Pennsylvania Perinatal Quality Collaborative

PA PQC Key Intervention Webinar

SUD Screening and Follow-Up:

Best Practices from the Northern New England Perinatal Quality Improvement Network

August 19, 2019

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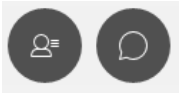
Webinar Basics

1. You are muted upon entry to reduce background noise
2. Click the Participants and Chat icons  to open the panels
3. Send questions and comments to “All Participants” at any time via the Chat panel
   - In the Chat, take a moment to share your experience with perinatal SUD screening (successes and challenges) and ask the questions you need to ask to further your quality improvement work

Use the Raise Hand Button to request to be unmuted!

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Agenda

1. 1:00 p.m. to 1:10 p.m. – Overview and Review of the PA PQC OUD Survey Results – Robert Ferguson, MPH, Director of Government Grants and Policy, Jewish Healthcare Foundation (JHF)
2. 1:10 p.m. to 1:55 p.m. – SUD Screening and Follow-up: Best Practices from the NNEPQIN – Daisy Goodman, DNP, MPH, CNM, CARN-AP, Assistant Professor of Obstetrics and Gynecology in the Department of Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center
3. 1:55 p.m. to 2:00 p.m. – Next Steps & CEUs – Pauline Taylor, Program Specialist, JHF

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Learning Objectives

1. Describe the goals of the PA PQC for SUD screening and MAT initiation and continuation
2. Describe the baseline status of SUD screening practices in the PA PQC
3. Describe best practices for how to embed substance misuse screenings during a prenatal visit
4. Describe best practices for how to link patients with an OUD diagnosis to MAT

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Continuing Education Information

1.0 contact hours of continuing education (CNE, CME) will be awarded to participants that attend the session and complete the evaluation.

Other disciplines may use the certificate for state or national organizations. Please refer to your state regulations.

Jewish Healthcare Foundation is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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Continuing Education Information

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the **Accreditation Council for Continuing Medical Education (ACCME)** through the joint providership of University of Pittsburgh School of Medicine and the Jewish Healthcare Foundation. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians

The University of Pittsburgh School of Medicine designates this live activity for a maximum of **1.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Continuing Education Information

This program is offered for **1.0 hours of social work continuing education** through co-sponsorship of the University of Pittsburgh's School of Social Work, a Council on Social Work Education-accredited school and, therefore, a PA pre-approved provider of social work continuing education. These credit hours satisfy requirements for LSW/LCSW, LPC and LMFT biennial license renewal. For information on social work continuing education call (412) 624-6902.

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Disclosures

Successful completion of the training

- Requires participation in full length of session
- No partial credit will be rewarded for this event

Conflicts of Interest

- All planners and presenters have signed Conflict of Interest Disclosures
- All disclosed conflicts of interest have been resolved

Commercial Support

- No commercial support has been received

No recording of any kind, please

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Overview of the PA PQC

Robert Ferguson, MPH, Jewish Healthcare Foundation

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The PA PQC is designed to help birth sites and NICUs drive improvement and adopt standards of care towards the three aims

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PA PQC's Three Aims

- ✓ Reduce maternal mortality and morbidity
- ✓ Improve Identification of and Care for Pregnant and Postpartum Women with Opioid Use Disorders (OUD)
- ✓ Improve Identification of and Care for Opioid-Exposed Newborns (OEN)

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PA PQC Quality Measures for OUD

% of pregnant women **screened for SUD** with a validated screen

% of pregnant women **diagnosed with OUD** at any time of pregnancy

% of pregnant and postpartum women diagnosed with OUD who **initiate MAT**

% of pregnant and postpartum women with OUD and **90-day continuity of MAT** pharmacotherapy for OUD

% of pregnant and postpartum women with OUD and **180-day continuity of MAT** pharmacotherapy for OUD

% of women diagnosed with OUD receiving **postpartum visit**

These measures are reported through the PA PQC Data Portal (https://www.whamglobal.org/data-collection)

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56 birth sites **11** health plans

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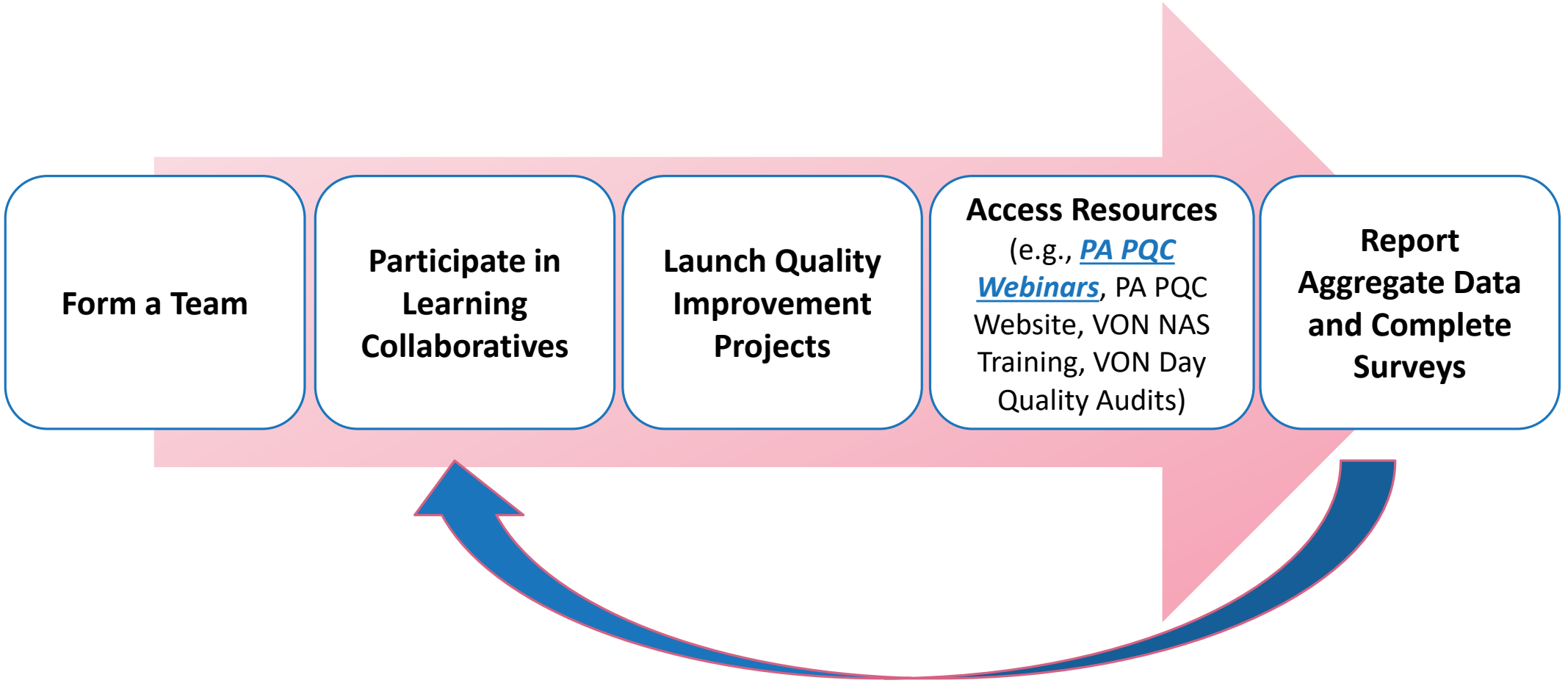
Journey through the PA PQC



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Today's Webinar is Building on Past PQC Resources

1. PA PQC OUD Driver Diagram
   - https://www.whamglobal.org/images/PA_PQC_OUD_Driver_Diagram.pdf
2. April 24 Learning Collaborative Breakout Session on SUD Prenatal Screening (LVHN)
   - https://www.whamglobal.org/april-24th-2019-learning-collaborative
3. June 28 Learning Collaborative Presentation on SUD Prenatal Screening (Dr. Liz Krans)
   - https://www.whamglobal.org/june-28th-2019-learning-collaborative
4. Additional Maternal OUD Resources on the PA PQC Site (SAMHSA Guidelines, PA Opioid Prescribing Guidelines, NNEPQIN SUD Toolkit, SUD Perinatal Screening Tools, AIM Maternal OUD Bundle, ACOG Opinion, August 2019 Consensus Bundle on OB Care for Maternal OUD, etc.)
   - https://www.whamglobal.org/resources

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The NEPaPQC is Part of the PA PQC

Quality Improvement Coaching and Data Assistance is Available

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PA PQC - OUD Baseline Survey Results

SELECTION OF FINDINGS

BASELINE REPRESENTS JANUARY THROUGH MARCH 2019

DATA PULLED ON 8/7/2019

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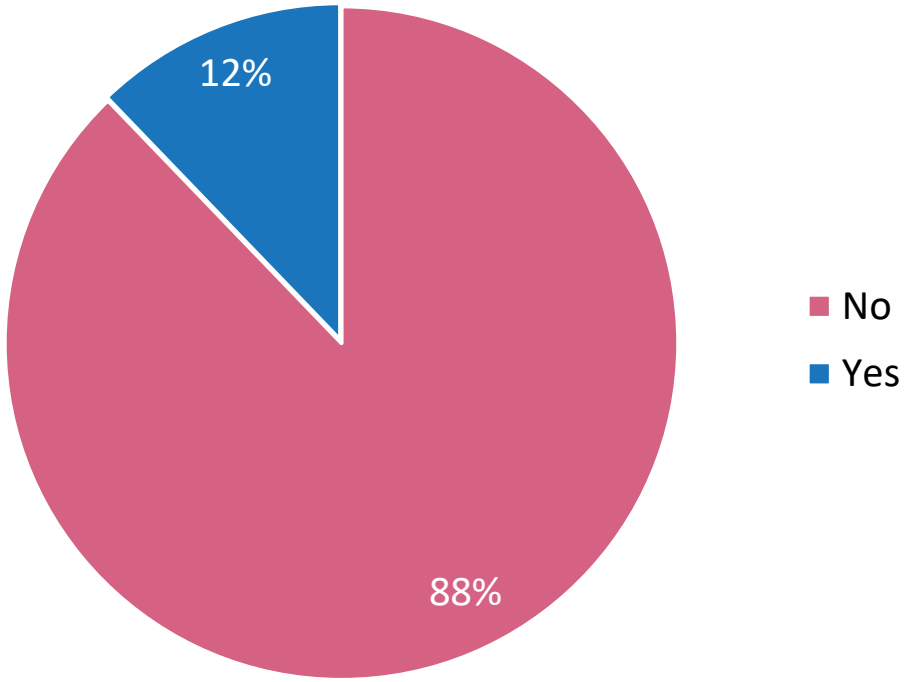
Does your site currently have a process in place to provide ongoing **OUD sensitivity training** requirements for **staff and providers**?

