



Pat Quinn, Governor

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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL ADVISORY COMMITTEE MEETING**

**June 14, 2012
1:00 p.m. – 3:00 p. m.
James R. Thompson Center
100 West Randolph
Chicago, IL
9th Floor - Room 034
Howard Strassner, MD, Chairman**

Minutes

Chair: Howard Strassner

Attendees: Richard Besinger, J. Roger Powell, William Grobman , Jose Gonzalez, Dennis Crouse, Harold Bigger, Bree Andrews, Janet Albers, Bruce Merrill, Phyllis Lawlor-Klean, Cathy Gray, Nancy Marshall, Omar LaBlanc, Leonard Gibeault, Edward Hirsch, Robin Jones, State Rep. Robyn Gabel, Susan Knight, David Crane

Absent: Janine Lewis, David Schreiner, Barb Prochnicki, State Sen. Donnie Trotter, State Rep. JoAnn Osmond, Janet Hoffman, Robin Jones (all excused)

IDPH Staff: Charlene Wells, Tom Schafer

Guests: Elaine Shafer, Pam Wolfe, Maripat Zeschke, Cindy Mitchell, Angela Rodriguez, Pat Prentice, Barb Haller, Cora Reidl, Jenny Brandenburg, Nancy Arnold, Norma Cohn,

- 1. Call to Order & Welcome.....Howard Strassner, MD**
The meeting was called to order at 1:00 pm
- 2. Self Introduction of Members.....Howard Strassner, MD**
Members and guests introduced themselves.
- 3. Review and Approval of MinutesHoward Strassner, MD**
The minutes of the April 20, 2012 meeting were reviewed. J. Roger Powell motioned approval, Janet Albers seconded, the minutes were approved with the addition of Leonard Gibeault listed as excused.
- 4. Old Business.....Howard Strassner, MD**

- **Prematurity Task Force Update - Harold Bigger, MD**

Harold Bigger recognized the members of the Writers Sub-Group – Susan Knight , Jeanine Lewis, Glendine Fisk, Maripat Zeschke and Robyn Gabel for their hard work on content and input on how the document should look.

The expectation of the House Resolution is to request the Task Force to find ways that can decrease prematurity in Illinois. Current foci include:

- Reducing the number of late preterm infants
- Encouraging the use of 17 OH progesterone in appropriate patients
- Dental health was discussed but not included as there is no study information that gives evidence on the effect on prematurity rates

The report is only geared toward reducing prematurity – no other issues and will focus on items that are most important for input and information.

Susan Knight thanked all members of the Task Force. There is currently much activity in Illinois Healthcare groups to reduce prematurity. Currently CHIPRA, STRONG START, HFS, are working on the initiative. Dr. Hasbrouck has agreed to join with the objective of reducing prematurity 8% by 2014.

Several different approaches should be used together to achieve the objective. The draft document was reviewed by and members discussed changes; including the use of ART and an explanation of 7 “ Modifiable risk factors” to indicated that these are epidemiologic factors but not supported by evidence. Stress as a factor for prematurity was discussed regarding its health, economic and social impact. Dr. Grobman suggested that modified risk factors should not be included. Dr. Gonzalez asked for clarification of the term “modifiable”.

Short cervical length was discussed. The membership agreed that there was no advocacy for universal cervical screening. Progesterone and the use of cerclage were discussed. Richard Besinger discussed the need to make the document understandable to all audiences.

Omar LaBlanc discussed the evidence that Centering Pregnancy programs have been shown to eliminate the difference in racial disparities for preterm births. Susan Knight indicated there was much literature indicating the potential impact of enhanced prenatal care but more information is needed to address institutional racism.

Harold Bigger indicate that there are no concrete issues that are proven to reduce the incidence of preterm birth (less than 37 weeks). William Grobman asked if it was beyond the scope of the workgroup to carve out some unproved strategies to reduce the incidence of preterm birth – to provide for research to prove or disprove strategies.

Robyn Gabel stated that legislators have had to reduce research dollars. The document should attempt to engage strategies to reduce costs and provide positive outcomes.

