# Lessons learned in Massachusetts on System Improvement for Care of Patients with SUD in Pregnancy

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### **Conflict of interest**

I have no financial disclosures or conflicts of interest



# **Today's Presentation**

- Explain the "why"
- Finding tools
- Data loop
- Organizing the work

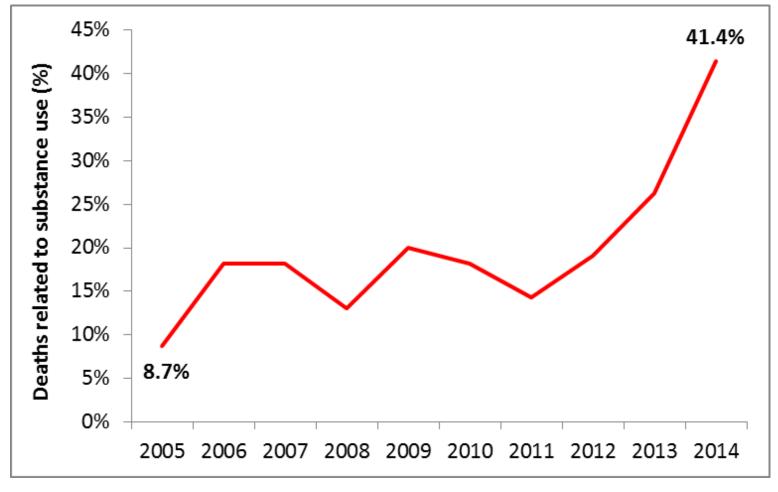






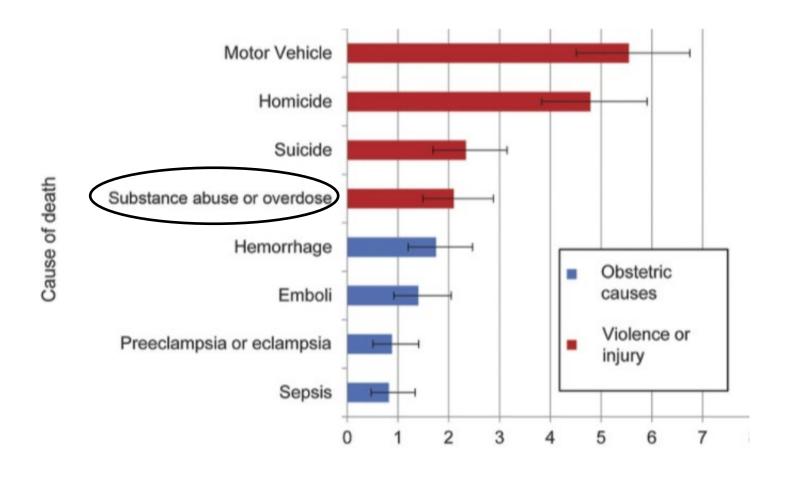
# Pregnancy associated mortality from substance is increasing

#### Percent of Pregnancy-Associated Deaths Related to Substance Use by Year





## Substance use is involved in mortality more often than obstetric causes



Mortality rate per 100,000 live births

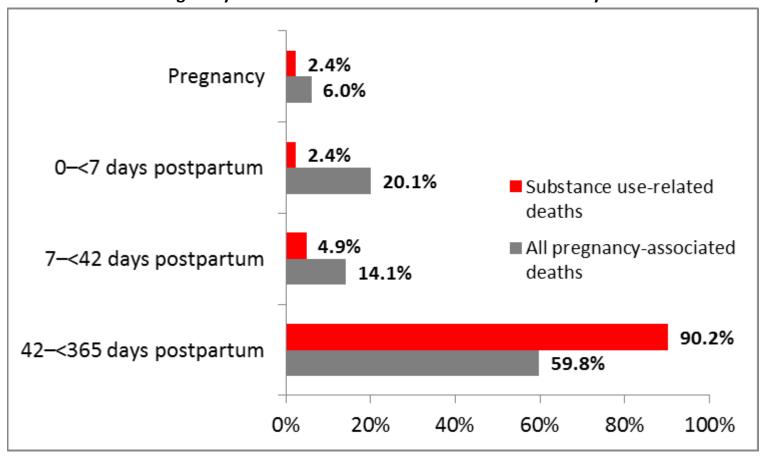
Higher Risk of Homicide Among Pregnant and Postpartum Females Aged 10–29 Years in Illinois, 2002–2011

