MORE Celebration Webinar
Maternal Opioid Recovery Effort
Let's Celebrate YOU!!

Florida Perinatal Quality Collaborative • May 17, 2022
WELCOME!

• Please use the chat!
  Your name, hospital, and successes
• Remember to mute yourselves!
• HAVE FUN!
**AHCA/Medicaid**

- Eliminating prior-authorization for OUD medication
- Reimbursement for SUD Screening/SBIRT
- Provider training on SBIRT billing
- OUD Point of contact for each Medicaid plan

**Dept of Children & Families**

- Narcan kits at discharge
- Working with individual hospital teams to work through internal barriers to Narcan distribution

**Florida Hospital Association**

- Helping recruit hospitals for MORE 2.0
- Webinar series for non-MORE hospitals on OUD in pregnant women
- Sharing MORE resources
**Florida Department of Health**

- Project funding support
- Technical/Data support
- Community Engagement/outreach
- Workgroup facilitation

**Healthy Start**

- Facilitating completion of the Community Mapping Tool
- For helping develop and pilot the MORE HOPE booklet
- Educating community OB providers about SUD screening and SBIRT

**Women in Recovery**

- Inspiring our work
- Informing our language and materials
MORE Data Summary: Positive Trends
GLOBAL AIM

Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants
Perform universal SUD screening for all pregnant women
Perform secondary screening\(^1\) for all pregnant women with any opioid use

Documentation of family planning counseling

Increase breastfeeding initiation and rooming in rates

Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use

Develop a map of local community resources (e.g., behavioral health, and addiction/treatment services)

Compliance with discharge checklist\(^2\)

Compliance with the hospital’s pain management prescribing practices

Provider education bundle
Patient education bundle
Characteristics of MORE women

- 889 women
- 31.5 average age
- 82% Medicaid
- 39% Cesareans
- 29% opioids for pain at discharge
- 56% Inadequate/No prenatal care

21 hospitals reporting data
Screening

Universal SUD screening for all pregnant women

<table>
<thead>
<tr>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>Qtr 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>2021</td>
<td>2022</td>
<td>2023</td>
<td>2024</td>
<td>2025</td>
<td>2026</td>
<td>2027</td>
<td>2028</td>
</tr>
<tr>
<td>61%</td>
<td>58%</td>
<td>80%</td>
<td>87%</td>
<td>96%</td>
<td>96%</td>
<td>90%</td>
<td>90%</td>
<td>92%</td>
</tr>
</tbody>
</table>

Qtr 1 Qtr 2 Qtr 3 Qtr 4 Qtr 1 Qtr 2 Qtr 3 Qtr 4 Qtr 1
Screening
Secondary screening for pregnant women with any opioid use

- Intimate partner violence screen
- Mental Health screen
- Infectious disease screen
Screening
Secondary screening for pregnant women with any opioid use

Infectious disease screen

<table>
<thead>
<tr>
<th>Year</th>
<th>2020 Qtr</th>
<th>2020 Qtr</th>
<th>2021 Qtr</th>
<th>2021 Qtr</th>
<th>2022 Qtr</th>
<th>2022 Qtr</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>% HIV screened</td>
<td>93%</td>
<td>98%</td>
<td>97%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% HepB screened</td>
<td>90%</td>
<td>97%</td>
<td>95%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% HepC screened</td>
<td>66%</td>
<td>79%</td>
<td>77%</td>
<td>84%</td>
<td>89%</td>
<td>91%</td>
</tr>
<tr>
<td>% Gonorrhea screened</td>
<td>85%</td>
<td>87%</td>
<td>85%</td>
<td>92%</td>
<td>97%</td>
<td>93%</td>
</tr>
<tr>
<td>% Chlamydia screened</td>
<td>88%</td>
<td>87%</td>
<td>85%</td>
<td>92%</td>
<td>97%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Increase MAT/BH services
Treatment
Referral to MAT/BH services prior to maternal discharge

![Graph showing referral rates over time for all women and women first identified at delivery admission.](image-url)
Comprehensive Discharge Planning

15% of women received all items of the **education bundle in the last six months**