Meeting the objectives would save many millions by reducing prematurity. Members argued that some money must be spent to reduce prematurity by millions of dollars. Robyn Gabel and Richard Besinger stated that the document should not be asking for money from Illinois to fund research.

Susan Knight suggested seeking federal and private funds to fund research to look at additional studies to continue to identify and address issues impacting prematurity including disparities in outcomes. Bruce Merrell spoke to the issue of funding in light of the current economy. Jose Gonzalez indicated the document should contain a sense of urgency.

David Crane discussed prioritization of measures with expected payback to include return on investment clarifications.

Membership stated the costs of Medicaid patients need to be clearly noted – this has been included. Focus on the Medicaid program will reduce costs to other providers. HFS has indicated that elective Cesarean < 39 weeks will only be paid at vaginal delivery rate. All hospitals are putting in policies in that address elective deliveries. Howard Strassner suggested getting the total costs for Medicaid – not just delivery costs. Charlene Wells will talk to HFS to ascertain how much money spent in 2009-2011 on prematurity - not just delivery. Susan Knight indicated a very high percentage of dollars are spent on 1% of deliveries – those less than 1000 grams. Many of these children (25%) need school assistance and may need Social Security benefits. The bulk of premature deliveries are between 32-37 weeks.

Howard Strassner indicated that recommendations should include the expected range of percentage decrease. Harold Bigger indicated that each item will only decrease a small fraction of prematurity and they must take them together to indicate impact. Some progesterone use studies indicate cost saving strategies to come up with a per person cost reduction.

Two other issues were discussed: ART and Multiple gestations. Members were asked to send comments to Susan Knight or Dr. Bigger.

Susan Knight asked how this will be presented to the legislature. The written report will be delivered to the sponsors. The PAC will get notices about presentation of report and/or distribution of the report. Other agencies including the March of Dimes, the Illinois Maternal- Child Health Coalition, the Illinois Prematurity Coalition. There may be a press conference.

Howard Strassner thanked the membership for all the recommendations and input.

Presentation and voting on the final document will take place at the October 11, 2012 meeting. The Task Force will send out as many drafts as needed in the meantime.

5. IDPH Update.....Charlene Wells

Perinatal Grant applications have been sent out to Perinatal Centers. Timeframes for completion have been indicated.

Director Dr. LaMar Hasbrouck confirmed he will attend the October meeting.

Participation of PAC members at Site Visits has been expanded Dr. Bree Andrews and Phyllis Lawlor-Kleen have agreed to participate. Charlene asked for more volunteers.

Barb Prochnicki is unable to attend the meeting due to health concerns, Charlene suggested members send her greeting cards.

Quality Quest, a group of businessmen, hospital administrators and insurance companies has established work groups that will address the reduction of late preterm deliveries. Ed Hirsch suggested we vet this organization.

6. Committee Reports

Statewide Quality Improvement Committee.....Harold Bigger, MD
Dr. Bigger

RUSH/AMMIC Co-Perinatal Center report:

- Karen Callahan discussed the implementation of the Network breastfeeding program and possible funding sources.
- Elective deliveries < 39 weeks. The Network continues to pursue the project. Of 27,987 deliveries in 2011 - 12 elective deliveries were reported. Some hospitals did report having problems with some providers.
- A Network HIV Hospital Counseling and Testing Survey was completed. The Perinatal HIV Code is under revision and rules for testing need clarification of when counseling and testing should be done in hospitals. The Network agreed to counsel and offer testing to all patients who present to Obstetric Units including triage and antepartum units. The Network is requesting a meeting with key players to clarify the HIV Perinatal Code to be clear as to the intended responsibilities for hospitals to counsel and test.

Perinatal Educators of Illinois Education Project:

Perinatal Educators Debbie Schy and Angela Rodriguez presented the results of a major endeavor to provide all Illinois Hospitals with assistance to meet the requirements for ongoing fetal monitoring education. A workgroup has prepared a toolkit with case studies that will be available to all Illinois Hospitals. The case studies can be used to facilitate multi-disciplinary fetal monitoring education as defined in the Perinatal Rule.

