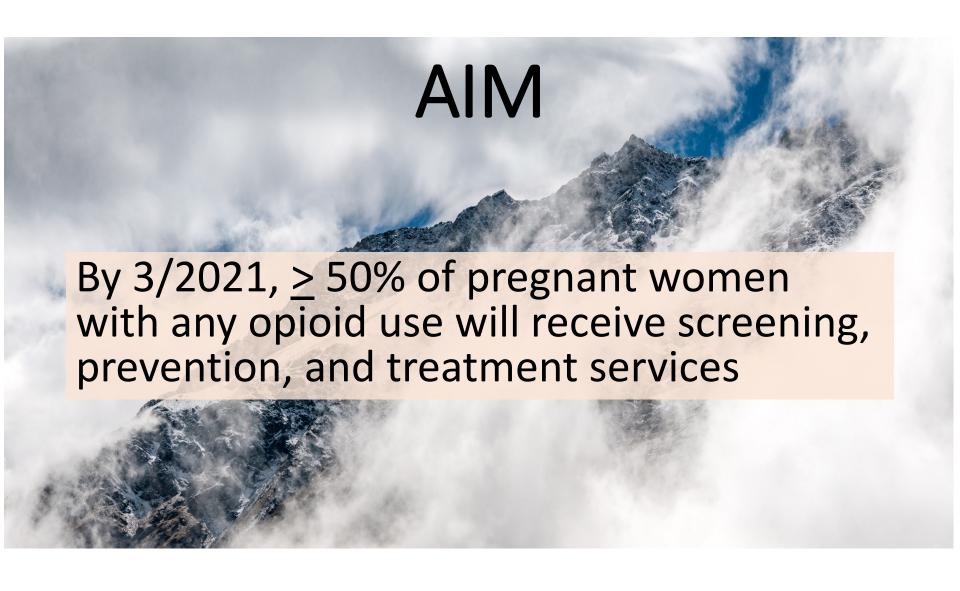
MORE initiative Where are we?

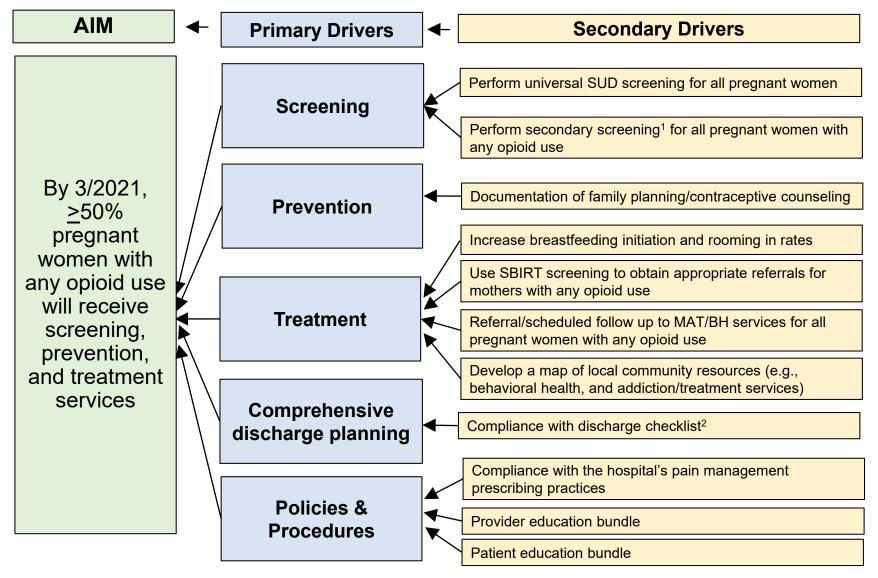
Estefania Rubio, MD, MPH FPQC Data Manager







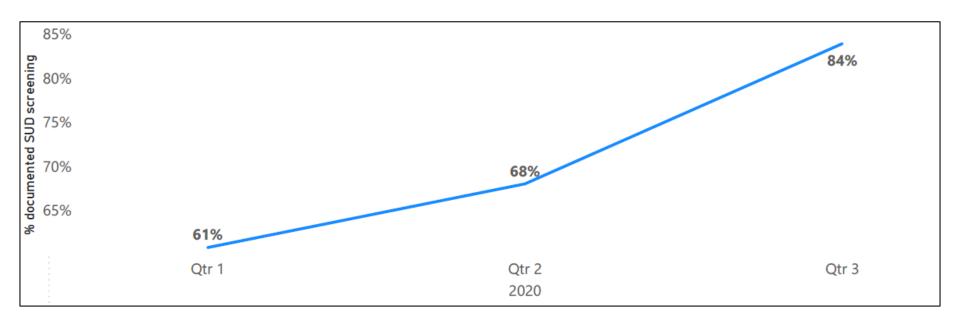
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



