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**Meeting Minutes of:**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PERINATAL ADVISORY COMMITTEE MEETING (PAC)**

**April 16, 2015  
1:00 p.m. – 3:00 p.m.**

**James R. Thompson Center  
100 W. Randolph Street, 9<sup>th</sup> Floor  
Conference Room 039  
Chicago, Illinois**

**Chair:** Dennis T. Crouse, MD

**Attendees:** Howard Strassner, Bree Andrews, Phyllis Lawlor-Klean, Omar LaBlanc, Edward Hirsch, Robin L. Jones, Cindy Mitchell, Jose Sanchez, Phil Schaefer

**Excused:** Richard Besinger, J. Roger Powell, William Grobman, Nancy Marshall, Mike Farrell, Madiha Qureshi, Jose L. Gonzalez, Janet Hoffman, Janine Lewis, Susan Hossli

**IDPH Staff:** Andrea Palmer, Brenda Jones, Tanya Dworkin

**IDHS Staff:** Glendean Burton

**Guests:** Teisha Harris, Robyn Gude, Pamela Wolfe, Courtney De Sutter, Shirley Scott, Cecilia Lopez, Jenny Brandenburg, Patricia Prentice, Jodi Hoskins, Elaine Shafer, Angela Rodriguez, Deborah Schy, Stephen Locher, Lenny Gibeault, Ashley McHugh, Elizabeth Valvo, Bernadette Taylor

**AGENDA**

- 1. Call to Order & Welcome.....Dennis T Crouse, MD**  
The meeting was called to order by Dennis Crouse at 1:00pm.
- 2. Self- Introduction of Members.....Dennis T Crouse, MD**  
Members and guests introduced themselves.
- 3. Review and Approval of Minutes of February 19, 2015 .....Dennis T Crouse, MD**  
The minutes of the April 16, 2015 meeting were reviewed. Motions were made to approve and they were approved as written.
- 4. IDPH Updates .....Brenda Jones, DHSc, RN, MSN, WHNP-BC**  
IDPH Director, Dr. Nirav Shah, thanked everyone for their efforts and work on the Committee. There are a number of bills pending right now that involve Perinatal Initiatives and he looks forward to reviewing PAC's recommendations and findings on those initiatives, as well as participating in the discussions on the proposed legislations coming up.

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**4. IDPH Updates (continued) ..... Brenda Jones, DHSc, RN, MSN, WHNP-BC**

- CoIIN Project: IDPH and Illinois is a part of 4 different CoIIN projects.
  - Perinatal Regionalization: Raye-Ann O de Regnier is the Chair for that particular Team. Our new hire, Trishna Harris will be co-chairing with Raye-Ann.
  - SDOH (Social Determinants of Health): Kelly Vrablic is our infant mortality person and she is leading that.
  - Pre-Conception and Inter-Conception: Susan Hossli and Janine Lewis are leading that.
  - Safe Sleep: Glendean Burton is working with us on that Team.
- Dr. Jones will be working with the Chairs to develop a Strategic Plan and hopefully, that will be in place by June.
- Maternal Mortality Review: In-Process and Ongoing; working with Dr. Robin Jones and Dr. Stephen Locher
- Site Visit/EMS: In-Process and Ongoing; working in conjunction with Facilities (HFSDC).
- Trishna Harris was hired to give to the IDPH Perinatal Network. Andrea Palmer and Dr. Jones will continue to conduct Site Visits with the Administrators.
- Dr. Jones, the Network Administrators and IDPH are halfway thru the Lean Six Sigma Certification.
- Breastfeeding Project with Touchette Hospital: Dr. Jones obtained a grant with ASTHO. Karen Callahan gave a report on it at SQC.
- Breastfeeding Project with Decatur Women's Prison: In-Process and Ongoing.
- Needs Assessment: In-Process and Ongoing.
- IDPH Legal Update from Tanya Dworkin:

Question on Section 5.3 regarding the By-Laws: *What does it mean if the Chairman is voting to constitute a quorum?*

- Answer: If you only have a quorum by virtue of the fact that the Chairman is present and we don't have enough members otherwise, that's when the Chairman votes. Otherwise, it is to break a tie vote or to create tie vote.

