

HEALTHY MOMS



HEALTHY BABIES

**ARKANSAS
STRATEGIC COMMITTEE
FOR MATERNAL HEALTH**

**Maternal Health Working Group
Statewide Strategic Maternal Health Plan**



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EXECUTIVE SUMMARY

Governor Sarah Huckabee Sanders signed the Executive Order to Support Moms, Protect Babies, and Improve Maternal Health on March 6, 2024. Since then, stakeholders have collaborated to develop new policies, programs, and approaches to improve health outcomes for pregnant women, new moms, and babies.

This report is the product of their work. It is focused around the main priorities stakeholders established through their discussions: data and reporting, local healthcare transportation, substance use treatment, maternity care, contraception access, information and education, prenatal care and delivery locations, and community-based healthcare professionals.

Over one hundred stakeholders attended a kickoff meeting in April, during which four subgroups were established to focus on key areas: Data, Reporting, and Technology, Clinical and Practice Improvements, Education and Outreach, and Healthcare Access and Medicaid.

The subgroups met more than 20 times since April, including two meetings with all stakeholders. The Strategic Committee for Maternal Health met monthly during the six-month process and evaluated the subgroup suggestions to synthesize them into a unified maternal health roadmap for the state of Arkansas.

Given the urgency and importance of maternal health, the Strategic Committee also directed state agencies, stakeholders, and community partners to take some immediate actions.

INITIAL PROGRESS REPORT

Completed Activities:

- Conducted multiple ADH-led stakeholder meetings across five pilot counties: Polk, Scott, Garland, Crittenden, and Phillips.
- Completed reviews for multiple Medicaid processes, including newly eligible onboarding, renewal applications, fee-for-service group billing, qualified health plan group billing, post enrollment processes, and Federal Facilitated Marketplace transitions.
- Participated and planned a Month of May women's health event at the State Capitol.
- Partnered with UAMS on a pilot project to place mobile maternal units in Madison and Ashley counties. Exploring plans to add Phillips and Scott counties.
- ADH partners with Arkansas Children's Hospital (ACH) to provide home visiting services in Crittenden, Phillips, Garland, and Polk counties. Discussions have begun to determine if services can be expanded to all pilot communities.
- Identified funding to procure folic acid and blood pressure cuffs and make them available to family health and maternity patients.
- Partnered with UAMS on a grant application to secure community health workers in each pilot location, as well as other locations around the state.
- Explored statewide maternal health collaboration opportunities with Arkansas Blue Cross and Blue Shield, specifically across pilot counties.
- Researched and promoted the ACH paid version of FindHelp for a localized resources repository and updating assistance.
- Collaborated with various stakeholders and possible partners to understand barriers, expand capacity, and improve coordination for maternal health transportation across Arkansas.
- Educated rural hospitals about the UAMS Obstetrics helpline.
- Updated local health unit clinical processes regarding pregnancy testing, WIC, and maternity appointments.
- Discussed policy reforms and maternal health protocol improvements with local emergency services, including pregnancy-related questions during routine calls.
- Partnered with the University of Arkansas on a grant application to address negative obstetric outcomes.



INITIAL PROGRESS REPORT

Completed Activities (cont.):

- Partnered with Community Clinic on a grant application to promote cardiovascular care.
- Participated in panel discussions with multiple agencies and partners to improve and expand maternal health education, awareness, and ongoing policy reforms.
- Discussed with RootED ways to assist rural schools with funding to support the placement of a resource counselor in the school to interact with students and connect them to resources and future educational and workforce options.
- Secured funding through ADH to promote contraception education and patient-centered counseling.
- Developed an ADH dashboard draft to track key health indicators for the pilot counties.

Ongoing and Planned Activities:

- Revising patient-centered counseling education strategies to include birth spacing, contraceptive choices, and family reproductive goals.
- Developing a Transforming Maternal Health (TMaH) Model grant application, due to CMS on September 20, 2024.
- Initiated discussions with St. Bernard's to educate partners regarding the newly developed satellite OB clinics available through St. Bernard's in various locations across east Arkansas.
- Discussing new DHS staff deployment opportunities in local health units during Maternity Clinic days to facilitate Medicaid applications and address reproductive health questions.
- Initiating a partnership with the Church of Jesus Christ of Latter-Day Saints to pilot a comprehensive childcare and maternal support program.
- Exploring the national Baby2Baby program to deploy infant and mom personal care items to our state pilot counties.
- Reviewing a women's cardiovascular toolkit program developed and endorsed by the CDC and the Million Hearts program.
- The Arkansas Perinatal Quality Collaborative continues to engage with birthing hospitals across the state to promote maternal safety bundles. The first bundle has been the safe reduction in primary cesarean section, and work is underway to develop and implement a safety bundle to address congenital syphilis.

KEY FINDINGS & RECOMMENDATIONS

I. DATA, REPORTING, AND TECHNOLOGY

These recommendations seek to address technological deficiencies and needs, including data collection, data reporting, and software. They also include new tools to improve maternal health.

Committee Recommendations:

- Develop a dashboard with key maternal health indicator criteria to provide a baseline and track performance against the Strategic Committee’s maternal health goals.
- Develop a dashboard to measure Medicaid eligibility determination protocols and application processing for pregnant mothers.
- Develop a mobile-friendly resource to serve as a single-entry point for all online maternal health resources, including available services, educational materials, and Medicaid application referrals, leveraging the state’s Civiform infrastructure (in coordination with AR Forward and LAUNCH).
- To minimize reliance on self-attested reporting and data, implement Medicaid payment reforms to improve pre- and post-natal appointment tracking.
- Explore new technologies to further modernize delivery of maternal health services.

