IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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Neonatal Abstinence Syndrome (NAS) Committee Meeting Minutes 7/7/2016

Welcome and Introductions

The Chair designee, Shelly Musser-Bateman, called the meeting to order about 1:05 P.M. on Thursday July 7th, 2016. Shelly requested that the committee go around the room and to introduce themselves and explain their interest in the committee.

Attendees

Members in Attendance	Guests and IDPH
David Soglin	Tanya Dworkin, IDPH
Heather Stanley-Christian (Phone)	Kelly Vrablic, IDPH
Shelly Musser-Bateman	Shannon Lightner, IDPH
Aki Noguchi (Phone)	Andrea Palmer, IDPH
Jodi Hoskins	Amanda Bennett, IDPH
Ira Chasnoff	Alexander Smith, IDPH
Arvind Goyal	Mai Pho, IDPH
Elaine Shafer (Phone)	Amanda Kim, IDPH
Omar LaBlanc	Tanya Dworkin, IDPH
Christine Emmons (Phone)	Jane Fornoff, IDPH
Mary Puchalski	
	Meryl Paniak, DCFS
	Members Not In Attendance
	Dennis Crouse
	Ginger Darling
	Randy Malan
	David Ouyang
	Nirav Shah

Minutes

The February 2016 minutes were approved without objection or changes.

Motions

1. Motion to approve the February 2016 meeting minutes.
   Unanimous without objection.

2. Motion to send vice chair nominations to Alex, Vote on Nominations at next meeting.
   1st David Soglin, 2nd Mary Puchalski

3. Motion to focus on completing NAS objectives first then re-evaluate broader topics associated.
   Unanimous without objection.

4. Motion on the definition of NAS.
   1st Ira Chasnoff, 2nd David Soglin, Unanimously accepted.

5. Motion to adjourn.
   1st David Soglin, 2nd Aki Noguchi

Agenda Items

Department of Children and Family Services (DCFS)

- Meryl Puchalski attended the meeting, on behalf of DCFS, and their role in regards to NAS.
- She spoke about their child abuse and neglect system and how reporting on NAS would be encompassed in the mandated reporting.
- Cook County has a couple programs for substance exposed:
  - IFR: Intact Family Recovery – A team of case workers will go and work with families so DCFS won't have to take the children away and keep the families intact.
  - AODA Waiver – Taking custody because of alcohol and abuse issues. The parents are given assessments and recovery coaches.
- DCFS gets the hotline call, if you test for NAS, and they will then take the reports and begin an investigation, but they does not mean they will take the child.
- Question:
  - Q: When does DCFS take the child?
  - A: Child Endangerment Risk Assessment Protocol, CERAP, is a safety assessment tool that is used to determine whether or not to take protective custody.

Another program is Safety Planning where they try to provide services or have the child live with a relative.
    - Q: Whether or not a case is “unfounded” or “indicated”? Mainly in the sense that even though the mother is known for a history of substance abuse the child can still test negative for the symptoms.
    - A: They also have a risk of harm category and it can still be reported.
    - Q: What happens when DCFS receives a call?
    - A: DCFS has to see the child within 24 hours or at least make a good faith attempt.
    - Q: The reporting is from the hospital?
    - A: Yes, but there are many mandated reporters, but the reports on NAS typically will come from someone in the hospital whether it is a nurse, physicians assistant, doctor, etc.
- Dr. Chasnoff had a data report from screenings where the mother had the same conditions, but in African American children it was labeled as NAS and in Caucasian women, specifically with private insurance, it was labeled as newborn seizures.
- Public Health and DCFS are doing a campaign about not using substances and where to get help and services.
- Andrea with IDPH asked whether the scope could be broadened to include substances other than opiates. The committee wanted to address all symptoms.
- The committee also brought up the concern and to be careful about looking at the abuse of prescribed medications versus not prescribed. And also whether the baby is showing symptoms from a mother who is properly using her medications.
- The committee wants to raise awareness because sometimes mothers don’t realize that those prescribed drugs can affect their baby.
- The committee believes that the committee should be used to define what the problem is in Illinois that needs to be addressed.

Electing a Co-Chair

- It was suggested that recommendations for a vice chair be anonymous and send nominations to Alex to review and then be voted on in the next meeting.
- There was a motion for nominations of vice chair to be done before the next meeting and the vote to take place at the September meeting.

Ethics Training

- IDPH explained that all committees need to complete and sign a waiver on ethics training every July.

Overview of NAS Legislation

- The chair did an overview of what other states have in legislation. In terms of primary, secondary, and tertiary prevention.
- It was suggested that Florida and Indiana has a similar committee and a group that is a few year older. The group could use them as an example or model as they move forward.

