MORE 2.0 Where are we?

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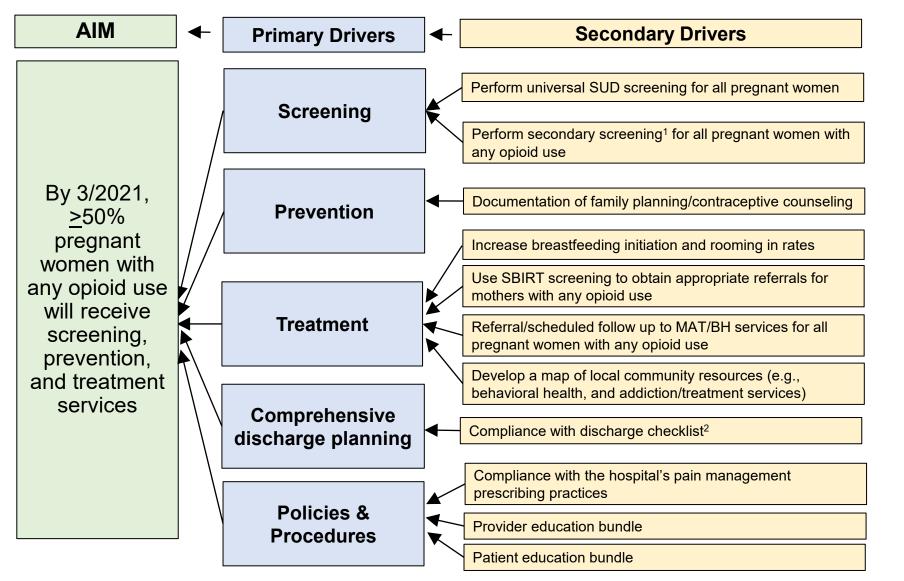


OUR AIM

By 3/2022, \geq 50% of pregnant women with any opioid use will receive screening, prevention, and treatment services



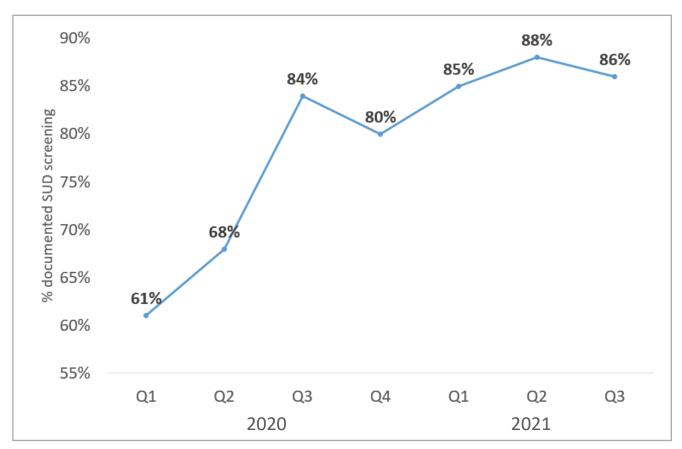
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



¹Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence ² Discharge checklist: 1) Peer counselor visit 2) Postpartum depression screening, 3) Social work consult, 4) Pediatric consult, 5) Contraceptive plan, 6) Scheduled OB postpartum visit, 7) Scheduled Behavioral Health and/or MAT visit or referral, 8) Healthy Start/Home visiting program referral, and 9) patient education bundle (MAT & SUD treatment, infectious/mental health comorbidities, safe sleep, NAS including non-pharmacological management, family planning and Narcan [®] (naloxone) use) v.11/7/2019

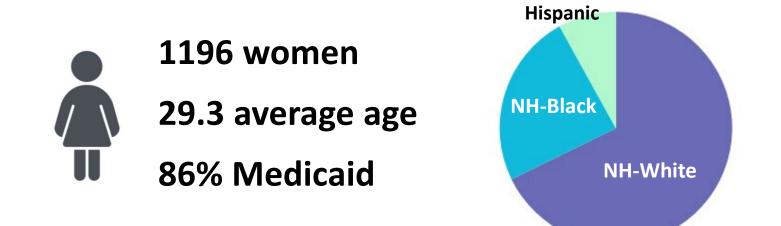
Screening

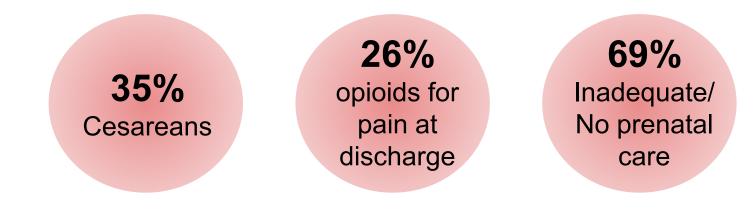
• Universal SUD screening for all pregnant women





