

### Agenda & Important Information





### **WELCOME!**

- Please use the chat!
   Your name, hospital, and successes
- Remember to mute yourselves!
- HAVE FUN!



### **FPQC MORE Partners**































### 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







- 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



### **Primary Drivers**

### **Secondary Drivers**

#### **Screening**

Perform universal SUD screening for all pregnant women

Perform secondary screening<sup>1</sup> for all pregnant women with any opioid use

#### **Prevention**

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

#### **Treatment**

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<sup>2</sup>

Compliance with the hospital's pain management prescribing practices

### Policies & Procedures

Provider education bundle

Patient education bundle



### Characteristics of MORE women

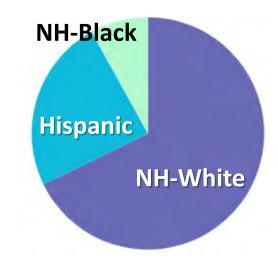
21 hospitals reporting data



889 women

31.5 average age

82% Medicaid



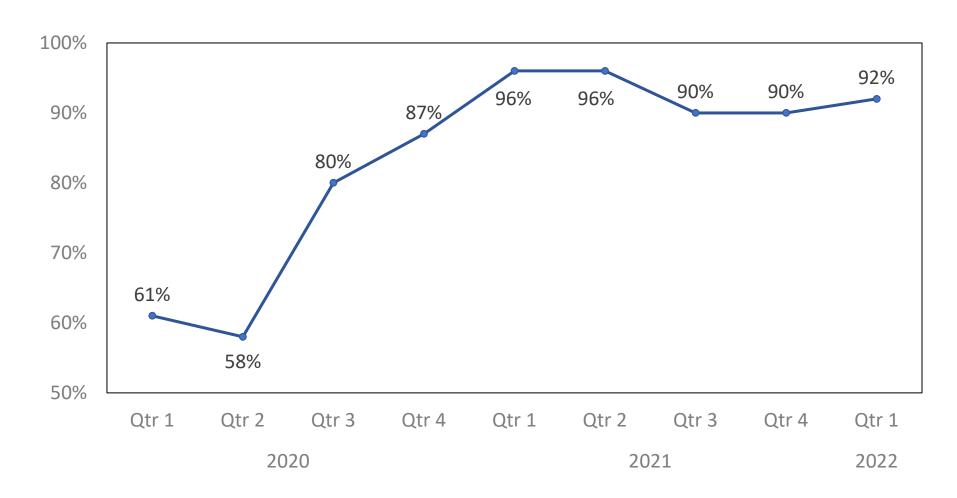
39% Cesareans 29% opioids for pain at discharge

56%
Inadequate/
No prenatal
care



### Screening

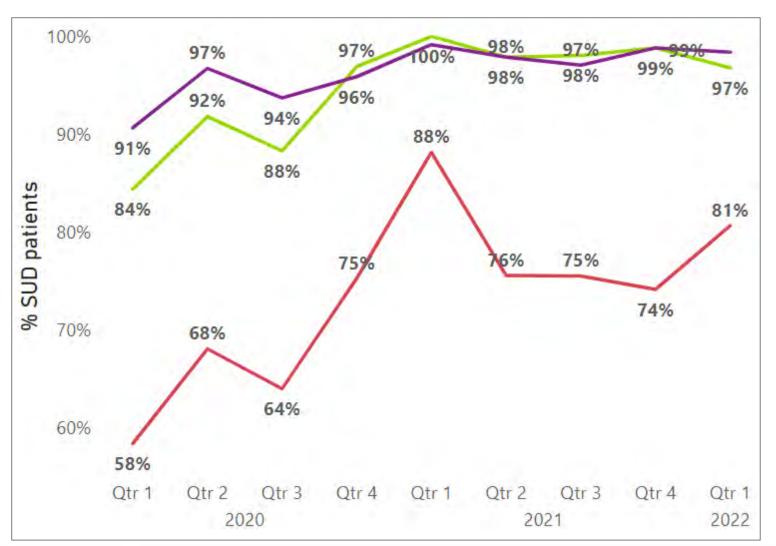
### Universal SUD screening for all pregnant women