NAS Definition

- It was suggested to define the focus of the group before reaching the definition.
- The group discussed what the NAS definition should include or encompass. Considering whether or not NAS should include a broader vision as the approach to coming up with a solution will affect many other abuses.
- The committee also suggested to not broaden the scope and to focus on NAS at the moment and then afterwards suggest to the director that the group could focus on the broader topics afterwards.
- Motion to focus on NAS for the time being and then once the committee has completed the objectives to revaluate and determine whether or not they want to tackle broader topics associated. There were no objections.
- The committee then discussed what the definition should be for NAS which completes one of the objectives for the group. Other states, the American Academy of Pediatrics, and other sources were considered.
- Group decided on AAP definition with extra language added.
- The group decided to define NAS as: Neonatal Abstinence Syndrome refers to the collection of signs and symptoms that occur when a newborn prenatally exposed to prescribed, diverted, or illicit opiates experiences opioid withdrawal. This syndrome is primarily characterized by irritability, tremors, feeding problems, vomiting, diarrhea, sweating, and, in some cases, seizures.

Membership Discussion

- The group talked about how at the last meeting it was brought up to bring in someone who would have firsthand experience such as mothers who have experienced NAS.
- It was brought to actually have this person as a member. Or to have a social worker, or a home visitor, who work directly with these women.
- IDPH legal confirmed that we can keep the mother's names confidential.
- Suggested that we get representation from urban and rural areas alike.
- A focus group or a panel of women was also a suggestion.

- The group decided to add non-voting members and will submit resumes of people to IDPH and the Chair to be discussed at the next meeting. Non voting members can be added to the committee by the director.

NAS Data Overview

- Dr. Bennett from IDPH gave an overview on existing data sources in Illinois related to NAS and opioids and how those might be relevant towards the committee.
- It is related to NAS in that it could: identify NAS rate among all deliveries, identify deliveries where mother used antenatal opioids, and examine readmission rates for NAS infants.
- Hospital Discharge Data
  - Advantages: Population-based, available annually and can study trends, and basic demographics help identify high-risk populations
  - Disadvantages: Purpose is for billing and not for surveillance, likely to underestimate the actual numbers, lag time of about 6 months.
  - Question:
    - Q: How long after the data is received is it made available to the public?
    - A: It is not made available to the public.
    - Q: Is it subject to the freedom of information act?
    - A: No, because of personal data.
- Adverse Pregnancy Outcome Reporting System
  - Advantages: infants with clinical signs of any drug toxicity or exposure are reported by hospitals, and it has information on follow-up services provided to NAS infants
  - Disadvantages: Positive drug screens subject to testing bias, and also there is no denominator so we cannot calculate rates/percentages.
  - Question:
    - Q: Is it directly reported as NAS?
    - A: Not necessarily.
    - Q: A couple questions on how the data is reported.
    - A: The information is taken from whatever the hospital reports and no assumptions are made
  - If the committee were to recommend universal screening it will allow for more accurate data.
- Medicaid
  - Related to NAS:
    - Track Health Services and costs for NAS infants.
    - Examine maternal prescription history for NAS infants.
    - Examine patterns of opioid prescriptions among women of reproductive age and pregnant women.

        - Advantages: can track other health services for patients and has prescription claim information available
        - Disadvantages: Only included Medicaid sub-population (~50% of all births and ~70% of NAS births)
    - Prescription Monitoring Program (PMP)
        - Tracks prescription histories of women of reproductive age
        - Advantages: includes all patients receiving prescriptions at retail pharmacies regardless of payer and has information on dosage, type of medication.
        - Disadvantages: Not population based (won't cover full scope of opioid use), intended as clinical monitoring tool, and no information on the pregnancy status.
        - The committee conversed about the best practices about being required and to be registered in the PMP.
        - Discussion around if it is possible to get pharmacies to report whether or not a woman is pregnant for surveillance purposes.
            - Save for future discussions: What can we do to extract the information where the women who are or have been pregnant and someone with opioid or any abuse that we can require it in the claims?
    - Other data sources: vital records, hospital discharge, Medicaid claims, and national survey on drug use and health.
    - Hopefully in the future can work to link the data across programs and discharge data
        - Barriers:
            - It would be hard to link maternal and neo data
                - Use a birth certificate?
            - Who will take charge and organize?
                - The programs spans across four different State agencies. HFS houses both APORS and Medicaid. It is a possibility that both are linked.
            - Will staff time to do linkage be a priority?
        - A possible recommendation for the committee could be to link data sets.
    - Lastly, Dr. Bennett had basic Illinois Hospital Discharge data.
    - Any questions that arise in between the next meeting to e-mail Dr. Bennett.
        - Provide seizures data and the 2015 data

Next Steps

- IDPH asked if the logistics and time frame was still ok with the committee.
- Send any research to be dispersed to Alex.
- Dr. Bennett will provide a data update.
- Plan to move to the next objective for the September meeting.

- Shelly to send resources from other states to Alex to disperse.
- Ira to send articles around universal screening to Alex to disperse.

Adjournment

The meeting was motioned to be adjourned by David Soglin. This was agreed upon by Aki Noguchi around 4:15 P.M. on Thursday July 7th, 2016.