Characteristics of MORE women

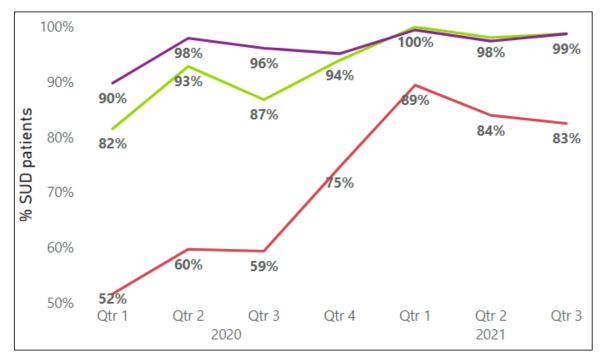






Screening

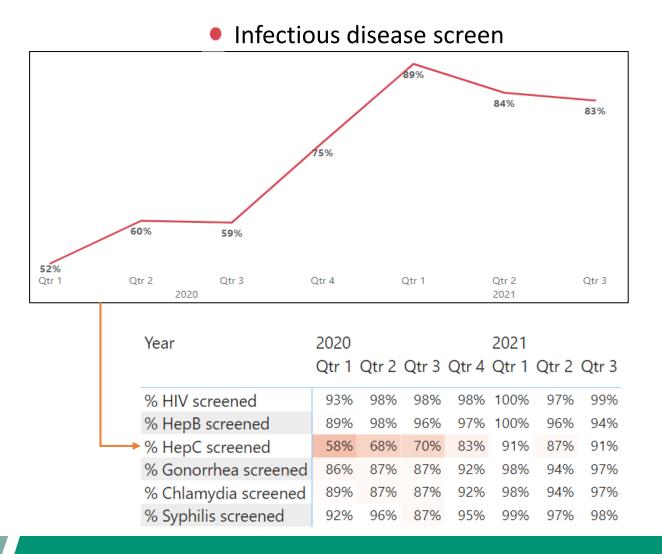
- Secondary screening for pregnant women with any opioid use
 - Intimate partner violence screen
 - Mental Health screen
 - Infectious disease screen





Screening

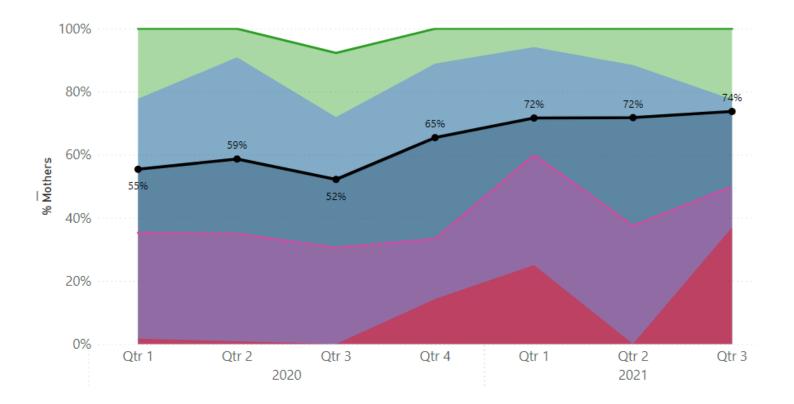
• Secondary screening for pregnant women with any opioid use





Prevention

• Documentation of family planning/contraceptive counseling



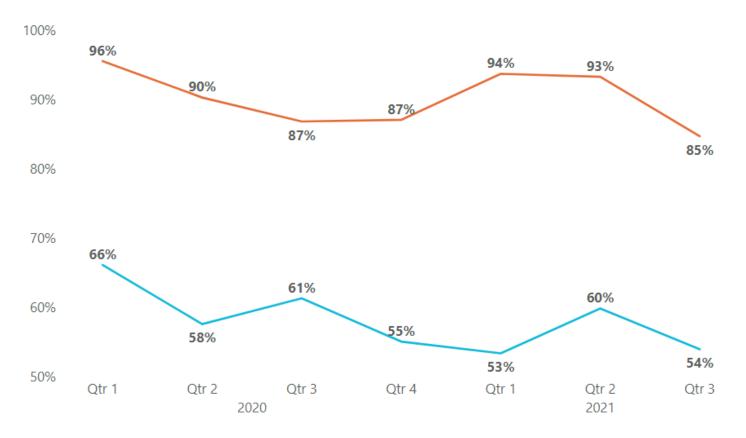
NOTE: As part of a contraceptive plan, a method must be provided, if method not available, an appointment must be scheduled to provide the method in the contraceptive plan.





