

TASK FORCE ON RISK APPROPRIATE PERINATAL SYSTEMS OF CARE

MEETING SUMMARY

March 21, 2019

10:00 am – 3:00 pm

North Carolina Institute of Medicine

630 Davis Drive

Morrisville, NC 27560

Attendance

- *Steering Committee:* Belinda Pettiford, Amanda Murphy, Keith Cochran, Frieda Norris, Tara Shuler,
- *Task Force Members:* Jennifer Grady, Charea Mason, Latoshia Rouse, Nancy Koeber, Winona Houser, Kate Menard, Mary Kimmel, Lorrie Basnight, Walidah Karim, Marty McCaffrey, Martha Bordeaux, James Devente, Rhonda Lee, Kim Harper, Ashley Rodriguez, Sarah Dumas, Amy Williford, Melissa Joyner, Azzie Conley, Tara Bristol Rouse, Corinna Miller, Roytesa Savage, Michaela Penix, Lisa Sammons, Velma Taormina, Kim DeBerry, Rachel Elledge, Melissa Clayton, Melissa Poole, Kelly Kimple, Daragh Conrad,

PSOC Spotlight: Tennessee

Margaret Major, *Director, Tennessee Dept. of Health, Perinatal, Infant, and Pediatric Care*

Ms. Major began the meeting by providing a historical and present-day overview of the Perinatal System of Care in Tennessee. The system has been in place since the 1970s. The system is made up of a Perinatal Advisory Committee that meets three times a year and 5 regional perinatal centers. Recently, Tennessee has implemented CDC LOCATe, entered into a contract with Vanderbilt University's Perinatal Quality Collaborative, and been involved in several work groups related to back transport, supplementary guidance for emergency hospital staff, and transportation. Slides were not provided for this presentation.

PSOC Spotlight: Texas

Jane G. Guerrero, RN, *Director, Office of EMS/Trauma Systems, Consumer Protection Division, Texas Department of State Health Services*

Ms. Guerrero reveals that Texas assigns the designation program for neonatal and maternal levels of care to EMS & Trauma systems due to the similarities between the systems. A NICU council, levels of care, perinatal regions, and a perinatal advisory council were all established in statutes. The statutes did not include a certificate of need but did outline a timeline for which designations needed to be completed by. The PAC began meeting monthly and eventually developed an administrative code based on the 6th addition of AAP guidelines. Slides were not provided for this presentation.

State Spotlight Discussions

Task force members broke into small groups to discuss the systems of perinatal care available in Arizona, Illinois, California, Washington, and New York before reporting back to the group. Illinois was mandated by legislation to implement the LOCATe tool and are in the process of updating the levels of care guidelines to the most recent AAP & ACOG standards. Illinois also has a PAC in place. California has a comprehensive perinatal services program that targets reducing low birth weight babies and develops individualized health plans. Washington state mandates a health pregnant advisory committee, and has used a national text for baby campaign. New York information seemed outdated, but task force members pointed out the large gap in communication between doctors and patients on early elective deliveries.

Medicaid Transformation Changes & Q&A

Nancy Henley, MPH, MD, FACP, Chief Medical Officer, NC Medicaid, Division of Health Benefits, NC Department of Health and Human Services

Dr. Henley provides an overview of Medicaid Managed Care including its vision, goals, key components, and service carve outs. She then discusses the transition of current programs to managed care including the Pregnancy Management Program, High-Risk Pregnant Women, and At-Risk Children. A timeline shows Transformation spans from October 2018 to February 2020. Slides are available at this link: <http://nciom.org/wp-content/uploads/2018/12/Medicaid-Transform-NCIOM-Perinatal-03-21-2019.pdf>.

LoMC Verification Program

Christopher Zahn, MD, Col (ret), USAF, MC, VP Practice Activities, American College of Obstetricians and Gynecologists

Dr. Zahn discusses the origins of the LoMC Verification Program that started in the 1970s. After the guidelines were published, MFM, ACOG, and CDC collaborated to turn the guidelines into an implementable program. The goal is to ultimately get outcome and administrative data from 45-46 states and develop a toolkit where the verification program becomes easy to implement across all hospital levels. Dr. Zahn notes that verification is not the only step, but it is an important one. Slides were not provided for this presentation.

NICU Verification Program

Sunnah Kim, MS, RN + Team, Sr. Director, Pediatric Practice and Health Care Delivery, Family Partnerships Network & NICU Verification Program, Dept. of Primary Care and Subspecialty Pediatrics, AAP

Ms. Kim outlines the AAP 2012 Policy Statement on the 4 levels of NICU care before highlighting efforts being done in Texas. Texas DSHS solicits a survey to verify NICU levels of care before conducting an AAP task force. CDC provided the state with a grant for initial development. Texas selected AAP as a surgery agency and was approved for a pilot program in 2016. As of May 2018, 42 site surveys had been conducted.