No	36
Yes	5
Total	**41**



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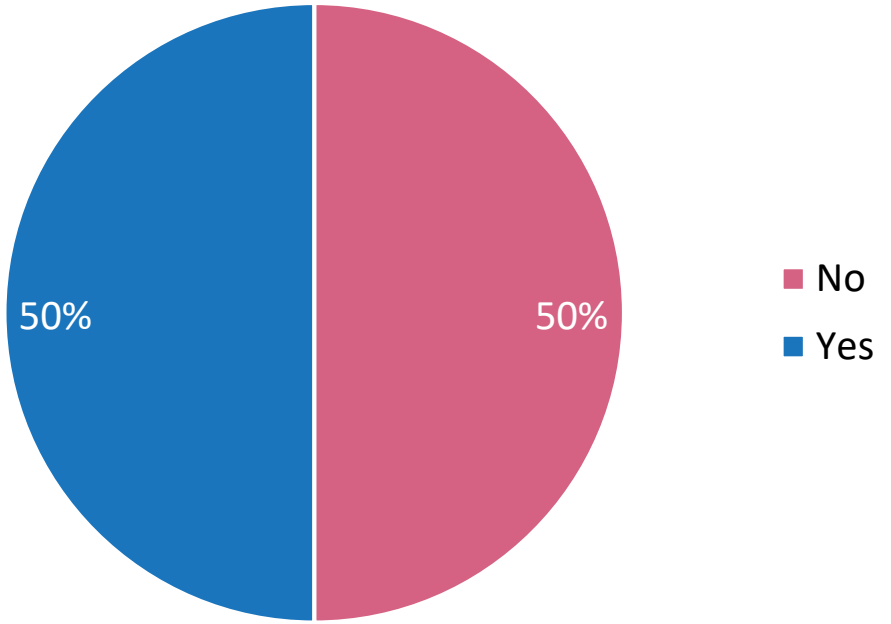
Does your site have standardized materials for **educating women with OUD**, regarding OUD in pregnancy and mother's role in NAS newborn care?

No	20
Yes	20
Total	**40**



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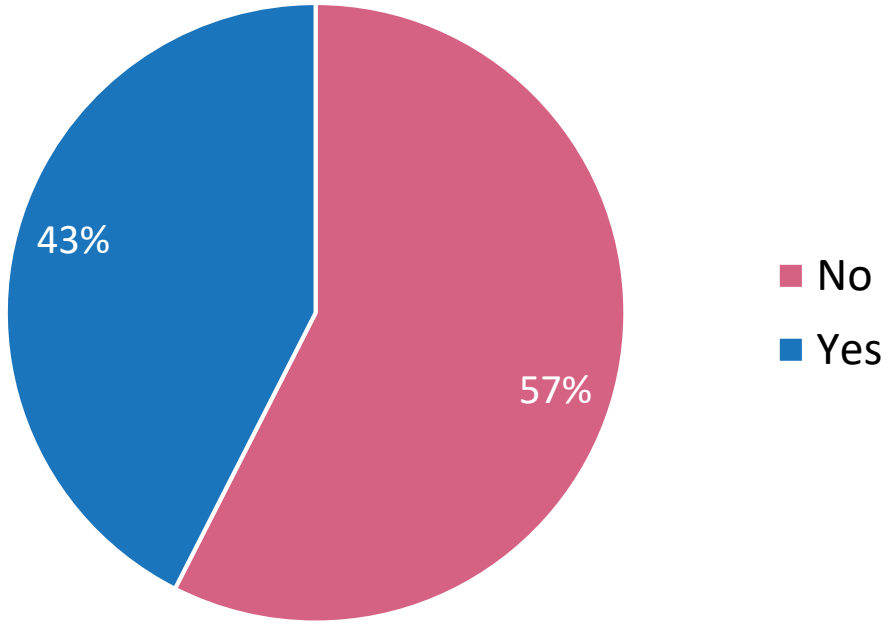
Does your site use a **validated, self-report screening tool** for substance use in pregnancy?

No	23
Yes	17
Total	**40**



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Does your site use a **validated, self-report screening tool** for substance use in pregnancy?

If you entered yes (n=17), which self-reporting screening tool is your health system using to screen pregnant women for OUD?		
Response	Number	Percentage
The 4 P's / The 4 P's Plus	7	41%
Institution Developed Tool	4	24%
Hospital Screening Questionnaire	4	24%
Other / Unsure	4	24%

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Does your site use a **validated, self-report screening tool** for substance use in pregnancy?

If you entered yes (n=17), which patients receive self-reported screening?		
Response	Number	Percentage
Universal – we screen all pregnant women	13	76%
Varies by provider – we do not have institutional guidance regarding screening	4	24%

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Does your site use a **validated, self-report screening tool** for substance use in pregnancy?

If you entered yes (n=17), when do patients receive self-reported screening?		
Response	Number	Percentage
First prenatal appointment	12	71%
At prenatal appointments when substance use is suspected	6	35%
Delivery	8	47%
Varies by provider	7	41%
Other	2	12%

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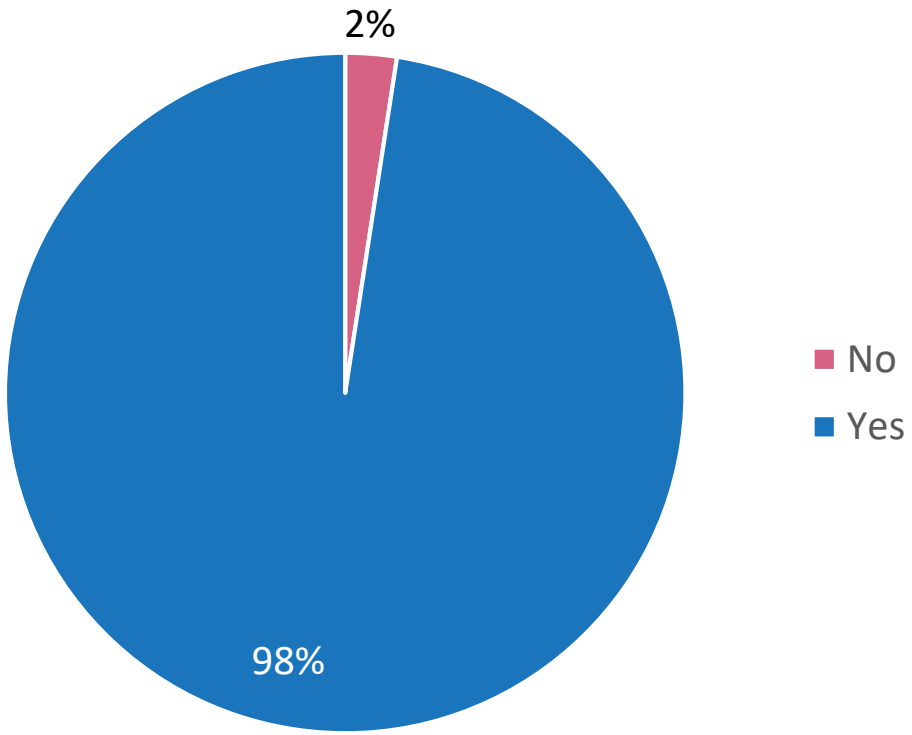
Does your site use **urine toxicology** to identify substance use during pregnancy?

No	1
Yes	40
Total	**41**



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Does your site use **urine toxicology** to identify substance use during pregnancy?

If you entered yes (n=40), how would you describe your urine toxicology screening process?		
Response	Number	Percentage
Risk-based; we only screen select pregnant women	29	73%
Universal; we screen all pregnant women	6	15%
Varies by provider; we do not have institutional guidance regarding screening	4	10%

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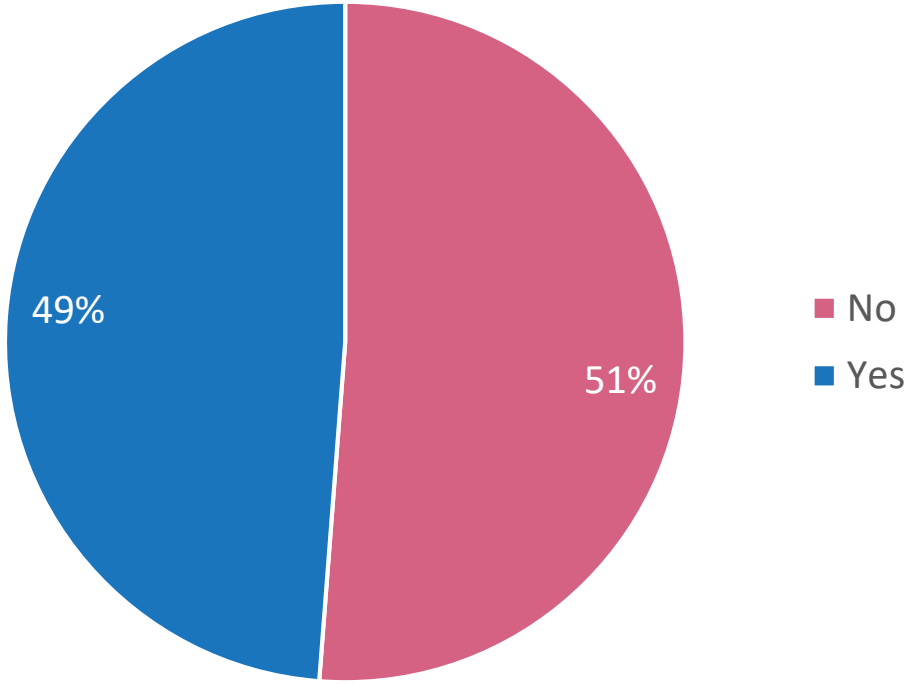
Does your site provide **opioid pharmacotherapy** for pregnant women with OUD?

No	21
Yes	20
Total	**41**



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Does your site provide **opioid pharmacotherapy** for pregnant women with OUD?

If you entered yes (n=20), which pharmacotherapy services does your site provide?		
Response	Number	Percentage
Subutex	17	85%
Suboxone	9	45%
Methadone	8	40%
Detoxification	2	10%
Other	4	20%

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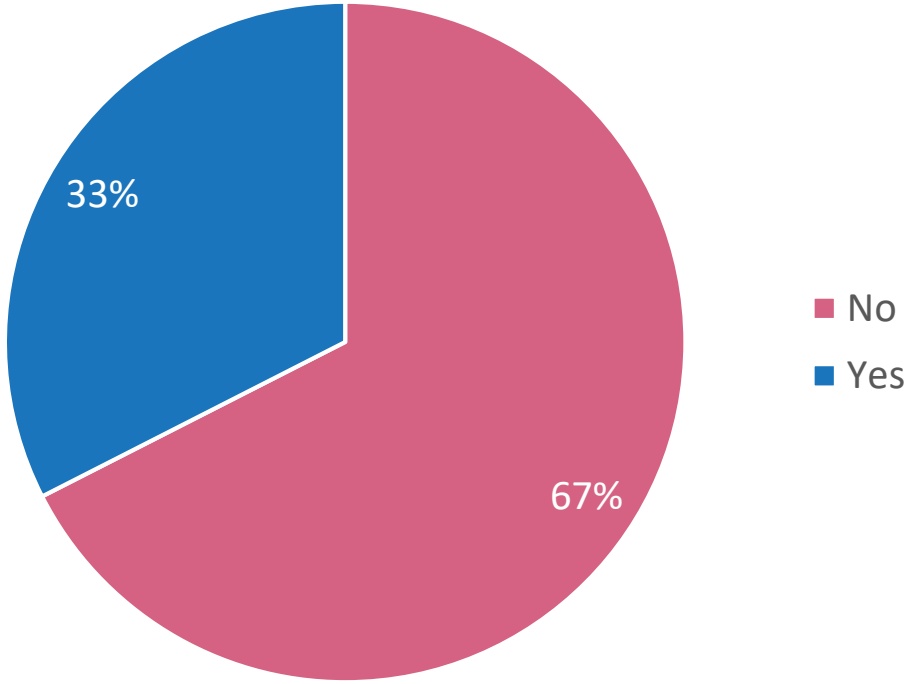
Has your site developed unique **clinical pathways/order sets** for pregnant women with OUD?

