



**State Perinatal Advisory Board
October 26, 2011**

Attendees

Judy Knowles	Lutheran Hospital
Amy Eberle	MGH – Great Beginnings
Marcia Cherry	Franciscan St. Elizabeth East
Carol Pool	Prevent Child Abuse IN
Susan Dorrell	ISDH – ERC
Michele Starkey	ISDH – ERC
Beth Johnson	ISDH-MCH
Margie Pyron	AWHONN and IU Health Ball Memorial
Lisa Crane	Goodwill NFP
Deb Stiffler	IU School of Nursing
William Engle	IU Neonatology
Yvonne Beasley	MCPHD
Laurie Weinzapfel	MDWise
Pam Lowe	IU Health North
Joe Landwehr	IU Health Ball Memorial
Sue Lubben	MHS
Jonell Allen	Community Health Network
Caitlin Priest	Indiana Perinatal Network
Larry Humbert	Indiana Perinatal Network
Julia Tipton Hogan	Indiana Perinatal Network
Sarah Walter	Indiana Perinatal Network
Tina Cardarelli	Indiana Perinatal Network
Tina Babbitt	Indiana Perinatal Network
Barb Himes	Indiana Perinatal Network
Leah York	Indiana Perinatal Network

ISDH Update—Beth Johnson, RN MSN

- ISDH has received a Nurse Family Partnership grant; \$9 million over 4 years with 2/3 of the funding earmarked for Healthy Families Indiana and 1/3 for the Nurse Family Partnership model
- Maternal Child Health Perinatal database is under development; have been meeting every 2 weeks and contracted with a programmer to link all state databases. Project began as perinatal only but has expanded to all of MCH. Updating the MOU between ISDH and the Indiana Hospital Association and plan to start with birth certificate data

- Hired a new perinatal epidemiologist, Jennifer Collins, from Missouri; she previously served as a CDC fellow as a perinatal epidemiologist
- Levels of Care Standards Update: final standards have been sent out to hospitals for review. AAP is making additional changes to combine newborn level IIIA and IIIB, and add a new level IV. Changes are expected in the spring/early summer, so the IN standards are tabled until new changes are published. In the interim, new LOC survey tool (facilitated by IPN) is being developed with current LOC standards so a baseline assessment with hospitals can be established prior to new LOC document being published.
- Indiana Perinatal Quality Improvement Collaborative (IPQIC): new state executive committee being developed under MCH department, similar to other states. Members will include professional organizations, hospitals, School of Medicine, etc.—decision makers who can institute changes at their facilities. Initiatives will include Levels of Care, QI projects within hospitals (Neonatal Quality Improvement Committee already established with the use of breastmilk in NICU to decrease NEC), creating a task force on maternal fetal neonatal transport, interaction with pain clinics, obtaining accurate birth cert data in hospitals using webinars, feasibility of perinatal centers throughout state. Currently waiting on a response from grant application to the CDC to support this initiative.
- OMPP, IHA, and ISDH are working with MOD to ask hospitals to utilize the MOD toolkit addressing elective inductions to participate in a QI project. MOD would like to have 10 hospitals participate and an RFP will go out to hospitals in January 2012.

Legislative Policy Update—Caitlin Priest, MPH

- New alert sent out last week—sign up at www.indianaperinatal.org if you are not receiving alerts.
- Elimination of Prenatal Care Coordination—still following this issue and encouraging providers to submit written testimony to legislators to reconsider funding. PNCC has a huge presence in parts of the state. Public hearing is required by law to be held—hearing has not been scheduled yet. Robust PNCC clinics have been asked to show correlation with cost savings so we can spotlight stellar communities that have documented outcomes. [Click here](#) for more information on this issue.
- Medicaid family planning—OMPP is required by January 1st to apply for state plan amendment to the federal government to expand family planning services for all individuals (including men) whose income is at or below 133% of the poverty level. OMPP anticipates implementing the program in October 2012. This amendment would be a significant improvement with a broader perspective successful in many states.
- Planned Parenthood of Indiana—Case has been heard in Chicago by Federal Appeals court, with no ruling to date. Medicaid patients are still receiving services at this time.
- Certified Nurse Midwife update—CNM's can receive Medicaid reimbursement for patient care; distinction is evidence of co-management of high risk patients with MD and CNM. **This is not a change in policy—“it is a billing issue not a care issue”.** Policy from OMPP will be published soon clarifying that socially high risk does not necessarily mean medical high risk.