Koch, Abigail R. MA; Rosenberg, Deborah PhD; Geller, Stacie E. PhD



### Most substance-use associated pregnancy mortality is after delivery

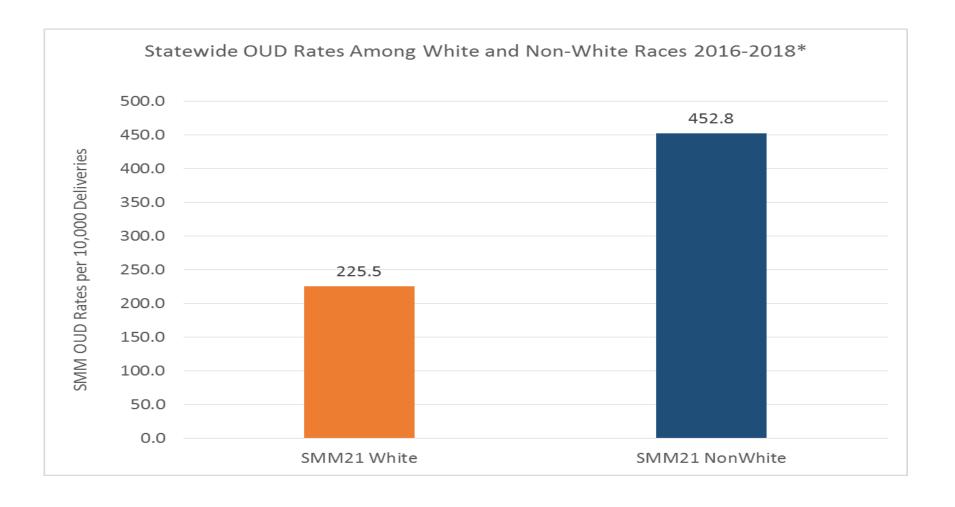
Percent of Pregnancy-Associated Deaths Related to Substance Use by Time Period



Massachusetts DPH



### Massachusetts SMM21 OUD by Non-white/white\*

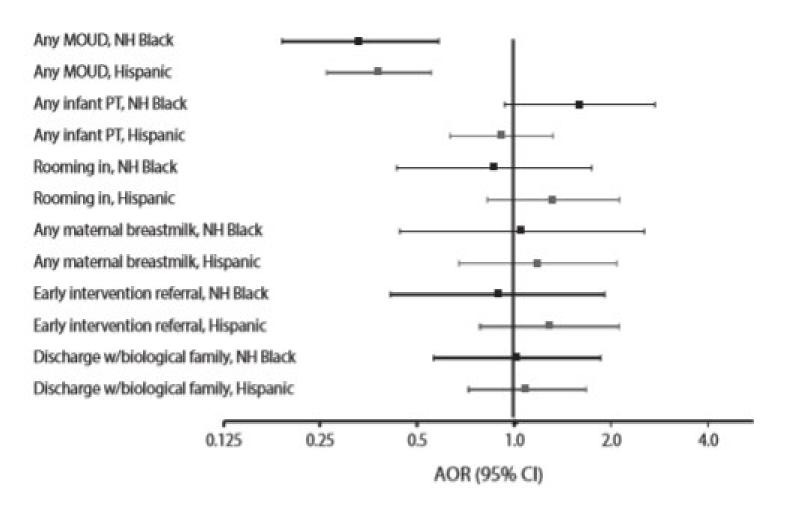


\*first 3 quarters of 2018

Betsy Lehman Center, 2019



### Black and Hispanic women have a lower rate of MOUD



Racial and Ethnic Disparities in Maternal and Infant Outcomes Among Opioid-Exposed Mother–Infant Dyads in Massachusetts (2017–2019). https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.305888