No	27
Yes	13
Total	**40**



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Survey Feedback

Your quality improvement (QI) coach will be sending a full summary of the average findings (with your site's individual survey) to your team's PA PQC Champions to inform your QI cycles

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Screening and Follow-Up for Substance Use Disorders During Pregnancy

Daisy Goodman, DNP, MPH, CNM, CARN-AP
Assistant Professor of Obstetrics and Gynecology
Geisel School of Medicine at Dartmouth

Dartmouth-Hitchcock Moms in Recovery Program
Dartmouth-Hitchcock Medical Center

Dartmouth-Hitchcock MEDICAL CENTER

GEISEL SCHOOL OF MEDICINE AT DARTMOUTH

NNEPQIN
NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

Greetings from NNEPQIN

The Northern New England Perinatal Quality Improvement Network was launched in 2002

A voluntary consortium of 48 organizations involved in providing maternal-child health across the Tri-state region

- 11 birth hospitals in Maine
- 17 birth hospitals in NH
- 11 birth hospitals in VT
- State policymakers
- Professional organizations

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Disclosures

- No conflicting interests
- Acknowledgements
  - March of Dimes Foundation
  - New Hampshire Charitable Foundation
  - The Dartmouth Collaboratory for Implementation Science
  - Patient Centered Outcomes Research Institute (PCORI)
  - NNEPQIN partners
  - Patient partners

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Objectives

- Describe best practices for how to embed screening for substance use disorders in maternity care
- Describe best practices for how to link patients with an OUD diagnosis to MAT
- Explore next steps for maternity care providers after referring a pregnant woman for substance use treatment
- Describe a new approach to postpartum care for this population

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Opioid Abuse and Dependence during Pregnancy

Temporal Trends and Obstetrical Outcomes

Ayumi Maeda, M.D., Brian T. Bateman, M.D., M.Sc., Caitlin R. Clancy, B.A., Andreea A. Creanga, M.D., Ph.D., Lisa R. Leffert, M.D.

(Maeda et al. *Anesthesiology* 2014

- National Inpatient Sample data (2007-2011)
- Both severe maternal morbidity and mortality associated with opioid use disorder at the time of delivery hospitalization
- Between 1998-2011, rate of perinatal opioid dependence increased 127%

Perinatal Outcome	OR
In Hospital Death	4.6
Cardiac Arrest	3.6
Cerebrovascular Event	2.0
Placental Abruption	2.4
Growth Restriction	2.7
Stillbirth	1.5
Prematurity	2.1
Sepsis	1.3

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Trends in Pregnancy-Associated Deaths due to Opioids

- Analysis of pregnancy-associated mortality data from 22 states and D.C.
- Between 2007-2016, the proportion of maternal deaths attributed to opioids increased from 4% to 10%
- **70% of opioid related deaths in 2016 occurred within 42 days of the end of a pregnancy**

(Gemmill, Kiang, & Alexander. *AJOG* 2018)

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Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts

Davida M. Schiff, MD, MSc, Timothy Nielsen, MPH, Mishka Terplan, MD, MPH, Malena Hood, MPH, Dana Bernson, MPH, Hafsatou Diop, MD, MPH, Monica Bharel, MD, MPH, Timothy E. Wilens, MD, Marc LaRochelle, MD, MPH, Alexander Y. Walley, MD, MSc, and Thomas Land, PhD

(Obstet Gynecol 2018;132:466–74)

Review of 177,876 maternal records in Massachusetts

- Perinatal OUD rate= 2.3%
- Overdose rates were lowest in third trimester and highest between 7-12 mos postpartum
- Of women with OUD, only 64% received pharmacotherapy for OUD in the year prior to delivery
- **Women receiving pharmacotherapy were less likely to overdose (4.43 vs 10.04/100,000 person days)**
- Pregnant women with OUD were more likely to experience anxiety and depression and homeless

Recommendations

- **Prenatal screening and referral for mental health and substance use disorders**
- **Improved access to treatment**
- **Services extending beyond the early postpartum**
- **Access to naloxone**

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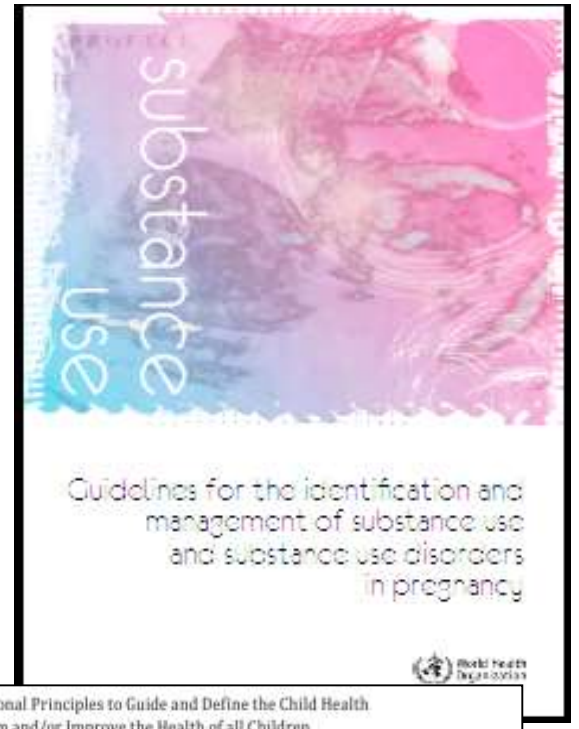
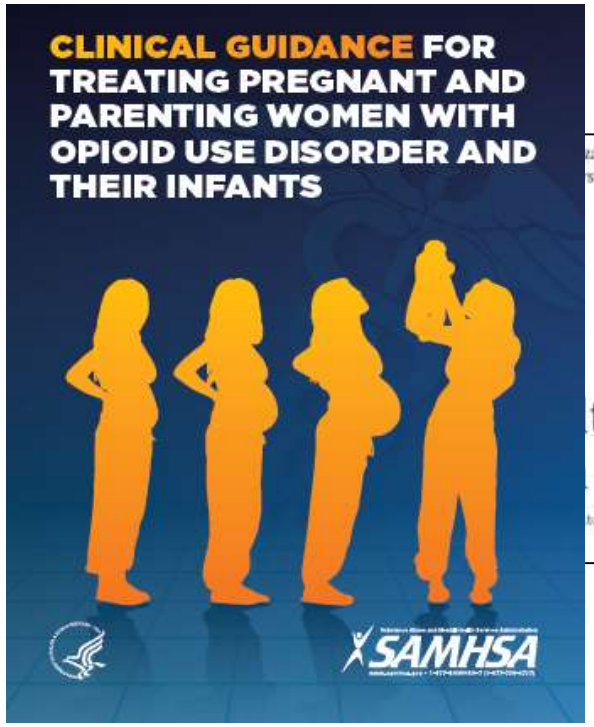
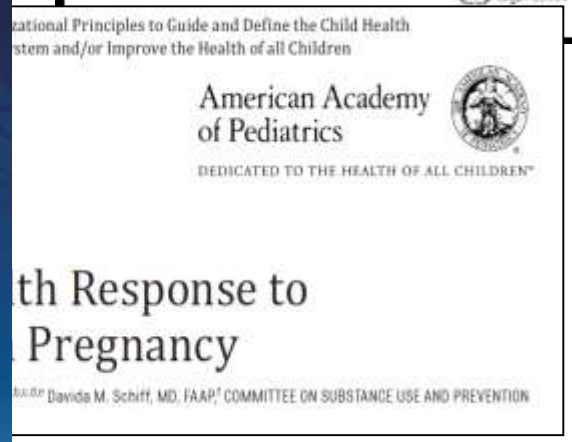
National Consensus Guidelines

Recommend universal screening for substance use in pregnancy

- Validated instruments
- SBIRT approach
- Recent publications:
  - SAMHSA
  - ACOG
  - AIM
  - SMFM
  - AAP







Safety: *Consensus Statement*

National Partnership for Maternal Safety

Consensus Bundle on Obstetric Care for Women With Opioid Use Disorder

Elizabeth E. Krans, MD, MSc, Melinda Campopiano, MD, Lisa M. Cleveland, PhD, RN, Daisy Goodman, DNP, CNM, Deborah Kilday, MSN, RN, Susan Kendig, JD, MSN, Lisa R. Leffert, MD, Elliott K. Main, MD, Kathleen T. Mitchell, MHS, LCADC, David T. O'Gurek, MD, FAAFP, Robyn D'Oria, MA, RNC, Deidre McDaniel, MSW, LCSW, and Mishka Terplan, MD, MPH

(*Obstet Gynecol 2019;00:1–11*)

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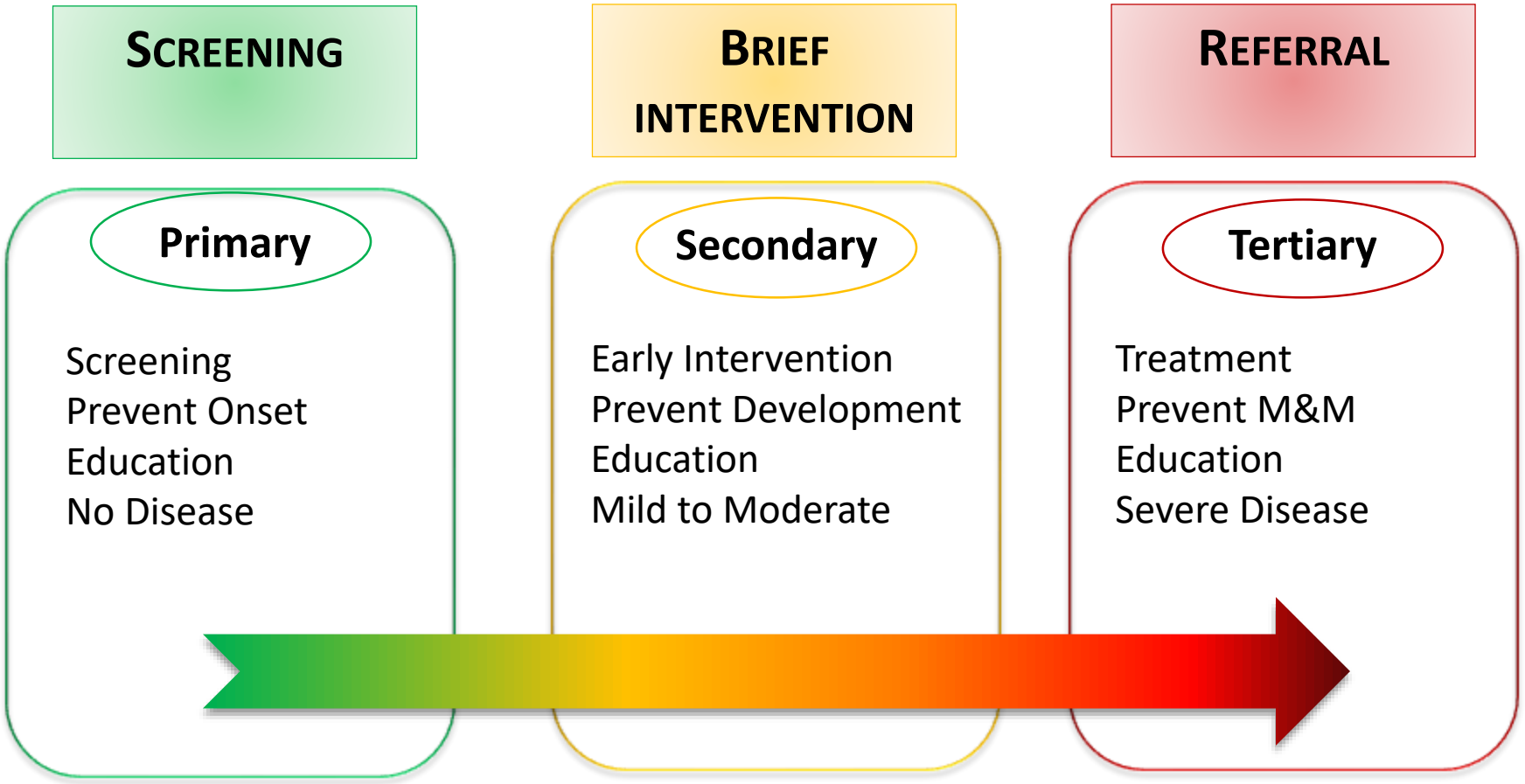
“SBIRT”

- **Screening**: the healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools.

