



State of Louisiana
Louisiana Department of Health
Office of Public Health

LOUISIANA COMMISSION ON PERINATAL CARE AND PREVENTION OF INFANT MORTALITY

September 19, 2024
1:00 p.m. - 3:00 p.m.

Location:
Louisiana State Capitol
900 N Third Street
Baton Rouge, LA
Governor's Press Room

Meeting link for members of the public
<https://zoom.us/j/6789754537?pwd=QVRlMUg4UzhPdDBaZHBHc2ZMRkY5dz09&omn=95046458509>
Phone: 1.312.626.6799 Conference code: 674551

Minutes

I. Roll Call

The meeting was called to order by Dr. Scott Barrilleaux, Chair, at 1:09 p.m.

II. Introductions

Nine members attended. A quorum was present. Members in attendance included Dr. Scott Barrilleaux, Dr. Steve Spedale, Representative Stephanie Berault, Ms. Amy Zapata, Dr. Karli Boggs, Dr. Joseph Biggio, Ms. Aundria Cannon, Ms. Leslie Lewis, and Ms. Erika Moss. Members absent included Senator Regina Barrow, Dr. Courtney Campbell, Dr. Marshal St. Amant, Ms. Emily Stevens, and Dr. Rodney Wise. Guests in attendance included Ms. Laurie Marien, Ms. Carrie Templeton, Ms. Berkley Durbin, Mr. Matthew Wallace, Mr. Shane Bates, Dr. Veronica Gillispie-Bell (virtual) and Ms. Portia Williams. Ms. Yoruba Baltrip-Coleman served as administrative staff for the meeting.

III. Public Comment

The chair called for public comments. There were no public comments.

IV. Approval of Meeting Minutes

The chair requested Perinatal Commission members to silently review the May 16, 2024 and July 18, 2024 meeting minutes. Dr. Biggio motioned to accept both sets of meeting minutes and Dr. Spedale seconded the motion. The above meeting minutes were unanimously approved.

V. LaPQC Updates

Dr. Veronica Gillispie-Bell, Bureau of Family Health (BFH) Medical Director for Louisiana Perinatal Quality Collaborative (LaPQC) and Pregnancy-Associated Mortality Review (PAMR), and Ochsner Health obstetrician-gynecologist.

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Dr. Gillispie-Bell reported on the success and attendance of the 2024 Perinatal and Neonatal Quality Improvement Conference held on April 24-25 at the Cajundome in Lafayette, Louisiana. 242 nurses, healthcare providers, midwives, public health practitioners and community and patient representatives attend the conference, with the theme, Spreading and Strengthening the Connection.

Dr. Gillispie-Bell discussed the LaPQC 2025 Initiatives.

- a. The Safe Births Initiative will launch the Postpartum Care Transition in May 2025 with the goal being to ensure safe transitions of care from the hospital into the postpartum period. The Postpartum care Transition will examine improved care for substance exposed dyad, postpartum transition, NTSV cesarean sections, hemorrhage and hypertension. The focus will be on preparing for urgent maternal warning signs.
 - b. The Gift launched in July 2024 with the goal of extending quality improvement support related to infant feeding best practices beyond newborn nursery. Three focus areas will include NICU/special care nursery/Emergency Department (ED), the substance exposed newborn, and improving discharge planning/care coordination/referral pathways.
 - c. Caregiver Perinatal Depression Screening in Pediatric Practices 3.0 will launch in Spring/Summer of 2025 with the goal being to implement evidence-based best practices that promote equitable access to caregiver perinatal depression screening and referral to appropriate care when risk is identified.
 - d. Obstetric Readiness in Emergency Departments (ORED) will launch in January 2025 with the goal of implementing evidence-based best practices to ensure readiness for obstetric condition in emergency departments. The focus will be on severe hypertension but ORED will also focus on obstetric hemorrhage, substance use disorder, perinatal mental health conditions, sepsis and cardiac condition in obstetric care.
 - e. Community Birth Initiative (CBI) launched in May 2024 with the goal of improving transition of care from community births to hospitals. Focus areas involve improving readiness in free-standing birth centers, improving readiness in hospitals for community birth, and improving collaborative care through multi-disciplinary drill training and education.
- VI. The LaPQC Perinatal Transfer Workgroup is a proposed workgroup aimed at patient transfer data collection that will support the development of maternal and neonatal transfer protocols from birthing centers to hospitals.
- a. The purpose of the Perinatal Transfer Workgroup is to support the development of maternal and neonatal transfer protocols to ensure safe transitions of care from community births to hospitals. The goals are to improve the whole person safety and efficiency of the transfer process through the establishment of (state) system-wide maternal and neonatal protocols, collect and analyze qualitative and quantitative transfer data for the purpose of quality improvement, and to inform efforts and make recommendations to build greater collaboration between community-based midwives, EMS, and hospital care teams and enhance the patient experience of care when transfers occur. The workgroup will consist of eleven members in various defined occupations throughout the medical community to help accomplish tasks.
 - b. Dr. Biggio motioned to make the Perinatal Transfer Workgroup an activity of the Perinatal Commission and Dr. Spedale seconded the motion. All nine members voted to accept the motion with no members in opposition. The motion to make the Perinatal Transfer Workgroup an activity of the Perinatal Commission passed.
- VII. Humana Specific Resources/Care Coordination Resources and Access Updates
Ms. Portia Williams, Manager, Maternal Child Care Management, Humana Healthy Horizons Medicaid Managed Organization (MCO)

