**Success Story Template**

**Level of Success Story:** *Please align your success story with implementation of a recommendation from your maternal mortality review committee. Indicate here the level or area of focus of that recommendation as it aligns with the MMRIA Committee Decisions Form:*

* *PROVIDER: An individual with training and expertise who provides care, treatment, and/or advice*
* *FACILITY: A physical location where direct care is provided - ranges from small clinics and urgent care centers to hospitals with trauma centers*
* *SYSTEM: Interacting entities that support services before, during, or after a pregnancy - ranges from healthcare systems and payors to public services and programs*
* *COMMUNITY: A grouping based on a shared sense of place or identity - ranges from physical neighborhoods to a community based on common interests and shared circumstances*
* *DATA (not currently reflected in the MMRIA Committee Decisions Form): An activity to improve a key step of the MMRC process – may include improving the case identification process or enhancing the comprehensiveness of data collected on cases*

***Please indicate the level of success story here:***

**PROVIDER**

**FACILITY**

**SYSTEM**

**COMMUNITY**

**DATA**

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| Success Story Overview: |
| Policymakers, researchers, stakeholders, and the public have focused considerable attention toward the issues of maternal mortality and severe maternal morbidity (MM/SMM) in Texas. The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) and Texas Department of State Health Services (DSHS) are committed to improving maternal health and preventing MMM in Texas.  The [Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, September 2018](https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf), included findings and recommendations to reduce MM/SMM. These findings and recommendations informed several actions of the 86th Texas Legislature, Regular Session, 2019 and is reflective of the Texas MMMRC’s success in moving recommendations into action. |
| The Challenge |
| Several recommendations from the [Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, September 2018](https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf) committee identified opportunities to improve maternal health and safety, including:  Recommendation #1 — Increase access to health services during the year after pregnancy and throughout the interconception period to improve the health of women, facilitate continuity of care, enable effective care transitions, and promote safe birth spacing.  Recommendation #2 — Enhance screening and appropriate referral for maternal risk conditions.  Recommendation #3 — Prioritize care coordination and management for pregnant and postpartum women.  Recommendation #4 — Promote a culture of safety and high reliability through implementation of best practices in birthing facilities.  Recommendation #9 — Champion integrated care models combining physical and behavioral health services for women and families.  Recommendation #10 — Support strategies to improve the maternal death review process. |
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| The Solution |

MMRC findings informed development of actionable recommendations to improve the quality of care and safety of maternal health populations in Texas. The [Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, September 2018](https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf) raised awareness of the MMMRC’s recommendations among the public, clinicians, and policymakers on drivers to maternal mortality and offered strategies to improve maternal health and safety in Texas. Many of the recommendations led to policy improvements enacted by the Texas 86th Legislature, Regular Session.

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| The Result |

MMMRC-related actions of the Texas 86th Legislature, Regular Session, 2019:

* Senate Bill (SB) 436 - directs DSHS, in collaboration with the MMMRC, to develop statewide initiatives to improve maternal and newborn health for women with opioid use disorder.
* SB 748 –
  + directs the Health and Human Services Commission (HHSC) to:
    - collaborate with the MMMRC to perform annual data collection of specific information from the Medicaid and Healthy Texas Women programs; and
    - consult with the MMMRC for development of a telehealth or telemedicine services program and conduct program evaluations including to explore expanding certain services.
  + directs the HHSC Executive Commissioner (via DSHS), to apply for grants under the Federal Preventing Maternal Deaths Act of 2018 (PMD)
  + charges DSHS to develop and implement a high-risk maternal care coordination services pilot program (HRMCCSPP).
* SB 750 - changed the committee’s name to the Texas Maternal Mortality and Morbidity Review Committee [to more closely align with language in the PMD] and added a provision making limited allowances for reporting in compliance with the PMD.
* SB 2132 - directs HHSC to consult with the MMMRC on improving the process for providing required information to women enrolled in the HTW program.
* 2020-21 General Appropriations Act, House Bill (HB) 1 (Article II, Health and Human Services, Rider 28) – appropriated annually over the biennium:
  + $1.33M and six Full Time Employees (FTEs) to implement maternal safety initiatives statewide.
  + $1.17M and two FTEs to develop and establish the (HRMCCSP).
  + $1M to increase public awareness and prevention activities related to MMM.
* HB 25 - directs HHSC to collaborate with the MMMRC to develop and implement a pilot program for providing services to certain women and children under the Medicaid medical transportation programs.

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| Methods of Sustainability |

Sustainability of the maternal health and safety activities directed by the 86th Texas Legislature, Regular Session, requires:

* Continued investment in maternal health and safety activities;
* DSHS/HHSC cross-agency collaboration; and
* Coordination of strategic partnerships with relevant engaged stakeholders and partners of Texas’ Perinatal Quality Improvement Network.