



# DATA COMMITTEE MEETING

## Drafted Meeting Minutes

**Date:** July 14, 2025, 1:30 – 3:00 PM. Virtual Zoom and Anchor Site DPH

**Name of note taker:** Caitlin Loyd

**Facilitator:** Liddy Garcia-Bunuel

**Attendees:** Lindsay Ashkenase, Alethea Miller, Vik Vishnubhakta, Meena Ramakrishnan, Leah Jones, Dede Hesse, Garrett Colmorgan, Dara Hall (new member), Laura Line (new member)

**Guest Presenters:** Megan Coalson, MCH Director, AmeriHealth Caritas; Kimberly York, MCH Director, Highmark; Lisa Butterworth, Clinical Operations Director of Women's Health, LaRed Health Center; Jenny Lancaster

Agenda Item	Notes
Welcome and New Member Introductions	Dr. Lindsay Ashkenase and Dr. Alethea Miller welcomed new members: Laura Line And Dara Hall
Approval of the Minutes from the May Meeting	<ul style="list-style-type: none"><li>• Dr. Ashkenase asked for a motion to approve the minutes from the last meeting.</li><li>• Minutes approved</li><li>• <b>Action Item:</b> Caitlin to attach meeting minutes from previous meeting to future meeting invitations.</li><li>• <b>Action Item:</b> Caitlin to send previous meeting minutes to Laura Line and Dara Hall.</li></ul>
Presentations on Access and Entry to Prenatal Care Data – PART I	<ul style="list-style-type: none"><li>• Overview of Importance of Prenatal Care:<ul style="list-style-type: none"><li>○ Lindsay gave an overview of the importance of access to prenatal care, and ACOG's Clinical Consensus related to the importance of prenatal care.</li><li>○ <a href="https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals">https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals</a> (can link this here too, that is the reference I used)</li></ul></li><li>• <b>PRAMS Data</b> (Dede Hesse)<ul style="list-style-type: none"><li>○ Pregnancy Risk Assessment Monitoring System currently in phase 9, moving to survey 9.2</li><li>○ Phase 8 (2022) includes questions on pre-pregnancy preparation, early PNC access, appointment barriers, and facilitators to care</li><li>○ Among those who didn't get PNC as early as wanted, there was an increase in 2020, particularly among those with only high school education</li><li>○ Key finding: 79.9% of Delaware women began prenatal care in first trimester, lower than 89.1% across all PRAMS sites</li><li>○ Survey continuity threatened by recent federal cuts; working to maintain this historically important data source</li></ul></li><li>• <b>Vital Statistics, HWHB, and PRAMS</b> (Vik Vishnubhakta)</li></ul>

Drafted meeting minutes are subject to change based on the next committee meeting.



- Outlined landscape of prenatal care data sources: Hospitals, HWHB data, birth certificates, and PRAMS
- HWHB program operates statewide through six vendors but does not robustly capture early entry data. Some vendors report gestational age at entry but not birth event data or vice versa.
- HWHB vendors are receptive to data-related adjustments and contractual changes based on needs.
- PRAMS data has considerable lags (only available through 2022 currently) and is survey-based, not population level data.
- Prenatal Care indicators from Vital statistics: Entry into prenatal care, and adequacy of prenatal care, access to prenatal care
  - Referenced 2025 ACOG Guidance as it relates to data collected about prenatal visits with a focus on quality:  
<https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals>
- **Managed Care Organizations**
  - AmeriHealth Caritas; Megan Coalson, MCH Director
    - HEDIS Measure(s) Timeliness of prenatal care [and post-partum care] (adherent/non-adherent)
    - Primary Barriers identified: Lack of providers in DE and culturally congruent providers
    - Get less than 30 ONAF forms per month from 350 pregnant patients (small percentage for care coordination.
    - Working to combine three MCO ONAF forms to be shorter and more manageable based on provider feedback. Offer incentives for both providers and members attending prenatal appointments.
    - HEDIS team meets monthly
  - Delaware First Health ;Dara Hall, MCH Director
    - New plan; launched in 2023
    - HEIDIS Measure(s): timeliness of prenatal care [and post-partum care]
      - Defined by members accessing prenatal care within 13<sup>th</sup> week or within 42 days of enrollment
      - Have seen increases in timeliness of prenatal care from 2023 to 2024, but race disparities persist.
    - Most reported barrier is transportation; offer additional transportation benefit when state benefit insufficient
    - Non-compliance higher in New Castle County (more members); transportation and provider capacity likely driving county differences
    - Use [NOP \(notification of pregnancy\) Forms](#) rather than ONAF. NOP forms are available in provider portal but providers do not complete them; no provider incentive currently offered.
    - Have workgroups for HEDIS measurements to drive CQI