Ms. Williams described Humana's approaches to identifying care coordination for pregnant and post-partum women through Medicaid requirements stipulated through Medicaid contracts where a series of assessments help determine member's individual and specific needs, measured chart reviews, clinical metric meetings and then how coordination is adjusted based on further reviews. Members must "opt-in" or agree to services in order to obtain care but care is centered around positive touchpoints and home visits when possible. Mental health and depression assessments are embedded in the prenatal and postpartum assessments, with identified members referred to an internal behavior health team and if necessary from there to a crisis line. Members then become tiered as high risk and managed appropriately. Ms. Williams also provided a link to Volunteers of America's Family Focused Recover program, which services pregnant, postpartum and children with opioid treatment offering outpatient medications for women with substance use disorders. High risk pregnant members are identified through comprehensive assessment completed by an RN Care manager, inpatient admissions, self-referrals, provider referrals, claims, notifications of pregnancy, emergency department notifications, 24 nurse line, and transitions of care referrals. Humana is partnering with Dillard University and Grambling State University for a series of focus groups with Black mothers in an effort to understand mother's health information and attitudes, experiences with prenatal care, birth experiences, post-partum and newborn care, an insight on what Human can do to improve outcomes for Black mothers to increase case management participation. Humana also conducts member satisfaction surveys to assess member's understanding of benefits. Humana informs health care providers of available resources and case management options using member welcome letters, provider engagement, Humana Community Navigator, community outreach and community events. Discharge planning processes involve providing transition of care referrals, inpatient outreach to members and facilities, visit events for high utilizers of services, community health worker events, case management contacts, transition assessments and follow-up appointments and continued needs assessments through care coordination. Humana also provides transportation service, which Ms. Williams noted could be particularly challenging and a barrier to care in rural areas. Finally, Ms. Williams informed members that Bicillin for syphilis treatment does not require a prior authorization for pharmacy distribution. Additionally, Humana participates in the Congenital Syphilis Program Improvement Project, which includes educating members on Go365, their service application, and with Congenital Syphilis workgroups to create and improve community guidelines for treatment, education and notifications of positive syphilis screens. Medication can be shipped directly to patients and their partners through this app and SHHP Direct Rx. SHOT flyer can be found [here](#).

VIII. Public Comment

The chair called for public comment. Representative Berault discussed experience with provider notification of resources occurring through a representative presenting to a physician. She also added that QR codes, discussed in previous meetings, are a great consideration for resource compilation.

IX. Workgroup Updates

There were no workgroup comments, presentations or updates. The chair asked members to present workgroup recommendations and follow-up at the final CY2024 Perinatal Commission meeting, which will be held on November 21, 2024.

X. BFH Policy Team Communications

Shane Bates, Legislative and Policy Lead, Bureau of Family Health (BFH)

Mr. Bates provided BFH Policy Team announcements. The Legislative Coordinator, Dr. Ayesha Umrigar, accepted a position outside of BFH and her last day was August 30, 2024. Until the Legislative Coordinator position is filled, Mr. Bates will provide the Legislative and Policy

updates. The Policy team, spearheaded by Ms. Jasmine Thomas, the Boards, Commissions, and Councils Strategy and Operations Lead, created standardized boards, councils and commissions vacancy announcements. The vacancy announcements, part of the Bureau-wide Strategic Communications Plan, will be disseminated to the Perinatal Commission, and other councils and boards, to provide vacancy announcements and advertising on BFH social media sites in addition to the BFH webpage.

XI. Legislative Task Force Updates

Shane Bates, Legislative and Policy Lead, Bureau of Family Health

Mr. Bates reviewed five Bureau of Family Health Legislative Implementation Tasks relevant to the Perinatal Commission created during the 2024 Legislative Session. Five of the seven Implementation Tasks were directed at sickle cell disease and the Louisiana Sickle Cell Commission (LSCC), HB 330/Act 608; HB 363/Act 375; HB 883/Act 748; SR 131; HR 275 and SR 134. One Implementation Task creates an 11-member Postpartum Newborn Nurse Home Visiting Task Force to study the benefits and feasibility of providing at home nursing services to recently born babies, and finally SB 55/Act 122 requires the Louisiana Department of Health (LDH) to create information on post-birth warning signs for hospitals and birthing centers to disseminate. Mr. Bates reviewed ten LDH Task Forces established during the 2024 Regular Legislative Session relevant to the Perinatal Commission. HCR 86; HCR 87; HCR 97; HCR 113; HCR 114; SB 46/Act 121; SB 70/Act 498; SR 94; SR 133 and SR 169. Mr. Bates will provide slides explaining the task force objectives to the Commission's support staff to be shared with Perinatal Commission members and participants upon request.

XII. Adjourn

Meeting adjourned at 2:52 P.M.

Note: the order of the agenda may not be followed as listed in order to accommodate presenter schedules.

Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to PerinatalCommission@la.gov at least 48 hours prior to the meeting with details of the required accommodations.

In lieu of verbal public comment, individuals may submit a prepared statement in accordance with Senate Rule 13.79. Statements should be emailed to PerinatalCommission@la.gov and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.