PA PQC Quality Improvement (QI) Collaborative Virtual Session
SUD Screening and MAT during COVID-19
May 13, 2020
Agenda

Introduction & Review of the PA PQC’s Survey Dashboard –
Robert Ferguson, MPH, Chief Policy Officer, Jewish Healthcare Foundation (JHF)

Peer-to-Peer Learning & Q&A –
Sue Utterback, DNP, MSIT, RN, Abington Jefferson
Dennis Hand, PhD, Obstetrics and Gynecology, Maternal Addiction Treatment Education and Research, Jefferson Health

Wrap Up –
Pauline Taylor, Program Specialist, JHF
We Want to Hear From You! Start thinking about..

How would you describe your experience with screening pregnant/postpartum women for SUD and engaging those with OUD into MAT and comprehensive services?

1. What has worked well (successes)?
2. What hasn’t worked well (challenges)?
3. How has COVID-19 affected this process?
The PA PQC Includes:

63 BIRTH SITES & NICUs

covering 87% of live births in PA

14 HEALTH PLANS

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PA PQC’s Three Aims

You, the PA PQC teams, have launched 102 QI projects around these aims.

- 39 QI projects have focused on reducing maternal mortality and morbidity (e.g., hemorrhage, severe hypertension, and disparities)
- 35 QI projects have focused on identifying and caring for pregnant and postpartum women with OUD (e.g., screening with 5Ps and NIDA and initiating MAT)
- 28 QI projects have focused on identifying and caring for opioid-exposed newborns (e.g., NAS scoring and adopting Eat, Sleep, Console)
What have you achieved collectively?

☑ 30% increase in the number of sites providing SUD/OUD sensitivity training for staff and providers

☑ 20% increase in the number of sites using a validated screening tool for substance use in pregnancy

☑ 15% increase in the number of sites that developed clinical pathways and order sets for pregnant women with OUD
Let’s to a Deeper Dive at the Site Level
Today’s QI Virtual Session is about

Accessing Resources

Form a Team
Participate in Learning Collaboratives
Launch Quality Improvement Projects
Access Resources (e.g., Today’s QI Virtual Collaborative Meetings & Coaching)
Report Aggregate Data and Surveys

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PA PQC QI Coaching Team

Karena Moran, PhD
Research and Quality Project Manager

Jennifer Condel, SCT(ASCP)MT
Manager, Lean Healthcare Strategy and Implementation

Pauline Taylor, CQIA
Program Specialist

Elizabeth Balskus, MA
Quality Improvement Facilitator

Carol Frazer, MEd, LPC
Practice Transformation Specialist
SUD Screening Workflow Examples from PA PQC Learning Sessions

When should I screen?

- Substance use screening should occur with pregnancy identification
  - First prenatal care visit
  - ED evaluations, urgent care centers, primary care settings

- Recurrent screening should occur with ongoing or new concerns for substance use during pregnancy

Who and how should I screen?

- Screening versus testing

- Universal screening for substance use using validated tools is recommended during pregnancy by all major professional organizations (i.e. ACOG, SMFM, ASAM)

- Selective screening based on “risk factors” perpetuates discrimination and is subject to provider biases

- Universal biologic testing (i.e. UDS) is not recommended during pregnancy and should not be used as sole assessment of substance use

Slides from Elizabeth Krans, MD, MSc

SUD Screening Workflow Examples from PA PQC Learning Sessions

Comprehensive pathway for SBIRT

SUD Screening Workflow Examples from PA PQC Learning Sessions

https://www.whamglobal.org/resources
https://www.whamglobal.org/images/PAPQC/PA_PQC_SUD_Screening_Webinar_81919.pdf
Referral to Treatment

Levels of Care
- Office based treatment
- Methadone treatment program
- Intensive Outpatient
- Residential
- Acute inpatient

https://www.whamglobal.org/resources
https://www.whamglobal.org/images/PAPQC/PA_PQC_SUD_Screening_Webinar_81919.pdf
Let’s Build on This and Hear from Today’s Content Experts

- Sue Utterback, DNP, MSIT, RN, Abington Jefferson
- Dennis Hand, PhD, Obstetrics and Gynecology, Maternal Addiction Treatment Education and Research, Jefferson Health
Substance Use Screening in Pregnancy

Susan Utterback, DNP, MSIT, RN
Abington Jefferson Health
Where we started

**Problem Statement:** In calendar year 2018, 25% of pregnant women delivering at Abington-Jefferson Health were screened for substance use disorders with a validated screening tool. This is important because screening is the foundation of early intervention for OUD to promote healthy mothers and babies.