### Screening

Secondary screening for pregnant women with any opioid use

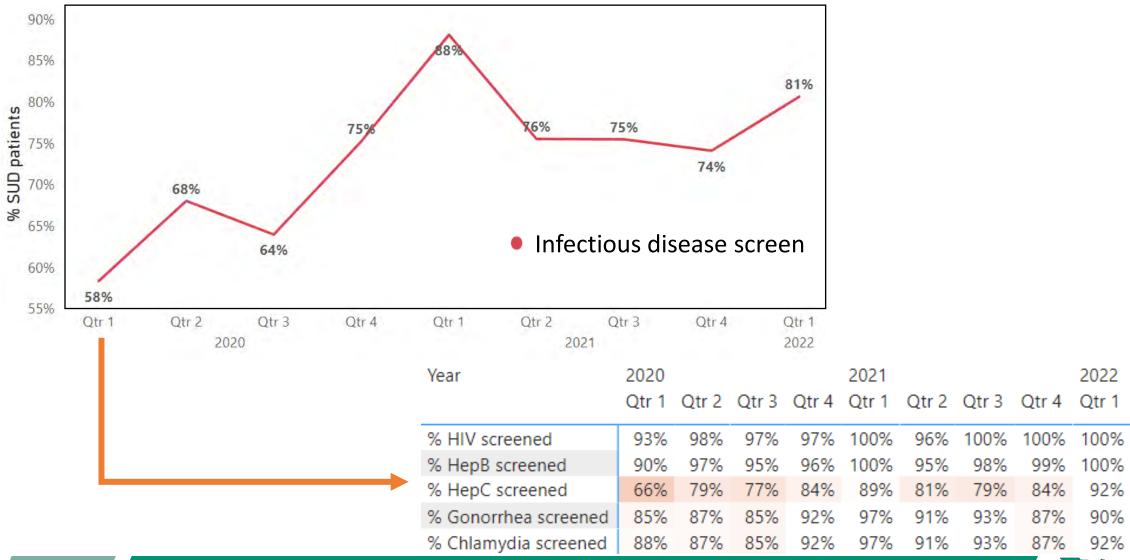


- Intimate partner violence screen
- Mental Health screen
- Infectious disease screen



Screening

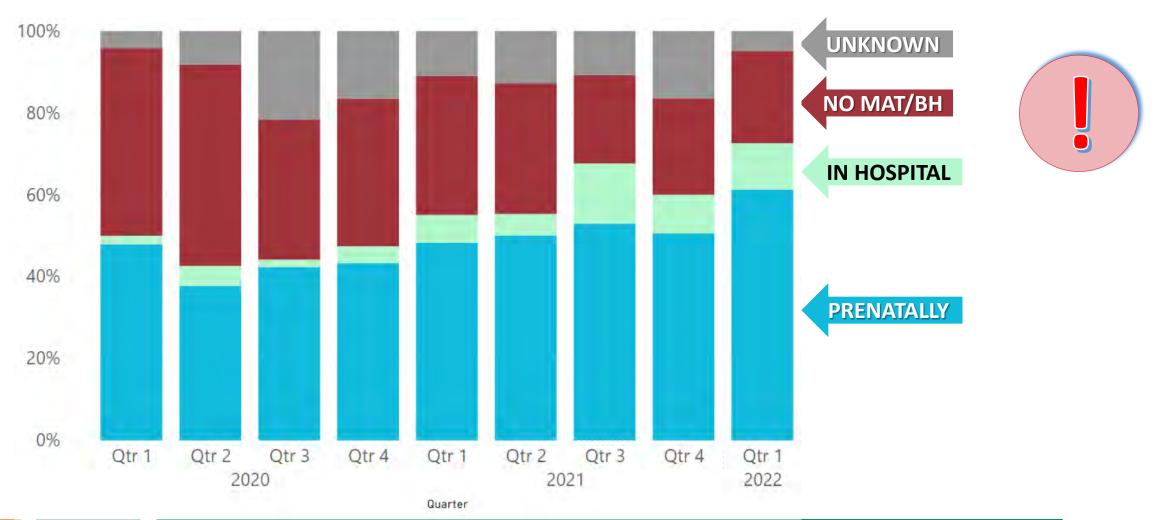
Secondary screening for pregnant women with any opioid use