- Highmark; Kimberly York, MCH Director
  - HEDIS Measure: Timeliness of prenatal care
    - Trending upward 2018-2024; Started using labs data and chart chasing after 2019/20 risk stratification changes.
    - Gap in prenatal care by race is decreasing
    - Overall compliance rate increased from 2023-2024
  - Prenatal care initiation and access: (claims data)
    - Gap in prenatal care by race is decreasing.
    - Overall compliance rate increased from 2023-2024
  - ONAF forms: receive less than 30 per month for around 300-350 members. Offer provider incentive.
  - Receive a quarterly PCP profile report from quality team about how they are doing on HEDIS measures.
  - Conduct monthly meetings to address barriers using fishbone analysis
- Fetal and Infant Mortality Review (FIMR) Data; (Meena Ramakrishnan):
  - Only 67% of women had PNC beginning in the 1st trimester; 1/3 had late or no PNC.
  - Separate 3-year analysis showed no PNC was higher among women with stillbirths (12%) vs infant deaths (4%)
  - SUD is not well-captured in FIMR data due to small numbers.
  - [Annual Report](#)
- **HWHB Providers**
  - Westside Family Healthcare; Dr. Ashkenase, Director of Women's Health
    - Use Uniform Data System (UDS) and HEDIS
    - Cannot always capture if pts received prenatal care elsewhere or out of state in UDS data.
    - Big drop in the beginning of 2024 due to staffing issues post COVID and immigration concerns
    - Steady improvement over last 18 months; provider availability crucial
    - Utilize telehealth to initiate care process and achieve first a visit within 7 days of first call.
  - LaRed Health Center; Lisa Butterworth, Clinical Operations Director of Women's Health
    - Timeliness of prenatal care (first, second, third trimester)
      - Mainly seeing pts receive prenatal care starting in the second trimester
    - Three facilities in Sussex county
    - Prenatal population are 80% uninsured

Attachments:

1. Meeting PowerPoint presentation



	2. Draft of Available Data on Access and Entry to Prenatal Care in Delaware Table
Data Dashboard Ideas and Examples – Jenny Lancaster	<ul style="list-style-type: none"><li>• Presentation moved to next meeting due to lack of time; Jenny Lancaster</li></ul>
Next Steps, including Part II, and Closing Remarks, Co-chairs	<ul style="list-style-type: none"><li>• <b>Action Item:</b> HMA and Co-chairs to discuss presenters for next meeting, and outreach<ul style="list-style-type: none"><li>○ Case reviews on prenatal care - Meena</li><li>○ Eat Sleep Console</li><li>○ Medicaid HEDIS Data – Richard</li><li>○ Nicole Moxley</li><li>○ University of Delaware</li></ul></li></ul>
Adjournment	<ul style="list-style-type: none"><li>• Meeting adjourned at 3:00 PM</li><li>• Next Meeting: date/time TBD</li><li>• <b>Action Item:</b> Caitlin to work with co-chairs to identify date and time of next meeting in Aug and debrief in Sept.</li></ul>