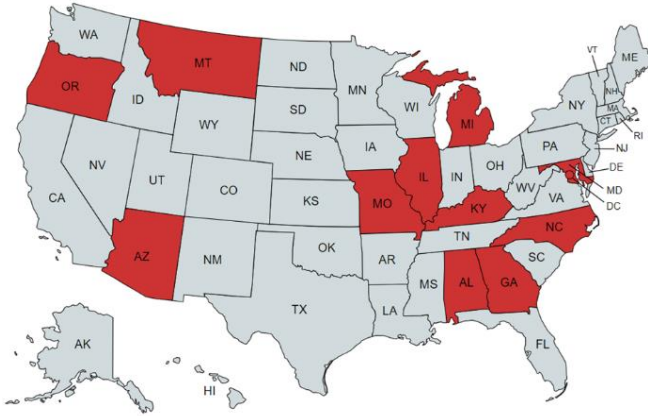
The initiative focuses on making concrete progress in three tracks where HRSA can make the most meaningful impact:

1. Fostering new partnerships and collaborations among HRSA grantees in high need areas to address maternal mortality and improve maternal health
2. Developing and tracking new metrics for enhancing cross-HRSA activities to address maternal mortality and improve maternal health
3. Strengthening the capacity of HRSA staff to promote the full range of HRSA maternal health grants, programs, and resources to their stakeholders



10

## Selected States & Jurisdiction



- ✓ Arizona
- ✓ Alabama
- ✓ Georgia
- ✓ Illinois
- ✓ Kentucky
- ✓ Maryland
- ✓ Michigan
- ✓ Missouri
- ✓ Montana
- ✓ North Carolina
- ✓ Oregon
- ✓ District of Columbia



11

## Missouri Convening April 3, 2024

- Launch of first state convening
- Attendees shared personal stories and how HRSA programs supported them and their babies
- Providers emphasized the importance of providing patient-centered care to pregnant women, mothers, and their families, including support services and screening and treatment for maternal mental health
- Read more [here](#).



12

12

## Georgia Convening April 29, 2024

- Announced \$105 million in new Healthy Start awards to support more than 100 community-based organizations to improve maternal and infant health
- Read more [here](#):



13

# National Maternal Mental Health Hotline

1-833-TLC-MAMA (1-833-852-6262)

Free, confidential, 24/7 mental health support for moms and their families before, during, and after pregnancy. English- and Spanish-speaking counselors are available. Interpreter services support 60 other languages.



Learn more at <https://mchb.hrsa.gov>

14

**HRSA**  
Maternal & Child Health

14

# Hotline Promotional Material

 **1-833-TLC-MAMA (1-833-852-6262)**

Posters, wallet cards, magnets,  
and social media shareables



Scan to download or order free material



Learn more at <https://mchb.hrsa.gov>

15



15

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16

16





## ***Birthing Friendly Hospital Designation: Rural Opportunities***

**Karla Weng, MPH, CPHQ**  
**Stratis Health**  
**May 21, 2024**

**IOWA**

*This resource was developed with funding from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$500,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the U.S. Government.*



17

18

## **Rural Health Value**

- A collaboration between the RUPRI Center at the University of Iowa and Stratis Health, funded by the Federal Office of Rural Health Policy
- To facilitate rural provider and community transitions from *volume-based* to *value-based* health care and payment.
- Rural Health Value's charge:
  - Develop tools and resources
  - Interpret health policy
  - Disseminate best practices
  - Provide direct technical assistance
  - Share rural experiences

**IOWA**



18

## “Birthing-Friendly” Hospitals and Health Systems



- "Birthing-Friendly" is a new CMS designation on Care Compare to indicate high-quality maternity care.
- To earn the designation, hospitals report the **CMS Maternal Morbidity Structural Measure**, which includes annual attestation of hospital activities:
  1. Participation in a statewide or national perinatal quality improvement collaborative program; **and**,
  2. Implementing patient safety practices or care bundles to address complications occurring during pregnancy and birth.
- Reporting the measure is voluntary for CAHs



## “Birthing Friendly” Hospital and Health Systems (2)

- The designation was first reported on the CMS Care Compare site in November 2023 (based on Calendar Year 2022 status).
  - [Birthing-Friendly Hospitals and Health Systems | Interactive Map](#)
- For the initial designation period, the following results were submitted voluntarily by Critical Access Hospitals:
  - 158 CAHs earned the Birthing Friendly designation
  - 250 CAHs indicated that the measure is not applicable because they do not have a birthing unit
- Hospital reporting for 2023, and updates to the designation will be released later this year on Care Compare

**Measure Information:** [QualityNet IQR Measures](#) (scroll to Structural Measures) for [Instructions](#) and an [Attestation Guide](#). Annual reporting is due by May 15<sup>th</sup> for the calendar year prior (CY 2023 reporting was due May 15, 2024)



## Rural Health Value Birthing Friendly Exploration

### Purpose:

Gather feedback directly from rural hospitals regarding the new CMS Birthing Friendly Hospital designation.

