Perinatal Hope Program – Team Members

**Medical Director** - Dr. Mark Caine
**Program Director** – Deb McDonald

- **“Traveling Team”**
  - Program Coordinator and SW, Krista Flaherty
  - CRNP, Katrina Siders
  - POWER, D&A therapist
- **Providers at each site for obstetrical care and MAT**
  - Obstetricians, Midwife, Family Medicine
- **Office support staff** (registration, rooming patient, etc.)
Some Alarming Statistics

- In 2017, approximately 19.7 million people aged 12 and older had a substance use disorder
  - 2.1 million had an opioid use disorder

- It is estimated that by 2020, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

- Drug overdoses are the #1 cause of accidental death in the United States. Opioids make up 75% of these.
  - There were 613 overdose deaths in Allegheny County in 2016.
    - 31% of those were females
    - The majority fell within the 24-34 year old range
Perinatal Hope Program

A care-coordinated continuum of services to provide better outcomes for moms and babies.

**Program Services:**
- Prenatal Care
- Addiction Treatment
- D/A Counseling
- Centering Pregnancy:
  - Wellness
  - Breastfeeding
  - Safety
  - Infant Care
  - Family Planning
- Anesthesia Consult
- Neonatology Consult

**Care Coordination:**
- D/A Treatment/POWER
- Mental Health Referrals
- Social Services Connections
- Mobile Moms

**Community Outreach:**
- Community Education
- POWER
- Community MH & D/A Treatment Providers
- Healthy Start

**Infant Care Coordination:**
- Healthy Start
- Alliance for infants & Toddlers

**On-Going Care:**
- "Warm hand-off" PCP
- D/A Counseling
- MAT Provider or Detox/Inpatient Rehab

**Providers:**
- OB/GYN
- Residency
- Midwives
- Emergency Department
- Primary Care Providers
- MAT Providers

Allegheny Health Network
Perinatal Hope Program
Referral Process – Active Opioid Use

Patient is pregnant & reports active opioid use

If 23 weeks, 6 days pregnant and under:

Give patient PHP brochure. Call PHP program staff to discuss program/OP conversion with pt.
Katrina Siders (412) 313-9969
Krista Flaherty (412) 509-0564

If PHP staff unavailable, enter referral order into EPIC and send staff message to program staff. PHP will contact patient ASAP.

Enter referral order for PHP into EPIC & send staff message, even if patient has already spoken to PHP staff.

PHP staff will discuss program, conduct initial screening, & set-up initial appt. If pt. is appropriate for program. If patient is not appropriate for program, referrals will be made for patient. Once in program, pt. will continue throughout pregnant & up to 6-weeks postpartum, receiving OB care, education, MAT, and D&A counseling services.

If over 24 weeks pregnant:

Give patient PHP brochure. Call PHP program staff to discuss program/OP conversion with pt.
Katrina Siders (412) 313-9969
Krista Flaherty (412) 509-0564

If PHP staff unavailable, patient should be directed to WPH ED for IP conversion. (Please refer to attached script about process to let pt. know what to expect)

Inform pt. that PHP staff will reach out to also discuss IP conversion process as soon as available.

Perinatal Hope Program: (412) 578-5575
Katrina Siders, CRNP: cell – (412) 313-9969 / office – (412) 578-1418 / katrina.siders@ahn.org
Krista Flaherty: Program Coordinator-Office: (412) 315-3318// Cell (412) 509-0564 // Email: Krista.flaherty@ahn.org
Perinatal Hope Program
Referral Process (No Conversion Needed)

Patient is currently prescribed Subutex/Suboxone/Methadone, or reports to using other illicit substances (such as cocaine, cannabis, etc.), or is in recovery from substance use.

- Give patient PHP brochure.
- Call PHP program staff to discuss program with patient.
  - Katrina Siders (412) 313-9969
  - Krista Flaherty (412) 509-0564

- If PHP staff unavailable, enter referral order into EPIC and send staff message to program staff. PHP will contact patient ASAP.

- PHP staff will review program, conduct initial screening, & set-up initial appt. if patient is appropriate for program.

- Patient will continue in program through pregnancy & up to 6 weeks postpartum, receiving OB care, education, medication (if needed), and D&A counseling services.

- Upon completion of the program, patient will be referred back to original OB/GYN provider for ongoing care.

