Initiation of Universal Screening for Substance Use and SBIRT in the Prenatal Setting

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Quality Systems Improvement

PennState Health  
Milton S. Hershey Medical Center
Penn State Health Milton S. Hershey Medical Center

• 548 bed research and academic medical center providing tertiary care for the region of Central Pennsylvania

• 550 acre campus with approximately 938,000 patients including inpatient, ambulatory and emergency room visits

• Delivered over 2,200 babies this past year

• Opening a brand new, state of the art Labor and Delivery unit in November 2020
Disclosures

• None
# Team Structure

<table>
<thead>
<tr>
<th>PA Perinatal Quality Collaborative (PA PQC) Teams</th>
<th>Meeting Frequency</th>
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<tbody>
<tr>
<td>Penn State Health Milton S. Hershey Medical Center and Children’s Hospital</td>
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### Executive Oversight Committee
Members are updated and informed by the Steering Committee and Subgroups quarterly and as needed.

### Steering Committee
Members recruit multidisciplinary teams for each quality initiative, provide project management assistance to teams as needed, connect QI teams to organizational quality/safety leaders and staff, and coordinate team representation for oversight committee meetings and learning collaboratives.

### Subgroups

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Meeting Frequency</th>
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<tr>
<td><strong>1. Maternal Mortality and Morbidity</strong></td>
<td>Monthly</td>
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<td>Co-Leads: Tracey Peterson, MSN and Jaimey Pauli, MD</td>
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<td><strong>2. Opioid Use Disorder (OUD)</strong></td>
<td>Monthly</td>
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<td>Co-Leads: Lindsey Reese, BSN and Christina DeAngelis, MD</td>
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<tr>
<td><strong>3. Neonatal Abstinence Syndrome (NAS)</strong></td>
<td>Monthly</td>
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<tr>
<td>Co-Leads: Mary Lewis, MSN and Christiana Oji-Mmuo, MD</td>
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Rationale

• The Centers for Disease Control and Prevention reported that national opioid use disorder (OUD) rates at delivery have more than quadrupled from 1999 to 2014. ²

• In 2017, the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion on Opioid Use and Opioid Use Disorder in Pregnancy included the following recommendations and conclusions:
  • Early universal screening, brief intervention, and referral for treatment of pregnant women with opioid use or opioid use disorder improve maternal and infant outcomes.
  • 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.
  • Routine screening should rely on validated screening tools. ¹
Initial Prioritization of OUD QI Work

**Key Drivers**
The following were taken into consideration:
Severity, Treatability, Urgency, Readiness

- Screen all pregnant women for substance use
- Provide staff-wide education and training on substance use, stigma and trauma-responsive care
- Screen all pregnant women for commonly occurring physical and behavioral co-morbidities
- Educate patients and their families on OUD and NAS

**Interventions:**
The following were taken into consideration: Benefit & Effort*

- Screen all pregnant women for SUD/OUD using validated screening tools and SBIRT
- Obtained initial buy-in to pursue the 5Ps screening tool

*Despite level of effort, it was decided that this chosen intervention was critical and needed to be the first step in optimizing the health and well-being of pregnant women with OUD/SUD and their children.
The 5Ps Prenatal Substance Abuse Screening Tool

This screening tool poses questions related to substance use by your parents, peers, partner, during your pregnancy and in your 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.

* These responses are confidential.

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

Staff Signature: __________________________ Date: __________________

Interpreter Used: □ No □ Yes   Interpreter Name: __________________

*The 5Ps was adapted by the Massachusetts Institute for Health and Recovery in 1999 from Dr. Hope Ewing’s 4Ps (1990).
• Screening cannot be implemented alone, without a plan to provide a brief intervention and referral to treatment
Standard Work

1. Patient arrives at Initial OB Visit
2. MA ensures patient is seen privately for confidential screening and asks about confidentiality preferences
3. MA provides scripting regarding screening questionnaire (located at top of survey)
4. 5Ps Screening questionnaire is given to patient
5. Provider evaluates the completed 5Ps questionnaire

Coexisting Documents/Resources:

1. 5P's Paper Questionnaire
**Standard Work**

- **Completed Screening questionnaire is positive?**
  - Yes: Check PDMP
  - No: Brief Intervention (BI) and Referral to Treatment (RT) not indicated

  - Brief Intervention (BI) and Referral to Treatment (RT) not indicated: Place completed 5Ps questionnaire into chart

  - Check PDMP is completed at end of appointment

  - Provider identifies type and severity of substance use

  - Provider documents in EMR under, Problems List, “social history” and “Cross Continuum Communication” if appropriate
Is there active substance use during pregnancy?

- Provider educates patient on the risks of continued use
- Provider orders a Social Work consult

Is patient in acute withdrawal?

- Facilitate visit to ED or WHU Triage

Is there a history of Substance Use Disorder (SUD)?

- Provider makes a referral to behavioral/mental health program or counseling

Provider determines most appropriate level of care based on:
- Severity of use
- Type of substance
- Patient preference
- Treatment availability

- Requires admission for detox
- Prefers and has resources to be successful in office-based buprenorphine treatment program
- Prefers or is better-suited for methadone due to history or current circumstances
- Severity of use requires intensive outpatient or residential program

Provider initiates information sharing agreement with treatment facility

Provider educates patient on Naloxone and provides a prescription

Provider makes a referral to addictions and/or recovery program/provider

Provider initiates information sharing agreement with treatment facility

Provider develops follow-up plan with patient

Levels of Care

1. Requires admission for detox
2. Prefers and has resources to be successful in office-based buprenorphine treatment program
3. Prefers or is better-suited for methadone due to history or current circumstances
4. Severity of use requires intensive outpatient or residential program

Coinciding Documents/Resources:
1. Substance Use Treatment Referral List
2. Information Sharing Agreement Form

# Implementation Summary

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<th>PDSA Phase</th>
<th>Activity</th>
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| **Plan**   | • Prioritization of OUD QI work and key drivers  
             • Identification of area to initially pilot the process: Hope Drive  
             • Development of standard work  
             • Development of data collection plan |
| **Do**     | • Staff Education: Occurred in March 2020  
             • Go-Live: June 1st, 2020 |
| **Study**  | • Review data with staff (weekly/monthly)  
             • Celebrate accomplishments |
| **Act**    | • “Adjust” the process as needed |
Data Collection

- The percentage of pregnant women screened for SUD with a validated screening tool was 0% at baseline.
- Since universal screening at Hope Drive began, >82% of our new OB/MFM patients have been screened. Out of the patients that were screened, 6-8% screened positive for past and/or present substance use.
Next Steps

Go-live at Hope Drive

- Integrate 5Ps into the EMR
- Expand to other sites

Enhance data collection and analysis
Track the following additional measures:
- % of pregnant women screened for SUD with a validated screen at or prior to delivery
- % of pregnant women diagnosed with OUD at any time of pregnancy
- % of pregnant and postpartum women diagnosed with OUD who initiate MAT

Optimize patient care:
Create a list within the EMR to track specific milestones in the supportive care pathway for pregnant and postpartum moms with OUD

Analyze pilot data and process
Plan for expansion to other sites

JUN  JUL  AUG  SEP  OCT  NOV  DEC  JAN  FEB
References