- **Brief Intervention**: the healthcare professional engages a patient showing risky substance use behaviors in a short conversation, assessing risk, providing feedback

- **Referral to Treatment:** the healthcare professional provides a referral to additional treatment for patients in need of additional services

Population Based Screening



DSM-5 Criteria for Opioid Use Disorder

A maladaptive pattern of opioid use for >12 months meeting *at least two* criteria

- More use than intended
- Unsuccessful efforts to quit
- Significant time spent in procurement, use, recovery
- Activities (occupational, social etc.) given up
- Continued use in the face of adverse health effects
- Recurrent interpersonal problems from use
- Use under dangerous conditions
- Craving
- Failure to live up to obligations
- Tolerance (not relevant if taken for pain control or with medical supervision)
- Withdrawal

Physiological dependence neither necessary nor sufficient for diagnosis

(American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* [DSM-5], 2013)

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Opioid Use Disorder: *Mild, Moderate, Severe*

Severity Levels

- Mild (2-3 criteria)
- Moderate (4-5 criteria)
- Severe (>=6 criteria)

In Early Remission
In Sustained Remission
On Maintenance Therapy
In a Controlled Environment

Correlate with ICD-10 Codes (F11 series)

Frequently co-occur with other substance use disorders

- Cannabis
- Stimulant
- Alcohol
- Tobacco

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Screening

- Menu of validated instruments
  - Some validated for use in pregnant women
  - Some validated in translation
- All have advantages/disadvantages
- Important to choose a screener that works for your context
  - Implementable
  - Appropriate for patient population
  - Interpretable
- Primary objective is to start a conversation
- Resources available on PA PQC site:

  https://www.whamglobal.org/list-documents/10-sud-perinatal-screening-instruments/file

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Brief Intervention:

Example: *Brief Negotiated Interview (BNI) for pregnant women*

Adapted from the BNI-ART Institute
by Caitlin Barthelmes, MPH
Used with permission

1) Build Rapport & Bring it up	One health issue we discuss with all pregnant patients is alcohol and drug use. Having an honest conversation about these behaviors helps us provide you and your baby the best possible care. You don't have to answer any questions if you feel uncomfortable. Would it be okay to talk for a minute about alcohol/drugs?
2) Pros and Cons	People use alcohol and drugs for lots of reasons: Help me understand, through your eyes, what do you like about using [X]? What do you like less about using [X]? So, on the one hand [PROS], and on the other hand [CONS].
3) Information & Feedback Elicit Provide Elicit	I have some information on risks of drinking and drug use during pregnancy. Would you mind if I shared them with you? (Refer to appropriate handouts/ cards as needed) **There is no known amount of alcohol that is safe to drink during pregnancy or when trying to get pregnant.** Drinking anything containing alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorders ("FASDs"), which include physical problems, intellectual and behavioral disabilities. Use of drugs during pregnancy can also increase the risk for other pregnancy complications and health problems for your baby and behavioral and developmental problems in childhood. Use of drugs and alcohol while breastfeeding can also have negative effects on your baby. What are your thoughts on any of that?
4) Readiness Ruler Reinforce positives Ask about lower #	This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to make any kind of changes in your [X] use? You marked ___. That's great. That means you are ___ % ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2?
5) Action Plan Affirm ideas Write down steps	What are some steps you could take to reduce the things you don't like about using [X]? What ideas do you have to keep you and your baby healthy and safe? Those are great ideas! Is it okay for me to write down your plan, your own **prescription for change,** to keep with you as a reminder? What should I write down on here?
6) Seal the Deal Offer appropriate resources. Thank patient	I have some additional resources that people sometimes find helpful; would you like to hear about them? • Introduce the XXX team at _____. Offer a warm handoff if possible. • Offer handouts or brochures as appropriate. Thank you for talking with me today.

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Getting Paid for SBIRT Screening

CPT codes reimbursed in New Hampshire

- **99408** Alcohol and/or substance (other than tobacco) abuse, structured screening (eg, AUDIT, DAST), and brief intervention (SBI) service; 15 to 30 minutes
- **99409** Alcohol and/or substance (other than tobacco) abuse, structured screening and brief intervention (SBI) service, greater than 30 minutes

Sample Diagnostic Codes:

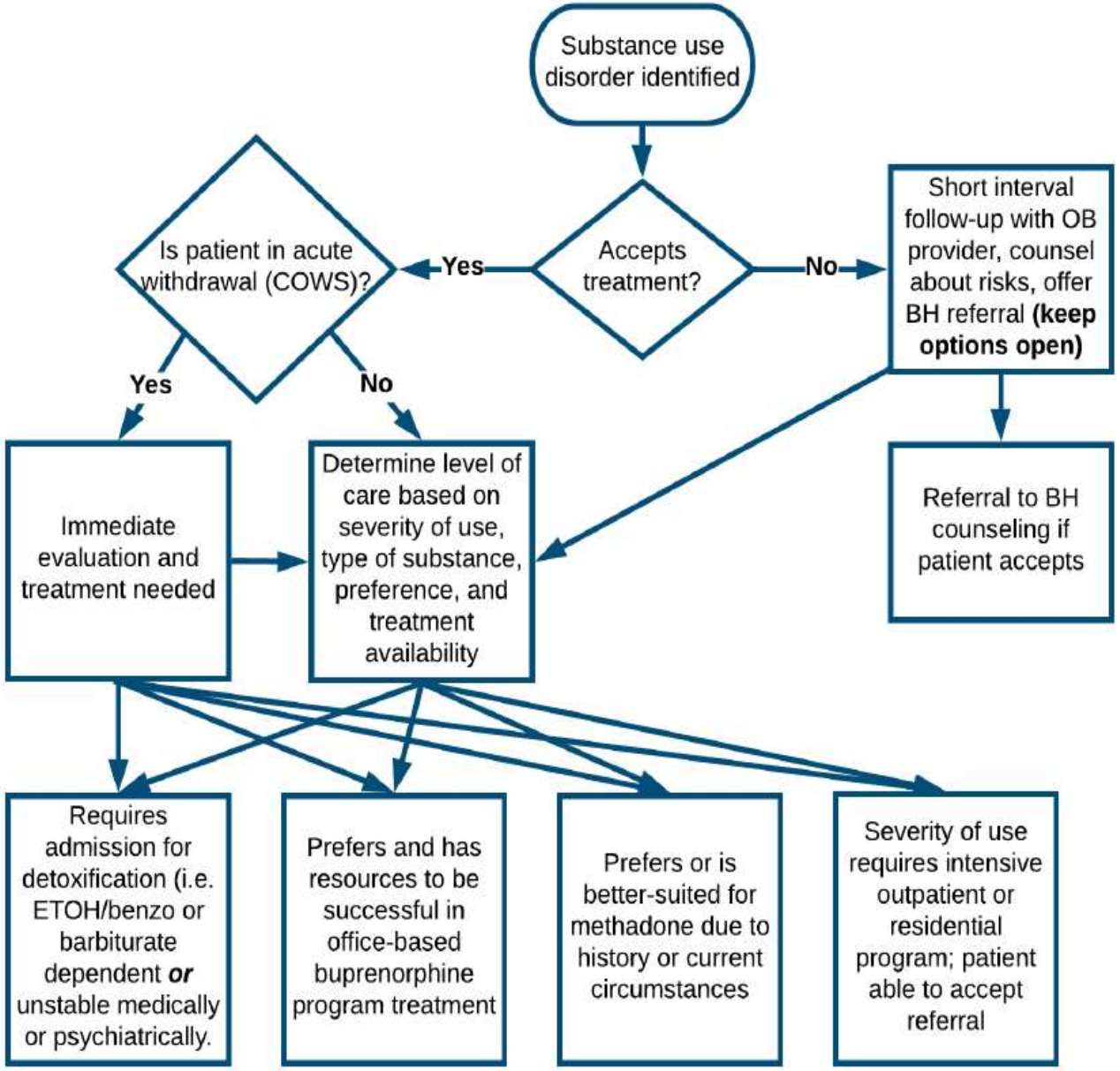
- **O99.320** Substance abuse affecting pregnancy, antepartum
- **F11.20** Opioid use disorder, moderate, dependence*
- **F12.10** Marijuana use

**There are many codes to choose from for OUD, indicating level and duration of treatment participation*

Referral to Treatment

Levels of Care

- Office based treatment
- Methadone treatment progr
- Intensive Outpatient
- Residential
- Acute inpatient



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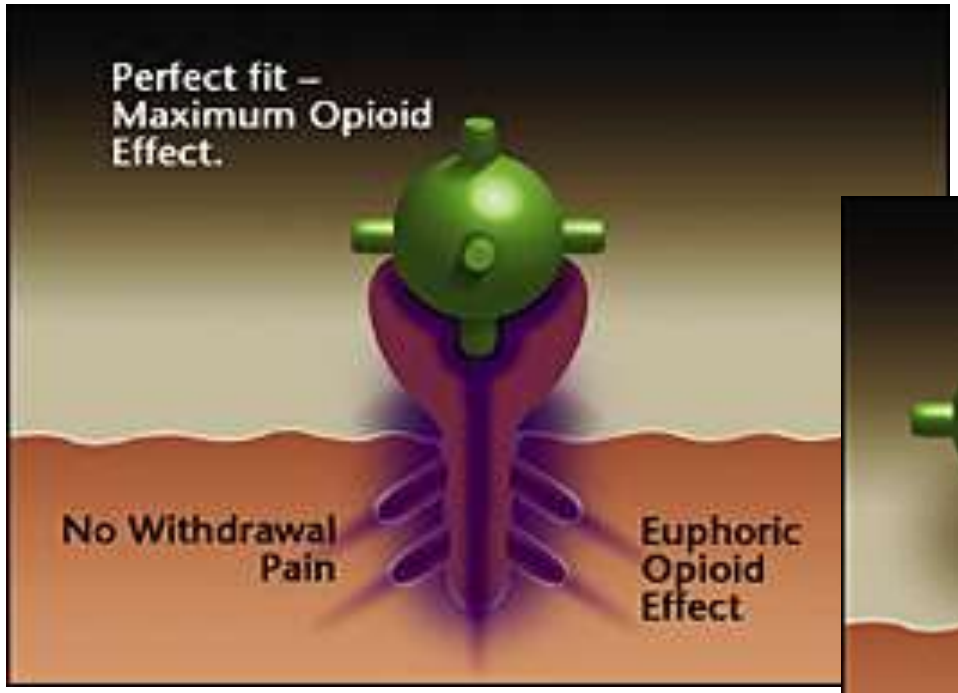
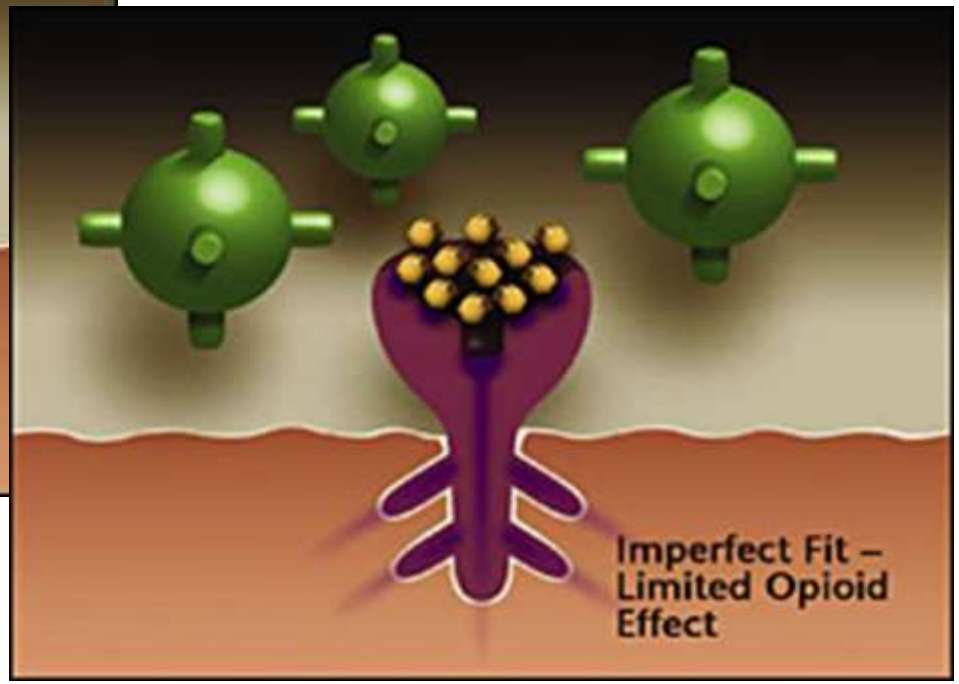
Pharmacotherapy: Full vs Partial Agonist



