



State of Louisiana
Louisiana Department of Health
Office of Public Health

LOUISIANA COMMISSION ON PERINATAL CARE AND PREVENTION OF INFANT MORTALITY

July 18, 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=QVRlMUgmc4UzhPdDBaZHBHc2ZMRkY5dz09&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 1:14 p.m.

II. Introductions

Six members attended. A quorum was not present. Members in attendance included Dr. Scott Barrilleaux, Representative Stephanie Berault, Dr. Courtney Campbell, Ms. Aundria Cannon, Ms. Leslie Lewis, and Dr. Marshall St. Amant. Guests in attendance included LDH Secretary Michael Harrington, Dr. Vanessa de la Cruz, Dr. Ann Kay Logarbo, Ms. Tracy Perry, Ms. Carrie Templeton, and Ms. Berkley Durbin. Virtual guests and presenters included Dr. Veronica Gillispie-Bell, Dr. Ayesha Umrigar, Deputy Director Robert Hines, Ms. Katherine Cain and Ms. Kenyatta Royal. Ms. Yoruba Baltrip-Coleman and Sharonda Smith 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 May 16, 2024 meeting minutes were not approved because a quorum was not present.

V. Louisiana Department of Health State Health Improvement Plan (SHIP) Overview

Mr. Robert Hines, Deputy Director-Office of Public Health (OPH)-Bureau of Planning and

The OPH Bureau of Planning and Performance presented an overview of the State Health Assessment (SHA) development. SHA development strategies were centered around a health equity framework that focused on how the foundations of community health, exposures and behaviors, and medical conditions can lead to health inequity. The SHA dashboard is updated annually and provides regional visualizations of health, accessibility, behaviors and exposures, medical conditions that can be stratified according to the determinants of health. Mr. Hines detailed steps in the SHA process that led to SHIP Phase I Development and SHIP Phase II

Implementation. SHA development included activities such as the SHA dashboard launch in March 2021. Phase I: Development, included all SHIP workgroup meetings, SHIP workgroups developing SHIP goals, objectives, indicators and data sources from June 2022 – March 2023.

Performance, Ms. Kenyatta Royal, Implementation Manager-OPH Bureau of Planning and Performance

Ms. Royal detailed the SHA/SHIP engagement process, detailing a partnership with the Louisiana Public Health Institute from June 2021 – March 2023. SHIP workgroups focused on behavioral health, chronic disease, community safety, and maternal & child health.

Spring/Summer 2024 included building and publishing the SHIP dashboard. SHIP Phase II: Implementation is planned for summer 2024 and beyond, and includes identifying strategies, activities, and cross-sector partnerships, as well as quarterly meetings with workgroups to monitor progress. The next SHIP workgroup will be August 7, 2024 from 10:30 AM – 11:30 AM. The SHIP dashboard can be accessed [here](#).

VI. Member attendance and participation guidelines were not reviewed, discussed or voted on, as a quorum was not present.

The chair informed meeting attendees that Dr. Nijjar, one of two neonatologists on the Commission, has retired from active practice and submitted his resignation and withdrawal from the Commission. The chair asked for recommendations in order to begin the search to fill the now vacant neonatology position on the Commission.

VII. Public Comment

The chair asked for public comment. Dr. St. Amant asked the meeting attendees about their experience with pregnant women using kratom, which is an herbal supplement advertised as an alternative to treat opioid dependence and sold unregulated in stores. Dr. Amant noted an increase in patient kratom use and associated increase in neonatal abstinence syndrome. Discussion included asking whether clinicians were screening for usage and whether this supplement could be added to universal drug screening questions. Dr. Gillispie-Bell (virtual) informed that the American College of Obstetricians and Gynecologists (ACOG) recommends universal verbal screening and that there is increased focus on substance use disorders (SUD) but so far there has not been a lot of published information on screening requirements.

