



State of Louisiana
Louisiana Department of Health
Office of Public Health

November 21, 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 Minutes: Louisiana Commission on Perinatal Care and Prevention of Infant Mortality – Regular Meeting

I. Call to Order

- a. The meeting was called to order at 1:09 PM by the Co-chair, Dr. Steve Spedale

II. Roll Call – A quorum was not present.

- a. The following members were present:
 - i. Dr. Steve Spedale (Co-chair)
 - ii. Ms. Erika Moss
 - iii. Representative Stephanie Berault
 - iv. Dr. Courtney Campbell
- b. The following members were absent:
 - i. Dr. Scott Barrilleaux (Chair)
 - ii. Ms. Amy Zapata
 - iii. Senator Regina Barrow
 - iv. Dr. Joseph Biggio
 - v. Dr. Karli Boggs
 - vi. Ms. Aundria Cannon
 - vii. Ms. Leslie Lewis
 - viii. Dr. Marshall St. Amant
 - ix. Ms. Emily Stevens
 - x. Dr. Rodney Wise
- c. The following guests attended:
 - i. Ms. Jasmine Thomas
 - ii. Ms. Yoruba Baltrip-Coleman, (BFH administrative support)

III. Public Comment

- a. The Co-chair called for public comments. There were no public comments.

IV. Approval of Minutes

- a. The minutes from the September 19, 2024 meeting were not reviewed or approved, as a quorum was not present.

V. Healthy Blue Medicaid Managed Care Organizations (MCOs) Presentation and Discussion on Preterm Birth and Infant Mortality Specific Resources/Care Coordination Resources and Access Updates

Dr. Cheryl Bowers-Stephens, MD, Chief Medical Officer (CMO), Healthy Blue

Dr. Bowers-Stephens discussed Healthy Blue's Cocoon Pregnancy Care Model, which aims to reduce maternal morbidity and mortality through an all-encompassing approach of end-to-end care by focusing on delivering high-quality, coordinated care from preconception through postpartum, and addressing both medical and social determinants of health. Some of the key features include accessibility and inclusivity, integrated care coordination, holistic and personalized care, education and empowerment, community engagement and support, and quality improvement and feedback. MCO care coordination contractual deliverables include timely identification and enrollment in care management programs, coordination of medical, behavioral, and social services, postpartum follow-up care and education on pregnancy and newborn care. Some of the network adequacy standards for mental health substance use disorders (SUD) Healthy Blue reported were ensuring minimum ratios of providers to members, geographic accessibility within specified distances, and timely access to care relative to appointment wait times. Healthy Blue works to identify network providers specializing in maternal mental health and substance use disorders by using provider directories and claims data but the MCO is not restricted to providers. Utilization of care coordination services is monitored through number, frequency, and types of services (prenatal visits, home visits, telehealth), and high-risk needs and services are identified through screenings, claims data, provider referral, predictive modeling algorithms, previous history of high risk diagnoses, notice of pregnancies, urgent medical (UM) referrals, obstetric (OB) risk screeners, provider/self-referrals, and health needs assessments. Member driven information for participation include focus groups, Consumer Assessment of Healthcare Providers and Systems (CHAPS) surveys, and feedback sessions. Healthy Blue also analyzes reasons for non-participation to tailor outreach and resources. Healthy Blue strives to inform providers through regular communications (newsletters, emails, website), portal updates and training sessions, and social marketing events. Discharge planning and resources include providing discharge instructions, follow-up care plans, resource lists for community support and medical services, and coordination with providers and facilities to ensure continuity of care. Bicillin access for beneficiaries includes collaborating with state pharmacy programs, advocating for better access and reimbursement policies, educating providers on navigating supply issues, and working closely with Louisiana Department of Health's (LDH's) Statewide Nurse Educators to promote bicillin delivery programs available to providers, members, and their partners. Congenital syphilis program implementation efforts are aimed at adhering to screening protocols for pregnant women, rapid treatment and follow-ups, provider education and community outreach, and cross-sector collaboration to improve outcomes.

Challenges acknowledged by Healthy Blue include increasing the percentage of high-risk patients receiving case management, the process of connecting members to case management care, and the policy of patients "opting-in" to case management. Dr. Bowers-Stephens noted that the biggest barrier to care and case management was low health literacy. Current efforts at overcoming barriers include changing the opt-in policy to an opt-out policy, increasing use of doula services and ground/community work, as well as engaging in increased virtual and telehealth activities.

