

PNQIN AIM

Opioid Use Disorder in Pregnancy

Webinar Series

July 21, 2020
Webinar 1



OD in Pregnancy Webinars

Monthly Agenda Overview

12:00 - 12:05: Welcome/ Introductions

12:05 - 12:15: Updates from the teams on QI projects + collaborative

12:15 - 12:30: Brief QI teaching, Assignment

Ronald Iverson, MD, MPH – OD Bundle Components Overview, Stakeholders

12:30 - 12:55: Guest Topics: 20 minute presentations + 5 mins for questions

Nicole Smith, MD, MPH – OD Screening Options

12:55 - 1:00: Closing/ Final Comments

Webinar Housekeeping

- We will take attendance in the chat box each month – please comment with your name and hospital
- Please mute your lines and avoid placing us on hold, as we will hear your hold music – sometimes beautiful, but also distracting
- Utilize “raise hand” feature to speak
- Please feel free to use the chat box as well
- **We will be recording each session and placing slides on our website after the call**
- We welcome feedback, suggestions about the webinar content and structure!
- Please participate! We want this to be helpful and collaborative!

PNQIN Perinatal Opioid Project Leadership Team

PNQIN

- Fifi Diop (DPH)
- Audra Meadows (BWH)
- Ron Iverson (BMC)
- Mary Houghton (BIDMC)
- Munish Gupta (BIDMC)
- Kali Vitek, MPH

Neonatal Folks

- Elisha Wachman (BMC)
- Larry Rhein (UMass)
- Rachana Singh (Baystate)
- Davida Schiff (MGH)
- Alan Picarillo (Maine)
- Eileen Costello (BMC)

Maternal Folks

- Katherine Callaghan (UMass)
- Leena Mittal (MCPAP for Moms)
- Laura Sternberger (Moms Do Care)
- Nicole Smith (BWH)
- Donna Jackson-Kohlin (Baystate)
- Linda Jablonski (Baystate)

Academic and Organizational Partners

- Patrice Melvin (BCH)
- Karla Damus (BU)
- Christina Gebel (MOD)

Families

- Patricia McDonnell (Baystate)
- Julie Maida
- Meghann Perry
- Cieara McManus (Moms Do Care)

State Partners

- Fifi Diop (DPH and PI of PNQIN Grant)
- Griffin Jones (HPC)
- Michael Kelleher (OHHS)
- Debra Bercuvitz (DPH)
- Abby Taylor (AGO)
- Karen Pressman (BSAS)
- Julia Reddy (BSAS)
- Mary Lutz (DCF)
- Alissa Cruz (MassBIRT)
- Colleen Labelle (BMC)
- Julia Prentice (BLC)
- Natalia Ciesielska (BLC)

PNQIN AIM Wave 2- Who's on the Line?

AIM Wave 2 Onboarding

If you haven't already done so, **please email the PNQIN Admin (pnqinadmin@pnqinma.org) with the following information for your site:**

- The name, email address, and role/title of your AIM Nursing Champion (RN)
- The name, email address, and role/title of your AIM Obstetrical Champion (MD/DO/CNM)
- The name, email address, and role/title of your AIM Opioid Lead (this can be the same person as the Nursing or Obstetrical Champion).

AIM Wave 2 Onboarding

Details of engagement can be found on the AIM Onboarding page (<https://www.mpqcma.org/aim-onboarding>) using the password: **AIM20**



The screenshot shows the website for the Massachusetts Perinatal Quality Collaborative (MPOC). The header includes the MPOC logo and the text "The Massachusetts Perinatal Quality Collaborative". A navigation menu contains links for Home, About Us, Meetings and Events, Obstetrical Projects, Team Resources, PNGIN COVID-19 Response, and Contact Us. The main content area is titled "AIM OUD Onboarding" and contains the following text:

This page references resources related to the Onboarding Process for AIM OUD Teams.

For Quality Improvement Resources, or for general AIM Implementation Guides, please visit the pages via the links below.

Hospital Teams: To access Wave 1 or 2 Team pages with webinar and slides archives, or AIM Onboarding Support, please visit the links below.

At the bottom of the page, there are four red buttons: "AIM Implementation Resources", "Wave 1 Resources", "Wave 2 Resources", and "Quality Improvement Resources".

AIM Wave 2 Onboarding

Additionally, you may visit the AIM Wave 2 Resources Page (<https://www.mpqcma.org/aim-wave-2-resources>) using the password: **AIM20**

- View State of the Union AIM OUD Wave 2 Breakout Session slides
- View webinar recordings and slides

All questions/needs can be sent to PNQIN Admin at pnqinadmin@pnqinma.org.

Announcements

- PNQIN is excited to offer **2-hour Stigma, Bias, and Trauma-Informed Care training!**
 - Dates available in July, August, and September 2020
 - Please sign up here: <https://calendly.com/tictrainings/2hours>
- We also welcome you to register for the upcoming **New England Virtual Town Hall with the U.S. Surgeon General** entitled “Substance Use and COVID-19: A Way Forward”
 - July 29th 2020 from 2-3pm EST
 - Register and submit questions for the Surgeon General here: <https://region1surgeongeneralvirtualltownhall.com/register.php>

Available Trainings

- ASAM/ACOG's July Buprenorphine Waiver Trainings
 - July 31st, with more dates coming soon
 - Register: https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus?utm_source=ACOG&utm_medium=Today's%20Headlines&utm_campaign=ACOG&utm_term=20TOUD
- MAT Waiver training for Advanced Practice Registered Nurses is offered by Providers Clinical Support System for free!
 - CE credits available
 - Register: <https://pcssnow.org/medications-for-addiction-treatment/waiver-training-for-nurses/>

Webinars, Podcasts, and Videos

- ASAM National Practice Guideline 2020 Focus Update Webinar - Pregnant Women
 - Visit the link for updates on a recording and/or slides from June 30th:
<https://elearning.asam.org/products/the-asam-national-practice-guideline-2020-focused-update-pregnant-women>
- Florida PQC video series on maternal opioid use topics with the AIM states
 - <https://files.constantcontact.com/9648b4fd601/1d443076-3f4f-430d-b60d-1dec5934d5ea.pdf>
 - <https://health.usf.edu/publichealth/chiles/fpgc/morevideos>
- ACOG District II On the Front Line Podcast on Opioid Use Disorder
 - Listen here: <https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/opioid-use-disorder-in-pregnancy>
- “Engaging Women with OUD in the COVID-19 Crisis” presented by Mishka Terplan, MD, MPH
 - View the webinar recording and slides under the “Archived MORE Presentations and Webinars” tab: <https://health.usf.edu/publichealth/chiles/fpgc/MORE>

Team Updates/Check-In

Team Updates/Shout outs

- Has anyone initiated MASBIRT relationship?
 - Thoughts/concerns
- What are some of the identified barriers for your site with regard to Linkages to Care?
- What screening tools are you using? How have you improved use of the screening tool?
- Where does your team need help?
- Where have you had easy wins?