# **Get involved!**

### **Summits**





### **OUD Webinars**

### **OUD** in Pregnancy Webinars

### **Monthly Agenda Overview**

12:00 - 12:05: Welcome/ Introductions

12:05 - 12:15: Updates from the teams on QI projects + collaborative

12:15 - 12:30: Brief QI teaching, Assignment

Ronald Iverson, MD, MPH – OUD Bundle Components Overview, Stakeholders

12:30 - 12:55: Guest Topics: 20 minute presentations + 5 mins for questions

Nicole Smith, MD, MPH – OUD Screening Options

12:55 - 1:00: Closing/Final Comments



PERINATAL-NEONATAL QUALITY IMPROVEMENT NETWORK OF MASSACHUSETTS



### **OUD Webinars**

Date	QI Topic	OUD Screening Options
7/21/20	<b>OUD Bundle Components Overview &amp; Stakeholders</b>	Plans of Safe Care
8/18/20	Developing a Project AIM	Caring for Patients with OUD - Using the Checklist
9/15/20	Measures for Improvement	Linkages to Care
10/20/20	Key Driver Diagram	Equity Consideration in OUD Care: Start Where you are
11/17/20	Developing interventions	· · ·
12/15/20	Understanding Run Charts	Centering Patient Voice
1/19/21	Understanding Data Control Charts	OUD SMM Data
2/16/21	Using the PDSA Cycle	Early Head Start
3/16/21	PDSA: Making Adjustments	• MAT
4/20/21	Scale and Spread Up	Pain Relief During Pregnancy, Labor, Surgery, Post-op
5/18/21	Sustainability	SBIRT Check in



## **Bring in state resources**

- MASBIRT SBIRT trainings
- CARE TIC trainings
- OBAT MAT trainings
- IHR Locator, initial site for our toolkit
- MCPAP for Moms
- Moms Do Care
- Healthy Start



# **SBIRT** training

### **Assess all pregnant women for SUDs**

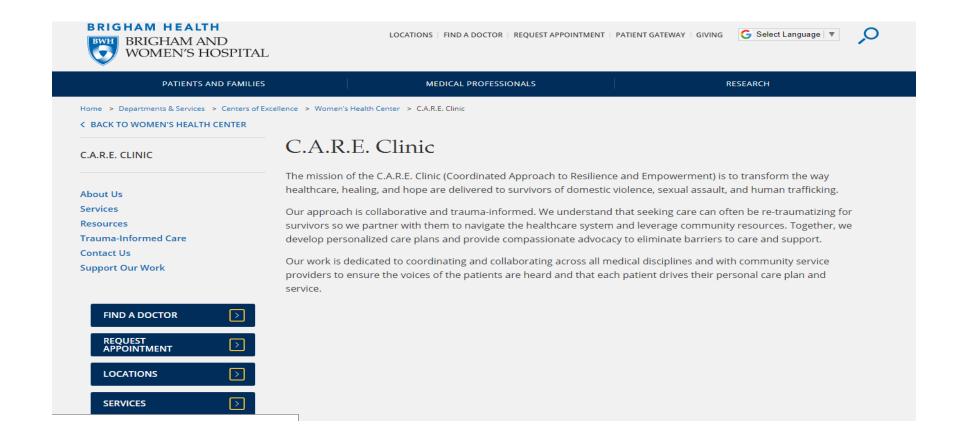
- Screen for polysubstance use among women with OUD.
- Screening, Brief Intervention and Referral to Treatment (SBIRT)





### Trauma Informed Care, Stigma and Bias Training

### Coordinated Approach to Resilience and Empowerment (CARE clinic)



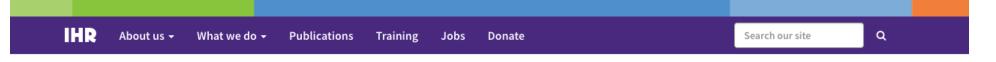


## **Provider MOUD training**





### **POSC: Institute for Healthcare Recovery**



#### **Pregnant Women & Families**

#### Safe Care

#### What is The Plan of Safe Care (POSC)?

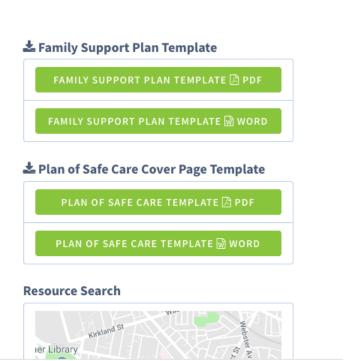
The Plan of Safe Care is a document created jointly by a pregnant or parenting woman, and her provider. This document helps women to think about what services or supports they might find useful, to record their preparations to parent and organize the care and services they are receiving.