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Perinatal Hope Program – Additional Info:
Through our comprehensive, all-inclusive program, patients are able to receive multiple services at the same time during their scheduled visit.
These services include:
- Prenatal care
- Education using CenteringPregnancy
- Medication-assisted treatment (Subutex), as needed
- On-site D&A counseling through POWER
- Care coordination/case management services
- Referrals for social services
- Transportation assistance through Traveler’s Aid/Mobile Moms

*Note: Patients typically do need to transfer their OB care to the program’s provider. The only exception to this would be if the patient’s current OB provider is located at the same site as the PHP program site. If that is the case, we would ask that OB provider to see the patient on the same day that the PHP is scheduled, to maintain the all-inclusive nature of the program. If patient does transfer care, we do refer the patient back to her original provider for ongoing care beyond the postpartum period, as our program concludes at 6-weeks postpartum.

IP Conversion Info for Patient:
These are only done at WPH at this time. Patient should present to the ED at WPH.

Once presented to the ED, they should inform them that they are there for conversion to Subutex. Someone from the OB team will assess patient, and patient will be admitted to one of the upstairs OB units while the conversion is completed over the course of a couple of days. These typically 2-3 take, depending on how long it takes to stabilize the dosage needed. Please let patient know that they will not sit in the ER long before they are admitted to one of the OB floors.

PHP staff will attempt to reach patient to review the process with them as well before they present. Once admitted to the unit, the PHP staff will meet with the patient on the floor to review the program with them in-depth and to initiate enrollment in the program.

How to enter referral order for Perinatal Hope Program in EPIC:
- Search under Medications & Orders for “Referral to Perinatal Hope Program.”
- Select correct referral and click Accept.
- Complete required fields:
  - Provider: Mark Caine
  - Order Status: Future
  - Expected Date: Today
- Click Accept.

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Allegheny Health Network
Perinatal Hope Program (PHP)

POWER Referral Process

Pt. is screened & scheduled to enter Perinatal Hope Program.

Pt. is seen for 1st appointment/enrollment and signs all necessary consents.

Email is sent to POWER therapist about new referral. Subject line should include [PHI] at the beginning to make this a secure email since patient info is included. Enter pt. name, DOB, insurance info, phone #, and next scheduled appt.

Therapist will attempt to contact patient for initial screening and to schedule assessment.

Therapist from POWER will come on-site to complete initial assessment w/patient at next appointment. Provide with packet of client face sheet, print out of ID/insurance card, and initial screening note documentation.

Upon completion of assessment, POWER will meet with program staff to discuss recommendations for counseling and next scheduled appointment.

Pt. will continue to see POWER throughout remainder of time in PHP program.
Protocol Buprenorphine Outpatient Inductions
Day 1
(under 24 weeks pregnant/short-acting opioids)

Pt. advised not to use for 12-24 hours prior to scheduled induction & should arrive in mild-moderate withdrawal.

Withdrawal symptoms assessed using COWS score.
(Withdrawal symptoms = COWS score ≥ 10)

Per physician orders, administer 4mg under supervision. Observe 1-2 hours.

If COWS goes up, precipitated w/d may have occurred. Talk with patient to identify cause and manage by either continuing induction with additional doses of medication until w/d subsides, up to the target dose, or treat withdrawal symptomatically.

Repeat COWS scoring. If withdrawal persists, administer another dose per orders, usually 4mg. Observe 1-2 hours.

Repeat COWS scoring. Still experiencing withdrawal?

NO
Day 1 dose established

YES
Repeat COWS scoring. If withdrawal persists, administer another dose per orders (2-4mg). Observe 1-2 hours.

Continue until COWS ≤ 5-7 (depending on symptoms), or total of 16mg has been given.

Manage any additional withdrawal symptomatically. Provide patient with total day-1 dose to take next morning. Schedule a time for pt. to return to office the following...
Buprenorphine Outpatient Inductions Day 2
(under 24 weeks pregnant/short-acting opioids)

Meet with patient to discuss any continued withdrawal since last dose yesterday, how they are feeling today, etc. Confirm that they have taken their morning dose that was provided to them the day before.

If pt. reports continued withdrawal symptoms, complete COWS score and administer another dose per doctor's orders (2-4mg). Observe for 1-2 hours.

Repeat COWS scoring. If withdrawal persists, administer another dose per orders (2-4mg). Observe 1-2 hours.

If withdrawal symptoms are not relieved, manage withdrawal symptomatically. Check in with patient regularly by phone the following days and consult with physician if dose needs to increase again.

If no continued withdrawal after last dose on day one, daily dose has been established (total from day one).

If withdrawal symptoms are relieved, daily dose has been established.
We are here to help!
Please contact us with any questions or comments that you may have?

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Katrina Siders: (412)315-3306 / (412)313-9969 / katrina.siders@ahn.org
Deb McDonald (412) 578-1909 / (724) 622-1666 / deborah.mcdonald@AHN.org