<table>
<thead>
<tr>
<th>% MAT &amp; substance abuse treatment</th>
<th>Jan-Jun 2020</th>
<th>Oct-Mar 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Infectious/mental health comorbidities</td>
<td>66%</td>
<td>76%</td>
</tr>
<tr>
<td>% Narcan use</td>
<td>19%</td>
<td>37%</td>
</tr>
<tr>
<td>% NAS including non-pharm mgmt</td>
<td>8%</td>
<td>35%</td>
</tr>
<tr>
<td>% Family planning</td>
<td>51%</td>
<td>58%</td>
</tr>
<tr>
<td>% Safe Sleep</td>
<td>53%</td>
<td>59%</td>
</tr>
<tr>
<td>% Postpartum depression screen</td>
<td>62%</td>
<td>87%</td>
</tr>
<tr>
<td>% OB postpartum visit</td>
<td>56%</td>
<td>69%</td>
</tr>
<tr>
<td>% Healthy Start</td>
<td>20%</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>76%</td>
<td>89%</td>
</tr>
</tbody>
</table>
Policies and Procedures

• 70% of hospitals have fully implemented a universal screening protocol or guideline for substance use for all pregnant women
• 70% have implemented a guideline or protocol for post delivery and discharge pain management
• 54% have completed the local OUD treatment resources document to map local community resources
Primary Drivers

Secondary Drivers

Screening
- Perform universal SUD screening for all pregnant women
- Perform secondary screening\(^1\) for all pregnant women with any opioid use

Prevention
- Documentation of family planning counseling

Treatment
- Increase breastfeeding initiation and rooming in rates
- Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
- Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use
- Develop a map of local community resources (e.g., behavioral health, and addiction/treatment services)

Comprehensive Discharge Planning
- Compliance with discharge checklist\(^2\)

Policies & Procedures
- Compliance with the hospital’s pain management prescribing practices
- Provider education bundle
- Patient education bundle
Special Thanks from Florida Medicaid

Chris Cogle, MD
Chief Medical Officer
Sustaining your improvement
Jan Lanouette, MD
Strategies for continued success

- Continue to screen during pregnancy for SUD using EHR at every encounter
- Communication between the care team is critical: implement/continue use of MORE checklist
- Assure naloxone and education are provided to patients at risk of overdose
- Have a strategy for education of new staff/providers
Strategies for continued success...

- Continue to use the MORE folders for patient/provider education
- Continue to work with your local Healthy Start to assure referral network remains current
- Collaborate with community partners to encourage SUD screening during pregnancy
- Connect those with OUD to Medicaid health plan case management
- Enroll in FPQC Perinatal Quality Indicators initiative
Hospital Perinatal QI Indicators

PQI

- No charge to participate
- No data submission
- QI indicator report free of charge

72 PQI hospitals
36 not participating
Current PQI Indicators

Perinatal QI Indicator Sets

1. Non-medically indicated deliveries—PC-01
2. Nulliparous, term, single, vertex (NTSV) cesareans—PC-02
3. Failed inductions of labor
4. Severe Maternal Morbidity—CDC
5. Unexpected Newborn Complications—CMQCC
6. Severe Hypertension/Preeclampsia—ACOG AIM
7. Obstetric Hemorrhage—ACOG AIM
8. **Neonatal Abstinence Syndrome**
9. NTSV cesarean comparative measure
**NAS Average Length of Stay (Days)**

- **Your Hospital (%)**
  - Your hospital is among...
    - The highest 25% of hospitals
    - The highest 50% of hospitals
    - The lowest 50% of hospitals
    - The lowest 25% of hospitals

- **Highest hospital rate**
- **Median**
- **Lowest hospital rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>Average NAS Length of Stay (Days)</th>
<th>Your hospital (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>19</td>
<td>0.9%</td>
</tr>
<tr>
<td>2017</td>
<td>18</td>
<td>0.7%</td>
</tr>
<tr>
<td>2018</td>
<td>21</td>
<td>0.8%</td>
</tr>
<tr>
<td>2019</td>
<td>14</td>
<td>0.6%</td>
</tr>
<tr>
<td>2020</td>
<td>9</td>
<td>1.0%</td>
</tr>
<tr>
<td>2021</td>
<td>10</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

