HHSC: Perinatal Advisory Council

December 1, 2021

The Perinatal Advisory Council, created by House Bill 15 of the 83rd Texas Legislature (Regular Session), developed and recommended criteria for designating levels of neonatal and maternal care, including specifying the minimum requirements to qualify for each level designation and a process for the assignment of levels of care to a hospital, and made recommendations for dividing the state into neonatal and maternal care regions. The Perinatal Advisory Council continues to examine utilization trends in neonatal and maternal care and recommends ways to improve neonatal and maternal outcomes.

Texas HB 1164 enacted by the Texas 87th Regular Legislative session empowers PAC, with input from subject matter experts, stakeholders, researchers, patient advocates, DSHS and other interested individuals, to develop considerations for patient safety practices and recommendations for maternal rules related to the diagnosis, referral, transport, and management of women with Placenta Accreta Spectrum Disorders. To prepare initial considerations, a PAC PASD Subcommittee has been established with intent to develop impactful and reasonable recommendations based on input from any diverse individuals with interest, lived experience, or expertise with this condition. The subcommittee met several times with stakeholders and experts then presented maternal rule language revisions in two PAC meetings which resulted in these two documents being submitted to Commissioner John Hellerstedt, MD on October 20, 2021.

- PAC letters on HB 1164 (PDF)
- HB 1164 Draft Maternal Rule Revisions (PDF)

Members:

Dr. Emily Briggs, Chair
Family medicine physician who provides obstetrical care in a rural community
New Braunfels

Dr. Cynthia Blanco, Co-chair
Neonatologist in Level III or IV NICU
San Antonio

Dr. Linda Chase
Neonatologist from rural area
Lufkin

Dr. Sadhana Chheda
Neonatologist in Level III or IV NICU
El Paso

Stephanie Ferguson, RN
Rural Hospital representative
Childress

Dara Lankford, RN
Nurse with expertise in perinatal health
Ft. Worth

Dr. Alyssa Molina
Family medicine physician who provides obstetrical care in a rural community
Eagle Lake

Dr. Patrick Ramsey
Maternal fetal medicine
San Antonio

Karen Rhodes, RN
Nurse with expertise in maternal health
Brownsville

Saundra Rivers, RN
Rural Hospital Representative
Sweetwater

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

Dr. Ryan Van Ramshorst
Ex-officio
Austin
Dr. Alice Gong
General hospital representative
San Antonio
Dr. Charleta Guillory
Pediatrician
Houston
Mattie Mason
Representative from a hospital with Level II NICU
Houston
Dr. James Hill
Obstetrics-gynecology
San Antonio
Dr. David B. Nelson
Maternal fetal medicine
Dallas
Dr. Michael Stanley
Neonatologist
Richardson
Dr. Eugene Toy
Obstetrics-gynecology
Houston
Ms. Patricia Carr
Children's hospital representative
Corpus Christi
Ms. Tanna Pirtle
Rural hospital representative
Sulphur Springs

1. Welcome, logistical announcements, and roll call. The meeting was convened by Dr. Emily Briggs, Chair.

2. Consideration of the September 22, 2021, and October 6, 2021, draft meeting minutes The minutes were approved with minor, nonsubstantive edits.

3. Neonatal and maternal designation programs – Department of State Health Services (DSHS) The priorities for DSHS are the rules. The maternal strategic review is also being developed. Today we would like the guidelines for the waivers and appeals (related to SB749) be approved.

The 83rd Legislature passed H.B. 15, authored by Representative Kolkhorst. The bill directed the establishment of designation levels for neonatal intensive care units (NICUs) and maternal levels of care. The Perinatal Advisory Council (PAC) developed the standards for each level of designation, and the Department of State Health Services (DSHS) determines and assigns the level of designations.

S.B. 749 seeks to improve the current level of designations process. The bill requires DSHS to establish a process for a hospital to appeal its level of designation to an independent third party and clarifies the role of telemedicine and practitioners' scope of practice. The bill also provides a waiver process from certain designation rules to address variability in hospital volume and capability, requires a strategic review of the designation rules, and aligns the PAC sunset date with the sunset date for DSHS. (Original Author's/Sponsor's Statement of Intent) S.B. 749 amends

current law relating to level of care designations for hospitals that provide neonatal and maternal care.

The issues were not included on the agenda, but the documents will be posted and be made available for consideration at the next meeting.

Questions/Answers/Comments

Are the individuals on the appeals panel members of this body. For the waiver process are they the same members of the appeal process. DSHS stated that the panel would be solicited as normal. The waiver process will use the same panel.

Are there criteria that will be used to decide. DSHS answered in the affirmative. The element for waiver cannot impact patient care.

The process for choosing the panel is sound but should be an open process looking at a variety of disciplines.

