

NICU Workgroup Meeting

January 9, 2020

Meeting Summary

Representatives from the following organizations were in attendance:

Beaumont Health	Michigan Department of Health and Human Services
University of Michigan	Economic Alliance for Michigan
Sparrow Health System	Blue Cross Blue Shield of Michigan
Munson Health	Henry Ford Health System
Spectrum Health	Arbor Advisors
Ascension Michigan	RWC Advocacy
Children's Hospital of Michigan	MEDNAX
Detroit Medical Center	MGS
McLaren Health	Covenant

I. Call to Order

II. Charge 1 – High Flow Nasal Cannula Treatment as Accepted Services for Special Care Nurseries – Review of Survey

Jacquelyn Smith from Children's Hospital of Michigan presented a draft survey created to collect similar data to what is currently collected in the CON annual survey, but with the intentions of collecting it for CY 2015 in order to compare pre-CON coverage of SCNs to post-CON coverage so that the group can measure the impact of the SCN standards. The group made some suggestions for refining the survey, which the chair and Jacquelyn agreed to work on together following the meeting. It was agreed that a revised survey would be circulated to workgroup participants before being sent to existing SCN facilities.

There was a bit of discussion on the substance of the charge itself, but the group agreed to circle back to the discussion once the survey results are presented – hopefully at the next meeting.

III. Charge 2 – Neonatal Abstinence Syndrome as Accepted Services for SCNs – Review of Draft Language

Brenda Rogers walked the group through the draft language provided by the Department which would allow NAS treatment at both SCNs and Well-born Nurseries, per the group's discussion at the first meeting. However, through further discussion, the group agreed that allowing NAS treatment with pharmaceutical intervention and monitoring at a well-born nursery could have negative impacts on outcomes. The group does not want to stop the well-born nursery in

Cadillac from continuing to provide this service as they do it well. However, it was pointed out that most well-born nurseries are not set up to provide this level of care and including this as a service for them in the CON standards could result in ill-prepared facilities jumping in and trying to do so without the proper staff and facilities.

Instead the group turned its focus to what is keeping the nursery in Cadillac from becoming a SCN. The group agreed that efforts would be better spent updating the standards to allow for telemedicine to provide services that are creating barriers for facilities like Cadillac to become SCNs.

The group did clarify that NAS without pharmacological intervention is allowed in well-born nurseries and is already covered under the current definition. SCNs providing NAS treatment should be developing the program in consultation with a level 3 or 4 NICU and do not need to consult on every individual patient.

The Workgroup did not get to Agenda Items IV-VII due to time constraints

VIII. Review of Assignments & Next Steps

The Workgroup agreed to the following assignments/next steps:

- Survey will be refined and distributed to workgroup members prior to distribution to all existing SCNs (Jacquelyn Smith & Melisa Oca, MD)
- Department will update draft language on NAS
- Group will focus on telemedicine at the next meeting

The next meeting will be held February 13, 2020 at 9:30am.