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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL ADVISORY COMMITTEE MEETING (PAC)

February 9th, 2017
 1:00 p.m. until 3:00 p.m.

George W. Dunne Building 69 West 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
Beau Batton Bree Andrews Richard Besinger Jennifer Brandenburg Raye Ann deRegnier Mike Farrell (Phone) Lori Filock Robin Jones Jean Kosmatka (Phone) Omar LaBlanc Phyllis Lawlor-Klean (Phone) Stephen Locher Lisa Masinter Cindy Mitchell Jared Rogers (Phone) Phil Schaefer (Phone) Howard Strassner Yesenia Yopez Maripat Zeschke	Tanya Dworkin, IDPH Trishna Harris, IDPH Alexander Smith, IDPH Shannon Lightner, IDPH Andrea Palmer, IDPH Kyle Stone, IDPH Snigdha Acharya, IDPH Nirav Shah, IDPH Trish O'Malley Bernadette Taylor Pam Wolfe Andrea Cross Angela Rodriguez Lance Kovacs Harold Bigger Debbie Schy Jodi Hoskins
	Members Not In Attendance
	William Grobman (excused) Janet Hoffman Mark Loafman (excused)

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Motions

1. **Motion to approve minutes from December 2016.**
 - 1st Howard Strassner, 2nd Cindy Mitchell, Unanimous Yes

2. **Motion to recommend that Dr Shah and the Department send out a memo that clarifies the Departments position on women at 30-32 weeks gestation.**
 - 1st Cindy Mitchell, 2nd Howard Strassner, Unanimous Yes.

3. **Motion to recommend that the Department place an administrative hold on new Level II+ applications based on the rationale that the code will be changed and it is not worth the resources from either the PAC or IDPH to proceed with the applications.**
 - 1st Richard Besinger, 2nd Cindy Mitchell, Unanimous Yes.

4. **Motion to have Phil Schaefer be the chair of the “Site Visit” group, Raye Ann deReigner be the chair of the “Levels I and II” group, Beau Batton and William Grobman the co-Chairs of the “Levels III and IV” group, Cindy Mitchell the chair of the “Transfers” group, Jenny Brandenburg and Lori Filock the chairs of the “Designation, Redesignation, and Transfers of Network” group, and for Bree Andrews to be the chair of the “Implementation” group. It was seconded by Bree Andrews with unanimous approval.**
 - 1st Cindy Mitchell, 2nd Bree Andrews, Unanimous Yes.

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

Introductions

Beau Batton called the meeting to order about 1:00 P.M. and went around the room asking everyone introduce themselves.

Minutes

The minutes from December 2016 were approved.

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Agenda Items

1. IDPH Update

Nature of PAC

- Director Nirav Shah from the Illinois Department of Public Health was at the meeting and gave an update on the importance of the PAC and how it is incredibly invaluable to the Department. The Department itself does not have the kind of expertise employed that the advisory body brings to the table.
- What should PAC be doing and what is the limit of PAC? The Department relies on PAC for ground level expertise and to not just follow the policy that Department has set forth. It benefits IDPH more when the big or broader ideas are looked at when giving the Department guidance.
- Director Shah also wanted to thank the PAC for the often times overlooked and underappreciated work that the committee was doing.
- Level II+: A discrepancy in the code talks about the Level II+'s inability to retain 30 weeks.
- The intended overhaul of the code will hopefully correct these discrepancies, but in the interim the Director asked for some suggestions how to go about handling cases that arise.
- A suggestion was brought up to send a memo that would clarify the Level II+ rule.
- Cindy Mitchell made the motion to recommend to the Department that Director Shah and the Department send out a memo that clarifies the Departments position on women at 30-32 weeks gestation. It was seconded and unanimously approved.
- Someone asked for a slight clarification on what the memo will entail. It should clarify that from 30-32 weeks that the mother should be transferred and if that is not possible then the neonatal team will assess.
- Director Shah then asked for recommendations on how to handle situations when hospitals apply for a Level II+ designation in the interim until the code is redesigned.
- Is there a value in designating to a Level II+ when the rules are being changed?
- It was suggested to put a moratorium on Level II+. Moratorium would only apply to new level II+'s.
- The hesitation on a moratorium is that some population areas might have a need for a hospital to increase to Level II+ in terms of service area.
- Instead of moratorium is it possible to do a pre review to determine need?
- Suggested that the Department look at Level II+'s applications and prioritize the need of a Level II+.
- Rich Besinger motioned to recommend that the Department place an administrative hold on new Level II+ applications based on the rationale that the code will be changed and it is not worth the resources from either the PAC or IDPH to proceed with the applications.

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2. Chair Update

Committee Memberships

- Beau Batton briefly introduced and welcomed new member, Raye Ann deReigner.

Illinois Hospital Association Meeting / Call

- Beau Batton thanked IHA, along with IDPH, for leading a phone call on an update to the coming levels of care changes as set forth by the American Academy of Pediatrics.