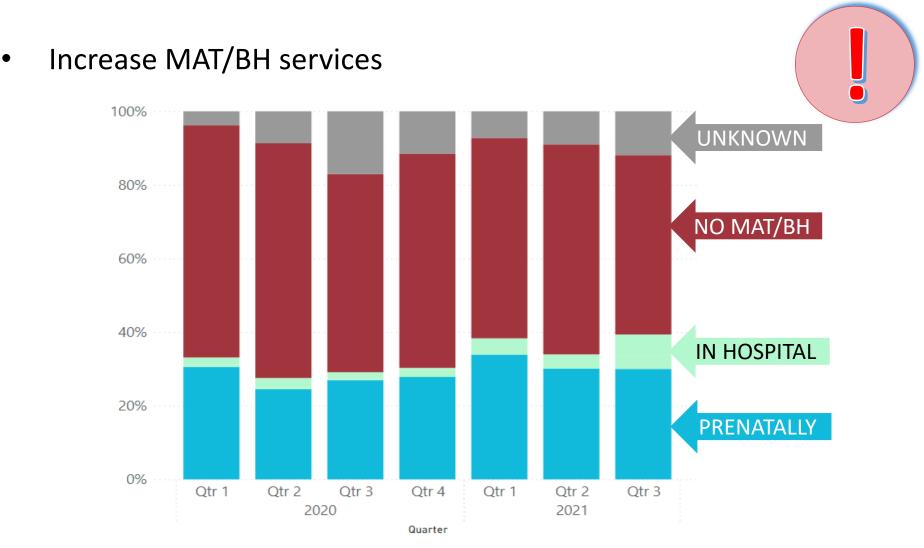
Treatment

- Breastfeeding at discharge
- Rooming-in rates





Treatment



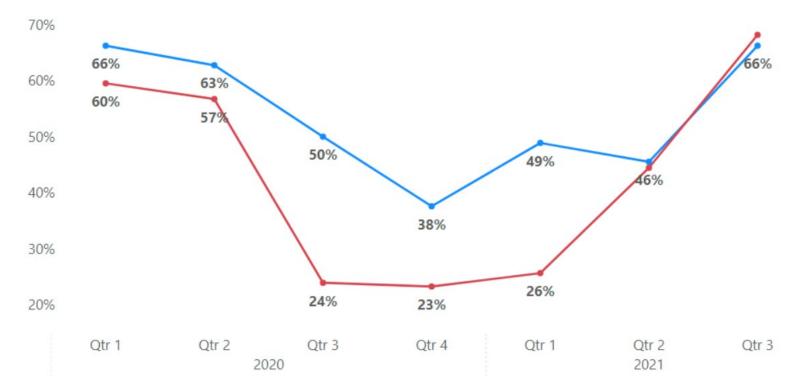


Treatment

• Referral to MAT/BH services prior to maternal discharge

All women

Women 1st identified at delivery admission





Comprehensive Discharge Planning

 8% of women received all items of the education bundle in the last quarter

Year	2020				2021		
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
% MAT & substance abuse treatment	50%	59 %	53%	33%	35%	49%	53%
% Infectious/mental health comorbidities	21%	14%	18%	27%	28%	50%	33%
% Narcan use	15%	1%	5%	10%	14%	17%	23%
% NAS including non-pharm mgmt	31%	38%	43%	38%	39%	31%	44%
% Family planning	43%	57%	55%	65%	75%	74%	70%
% Safe Sleep	53%	83%	<mark>86</mark> %	89 %	93%	89%	<mark>8</mark> 5%



Comprehensive Discharge Planning

• 10% of women received all items of the **discharge bundle in the last quarter**

	Year	2020				2021			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	
	% Postpartum depression screen	49%	57%	65%	61%	61%	51%	64%	
	% Social work consult	97%	94%	95%	94%	96%	98%	98%	
	% Contraceptive plan	55%	59%	52%	65%	72%	72%	74%	
	% OB postpartum visit	14%	23%	21%	14%	21%	18%	34%	
N	% Pediatric consult	72%	78%	72%	88%	97%	95%	85%	
	% Behavioral Health/MAT referral	66%	63%	50%	38%	49%	46%	66%	
	% Healthy Start	85%	77%	75%	76%	84%	85%	87%	



Policies and Procedures

- 80% of hospitals have fully implemented a universal screening protocol or guideline for substance use for all pregnant women
- 62% 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



Policies and Procedures

Provider/Staff education

	MDs, ARNPs, PAs	RNs	Ancillary staff
Universal Screening	55%	75%	45%
Trauma Informed care	22%	45%	24%
Psychology of addiction	22%	65%	45%
Motivational interviewing	15%	40%	29%
Guideline to reduce opioid use in pain mgmt.	60%	75%	42%
Family plannning	45%	39%	42%
Infectious/mental co-morbidities	22%	28%	16%









MORE Attention Support Services Follow-up Compassion

Thank you!

For MORE resources visit: www.fpqc.org/MORE

Questions? email: erubio1@usf.edu

