



**STATE PERINATAL ADVISORY BOARD MEETING**

**MINUTES**

**February 24, 2010**

<b>ATTENDEES</b>	
Niceta Bradburn	Peyton Manning Children’s Hospital at St.Vincent
Molly Strong	Student
Deb Stiffler	IU Center of Excellence
Emily Kessans	Student
Jonell Allen	Community Hospital
Lisa Crane	Methodist Hospital
Susan Dorrell	ISDH
Sue Dumm	ISDH
Joanne Goldbort	Union Hospital
Judy Knowles	Lutheran Hospital
Joe Landwehr	Ball Memorial Hospital
Lanissa Maggert	Early Childhood Alliance
Kathy McCoy	Indiana Breastfeeding Alliance
Beth McIntire	St.Vincent Women’s Hospital
Margie Pyron	Healthy Mothers Healthy Babies of Delaware County
Julie St. Clair	University of Southern Indiana/SWRPAB
Heidi Pollard	Northern Indiana MCH/Olive St Health Center
Laurie Weinzapfel	MDWise
Melinda Konrath	Olive Street Health Center
Judy Ganser	ISDH
Beth Johnson	ISDH
Dana Watters	Bloomington Hospital
Tina Babbitt	IPN/Clarian
Julia Tipton Hogan	IPN
Larry Humbert	IPN
Sarah Hundagen	IPN
Caitlin Priest	IPN
Amy Korbe	IPN
Tina Cardarelli	IPN
Leah York	IPN



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<b>AGENDA ITEM</b>	<b>DISCUSSION</b>
<p>Levels of Care Discussion</p>	<p><b>Niceta Bradburn, MD—Peyton Manning Children’s Hospital at St.Vincent</b>            Dr. Bradburn has looked more at outcomes of care for children in recent years. The Ascension Health Network requires its providers to examine best practices and compare results against other hospitals, leading Dr. Bradburn to begin to ask if we are really doing the best for our kids everywhere in our state.</p> <p>Major issue with Levels of Care report is that since all levels are self-reported, they may not always be accurate. Regionalization has never been popular in Indiana—we need to focus on standards of care instead. How can we make a Level II hospital want to be the best Level II it can be, instead of trying to be a Level III?</p> <p>Question: has anyone looked at long-range data for states w/regionalization vs. states without?</p> <p>Beth Johnson shared that she is very impressed w/what Michigan and Wisconsin are doing; they self-report their level of care but have a follow-up visit to confirm. The states are then offering training grants to help hospitals develop their skills.</p> <p>Dr. Bradburn: In Indiana, even some of the Level III hospitals don’t necessarily have the depth and breadth of support services that a true Level III should have. There are also issues where Level I and II hospital keep babies that really should be sent to a Level III.</p> <p>Beth: Unfortunately, current ISDH hospital licensing surveys have very little about maternity or newborn care. Another concern is how are referral relationships handled in this era of managed care, networks, etc?</p> <p>Also concerns about follow-up care: What is the responsibility to the family? Do you have the resources to care for that child and family long-term?</p> <p>Some people feel that although this has always been a hot topic, there seems to be a synergy around this issue that hasn’t been there in years past.</p> <p>Next Step: Need to form a workgroup to begin examining this issue. ISDH has expressed an interest in organizing such a group. Names and contact information of individuals interested in being a part of this workgroup from the Advisory Board have been shared with ISDH.</p>
<p>ISDH Update</p>	<p><b>Judy Ganser, MD and Beth Johnson, RN, MSN—Indiana State Department of Health</b>            Dr. Ganser reported 2007 infant mortality rate. There was a slight decrease overall, with an increase in white infant mortality and a decrease in black infant mortality. Click here for the 2007 report of infant, neonatal and postneonatal deaths for the state and for individual counties <a href="http://www.in.gov/isdh/reports/mortality/2007/table08/tbl08.htm">http://www.in.gov/isdh/reports/mortality/2007/table08/tbl08.htm</a></p>