QI Webinar Topics for Next 12 months

Date	QI Topic
7/21/20	OUD Bundle Components Overview & Stakeholders
8/18/20	Developing a Project AIM
9/15/20	Measures for Improvement
10/20/20	Key Driver Diagram
11/17/20	Developing interventions
12/15/20	Understanding Run Charts
1/19/21	Understanding Data Control Charts
2/16/21	Using the PDSA Cycle
3/16/21	PDSA: Making Adjustments
4/20/21	Scale and Spread Up
5/18/21	Sustainability

QI Teaching: OUD Bundle Components Overview

Ronald Iverson, MD, MPH
Boston Medical Center

The AIM OUD Bundle: How can we complete all of this?

- **Readiness**
 - Provide clinical and non-clinical staff education on SUDs
 - Establish specific prenatal, intrapartum and postpartum clinical pathways
 - Identify local SUD treatment facilities (for care linkage)
 - Know appropriate laws pertaining to SUD in pregnancy
 - Institute pain control protocols
 - OUD and NAS education for mothers
 - Develop a “plan of safe care” for mom & baby
- **Recognition**
 - Universally screen all pregnant women for SUDs
 - Screen for commonly occurring co-morbidities for all patients with OUD
- **Response**
 - Enroll all patients with OUD in a woman-centered OUD treatment program
 - Incorporate key counseling, education and resources into care pathways
 - Coordinate among providers during pregnancy, postpartum and the inter-conception period
 - Engage child welfare services
- **Reporting**
 - Develop mechanisms to collect data and monitor process and outcome metrics
 - Create multidisciplinary case review teams
 - Develop continuing education and learning opportunities for providers and staff
 - Connect other stakeholders with clinical providers and health systems to share outcomes and identify ways to improve systems of care

Bundle Implementation

- **Multidisciplinary** team
- **Agreement** on Aims
- **Implement** Bundle Component
- Follow Process and Balancing **Measures**
- **Incorporate** into the EMR
- **Education/Simulations**
- Incorporate into **Policy**



PNQIN Perinatal Opioid Use Measures

Focus	Measure
Maternal	<ul style="list-style-type: none"> Medication-Assisted Therapy in Mothers of OENs Exclusive Medication-Assisted Therapy in Mothers of Opioid-Exposed Newborns Illicit Opioid Use in Mothers
Newborn	<ul style="list-style-type: none"> Pharmacologic Therapy for NAS Non-Pharmacologic Therapy for NAS: Skin-to-Skin Contact Non-Pharmacologic Therapy for NAS: Rooming-in Breastmilk Eligibility in Opioid-Exposed Newborns Per Hospital Guidelines Mother's Milk Use Among Eligible Opioid-Exposed Newborns, Any and at Discharge Mother's Milk Use in All Opioid-Exposed Newborns, Any and at Discharge Length of Hospital Stay Among Term newborns Length of Hospital Stay With and Without Pharmacologic Therapy Length of Pharmacologic Therapy Location of Care for Term newborns
Post-Discharge	<ul style="list-style-type: none"> Early Intervention Referral Department of Children and Families Referral Discharged Home to Parent

Guest Presentations Topics for Next 12 Months

- **• OUD Screening Options (today!)**
- Plans of Safe Care
- Caring for Patients with OUD - Using the Checklist
- Linkages to Care
- Equity Consideration in OUD Care: Start where you are
- Centering Patient Voice
- OUD SMM Data
- Early Head Start
- MAT
- Pain Relief During Pregnancy, Labor, Surgery, Post-op
- SBIRT Check in

Next Steps: Data Surveys

- **AIM Baseline Survey**

- Completed by AIM Champion
- References structural measures and policies related to all AIM Bundles + Levels of Maternal Care and PNQIN Process Evaluation
- Completed in Betsy Lehman Center in REDCAP

- **AIM OUD Structure Measures Surveys**

- Completed by AIM OUD Lead
- References structural measures for the AIM Obstetric Care for Women with OUD Bundle only
- Betsy Lehman Center in REDCap



AIM Baseline Survey

- Pull up document
- Questions/Comments:

AIM OUD Structural Measures

- Pull up Document
- Questions/Comments:

Structure Measures

P4: Universal Screening at Prenatal Care Sites

Among the Prenatal Care Sites associated with your hospital, what percent have implemented a universal screening protocol for OUD?

Optional S1: Ongoing training on OUD for staff and providers at Prenatal Care Sites

Among the Prenatal Care Sites associated with your hospital, what percent have ongoing OUD sensitivity training requirements for staff and providers?

Optional S2: Standardized materials for educating women with OUD at Prenatal Care Sites

Among the Prenatal Care Sites associated with your hospital, what percent have standardized materials for educating women with OUD, regarding OUD and pregnancy and mothers' role in NAS newborn care (i.e. pediatric consult, patient education materials)

Optional S4: Local OUD Treatment Resources Document at Prenatal Care Sites

Among the Prenatal Care Sites associated with your hospital, what percent have received a local OUD treatment resources document that maps local community resources for pregnant and postpartum women with OUD?

S1: Universal Screening on Labor & Delivery

Has your hospital implemented a standardized universal screening protocol for OUD in the Labor and Delivery department?

- Haven't started
- Working on it
- In place

S2: General pain management practices

Has your hospital implemented post-delivery and discharge pain management prescribing protocols for routine vaginal and cesarean births focused on limiting opioid prescriptions?

- Haven't started
- Working on it
- In place

S3: OUD pain management guidelines

Has your hospital implemented specific pain management and opioid prescribing guidelines for OUD patients?

- Haven't started
- Working on it
- In place

Optional S3: Local OUD Treatment Resources Document at Hospital

Has your hospital completed a local OUD treatment resources document to map local community resources for pregnant and postpartum women with OUD?