A POSC can be any family service plan that covers both the parents' behavioral health/recovery services (including addiction and mental health supports) and family or child-focused services (such as referral to Early Intervention and prenatal care appointments).

#### Who Might Coordinate a POSC?

A POSC coordinator is simply the person who works with the woman/parent/caregiver on creating and maintaining a plan, and identifying and accessing desired resources. Any provider working with perinatal clients (including recovery coaches, case managers, home visitors, doulas, Early Intervention staff, treatment providers, medical providers, etc.) can serve as a POSC coordinator, provided they have the availability to meet regularly for a period of time with the client/patient and are equipped to make warm referrals to needed services.

BSAS-licensed and/or contracted providers who have relationships with clients that last longer than 30 days are expected to make sure that all clients who are pregnant or parenting an infant have a POSC. Other perinatal service providers and healthcare providers are encouraged to screen pregnant and parenting women for





# **Linkage to Care**











## **Healthy Start**

Celebrate the Healthy Start program's 25th anniversary. Our achievements include: ANNIVERSARY Addressing the differences in health Reducing infant mortality between the general population and racial/ethnic minorities We serve communities with: Infant mortality rates at least 11/2 times Maternal and infant health issues including High rates of poverty, low education, low birth weight, pre-term delivery, limited access to care, and other the U.S. national average socioeconomic factors maternal morbidity and mortality



## Peer mentorship





### **Consultation from SPH teams**

BUSPH: MC802 Student Consulting Team (BUSPH) Fall 2019





Boston University School of Public Health Consultants: Jenna Barrus, Himani Byregowda, Ebosetale Eromosele, Caroline Ezekwesili

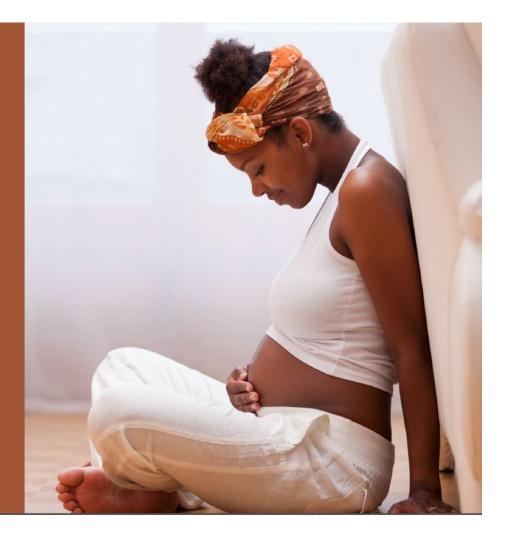


# Nursing education on racial bias in care and how to improve



# Speak Up for Black Women

Strategies to Dismantle Racism, Provide Quality Equitable Care, and Eliminate Perinatal Disparities