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	<p>Dr. Ganser shared a handout highlighting the 10 essential public health services that are used by ISDH to implement new initiatives</p> <p>Beth Johnson shared the following 8 perinatal performance measures that she will be focusing on:</p> <ol style="list-style-type: none"> <li>1. smoking in the Medicaid populations</li> <li>2. # of VLBW births in level 3 hospitals</li> <li>3. # of women entering prenatal care in the 1<sup>st</sup> trimester</li> <li>4. preconception health</li> <li>5. decreasing unintended pregnancies and increasing spacing</li> <li>6. premature births – early and later preterm</li> <li>7. # of black women with adequate prenatal care</li> <li>8. decreasing suffocation deaths</li> </ol>
<p>PNCC Update</p>	<p><b>Julia Tipton Hogan, MPA—Indiana Perinatal Network</b></p> <ul style="list-style-type: none"> <li>• A new deliverable in the ISDH grant to IPN is to help prenatal care coordinators communicate and network more effectively</li> <li>• One goal is to create an up-to-date list of PNCC’s practicing in the state; another goal is to develop a means for routine electronic communication</li> <li>• There will be a special session at the IPN Forum dedicated to PNCC’s</li> <li>• IPN will be hosting regional meetings starting in September</li> </ul>
<p>Legislative Update</p>	<p><b>Caitlin Priest, MPH—Indiana Perinatal Network</b></p> <ul style="list-style-type: none"> <li>• The legislative session is now past halfway point; bills that have passed out of the house of origin have moved to the other side.</li> <li>• Legislative update—sign up on our website to receive these</li> <li>• Smoking ban—passed out of house in heavily amended form; looking for another bill to add that language</li> <li>• Reauthorization of Substance Use Commission—passed out of the Senate, but not given a hearing in the House. Plans are to amend the language into another bill that is still active.</li> </ul>
<p>Pilot Hybrid Eligibility System</p>	<p><b>Julie St. Clair, RN, MSN—SW Indiana RPAB</b></p> <ul style="list-style-type: none"> <li>• OMPP dissolved their contract with IBM for the eligibility modernization efforts in Dec. 2009.</li> <li>• Vanderburgh Co. was selected to pilot a new hybrid eligibility determination system that will include some components of modernization but with more opportunities for face-to-face contact with eligibility staff.</li> <li>• The new hybrid pilot system was launched on January 23<sup>rd</sup>, with mixed reviews so far.</li> <li>• There have been issues with long hold times on the phone system, not returning messages, not getting newborns on immediately after birth, and pharmacies and transportation vendors telling women they aren’t eligible.</li> </ul>



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	<ul style="list-style-type: none"> <li>There is confusion in the state regarding copays for pharmacy services for pregnant women on Medicaid. IPN followed up with OMPP staff and received the following response:</li> </ul> <p><b><u>The following pharmacy services are exempt from the copayment requirement:</u></b></p> <p>Services for members under eighteen (18) years of age.</p> <p><b>Services related to pregnancy</b></p> <p>Services related to family planning (birth control and preventive supplies)</p> <p>Services while in an emergency room</p> <p>Services while in a hospital</p> <p><b>Note: Pharmacies must enter a pregnancy indicator of 2 to ensure a member is not charged a copay.</b></p> <p>Copay Summary:</p> <p>Hoosier Healthwise members who pay a monthly premium (Package C members) pay \$3 for each generic and \$10 for each brand medication.</p> <p>Hoosier Healthwise members who don't pay a monthly premium (Package A and B members) pay \$3 for each medication. (except for those in the above listed exempt categories)</p> <p>Fee-for Service members pay \$3 for each medication.</p> <p>HIP members do not have a copay for medications.</p> <p>More information is available at <a href="http://www.indianamedicaid.com/ihcp/Bulletins/BT200948.pdf">http://www.indianamedicaid.com/ihcp/Bulletins/BT200948.pdf</a> or you can contact Lee Medina at OMPP at <a href="mailto:Medina.Lee@fssa.IN.gov">Medina.Lee@fssa.IN.gov</a></p> <ul style="list-style-type: none"> <li>There is still a lack of knowledge at the consumer level about PE—we need to do a better job of educating women about their rights and their responsibilities.</li> <li>Download PE handout at <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a>; go to Health Plan and then PE</li> <li>Family planning waiver update—still waiting for approval</li> </ul>
<p>IPN Update and Upcoming Events</p>	<p><b><u>Out With the Old, In With the New: Teaching Safe, Healthy &amp; Natural Birth in a Hospital Setting</u></b>  <i>April 29, Ritz Charles, Carmel</i></p> <ul style="list-style-type: none"> <li>The 20th annual Indiana Perinatal Educators Committee (IPEC) conference will feature keynote speaker Connie Livingston of Perinatal Education Associates, who will discuss marketing the care practices to consumers and providers, labor support, and evidence-based practice in childbirth education.</li> <li>Application has been submitted for Lamaze contact hours and International Childbirth Education Association (ICEA) contact hours.</li> </ul>