The group was thanked for their efforts in providing this valuable resource to hospitals

Maternal Mortality Review Sub -Committee.....Robin Jones, MD - excused
Harold Bigger provided the following report:

- Bob Gessner from the Illinois Coroners and Medical Examiners Association presented the MMRC letter regarding components of maternal autopsies to the Association Meeting
- Obesity issue: Data regarding the number of maternal deaths that occur in women who are obese will be provided to the MMRC. It is recognized that there is a significant number of case review with obesity as a factor. The MMRC continues to examine approaches to this major public health issue.
- "State Maternal Mortality Review- Process and Impact", an article produced by MMRC members Sara Kilpatrick, Stacie Geller, Robin Jones and Pat Prentice was published in the Journal of Women's Health. A second article is being readied for publication by the MMRC Hemorrhage Workgroup.
- The ability to produce a comprehensive database on Maternal Death in Illinois was discussed

Subcommittee on Facilities Designation Report.....Cathy Gray, RN, MBA

- Northwest Community was reviewed regarding timeliness of implementing the surgical program. The plan was approved. A one year review will be done to review aspects of implementation
- A Nominating Committee to arrived at a new chair and vice chair has been formed

- The Subcommittee on Facilities Designation facilities requested that PAC be presented with the issue regarding out of state hospitals wanting to be part of the State of Illinois Perinatal Program. IDPH legal has indicated there is nothing in the Perinatal Rule to disqualify an out of state hospital. There is a possibility to make a special note in the Letter of Agreement with any out of state hospital and an Illinois Perinatal Center to assure compliance with the Illinois Perinatal Rule. Howard Strassner indicated that the PAC still has to give a recommendation for approval for any hospital to join a Perinatal Network. The discussion continued with the result that any request for Network affiliation by an out of state hospital be reviewed by the Network and discussed at the Subcommittee.

Grantee Committee Report.....Lenny Gibeault, MSW

- HIV guidelines for hospitals as discussed in the MMRC report were reviewed
- Morbidity and Mortality conferences for Level III's and the MFM and Neonatal participation requirements were discussed. All non-Center or Co-Center Level III hospitals will have MFM and Neonatal attendance from the Co-Perinatal Center four times a year
- The Perinatal Program Administrator resource book is being update
- The new Site Visit guidelines are being implemented. These include one year of data included in the books and the option to provide on-line books.

7. New Business.....Howard Strassner, MD

• Discussion of Strong Start project – Susan Knight

A document regarding the Illinois Public Health Association, Illinois Maternal and Child Health Coalition and the University of Illinois at Chicago forming a Strong Start Coalition was circulated to the members.

The Coalition is seek a federal grant to address Illinois rate of premature birth and low birth weight, Medicaid costs of these deliveries, and the need to integrate clinical medicine with community efforts.

The Federal Center for Medicare and Medicaid Innovation's "Strong Start for Mothers and Newborns" is designed to test three different approaches to reducing premature birth rates among Medicaid eligible women. The grant in Illinois will address:

1. Centering Pregnancy to supplement prenatal care
2. Maternity Care Home – case management system brought together with the clinical system- one site access

The third involves the use of certified birth centers and there are none at this time in Illinois.

The application process involves HFS, IDPH, DHS, and targets 22 local service providers including ambulatory care clinics, FQHC's, local health departments and hospitals. The decision will be made by the end of the summer. The grant would target counties where Medicaid prematurity is greatest. The grant process involves a 3 year implementation phase and a 1 year evaluation phase. The PAC acknowledged the efforts of the Coalition and thanked Susan for the report.

The issue of free standing Birth Centers was discussed by the membership; more detail regarding this issue will be brought to future meetings.

8. AdjournmentHoward Strassner, MD

Howard Strassner called for a motion to adjourn; Cathy Gray moved to adjourn and Leonard Gibeault seconded. The meeting was adjourned at 3:10 pm

Next Meeting October 11, 2012 at 1:00 PM

Improving public health, one community at a time

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