Brief Overview of the Rules Process:

- The way the Rules work anyone can work on the Rules for as long as they want. They are not considered open until the department goes through them, revises them, and makes sure they are properly formatted according to what the State Board of Health, the Secretary of State and JCAR wants.
- After they are approved, the Legislative and Legal Teams from IDPH bring the Rules to the State Board of Health, who then reviews and approves them. IDPH takes a final look and the Rules are sent to the Secretary State, who then publishes them in the online publication, "Illinois Register." The publication date is the date that the Rules are officially open.
- The only open Rules are the ones we change. If we do not touch the Definitions Section, it is not considered open. There's a 45-day notice period in which the Public can comment.

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- IDPH Legal Update from Tanya Dworkin (continued)

Brief Overview of the Rules Process (continued):

- IDPH is allowed to have a public hearing if they choose to, but are not required to do so unless certain groups ask them to, i.e. JCAR, Governor’s Office, Association, etc.
- IDPH comes back after the *first 45-day notice period*, review all comments, makes any necessary changes, completes updates and notifies anyone who commented on the updates and then provides notice to JCAR. JCAR accepts and that becomes the *second notice period*.
- JCAR holds a hearing and gives it the thumbs up/down. There’s a little more Legislative work, if JCAR does approve it. IDPH resubmits it to the Secretary of State. The Rules are published and become official.
- Committee Question: *What is the normal length of time from the time the Rules are considered open to the actually being in effect? What would be a reasonable length of time for PAC to review? -----* From between 8 and 12 months from the time they are opened until they are adopted. If the Rules are not adopted within a year from the date the Secretary of State publishes them initially, the Rules expire and you have to start over again. So, ideally less than a year. Usually, more like 9 to 10 months is what I have heard that most people experience.

**5. Chairman Updates.....Dennis T. Crouse, MD**

Legislative Issues:

a. Sustainable Growth Rate

- This has been hanging over the Physician’s heads for some time. It was put in place in 1997 and was a mechanism to reduce Medicare costs.
- Ever year Congress has met to put a stopgap measure in place to prevent it from going into effect so that Physicians treating Medicare patients would not experience a reduction in pay and reimbursement. Last week (April 11-18, 2015), the House passed a bill to remove the Sustainable Growth Rate. The Senate approved it and it has been understood the President has also signed the bill. The effective date was April 1, 2015 and ten working days after that, a 21% cut in Medicare reimbursements went into effect.

b. Medicaid Reimbursements

- Medicaid often follows suit to Medicare and per the Affordable Care Act, Medicare and Medicaid were reimbursed at the same rate for two (2) years. It was called the Medicare - Medicaid Parity Rule, which has now lapsed. Physicians are now expecting the States to make up the difference. Illinois is not one of the 22 states that compensates for the reductions.
- With a 40-60% reduction in Medicaid reimbursements, there is now an “access to care” problem. Those reimbursement reductions could cause a 40-50% reduction in Physicians who are willing to see Medicaid patients. It may not be the physicians who are in the hospital, but the ones who care for these patients outside.
- The Children’s Health Insurance Program received a 2-year funding. It was a stopgap measure for those people who are not Medicaid-eligible but who don’t make enough to pay for their own insurance or have a job that provides it. Funding has been renewed for an additional 2 years.