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





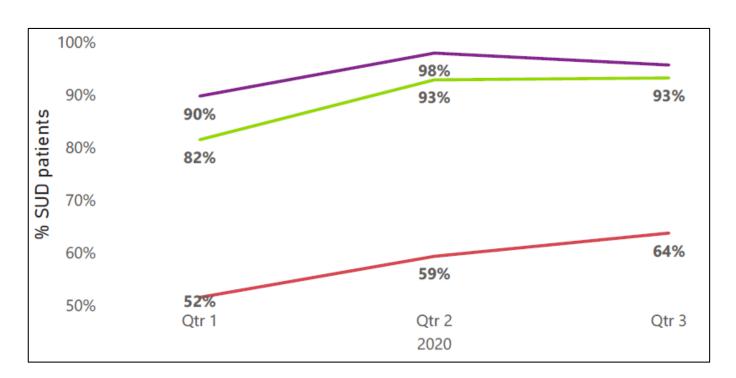
Women with opioid use during pregnancy

	Population Characteristics	
		2020
General	# women with any opioid use	517
	% Cesarean Delivery	35%
	% Opioid at discharge for pain management	26%
Insurance	% Medicaid	86%
Prenatal Care	% No Prenatal Care (PC)	20%
Tronacar care	% start PC II/III trimester	47%
Race-ethnicity	% Non Hispanic-White	67%
	% Non Hispanic-Black	22%



Screening

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

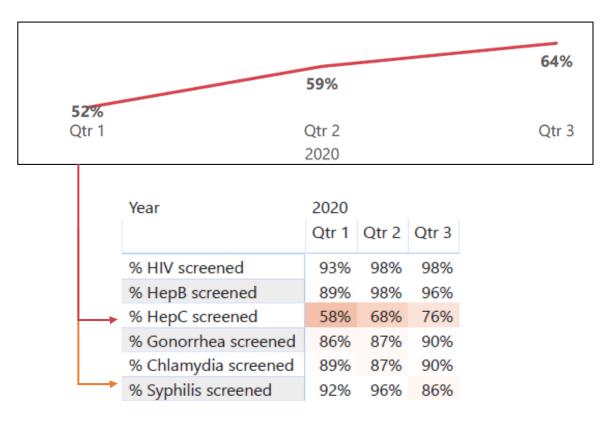




Screening

Secondary screening for pregnant women with any opioid use

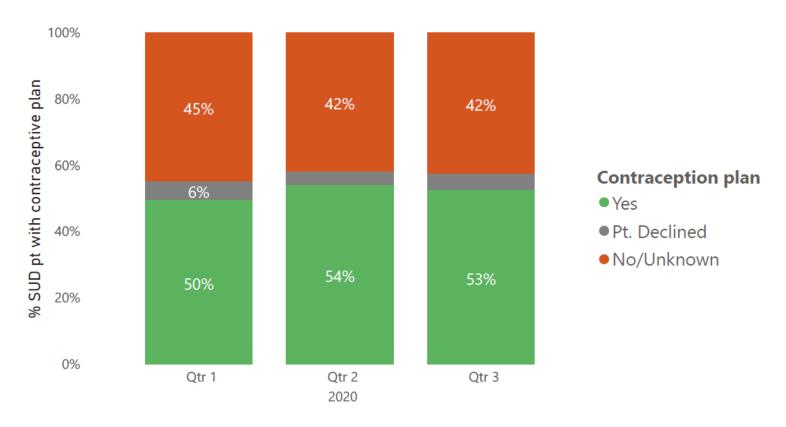
Infectious disease screen





Prevention

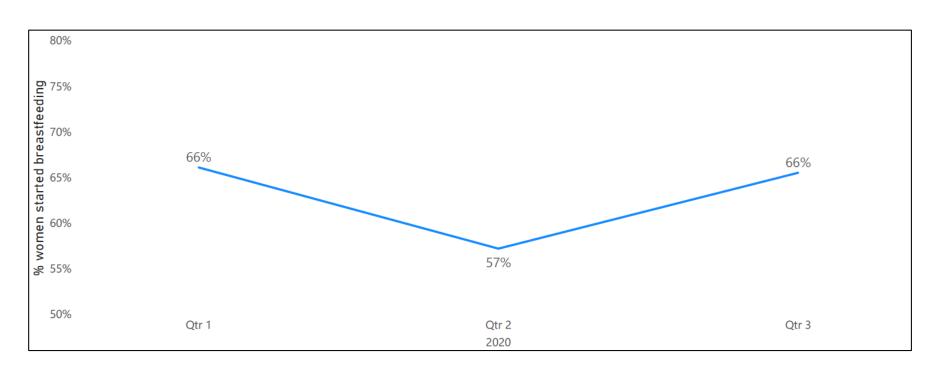
Documentation of family planning/contraceptive counseling



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.

