



**STATE PERINATAL ADVISORY BOARD MEETING**

**MINUTES**

**November 4, 2009**

<b>ATTENDEES</b>	
Dana Watters	Bloomington Hospital
Stephanie Hill	MHS
Amy Eberle	MGH
Marcia Cherry	SERH
Susan Dorrell	ISDH
Relia Manns	EDS/HP
Julie St. Clair	SW IN Perinatal Advisory Board
Mary Weber	ISDH
Judy Knowles	Lutheran Children’s Hospital
Jonell Allen	Community Health Network
Beth McIntire	St.Vincent
Carol Pool	Prevent Child Abuse Indiana
Laura Ottenweller	Lutheran Hospital
Lisa Crane	Clarian
Yvonne Beasley	MCHD
Connie Kerrigan	Parkview Hospital
Heather Henry	Parkview Hospital
Joseph Landwehr	Ball Memorial
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

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>
<i>ISDH Priority Areas 2010</i>	<ul style="list-style-type: none"> <li>• Joe Harris, ISDH epidemiologist, distributed a worksheet that allowed participants to rank 36 MCH health topics from most to least important. This exercise will assist ISDH in setting priorities for the upcoming year.</li> <li>• If you represent any organizations that should fill this out, let Mary Weber or Dr. Ganser know; an email version is available</li> </ul>



**STATE PERINATAL ADVISORY BOARD MEETING**

**MINUTES**

**November 4, 2009**

<p>OMPP Presumptive Eligibility Update</p>	<p>Relia Manns, EDS/Hewlett-Packard</p> <ul style="list-style-type: none"> <li>• <b>Presumptive Eligibility (PE)</b>—basic definition is that a pregnant woman can be presumed eligible for ambulatory prenatal services presenting for care at a doctor’s office that has signed up as a Qualified Provider</li> <li>• <b>Notification of Pregnancy (NOP) form</b>—this is a uniform prenatal risking tool used by all three Medicaid MCO’S completed by the doctor at the first visit; identifies medical and psychosocial risk factors such as smoking or domestic abuse</li> <li>• July 1<sup>st</sup> implementation date for both programs</li> <li>• Currently, 212 provider locations are Qualified Providers, meaning they can sign women up for PE</li> <li>• Qualified Providers are lacking in 31 counties; Relia is currently working on recruiting providers for those counties</li> <li>• So far, 4503 women have signed up for PE; providers so far are fairly happy with the program</li> <li>• NOP program—more than 3,500 NOP’s have been submitted</li> <li>• Info gathered from NOP will go to the woman’s Managed Care Organization, who will then contact that woman and design a specific plan of care for her (home visits, transportation issues, smoking cessation)</li> <li>• NOP is not just for new patients, but for any patient under 29 weeks of pregnancy</li> <li>• For other trends in NOP forms go to: <a href="http://www.indianaperinatal.org/downloads/nopsummarycumulativeJulytoOct09spab1109.pdf">http://www.indianaperinatal.org/downloads/nopsummarycumulativeJulytoOct09spab1109.pdf</a></li> <li>• There have been reports of some issues with patients being terminated from PE, but usually this is by DFR because the patient has not complied with sending in required information.</li> <li>• Patients will be terminated from PE if information is not turned in, so providers need to emphasize that women need to turn in all requested information in a timely manner</li> <li>• Southern Indiana (Julie St.Clair and group)—kudos to them for helping to shed light on this issue; many legislators who have been active in this issue have been from S. Indiana</li> <li>• FSSA is canceling the IBM contract and working on a hybrid system with elements of old system and modern system</li> <li>• Can not make any major changes until IBM is disengaged from the system; data will then be transferred to one of the subcontractors</li> <li>• Goal is a smooth transition with no lapse in services</li> <li>• Will be returning to more of a case management system</li> <li>• Do intend to keep online application system, but will still have opportunity for face to face appointments</li> <li>• Calls will go to county office instead of call center</li> </ul>
--	---

