**Aims**

**Key Interventions**

**Drivers**

# PA PQC OUD Driver Diagram

* Provide staff-wide (clinical and non-clinical) education on SUD/OUD with an emphasis on stigma and trauma-informed care
* Provide evidence-based patient education materials on OUD and NAS in inpatient and outpatient settings
* Define culture of equity and trauma-responsive care

Educate patients and their families on OUD and NAS

1. Increase SUD, OUD, and NAS **education** among patients and staff
2. Increase pregnant women **screened** and appropriately **diagnosed** for SUD
3. Increase prenatal and postpartum women with OUD who are **referred** to and initiate MAT
4. Increase **duration** of MAT use among prenatal and postpartum women
5. Increase women with OUD who receive **prenatal care** in the 1st trimester and **postpartum care**

Provide staff-wide education and training on substance use, stigma and trauma-responsive care

* Screen all pregnant women for SUD/OUD using validated screening tools and SBIRT
* Check PDMP for opiate use
* Screen women with SUD/OUD for commonly occurring co-morbidities, including HIV, Hepatitis, STIs, mental health conditions, physical and sexual violence, smoking and ETOH use, and social determinants of health (SDOH)
* Screen for pregnancy intention and provide comprehensive contraceptive counseling
* Provide access to immediate postpartum contraceptive options (e.g. LARC) prior to hospital discharge.

Screen all pregnant women for substance use

**Goal:** Optimize the health and well-being of pregnant women with opioid use disorder and their children

Know state and local notification guidelines for maternal substance use and substance-exposed infants

* Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD
* Identify a lead coordinator to ensure that all women with OUD/SUD are enrolled in clinical pathways
* Create a “plan of safe care” prior to discharge, using MDWISE guidelines
* Create multidisciplinary case review teams for patient, provider and system-level issues
* Map local SUD treatment options that provide MAT and women-centered care including local resources that support recovery
* Ensure and follow OUD treatment engagement during pregnancy and postpartum
* Provide Naloxone prescriptions
* Obtain patient consent to communicate with OUD treatment providers
* Ensure that women who are incarcerated have continuous access to MAT across the State

Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD

Link all pregnant women with OUD to substance use treatment programs that provide MAT, behavioral health counseling and social services support

Screen all pregnant women for commonly occurring physical and behavioral co-morbidities

**Goal:** Optimize the health and well-being of pregnant women with opioid use disorder and their children

Know state and local reporting guidelines for maternal substance use and substance-exposed infants

