



DATA COMMITTEE MEETING

Meeting Minutes

Date: September 22, 2025, 2:00 – 3:00 PM. Virtual Zoom and Anchor Site DPH

Name of note taker: Caitlin Loyd

Facilitator: Alethea Miller, Liddy Garcia-Bunuel

Attendees: Vik Vishnubhakta, Leah Jones, Dede Hesse, Garrett Colmorgan, Dara Hall, Laura Line, Bridget

Buckaloo, Kathryn Gifford

Agenda Item	Notes
Welcome	Dr. Alethea Miller opened the meeting.
Approval of the Minutes from the July Meeting	 Dr. Miller asked for a motion to approve the minutes from the last meeting. Minutes from the July meeting were approved with a motion by Dede Hesse and a second by Vik Vishnubhakta.
Presentations	Eat Sleep Console and NOWS Data - Vik Vishnubhakta
on Access and	Background:
Entry to	NOWS (Neonatal Opioid Withdrawal Syndrome) has replaced the term "neonatal"
Prenatal Care	abstinence syndrome"
Data – PART II	 The Eat, Sleep, and Console model is a non-pharmacological approach to managing NOWS that Delaware has implemented
	Key Findings:
	 Delaware reports approximately 300 NOWS infants annually, with a downward trend observed
	No significant racial/ethnic disparities in NOWS rates
	 Strong associations between NOWS and adverse birth outcomes (preterm birth, low birth weight, extended hospital stays)
	Eat, Sleep, Console Implementation:
	Fully implemented in 4 of 6 birthing hospitals
	49 infants tracked across 3 hospitals; 29 received the ESC model
	No statistically significant association yet between ESC and reduced length of stay
	The majority of infants did not require medication
	State Maternal Health Innovation Grant:
	Pairing peer support doulas with substance-exposed perinatal mothers
	Goal to identify at-risk mothers prenatally and provide support





 Expected outcomes: reduced foster care placement, improved recovery capital, reduced severe maternal morbidity

Discussion Points:

- Breastfeeding rates low due to polysubstance use and cannabis use
- Implementation timeline varied by hospital, affecting early data
- Need for maternal education about the Eat, Sleep, Console model

Action Items:

- Slides to be made available to committee members with meeting notes
- Explore data matching between Impact Life peer support services and HealthySoft data
- Ensure Brandywine and other treatment providers have access to Eat, Sleep, Console educational materials
- Continue tracking implementation data as more hospitals provide information

Medicaid HEDIS Data - Richard Holaday

Background:

- Richard Holaday, Quality Director at DMMA, provided an overview of maternal health data collection
- Perinatal health has been a DMMA priority since 2017, included in Goal 1 of quality strategy
- Collaboration with managed care partners, the Division of Public Health, and advocacy groups

Data Collection Methods:

- HEDIS (Healthcare Effectiveness Data and Information Set) measures
- CMS adult and core set measures (federal mandate as of 2024)
- Stratified data collection by race, ethnicity, sex, and geography since 2022
- Hybrid methodology combining claims data with medical records

Current Performance:

- Delaware performing above the national median for prenatal and postpartum care measures
- New hire will help with data analysis bandwidth
- Healthcare Claims Database coming online to compare Medicaid vs. commercial/Medicare

Quality Improvement Activities:

- Quarterly meetings with MCO partners on quality measures
- Quality Improvement Initiatives Task Force meetings
- Performance improvement projects targeting pregnant/postpartum people with opioid use disorder

Data Requests and Specifications: Committee requested specific analysis of HEDIS prenatal and postpartum care measures stratified by:

- Geography (zip code level if possible, currently rural vs. urban)
- Race and ethnicity
- Specific diagnosis codes (hypertensive disease of pregnancy, preeclampsia)
- Trimester of care initiation

Discussion of Access Issues:



DELAWARE HEALTH AND SOCIAL SERVICESDivision of Public Health



Data Th	 Delaware is identified as an "OBGYN desert" with access challenges Need to identify geographic pockets with poor access to timely prenatal care Interest in chronic conditions data (hypertension, diabetes, obesity) Telehealth identified as a potential solution elevant Links/Documents: The Delaware Quality Strategy 2023 Medicaid/CHIP Health Care Quality Measures Data Dashboard AIM Severe Hypertension in Pregnancy ICD10 Codes List ction Items: Richard to provide technical specifications for HEDIS prenatal and postpartum care measures Richard to analyze 2024 stratified data by race, ethnicity, and geography Explore zip code-level geographic stratification through their data warehouse vendor Investigate the feasibility of stratification by specific diagnosis codes
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	Richard to return with specific data analysis at next Data Committee meeting (i.e., Part III)
Ideas and wi	nis agenda item was deferred due to time constraints. Dr. Miller noted that Jenny Lancaster was cheduled to present on the Marshall Project dashboard but was unable to attend. This presentation will be rescheduled for the next meeting.
Examples	Schedule Jenny Lancaster for the next meeting to present the Marshall Project dashboard
Next Steps Up	pcoming Changes:
and Closing Remarks, Co-	 Future meetings will be restructured: first hour led by Drs. Miller and Ashkenase, and second half hour led by Vik and Meena for task force-specific activities
	ecent Developments:
Citalio	DMMA is implementing a lactation consulting benefit with a telehealth component
	CMS approval obtained for telehealth services
	Dashboard development ongoing with focus on meaningful metrics
C	ollaboration Emphasis: Dr. Miller emphasized the importance of understanding the "why" behind
da	ata collection and praised Delaware's collaborative approach to breaking down silos between gencies.
Adjournment •	Meeting adjourned at 3:00 PM
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	Next Meeting: Monday, October 20, 2025, 1:30-3:00 PM