



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

Neonatal Abstinence Syndrome (NAS)

Committee Meeting Minutes 4/26/2017

Welcome and Introductions

The Committee Chair, Shelly Musser-Bateman, called the meeting to order at 1:00P.M. on Wednesday, April 26, 2017. She requested that everyone around the room and on the phone introduce themselves.

Attendees

Members in Attendance	Guests and IDPH
Shelly Musser-Bateman, Chair Ira Chasoff (phone) Ginger Darling Christine Emmons Arvind Goyal (phone) Jodi Hoskins, Co-Chair Omar LaBlanc (phone) Emily Miller (phone) Cindy Mitchell Aki Noguchi (phone) Elaine Shafer (phone) David Soglin	Amanda Bennett, IDPH (phone) Trishna Harris, IDPH Andrea Palmer, IDPH (phone) Miranda Scott, IDPH Alexander Smith, IDPH Ann Borders ILPQC Leslie Caldarelli Pattie Lee King, ILPQC Bakahia Madison Sessy Nyman, Everthrive IL Ramsay Unal
	Members Not In Attendance
	Dennis Crouse Robyn Gude Randy Malan Ellen Mason David Ouyang Mary Puchalski Nirav Shah Heather Stanley-Christian

Minutes

The Committee corrected the March 2017 minutes adjournment times from 5:56pm to 4:56pm. With this change, the March 2017 minutes were approved without objection.

Motions

1. Motion to approve the March 2017 Meeting Minutes
1st Ira Chasnoff, 2nd Shelly Bateman
2. Motion to create a decision tree.
1st David Soglin, 2nd Ira Chasnoff
3. Motion to adjourn.
1st David Soglin, 2nd Ginger Darling

Agenda Items

Updates—Discussion of Recommendations

- Are we recommending every infant with possible exposure be tested to be tested every five hours until discharge – is that really what we mean?
- Onset of NAS can occur anytime up to three days after birth, so keeping infant at least that long is recommended
- If DCFS is called in, it takes them at least that long to complete an assessment
- AAP recommends 5-7 days of testing.

Updates—MMRC-V Committee

- Subcommittee of the Perinatal Advisory Committee
- Charge is to specifically review a child's death due to violent causes
- DCFS, Coroner's office, Child Abuse prevention groups, and Domestic Violence groups comprise members
- Deaths caused by substance abuse are also included in their purview
- A review of the data shows that treatment/diagnosis was often not provided because many women were not being properly screened and/or providers didn't know how to ID symptoms or know proper billing codes
- Found an example in data review of a woman who had sought medical help multiple times in the year after she gave birth, but no treatment was prescribed so she ultimately overdosed.

- Considering developing a guide that will provide resources at a glance that could lend itself to prevention.
- Data Collection: MMRC priority is data collection; monitoring (PNP) and questioning user-friendliness. So, if a provider is prescribing a narcotic, should we create safeguards to determine if the patient is already taking a narcotic - and what is the interplay?
- Things to consider:
 - PNP is hard to use/not accessible and if a mom screens positive, it's not clear what to do with her to help.
 - PNP will allow a physician to see the prescription history for that patient ONLY in Illinois unless you have a license and are registered in another state.
 - There is conversation to make this a national database and also to embed in the general patient database
 - Doctors are not mandated to use the PNP; at the very least, we should recommend all physicians use it
 - PNP is required for pharmacists to use; in fact 80-90% do use it.
 - Doctors utilization is very low – between 10-20%
 - Currently, all states except Missouri use PNP, and some are starting to get interconnected.
 - In states where they have mandated PNP use, opioid prescriptions have reduced by 1/3
 - Today there are 18 states that have approved a compact (2-3 pending) where if you are licensed in one of those states, you are authorized to practice in any of the participating states.
 - Illinois is in the 18 but the state has not yet promulgated rules to implement this law.
 - It is considered best practice to require PNP, but some things still need to be put in place in Illinois before we can make that recommendation.
 - Illinois was awarded a 16million grant to fight opioid addiction (DHS)

Old Business—Step 2: Uniform Process of ID-ing NAS in Illinois

- At the last meeting, the Committee reviewed Ohio, Indiana, Florida, and Tennessee state protocols.
- The Committee decided to test for NAS if mother's history is positive and babies behavior is consistent with signs
- If babies are born in level 1 hospitals with little experience with NAS, staff/providers may not recognize symptoms. There is little consistency of diagnosis at level 1 vs. level 3 hospitals.
 - Currently, there is little clarity regarding how to follow these babies.
 - Provider systems need to be trained and educated to ensure movement towards consistency of diagnosis and treatment.
- Thus, the Committee decided to develop criteria for giving a neonatal drug screen by creating a decision tree similar to the state of Indiana's decision chart.

- Conversation regarding the criteria for this chart ensued.
- Dr. Soglin moved that the Committee create a decision tree. Dr. Chasnoff seconded this motion and it was approved without objection
 - Dr. Chasnoff, Dr. Unal, Ginger Darling, Jodi Hoskins, Cindy Mitchell and Christine Emmons will take the lead in drafting this decision tree.

New Business—Step 3: Protocols and Training for Hospital Staff

- Patti Lee King and Dr. Borders from ILPQC participated in this meeting.
- ILPQC has a group assembled to work on the NAS issue. They hope to work inform their work based on other state's experiences implementing quality improvement initiatives
- The group agreed the ILPQC should present on their NAS initiative and the NAS quality improvement initiatives of other states.
- The Committee also decided that it is imperative that ILPQC understand the committees work. Thus, Shelly Musser- Bateman and Jodi Hoskins will work to create a PowerPoint on the NASC's accomplishments to share with ILPQC.
- The Committee also discussed the importance of education and trainings on NAS for providers, hospital staff, *and* patients.
 - It was noted that provider trainings must include information about toxicology screens and how to utilize them.
 - ILPQC shared that the AAP has a toolkit for fetal alcohol syndrome that may be helpful when thinking through how to educate providers and patients.
 - Based on this discussion, ILPQC also agreed to share information about how other states educated their providers, hospitals, and patients at the July 2017 NASC meeting.
- Lastly, the Committee agreed to review the MA NAS recommendations before the July 20th meeting.

Next Steps

- Jodi Hoskins and Shelly will create PowerPoint summarizing NASC accomplishments for ILPQC.
- Dr. Chasnoff, Dr. Unal, Ginger Darling, Jodi Hoskins, Cindy Mitchell and Christine Emmons will take the lead in drafting this decision tree for discussion at the July meeting.
- ILPQC will present on state educational and quality improvement initiatives at the July meeting.
- The Committee will review the MA NAS Recommendation document distributed by Jodi before the July 20 meeting.
- The group will discuss ideas for education and training at the July meeting.

Adjournment

Dr. Soglin moved for the meeting to be adjourned. This was agreed upon by Ginger Darling at 2:48 P.M. on Wednesday, April 26, 2017