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	<ul style="list-style-type: none"> <li>• Register online or print a registration form at <a href="http://www.indianaperinatal.org">www.indianaperinatal.org</a>.</li> </ul> <p><b><u>Regional Training Series</u></b></p> <ul style="list-style-type: none"> <li>• New topics, new locations! Check out the complete series in your Educational Offerings booklet or online at <a href="http://www.indianaperinatal.org">www.indianaperinatal.org</a>.</li> </ul>
<p>Regional Updates</p>	<p><b><u>Neo-Fight</u></b></p> <ul style="list-style-type: none"> <li>• Neo-Fight continues to provide the only 24 hour listening line (317-446-3013) specifically for families experiencing a perinatal crisis. Callers who wish to be are matched with a Parent Listener who has experienced a crisis similar to their own and is willing to be of support.</li> <li>• Plans are being made for the next Listener Training Class. If you know of parents, family members or professionals interested in becoming trained and volunteering to help others, please send their name, address, phone number, and e-mail address to <a href="mailto:info@neofight.org">info@neofight.org</a>.</li> </ul> <p><b><u>Southwest Indiana Regional Perinatal Advisory Board</u></b></p> <p>PEP Conference for 2010 is scheduled for 10/27 &amp; 28 at the University of Southern Indiana. Topics confirmed to date include:</p> <ul style="list-style-type: none"> <li>• Adolescent Pregnancy</li> <li>• Dental health and pregnancy</li> <li>• STD update</li> <li>• Pharmacology in pregnancy and lactation-evidence</li> <li>• Epigenetics and pregnancy</li> <li>• Legal issues in obstetrical practice</li> <li>• For more information, contact Julie St. Clair, <a href="mailto:jstclair@usi.edu">jstclair@usi.edu</a>.</li> </ul> <p><b><u>Lake County</u></b></p> <ul style="list-style-type: none"> <li>• May 19, 2010—Perinatal Substance Abuse conference with Dr. James Nocon, Purdue Conference Center</li> <li>• Also working on a Breastfeeding Coalition—details to come after the Feb. 19<sup>th</sup> Network meeting</li> <li>• For more information contact Clem Dubose, <a href="mailto:dubosec@hvusa.org">dubosec@hvusa.org</a>.</li> </ul> <p><b><u>AWHONN</u></b></p> <ul style="list-style-type: none"> <li>• State conference will be October 1<sup>st</sup> at the Marten House, in conjunction with the midwives association</li> </ul> <p><b><u>Community Health Network</u></b></p> <ul style="list-style-type: none"> <li>• Recently held simulation trainings to train over 300 nurses and physicians about OB emergencies; getting ready to roll out a rapid response team for OB emergencies</li> </ul>



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<p>Next Meeting</p>	<p><b><u>2010 Meeting Dates</u></b></p> <p>July 7, 2010          November 3, 2010          All meetings held at ISDH, 1-3:30 pm</p>