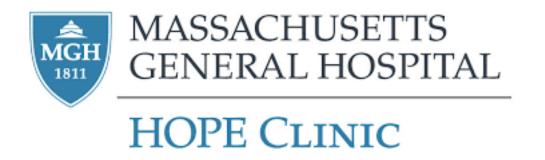


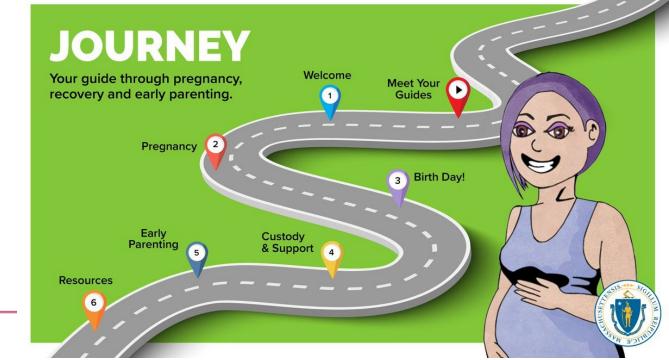


### Collaboration with specialized treatment sites











# Look at what other PQCs are doing!





CMQCC
California Maternal
Quality Care Collaborative

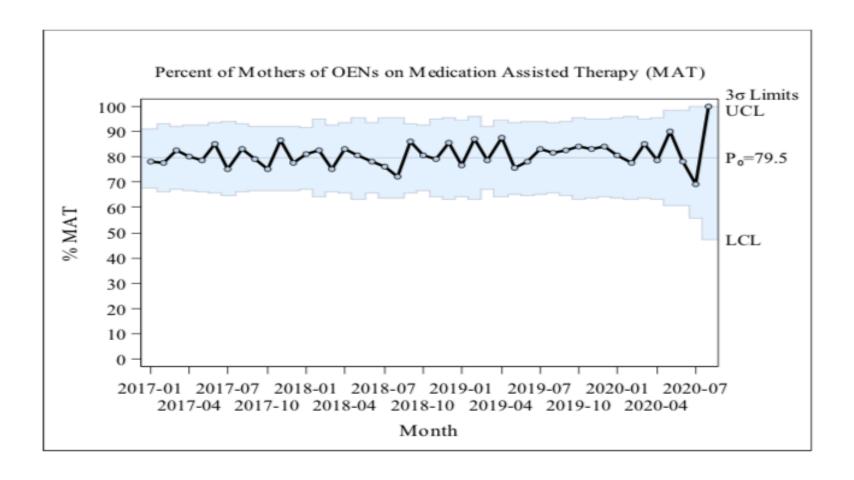




### **MOUD** for mothers of OENs

#### Medication-Assisted Therapy in Mothers of Opioid-Exposed Newborns

Numerator: Number of newborns exposed to prescribed methadone or prescribed buprenorphine during pregnancy
Denominator: All newborns at risk for NAS due to in-utero opioid exposure
Goal: In general, higher is better



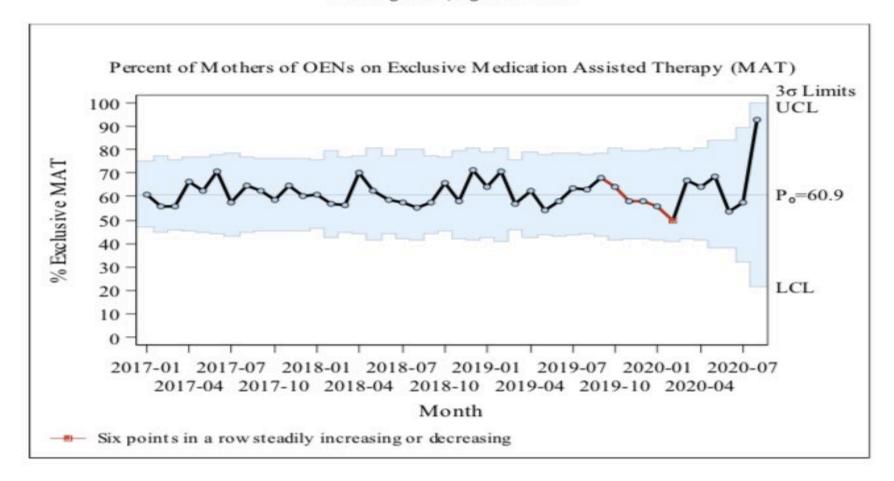


### **Exclusive MOUD for mothers of OENs**

#### Exclusive Medication-Assisted Therapy in Mothers of Opioid-Exposed Newborns

Numerator: Number of newborns exposed exclusively to prescribed methadone or prescribed buprenorphine during pregnancy
Denominator: All newborns at risk for NAS due to in-utero opioid exposure