## OUD Metrics

| Metric | Numerator (Out of the Denominator) | Denominator | Data Source | Notes | Source |
| --- | --- | --- | --- | --- | --- |
| Percentage of pregnant women screened for SUD with a validated screen (required) | Number of women screened for SUD with a validated screen at any time during the pregnancy (prenatal visits or hospital/delivery visits)   | Number of women with a delivery in the month | EHR Data and/or ONAF Form  | Report on a monthly basis, starting in May 2019“At any time during the pregnancy” means during prenatal and hospital/delivery visits. In other words, SUD screens during prenatal and/or hospital/delivery visits count in this measure. For the purposes of counting who is included in the numerator, at least one SUD screening per person “at any time during the pregnancy” would count for the numerator. Each person screened “at any time during the pregnancy” should only be counted once in the numerator even if the person was screened more than once at any time during the pregnancy (i.e., do not double count someone in the numerator for the PA PQC measures)To keep track of who has met the criteria to be included in the numerator or denominator, PQC sites have found it helpful to develop a yes/no tracking sheet when reviewing records. SUD Domains Include: Alcohol, tobacco, opioids, and other drugs[Validated SUD screening tools](https://safehealthcareforeverywoman.org/wp-content/uploads/2018/08/AIM-Opioid-Screening-Tools.pdf): 4Ps, 4Ps Plus, 5Ps, NIDA Quick Screen, Substance Use Risk Profile Pregnancy (SURP-P) Scale, ASSIST, TICS<http://www.dbhds.virginia.gov/library/mental%20health%20services/screener-perinatal.pdf> | AIM Opioid Optional P3 (adapted)<https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf?dmc=1&ts=20180803T1619512856> |
| Percentage of pregnant women diagnosed with OUD at any time of pregnancy(required) | Number of women with an OUD diagnosis at any time during pregnancy (prenatal visits or hospital/delivery visits) | Number of women with a delivery in the month | EHR Data and/or ONAF Form | Report on a monthly basis, starting in January 2019Clinical Criteria for “Women Diagnosed with OUD”:• positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or• Patient endorses or reports misuse of opioids / opioid use disorder, or • using non-prescribed opioids during pregnancy, or• using prescribed opioids chronically for longer than a month in the third trimester (i.e., week 28 of pregnancy until birth), or• newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids or if newborn has symptoms associated with opioid exposure including NASICD-10 codes for OUD: F11 diagnosis codes (O99.320 and Z79.891 may also be used). (The OUD diagnosis should be counted in the numerator if it is active between pregnancy start date and the end of the data reporting month.) For all of the PA PQC measures, an individual should only be counted once in the numerator and denominator.  |  |
| Percentage of pregnant and postpartum women diagnosed with OUD who initiate MAT (required) | Number who filled a prescription for or were administered or ordered an MAT medication (buprenorphine or methadone) for OUD at any time during or after the pregnancy  | Number of women with a delivery and OUD diagnosis in the month  | EHR Data & Claims Data (based on Rx) and/or ONAF Form | Report on a monthly basis, starting in January 2019“After the pregnancy” is defined as any time up to 30 days after the birth.See above for clinical criteria for “Women Diagnosed with OUD” and ICD-10 codes for OUD Suggestions for gathering information for the numerator:•In the scenario where the MAT is being provided by an external MAT provider (methadone or buprenorphine provider outside of your system), PA PQC sites can follow-up with the patient to inquire whether the patient is engaged in MAT treatment. Or the PA PQC sites can follow-up with the external MAT provider to inquire about the initiation and continuing MAT status (with appropriate information sharing consents in place between treating providers). • In the scenario where the MAT is being provided by an internal provider (e.g., a waivered OB/GYN), track in the EHR whether buprenorphine was ordered. Depending on your EHR, you may be able to access prescription fill status as well (e.g., via SureScripts and/or PDMP)  | Informed by NQF 3400 (Use of Pharmacotherapy for OUD)http://www.qualityforum.org/QPS/ |
| Percentage of women diagnosed with OUD receiving postpartum care(optional, prioritized) | Cumulative number who received a postpartum visit with a provider on or between 1 and 84 days after delivery | Cumulative number of women with a delivery at least 84 days ago who are diagnosed with OUD  | Claims Data / EHR data or ONAF Form, with Outpatient Postpartum Information | Report cumulatively on a monthly basis, starting in January 2019 Example: For the denominator reported for the month of May 2019, pull data for deliveries between January 1, 2019 and March 8, 2019 (this is 84 days before May 31, 2019). A provider may include a MD/DO, CRNP, Physician Assistant, or Midwife. See above for clinical criteria for “Women Diagnosed with OUD” and ICD-10 codes for OUD.  | Informed by the 2020 NCQA measurement period for postpartum care <https://www.ncqa.org/wp-content/uploads/2019/02/20190208_15_PPC.pdf>  |
| Percentage of pregnant and postpartum women with OUD and 90-day continuity of MAT pharmacotherapy for OUD(optional, prioritized) | Cumulative number who have at least 90 days of continuouspharmacotherapy with a medication prescribed for OUD (buprenorphine or methadone) without a gap of more than seven days | Cumulative number of women with a delivery in the past year OUD diagnosis, and at least one claim for an MAT medication (buprenorphine or methadone) at least 90 days ago | EHR Data & Claims Data (based on Rx)  | Report cumulatively on a monthly basis, starting in May 2019. Example: For the denominator reported for the month of May 2019, pull all deliveries in the past year (e.g., June 1, 2018 to May 31, 2019) for women who (1) had an OUD diagnosis, and (2) had at least one MAT claim at least 90 days prior to the end of May 2019. See above for clinical criteria for “Women Diagnosed with OUD” and ICD-10 codes for OUD See above for “Suggestions for gathering information for the numerator.” The PA PQC also suggests to work with the PA PQC health plans teams to received feedback on these claims-based measures.  |  |
| Percentage of pregnant and postpartum women with OUD and 180-day continuity of MAT pharmacotherapy for OUD(optional, prioritized) | Cumulative number who have at least 180 days of continuouspharmacotherapy with a medication prescribed for OUD (buprenorphine or methadone) without a gap of more than seven days | Cumulative number of women with a delivery in the past year, OUD diagnosis, and at least one claim for an MAT medication (buprenorphine or methadone) at least 180 days ago | EHR Data & Claims Data (based on Rx) | Report cumulatively on a monthly basis, starting in May 2019 Example: For the denominator reported for the month of May 2019, pull all deliveries in the past year (e.g., June 1, 2018 to May 31, 2019) for women who (1) had an OUD diagnosis, and (2) had at least one MAT claim at least 180 days prior to the end of May 2019. See above for clinical criteria for “Women Diagnosed with OUD” and ICD-10 codes for OUD See above for “Suggestions for gathering information for the numerator.” The PA PQC also suggests to work with the PA PQC health plans teams to received feedback on these claims-based measures. | Informed by NQF 3175 http://www.qualityforum.org/QPS/ |