4. Telemedicine Subcommittee report discussion. Placenta accreta spectrum disorders (ie accreta, increta, percreta) represent a significant cause for severe maternal morbidity and mortality. Since the 1980's the rate of PAS disorders has quadrupled in the United States from 1/1250 in 1980's to an incidence of 1/272 in 2020's. Substantial literature has demonstrated the association between PAS disorders and severe maternal morbidity and the importance of an antenatal diagnosis, delivery at a level III or level IV maternal center, and deployment of a multidisciplinary care team to improve care for women with this condition.

Recognizing the above factors related to PAS disorders, HB# 1164 was proposed and enacted by the Texas 87th Regular Legislative session to empower the Texas Perinatal Advisory Council, in conjunction with stakeholders and DSHS, to develop considerations for patient safety practices and recommendations for maternal rules related to the diagnosis, referral, transport, and management of women with PAS disorders,

In response to HB1164, a PAS disorder subcommittee of the Texas Perinatal Advisory Council was formed to work with DSHS, with input from stakeholders and public, to develop considerations for patient safety practices and recommendations for maternal rules related to the diagnosis, referral, transport, and management of women with PAS disorders. As Texas is large and geographically diverse, the PAS disorder subcommittee will make recommendations to the PAC after gaining input

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

and perspectives from as many geographically diverse hospitals to avoid making recommendations that would be excessively onerous or burdensome, ineffective, or restrictive. Specifically, the subcommittee sought to hear about unintended consequences and to be sensitive to requirements for smaller or rural facilities. In accordance with HB#1164, the revised maternal rules are to be adopted by the Executive Commissioner of the Health and Human Services Commission by August 1, 2022 and all maternal facilities adopt the patient safety practices related to PAS disorders no later than October 1, 2022.

HB-1164 Components

Bill Language	PAC / PASD Subcommittee Actions
(d) The patient safety practices developed under Subsection (b) must, at a minimum, require a hospital assigned a maternal level of care designation under Section 241.182 to:	
(3) foster telemedicine medical services, referral, and transport relationships with other hospitals assigned a maternal level of care designation under Section 241.182 for the treatment and management of placenta accreta spectrum disorder;	Incorporated into the draft maternal rules modification. Telemedicine generically as within the current version of maternal rules.

The Recommendations by PAS subcommittee were accepted by PAC at 10/6/21 meeting. As telemedicine is not defined in Texas Administrative Code Health Services for level of care designation for neonatal and maternal care, the PAC decided to formulate a new subcommittee to determine where telemedicine should be included in the HB 1164 recommendations. The subcommittee is charged to give their report at the 12/1/21 PAC meeting.

Subcommittee members: Dr. Eugene Toy Trish Carr Dr. Linda Chase Mattie Mason Dr. Alice Gong (chair) Dr. Emily Briggs (ex-Officio).

Goals

1. Define telemedicine as a term for the maternal and neonatal rules
2. Determine where telemedicine should be included in the neonatal and maternal rules

Actions:

•Evaluate different definitions for telehealth/telemedicine. Sources:

- CMS
- HealthIT.gov
- AAFP
- ACOG
- AAP Texas Occupation Code, title 3, Subtitle A, Chapter 111.001. https://statutes.capitol.texas.gov/Docs/OC/htm/OC.111.htm

Texas Occupation Code (3) "Telehealth service" means a health service, other than a telemedicine medical service ~~or a teledentistry dental service,~~ delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

(4) "Telemedicine medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology

Actions

•Review of literature of how telehealth and telemedicine are used in Obstetrics and Neonatology

•Subcommittee Members provided input from rural and metropolitan areas about how Obstetrics and Neonatology can use telehealth/telemedicine.

- Members were resolute that patient health and welfare should be the priority.
- Members felt that too restrictive or prescriptive rules can become burdensome and may have unintended consequences.

•Program plan will allow hospitals to express telehealth/telemedicine for their specific needs and arrange as necessary to ensure patient safety.

- documentation and quality improvement should be part of every hospital's plan for their practice of telehealth and usage of telemedicine.

•Survey teams to ask for documentation of incidences, quality indicators as well as what or how the health system can be improved.

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

Recommendations:
•To be added to Maternal Rules – Texas Administrative Code, title 25, Part 1, Chapter 133, Subchapter K, Rule 133.202 Definitions:

•Telehealth service--A health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

• Telemedicine medical service--A health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Rule 133.205 Designation Requirements (D) written guidelines or protocols for prevention, early identification, early diagnosis, and therapy for conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality; written policies and procedures regarding telemedicine or telehealth if used for maternal patients in its facility or for consultation, including appropriate situations, scope of care, documentation, informed consent, and QAPI.

Section (d) Medical Director

(5) overseeing the inter-facility maternal transport; assessing frequency and appropriateness of telehealth/telemedicine use.

