IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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Neonatal Abstinence Syndrome (NAS) Committee Meeting Minutes 12/8/2016

Welcome and Introductions

The Co-Chair designee, Jodi Hoskins, called the meeting to order at 1:03 P.M. on Thursday, December 8th, 2016. She requested that everyone around the room and on the phone introduce themselves.

Attendees

Members in Attendance	Guests and IDPH
Shelly Musser-Bateman, Chair Ira Chasnoff* Christine Emmons Arvind Goyal Jodi Hoskins, Co-Chair Randy Malan Emily Miller Elaine Shafer David Soglin Aki Noguchi Emily Miller Mary Hope	Amanda Bennett, IDPH Tanya Dworkin, IDPH** Jane Fornoff, IDPH Shannon Lightner, IDPH Andrea Palmer, IDPH Miranda Scott, IDPH Alexander Smith, IDPH Brielle Osting, Guest (Everthrive IL) Ellen Mason (University of Illinois at Chicago) Cindy Mitchell, Guest Robyn Gude, Guest
	Members Not In Attendance
	Dennis Crouse Ginger Darling Omar LaBlanc David Ouyang Mary Puchalski Nirav Shah Heather Stanley-Christian

*Note: Dr. Chasnoff joined the call at 1:54pm.
**Ms. Dworkin joined the call late.

Minutes

The September 2016 minutes were approved without objection.

Motions

1. Motion to approve the September 2016 Meeting Minutes

1st David Soglin, 2nd Christine Emmons

2. Motion to recommend universal screening, brief intervention, referral, and treatment for substance use among pregnant women in the state of Illinois.

1st Ira Chasnoff, 2nd David Soglin

3. Motion to adjourn.

1st Jodi Hoskins, 2nd David Soglin

Agenda Items

IDPH Update

- Alex Smith (IDPH) shared that Brielle Osting from EverThrive IL will be taking over meeting coordination, logistics, and will serve as the main point of contact moving forward. Alex will still be helping the Committee, especially during this transition period.
  - Brielle will send doodle polls to coordinate the next meeting(s). The group will aim for a follow up meeting in late February or early March. The Committee is required by statute to meet three times per year, and a meeting in March will ensure that the group meets this requirement, as it will be their fourth meeting in FY17. Thus, Brielle will also coordinate meetings for Summer and Fall 2018 in FY18.
- Shannon shared that the committee still has a vacancy for a local health department representative, but that they have contacted Sandy Martell of the Winnebago County Health Department to fill that void.
- Andrea suggested creating a shared drive to share resources, articles, and research. Brielle, with help from Alex, will be working to implement this in the coming months.
- Shannon shared that there is a lot of hunger and anticipation for the work of this committee in the field. For example, ILPQC is ready to work with hospitals on this issue, and would like to engage this committee for guidance.

Old Business--Antenatal and Neonatal Screening Lit Review

- Since the last meeting, Jodi reviewed antenatal screening literature and Mary reviewed neonatal screening literature.
- Jodi's review included:
  - ACOG Toolkit on State Legislation for Pregnant Women and Prescription Drug Use, Dependence, and Addiction.
    - Primary Recommendation: Verbal Dialogue Screening. They do not advocate necessarily eliminating toxicology screening, but they do fully support verbal dialogue screening.
    - Recommended Verbal Dialogue Screenings: The 4Ps (Parents, Partners, Past, and Pregnancy), Annual Screening for Substance Abuse (for all women)
    - Follow up with urine testing for clinical suspicion or reported drug use.
  - Obstetrics and Gynecology, "Screening for Prenatal Substance Abuse: Development of the Substance Use Risk Profile Pregnancy Scale"
    - Reviewed three verbal dialogue screens:
      - 4Ps/ 4Ps +
      - Modified TWEAK: Tolerance, Worried, Eye-openers, Amnesia, Cut Down Tool
      - Substance Use Risk Profile Pregnancy Scale
    - Favored Substance Use Risk Profile Pregnancy Scale: Easy-to-use, effective tool, most predictive of alcohol and substance use.
    - 4Ps: Moderate to excellent sensitivity, but only moderate specificity rate.
    - TWEAK: Lower sensitivity, but did have a high specificity rate.
  - Implementation of Universal Toxicology Screening to Identify Neonatal Abstinence Syndrome in a Large Hospital System
    - Benefits of approach: Earlier detection of substance use, facilitates efficacy and timeliness in care for the infant, described self-reporting substance abuse to be potentially unreliable (which contradicts the ACOG Toolkit), allows for rapid access to social work services and support, may reduce attempts to "shop around" for a hospital to avoid screening.
    - Implementation: Took over a year to strategize implementation, included OB buy-in, included robust patient communication regarding the types of and reasons for screenings, and allowed each organization to decide if consent for screening would or would not be required.
      - The choice to screen without consent would contradict recommendations from the ACOG Toolkit and Obstetrics & Gynecology article, both of which recommended patient consent to screening.

        - Barriers: Lack of standardization of drug screening tool across organizations.
    - Jodi did not review Mary's literature review of neonatal screening literature. She will contact Mary, and share her literature review when the minutes are sent to the Committee.