Goal: In general, higher is better

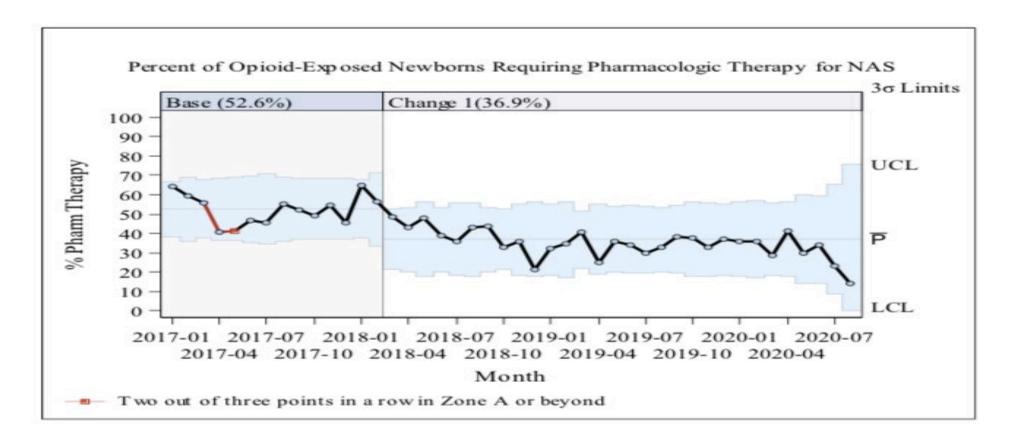




# Pharmacologic therapy for NAS

#### Pharmacologic Therapy for NAS

Numerator: Number of newborns requiring a pharmacologic agent for treatment of NAS Denominator: All newborns at risk for NAS due to in-utero opioid exposure Goal: In general, lower is better





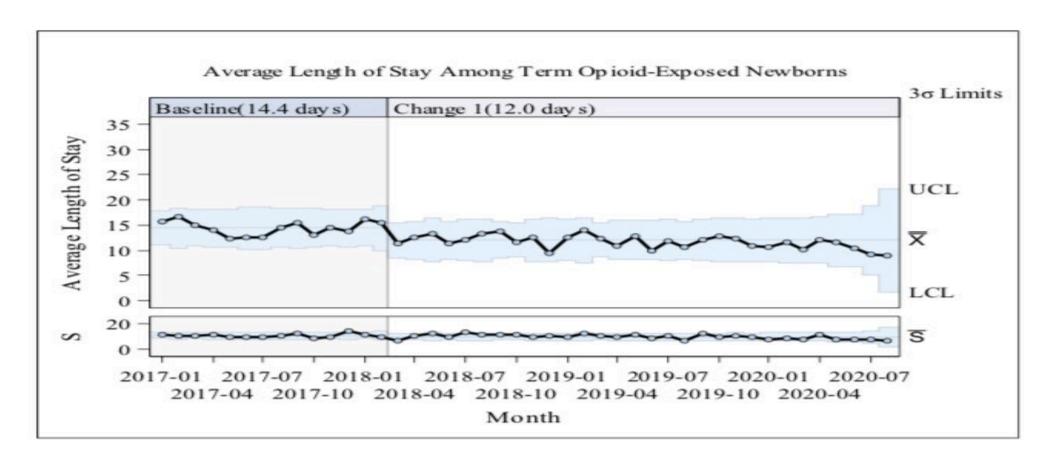
### LOS for term OENs

#### Length of Hospital Stay Among Term Newborns

Numerator: Total number of days term newborns spent in hospital

Denominator: All newborns with gestational age 37 weeks or greater at risk for NAS due to in-utero opioid exposure