### Treatment

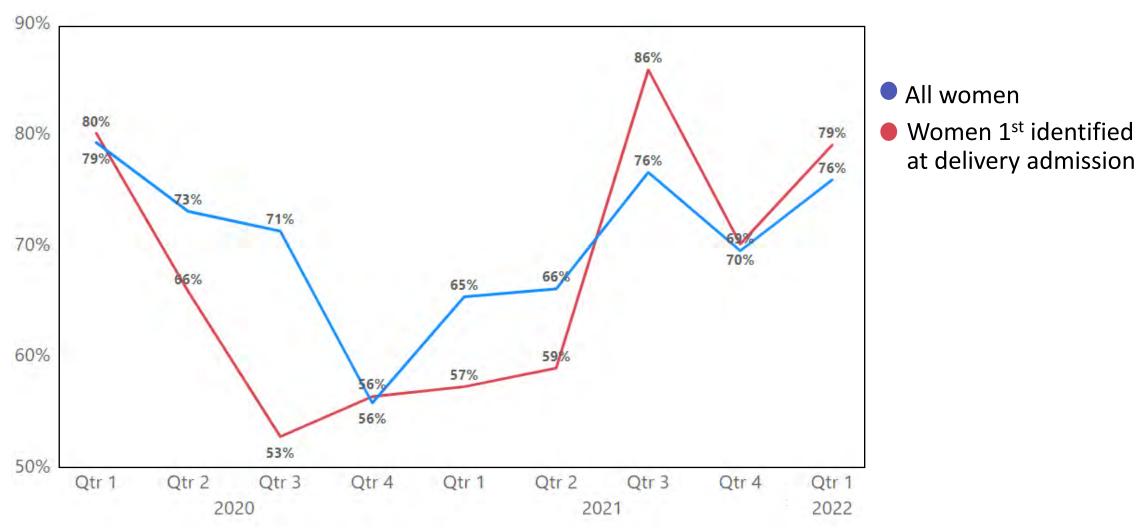
### Increase MAT/BH services





### Treatment

Referral to MAT/BH services prior to maternal discharge





## Comprehensive Discharge Planning

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

	Jan-Jun 2020	Oct-Mar 2021
% MAT & substance abuse treatment	66%	76%
% Infectious/mental health comorbiditie	s 19%	37%
% Narcan use	8%	35%
% NAS including non-pharm mgmt	51%	58%
% Family planning	53%	59%
% Safe Sleep	62%	87%
% Postpartum depression screen	56%	69%
% OB postpartum visit	20%	27%
% Healthy Start	76%	89%



### 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 Screening

**Prevention** 

**Treatment** 

Comprehensive Discharge

**Planning** 

Policies &

**Procedures** 

### **Secondary Drivers**



Perform secondary screening<sup>1</sup> 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<sup>2</sup>

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



# professional collective coaching ment or goal s mission sustainability ladder quality others help physicians Culture ower leadership ower opportun: data timely compliance providers systems opportunity

# 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

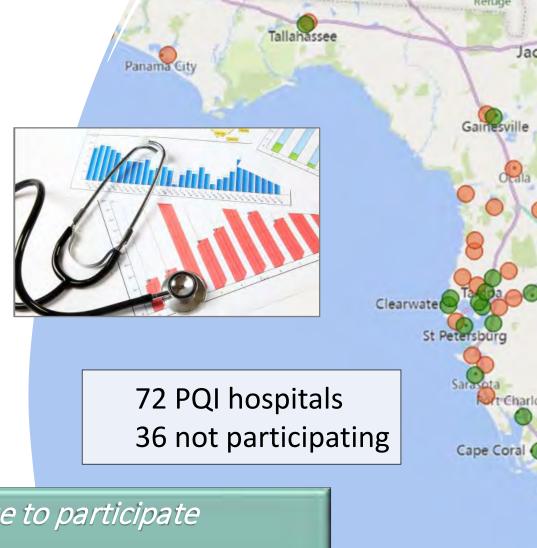
Connect those with OUD to Medicaid health plan case management