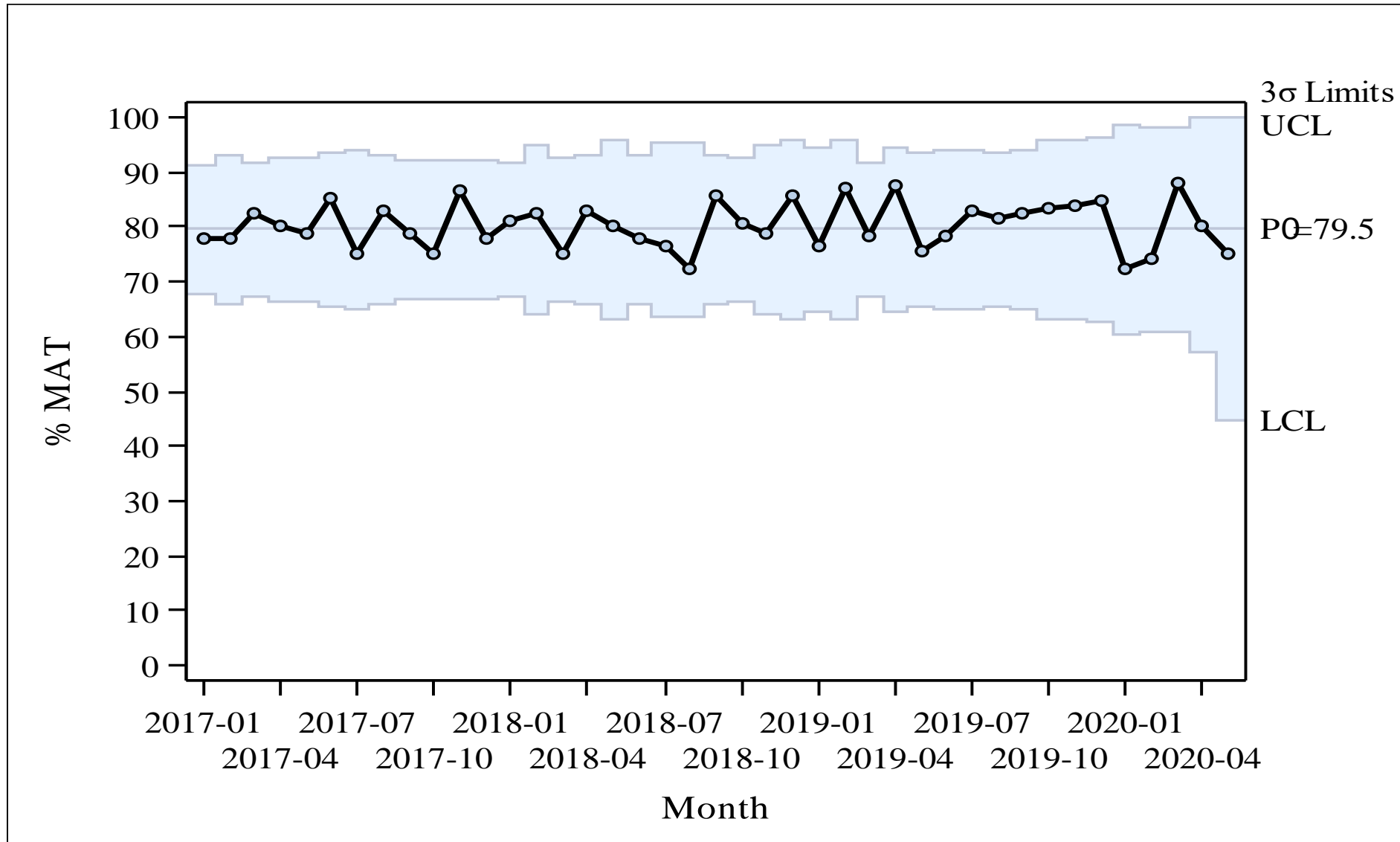
- Haven't started
- Working on it
- In place

Optional S5: Comprehensive contraceptive counseling including LARC prior to hospital discharge

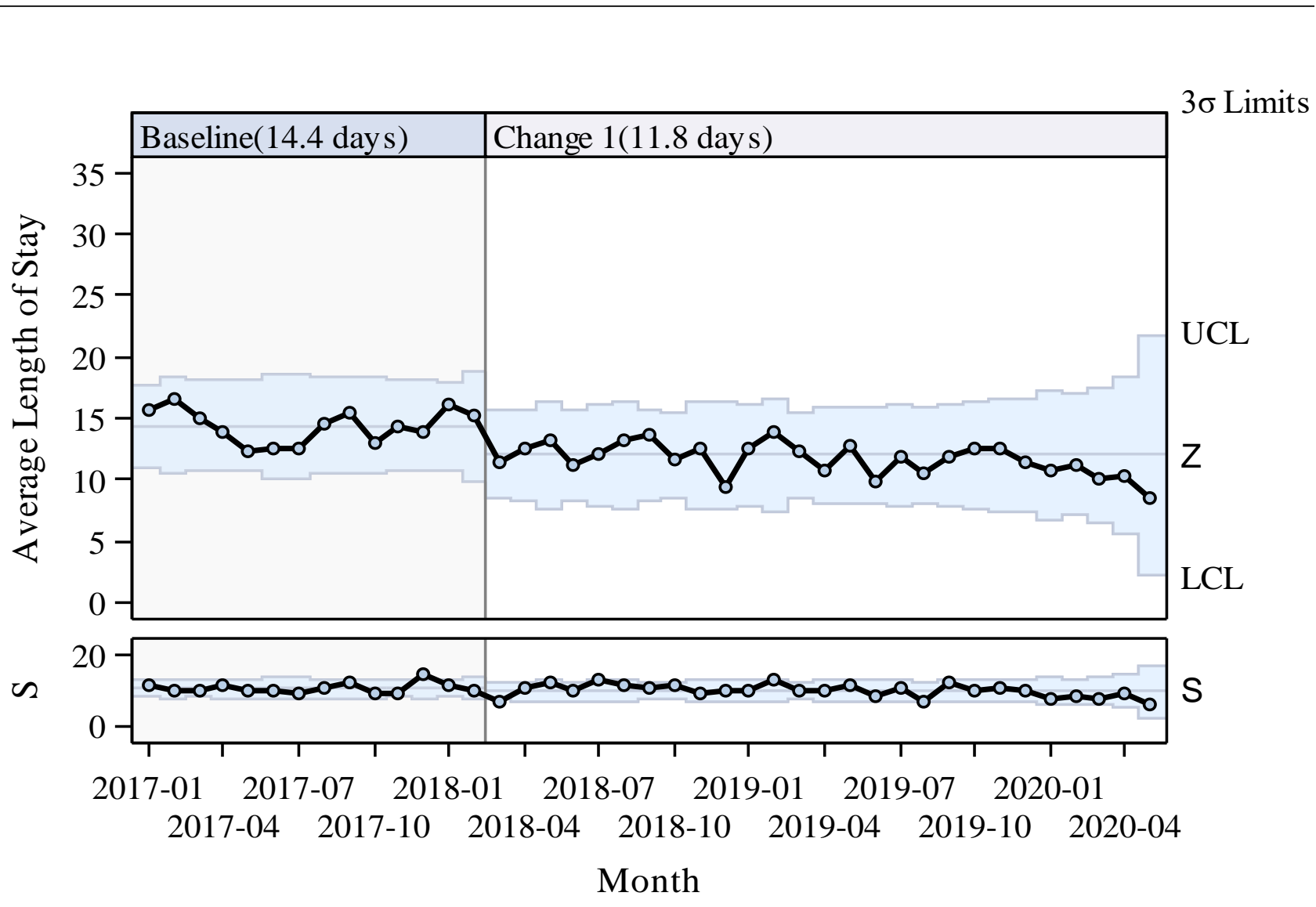
Does your hospital provide access to comprehensive contraceptive counseling to all pregnant and postpartum patients, including immediate access to LARC prior to discharge?