VI. Louisiana's Newborn Screening Program Presentation

Cheryl Harris, Program Manager, Children's Special Healthcare Services Programs, Bureau of Family Health (BFH)

The Louisiana Genetic Disease Program (GDP) aims to eliminate or reduce mortality, morbidity and disabilities by early detection and treatment of the disorders included in the newborn screening panel. The program screens for disorders recommended by the Health and Human Services (HHS) Advisory Committee on Heritable Disorders in Newborns and Children. The

goal is to screen all babies who are born in Louisiana ideally between 24 hours after birth and 3 weeks old. Newborn screening follow-up consists of protocols to ensure that every newborn receives a valid newborn screen. Abnormal or invalid newborn screening results receive appropriate and time critical disorder follow-up. Unsatisfactory screens warrant a letter to the parent, and confirmed cases of the designated genetic condition receive appropriate treatment. The GDP screens for 37 genetic disorders and offers services that include newborn screening follow-up, clinical genetics services, and metabolic formula distribution. The Genetic Diseases Program Advisory Committee, formed in response to Revised Statute 40:1081.1 and Louisiana Administrative Code 48.v.6901.6903, provides advice and recommendations to the Office of Public Health (OPH) concerning tests and treatments for disorders found in newborn children to ensure the best health outcomes related to genetic conditions. Sickle cell service provided through regional sickle cell clinics include education and treatment with daily penicillin and routine evaluation by a pediatric hematologist. Children with sickle cell disease (SCD) are referred to hematologists in each of the 9 public health regions across the state and adult and transitional clinic services are available in regions 1, 2 and 7. Regional sickle cell foundations provide supportive services and education for infants to adults in each public health region, identify community needs, provide guidance on good health maintenance, and locate resources, and also collaborate with healthcare providers on care coordination. Act No. 117 of the 2013 regular legislative session led to the creation of the Louisiana Sickle Cell Commission to ensure the adequate delivery of services to all persons and to formulate new actions to reduce the burden of SCD. The Louisiana Sickle Cell Commission developed a strategic plan to improve the health outcomes of individuals living with SCD through workgroups targeting data and surveillance, medical services, patient navigation, and education and advocacy. The Rare Diseases Advisory Committee was promulgated in R.S.40:1122.1 for the purpose of providing input and feedback to the department and any other state agency on inclusive matters that affect a person who has been diagnosed with a rare disease, for the purpose of providing expert and clinical advice to the board in its review of treatments for a rare disease, and to provide a report to the governor, the legislature of Louisiana, the department, and any other relevant agency of findings, activities, progress and recommendations for addressing the needs of persons living with rare diseases.

Ms. Berkley Durbin (virtual) asked about funding challenges with the state and federal government and Ms. Harris responded that there are lab constraint challenges and gaps with payment for special formula. Dr. Spedale, co-chair, requested that administrative support add the topic of reimbursements and payment for special formula to the January 2025 Perinatal Commission agenda to discuss ideas and or legislation that will cover payment for special formula.

VII. Public Comment

- a. The Co-chair called for public comments. There were no public comments.

VIII. Other Business

- a. Workgroup Updates –
 - i. Ms. Paulette Carter, co-chair of the mental health workgroup, provided updates from the mental health workgroup, which focused on strategies and actions needed to facilitate the implementation of universal mental health and substance use screening into key care systems with a particular focus on screening in the prenatal period. Some of the strategies and actions being considered include Medicaid reimbursement for screening and screening follow-up in prenatal visits, a guide/toolkit for providers on screening type, frequency, tools and follow-up, development of a screening tool and guidance that encompasses depression, anxiety, and substance use that has been tested with both providers and patients, expand and increase the promotion of the

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Provider-to-Provider Consultation Line (PPCL), ensure that the mental health and substance use treatment network is accessible and able to effectively meet the needs of the perinatal population, and to solve for the lack of engagement of pregnant/postpartum persons in the care coordination services provided by the MCOs.

- ii. Ms. Elizabeth Lindsay, co-chair of the Congenital Syphilis Workgroup, reported that the congenital syphilis workgroup was working on an annual epidemiology report that will be presented at the January 16, 2025 meeting.
- iii. Co-chair Spedale reported on the Person-Power Workgroup's meetings. The group decided to monitor data from Representative Eckels' three-phase look at state health providers, since that work aligns with the charge of the Person Power Workgroup and is more capable of addressing the person power issue in its entirety.
- iv. There were no representatives from the Care Coordination workgroup online or in person to provide an update.
- v. The Co-chair requested that workgroups submit a workgroup summary to Ms. Baltrip-Coleman, administrative support. The Perinatal Commission plans to draft a letter in January 2025 containing workgroup findings and recommendations to submit to Governor Landry before the 2025 legislative session begins.
- b. Discussion of the 2024 MCO presentations and feedback discussions did not occur, as a quorum was not present.
- c. Perinatal Commission Vacancy Announcements
 - i. Family Practitioner vacancy
 - ii. Neonatologist vacancy
 - iii. Interested individuals are encouraged to submit an application online at the [Boards and Commissions application link](#) or to send an email to PerinatalCommission@la.gov for instructions on applying to open positions.

IX. Adjournment

- a. The meeting was adjourned at 2:33 PM.

Next Meeting Details

Date: January 16, 2025

Time: 1:00 PM

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

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.