VIII. LaPQC Updates

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

- a. Dr. Gillispie-Bell briefly overviewed the Maternal Health Initiative Strategy aimed at the levels of maternal care. The Centers for Disease Control and Prevention Levels of Care Assessment Tool (CDC LOCATe) evaluates for levels of maternal care. LaPQC is working with the CDC facilitate use of the tool and help define who completes the tool. The data is collected and sent to the Secretary of Health for analysis to determine how Louisiana compares nationally.
- b. LaPQC began informing facilities, free-standing birth centers (FSBCs) and hospitals about the participation and operationalization vote that occurred at the May 16 Perinatal Commission meeting. LaPQC held a webinar in which the participation and operationalization process was outlined and where participants asked questions. The first review of implementation is scheduled to begin in April 2025.

IX. Aetna Specific Resources/Care Coordination Resources and Access Updates

Dr. Ann Kay Logarbo, MD, Chief Medical Officer, Aetna Managed Care Organization (MCO)

Dr. Logarbo described Aetna's weighted rules stratification method to target the riskiest members since there is no formal risk-prioritization strategy in place for pregnant members. This method is scheduled to roll-out at the end of July once approved. Identifying high-risk pregnancy patients also occurs through reporting from other medical appointments, dental visits, members self-reporting by calling, and state notification of pregnancy (NOP) reporting. Aetna also provides patient and provider incentives through the Maternity Matters Program, care and management. Dr. Logarbo described the efforts aimed at enrolling high risk pregnant individuals into case management, which like previous MCOs have reported, is challenged by participant distrust, inconsistent contact information, and the opt-out option. Dr. Logarbo noted that transportation has not been a reported barrier to care coordination. Aetna's discharge planning includes using a third-party vendor, Pacify Health, which provides virtual doulas and lactation consultants. Aetna provides assistance applying for WIC and SNAP benefits and with finding a pediatrician, doula assistance and lactation support throughout pregnancy, durable medical equipment (DME) procurement assistance, and education about contraception options and post-partum follow up care. Congenital syphilis screening measures, barriers and opportunities were also discussed, including the use of Bicillin for syphilis treatment without a prior authorization needed for the drug. Aetna informs health care providers of available case management and care coordination resources for patients using the case management (CM) Provider form, member services line, CM managers, and educating new providers during onboarding. Additionally, Aetna provides a QR code which links directly to CM form and services access.

X. Public Comment

The chair asked for public comment. There was no public comment.

XI. Legislative Updates

Dr. Ayesha Umrigar, Bureau of Family Health (BFH) Legislative Coordinator

Dr. Umrigar presented legislative instruments filed or heard during the 2024 Regular Legislative Session that concluded on June 3, 2024. Dr. Umrigar briefly overviewed Legislation that did not pass and summarized numerous pieces of Maternal and Child Health-related Legislation that did pass that impacts the work of the Perinatal Commission. Finally, Dr. Umrigar highlighted seven Bureau of Family Health Legislative Implementation Tasks, five of which made provisions for the Sickle Cell Commission and/or addressed sickle cell disease and creating a sickle cell registry and include HB 330/Act 608, HB 363/Act 375, HB 883/Act 748, SR 131, and HR 275/SR134. SB 55/Act 122 requires Louisiana Department of Health (LDH) to create information on post-birth warning signs that hospitals and birthing centers will disseminate and HCR 113 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. Dr. Umrigar will provide slides to the Commission's support staff to be shared with Perinatal Commission members and participants upon requested.

XII. Workgroup Status/Updates

- a. Paulette Carter (virtual), Co-chair of the Mental Health Work Group, reported that their group has held several meetings and have compiled recommendations addressing universal screening, integrating primary care and mental, and care coordination resources. The workgroup is focused on a care pathway to include increased perinatal screening.
- b. Elizabeth Lindsay (virtual), Co-chair of the Congenital Syphilis Work Group, reported that the workgroup held a webinar focused on maternal health syphilis testing/treatment, with a pediatric webinar planned in the future. The workgroup plans to share the annual EPI report with the Commission once the report is published.

XIII. Adjourn

The meeting adjourned at 2:55 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.