- Yes
- No
- Working on it

BIDMC REDCap: Any MAT



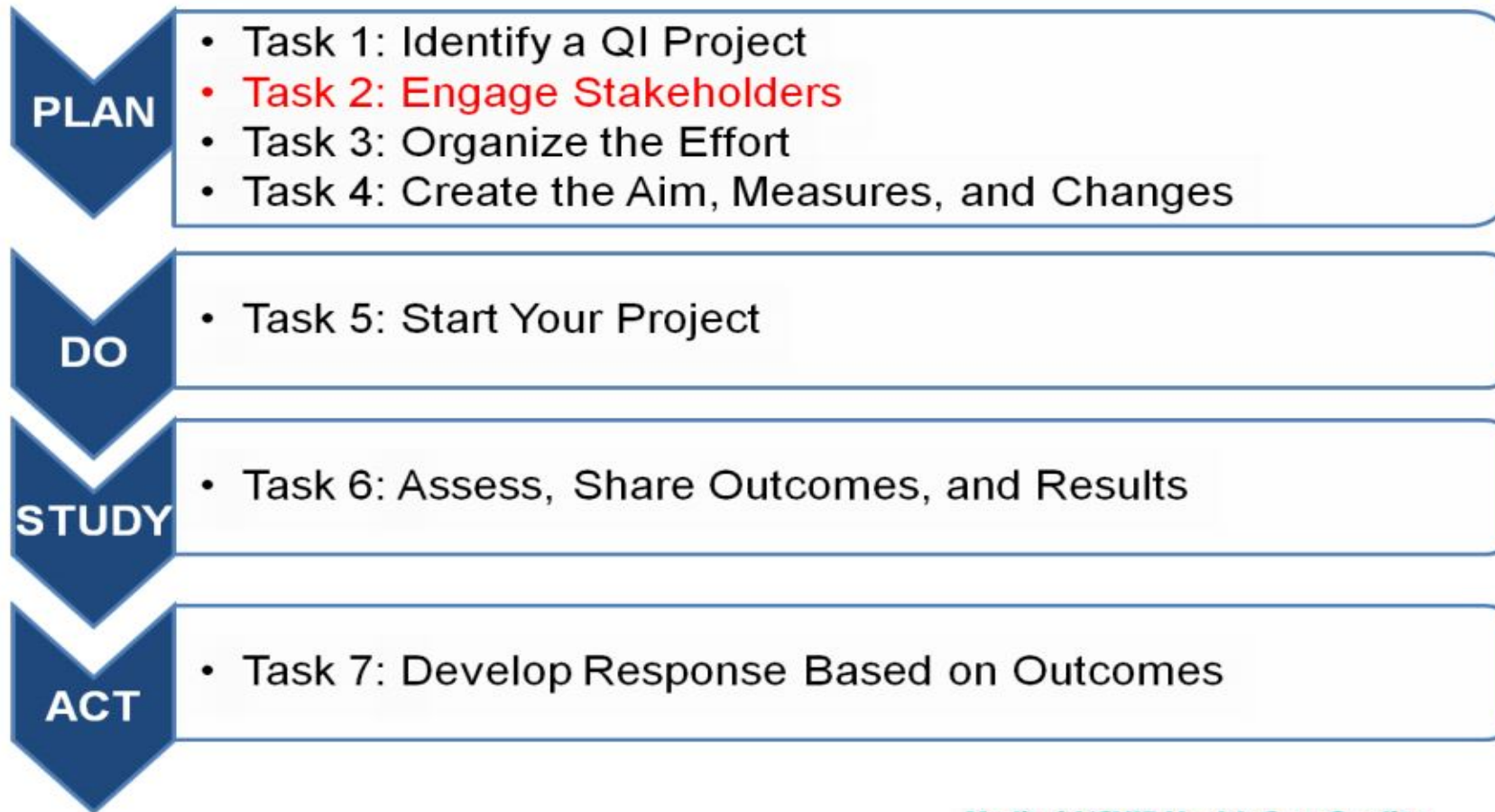
BIDMC REDCap: Length of Stay



QI Teaching: Stakeholders

Ronald Iverson, MD, MPH
Boston Medical Center

The Improvement Process



Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health

Stakeholder Engagement

The process by which an organization involves people who may be affected by the decisions it makes or can influence the implementation of its decisions

Stakeholders – those who pay for, provide, regulate, receive, measure, monitor, or otherwise interact with/influence the health care outcomes you want to improve

Source: [Medicaid Strengthening MCH](#)

Internal Stakeholders

- Operational managers
- Providers (RNs, CNMs, MDs)
- IT department
- Pharmacy
- Department leaders

External Stakeholders

- Community organizations
- Outside providers
- Recipients of services
- Family members/caregivers

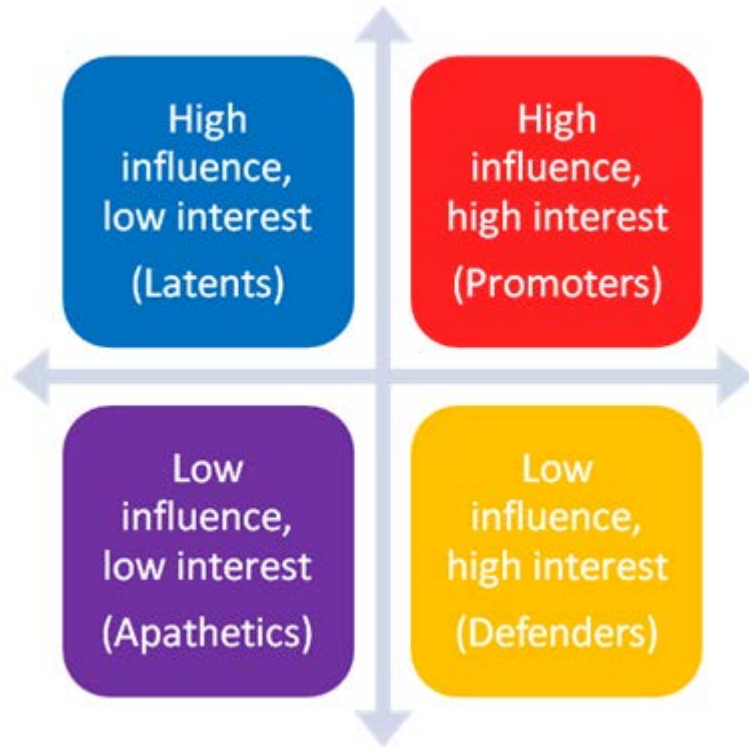
Stakeholder Analysis

Stakeholder Role Definitions:

- **Customer of the process:**
 - Role/person who receives an output from a process
- **Champion**
 - Role/person responsible for the design, continuous improvement and sustaining the process.
- **Decision-maker/ Approver:**
 - Role/person who has the authority to give approval
- **Target of the change:**
 - Role/person who is directly impacted by a proposed change
- **Interested party:**
 - Role/person who has a recognizable stake in the outcome of a process, but may not be directly involved in the process
- **Supplier to the process:**
 - Role/person who is providing input to the system

Adapted from: [Penn Medicine](#)

Stakeholder Analysis



- **Promoters** have both great interest in the effort and the power to help make it successful.
- **Defenders** have a vested interest and can voice their support in the community, but have little actual power to influence the effort.
- **Latents** have no particular interest or involvement in the effort, but have the power to influence it if they become interested.
- **Apathetics** have little interest and little power, and may not even know the effort exists.