Section (2) Maternal Program Manager (MPM)

(6) ensures that the QAPI Program is specific to maternal and fetal care, is ongoing, data driven, and outcome based including telehealth/telemedicine utilization; and

NOTE** inserted by recommendation from PASD subcommittee:

Rule 133.208 Maternal Designation Level III

(d) Program Functions and Services

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

(5) Maternal Fetal Medicine physician with inpatient privileges shall be available at all times for consultation and arrive at the patient bedside within 30 minutes of an urgent request to co-manage patients.

(a) If telemedicine or telehealth is utilized for maternal fetal medicine co-management, the facility shall have:

(i) a written plan for the appropriate use of telemedicine in the hospital that is compliant with the Telehealth and Telemedicine as per the Texas Medical Board and Texas Occupations Code
(ii) A process for informed consent and agreement from the patient for this modality
(iii) the maternal fetal medicine physician has in-patient privileges at the facility, regularly participates in the onsite care of patients at the facility, has access to the patient's medical records, and participates in the QAPI process of the facility's maternal program
(iv) a process that monitors the processes and outcomes of the maternal telemedicine encounter

Rule 133.210 Survey Team

(d) The survey team shall evaluate the facility's compliance with the designation criteria by:

(4) evaluating appropriate use of telehealth/telemedicine capabilities where applicable

Neonatal Rules To be added to Texas Administrative Code, Title 25, Part 1, Chapter 133, subchapter J

Rule 133.182 Definitions

Telehealth service--A health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

Telemedicine medical service--A health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

different physical location than the physician or health professional using telecommunications or information technology.

Rule 133.185 Program Requirements

(b) Program Plan

(D) ensure appropriate follow up for all neonates/infants; written policies and procedures regarding telemedicine or telehealth if used for neonates in its facility or for consultation, including appropriate situations, scope of care, documentation, informed consent, and QAPI.

(d) Medical Director.

(D) oversight of the inter-facility neonatal transport and utilization of telehealth/telemedicine;

(e) Neonatal Program Manager (NPM)
(4) collaborate with the NMD in areas to include, but not limited to: developing and/or revising policies, procedures and guidelines; assuring staff competency, education, and training; the QAPI Program including tracking utilization of telehealth/telemedicine; and regularly participates in the neonatal QAPI meeting; and

Rule 133.190 Survey Team

(d) The survey team shall evaluate the facility's compliance with the designation criteria by:

(4) evaluating appropriate use of telehealth/telemedicine capabilities where applicable

Questions/Answers/Comments

We are proposing something that is cutting edge and must be flexible. HHSC legal will ensure that what is decided here is consistent with law.

This shouldn't be too prescriptive. Do we have to separate telemedicine from telehealth? The occupation code provides the definition.

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

When we define telecommunication, do we need to define that as well and information technology. The subcommittee stated if it is not a direct communication, this could be used as a general term.

We have video and audio only, but we do not know what the future will bring as far as technology.

The audio only during COVID showed us we must have a broad definition.

APP directed practice… would be telehealth or telemedicine. The subcommittee stated it would fall under telemedicine. If you want that as a billable service, then everything must be in place for a consultation which involves credentialing.

The definitions were taken from the health professions code

What we are putting in here is not a stand-alone. We are taking the definition that is already in place. We might want to reference where we got the definitions.

We should look at where and how this is to be applied in other areas like mental health.

Mental health is part of health and therefore the definition is broad.

133:205 comments

We should include the language of "if used" to ensure surveyors understand this clarification

The program plan is important because that is where the scope of patient care is defined.

"If used" should be used liberally through the document because hospitals do not have to do this.

What we are asking is if you are using this technology, make sure you are doing it right.

We cannot expand beyond what the present state definition is, and we have to make sure that what is defined is enough and associated documentation.

This is usable inter-institutionally

Patient AND provider protections was the focus of this effort.

133.208 and 133.210 Comments

No comment offered.

133.182 (Neonatal) comments. (Same definitions used as maternal rules)

No comments offered

133.185 comments

No comments offered

133.190 Survey team comments

No comment offered.

MOTION: Accept the recommendations as modified in the comments prevailed.

5. Best Practices – PAC discussion on site surveys

Comments summarized below:

- There is a need for consistency
- There are two surveying companies operating in Texas
- Is there outcome data of the surveys from the two companies (acceptance rate, report information quality, etc.). That information is not available to the committee.
- The companies should be using the same criteria
- Can programs give feedback on their survey process?
- Surveys should evaluate the admissions of some children
- The survey entities could present to the PAC

MOTION: The state provide comparative data on the survey organizations and have the survey entities present to the PAC. MODIFIED to have a subcommittee address the issues prevailed

Discussion of Motion

The presentations should be targeted for maternal and neonatal
Is it available online of the two different survey forms?
We should see the tools used during the surveys

6. Public comment No public comment was offered.

7. Adjourn There being no further business the meeting was adjourned.

***

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.