Ongoing and Planned Activities:

- ADH has developed a draft dashboard to track key health indicators for the five pilot counties, including care by trimester, smoking during pregnancy, insurance status, and others (available now).
- Agencies will incorporate additional demographic information and health metrics into the dashboard.
- ADH will develop reports for two higher-risk populations, pregnant mothers visiting local health units and mothers covered by fee-for-service Medicaid.
- DHS is adapting existing application processing dashboards to improve timeline and eligibility tracking for newly pregnant Medicaid applicants.

KEY FINDINGS & RECOMMENDATIONS

II. HEALTH CARE ACCESS AND MEDICAID

Medicaid covers 50-60 percent of all pregnancies in Arkansas annually. These reforms aim to ensure pregnant women and new mothers have clear and convenient access to coverage and care.

Committee Recommendations:

- Evaluate Medicaid reimbursement rates across the entire maternal health landscape, including family planning and contraception. The assessment should include every provider type and care setting. Consider Medicaid reimbursement increases to increase market access.
- Apply for the Transforming Maternal Health (TMaH) grant.
- Implement presumptive eligibility for Medicaid-eligible pregnant women.
- Improve identification and referral of pregnant and post-partum women at risk of losing coverage.
- Establish and expand Medicaid and non-Medicaid services for substance use treatment for pregnant and parenting women.
- Increase telehealth usage and expand options for mobile units.
- Reduce transportation barriers for pregnant women and mothers to improve pre- and post-natal healthcare access.

Ongoing and Planned Activities:

- A Letter of Intent for the TMaH grant has already been submitted and the first draft of the grant is in progress, with a due date of September 20, 2024.
- ADH has evaluated grant funding and established a mechanism to provide transportation to a local health unit for pregnant women who have tested positive for an infectious disease.
- DHS is reviewing all options for transportation that would allow mothers to bring their newborns/children with them when they attend post-natal and pediatric appointments.
- ADH has partnered with UAMS to ensure continuity of care for mobile services.
- ADH has partnered with stakeholders to identify funding and individuals to serve as community health workers in select local health units.
- DHS is reviewing all federal and state policies for addition of resources to enhance services and access available to pregnant women.

KEY FINDINGS & RECOMMENDATIONS

III. CLINICAL AND PRACTICE IMPROVEMENTS

These reforms aim to improve access and maternal health outcomes by enhancing financial incentives, improving care delivery, and modernizing the maternal health workforce.

Committee Recommendations:

- Create pathway for a Medicaid provider type and reimbursement for Doulas.
- Create pathway for a Medicaid provider type and reimbursement for Community Health Workers.
- Evaluate opportunities to task shift maternal health care services to other licensed providers.
- Include the Arkansas Surgeon General in the Arkansas Maternal Mortality Review Committee.
- Expand prenatal care services in local health units where necessary.
- Increase obstetrics education for Emergency Department physicians.
- Explore obstetrics and gynecology residency selection reforms to improve OBGYN residency graduate retention in Arkansas.
- Expand the number of obstetrics and gynecology residencies, develop a Family Medicine Obstetrics Fellowship, and establish a school of midwifery in Arkansas.
- Consider establishing a maternal health home and/or expansion of Life360 Maternity Care Homes.

Ongoing and Planned Activities:

- DHS is conducting policy research for Medicaid reform, presumptive eligibility, and payment reform modeling.
- ADH has begun discussions with stakeholder groups and others to develop standard certification pathways for doulas and community health workers in Arkansas.
- ADH is reevaluating community resources to assess the need for maternal health care in local health units.
- DHS and ADH continue to work with community stakeholders to identify local resources for inclusion in the comprehensive resource directory.
- ADH has begun developing clinical algorithms for educating and treating pregnant women in local health units to ensure quality and comprehensive maternal and family planning health care.

KEY FINDINGS & RECOMMENDATIONS

IV. EDUCATION AND OUTREACH

These recommendations seek to improve healthcare access for moms by modernizing public health education for pregnant women and new mothers across multiple channels.

Committee Recommendations:

- Develop a maternal health education and advertising campaign to increase the incidences of prenatal care, reduce incidences of no prenatal care, reduce incidences of pregnancy-related complications, and reduce the teen pregnancy rate. Channels may include digital advertising, broadcast TV/radio, and earned media. The campaign should leverage programmatic media to target specific audiences and demographics.
- Develop a statewide communications strategy for the Surgeon General to improve maternal health education and awareness.
- Develop branding for an overall educational campaign to unite all resources under one name, “Healthy Moms, Healthy Babies,” to include a standalone comprehensive website that includes all of the state’s maternal health resources.

Ongoing and Planned Activities:

- A Request for Proposals (RFP) for a media campaign has been drafted and is in review.
- ADH has developed tools to promote community education for women’s overall health before, during, and after pregnancy.

V. FOR CONTINUED DISCUSSION AND EXPLORATION

- Create stipends for teaching faculty to increase the number of faculty supporting maternity care training.
- Provide loan repayment support for certain maternity care providers, similar to primary care and dental.
- Establish a statewide system for OB Care Coordination.
- Create a regional, hub-based OB “float pool” to provide coverage for small practices.

The Committee recommended referring submissions to other entities that were outside of the scope of the Executive Order.

STRATEGIC COMMITTEE FOR MATERNAL HEALTH

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