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5. **Chairman Updates (continued)**.....Dennis T. Crouse, MD
- c. Medical Studies Act
    - The bill to repeal the Medical Studies Act was defeated.
  - d. Neonatal Abstinence Syndrome
    - Our Protecting Infants Act is a federal program to address neonatal abstinence syndrome and maternal substance abuse. Because this is a nationwide quality initiative, they are looking to recommend treatment, diagnoses, and assist State Health Agencies with data collection.
    - Both ACOG and the AAP have initiatives to address NAS. There has been a significant increase in the number of women and babies who are subjected to narcotics abuse, of which, over 50% are prescription narcotics.
  - e. Physicians “Firing” Patients:
    - Patient, or family, firing is becoming more prevalent. This process will add to the “access to care” problem. For example, the firing usually includes the entire Practice and not just the Physician. There is usually no recourse for the patient. This is happening more in the Medicare population. Because of the significant impact on a patient’s access to care, patient firings should be tracked.
  - f. Miscellaneous
    - The President has stated, *“It creates incentive to encourage physicians to participate in the new, innovative payment models that could further reduce the growth of Medicare spending.”* Inherent in this are going to be models of different payment systems and encouragement. That encouragement will be financial. In addition, by 2019 there will be process in place where pay will be based on quality not quantity. No one knows what the designation of “quality” is to a legislator. I would strongly advocate that we as group, you as individuals, and your organization to immediately start looking at quality and reimbursement issues so that we can have input and make recommendations to the State Medicaid system. We should be proactive rather than reactive.
6. **New Business**.....
- **None at this time.**
7. **Committee Reports**.....
- Sub-Committee on Hospital Facilities Designation (HFSDC) .....Cindy Mitchell, RN, BSN, MSHL
- Levels of Care were discussed. There were 2 hospitals looking to increase their designation. We decided to operate as we have in the past and let them continue to move forward.
    - Advocate South Suburban had their 18-month follow-up since becoming a Level 2E designated hospital. They will have their next Site Visit in one year.
  - We are going thru Lean Six Sigma Training in conjunction with IDPH.
  - Site Visits
    - Elaine Shafer is working on that process for us. As the Rule states now, you have to have an IDPH Member, PAC Member and at least 3 members from the administrative center. Typically, we have not had a PAC Member in the smaller hospitals because of the time constraints. However, you may be asked now to start participating in some of these.

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**7. Committee Reports (continued).....**

Sub-Committee on Hospital Facilities Designation Report (continued).. Cindy Mitchell, RN, BSN, MSHL

- Site Visits (continued)
  - We are going to create a calendar to can improve our scheduling system, so we are not “overlapping.”
  - We are working on getting the Levels of Agreement to be more unified for all the Levels of Care.
  - We will be reviewing the Rules as they pertain to the Site Visit details, i.e. Appendix A, Appendices, etc.
- Maternal Levels of Care TASK FORCE
  - Dr. Grobman agreed to chair that for the maternal levels with Dr. O de Regenier doing the neonatal part.
- New Hospitals Opening
  - There are a couple of hospitals that are opening new facilities, and not necessarily closing any other facilities. We are also coming up with a checklist on what needs to happen and the order it does to ensure it goes smoothly.
- Hospitals Changing Networks
  - Two hospitals requested to change networks: DuPage wants to move to the Northwestern Perinatal Center from Rush and Delnor wants to move from the University to Chicago to Rush or Northwestern’s Perinatal Network. *NOTE: Motions were later determined to not be needed for them to do so.* We agreed to let them move forward as they always have. However, we will still consider all variables, such as changing access issues, system issues, geographical issues and service issues. However, the welfare of the patient is the most important one. We agreed to review each case individually and to recommend to PAC that both of these changes be allowed to happen.
    - ❖ Working Policy: (1) The hospitals should contact HFSDC - (2) Obtain a positive recommendation from HFSDC - (3) A Site Visit will be triggered with IDPH and the Administrators - (4) Lastly, their request will then be submitted to PAC.
      - ✓ Recommendation from Dr. Phil Schaefer: A cursory Site Visit would be to ensure they are still compliant with the Rules and Regulations and gross impressions.

Statewide Quality Council (SQC) Report.....Dr. Stephen Locher

- We reviewed the Levels of Care Sub-Committee and discussed with Dr. Jones on how we would be able to move forward and how scrutiny is occurring at the federal level. She gave a complete report.
- Dr. Jones talked about reviewing the M&M Mortality forms for other networks, placing specific emphasis on morbidities as opposed to just mortalities.
- Ann Border gave an update on the ILQPC activities. There are 100 hospitals that are actively working on quality improvement. There is also the Birth Certificate Project which she has requested some support on. We discussed that issue as well.
- There were other issues, i.e. hypertension and antenatal steroids and early delivery, just to name a few.

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**7. Committee Reports (continued).....**

Statewide Quality Council (SQC) Report (continued) .....Dr. Stephen Locher

- There was motion and we voted on a recommendation for PAC, specific to aligning the standards of care for hemorrhage and how we are defining hemorrhage. The Rule in the Appendix says 3 units and we want to mirror ACOG standards, which states four units or more. We passed a motion to submit a recommendation to PAC to change the appendix so that it will state four units.
  - ❖ Committee Response: We cannot change the appendix by a vote here, but we can go ahead and put that on the books when we do open up the appendix. We can also make a recommendation a notice of some sort is put out that we follow the ACOG guidelines instead of the current Code until the Code is changed in the future to reflect the current requirements.
  - ❖ Chair Response: It will be over a year if it is initiated today.