Source: [Kansas University Community Toolbox](#)

Stakeholder Matrix

Insert **X** for current support
Insert **O** where they need to be
Insert **arrow** for gap in-between

Names or Group	Strongly Against	Moderately Against	Neutral	Moderately Supportive	Strongly Supportive

Adapted from: [Penn Medicine](#)



Stakeholder Matrix – Example

Names or Group	Strongly Against	Moderately Against	Neutral	Moderately Supportive	Strongly Supportive
Medical Residents					X
Medicine Attendings			X	—————→	O
Emergency Medicine	X	—————→		O	
Clinical Directors (Nursing)				X	—————→ O
Family Medicine				X	
Floor Nurses	X	—————→		O	
Social Workers			X	—————→	O

Adapted from: [Penn Medicine](#)

Forming the Team

- Use the Stakeholder Analysis
 - Pick team Members from Roles/Locations on Analysis
- Make sure team has wide range of experience
- Include Champions
- **Center equity in the conversations**
- Find times that work for as many as possible

Tips

- Don't get hung up on “where people are”
 - Concentrate on strategies to get them where they need to be.
- Figure out which stakeholders have veto power and work to meet their needs (may address in balancing measures).
- Be prepared to add new stakeholders as the work continues
- **Remember equity!**

Group Discussion

What engagement activities have been done so far with internal stakeholders? (*Choose one and enter into the chat box*)

1. We have not yet begun engagement activities
2. Stakeholders have been identified
3. We have communicated with them about the project
4. We have incorporated their input into the project
5. We have developed a plan for their active participation in planning, implementation, and/or monitoring

Adapted from: [Medicaid Strengthening MCH](#)

Group Discussion

What engagement activities have been done so far with external stakeholders? (*Choose one and enter into the chat box*)

1. We have not yet begun engagement activities
2. Stakeholders have been identified
3. We have communicated with them about the project
4. We have incorporated their input into the project
5. We have developed a plan for their active participation in planning, implementation, and/or monitoring

Adapted from: [Medicaid Strengthening MCH](#)

Team Discussions

- What stakeholders are you thinking about engaging, and what value could they add to your OUD AIM initiative?
- What do you anticipate will be the most challenging aspect of engaging stakeholders in your OUD AIM initiative?
- In what areas might you need support in thinking through your stakeholder engagement strategies?

OUD QI Team (6-8 people is a good size)

- **Team Leaders/Champions:**

- OUD Lead
- Nurse Champion
- Obstetrical Champion

- **Team Members:**

- RN, CNM, MD on the unit
- Social Workers
- Emergency Department

- **Executive Sponsors:**

- Nurse Manager
- OB Medical Director

Stakeholder Engagement Resources

- [Stakeholder Engagement and Mapping: Canadian Healthcare Toolkit Essentials](#)
- [Community Toolbox: Identifying and Analyzing Stakeholders and Their Interests](#)
- [Quality Improvement Primers and Videos - Partnering and Engaging](#)
- [Engaging Senior Leadership in Your Quality Improvement \(QI\) Work](#)
- [Institute for Healthcare Improvement: Science of Improvement: Forming the Team](#)

Guest Presentations Topics for Next 12 Months

- **• OUD Screening Options**
- Plans of Safe Care
- Caring for Patients with OUD - Using the Checklist
- Linkages to Care
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- Centering Patient Voice
- OUD SMM Data
- Early Head Start
- MAT
- Pain Relief During Pregnancy, Labor, Surgery, Post-op
- SBIRT Check in

Guest Topics:
OUD Screening Options

Nicole Smith, MD, MPH
Brigham and Women's Hospital

Screening options for substance use in obstetrics

Nicole Smith, MD, MPH

Brigham and Women's
Hospital

August 6, 2019

Slide acknowledgements

- ILPQC MNO initiative website for many useful links, including ACOG District II slides
- AIM opiate initiative site for additional slides and links

Screening vs. Testing

Screening based only on factors such as poor adherence to prenatal care or prior adverse pregnancy outcome, can lead to missed cases and may add to stereotyping and stigma. ➡ **Therefore, it is essential that screening be universal with a validated verbal tool.**

A positive biochemical drug test result is not in itself diagnostic of OUD or its severity.

- Urine drug testing only assesses for current or recent substance use; therefore, a negative test does not rule out sporadic substance use. Also, urine toxicology testing may not detect many substances, including some synthetic opioids, some benzodiazepines, and designer drugs.

Source: ACOG. Opioid Use and Opioid Use Disorder in Pregnancy. Opinion No. 711. ACOG Committee Opinion on Obstetric Practice & the American Society of Addiction Medicine. Replace Opinion No. 524, May 2012. Published August 2017.

<https://www.acog.org/About-ACOG/ACOG-Districts/District-II/Opioid-Use-Disorder-in-Pregnancy>

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Created by ACOG District II in 2018



Urine Toxicology

Urine drug testing has been used to detect or confirm suspected opioid use, but should be performed only with the patient's consent and in compliance with state laws. Pregnant women should be informed of the potential ramifications of a positive test result, including any mandatory reporting requirements.

Limitations of urine toxicology:

- Typically does not test for alcohol or tobacco use
- Potential for false positive and false negative results
- Increases risk for possible child welfare involvement
- Test results do not assess parenting capabilities
- Often applied selectively
- Lab cut-off points for sensitivity

Sources: ACOG. Opioid Use and Opioid Use Disorder in Pregnancy. Opinion No. 711.
Tenore, P. L. (2010). *Advanced Urine Toxicology Testing*. *Journal of Addictive Diseases*, 29(4), 436-448.
Roberts, S. C., Zahnd, E., Sufrin, C., & Armstrong, M. A. (2014). *Does adopting a prenatal substance use protocol reduce racial disparities in CPS reporting related to maternal drug use? A California case study*. *Journal of Perinatology*, 35(2).



ACOG Screening Guidance

Assess all pregnant women for SUDs.

- Screening for substance use should be part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman.
- Early **universal screening, brief intervention** (such as engaging the patient in a short conversation, providing feedback and advice), and **referral for treatment (SBIRT)** of pregnant women with OUD improve maternal and infant outcomes and should be incorporated into the maternity care setting. (*see appendix, [slides 64-69](#) for screening tools*)

Who can perform SBIRT?

Physicians, nurse practitioners, licensed midwives, physician assistants, nurses, health or substance use counselors, prevention specialists, and other health or behavioral health staff.

Source: ACOG. Opioid Use and Opioid Use Disorder in Pregnancy. Opinion No. 711. ACOG Committee Opinion on Obstetric Practice & the American Society of Addiction Medicine. Replace Opinion No. 524, May 2012. Published August 2017.
New York State OASAS, <https://www.oasas.ny.gov/admed/sbirt/index.cfm>

<https://www.acog.org/About-ACOG/ACOG-Districts/District-II/Opioid-Use-Disorder-in-Pregnancy>

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Created by ACOG District II in 2018

