

Improving the Care of Mothers, Infants and Families Impacted by Perinatal Opioid Use in Massachusetts: A Statewide Initiative

OUD in Pregnancy Kick-off Meeting February 28th, 2018

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Today's Agenda

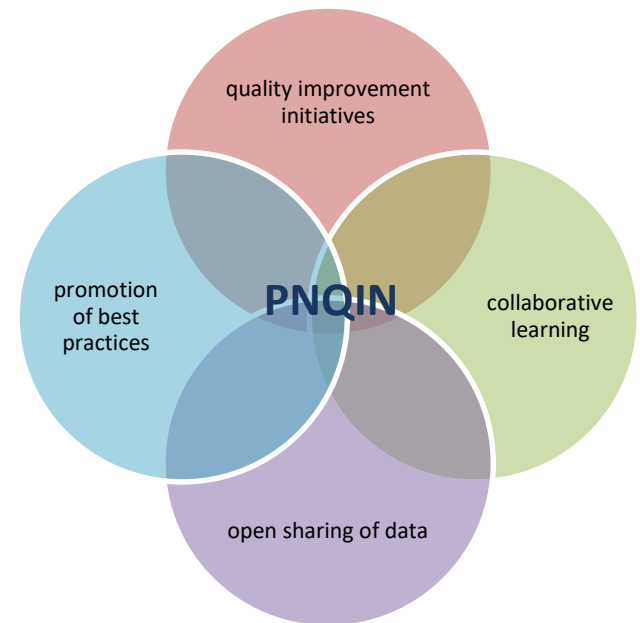
- Welcome & introductions
- Introduction to PNQIN
- Data collected so far
- OUD in pregnancy: featuring the AIM bundle
- Discussion: Where are teams presently and where do they want to go?
- Next Steps
- Wrap-up

Brief PNQIN History

- PNQIN: ‘umbrella’ collaborative to coordinate efforts of NeoQIC and MPQC
- Previous NeoQIC projects: CLABSI, human milk, safe sleep, neonatal abstinence syndrome
- Previous MPQC projects: late preterm delivery, elective early term delivery, hypertension, hemorrhage, maternal opioid use disorder
- 2017: new launch of combined PNQIN initiative on **perinatal opioid use**

PNQIN Mission Statement

Through open sharing of data and promotion of best practices, PNQIN will achieve measurable improvements in perinatal health outcomes while reducing health disparities and improving health equity among Massachusetts mothers, newborns, and their families.



Perinatal Opioid Use: Goals and Measures



Improve care of women with opioid use disorder (OUD)

- Percent of mothers with OUD in medication assisted treatment (MAT)*
- Percent of mothers screened for OUD in pregnancy

Improve care of opioid-exposed newborns (OEN) by increasing family engagement

- Percent of OENs receiving mother's milk at discharge*
- Percent of OENs rooming in during hospitalization
- Percent of OENs requiring pharmacologic therapy for NAS

Improve follow-up and support of families impacted by perinatal opioid use

- Percent of infants with NAS enrolled in EI at 1 year of age*
- Readmission rate for infants with NAS
- Percent of mothers with OUD receiving MAT 1 year after delivery

