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Neonatal Abstinence Syndrome (NAS) Committee Meeting Minutes 9/8/2016

Welcome and Introductions

The Chair designee, Shelly Musser-Bateman, called the meeting to order and started introductions about 1:02 P.M. on Thursday September 8th, 2016. The speaker that was coming before the group had a limited timeframe so after introductions the group turned over the meeting to her.

Attendees

Members in Attendance	Guests and IDPH
David Soglin	Tanya Dworkin, IDPH
Shelly Musser-Bateman	Kelly Vrablic, IDPH
Aki Noguchi (Phone)	Shannon Lightner, IDPH
Arvind Goyal	Andrea Palmer, IDPH
Omar LaBlanc	Amanda Bennett, IDPH
Jodi Hoskins	Alexander Smith, IDPH
Christine Emmons (Phone)	Tanya Dworkin, IDPH
Mary Puchalski	Jane Fornoff, IDPH
Ginger Darling	Nirav Shah, IDPH
David Ouyang (Phone)	Miranda Scott, IDPH
	Mary Hope
	Members Not In Attendance
	Dennis Crouse
	Randy Malan
	Ira Chasnoff

Minutes

The July 2016 minutes were approved without objection and just a few changes to incorrect or missing names listed in the minutes.

Motions

1. Motion to approve the July 2016 meeting minutes.
   1st Shelly Musser-Bateman, 2nd Ginger Darling. Unanimous without objection.

2. Motion to accept Jodi Hoskins as the vice chair.
   1st Arvind Goyal, 2nd Omar LaBlanc

3. Motion to adjourn.
   1st Ginger Darling, 2nd Arvind Goyal

Agenda Items

Comprehensive Addiction and Recovery Act(CARA)

- Becky Abbott came to the committee to speak to the group about the federal act.
- An overview of the bill and three sections that deal directly with substance exposed infants:
  - Requires the U.S. Government Accountability Office (GAO) to prepare a report on the prevalence of NAS and Medicaid coverage of NAS treatments
  - Reauthorizes a Substance Abuse and Mental Health Service Administration (SAMHSA) grant program
  - Child Abuse Prevention and Treatment Act (CAPTA) – This act allows states to receive funding to support child welfare systems. In order to receive the funding the states are required to fulfill certain requirements with one of those requirements being to be able to report on substance exposed infants.
  - Prior to CAPTA's requirements states were to report on illegal substance abuse and withdrawal symptoms resulting from fatal opioid exposure. CAPTA drops the word illegal from that rule.
  - Updates the requirements of plan of safe care. When developing plans, states/care givers must incorporate substance abuse and treatment. Prior it was an option to report on that.
  - States will have to monitor the implementation and treatment associated with these plans.

Electing a Vice Chair

- Jodi Hoskins was the only person who accepted the vice-chair nomination.
- Arvind Goyal motioned that Jodi be elected and it was seconded by Omar.

NAS Data Update

- Amanda Bennett, the epidemiologist with the Illinois Department of Public Health, had done some very basic research on hospital discharge data on NAS at the last meeting. This time around she presented the data with 2015 numbers.
- Question from the previous meeting was potential impact of hospitals coding infants as seizure disorders instead of NAS. The thought was that maybe codes were used differently in Caucasian babies and African American babies.
- In the data from 2015, she reminded the committee to keep in mind the ICD changed from 9 to 10.
  - *Q: 2.27% increase per quarter (in NAS) across Illinois, is it because of awareness of NAS?*
  - *A: Could be an increase usage of opioids or it could include awareness. Hard to tell.*
  - *Q: Was there a bias between private vs public in diagnosing NAS?*
  - *A: Hard to tell as the data is just listed as Medicaid, medicare, private, etc. The 2014 to 2015 increase in cases could just be because the overall increase in Medicaid users.*
  - *Q: It was asked of Amanda if she just looked at primary diagnosis or secondary diagnosis. (eg: The baby could have had seizures as a primary diagnosis and NAS as a second, did it pick up the secondary as well?)*
  - *A: Yes, all were picked up.*
  - *Q: For clarification someone asked what diagnosis was used when collecting data.*
  - *A: Opioid Use Disorder*
  - *Q: A question was asked whether or not there might be bias, eg racial or insurance status, in the coding or diagnosis of NAS.*
  - *A: There is no direct data that would be able to formally answer that, but it is believed that the screening process is outdated.*
- Committee thought: If there was a pregnancy where the mother was using opioids and the infant did not develop NAS. We need an early intervention plan so the child doesn't develop NAS. During the recording of the pregnancy it should be noted as an NAS risk.
  - Jane Fornoff said that APORS picks up on it. (So long as it is self reported by the mother)
- It was brought up that the detection of diagnosis method needs improved.
- It was requested from the committee that in the next iteration that the numbers be included with the data and not just the rates.
- Jane Fornoff then went over the APORS data

    - *Q: Aki commented that cocaine will not cause withdrawal symptoms in the baby, even though it is listed as a data point.*
    - *A: The data is what the hospital reports on so could be a mixed drug exposure report.*

Research and Data Sharing

- If the group finds information that may be of use to the group, send it to Alex to be distributed.

NAS Step 2: Developing a uniform process to identify NAS.

- Shelly opened it up to the committee to decide where to start the discussion, possibly the screening tools?
- Start with the criteria for screening.
- It was mused to make a mom who is screened positive, then the infant should be screened as well.
- The committee would want training on the screening tool itself for hospitals.
- Survey the perinatal administrators to see what is possibly going on at each hospital with their screening tool
    - It was brought up that sometimes there is even variation in hospitals themselves between doctors.
- Universal Drug Screening could deter mothers from coming in because of the potential punitive reasons for drug abuse.
    - Mothers can decline screening.
- Opportunities:
    - For the committee to come up criterion and make it into the form of a presentation to be used to present to willing hospitals.
    - Require any pregnant woman comes in then their PMP will need to be reviewed.
    - When there is evidence of maternal opioid use, eg history or urine screen, it needs to be reflected in the discharge data. If there isn't a code one will need to be created.
- There was a question on what PMP was and Dr. Ouyang gave a brief explanation and how it has been a valuable tool for the hospital
    - The check it in on every patient, but it is not mandated.
- The consensus was that there is not enough information to move forward with the second step.
- The committee inquired about home births playing a factor.
    - Jane Fornoff said that it is very low. She would be able to get the data if needed.

- It was decided to table focusing on a hospital survey until the committee had more information.

Next Steps

- Randy Malan to give more information on PMP.
- Ira Chasnoff to present on the universal screening tool.
- Mary and Jodi will be doing antenatal and neonatal screening literature review.
- IDPH to research what other states are doing.
- IDPH to inquire about DCFS reporting numbers.
- Send any research to be dispersed to Alex.
- Amanda Bennett will ask about readmission data.

Adjournment

The meeting was motioned to be adjourned by Ginger Darling. This was agreed upon by Arvind Goyal around 3:05 P.M. on Thursday September 8th, 2016.