Maternal Mortality Review Committee Recommendations

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NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.

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AGENDA

Maternal Mortality Review Committee (MMRC) and Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee Recommendations for the 2024 Maternal Mortality Report

- *Draft* 2024 Maternal Mortality Report Discussion
  - Key Data Points
    - Infographics
- Summary of MMRC *Draft* Recommendations
- Solicitation of NOMHE Advisory Committee recommendations

Maternal Mortality Review Committee Overview

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Maternal Mortality Review Committees (MMRCs) review deaths within one year of pregnancy to drive recommendations and actions to **eliminate preventable maternal mortality and address disparities**.

- MMRCs address the question on a case-by-case basis, “If she had not been pregnant, would she have died?”
- Per the Centers for Disease Control and Prevention (CDC), **63% of pregnancy-related deaths are preventable.** *(Based on results obtained from 14 MMRCs by Davis, et al, 2019).*
- The Nevada MMRC reviews all incidences of maternal mortality in Nevada, regardless of the cause of death.

MMRC and NOMHE Advisory Committee Report

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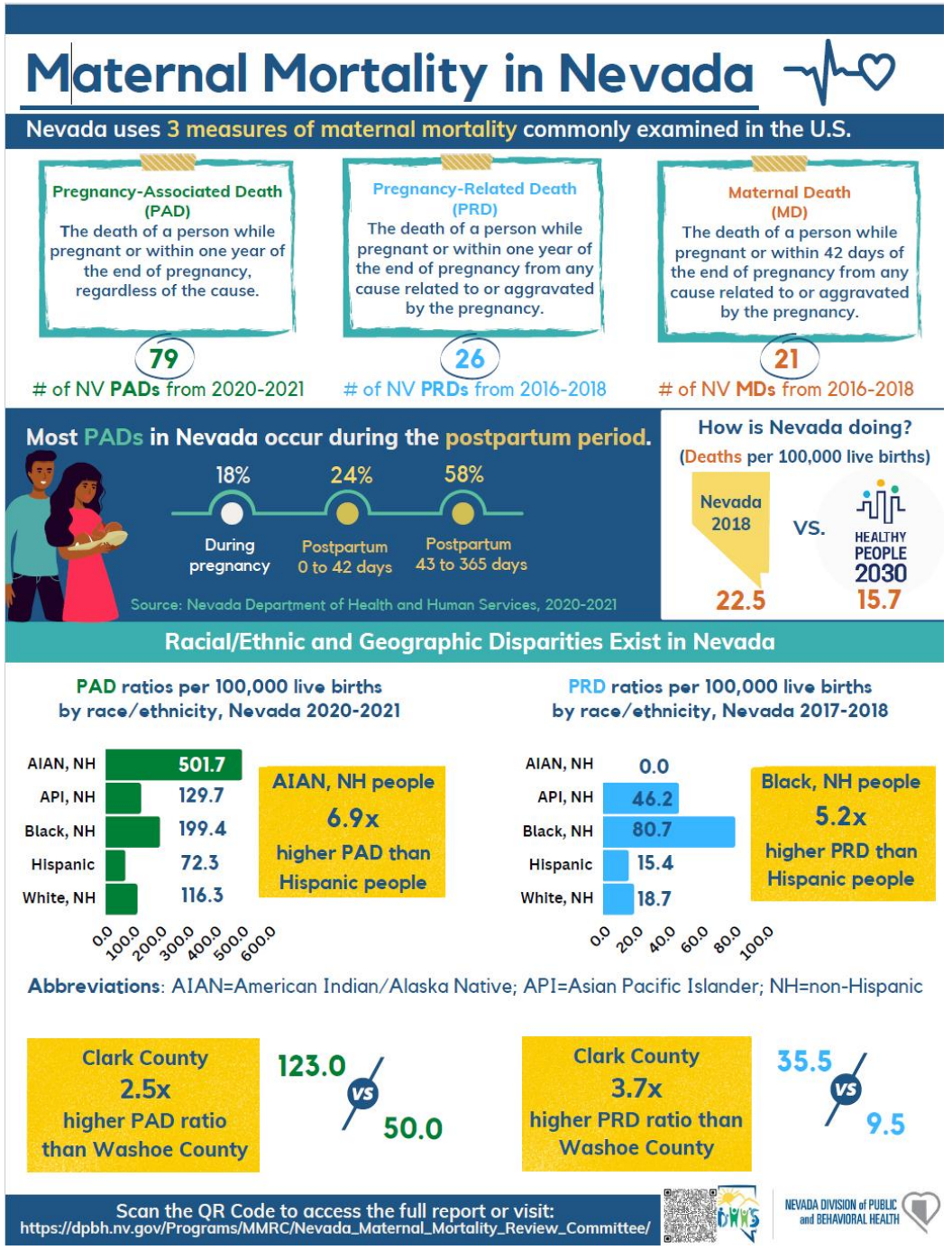
From **NRS 442.767 "***1(f) On or before **December 31** of each even-numbered year and in collaboration with the **Advisory Committee of the Office of Minority Health and Equity of the Department** and the Chief Medical Officer, develop and submit to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature a report that includes, without limitation:*