**Focus Area:** OUD among pregnant/postpartum women

**Measures:** Percentage of pregnant women screened for SUD with a validated screen

**Goal & SMART Objectives:** By December 2019, our goal is to screen 80% of pregnant women delivering at Abington-Jefferson Health for substance use disorder using a validated screening tool.
Key Principles

- Patient-centered
- Evidence-based
- Sustainable
- Enterprise alignment
Force Field Analysis

Established interdisciplinary safety/quality team

Existing substance use related initiatives

Commitment to mental health bundle implementation

Access to support resources

PAPQC focus on OUD

Universal Substance Use Screening in Pregnancy

Competing priorities for IT Support

Provider/staff discomfort with substance use conversations

Different EHRs

Seeking variation from existing substance use screen

Jefferson Health

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE
Implementation

- Agreed on 5Ps screening tool across all Jefferson delivering hospitals
- EHR build
- MI/SBIRT education in collaboration with Jefferson CC
- Empathy training program from Penn Foundation (COE)
- Created guidelines for inpatient management of withdrawal in pregnancy
- Ongoing collaboration with Montgomery County and surrounding counties for POSC implementation
Implementation

- Epic build for ambulatory and inpatient use
- Data extraction/reporting across care settings
- Ongoing education to facilitate identification and treatment of substance use disorders
Dennis Hand, PhD,
Obstetrics and Gynecology, Maternal Addiction Treatment Education and Research, Jefferson Health
Polling Questions

Steven Guo, Program Associate
Polling Questions (if you did not receive the pop-up)

1. Has your site been able to continue doing SUD screenings during this time? (select one)
   ◦ Yes
   ◦ No

2. If yes, how have you been able to continue with your SUD screening practices? (select all that apply)
   ◦ Telehealth
   ◦ By phone
   ◦ In-person at the clinic or hospital
   ◦ Other
Collaborative Peer-to-Peer Learning

How would you describe your experience with screening pregnant/postpartum women for SUD and engaging those with OUD into MAT and comprehensive services?

1. What has worked well (successes)?
2. What hasn’t worked well (challenges)?
3. How has COVID-19 affected this process?
Wrap-Up

Pauline Taylor, CQIA, Program Specialist
## Upcoming Sessions

https://www.whamglobal.org/member-content/register-for-sessions

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<td><strong>June 11</strong></td>
<td>8:30am to 2:30pm Learning Collaborative (WebEx)</td>
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<td><strong>July 8</strong></td>
<td>11am to 12pm QI Collaborative Virtual Meeting</td>
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<td><strong>August 12</strong></td>
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<td><strong>September 3</strong></td>
<td>8:30am to 4pm Learning Collaborative (Best Western Premier, Harrisburg)</td>
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<td><strong>October 14</strong></td>
<td>11am to 12pm QI Collaborative Virtual Meeting</td>
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<td><strong>December 16</strong></td>
<td>8:30am to 4pm Learning Collaborative (Penn Stater)</td>
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*Elliott K. Main, MD, Medical Director, California Maternal Quality Care Collaborative*
Tentative Agenda for June 11

8:30 a.m. to 8:50 a.m. – **PA PQC Update** – Robert Ferguson, MPH, Chief Policy Officer, Jewish Healthcare Foundation

8:50 a.m. to 9:30 a.m. – **Spotlights on PA PQC SUD/NAS Sub-Award Teams and LARC Pilots** –

- Adriane Burgess, PhD, RNC-OB, CCE, CNE, Program Director, Women and Children Service Line, WellSpan Health
- Danielle B. Johnson, DO, Director of Family Planning, Department of OB/GYN, St. Luke's University Health Network
- Elizabeth Sharpless BSN, RNC-OB, Operations Manager, The Family Place, Geisinger Lewistown Hospital

9:30 a.m. to 10:30 a.m. – **Introducing and Providing Feedback on SUD Prenatal Screens using Motivation Interviewing** – Billie Jo Smith, MS, LPC, Program Coordinator, UPMC Western Psychiatric Hospital; Amy Shanahan, MS, Director, UPMC Western Psychiatric Hospital

10:30 a.m. to 12:00 p.m. – **Adopting Eat, Sleep, Console (ESC)** – Bonny Whalen, MD ESC Care Tool Co-developer; Project Lead, Healthy Moms/Healthy Babies – NNepqIN’s QI/Learning Collaborative to Improve Care of Opioid-exposed Newborns; Assistant Professor of Pediatrics, Geisel School of Medicine at Dartmouth Newborn Nursery Hospitalist and Medical Director, Children’s Hospital at Dartmouth-Hitchcock

12:00 p.m. to 1:00 p.m. – **Virtual Lunch Break**

1:00 p.m. to 1:30 p.m. – **Collaborating with Community-Based Organizations and County Services to Adopt Plans of Safe Care Guidance**

1:30 p.m. to 2:15 p.m. – **Spotlight on Doulas** – Naima Black, Full Spectrum Doula, CLC; Director, Community Doula & Breastfeeding Programs, Maternity Care Coalition

2:15 p.m. to 2:30 p.m. – **Wrap-Up & Next Steps** – Pauline Taylor, Program Specialist, JHF
Thank You!

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