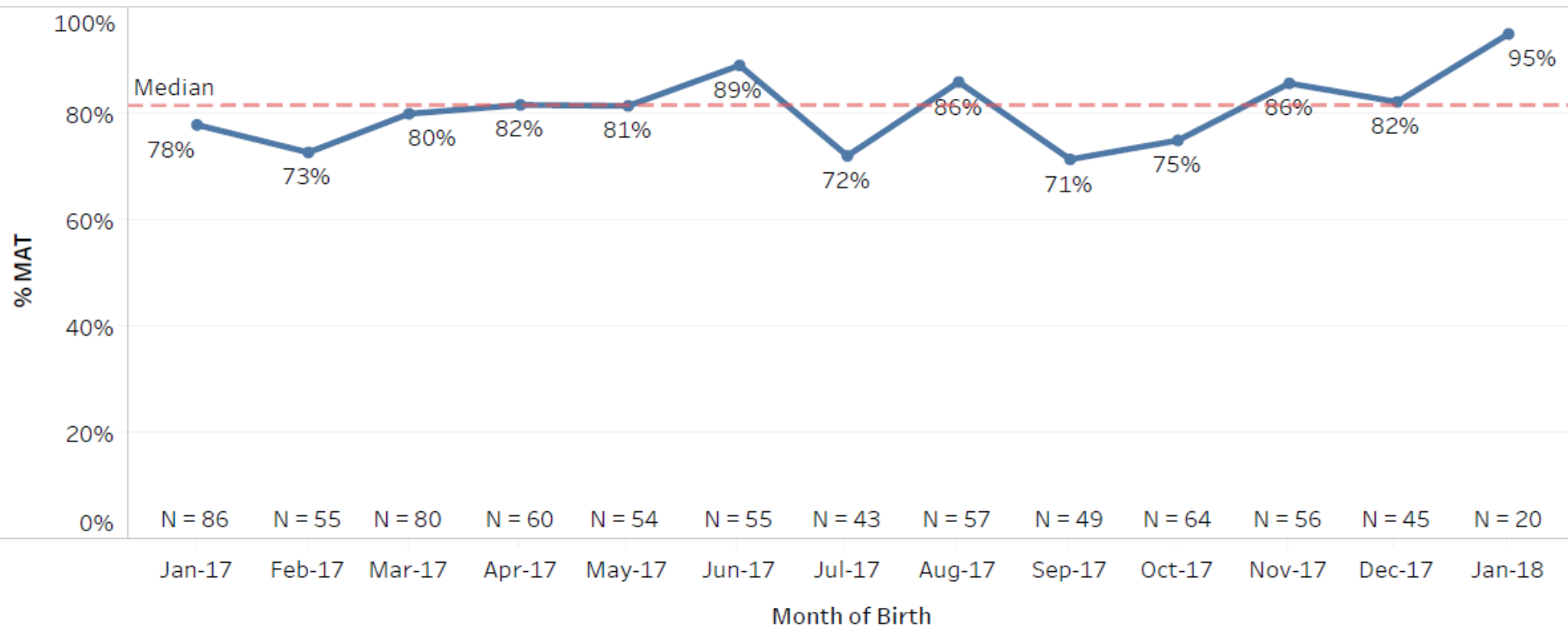
* Primary outcome measures

Data Reports

- Statewide progress report: monthly
 - www.neoqicma.org/substance-exposed-newborns
 - Password: pnqin2017
- Hospital specific reports: quarterly
 - Less than 10 infants in REDCap: no report
 - 10-30 infants in REDCap: annual summary
 - More than 30 infants in REDCap: quarterly
 - 18 reports distributed in January 2018