- *(1) A **description of the incidents of maternal mortality and severe maternal morbidity** reviewed pursuant to paragraph (a) and subparagraph (1) of paragraph (c), respectively, during the **immediately preceding 24 months**, provided in a manner that does not allow for the identification of any person;*
- *(2) A **summary of the disparities identified and reviewed** pursuant to subparagraph (2) of paragraph (c);*
- *(3) **Plans for corrective action** to reduce maternal mortality and severe maternal morbidity in this State; and*
- *(4) **Recommendations for any legislation or other changes to policy** to reduce maternal mortality and severe maternal morbidity or otherwise improve the delivery of health care in this State.*

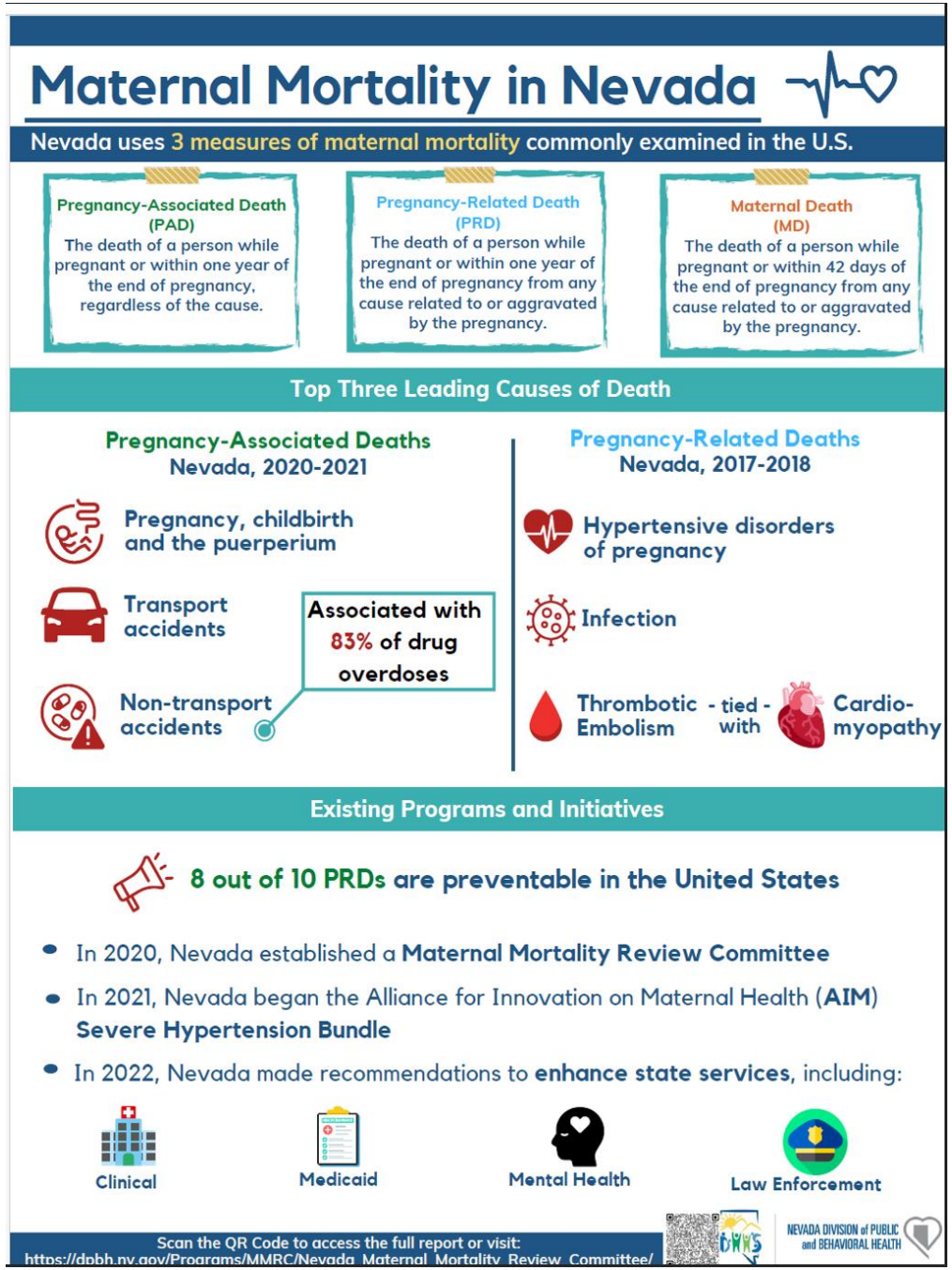
*2. The **Advisory Committee of the Office of Minority Health and Equity** may not access any information deemed as confidential pursuant to NRS 442.774 while collaborating with the Committee in the development of the report pursuant to paragraph (f) of subsection 1."*