**MOTION APPROVED to put a notice out regarding changing the Appendices to reflect aligning the standard of care to be 4 units according to the ACOG guidelines rather than the 3 units currently recommended in the perinatal appendices.**

- Lastly, we introduced talking about the ACOG Committee option on emergent care before severe hypertension, pre-eclampsia and eclampsia. We particularly talked about how a number of patients come to the emergency room, but, there is not a lot of recognition of the symptoms of hypertension in the immediate postpartum stage, which can lead to severe mortality/morbidity. Since ILQPC has gotten a running start on this, it may be beneficial for SQC to pay more attention and lend its energy and support towards.

Maternal Mortality Review Committee Report.....Dr. Robin Jones

- Dr. Jones met with PAC in December and they discussed and approved utilization of a standardized abstract form that would be used at the first level of appeal. That was approved. The MMRC was charged with coming up with that form. It was distributed to the Committee members and there is going to be further discussion on it in June.
  - Dr. Jones presented this question to PAC: *“Since it was approved to have this form, after we take a look and make a couple of revisions and/or approve it, can we move forward and distribute it to the Perinatal Centers for a first level review?”*
  - If so, the form will be included with the case assessment form to the State where there is a maternal death. So, IDPH is requesting the abstract form when the case is completed.
  - ❖ Chair Response: If that form is valuable and needed for your committee and your committee thinks it’s correct, it is acceptable. Although I am appreciative of your request, it is not necessarily required. We have great Chairs of our Committees who can make decisions to get things moving in their areas.
- Resuscitation Task Force: It was discussed and opportunities were found to provide education regarding resuscitation and with this Task Force Dr. Jones hopes to bring some of their recommendations forth, hopefully, very soon.

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Maternal Mortality Review Committee Report (continued).....Dr. Robin Jones

- IDPH has received a grant from AMCHP which involves the development of best practices for maternal mortality review. It involves IDPH personnel attending meetings with other states in an MMRC setting. IDPH is requesting 6 people from the Every Mother Initiative (EMI) and 2 from AMCHP to attend our next Maternal Mortality Review meeting, including the review of the mortalities which have occurred, the case reviews. They will be from 3 other states: Louisiana, Florida and Utah. Illinois will also have the opportunity to go these other states to participate in their maternal review. There will be a confidentiality agreement created. IDPH Legal has approved of that agreement and of their participating in our review process.

**MOTION APPROVED for MMRC to allow 6 participants in EMI and 2 from AMCHP to attend the MMRC Case Review Meeting on June 10, 2015.**

8. Old Business ..... Dennis T. Crouse, MD  
Review & Consideration of SQC/MMRC Info Submitted for New Nominees

**CLOSED MEETING**

*Per the **Open Meetings Act**, any time a hospital is being evaluated or CVs or resumes are being reviewed for admission onto a Committee or there is a discussion relating to a person's or an entity's personal information, the meeting will need to be closed. If there is a conference line open, that will need to be closed as well. The callers may dial directly into the room, if they prefer. Any specific discussions about are what should be closed. The specificity is the deciding factor. All voting should be outside.*

**Review of Request for Membership: Roma Allen – SQC Candidate**

- **Meeting should be closed per Open Meetings Act during discussion.**
- **MOTION SUBMITTED TO GRANT MEMBERSHIP WAS APPROVED.**

**Review of Request for Membership: Jodi Hoskins – SQC Candidate**

- **Meeting should be closed per Open Meetings Act during discussion.**
- **MOTION SUBMITTED TO GRANT MEMBERSHIP WAS APPROVED.**

**Review of Request for Membership: Dimitrios Mastrogiannis - MMRC Candidate**

- **Meeting should be closed per Open Meetings Act during discussion.**
- **MOTION SUBMITTED TO GRANT MEMBERSHIP WAS APPROVED.**

Adjournment ..... Dennis T Crouse, MD

Motion to adjourn the meeting was accepted and seconded. Wherein, the meeting was adjourned.