MORE Mid-Project Virtual Meeting

Welcome!
23 MORE Hospitals (35% of Births)
Welcome!
Health Start Coalitions

Florida Healthy Start
Florida Association of Healthy Start Coalitions
<table>
<thead>
<tr>
<th>Medicaid &amp; Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>AETNA BETTER HEALTH COMMUNITY CARE PLAN</td>
</tr>
<tr>
<td>FLORIDA COMMUNITY CARE</td>
</tr>
<tr>
<td>HUMANA MEDICAL PLAN</td>
</tr>
<tr>
<td>LIGHTHOUSE HEALTH PLAN</td>
</tr>
<tr>
<td>MIAMI CHILDREN’S</td>
</tr>
<tr>
<td>MOLINA HEALTHCARE</td>
</tr>
<tr>
<td>PRESTIGE</td>
</tr>
<tr>
<td>SIMPLY HEALTHCARE</td>
</tr>
<tr>
<td>STAYWELL</td>
</tr>
<tr>
<td>SUNSHINE HEALTH</td>
</tr>
<tr>
<td>UNITEDHEALTHCARE</td>
</tr>
<tr>
<td>VIVIDA HEALTH</td>
</tr>
</tbody>
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MORE: Maternal Opioid Recovery Effort

More:
- Attention
- Support
- Services
- Follow up
- Compassion
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, >50% pregnant women with any opioid use will receive screening, prevention, and treatment services

Primary Drivers

- Screening
  - Perform universal SUD screening for all pregnant women
  - Perform secondary screening¹ for all pregnant women with any opioid use

- Prevention
  - Documentation of family planning/contraceptive 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 checklist²

Secondary Drivers

- Policies & Procedures
  - Compliance with the hospital’s pain management prescribing practices
  - Provider education bundle
  - Patient education bundle

¹Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence
²Discharge 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)
23 New Hospitals (35% of Births)
Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
Language Matters

Language is powerful – especially when talking about addictions. Stigmatizing language perpetuates negative perceptions.

“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

**SAY THIS**
- Person with a substance use disorder
- Person living in recovery
- Person living with an addiction
- Person arrested for drug violation
- Choices not to all this pain
- Medication is a treatment tool
- Had a setback
- Maintained recovery
- Positive drug screen

**NOT THAT**
- Addict, junkie, druggie
- Bigger
- Battling/suffering from an addiction
- Drug offender
- Non-compliant/beat out
- Medication to a switch
- Relapse
- Stayed clean
- Dirty drug screen

SAVE A LIFE.

Overdose is now the leading cause of death for pregnant and postpartum women in Illinois.

NARCAN/NALOXONE

Narcan/Naloxone is an approved medication for the treatment of opioid overdose and is a key risk reduction strategy that reduces overdoses and saves lives. It is safe and easy to use.

**WHO**
- OB providers should counsel and prescribe Narcan/Naloxone for all patients with Opioid Use Disorder (OUD) and co-prescribe for all patients taking opioids regularly.

**HOW TO PRESCRIBE**
- Order Narcan/Naloxone 0.4mg/5ml. Administer spray to person in extremis.
- Repeat in 2-5 minutes if no response after 2-3 minutes.
- Observe person for 30 minutes.
- Have Narcan/Naloxone on person.
- When prescribing, the discharge summary should include notes for both patient and primary care provider.

**SCAN FOR A SAMPLE SCRIPT**
- Scan here for a sample script for Narcan/Naloxone.
- Visit ipqcc.org/RHO initiative or email info@ipqcc.org

March 2020
MORE Patient Education Material

MORE HOPE
Helping Our Parents Excel

Opioid safety and how to use naloxone

A GUIDE FOR PATIENTS AND CAREGIVERS

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
MORE 4-Part Video Series

From Judgment to Healing: The Impact of Stigma

Getting Real: Taking the First Steps Toward Recovery

Screening, Brief Intervention, and Referral to Treatment

Mothers & Babies to Services: Plans of Safe Care
MORE Patient Care Folder
Opioid Use—Community Resource Directory
Opioid Use During Pregnancy

Urgent PAMR Message for Providers, Hospitals & Communities

Florida PAMR Findings:
- Opioid Use Disorder (OUD) is a life-threatening chronic condition and is dangerous to pregnant and postpartum women.
- The rate of Florida women with OUD identified at delivery admissions (pregnancy and postpartum) in 2017 was 1 per 100 live births. In 2019, this rate increased to 2 per 100 live births.
- Drug-related deaths are the leading cause of death for mothers during pregnancy or within one year after childbirth. In 2017, 30% of maternal deaths in Florida were due to drug-related deaths.

Risk Factors:
- Women and those who may be exposed to the public and other healthcare professionals make it very difficult for patients to discuss their condition and seek help.
- Mothers with OUD who have not received treatment may experience higher rates of relapse and potentially fatal consequences.

PAMR Recommendations:
- Prenatal Care and Screening:
  - Screen all pregnant women for OUD during prenatal care visits and at the time of delivery using a validated prenatal or screening tool.
  - Consider using a biological test for opioids and other drugs not recommended.

- Maternal Drug-Related Mortality Review (MDRMR) is an ongoing initiative to assess and improve maternal outcomes.

More information on a maternal opioid care bundle is available on the FPQC website:
https://health.state.fl.us/publichealth/reach/fpqc/omcx
Florida Findings

- Drug-related deaths are the **leading** cause of death to mothers during pregnancy & within one year of birth.
- Drug-related deaths account for **1 in 4** of these deaths.
- **Most** deaths (75%) occur after the baby is born and mother has been **discharged**.
Overdoses Among Florida Women of Childbearing Age

Fatal Drug Overdoses

Non-Fatal Drug Overdoses

COVID
Critical Recommendations to Reduce Opioid-Related Mortality

Provide direct referral to medication-assisted treatment.

Women with OUD should receive a prescription and education on Naloxone.
“Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as providing for their obstetrical needs.”