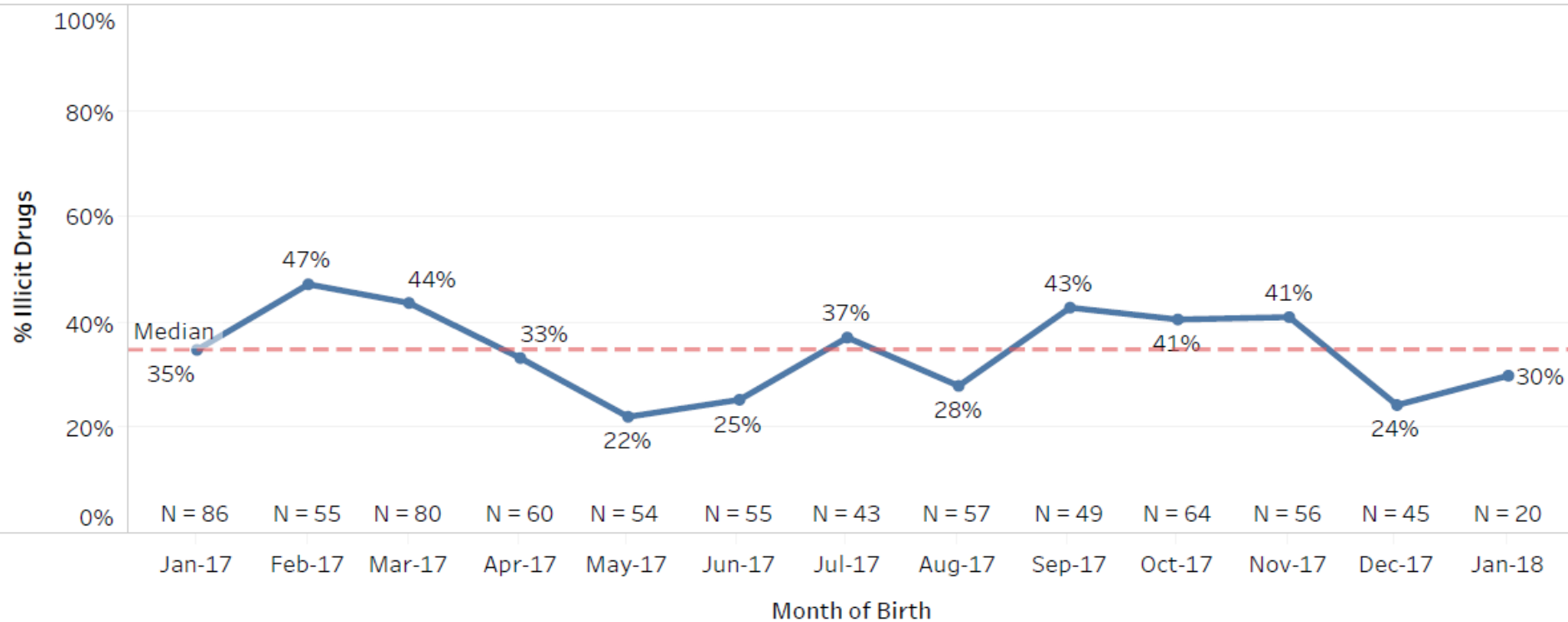
Statewide Data Reports

Percent of Mothers of OENs on Medication-Assisted Therapy (MAT)