Enroll in FPQC
Perinatal Quality
Indicators initiative



## **Hospital Perinatal QI** Indicators

PQI



Titusville

· Lehigh Acres West of Be

Fort Werda

FLORIDA

t Charlotte





### **Current PQI Indicators**

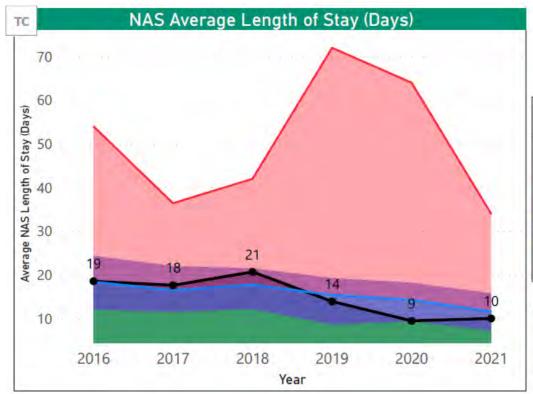
### Perinatal QI Indicator Sets

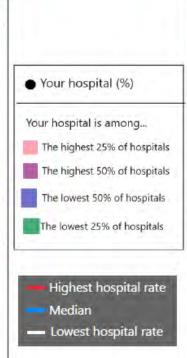
- I. Non-medically indicated deliveries—PC-01
- 2. Nulliparous, term, single, vertex (NTSV) cesareans—PC-02
- 3. Failed inductions of labor
- 4. Severe Maternal Morbidity—CDC
- 5. Unexpected Newborn Complications—CMQCC
- 6. Severe Hypertension/Preeclampsia—ACOG AIM
- 7. Obstetric Hemorrhage—ACOG AIM



- 8. Neonatal Abstinence Syndrome
- 9. NTSV cesarean comparative measure







		% N	eonatal A	bstinence	Syndron	ne (NAS)	
	5%				<u></u>	/	4
th NAS	4%						0.00
# of infants/1000 with NAS	3%						
# of infan	2%						1.7%
	1%	0.9%	0.7%	0.8%	0.6%	1.0%	
	0%	2016	2017	2018	2019	2020	2021
				Ye	ear		

Your Hospital Report						
	2016	2017	2018	2019	2020	2021
NAS average LOS	19	18	21	14	9	10
# NAS infants included	41	32	31	28	46	10
# NAS infants excluded*	12	12	17	11	14	15

Note: Data on this page is included through Q1 2021

Your Hospita	al Rep	ort				
	2016	2017	2018	2019	2020	2021
% NAS	0.9%	0.7%	0.8%	0.6%	1.0%	1.7%
# NAS infants	53	44	48	39	60	25
# births	6128	5995	6265	6335	6164	1431

	2016	2017	2018	2019	2020	2021
NAS average LOS	18.64	17.48	17.47	15.38	14.15	13.91
# NAS infants included	1050	1009	907	843	806	170
# NAS infants excluded*	551	547	568	558	473	254

	2016	2017	2018	2019	2020	2021
% NAS	0.74%	0.73%	0.69%	0.65%	0.63%	0.87%
# NAS infants	1601	1556	1475	1401	1279	424
# births	215595	213581	213667	214126	204277	48553



<sup>\*</sup> 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



### **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

- 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



### 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



### **Successes**

# Advent Health; Lee Health; Memorial, Halifax Hospitals Tracy Blue, RN & Pam Carbiener, MD

- 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



### Plans for Sustainability: Hospital team strategies

- 1. Monthly screening report out
- 2. Continued participation in FPQC PQI
- 3. Continue working to have Narcan available, piggybacking on ER process



### **Successes**

# AH Waterman, Ascension Health System, Broward, NCH, Gulf Coast Regional, Trinity, Orange Park, Rockledge, St Mary's Medical Center, Winnie Palmer

### Amanda Snyder, RN & Eliza Bruscato, MD/Jan Lanouette, MD

- 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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Florida Perinatal Quality Collaborative