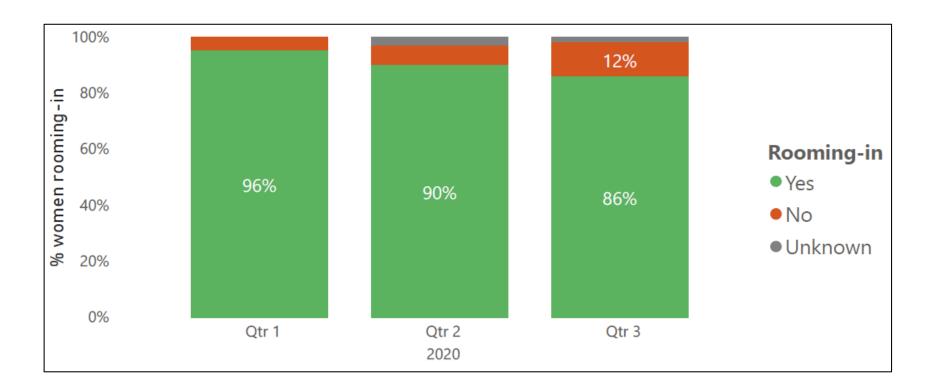


Increase breastfeeding initiation rates



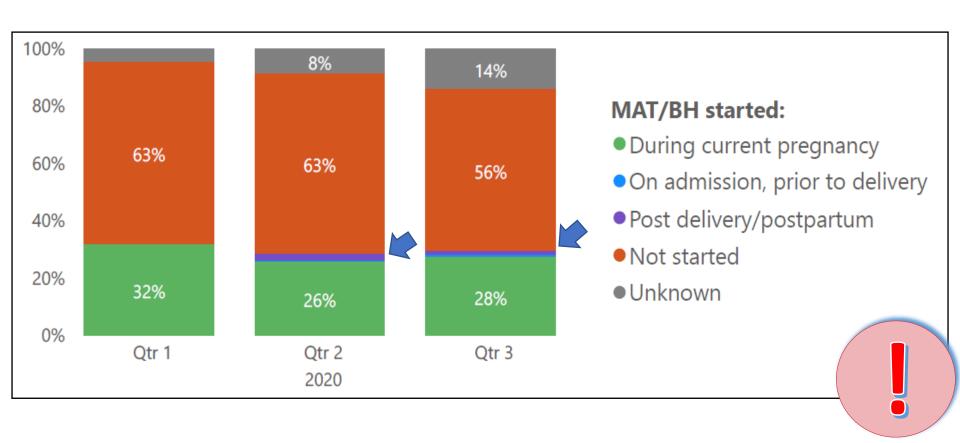


• Increase rooming-in rates





Increase MAT/BH services





Referral to MAT/BH services prior to maternal discharge

Year	2020		
	Qtr 1	Qtr 2	Qtr 3
# opiod use 1st identified during delivery admission	42	67	39
% referred to MAT/BH	26%	24%	18%





Comprehensive Discharge Planning

 Only 1% of women have received all items of the education bundle to date

Year	2020		
	Qtr 1	Qtr 2	Qtr 3
% MAT & substance abuse treatment	50%	58%	58%
% Infectious/mental health comorbidities	21%	14%	20%
% Narcan use	15%	1%	4%
% NAS including non-pharmacological mgmt	31%	38%	49%
% Family planning	43%	56%	62%
% Safe Sleep	53%	83%	85%



Comprehensive Discharge Planning

- Compliance with education bundle
- No women had received all items of the bundle to date

MORE comprehensive discharge bundle includes all the following:				
Year	2020			
	Qtr 1	Qtr 2	Qtr 3	
% Education bundle	1%	0%	3%	
% Postpartum depression screen	49%	57%	69%	
% Social work consult	97%	94%	96%	
% Contraceptive plan	55%	58%	58%	
% OB postpartum visit	14%	23%	22%	
% Pediatric consult	72%	78%	81%	
% Behavioral Health/MAT referral	45%	48%	34%	
% Healthy Start	85%	77%	82%	



Policies and Procedures

- 48% of hospitals have fully implemented a universal screening protocol or guideline for substance use for all pregnant women
- 25% have implemented a guideline or protocol for post delivery and discharge pain management
- 21% 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	38%	59%	50%
Trauma Informed care	16%	38%	54%
Psychology of addiction	16%	53%	46%
Motivational interviewing	13%	30%	29%
Guidelines to reduce use of opioid in pain mgmt.	50%	65%	44%
Family plannning	40%	21%	38%
Infectious/mental co-morbidities	19%	18%	16%



Let's keep in touch...

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