Methadone

Buprenorphine



(Images courtesy of National Institute on Drug Abuse)

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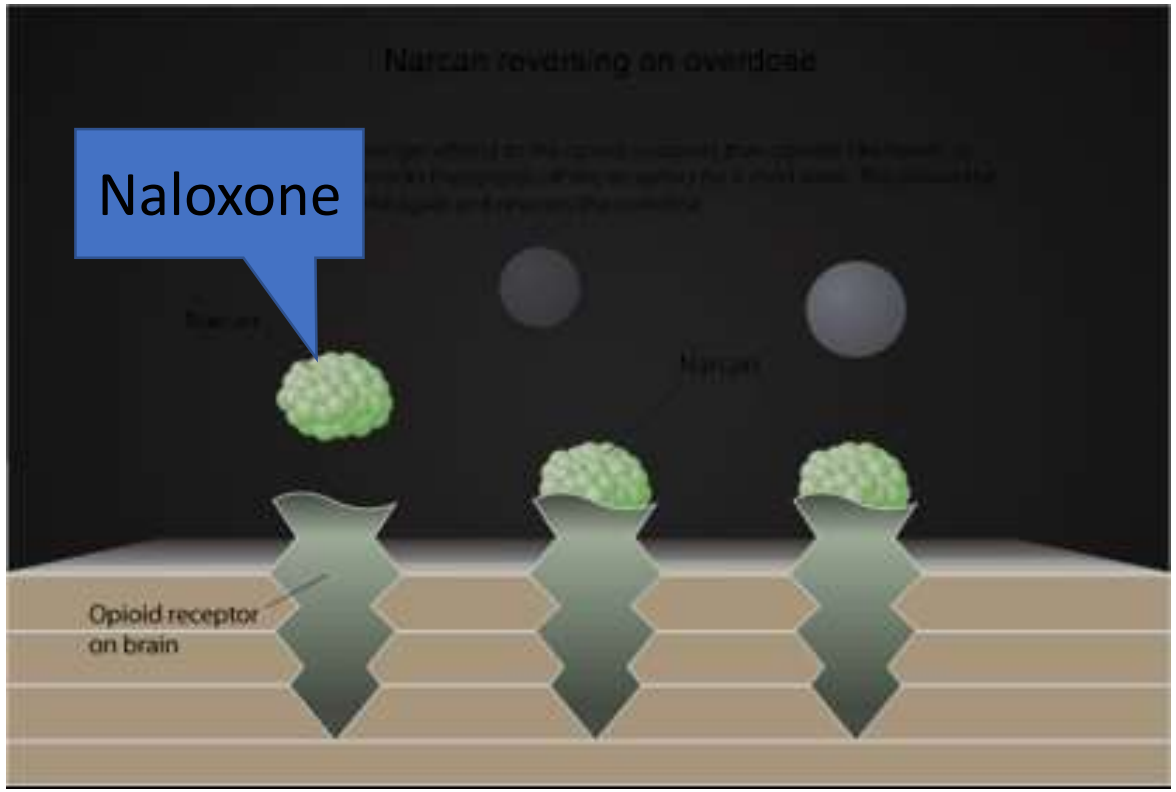
Pharmacotherapy: Opioid Antagonists



(Image: National Institute of Drug Addiction)

Naloxone

Overdose reversal

- Intranasal
- Auto-injector

Naltrexone

Treatment

- Oral
- Long acting injectable

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Buprenorphine-Naloxone During Pregnancy

Substance Abuse: Research and Treatment

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FREEDOM TO RESEARCH

OPEN ACCESS
Full open access to this and thousands of other papers at http://www.la-press.com.

ORIGINAL RESEARCH

A Comparison of Buprenorphine + Naloxone to Buprenorphine and Methadone in the Treatment of Opioid Dependence during Pregnancy: Maternal and Neonatal Outcomes

Ingunn O. Lund[1], Gabriele Fischer[2], Gabrielle K. Welle-Strand[1], Kevin E. O'Grady[3], Kimber Debelak[4], William R. Morrone[5] and Hendrée E. Jones[6]

- No significant differences in perinatal outcomes between pregnancies exposed to buprenorphine /naloxone and those exposed to buprenorphine monotherapy

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Continues Follow Up After Referral

- Obtain consent to share information
  - 42CFR pt 2
  - State-specific privacy rules
- State/Institutional guidelines for management of substance exposed pregnancy
- Activate the AIM clinical pathway
- Consider additional screenings
  - Social determinants of health
  - Intimate partner violence
  - Depression/Anxiety disorders

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AIM Patient Safety Bundle for Obstetric Care for Women with Opioid Use Disorder

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Case Example:
Implementing electronic substance use screening at Dartmouth-Hitchcock Medical Center

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D-H Guideline for the Care of Women with Known or Suspected Drug- or Alcohol-Exposed Pregnancy

- All pregnant women will be screened for drug and alcohol use at the first prenatal visit and at 32 weeks gestation using the “SBIRT “approach.
- The goal of screening and intervention for substance use in pregnancy is
  - To identify women unable to stop using drugs or alcohol
  - To arrange appropriate referrals
  - To develop a treatment plan in collaboration with women and their treatment providers
  - To improve the quality and consistency of maternity care for women with substance use disorders

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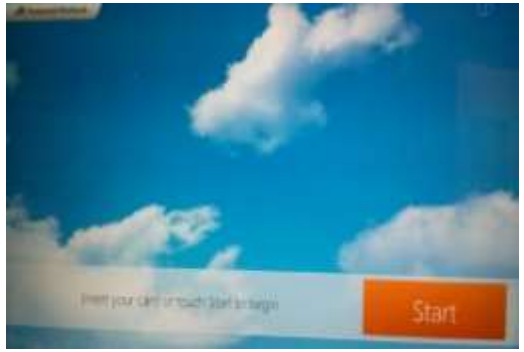
Tablet Based Screening

Using a tablet to screen allows us to integrate results directly into the OB visit note in EPIC

Data on screening and response rates can be easily extracted

We implemented the tablet approach in each of our 3 divisions, one at a time



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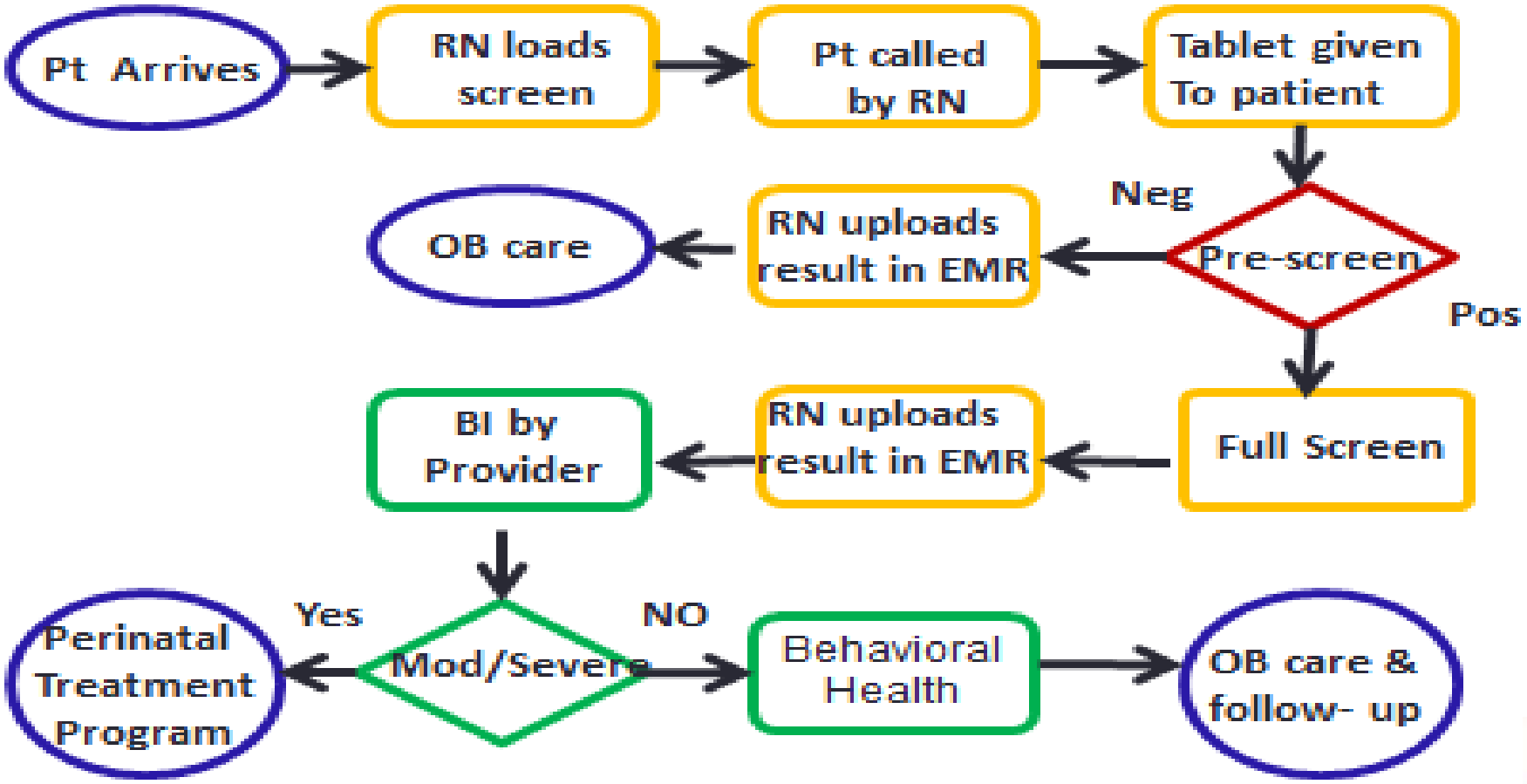
Example “eSBIRT” Screening Process