Goal: No specific numeric target

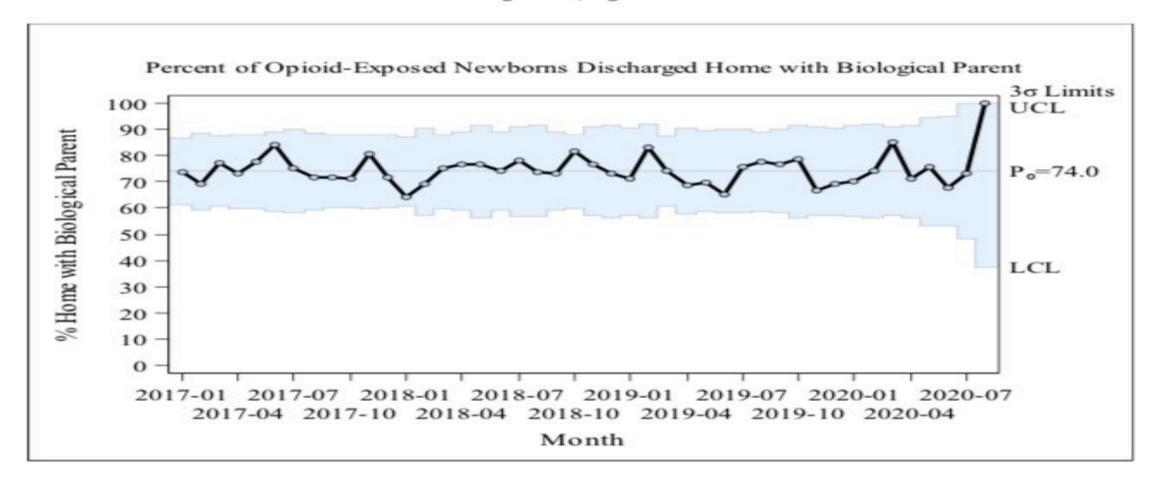




### Discharge home with biologic parent

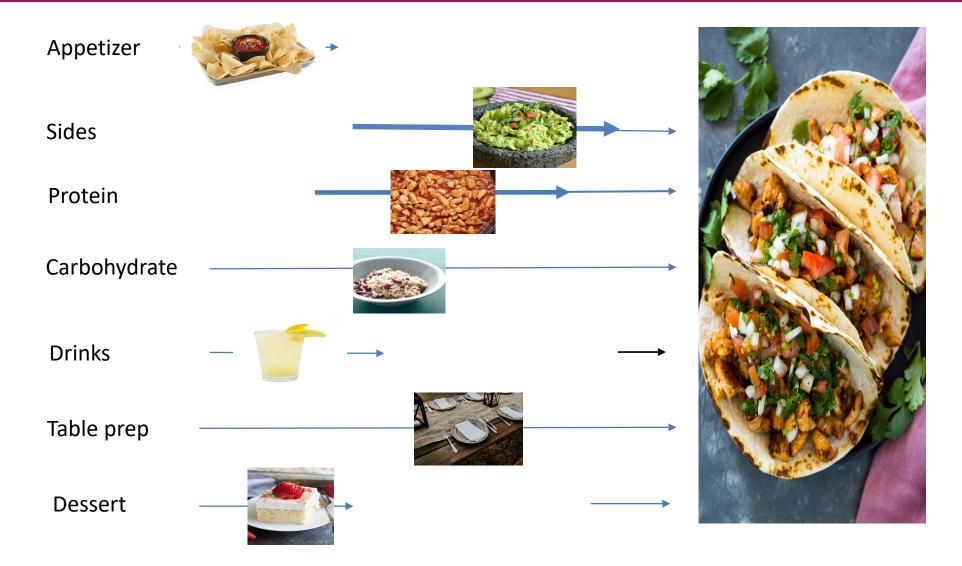
#### Discharge Home with Biologic Parent

Numerator: Number of newborns who were discharged home with their biologic parent Denominator: All newborns at risk for NAS due to in-utero opioid exposure Goal: In general, higher is better





# Getting this all done





### **OUD in Pregnancy Progress Tracking**

Project Leads:	Date:	
Team Members:		

Agenda Items	Discussion	Action/Follow Up	Responsible	Status			
<u>Readiness</u>							
Provide education to promote understanding of opioid use disorder (OUD) as a chronic disease.	Emphasize that substance use disorders (SUDs) are chronic medical conditions, treatment is available, family and peer support is necessary and recovery is possible. Emphasize that opioid pharmacotherapy (i.e. methadone, buprenorphine) and behavioral therapy are effective treatments for OUD.						
Provide education regarding neonatal abstinence syndrome (NAS) and newborn care to patients with OUD.	Awareness of the signs and symptoms of NAS Interventions to decrease NAS severity (e.g. breastfeeding, smoking cessation)						
Engage appropriate partners (i.e. social workers, case managers) to assist patients and families in the development of a "plan of safe care" for mom and baby.							
Provide staff-wide (clinical and non-clinical staff) education on SUDs	Emphasize that SUDs are chronic medical conditions that can be treated. Emphasize that stigma, bias and discrimination negatively impact						

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# Thank you