**STATE PERINATAL ADVISORY BOARD MEETING**

**MINUTES**

**November 4, 2009**

	<ul style="list-style-type: none"> <li>• Exploring the addition of alerts to tell people that their benefits may be dropped</li> <li>• Planning to pilot new system in Vanderburgh area in January</li> <li>• Larry shared that recent meetings have shown that all parties seem to be more willing to admit that there are issues and more open to input and collaboration</li> <li>• For specific questions, Relia’s email address is <a href="mailto:Relia.Manns@HP.com">Relia.Manns@HP.com</a></li> </ul>
<p>ISDH Update: Late Preterm Birth</p>	<p>Larry Humbert, IPN</p> <ul style="list-style-type: none"> <li>• Working with several different groups, including March of Dimes and ISDH, on a prematurity initiative</li> <li>• Recently convened a group of about 20 key players in the perinatal field and reviewed current data regarding late preterm birth; included OMPP data and Riley presentation on the effects of late preterm birth on the baby</li> <li>• Goal was to discuss the data, get people talking and get a sense of what needs to be done to tackle this problem</li> <li>• 2 page paper in packet—summary of the Sept. meeting and a beginning list of recommendations (also available here: <a href="http://www.indianaperinatal.org/sections/spab1109.php">http://www.indianaperinatal.org/sections/spab1109.php</a>)</li> <li>• The group plans to move forward with some of the recommendations in early 2010</li> </ul> <p>Judy Ganser, ISDH</p> <ul style="list-style-type: none"> <li>• Shared data from ISDH; 1990-2006 data from birth certificates</li> <li>• Some hospitals/providers may have already made changes that aren’t reflected in the data</li> <li>• One goal in releasing data is to make definitions clear—what is term, near term, late preterm, preterm?</li> <li>• View the full presentation here: <a href="http://www.indianaperinatal.org/downloads/ganserpresspab1109.ppt">http://www.indianaperinatal.org/downloads/ganserpresspab1109.ppt</a></li> <li>• Recommended the Intermountain website as a good resource for benchmarks and examples of reducing prematurity rates</li> <li>• Dr. Landwehr asked if data could be controlled for racial disparities? Or could it separate c-section rate out by level of care? Those might be interesting findings.</li> <li>• Some hospitals have reported a dramatic decrease in preterm births since incorporating peer review of all inductions or NIH bundles</li> <li>• Anthem is starting to study C-section rates</li> <li>• Some feel that ACOG needs to make a clear statement about C-sections on demand in order to spur change</li> <li>• Please let Larry know if there are any questions or suggestions related to this issue</li> </ul>



**STATE PERINATAL ADVISORY BOARD MEETING**

**MINUTES**

**November 4, 2009**

<p>ER Consensus Statement</p>	<p>Tina Babbitt, IPN</p> <ul style="list-style-type: none"> <li>• Emergency Room Consensus Statement is complete and posted on the IPN website</li> <li>• Will be sending to Indiana chapters of AAP and ACOG for their endorsement</li> </ul>
<p>Legislative Update</p>	<p>Caitlin Priest, IPN</p> <ul style="list-style-type: none"> <li>• There appears to be interest in filing smokefree legislation again in the upcoming session</li> <li>• Will be a bill to reauthorize the Prenatal Substance Use Commission</li> <li>• Will be a tobacco tax stamp study; potential revenue could support the work of the Commission</li> <li>• Group is currently updating perinatal HIV guidelines; One Test, Two Lives campaign will be starting on World AIDS Day, Dec. 1<sup>st</sup>. Visit the website at <a href="http://www.1test2lives.in.gov">http://www.1test2lives.in.gov</a></li> <li>• Sign up to receive the IPN Legislative E-Alert on the IPN website</li> </ul>
<p>IPN Update and Upcoming Events</p>	<ul style="list-style-type: none"> <li>• Prenatal Substance Use Provider Training DVD is available! Educates providers on screening and treatment of substance use during pregnancy. CME and CNE approved. Contact IPN for more information.</li> <li>• New interactive statewide map of providers who treat women with perinatal mood disorders available <a href="#">on the IPN website</a></li> <li>• It's time to renew your IPN membership for 2010! Thank you for your continued support of mothers and babies in Indiana. This year, consider asking a colleague to join as well. You can renew your membership online, by mail, or over the phone.</li> <li>• Upcoming Events: Mark your calendars for the IPN Forum on March 18-19, 2010 and the Indiana Perinatal Educators Conference on April 29, 2010.</li> </ul>
<p>Regional Updates</p>	<p>Julie St. Clair</p> <ul style="list-style-type: none"> <li>• Susan is currently doing a lot of work with student nurses, they love having real projects to work on</li> </ul> <p>Beth McIntire, St.Vincent Women's Hospital</p> <ul style="list-style-type: none"> <li>• St. V has been working on the PCEP program in conjunction with IPN</li> <li>• Finishing up in Richmond next week</li> <li>• Training has been emphasizing simulation and encouraging participants to work together as a team and communicate</li> <li>• Training was also held in Connerville,</li> <li>• St. V. is proud of their recent JACO certification—only 2<sup>nd</sup> hospital in the country to receive this</li> </ul>



**STATE PERINATAL ADVISORY BOARD MEETING**

**MINUTES**

**November 4, 2009**

	<p>Dana Watters, Bloomington Hospital</p> <ul style="list-style-type: none"> <li>• How are other hospitals handling reduced visitation due to H1N1?</li> <li>• Different options were discussed, including limiting number of visitors, type of visitor (immediate family only), no kids under certain ages, canceling tours, having classes offsite</li> <li>• Most people have been pretty understanding about new restrictions</li> </ul>
<p>Next Meeting</p>	<p><b><u>2010 Meeting Dates</u></b>  <b>February 24, 2010</b>  <b>July 7, 2010</b>  <b>November 3, 2010</b>      All meetings held at ISDH, 1-3:30 pm</p>