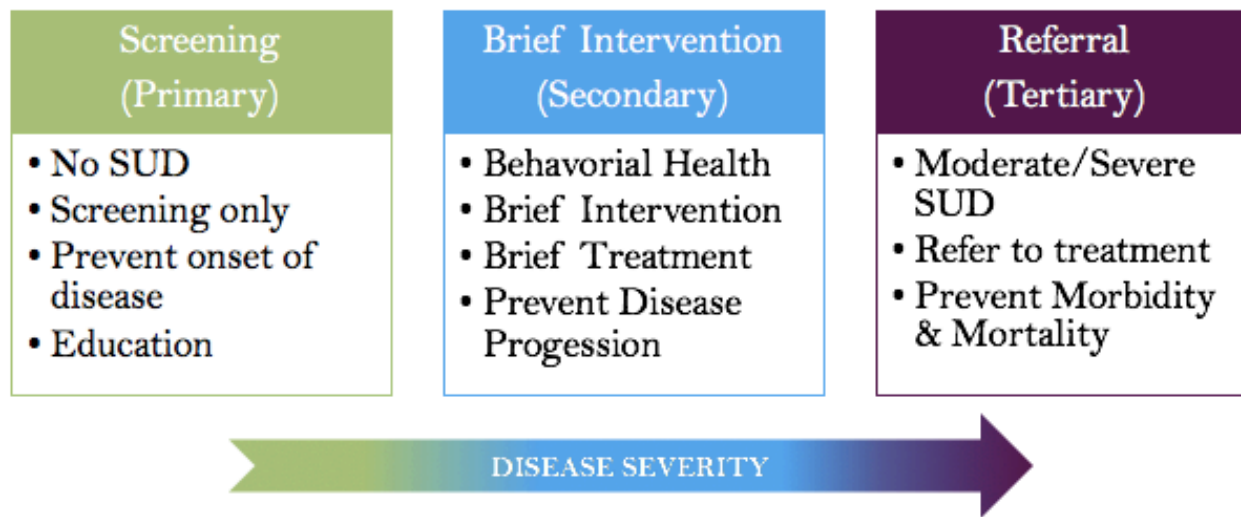


OUD Screening Tools

Utilize validated screening tools to identify drug and alcohol use.

- Routine screening should rely on validated screening tools, such as questionnaires like the 4Ps, Audit-C, NIDA Quick Screen, and CRAFFT (for women 26 years or younger)
 - All practices should use a screening tool that is non-judgmental, open-ended and implemented by their practice (*see appendix, [slides 64-67](#)*)
 - Patients may be more receptive to provider questioning while others may prefer a self-assessment on paper.
 - Screening is recommended at the first encounter. Elements can be added to the EMR under the flowsheet and flagged as a reminder to ask about substance use again in the third trimester.
 - In hospital screening – H&P should document what screening tool was used and that it was performed with the patient alone (away from family). Training should emphasize documentation that is non judgmental not allowing for statements like “non-contributory”.





Screening Tool	Description	Pros	Cons	Sensitivity/Specificity ¹
Specific to Drug Use in Pregnancy				
NIDA Quick Screen	<ul style="list-style-type: none"> • 3 questions • <u>Approximately 3-5 minutes</u> • Scripted tool to support provider standardization of substance use screening 	<ul style="list-style-type: none"> • Listed in ACOG bulletin • Existing online tool developed by NIDA • Free • SMFM recommended 	<ul style="list-style-type: none"> • Not specific to pregnancy • No training available 	Possible top recommendation
Integrated 5Ps Screening Tool	<ul style="list-style-type: none"> • Peers, Parents, Partner, Past and Pregnancy 	Free <ul style="list-style-type: none"> • Designed specifically for pregnant women 		

¹ http://apps.who.int/iris/bitstream/handle/10665/107190/9789241548731_eng.pdf;jsessionid=F026463023E46EC67AC194C5099B28E4?sequence=1

Screening Tool	Description	Pros	Cons	Sensitivity/Specificity
Substance Use Risk Profile Pregnancy Scale	4 questions <u>Approximately 2</u> minutes Affiliated with MIECHV	Free Specific to prenatal patients	Recently tested with prenatal patients	90-100% sensitive for low risk patients 61-64% specific for low risk patients 48-100% sensitive for high risk patients 84-88% specific for high risk
4Ps Plus	5 questions with follow-up if positive. <u>Approximately 2-5</u> mins ²	<ul style="list-style-type: none"> Validated tool for pregnant patients Approved for identification of tobacco, alcohol and illicit drugs. Additional questions related to domestic violence and depression can be included. Listed in ACOG bulletin	<ul style="list-style-type: none"> Licensing fee Indirect questions Low specificity to illicit drug use	87% sensitive for substance use 75% specific for substance use

(Committee on Obstetric Practice American Society on Obstetric Practice, 2017)

² <https://here.doh.wa.gov/Portals/14/Materials/950-135-PregSubs-en-L.pdf>

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy>

Screening Tools

- **4P's Plus ©**

- Parents
- Partner
- Past
- Pregnancy

- **Integrated 5P's**

- Parents
- Partner
- Pregnancy
- Peers
- Past

- **Substance Use Risk Profile – Pregnancy (SURP-P)**

- **National Institute on Drug Abuse (NIDA) Quick Screen**

- **CRAFFT**

- Car
- Relax
- Alone
- Forget
- Family/Friends
- Trouble (adolescents)

5 Ps screen

The 5Ps Prenatal Substance Abuse Screen For Alcohol and Drugs

The 5Ps* is an effective tool of engagement for use with pregnant women who may use alcohol or drugs. This screening tool poses questions related to substance use by women's *parents, peers, partner*, during her *pregnancy* and in her *past*. These are non-confrontational questions that elicit genuine responses which can be useful in evaluating the need for a more complete assessment and possible treatment for substance abuse.

- Advise the client responses are *confidential*.
- A single "YES" to any of these questions indicates further assessment is needed.

1. Did any of your *Parents* have problems with alcohol or drug use?
___ No ___ Yes
2. Do any of your friends (*Peers*) have problems with alcohol or drug use?
___ No ___ Yes
3. Does your *Partner* have a problem with alcohol or drug use?
___ No ___ Yes
4. Before you were pregnant did you have problems with alcohol or drug use? (*Past*)
___ No ___ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (*Pregnancy*)
___ No ___ Yes

Institute for Health and Recovery Integrated Screening Tool

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

Parents Did any of your parents have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Peers Do any of your friends have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Partner Does your partner have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Violence Are you feeling at all unsafe in any way in your relationship with your current partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Emotional Health Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Past In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Present In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? _____ 2. How many drinks on any given day? _____ 3. How often did you have 4 or more drinks per day in the last month? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Smoking Have you smoked any cigarettes in the past three months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Review Risk	Review Domestic Violence Resources	Review Substance Use, Set Healthy Goals	Consider Mental Health Evaluation
-------------	------------------------------------	---	-----------------------------------

Advise for Brief Intervention

	Y	N	NA
Did you State your medical concern?			
Did you Advise to abstain or reduce use?			
Did you Check patient's reaction?			
Did you Refer for further assessment?			

At Risk Drinking	
Non-Pregnant	Pregnant/ Planning Pregnancy
> 7 drinks / week	Any Use is Risky Drinking
> 3 drinks / day	

For the best health of mothers and babies, we strongly recommend that pregnant women, or those planning to become pregnant, do not use alcohol, illegal drugs or tobacco. Safe levels of usage have not been determined.

Date: _____
Language: _____
Race: _____
Ethnicity: _____

+ NIDA Drug Screening Tool

NIDA-Modified ASSIST (NM ASSIST)

Clinician's Screening Tool for Drug Use in General Medical Settings*

In the past year, how often have you used the following?

