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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Levels of Care: Levels I and II (LOC)

June 2nd, 2017
 3:00 p.m. until 4:30 p.m.

George W. Dunne Building 69 W. Washington, 35th Floor Chicago, IL	IDPH Offices 535 West Jefferson, 5th Floor Springfield, IL
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Attendees

Members in Attendance	Guests and IDPH
Raye Ann de Regnier Yesenia Yopez Deborah Boyle Sue Hesse Melissa Hilt Omar LaBlanc Robert Walsh	Alexander Smith, IDPH Shannon Lightner, IDPH Miranda Scott, IDPH Andrea Palmer, IDPH Paula Simmons Lisa Weber Ann Newkirk Carol Rose Cindy Mitchell Robyn Gude Erin Renaugh Jenny Brandenburg Leigh Goodson Myra Sabini Ann Rhodes Stephanie Wallinger Mohammed Kahn
	Members Not In Attendance
	Jessica Mossman

Motions

1. **Motion to adjourn.**
 - Unanimous yes.

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Introductions and Welcome

- Raye Ann called the meeting to order and went around the room and on the phone doing introductions.

Agenda Items

1. IDPH Meeting Guidelines

- The Illinois Department of Public Health staff was on hand to go over and give an overview of the open meetings act and the rules to be followed by the committee.
- IDPH also spoke about the importance of the committee members representing their state and not their hospital affiliation.
- IDPH reminded the committee to not try to draft language, but to come up with what the Levels of Care guidelines should look like. Come up with decision points and an outline.

3. Synopsis of the current State Code

- Raye Ann and Yesenia went over a power point presentation.
- Went over the main differences between the American Academy of Pediatrics (AAP) and the current levels of care perinatal guidelines.
- Some points touched on:
 - US ranks low on a list of neonatal mortality.
 - 2014 Illinois neonatal mortality rate was 44th in the US
 - The importance of babies being at the proper level of care hospital and the higher survivability rate.
 - 80% of very preterm infants (VPT) are born at a level III hospital, which is below the national target.
 - The AAP levels of care recommend that VPT infants (less than 32 weeks of gestation) are born at a Level III NICU whenever possible.

4. Review Levels of Care Document

- Discussion on the LOCATe results. And what hospitals projected level of care would be if the AAP guidelines were taken verbatim.
- The results show that the presence of neonatologist on staff greatly helps the mortality of infants.
 - Discussion on what is meant by presence.
- Impact of delivery volume across the different level changes was discussed.

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- Texas has adopted the four levels of care and they have a similar set up to Illinois for the rural areas not having the best access to care. They tweaked the AAP guidelines a little bit to suit those rural areas.

5. Work flow goals

- What do or should a Level I and II want from an Administrative Perinatal Center? It will most likely be different or conflict with a level III or IV.
- Reimbursement for back transfers?
- How will telemedicine play a role in the levels of care?
 - Should it be required?
 - Do any payers reimbursement for telemedicine?
 - Data collected on hospitals that use telemedicine? Cost savings on transports?
 - How are hospitals paying for it?
 - Allows lower level hospitals to retain more babies.
- What roles do physician's assistants play? (strictly OB's)
- The meeting was opened for public comment. There was no comments at the time.
- The chairs asked the group to start thinking about specialties they would like to bring before the committee.
 - Suggested to bring in Emergency Medical Services.

Adjournment

Motion to adjourn: Unanimous yes.