- Maternal Mortality Report in draft status
- NOMHE Advisory Committee will review make recommendations at this meeting to be added to the report

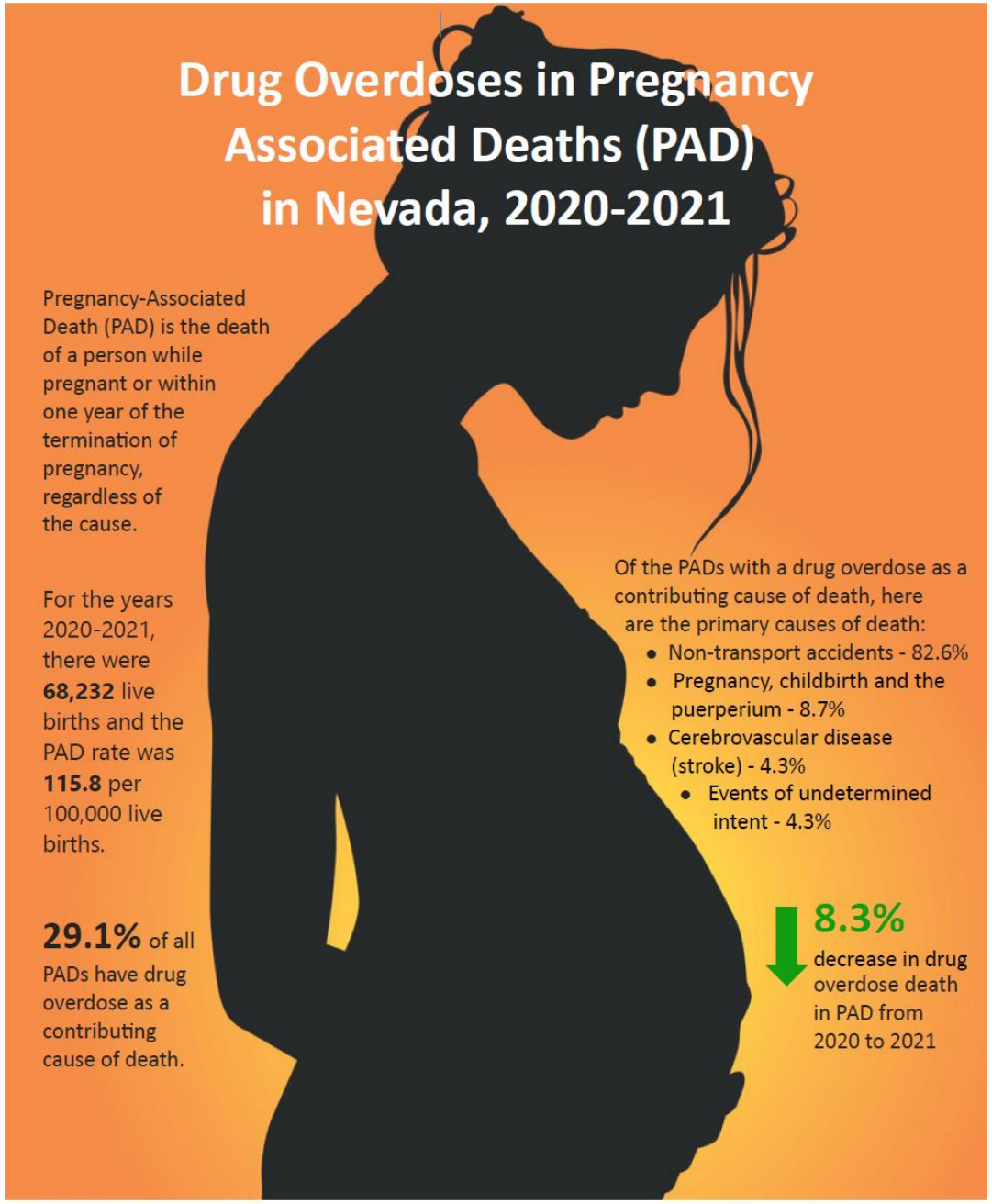
Maternal Mortality in Nevada: Disparities