### Method:

Surveys and interviews targeting CAHs and small rural hospitals that provide labor and delivery services

- Outreach to more than 80 facilities in 22 states\*
  - 42 survey responses and 11 interviews informed the findings, a mix of hospitals that met and did not meet designation criteria
  - Surveys and interviews took place in spring 2023

*\*Thank you to State Office of Rural Health and State Hospital Association staff that assisted Rural Health Value in identifying appropriate hospital contacts for this effort!*



## Findings (1)

### Wide variation in staffing models and capacity across rural hospitals:

- Range in annual deliveries of 60 – 600
- Mix of medical models: OB-GYN, Family Practice, Certified Nurse Midwives

### Regarding Reporting and Designation:

- Reporting and awareness
- Understanding of the measure and current designation criteria

*“As a rural hospital, I want our patients to feel that they are getting the most up to date evidence-based care as they would at any other facility that provides OB Services. Just because we are small, doesn’t mean we don’t know what we are doing.”*



## Findings (2)

### Rural Engagement in PQC Activities:

- Wide variation across states
- Awareness and access for rural hospital participation
- Time and capacity of rural hospital leaders to engage
- Relevance of activities and focus areas for hospitals with limited-resources

*“This work is hard to do in an hour here and an hour there”*

*“A lot of the policies and procedures are driven by larger hospitals with a different set of resources”*

*“Actual examples with PDSAs from rural hospitals that have been worked through would be helpful”*



## Birthing Friendly Designation: *Potential* Rural Hospital Implications

- Contracting
- Reimbursement
- Consumer choice
- Future updates to designation criteria



## Continued Opportunities

- Increase rural hospital access to and engagement in PQC supported activities:
  - Potential adaptations to tools and processes that better align with resources available in rural hospitals
  - “Catch-up” options to support rural hospitals implement key patient safety bundles if they are new to PQC participation
  - Targeted strategies to engage rural hospitals either independently or as part of broader health-system initiatives
- Expanded focus areas particularly relevant in rural:
  - Pre/post-natal care access and best practices including strategies to help address health-related social needs
  - OB Emergency Readiness ([AIM Obstetric Emergency Readiness Resource Kit | AIM \(saferbirth.org\)](#))



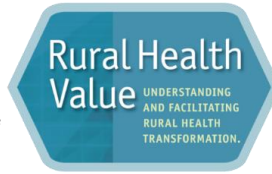
25

## Resources

- National Network of Perinatal Quality Collaboratives ([www.nnpqc.org](http://www.nnpqc.org))
- AIM (Alliance for Innovation on Maternal Health) ([www.saferbirth.org](http://www.saferbirth.org))
- [Maternal Health Learning and Innovation Center](#)
- [Rural Maternal Health Toolkit - RHlhub \(ruralhealthinfo.org\)](http://ruralhealthinfo.org)
- Recordings and resources from the five webinars in the [Rural Maternal Health Learning Series](#), March-May 2024.



26



Karla Weng, MPH, CPHQ

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## Rural Maternal Health Series Recap

**Kristen Dillon, MD, FAAFP, Chief Medical Officer, Federal Office of Rural Health Policy  
Health Resources and Services Administration**

**Vision: Healthy Communities, Healthy People**



## Rural Maternal Health Series – Key Resources

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For hospitals with birth units:

- Learn about and report the data on the [Maternal Morbidity Structural](#) measure and become a [Birthing-Friendly Hospital](#)
- Connect with the PQC in your state: [National Network of Perinatal Quality Collaboratives](#)
- Explore the Alliance for Innovation on Maternal Health Safety Bundles - [SaferBirth.org](#)
- Support the maternal mortality review process: [ReviewtoAction.org](#)
- For more detail on these topics, the [Rural Maternal Health Series webinars](#) are archived for viewing.



## Rural Maternal Health Series – Key Resources

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For hospitals without birth units:

- Review the [OB Emergency Readiness Resource Kit](#) (this is a project supported by HRSA and managed by ACOG)
- Join the Indian Health Service [Care and Access for Pregnant People ECHO Program](#) – Open to any clinician in the U.S.
- View the recording of the [OB Readiness in Facilities Without Birth Units](#) webinar
  - [PowerPoint Handout](#) available



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31

31

## Questions?

32



# Thank you!

- Contact us at [ruralhealthinfo.org](https://ruralhealthinfo.org) with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website