



**Infant and Maternal Mortality Task Force Among African Americans (IMMT)
Systems Subcommittee
Monday, November 9, 2020
12:00 pm - 1:00 pm (cst)**

Meeting Minutes

Present

Ann Border
Paula Brodie
Glenda Burnett
Glendean Burton
Shondra Clay
Jessica Davenport-Williams
Arden Handler
Catherine Harth
Daniel Johnson
Jessica Lamberson

Bakahia Madison
Angelique Mohammad
Cindy Mitchell
Cheryl Whitaker
Cynthia Wilson

IDPH

Kenya McRae
Alexander Smith

Virtual Meeting to occur via Cisco WebEx

Video Conference:

Meeting number: 133 283 4003

Password: 9xMmJHiFQ33

<https://illinois.webex.com/illinois/j.php?MTID=me7ff363655a0f63de138223b85f48d71>

Join by phone:

+1-415-655-0002 US Toll

Access code: 133 283 4003

Call to Order

The subcommittee meeting began at 12:04 pm. Roll was taken, and the agenda reviewed.

Approval of Minutes

Minutes from the October 30, 2020 meeting were approved. Cheryl Whitaker made the motion to approve, Arden Handler seconded the motion, and the minutes were unanimously approved.

Discussion and Voting on Strategies and Activities

The group reviewed the results of the strategy and discussed the top strategies selected as well as possible activities the subcommittee should consider.

1. Ensure provider education (equity though out the state by ensuring that providers have the same level of competency and need for enforcement) - topics such as Trauma Informed Care, Implicit Bias, Racial Equity and impact of these issues on health and health outcomes.

One member mentioned a bill in the legislature regarding implicit bias and use of Medicaid funds. It was noted that over 50% of deliveries are paid for by Medicaid. The group agreed that while implicit bias education is important, implementing a requirement is challenging. The group pondered how the education and its impact be measured, and how data would be collected and analyzed.

The group also discussed the need to define “providers.” Members agreed that it should not just be physicians and nurses, but also, all personnel that make up both the hospital and primary care workstream.

2. Support the un-bundling Medicaid reimbursement for OB care, separating billing/reimbursement for postpartum health visits from prenatal and delivery services.

The group discussed the importance of the unbundling of services. Th group pointed out that the unbundling would allow physicians providing services separate from labor and delivery to receive proper reimbursement. The group said that currently, many physicians do not worry about postpartum care because receive all of their payment for labor and delivery.

The group brainstormed on whether there was a better to bundle to support or would it be best to create a new bundle. Everyone agreed that what ever was decided, it needed to be tied to metrics to get the buy-in from MCOs. The group agreed that one of its next steps would be to come up with a list items the payors should measure.

3. Support the reimbursement of services provided by Doulas, Breastfeeding Support Counselors, Certified Lactation Counselors, and Community Health Workers (with the exclusion of lay midwives).

The group discussed making sure that doulas and lactation counselors be included as those receiving reimbursement under a post-partum bundle.

Misc.

There was a brief discussion of the Hospital Healthcare Transformation Fund. Apparently, there is \$150 million in this fund.

Public Comments

There were no public comments.

Next Steps

Kenya and Jessica will write up the subcommittee's portion for the report and send it out to everyone for review.

Adjournment

With nothing further to discuss, the meeting was adjourned at 1:15 pm. Dan Johnson made the motion, Cindy Mitchell second, and the group unanimously approved.