**% Neonatal Abstinence Syndrome (NAS)**

- **Note:** Data on this page is included through Q1 2021

<table>
<thead>
<tr>
<th>Year</th>
<th>% of infants/1000 with NAS</th>
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<tbody>
<tr>
<td>2016</td>
<td>0.9%</td>
</tr>
<tr>
<td>2017</td>
<td>0.7%</td>
</tr>
<tr>
<td>2018</td>
<td>0.8%</td>
</tr>
<tr>
<td>2019</td>
<td>0.6%</td>
</tr>
<tr>
<td>2020</td>
<td>1.0%</td>
</tr>
<tr>
<td>2021</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

**Your Hospital Report**

<table>
<thead>
<tr>
<th>Year</th>
<th>NAS average LOS</th>
<th># NAS infants included</th>
<th># NAS infants excluded*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>19</td>
<td>41</td>
<td>12</td>
</tr>
<tr>
<td>2017</td>
<td>18</td>
<td>32</td>
<td>12</td>
</tr>
<tr>
<td>2018</td>
<td>21</td>
<td>31</td>
<td>17</td>
</tr>
<tr>
<td>2019</td>
<td>14</td>
<td>28</td>
<td>11</td>
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<tr>
<td>2020</td>
<td>9</td>
<td>46</td>
<td>14</td>
</tr>
<tr>
<td>2021</td>
<td>10</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>

**All delivery Hospitals**

<table>
<thead>
<tr>
<th>Year</th>
<th>NAS average LOS</th>
<th># NAS infants included</th>
<th># NAS infants excluded*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>18.64</td>
<td>1050</td>
<td>551</td>
</tr>
<tr>
<td>2017</td>
<td>17.48</td>
<td>1009</td>
<td>547</td>
</tr>
<tr>
<td>2018</td>
<td>17.47</td>
<td>907</td>
<td>568</td>
</tr>
<tr>
<td>2019</td>
<td>15.38</td>
<td>843</td>
<td>558</td>
</tr>
<tr>
<td>2020</td>
<td>14.15</td>
<td>806</td>
<td>473</td>
</tr>
<tr>
<td>2021</td>
<td>13.91</td>
<td>170</td>
<td>254</td>
</tr>
</tbody>
</table>

*Excludes infants that are: Multiples, Low birth weight or preterm, transfers, LOS < 4 days or > 80 days*
MORE Team
Successes and Sustainability Strategies
Special Thank You to Our MORE Coaches!

Jan Lanouette MD & Lindsay Greenfield, RN

Pam Carbiener, MD & Tracy Blue, RN

Eliza Bruscato, MD & Amanda Snyder, RN
1. 5P’s in Database OBED/LDR
2. MORE Folders given upon identification of SUD
3. Identification of newborn candidates & Plan of Safe Care initiation
4. Narcan distribution process completed including order set
5. Education completed for all L&D, MBU, and providers
6. Resources compiled for identified patients
7. OB Power Plan for SUD
8. Interdisciplinary Grand Rounds
9. Creation of MORE COWS Badge Cards
10. Creation of Behavioral Health Resource Guide
11. Resident Naloxone training

Successes
Morton Plant, CC Indian River, Jackson North, LRH, SMH, Port Charlotte, St. Joseph’s Women’s, TGH, UF Jax
Jan Lanouette, MD & Lindsay Greenfield, RN
Plans for Sustainability: Hospital team strategies