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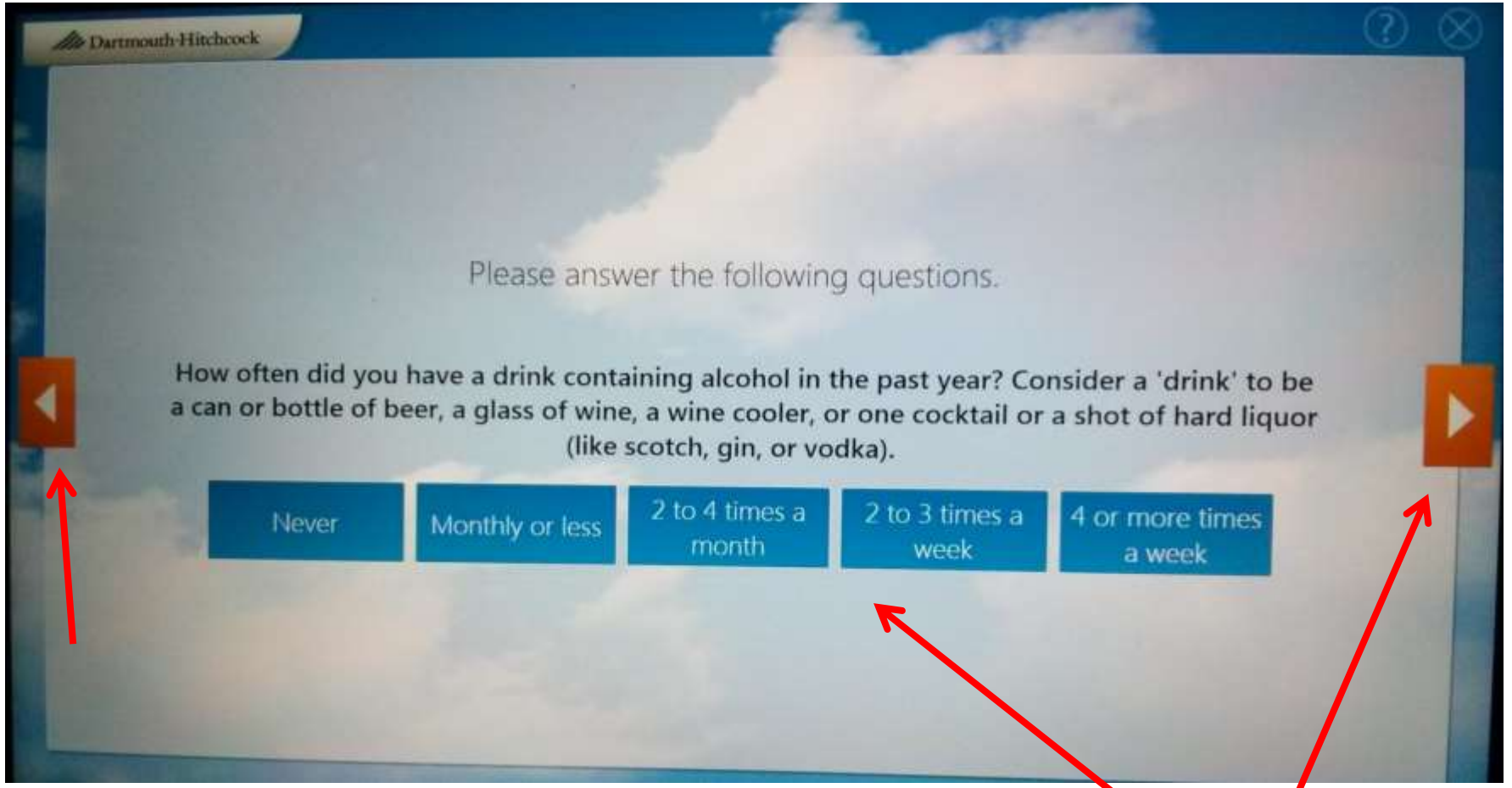

The patient selects responses and uses the arrows to advance.
After the patient is done, results are immediately available in EPIC.

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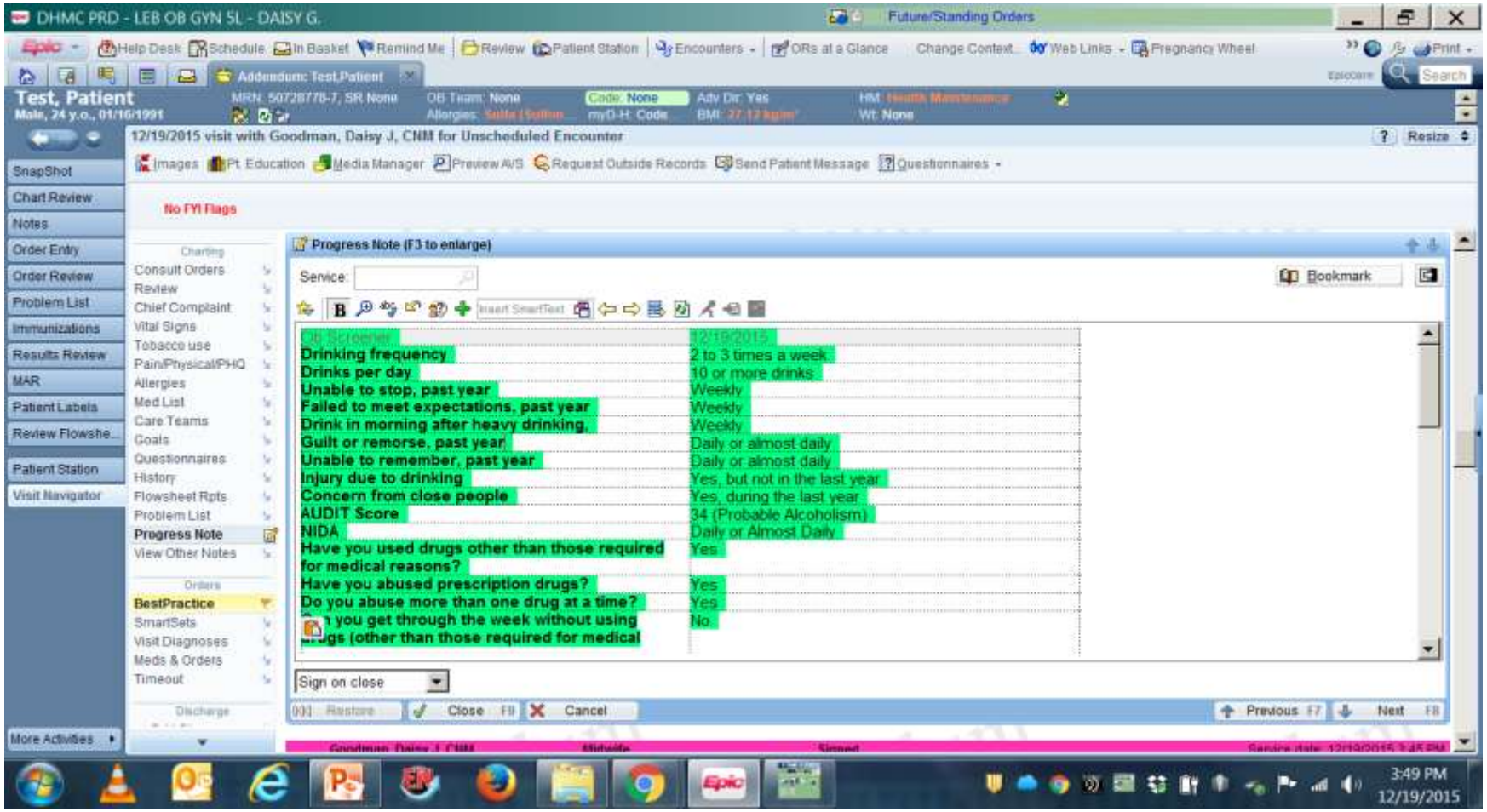
Documenting Screening Results within an Encounter



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Documenting SBIRT

Counseling for drug and alcohol use

When SBIRT screening is positive for either drug use or moderate to heavy alcohol use (even prior to pregnancy), brief intervention is a billable service. Documentation should include time spent counseling along with details of the interaction:

- Face-to-face interaction with the patient
- Assessing readiness for change
- Advising the patient about risks
- Suggesting treatment(s) for the patient

Example language

"I met with _____ to discuss her positive (AUDIT/DAST) screening. We discussed the risks of alcohol and drug use during pregnancy, and explored options for supporting abstinence from alcohol and illicit drugs. We reviewed patient information about DHMC policies about prenatal substance use and state-specific reporting requirements. Referral to Behavioral Health was offered. She accepted/declined _____. Time spent in counselling was (15-30/>30) minutes."

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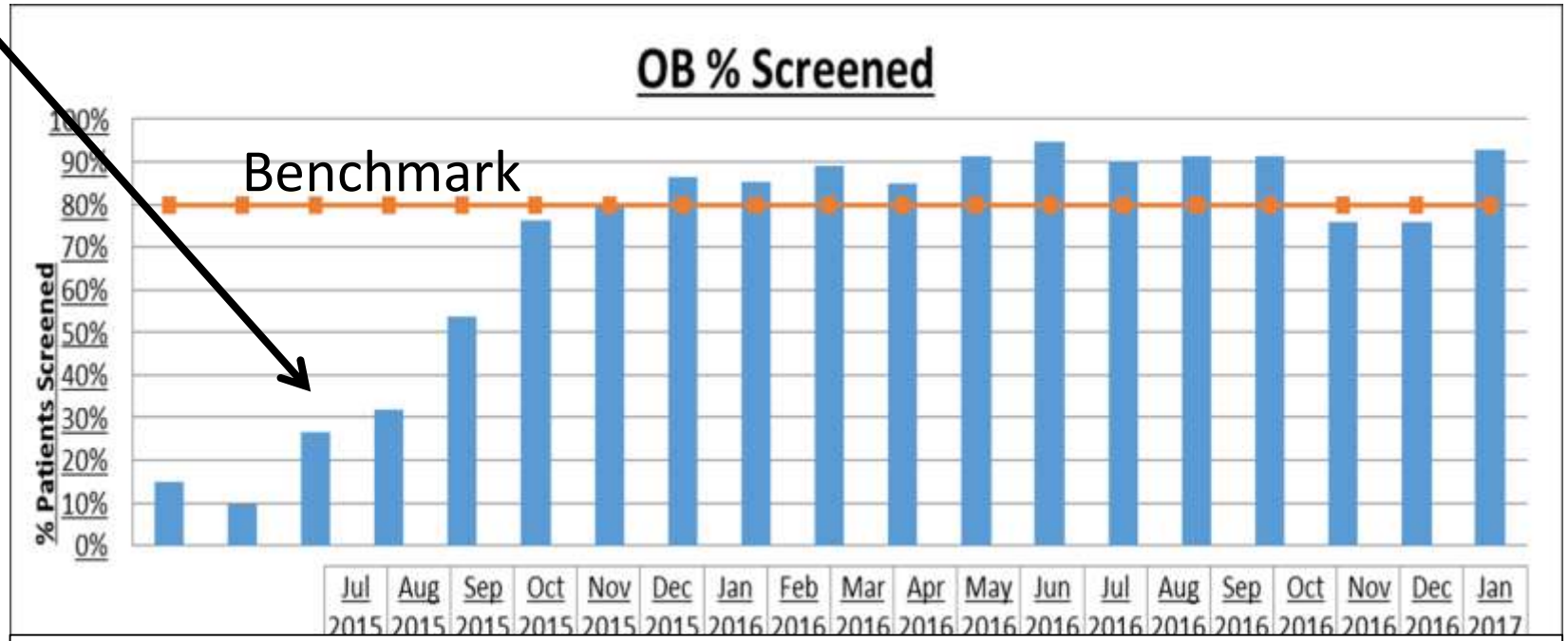
Capturing eSBIRT Screening Rates