Maternal Mortality in Nevada: Leading causes



Nevada Drug overdose PAD, 2020-2021



Infographic produced by the Office of Analytics, Nevada Department of Health and Human Services
Data Source: Web-Enabled Vital Records Registry System (WEVRRS). Drug overdose deaths are identified using underlying and contributing ICD-10 cause-of-death codes: X40-X44 (unintentional), X60-X64 (suicide), X85 (homicide), and Y10-Y14 (undetermined). For more information, please contact Office of Analytics - data@dhhs.nv.gov

Centers for Disease Control and Prevention (CDC) Reporting

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CDC-required MMRC reporting highlights:

- **Contributing factors**
- **Level** (*i.e.;* family, provider, system)
- **Prevention type** (primary, secondary, tertiary)
- **Size of impact** if implemented

EXAMPLE: Contributing factor – Referral, System level

Recommendation: Provide adequate drug treatment options. Educate providers on Nevada's substance use treatment options that already exist for pregnant persons and remove barriers to care.

Prevention type: Secondary
Expected impact: Extra large

2024 Maternal Mortality Report Recommendations: MMRC

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- Prior Maternal Mortality Report recommendation can be viewed here:
  - https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/MMRC%20MM%20and%20SMM%20LCB%20Report%20December%2028%202022%20FINAL.pdf
  - Educational campaigns are in development based on prior report recommendations
- MMRC members reviewed 18 maternal mortality cases from 1/1/2023- 6/13/2024 on cases from 2018-2020.
- The following MMRC recommendations have been grouped by CDC **Level of recommendation** and are in no specific order.
  - Please see meeting packet for the full list; only giant and extra large recommendations are included here

2024 MMRC Recommendations: Giant

- Access to trauma-informed therapy resources. (Level: System)
- State of Nevada agencies and programs such as the Nevada Department of Education and Department of Health and Human Services should develop and implement at least two robust evidence-based, education-based programs and support to effectively screen for and address Adverse Childhood Events (ACEs) in education settings. (Level: System) (***Recommended five times***)
- Nevada State Medicaid should provide acceptable and timely transportation for healthcare needs for Medicaid recipients by July 1, 2024, with the Division of Health Care Financing and Policy assessing current system adequacy. (Level: System)
- Extended access to Medicaid after delivery might have been life changing for this patient. We are grateful to Legislature for passing Senate Bill 232 of the 82nd Legislative Session for expanded Medicaid coverage. (Level: System)
- Give patients or consumers of healthcare a list of approved or in-network providers immediately upon signing them up for insurance or making a referral for a condition. Increase awareness and strengthen those seeking care with support in navigating resources in mental health or in social crisis. (Level: System)
- State of Nevada Agencies should improve awareness of community resources for inadequate housing such as Nevada 2-1-1. (Level: System)
- Realignment of payment models to incentivize value rather than volume with a focus on prevention. (***Recommended twice – once for structural racism and once for access/financial to address treatment and insurance disparities***) (Level: System)