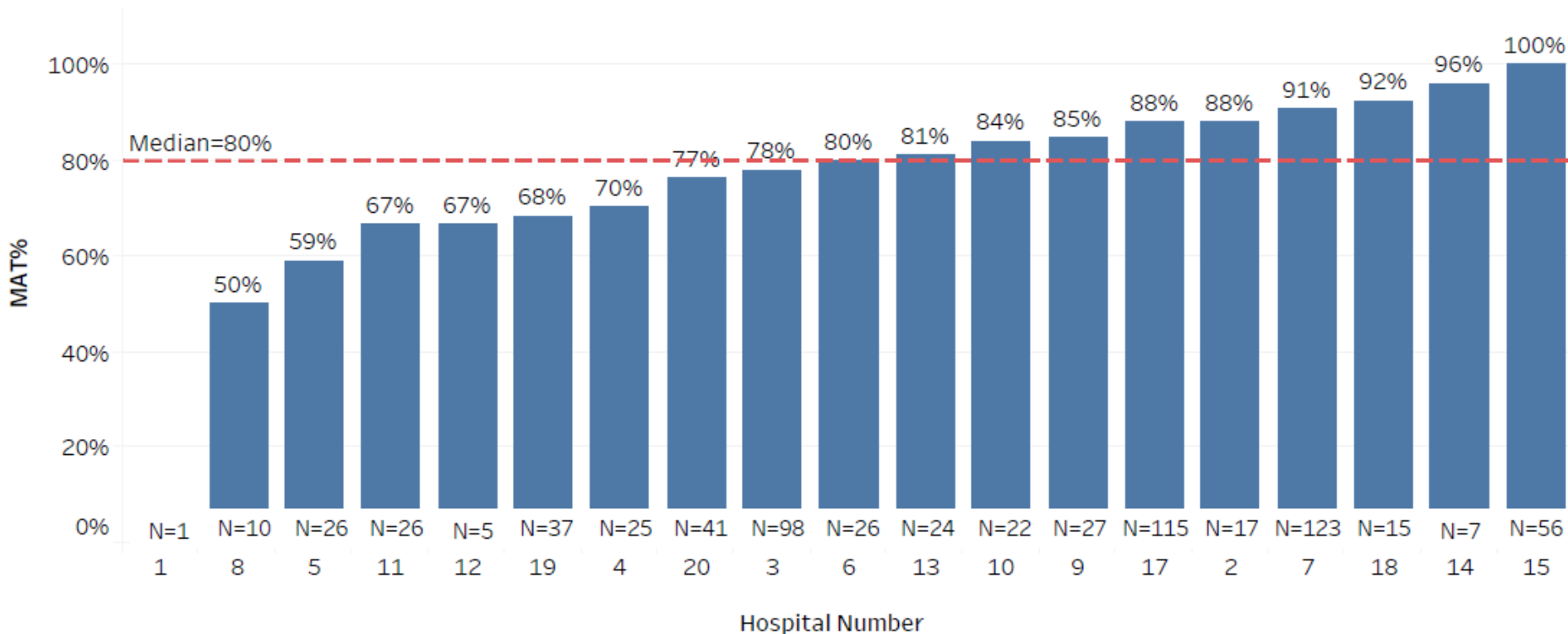
Statewide Data Reports

Percent of Mothers Using Illicit Drugs/Opioids



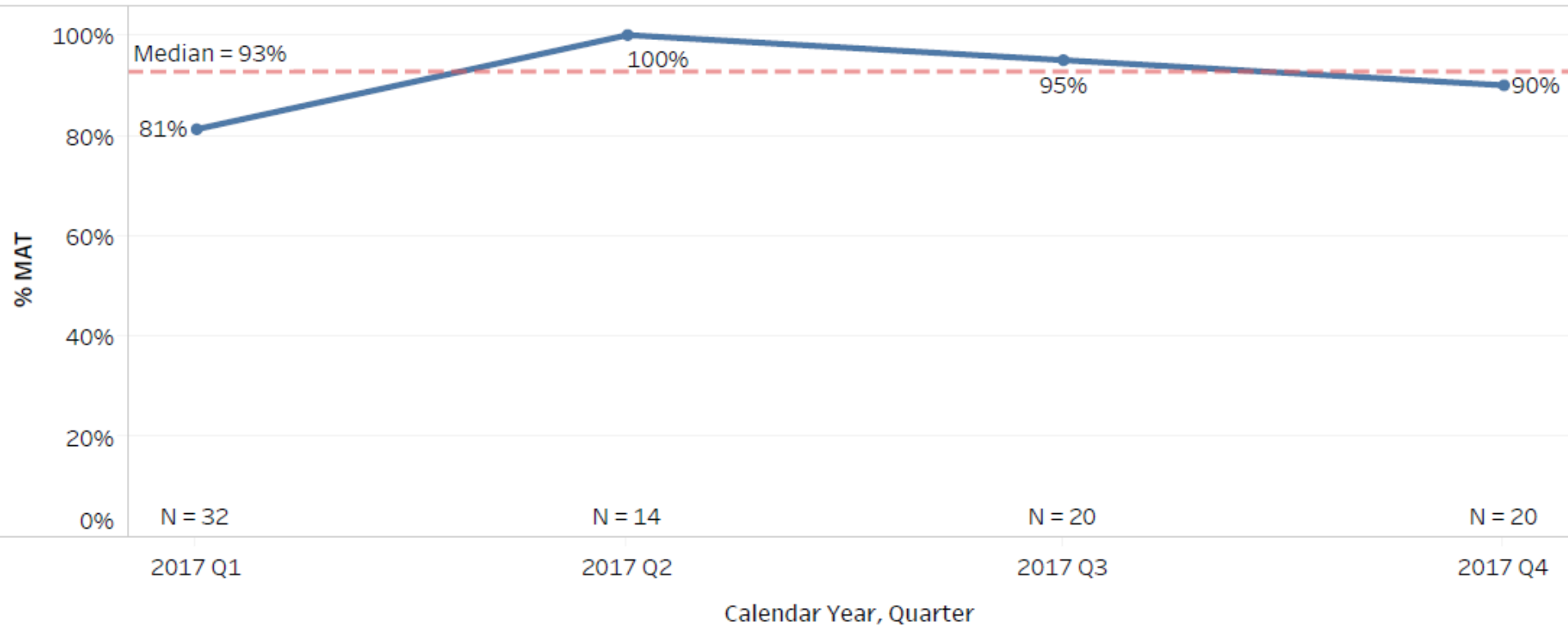
Statewide Comparative Reports

By Hospital Team: Percent of Mothers on MAT
January 1, 2017 - January 31, 2018



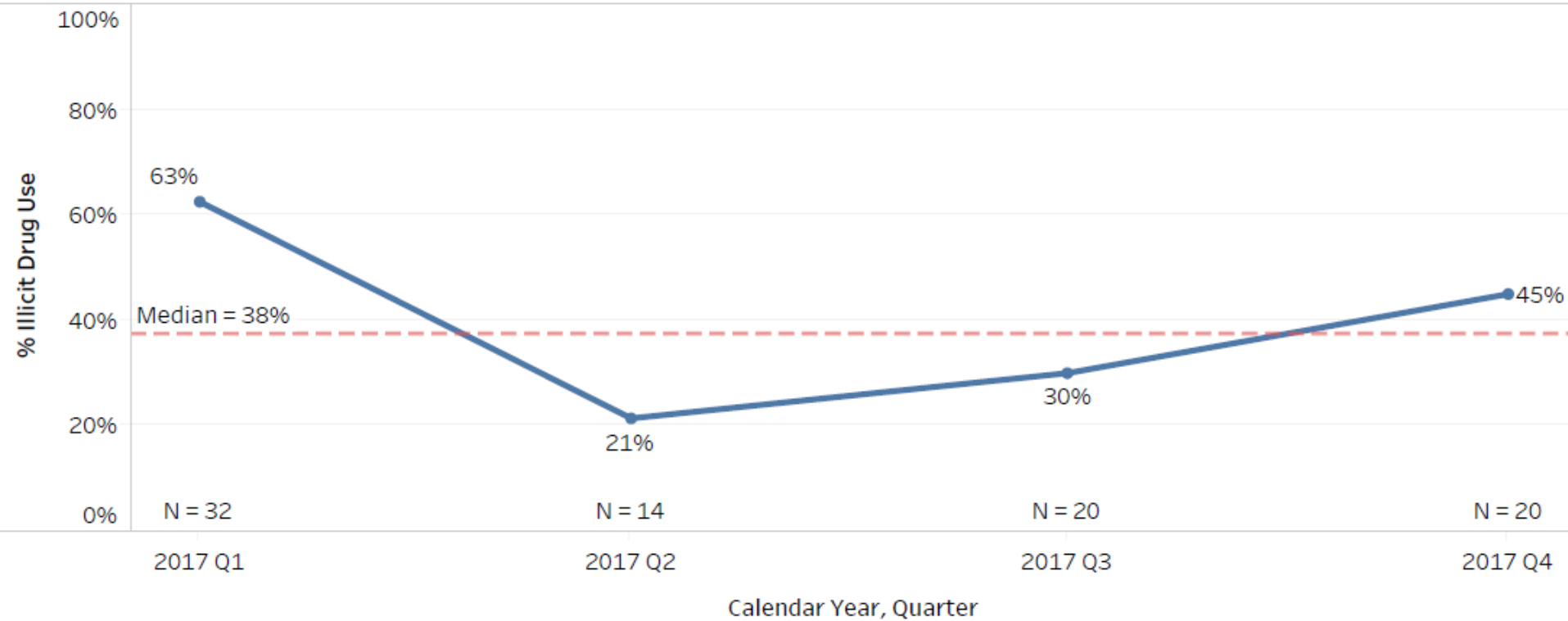
Hospital – Specific Quarterly Data Reports

Percent of Mothers of OENs on Medication-Assisted Therapy (MAT)



Hospital – Specific Quarterly Data Reports

Percent of Mothers Using Illicit Drugs/Opioids



Alliance for Innovation on Maternal Health: OUD in Pregnancy Bundle

- Readiness
- Recognition
- Response
- Reporting

Readiness: health system

- Provide staff-wide (clinical and non-clinical staff) education on SUDs.
 - SUDs are chronic medical conditions
 - stigma, bias and discrimination negatively impact pregnant women with OUD.
 - Provide training regarding trauma-informed care.