Implementation period



Proportion of New Obstetric Patients Screened at the first OB Visit

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Improving Follow-up for Women with OUD: Implementing the NNEPQIN Checklist

(1) Checklist designed to standardize clinician practice

(2) Monthly learning sessions

- Ensuring access to Naloxone
- Treating tobacco use
- HCV/HIV screening and management
- Screening for co-occurring mental health conditions
- Stigma

(3) Toolkit contains materials for patients and providers

Prenatal OUD Checklist

Element	Date	Comments
Federal consent to share medical information		Name of Consent signed and shared with substance use treatment provider
HIV status		
Hepatitis C antibody, if + draw viral load		
Hepatic Function Test		
Institutional drug testing policy reviewed		
Plan of Safe Care and mandated reporting requirements discussed		
Behavioral Health		
Needs assessment and/or Care Management		
Risks of non-prescribed drugs and alcohol discussed		
Marijuana counseling		
Tobacco counseling		
Narcan counselling and Rx offered		
Third Trimester		
Repeat HIV, HBsAg GC/CT		
HCV antibody, if + draw viral load		
Ultrasound for growth/fluid		
UDAU with confirmation sent **(consent required)**		
Review Plan of Safe Care		
NAS information reviewed		
Breastfeeding information reviewed		
Pain management discussed		
Family Planning discussed		
OTHER		

Obtain consent to communicate with other providers

Discuss treatment for tobacco

Provide access to naloxone

Screen for Hepatitis C with follow up testing if indicated

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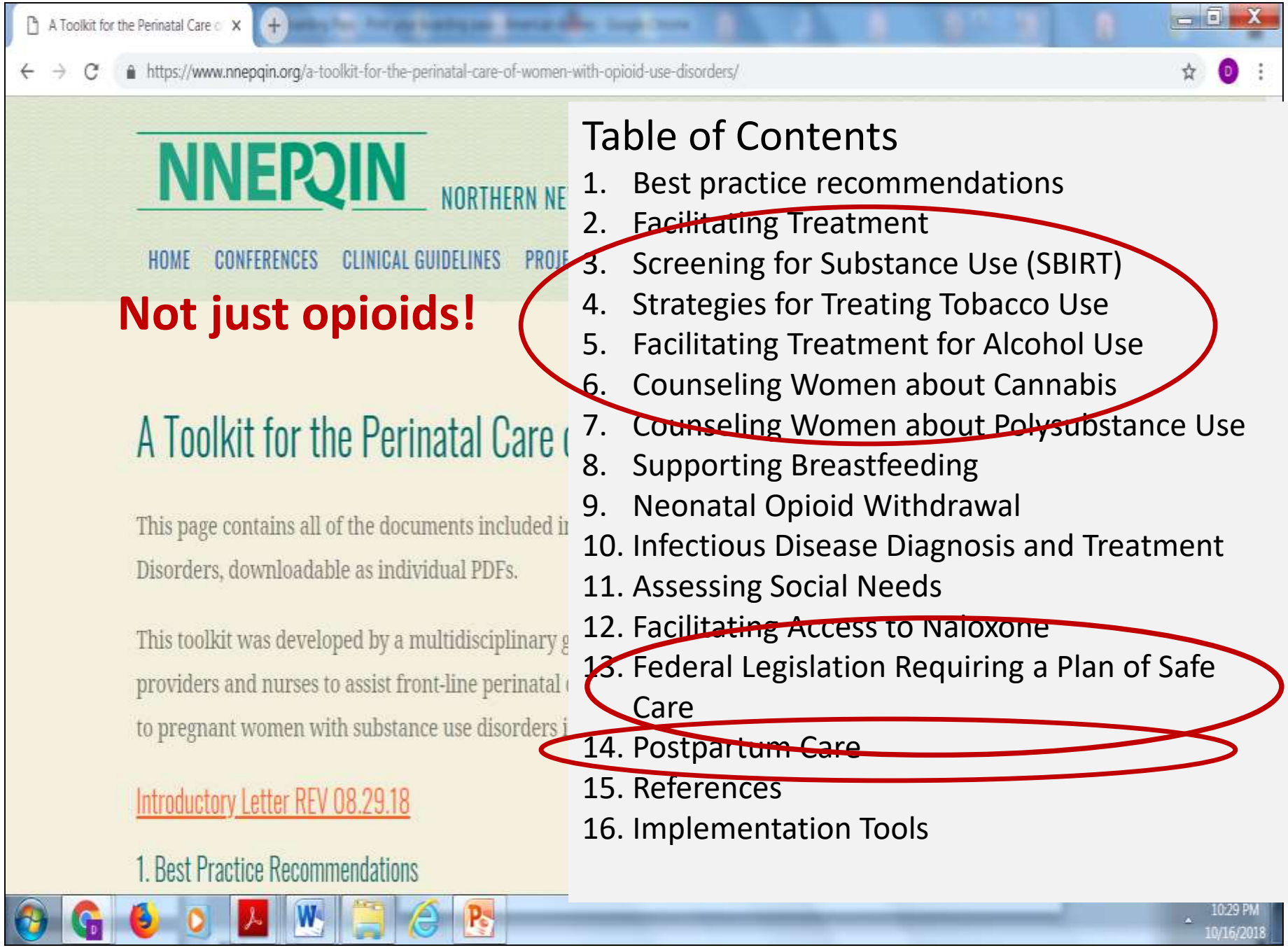

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Pre- vs Post-Implementation Comparison

QUALITY OF CARE	**Pre** (n=55)	**Post** (n=168)	***p***
Treated for co-occurring mental health condition	18.2%	29.3%	NS
Provided access to Naloxone	10.9%	36.3%	<.001
Screened for Hepatitis C	89.1%	95.2%	NS
Tested for Hepatitis C chronicity	66.7%	88.9%	.04
Provided NRT	7.3%	23.8%	<.01
CLINICAL OUTCOMES			
Tobacco use at time of delivery	80 %	84.5%`	NS
Positive Drug Screen, 3rd Trimester or Admission	38.2%	29.9%	NS
Singleton low birthweight	16.7%	12.2%	NS
Preterm delivery rate	11.1%	10.4%	NS

Goodman, et al. Feasibility and acceptability of a checklist and learning collaborative to promote quality and safety in the perinatal care of women with opioid use disorders. *J Midwifery and Women's Health* 2019.

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Managing Postpartum Transitions

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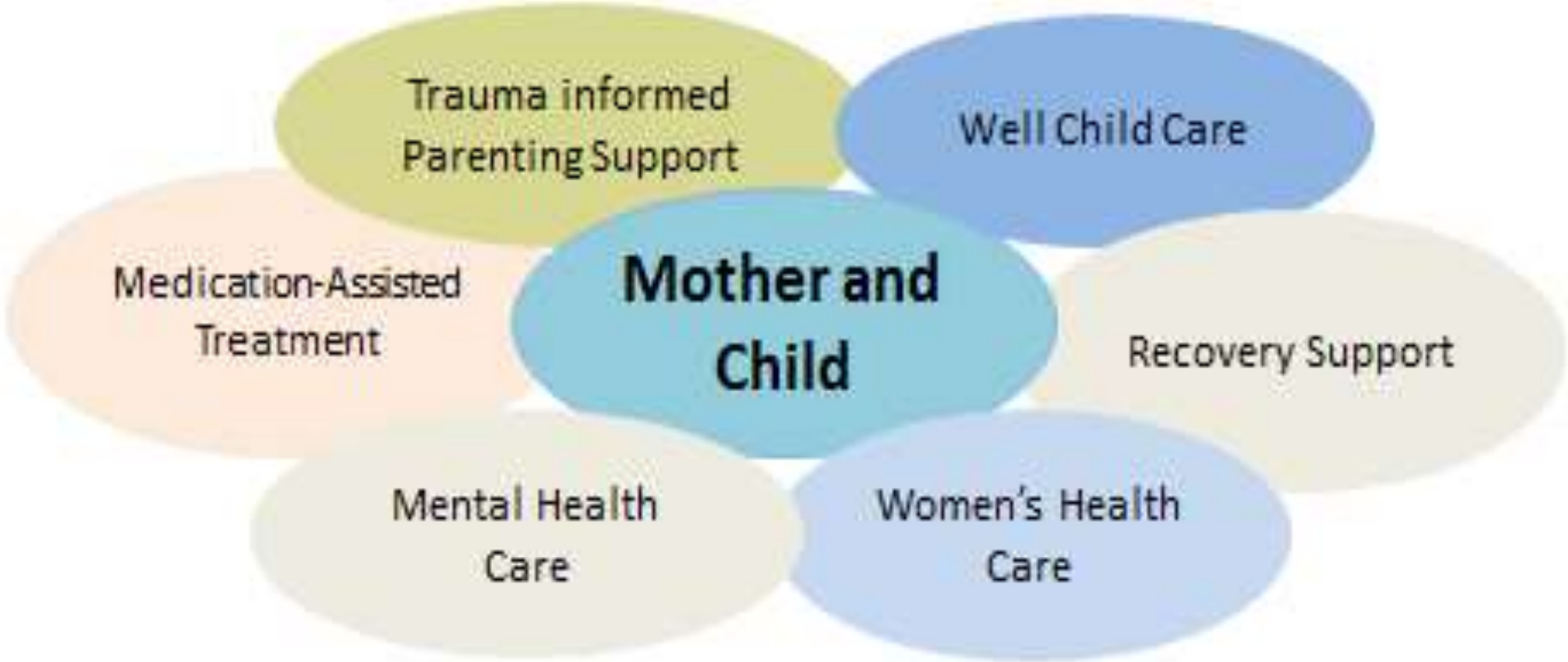
Focus on the Dyad



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Improving Postpartum Care

- ACOG Committee Opinion #736 (2018)
  - Short interval follow up
  - Mental health evaluation
  - Birth spacing
  - Substance use screening and referral
  - Warm handoff to medical home
- Plan of Safe Care mandate
- Facilitating substance use treatment retention

ACOG Committee Opinion 736. Presidential Task Force on Redefining the Postpartum Visit. 2018.

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Supporting Breastfeeding for Mothers with Substance Use Disorders

Breastfeeding is encouraged for women receiving medication for Opioid Use Disorder

- Buprenorphine and methadone are compatible, data lacking on naltrexone
- Breastfeeding decreases length and severity of neonatal abstinence syndrome
- Alcohol or non-prescribed drug use carry potential risk to the breastfeeding infant, but are not always a contraindication to breastfeeding
- Breastfeeding may be complicated by NAS/NOWS symptoms
- Patients benefit from anticipatory guidance, ongoing support and encouragement

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AIM/NNEPQIN Checklist for Post-Partum Care

- ❑ Review relevant portions of the *Plan of Safe Care* made at hospital discharge
- ❑ Rescreen and brief intervention for return to substance use
- ❑ Postpartum depression screening
- ❑ Monitor for relapse
- ❑ Screen for intimate partner violence at 6 weeks and when indicated
- ❑ Smoking cessation reinforcement or continued cessation counseling when indicated
- ❑ Rescreen for social determinants of health, assess needs at each visit, care coordination
- ❑ Assist patient in scheduling appointments for infectious disease as needed
- ❑ Facilitate transition for recovery-friendly primary care provider if not established
- ❑ Breast-feeding support
- ❑ Provide contraception and counsel on birth spacing (*10 Best Contraceptive Practices*;
- ❑ *Postpartum Contraceptive Access Initiative* (PCAI)
- ❑ Consider providing support and services for longer than the traditional 6 week postpa
  period (*ACOG Committee Opinion #236*)

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If Substance Use During Pregnancy Is So Bad: Why Not Do a Urine Drug Test?