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

<input checked="" type="radio"/> Never	<input type="radio"/> Once or Twice	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or Almost Daily
--	-------------------------------------	-------------------------------	------------------------------	---

Tobacco Products

<input checked="" type="radio"/> Never	<input type="radio"/> Once or Twice	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or Almost Daily
--	-------------------------------------	-------------------------------	------------------------------	---

Prescription Drugs for Non-Medical Reasons

<input checked="" type="radio"/> Never	<input type="radio"/> Once or Twice	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or Almost Daily
--	-------------------------------------	-------------------------------	------------------------------	---

Illegal Drugs

<input checked="" type="radio"/> Never	<input type="radio"/> Once or Twice	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or Almost Daily
--	-------------------------------------	-------------------------------	------------------------------	---

The NIDA Quick Screen

Step 1: ASK about *past year* drug use

NIDA Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<u>In the past year</u> , how often have you used the following?					
Alcohol					
<ul style="list-style-type: none"> For men, 5 or more drinks a day For women, 4 or more drinks a day 					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

- If the patient says “**NO**” for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says “**Yes**” to **one or more days of heavy drinking**, *patient is an at-risk drinker*. Please see NIAAA website “How to Help Patients Who Drink Too Much: A Clinical Approach” http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm, for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders
- If patient says “**Yes**” to **use of tobacco**: *Any current tobacco use places a patient at risk. Advise all tobacco users to quit.* For more information on smoking cessation, please see “Helping Smokers Quit: A Guide for Clinicians” <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>

Step 2: Begin the NIDA-Modified ASSIST

(<http://www.nida.nih.gov/nidamed/screening/nmassist.pdf>,

[PDF, 182KB])

Questions 1-8 of the NIDA-Modified ASSIST V2.0

Instructions: Patients may fill in the following form themselves but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient. To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

Question 1 of 8, NIDA-Modified ASSIST	Yes	No
In your <i>LIFETIME</i>, which of the following substances have you ever used? <i>*Note for Physicians: For prescription medications, please report nonmedical use only.</i>		
a. Cannabis (marijuana, pot, grass, hash, etc.)		
b. Cocaine (coke, crack, etc.)		
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
d. Methamphetamine (speed, crystal meth, ice, etc.)		
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
h. Street opioids (heroin, opium, etc.)		
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
j. Other – specify:		

3. <u>In the past 3 months</u> , how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
b. Cocaine (coke, crack, etc.)	0	3	4	5	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	4	5	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	4	5	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	4	5	6
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	3	4	5	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	4	5	6
h. Street Opioids (heroin, opium, etc.)	0	3	4	5	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	4	5	6
j. Other – Specify:	0	3	4	5	6

5. <u>During the past 3 months</u> , how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
b. Cocaine (coke, crack, etc.)	0	5	6	7	8
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	5	6	7	8
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	5	6	7	8
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	5	6	7	8
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	5	6	7	8
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	5	6	7	8
h. Street Opioids (heroin, opium, etc.)	0	5	6	7	8
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	5	6	7	8
j. Other – Specify:	0	5	6	7	8

Step 3: Determine risk level

Score the **NIDA-Modified ASSIST** for illicit and nonmedical prescription drug use.

High Risk
Score ≥ 27

- ✓ Provide feedback on the screening results
- ✓ **Advise, Assess, and Assist**
- ✓ **Arrange** referral
- ✓ Offer continuing support

Moderate Risk
Score 4-26

- ✓ Provide feedback
- ✓ **Advise, Assess, and Assist**
- ✓ Consider referral based on clinical judgment
- ✓ Offer continuing support

Lower Risk
Score 0-3

- ✓ Provide feedback
- ✓ Reinforce abstinence
- ✓ Offer continuing support

Our screening tool:

The American College of Obstetricians and Gynecologists recommends screening all women for habits that may impact their health, and the health of their babies. We would appreciate your answering the following questions.



NIDA Quick Screen

<i>In the past year, how often have you used the following?</i>	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol: 4 or more drinks a day					
Tobacco products					
Cannabis (Marijuana)					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

Our screening tool:

The American College of Obstetricians and Gynecologists recommends screening all women for habits that may impact their health, and the health of their babies. We would appreciate your answering the following questions.



NIDA Quick Screen

<i>In the past year, how often have you used the following?</i>	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol: 4 or more drinks a day					
Tobacco products					
Cannabis (Marijuana)					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

Beyond English

A. WHO - ASSIST V3.0

INTERVIEWER ID	<input type="text"/>	COUNTRY	<input type="text"/>	CLINIC	<input type="text"/>
PATIENT ID	<input type="text"/>	DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>

INTRODUCTION (Please read to patient)

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1

(If completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative:
Not even when you were in school?

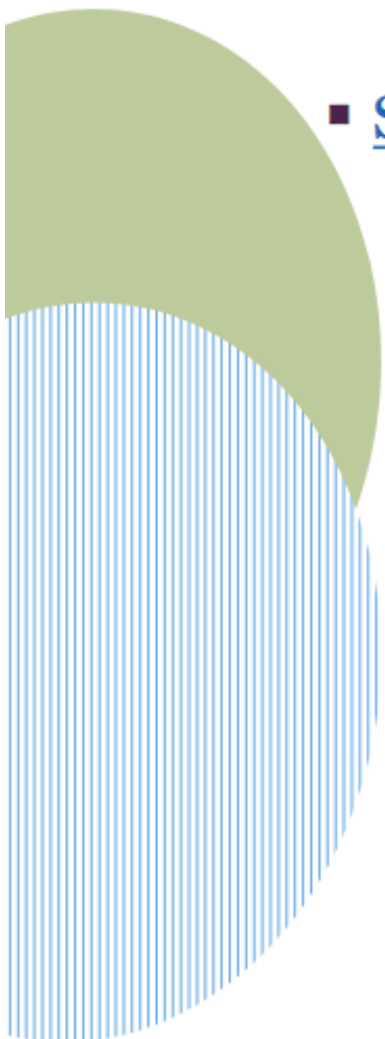
If *No* to all items, stop interview.
If *Yes* to any of these items, ask Question 2 for each substance ever used.

  https://www.who.int/substance_abuse/activities/assist_3.1/en/

The ASSIST screening test version 3.1

-  ASSIST 3.1 (Arabic)
 pdf, 326kb
-  ASSIST 3.1 (Chinese)
 pdf, 221kb
-  ASSIST 3.1 (French)
 pdf, 92kb
-  ASSIST 3.1 (German)
 pdf, 73kb
-  ASSIST 3.1 (Hindi)
 pdf, 201kb
-  ASSIST 3.1 (Persian)
 pdf, 416kb
-  ASSIST 3.1 (Portuguese)
 pdf, 119kb
-  ASSIST 3.1 (Spanish)
 pdf, 101kb
-  ASSIST 3.1 (Vietnamese)
 pdf, 201kb
-  ASSIST 3.1 feedback form (Vietnamese)
 pdf, 265kb
-  ASSIST 3.1 response card (Vietnamese)
 pdf, 78kb

Screening Tools – SURP-P

- 
- Screening for Prenatal Use Substance Use: Development of the Substance Use Risk Profile-Pregnancy Scale
 - Free screening tool, but not available online. The instrument can be viewed in Yonkers et al. (2010) above.
 - This is a hybrid of three screenings – TWEAK (alcohol screening), 4Ps Plus, Addiction Severity Index, and two domestic violence questions.

CRAFFT

The CRAFFT Interview (version 2.0)

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

During the past 12 months, on how many days did you

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none.
2. Use any marijuana (pot, weed, hash, or in foods) or "synthetic marijuana" (like "K2" or "Spice")? Say "0" if none.
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Say "0" if none.

Did the patient answer "0" for all questions above?