- Discussion: Many feel that legislation needed to grant prescriptive authority for Physician Assistants; currently, many move out of state because Indiana is more restrictive in their privileges. Will also explore a requirement for methadone clinics to also report their activity to the INspect system that tracks use of narcotics.
- 2012 legislative session will be a short session ending in March; smoking legislation is likely to be introduced again.

Hospital Summit Follow-Up—Larry Humbert, MSSW PgDip

- 2nd Annual Perinatal Hospital Summit was held on September 23. Evaluations were very positive, attendees are unanimous it needs to be an annual event as an opportunity to continue discussion of key issues.
- Topics covered at summit included 17P as a tool to prevent preterm birth (17P toolkit on flash drive given to all attendees). IU Health has made a system wide mandate for qualifying patients to be on this medication, and extended the criteria to a previous birth at 37 weeks and under. ACOG alert sent out that clarified that compounded 17P is not equal to Makena. According to data from OMPP, only 40- 50 pregnant women have received this medication, which increases concern that documentation isn't correct. It is a medication not widely available or used in pockets of the state.
- NRP Update—New changes are effective January 2012 with the incorporation of simulation and the multi-disciplinary approach. The major issues are money to take the exam online, financing simulators, and finding resources for staffing. Scenario development is time intensive; however the communication and multi-disciplinary teamwork necessary is well worth the effort, as documented in clinical practice outcomes.
- Medicaid reimbursement for return transport for babies—After checking with OMPP staff, this should be covered by Medicaid. IPN has a policy statement from MDWise office verifying coverage, should also be applicable for the other MCO's. [Click here](#) for more info and contact numbers for the 3 MCO's.

Nurse Family Partnership (NFP)—Lisa Crane, MSN RN

- Lisa has a new position as Manager with NFP through Goodwill Industries, which encompasses much more than just the Goodwill stores. Nurse Family Partnership is a national model that addresses the life course perspective. Started in Denver, CO 30 years ago, evidence based, BSN RN home visit for all first time moms who qualify for Medicaid. Goodwill received federal grant money to provide this in Marion County.
- Unique aspect of the program is that nurses can see undocumented immigrants
- Participation is voluntary by the mother, who is referred by her health care provider
- Visits begin by 28 weeks, continue up to the child reaching 2 years of age. Team and program being built at present. Each RN will have a caseload of 25 moms and will receive intensive training with NFP in Denver.
- Currently working to establish community partners an Advisory Board, and referral networks. Nurses are currently being recruited. Goal is to begin visits in early January.

Regional Updates—All

- Joe Landwehr, IU Ball Memorial Hospital—Developing several public health collaborations on bariatrics and pregnancy, narcotics and pregnancy. Need addiction treatment services after pregnancy which requires some grant seed monies, will have a national addiction speaker to provide a Grand Rounds.
- Margie Pyron, Indiana AWHONN—Indiana AWHONN conference was held in September in Bloomington with national AWHONN speaker on staffing guidelines. Next fall conference will be held in Terre Haute or Mishawaka.
- Amy Eberle, Marion General Hospital Great Beginnings—Patients are experiencing a delay in establishing ongoing visits with a pediatrician. OB's are Anthem providers and pediatricians are not Anthem providers, which seems to be the issue.
- Larry Humbert, IPN—Save the Date for the IPN Forum, to be held on March 9, 2012 at the Marriott North in Indianapolis. Call for Abstracts is due December 20—[click here](#) for the application. All topics are welcome. Indiana Perinatal Educators Conference will be April 19, 2012 at the Ritz Charles in Carmel. Education calendar will be distributed mid-January.
- Discussion of possible Regional Workshop topics: Ideas included Neonatal Abstinence, NRP Simulation, Obesity and Pregnancy, PTL-17P & antenatal steroids, Care of Late Preterm Infant, Breastfeeding – Baby Friendly designation