Readiness: health system

- Establish specific prenatal, intrapartum and postpartum clinical pathways.

Readiness: health system

- Identify local SUD treatment facilities
 - provide women-centered care.
 - wrap-around services such as housing, child care, transportation and home visitation
 - drug and alcohol counseling
- Know
 - state reporting guidelines regarding the use of opioid pharmacotherapy and identification of illicit substance use during pregnancy.
 - federal, state and county reporting guidelines for substance-exposed infants.
 - Understand “Plan of Safe Care” requirements.

Readiness: health system

- Develop pain control protocols that account for increased pain sensitivity and avoidance of mixed agonist-antagonist opioid analgesics.
 - Order sets
 - Remove agonist/antagonists from Pyxis

Readiness: OUD patient/family

- Education: OUD is a chronic disease.
 - Medication Assisted Therapy (MAT) and behavioral therapy is recommended
 - family and peer support is necessary
 - recovery is possible.
- Neonatal abstinence syndrome (NAS)
 - Signs/symptoms of NAS
 - Neonatal consult pre-delivery
 - Plan for breastfeeding
 - Plan for rooming in
 - Explain Eat Sleep Console

Readiness: OUD patient/family

- Engage appropriate partners to assist patients and families in the development of a “plan of safe care” for mom and baby
 - Child Abuse Prevention and Treatment Act (CAPTA)
 - Ensure the safety and well-being of infants affected by substance use following release from health care providers

Recognition and Prevention: clinical setting

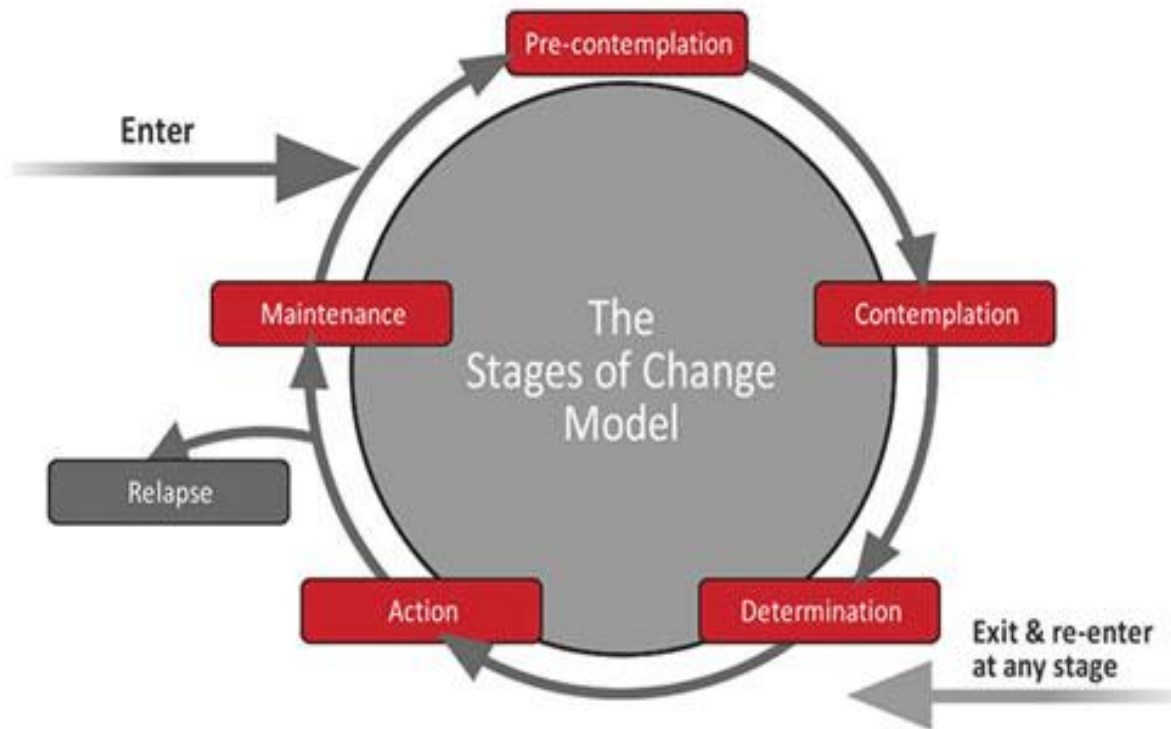
- Assess all pregnant women for SUDs.
 - drug and alcohol use.
 - Screening, Brief Intervention and Referral to Treatment (SBIRT)
 - screen for polysubstance use among women with OUD.