Yes

No

Ask CAR question only

*CRAFFT Screen (below)

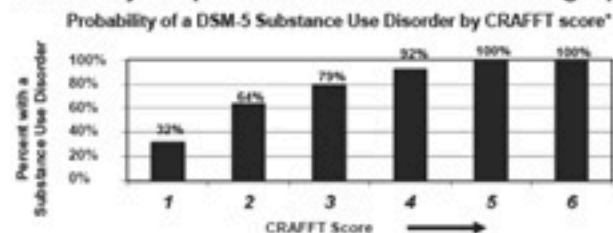
- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, **ALONE**?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- F** Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

*Two or more **YES** answers on the CRAFFT suggest a serious problem and a need for further assessment. See back for further instructions →

SAMHSA's Toll-Free Referral Helpline: 1-800-662-4357
Or <http://findtreatment.samhsa.gov/>

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1. Show your patient his/her score on this graph.



*Data source: Mitchell, S., et al. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse, 55*(4), 574-80.

2. Use these talking points for brief counseling.



1. REVIEW screening results

For each "yes" response: "Can you tell me more about that?"



2. RECOMMEND not to use

"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drugs because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. RIDING/DRIVING risk counseling

"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. RESPONSE elicit self-motivational statements

Non-users: "If someone asked you why you don't drink or use drugs, what would you say?" Users: "What would be some of the benefits of not using?"



5. REINFORCE self-efficacy

"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

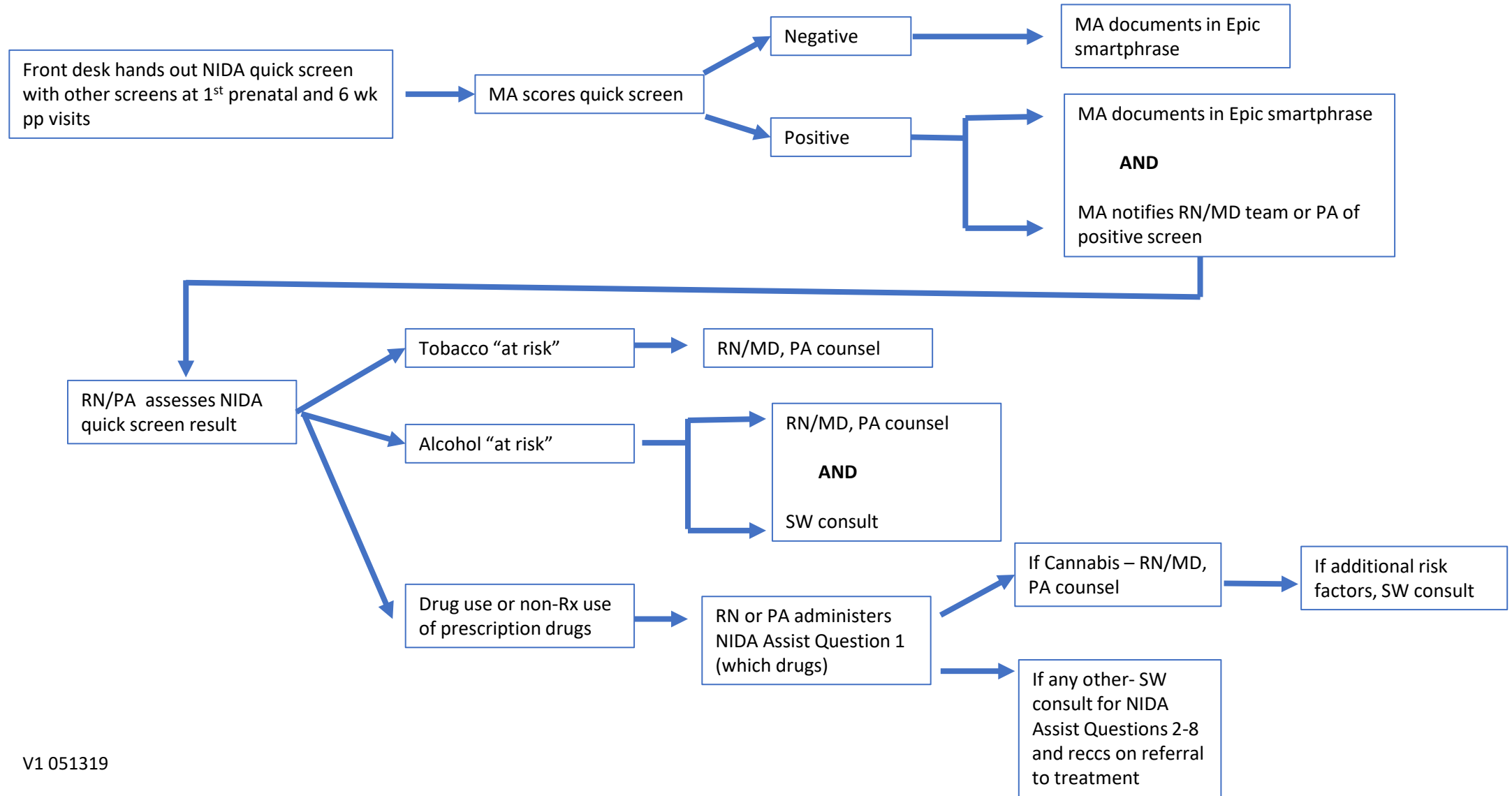
3. Give each patient the Contract for Life.

Available at <http://www.crafft.org/contract>

The Center for Adolescent Substance Abuse Research (CeASAR)
at Boston Children's Hospital
617-355-5433 www.ceasar.org

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Substance use screening process map: BWH Maternal Fetal Medicine



Brief Intervention

- Patients who screen positive for OUD in pregnancy should receive a brief intervention. This intervention should use principles of motivational interviewing to affect behavioral change (*see appendix, [slide 74](#)*)
- Effective brief intervention includes 3 steps:
 1. **Offer feedback**
 2. **Listen and understand** the patient's motivation (eg, "I hear that you use x to deal with stress of life at home")
 3. **Explore other options** to address patient's motivation for substance use (eg, "Are there other ways to deal with stress in a more healthy way?")

Note: providing written handouts to ALL women can reach those who are afraid to disclose use, but who may be at risk and need treatment

Source: The role of screening, brief intervention, and referral to treatment in the perinatal period. American Journal of Obstetrics & Gynecology, Special Report. November 2016



Referral to Treatment

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

- Work with behavioral health/case managers in-office (*if available*) to assist with the intervention component of SBIRT
- Make referrals as needed that facilitate access to treatment and related services for women who need these services
 - Make connections with treatment providers to build relationships
 - Communicate with MAT providers at least once a month
- Ensure support for women's health care providers starting buprenorphine waiver training or newly trained



Thanks!

Closing Thoughts

- Next Webinar is Tuesday, August 18, 2020 from 12-1pm EST
- **QI Topic:** Developing a Project AIM
 - **Guest Topic:** Plans of Safe Care
 - **Assignment:** Aim Statement and Stakeholder Engagement Initiation
- Reminders:
 - Contracts sent out by Denise Henry/AdCare
 - Due back August **x**, 2020
 - Baseline survey and Structural Measures were sent out in June
 - Due back August **x**, 2020
 - Please email or call with questions!

Questions or Concerns?