1. QI Team meetings (monthly; quarterly)
2. Implementation of Naloxone kit & usage in OB ED, L&D, & M/B units
3. Yearly in-service from Healthy Start & Substance treatment programs
4. Random/quarterly chart audits
5. Celebrating successes & expanding Narcan to OB ECC patients
6. Bi-Monthly MORE Committee meeting
7. Continue MORE education with staff; monthly focus twice per year
8. Monitor Naloxone kit usage
9. Enroll in FPQC PQI
10. Close Collaboration with NAS/NICU
1. 5P’s in OB Triage/ OBED
2. 5P's at every encounter at hospital
3. System for MAT and Healthy Start referral
4. Power insight report developed to track women with SUD
5. Best practice collaboration with Healthy Start
6. Developed best practice for Narcan kits at discharge for all women with SUD
7. Assisted in production of FPQC 4-Part video series on SUD
1. Monthly screening report out
2. Continued participation in FPQC PQI
3. Continue working to have Narcan available, piggybacking on ER process
1. Binder for Resources developed, Dr. Lanouette’s letter on top
2. 5P’s in EHR
3. Meeting with Team- OB Lead involved.
4. OBHG working on MAT certification
5. SBIRT in prenatal offices with resource binder for each office. Collaborating with HSC on distribution
6. TIC required for all nurses & providers by 4/1. Education shared throughout system.
Plans for Sustainability: Hospital team strategies

1. Continue working with HSC and OB offices to help develop a continuum of care
2. Report off during organization OB committee meetings.
3. Maintain distribution of MORE folders and resources.
4. Continued collaboration with other organizations to develop best practices.
Special Thanks from Helena Girouard
Community Liaison
Special Thanks from
Jennifer Williams
DCF Program Manager
MORE Star Awards
Coaching Call Attendance & Data Submission

- AdventHealth Altamonte
- AdventHealth Daytona Beach
- AdventHealth Orlando
- Ascension Sacred Heart Emerald Coast
- BayCare-Morton Plant Hospital
- HealthPark Medical Center
- Lee Health Cape Coral Hospital
- Memorial Regional Hospital
- NCH North Naples Birth Place
- Saint Mary's Medical Center
- Shorepoint Health Port Charlotte
- Tampa General Hospital
- UF Health Jacksonville
- Winnie Palmer Hospital Women & Babies
Universal SUD Screening

- AdventHealth Altamonte
- AdventHealth Celebration
- AdventHealth Daytona Beach
- AdventHealth Fish
- AdventHealth Orlando
- Ascension St. Vincent's Riverside
- BayCare-Morton Plant Hospital
- Broward Health Medical Center
- Halifax Health
- HealthPark Medical Center
- Lakeland Regional Health
- Lee Health Cape Coral Hospital
- Memorial Regional Hospital
- Orange Park Medical Center
- Saint Mary's Medical Center
- Sarasota Memorial Healthcare System
- Shorepoint Health Port Charlotte
- St. Joseph's Women's Hospital
- Tampa General Hospital
- UF Health Jacksonville
- Winnie Palmer Hospital for Women & Babies
Community OUD Resource Directory

- AdventHealth Altamonte
- AdventHealth Celebration
- AdventHealth Daytona Beach
- AdventHealth Orlando
- BayCare-Morton Plant Hospital
- Broward Health Medical Center
- Halifax Health
- HealthPark Medical Center
- Lakeland Regional Health
- Lee Health Cape Coral Hospital
- Memorial Regional Hospital
- NCH North Naples Birth Place
- Sarasota Memorial Healthcare System
- Shorepoint Health Port Charlotte
- St. Joseph's Women's Hospital
- Tampa General Hospital
- UF Health Jacksonville
- Winnie Palmer Hospital for Women & Babies
Naloxone Patient Counseling

🌟 AdventHealth Daytona Beach
🌟 AdventHealth Orlando
🌟 Halifax Health
🌟 HealthPark Medical Center
🌟 Lakeland Regional Health
🌟 Lee Health Cape Coral Hospital
🌟 Memorial Regional Hospital
🌟 Tampa General Hospital
🌟 Winnie Palmer Hospital for Women & Babies
Increase in Average Number of Services Provided

- BayCare-Morton Plant Hospital
- Halifax Health
- HealthPark Medical Center
- Lakeland Regional Health
- Lee Health Cape Coral Hospital
- Memorial Regional Hospital
- Shorepoint Health Port Charlotte
- St. Joseph's Women's Hospital
- Winnie Palmer Hospital for Women and Babies
Thank you for all you have done and continue to do to support moms with SUD and their infants!

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