Old Business--Review of NAS in Other States

- Andrea shared that Tanya from IDPH conducted an extensive review of NAS protocols in other states.
    - This information is summarized in an excel spreadsheet that Alex or Brielle will send to the Committee.
- Shannon shared that many states have websites and published protocols regarding NAS. She recommended that the Committee decide what they would like to review, and also think through if there are any states the Committee would be interested in inviting to a meeting.
- Andrea recommended that the Committee identify "buckets" of information that they would like to learn about in order to make recommendations. The Committee decided:
    - 1) Standardization of data collection
    - 2) Standardization of diagnosis
    - 3) Standardization of treatment
        - Strategies: Treatment through the medical home/integrated health home, office-based interventions (embedded in usual care)
    - 4) Provider Education/Communications
        - Strategies: Professional Societies, Bulletins, EHR Bulletins, working within individual health systems, working with Medicaid MCOs, peer conversations
    - 5) Parent Education/Communications
- Dr. Noguchi shared that it may be valuable to incorporate the perspective of a parent on the Committee when creating recommendations

Old Business--Universal Screening Tool, Dr. Ira Chasnoff

- Jodi reminded the group that one of their charges is to, "Develop a uniform process of identifying NAS." Thus, she recommended that we talk about maternal screening and turn to Dr. Chasnoff's presentation.
- Dr. Chasnoff shared that, historically, referrals to child welfare were made based on race and social class, as women of color and poor women were screened toxicologically. An audit showed that babies of black Medicaid recipients were being diagnosed with NAS at rates much higher than white infants with the same symptoms.
    - Thus, he began exploring ways to identify women who were using substances during pregnancy through screening tools.

- Due to gaps in existing screens, Dr. Chasnoff and colleagues began developing the 4Ps+ (Parents, Partners, Past, and Pregnancy)
- Following Dr. Chasnoff's review of the 4Ps Tool, the Committee discussed a potential recommendation regarding universal screening.
    - The group agreed that they would like to recommend universal screening. They also agreed they must think through requirements and guidelines regarding this screening. For example, they may want to issue guidelines regarding what is required of a screening, or what components a screening should include.
    - Randy recommended requiring that the PMP should always be searched as a supplemental effort to the screening.
    - Jodi reminded the group that if they decide to make a recommendation on universal screening, they should consider the five "buckets" discussed earlier as a framing mechanism: 1) Standardization of data collection, 2) Standardization of diagnosis, 3) Standardization of treatment, 4) Provider Education/Communications, 5) Parent Education/Communications
    - Dr. Soglin added that the first question to answer is, "As a Committee, do we want to recommend universal screening?" If the answer is "yes," the question becomes, "How do we screen? Do we mandate a single screen? How do we standardize that process, and what education would be necessary to implement this?"
    - The group discussed how implementation of universal screening would be easier to implement in hospitals; however, they acknowledged that the greatest impact would occur with providers screening in early pregnancy.
    - The group also discussed how ideally, and through these Committee meetings, they'd like to create screening, assessment, referral and treatment recommendations to address all aspects of NAS.
    - Dr. Chasnoff made a motion to recommend universal screening, brief intervention, referral, and treatment for substance use among pregnant women in the state of IL. Dr. Soglin seconded this motion, and it was unanimously approved by the Committee.
        - The group agreed that this motion will serve as a starting point for them to continue to discuss specifics around universal screening, brief intervention, referral, and treatment.

Old Business--Uniform Process of ID-ing NAS

- The group decided that they should review other states' processes for ID-ing NAS in order to critically engage in this conversation.
- Shannon reviewed a presentation on the Ohio NAS Committee's work on identifying NAS. She recommended the group review this presentation, as well as Ohio's website on NAS.

- The group discussed the need to provide guidance for coding NAS so that diagnosis is not impacted by provider bias; every birthing center in Illinois must uniformly adopt a definition of and procedure for identifying NAS.
- Shannon recommended that the group research states' protocols for determining NAS.
- Jodi asked if, because of the Committee's motion around universal screening, the group should discuss how an infant should be treated if a mom has a positive screen.
    - Dr. Soglin suggested that the group divide up research on states before addressing this issue, as recommended by Shannon.
- Thus, the group decided to review other states' identification processes, as well as protocols and training for hospital staff:
    - Indiana and Florida: Chris and Jodi (Dr. Noguchi will also look up some information from a contact in Florida)
    - Ohio: Dr. Mason
    - Tennessee: Dr. Soglin
- The group decided that they will table this discussion until the next meeting when they have reviewed this information.
- Brielle recommended that those members conducting research send her their summaries before the next meeting so that she can disseminate the information to the group as a whole.

New Business--Research Sharing

- Alex asked that the group send relevant data and research to the listserv or Brielle for dissemination.
- Brielle and Alex will also work to create a shared drive for research and other document sharing.

New Business--Protocols and Training for Hospital Staff

- The group will tackle this at the next meeting.

New Business--Next Steps

- Members who volunteered will conduct research on Indiana, Florida, Ohio, and Tennessee
- Brielle will send a doodle poll regarding the next three meeting times

Adjournment

Jodi moved for the meeting to be adjourned. This was agreed upon by David Soglin around 3:45 P.M. on Thursday, December 8th, 2016.