Problems with accuracy
- Does not detect alcohol
- Short detection window
- High false positive rates

Logistical problems
- Requires informed consent
- Easy to falsify unless observed
- Expensive- especially if positive and confirmation is required

Limited scope of substances detected

Limits access to care
- 14% said urine toxicology would be a deterrent to attending prenatal care

Edmonds, B. et al. Women's opinions of legal requirements for drug testing in prenatal care. *J. Maternal Fetal and Neonatal Medicine* 2016;30;14.

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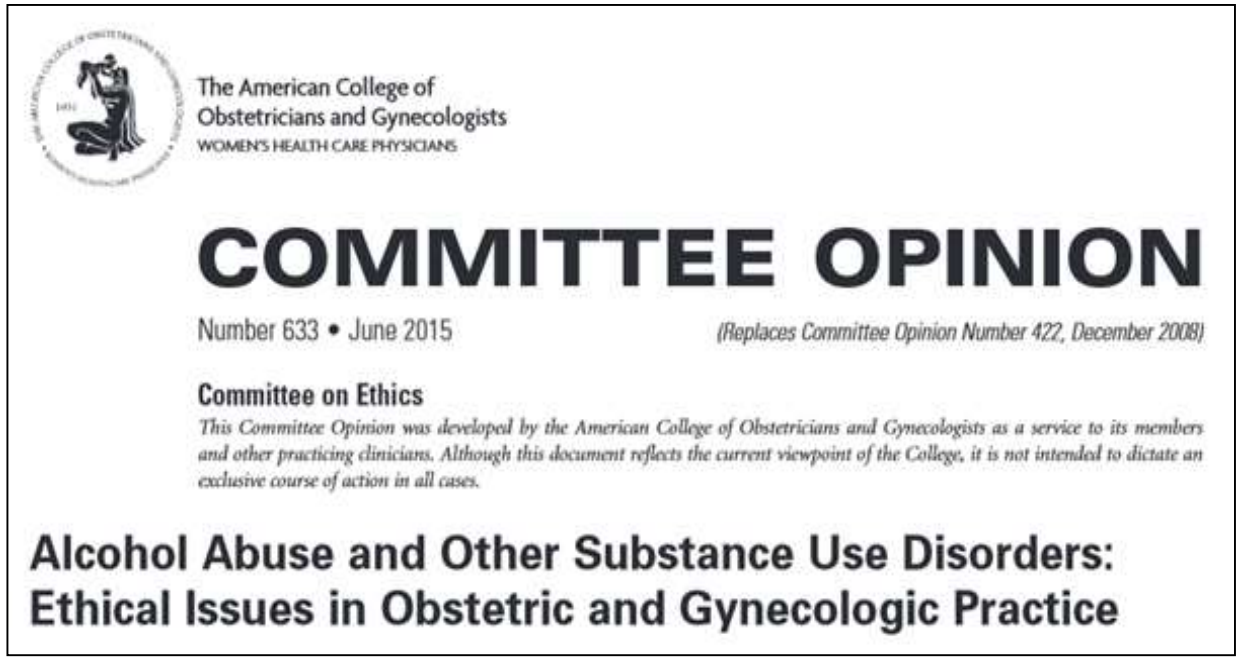
Ethical Considerations

Responsibilities of maternity care providers

- Protect patient autonomy, confidentiality, and the integrity of the patient-physician relationship to the extent allowable by laws
- Be familiar with resources available through their local hospital, community, or state, to effectively refer patients for treatment
- Be familiar with legal requirements for testing or reporting perinatal substance use within their state or community



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 633 • June 2015 (Replaces Committee Opinion Number 422, December 2008)

Committee on Ethics

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists as a service to its members and other practicing clinicians. Although this document reflects the current viewpoint of the College, it is not intended to dictate an exclusive course of action in all cases.

Alcohol Abuse and Other Substance Use Disorders: Ethical Issues in Obstetric and Gynecologic Practice

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“Health disparities and quality are two sides of the same coin…that’s it in a nutshell. If you’re going to provide quality care and services, then you need to address health disparities.”

-Kimberlydawn Wisdom, MD

Senior Vice President of Community Health and Equity

Chief Wellness and Diversity Officer

Henry Ford Health System

(https://www.rwjf.org/content/dam/farm/toolkits/toolkits/2008/rwjf35623)

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Questions?

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Citations

- American College of Obstetricians and Gynecologists. *Optimizing Postpartum Care.* Committee Opinion number 736.
- American Society of Addiction Medicine. *Definition of Addiction*. https://www.asam.org/resources/definition-of-addiction
- Council on Patient Safety in Women's Health. Alliance for Innovation in Maternal Health (AIM) Patient safety bundle for the obstetric care of women with opioid use disorder. Accessed 5/19/19: https://safehealthcareforeverywoman.org/aim-program/
- Center for Disease Control. Report from 9 Maternal Mortality Review Committees. 2018.
- Edmonds, B. et al. Women's opinions of legal requirements for drug testing in prenatal care. *J. Maternal Fetal and Neonatal Medicine* 2016;30;14.
- Gemmill A, Kiang MV, and Alexander MJ. Trends in pregnancy-associated mortality involving opioids in the United States, 2007-2016. *American Journal of Obstetrics and Gynecology*. Published ahead-of-print (2018). doi: 10.1016/j.ajog.2018.09.028
- Kaiser Family Foundation. 2017. Accesed from; http://kff.org/other/state-indicator/opioid-overdose-death-rates/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
- Ko, et al. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013 *MMWR Weekly* 2016;65; 31
- Lund, I, Fisher, G, Welle-Strand, G et al. 2013. C comparioson of buprenorphine + naloxone , buprenoprhine, and methadone in the treatment of opioid dependence in pregnancy: maternal and neonatal outcomes. *Subs Abuse, Research and Treatment* 2013: 7: 61-74
- Maede, A, Bateman, B, Clancy, C. et al. Opioid abuse and dependence during pregnancy: Temporal trends and obstetric outcomes. *Anethesiology* 2014; 121: 1158-1165
- Metz, T, Rovner, P, Hoffman, M. Maternal deaths from suicide and overdose in Colorado, 2004-2012. Obstetr Gynecol 2016; 128; 6: 1233-1240
- Schiff, D, Nielsen, T, Terplan, M, et al. Fatal and nonfatal overdose among pregnant and parenting women in Massachusetts. *Obstetr Gynecol* 2018; 132: 166-174
- Terplan, M, Laird, H, Hand, J, et al. Opioid detoxification in pregnancy, a systematic review. *Obstetr Gynecol* 2018; 0: 1-12.

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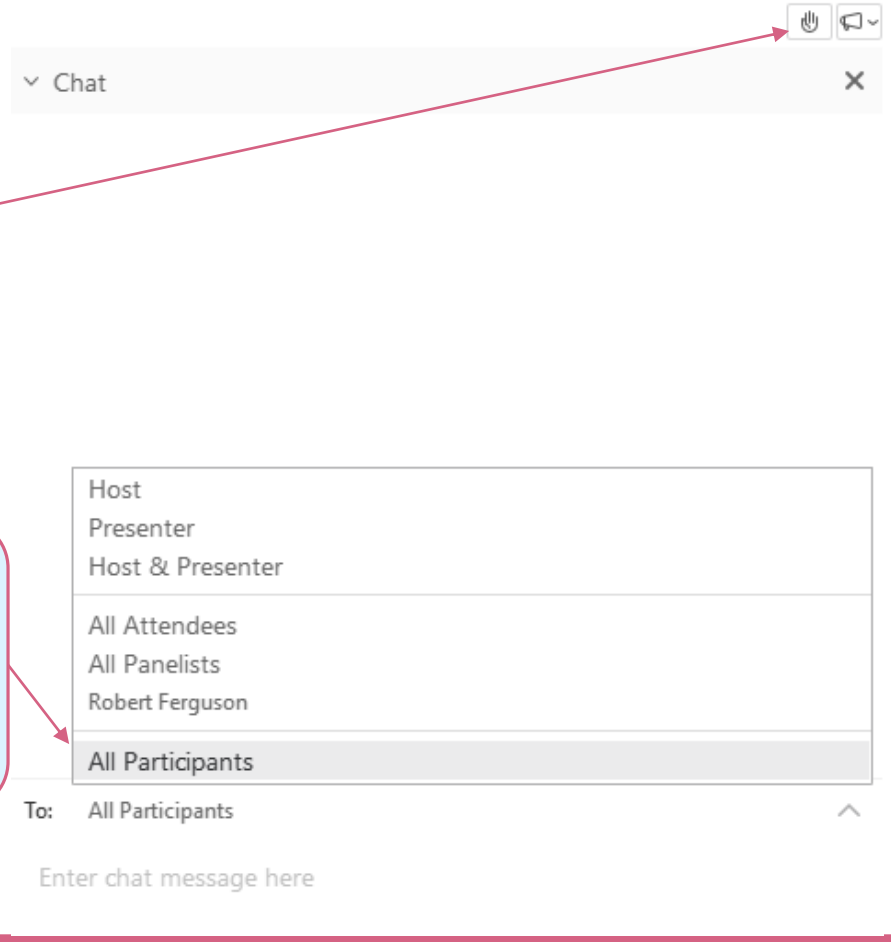
Questions? Comments?

Open the **Participants List** and Use the **Raise Hand Button** to request to be unmuted!

OR

Open the **Chat Panel** and send questions to “All Participants”



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Next Steps and Session Evaluations

Pauline Taylor, CQIA, Program Specialist

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Upcoming Sessions

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

Learning Collaborative Date	Location
Tuesday, September 10, 11am to 12pm *Patient and Family Engagement and Advocacy Webinar*	WebEx Tara Bristol Rouse, Patient and Family Engagement Strategist Nicole Purnell, MoMMA's Voices Coalition Program Manager, Preeclampsia Foundation
Tuesday, September 24, **830am to 4pm**	Best Western Premier, The Central Hotel Harrisburg 800 E Park Drive Harrisburg, PA 17111
Wednesday, December 11 **830am to 4pm**	Hilton Harrisburg 1 N 2nd St, Harrisburg, PA 17101

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Reminders

- If your site wants to participate in the VON Day Quality Audits, the process to enroll in this resource must be completed by 9/1/19
- Please refer to the online versions of the PA PQC Data Specifications for the most up-to-date guidance here https://www.whamglobal.org/data-collection
- Register for the 9/24 session here https://www.whamglobal.org/member-content/register-for-sessions
- **The most important thing is to continue your quality improvement work with your team! Your quality improvement coach can help!**

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Next Steps for Session Evaluations and CEUs

- If you do not need CEUs, please provide feedback by completing this evaluation: https://www.surveymonkey.com/r/WDBNQS7
- If you are interested in CEUs for Nursing, Physician, and Social Work, please complete a different session evaluation by going to https://www.tomorrowshealthcare.org/webinar-email and following the prompts to complete the evaluation by 9/3/19
- All of the materials from the webinar will posted here: https://www.whamglobal.org/member-content/materials-from-sessions

These next steps will be emailed to you.

We design the sessions based on your feedback!

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Thank You!

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Frequently Asked Questions: https://www.whamglobal.org/images/PA_PQC_FAQ.pdf

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