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DATA COMMITTEE MEETING

Meeting Minutes

Date: October 20, 2025, 2:00 – 3:00 PM. Virtual Zoom and Anchor Site DPH

Name of note taker: Caitlin Loyd

Facilitator: Alethea Miller, Lindsay Ashkenase

Attendees: Marci Eads, Vik Vishnubhakta, Meena Ramakrishnan, Garrett Colmorgan, Laura Line, Dede Hesse, Dara Hall, Priscilla Mpasi, Nichole Moxley (presenter/guest), Erin Nescott (University of Delaware invited by Liddy),

Agenda Item	Notes
Welcome	Dr. Lindsay Ashkenase opened the meeting.
Approval of the Minutes from the September Meeting	• Dr. Miller asked for a motion to approve the minutes from the last meeting. • Due to low attendance from the previous meeting, the group was unable to approve the minutes. • Action item: Caitlin to re-share September minutes with meeting minutes via email, and call for approval.
Presentations on Access and Entry to Prenatal Care Data – PART III	Delaware Maternity Care Access: Qualitative Study of Experiences Among Birthing People in Delaware – Nichole Moxley, Bureau Chief, Office of Healthcare Provider Resources, DPH Summary: ○ Nichole Moxley presented findings from a Delaware maternal healthcare access study conducted with JSI over 18 months. The study analyzed 2022 birth record data and included qualitative insights from 120 participants across 12 focus groups. Key findings revealed disparities in maternal healthcare access across Delaware counties, with variations by insurance type, race/ethnicity, and geography. Notable findings included longer drive times for Medicaid patients, higher rates of late prenatal care entry in Newcastle County despite closer proximity to facilities, and distinct utilization patterns (Hispanic mothers predominantly using Tidal Health Nanticoke, while non-Hispanic white mothers used other facilities). A Power BI dashboard was developed for ongoing monitoring, though it will be restricted to DPH due to privacy concerns. Discussion points: ○ Concerns raised about data age (2022) and suggestion to use more current HealthySoft data from DPQC ○ Growing Haitian community not adequately captured in analysis due to data constraints ○ Healthcare workforce shortages and provider capacity issues not fully addressed



	○ Need to examine prenatal/postpartum care locations in addition to birthing facilities ○ Transportation mode considerations (public transit vs. drive time calculations) ○ Future research could examine provider types, FQHC services, though funding limitations prevent immediate expansion Action Items: ○ Nicole Moxley: Confirm with internal review board if qualitative study data can be shared with DPQC; Caitlin to follow up with Committee. Case Reviews on Prenatal Care – Meena Ramakrishnan, MCDRC Summary: ○ Dr. Ramakrishnan presented data from Delaware's Fetal and Infant Mortality Review (FIMR) program, which has operated since 2006 and reviews approximately 40-60 cases annually. Key quantitative findings showed that one-third of cases had late or no prenatal care, with significant disparities by county (Kent and Sussex residents more affected), insurance type (Medicaid beneficiaries), race/ethnicity (Black non-Hispanic and Hispanic mothers), and site of care (40% at public clinics vs. 21% at private clinics). The postpartum visit rate was 77%. Qualitative case narratives highlighted barriers to early prenatal care access and identified co-located services as a strength. FIMR recommendations included supporting the creation of a nurse midwifery school in Delaware with priority for in-state residents, and emphasizing co-location of services for maternal mental health care access. Discussion Points: ○ Importance of integrated care delivery through family medicine practices or FQHCs where patients have established relationships ○ Reviews focus on de-identified data, examining staffing factors and care coordination ○ Larger clinics with case managers or community health workers show better outcomes ○ Insurance clarification: Medicaid category includes emergency Medicaid coverage. Action Items: [none] Medicaid HEDIS Data - Richard Holaday Summary: ○ Richard could not attend due to a mandatory meeting scheduling conflict. Action Items: ○ Caitlin to follow up with Richard requesting he participate in our next meeting.
Next Steps and Closing Remarks	• Drs. Miller and Ashkenase closed the Data Committee meeting, and welcomed the co-chairs of the MHTF, Vik and Meena, to begin their portion of the agenda.
Adjournment of DHMIC	• Data Committee portion of the meeting adjourned at 3:00 PM



Data Committee Meeting	
Welcome and Introductions MHTF Meeting	Vik Vishnubhakta explained that the Maternal Health Task Force Data Subcommittee meeting relates to data from the MHTF grant, with two components: (1) key performance indicators, and (2) maternal health innovation (integration of peer support doulas into perinatal care settings, particularly for women impacted by substance use).
Key Performance Indicators	Summary: ○ Vik and Meena presented a draft dashboard of Maternal Health Task Force key performance indicators developed in alignment with the strategic plan. The dashboard organizes KPIs into four categories: process indicators (screenings and behaviors like dental visits, depression screening), outcome indicators (breastfeeding rates, early prenatal care entry, severe maternal morbidity), impact indicators (long-term measures like infant mortality, maternal mortality, preterm births), and appendix indicators (important but not primary focus). Each indicator includes a definition, target based on Healthy People 2030 goals where available, data source (primarily Medicaid Core Data Set for quarterly tracking), and tracking frequency. A status system (red/yellow/green) will be assigned to prioritize strategic focus, with red indicators requiring substantive system-wide improvements, yellow for simple CQI initiatives, and green for continued monitoring. Key Discussion Points: ○ Data Sources: Primary reliance on Medicaid Core Data Set with supplemental data from PRAMS, HEDIS measures, vital statistics, and DPQC HealthySoft data ○ PRAMS Continuity: Dede Hesse confirmed Delaware DPH continues operating PRAMS and is working to transition from federal to state funding; 2022 data complete, 2023 data being weighted, 2024 data currently being collected ○ Multiple Data Sources: Need to determine which source to prioritize for indicators with multiple options (e.g., postpartum depression screening available through PRAMS self-report vs. Medicaid claims data vs. HEDIS measure PDS-E ○ Coverage Limitations: Dashboard primarily focused on health behaviors and outcomes; limited social determinants of health (SDOH) indicators like housing, food insecurity ○ Collaboration Opportunities: Erin Nescott (University of Delaware) offered Kids Count data and insights from Big Lake Housing for Pregnant Women workgroup Action Items: ○ Vik and Meena: ○ Update KPI dashboard with actual data (currently contains placeholders/TBDs) ○ Send Google Workbook to Caitlin for distribution to committee within next week ○ Assign red/yellow/green status categories based on data availability, current performance, and state priorities ○ Prepare updated indicator list for November 17th meeting ○ Check HEDIS measures for postpartum depression screening and intimate partner violence screening specifics



	○ Committee Members: ○ Review Google Workbook when distributed and provide feedback on: ▪ Missing indicators or gaps ▪ Indicators to emphasize or de-emphasize ▪ Appropriate tracking frequency (quarterly vs. annually) ▪ Alignment with state priorities and Title V MCH Block Grant ○ Timeline: Google Workbook to be shared within one week; feedback requested before November 17th meeting
Next Steps and Closing Remarks	• Vik and Meena concluded the MHTF portion of the meeting.
Adjournment of MHTF Meeting	• The meeting was adjourned at 2:52 PM. • Next Combined Meeting of Data Committee and MHTF: Monday, November 17, 2025, 1:30-3:00 PM