Recognition and Prevention: clinical setting

- Screen and evaluate all pregnant women with OUD for commonly occurring co-morbidities.
 - infectious diseases
 - psychiatric disorders
 - physical and sexual violence.
 - smoking cessation.

Recognition and Prevention: clinical setting

Match treatment response to each woman's stage of recovery and/or readiness to change.



Response: Medication Assisted Treatment (MAT)



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



ASAM American Society of
Addiction Medicine

ACOG COMMITTEE OPINION

Number 711, August 2017

(Replaces Committee Opinion Number 524, May 2012)

For pregnant women with an opioid use disorder, opioid agonist pharmacotherapy is the recommended therapy and is preferable to medically supervised withdrawal because withdrawal is associated with high relapse rates, which lead to worse outcomes. More research is needed to assess the safety (particularly regarding maternal relapse), efficacy, and long-term outcomes of medically supervised withdrawal.

Response: health system

- Ensure that all patients with OUD are enrolled in a woman-centered OUD treatment program.
 - Establish clinic relationships
 - Link to local resources that support recovery.
- Incorporate **family planning, breastfeeding, pain management** and infant care counseling, education and resources into care pathways.
 - breastfeeding and lactation support
 - immediate postpartum contraceptive options

Response: health system

- Ensure coordination among providers during pregnancy, postpartum and the inter-conception period
 - referrals to providers for co-morbid conditions.
 - lead provider responsible for care coordination
 - communication strategy
- Engage child welfare services in developing safe care protocols tailored to the patient and family's OUD treatment and resource needs

Reporting & Systems Learning: health system

- Develop mechanisms to **collect data** and monitor **process and outcome** metrics
 - inpatient and outpatient
 - data dashboard
- Create multidisciplinary case **review** teams to evaluate patient, provider and system-level issues
- Develop **continuing education** and learning opportunities for providers and staff

Reporting & Systems Learning: health system

- Identify ways to connect non-medical local and community stakeholders with clinical providers and health systems to share outcomes and identify ways to improve systems of care.
 - child welfare services
 - public health agencies
 - court systems
 - law enforcement

Discussion

- Where are teams now?
- Where do they want to be?

Next Steps

- Webinar series
- Data sharing
- Save the Date!
- Survey

SAVE THE DATE!

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Perinatal Opioid Use: A Massachusetts Statewide Initiative

SPRING SUMMIT: May 23, 2018

KEYNOTE ADDRESS

The Opioid Epidemic: How We Got Here, How We End It

Michael Botticelli
Executive Director
Grayken Center for Addiction Medicine
Boston Medical Center

DETAILS

Wednesday, May 23rd, 2018
9:00 AM - 4:30 PM

Double Tree by Hilton
5400 Computer Drive
Westborough, Massachusetts, 01581

FEATURING: POSTER FAIR!

Hospital teams and partner organizations: share your work with a poster at the poster fair. Details to follow.

Final agenda to follow.

Any questions, contact Mary Houghton (mhoughto@bidmc.harvard.edu).



Thank You