2024 MMRC Recommendations: Giant

- State and federal funding needs to improve access to outpatient care for those with low socioeconomic status. Prioritize Emergency Room (ER) referrals. (Level: System)
- When coordinating care for high-risk patients at increased risk of maternal mortality, clinicians should engage in more direct care coordination including warm hand-offs as an example vs. just providing information/referrals for continuity of care including both physical/mental health and social determinants of health. (Level: System)
- Providers and systems should have systematic follow-up with prenatal care patients to ensure continued care; a warm hand-off should be provided with patients changing to another provider to ensure the new provider's system/practice engages and follows the patient. (Level: System)
- Relevant State of Nevada agencies and programs should mandate priority access to mental health and medication assisted substance use treatment for pregnant women. (Level: Community) (***Also in 2022 MMRC Legislative Report***)
- Health systems and payers should be incentivized to address upstream determinants of poor outcomes, such as extreme morbid obesity.
- Providers and facilities should ensure that obese patients are counseled about weight management, risks of morbid obesity, and available treatment modalities, and documented in the medical record. (Level: Provider and Facility) (***Recommended twice)***

2024 MMRC Recommendations: Extra Large

- Kratom should be regulated by the Nevada Board of Pharmacy as a controlled substance. Education to public and providers regarding Kratom use. (Level: Community)
- State of Nevada needs to implement more programs for free medication-assisted substance use treatment and ensure providers are available to provide the treatment in order to reduce the use of Kratom for self-treatment of opioid use disorder. (Level: Community)
- State of Nevada should address the shortage of mental health care available in the state of Nevada through increasing access and coordination. (Level: System)
- State of Nevada needs to audit implementation of referral to admission of pregnant person with substance use disorder to evaluate the effectiveness of the Substance Abuse Prevention and Treatment Act (SAPTA) Program. (Level: System)
- State of Nevada agencies and programs such as the Department of Health and Human Services, Division of Public and Behavioral Health, and Behavioral Health and Wellness Program, as well as groups such as the Perinatal Health Initiative, should develop a focused campaign and dedicate funding for substance use in pregnancy reduction. (Level: System) (***Recommended twice***)
- The State needs to increase access for in-patient and long-term mental health for pregnant and postpartum women and provide more resources for mental health for women during pregnancy and postpartum. Encourage mental health screening in OB offices during pregnancy, not only postpartum. Provide a service like "care everywhere" where outside source information may pull for the patient from other sources which cues continuity of care for diagnoses; for example, if this was in place, the OB office may have seen the bipolar disorder diagnosis and could have worked with their patient regarding this. (Level: System)

2024 MMRC Recommendations: Extra Large

- State of Nevada agencies and programs should mandate priority access to mental health and medications for substance use treatment for pregnant persons by July 1, 2025. (Level: System)
- The State of Nevada should develop a Perinatal Quality Collaborative to improve uptake of current standard of care recommendations. (Level: System)
- Providers should take implicit bias and cultural competency training which states they need to recognize and reduce unconscious bias and links to a training at DHHS as an example. (Level: Provider)
- Health care providers should practice meeting the patient where they are at. Call in behavioral health for consultation to discover why patient may be apprehensive to the medical interventions proposed using shared decision making. (Level: System)
- Patient's choice 17 years prior to death should have been continually reassessed, and shared decision making re-addressed. (Level: Provider)
- Evidence-based methods should be used in pain management. (Level: Facility)
- Perinatal Quality Collaborative should be established to drive the use of evidence-based guidelines for Deep Vein Thrombosis prevention at admission should be followed. (Level: System)

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Discussion of Recommendations

- What recommendations would the NOMHE Advisory Committee like to *add* to the draft 2024 Nevada Maternal Mortality Report?

- Are there any MMRC recommendations the NOMHE Advisory Committee would like to *highlight* as being of particular importance?

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CONTACT INFORMATION

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https://dpbh.nv.gov/Programs/MMRC/Nevada_Maternal_Mortality_Review_Committee/

ACRONYMS

CDC-Centers for Disease Control and Prevention

CFCW-Child, Family and Community Wellness

DPBH-Division of Public and Behavioral Health

DHHS-Department of Health and Human Services

MMRC-Maternal Mortality Review Committee

NOMHE Advisory Committee-Nevada

Office of Minority Health and Equity Advisory Committee


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