3. Old Business

Neonatal Abstinence Syndrome Committee (NAS)

- Jodi Hoskins spoke about an update to the NAS committee
- There was a handout of accomplishments thus far of the committee and what exactly they are tasked with.
- They have so far come up with a definition.
- The committee also discussed wanting to expand membership to help.
- Data has been showing that rural areas have higher rates of NAS and opioid abuse.
- Want to increase the frequency of the meetings.
 - Q: is the data from Adverse Pregnancy Outcomes Reporting System (APORS)?
 - A: It is from APORS and Hospital discharge data.
- The group is trying to make plans for education on bias.

Illinois Managed Medicaid

- The Department is looking at Managed Care Organizations (MCOs) being accepted at hospitals.
- It is up to the hospitals to contract with MCOs if they want to.
- The Department also started looking at ways to incentivize hospitals; that way Medicaid patients will have a place to go.
- Medicaid is wanting/willing to work with IDPH on this issue.

4. New Business

Perinatal Code Revision Work Groups

- The Department has received numerous CVs of individuals interested in being on the various subcommittees designed to review the perinatal levels of care policy changes.

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- IDPH wanted to thank everyone who has expressed interest in the groups thus far.
- The plan is by the next meeting (in April) to have the groups finalized.
- Each break out group will need to have a PAC member as a chair however the co-Chair and the rest of the members do not need to be from PAC.
- It was suggested that the implementation group should have the chairs of all the other groups.
- Cindy Mitchell volunteered to be the chair of group 4 – Transfers.
- Raye Ann deReigner volunteered to be the chair of group 2 – Levels I and II.
- Phil Schaefer is already the chair of group 1 – Site Visits.
- Jenny Brandenburg and Lori Filock volunteered to be the chair of group 5 – Designation, Redesignation, and Transfers of Network.
- Cindy Mitchell recommended that Beau Batton and William Grobman the Chair of group 3 – Levels III and IV.
- Bree Andrews volunteered to be the chair of group 6 – Implementation.
- Cindy Mitchell motioned that Phil Schaefer be the chair of the Site Visit groups, Raye Ann deReigner be the chair of the Levels I and II group, Beau Batton and William Grobman the co-Chairs of the Levels III and IV group, Cindy Mitchell the chair of the Transfers group, Jenny Brandenburg and Lori Filock the chairs of the Designation, Redesignation, and Transfers of Network group, and for Bree Andrews to be the chair of the Implementation group. It was seconded by Bree Andrews with unanimous approval.
- The next step is to comprise the groups from all the people that submitted their resumes.
- The work groups are going to be kept between 6-8 voting members (including the chairs), but the meetings will be open to the public so more people will be able to attend.
- Someone suggested placing a perinatal administrator on each of the groups.
- It was suggested to put a Neonatologist or at least a Pediatrician on the Levels I and II group.
- It will be important to put someone on with out of state experience on the transfers group.
- It was recommended to have people that do the prep work for site visits would be important to have on the designation, redesignation, and transfer of network.
- Yesenia Yopez offered to be the co-Chair of the Levels I and II group.
- Jodi Hoskins volunteered to co-Chair the transfers group.
 - Q: It was requested that the group receive guidance on how rules are written.
 - A: The Department doesn't want the committees to write the rules, but more so are looking for the guidance and direction from the group. IDPH will deal with the rule writing process.

5. Committee Updates

Maternal Mortality Review Committee (MMRC)

- The MMRC will be changing/revisiting how it will be approaching its case reviews in the future starting in 2017.

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- Conversations of the number of cases reviewed, the type of cases reviewed and the composition of the committee.
- They were looking at other states nationally and how they did this process.
- IDPH and the MMRC wanted to see if there was any way to strengthen the advisory portion of the MMRC to get a full benefit of the expertise of the committee.
- Currently, the cases being reviewed are years old. The new process would be more efficient and would allow the committee to catch up.
- A pre-review will occur that will determine if the death was pregnancy related. This team will also not just be one person, but multiple people who will look at the cases beforehand.
- The group will start utilizing the MMRIA system which is a Centers for Disease Control system and will help gather data locally and nationally.
- One of the biggest hurdles for the MMRC was the concern over quality and bias. Moving forward this won't be the responsibility of the MMRC.
- The MMRIA system helps keep the group focused. It allows the reviewers to be better organized.
- The idea is that the Department wants ideas on how it can improve or change its systems or policies that are not working. The committee will also not just be made up of clinicians anymore. This will also feed into working with the Statewide Quality Council.

Maternal Mortality Review Committee – Violent Deaths (MMRCV)

- The group will be following the same format as the MMRC.
- Will be scheduling the next meeting soon.

Statewide Quality Council (SQC)

- Amanda Bennett spoke about breast feeding blueprint and the committee asked her to come back and keep updating the group on the project.
- Standardized of reviews linked with MMRC.
- ILPQC talked about their annual meeting and various projects they were working on.

Hospital Facilities Designation (HFDSC)

- No update (done at last PAC meeting).

Adjournment

Unanimous vote to adjourn the meeting.