

## NICU Workgroup Meeting

December 12, 2019

Meeting Summary

### **Representatives from the following organizations were in attendance:**

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

#### **I. Call to Order**

#### **II. Overview of Workgroup Process, Brenda Rogers**

Brenda Rogers provided an overview of the history of CON in the State of Michigan and the current process for making changes to the Certificate of Need Standards.

#### **III. Review of Charges, Dr. Melissa Oca, Chairperson**

Dr. Oca reviewed the 6 workgroup charges and reminded the group that they need to incorporate cost, quality, and access in their recommendations. She encouraged the group to work effectively and finish as efficiently as possible. The six charges are as follows:

1. Should High Flow Nasal Cannula Treatment be included as accepted services for Special Care Nurseries?
2. Should Neonatal Abstinence Syndrome be included as accepted services for SCNs?
3. In Section 12(2) determine if telemedicine can be used as an acceptable replacement for on-site services
4. Occupancy requirements and high occupancy provisions for NICU
5. Minimum NICU size exception for rural or micropolitan counties
6. Definition of NICU services found in Section 2
7. Consider any other technical changes from the Department, e.g., updates or modifications consistent with other CON review standards and the Michigan Public Health Code.

#### IV. Discussion and Prioritization of Charges, All

The group had a robust discussion regarding charges 1 and 2 as outlined below. Because of the extent of these discussions, the group did not get to the remaining five charges at this meeting.

##### Discussion of Charges:

##### **Charge 1 – Should High Flow Nasal Cannula Treatment be included as accepted services for Special Care Nurseries?**

- Because High Flow Nasal Cannula Treatment is not specifically addressed in the current CON standards, there has been confusion and inconsistency in how it is being used in Special Care Nurseries.
- The general consensus was that it should be addressed specifically in the standards but there were differing opinions on how it should be addressed.
- The group seemed to agree that it should not be used as a way for SCNs to retain babies who reach their 24 hour limit of mechanical ventilation.
- The group also seemed to agree that more clarification is needed regarding the use of CPAP.
- The 24 hour limit was also raised as an area that needs clarification and/or possibly some built-in flexibility when considering its use in compliance reviews.

The group agreed that it is important to look at outcomes to determine if the restrictions put in place when SCNs were added to the CON standards have resulted in better outcomes for these babies being transferred from SCNs to Level 3 and 4 NICUs. Jacquelyn Smith from Children's Hospital of Michigan will be taking the lead on developing a survey to be sent to providers to try to collect the data needed to make this determination. **Anyone interested in helping or providing input on the survey should reach out to Jacquelyn at [jsmith2@dmc.org](mailto:jsmith2@dmc.org).**

The survey will be presented to the Workgroup at the next meeting for review and refinement before being distributed for completion.

##### **Charge 2 – Should Neonatal Abstinence Syndrome be included as accepted services for SCNs?**

- NAS was a much smaller issue when the SCN standards were first created but today is a huge issue.
- Would be ideal to allow this but need to make sure the services needed are in place, including pharmacy, training, etc.
- Not a good use of NICU resources and costs are much higher in NICU setting.
- General consensus is that SCNs can and should care for NAS babies, including pharmacological interventions and monitoring, but need to make sure they are well educated on the care of these babies and oversight by a level 3 or 4 NICU.
- The group also agreed to allow non-pharmacological treatment in level 1 nurseries as well as pharmacological intervention and monitoring if doing so in consultation with a level 3 or 4 NICU.

The Department will be drafting language changes to the well-born nursery definition and SCN definition in order to incorporate these changes in the standards.

**Prioritization of Charges:**

General consensus was to prioritize charges 1 and 2 as they impact direct bedside patient care.

**V. Review of Assignments & Next Steps, All**

The Workgroup agreed to the following assignments/next steps:

- Survey developed and presented at next meeting regarding CPAP and HFNC
- Department will bring draft language on NAS
- Start thinking about telemedicine and how it can be incorporated into these standards to benefit rural areas to appropriately keep moms and babies together
- Continue discussing the rest of the charges

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