Maternal Opioid Recovery Effort (MORE) Data: Definitions, Processes and Tools

Estefania Rubio, MD, MPH

Partnering to Improve Health Care Quality for Mothers and Babies
Global AIM: Improve identification, clinical care and coordinated treatment/support for pregnant women with any opioid use and their infants
SMART Goal

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services
Data collection will inform how your hospital is doing and help identify areas for improvement
Processes for Data Collection
Data type and frequency of reporting

Monthly

• Patient level data
  • Screening, treatment, services

• Action/Hospital level data
  • Staff education
  • Pain management policies & procedures
Data Collection Process

1. Identify qualifying Maternal Opioid Use cases

- Early identification of cases through universal screening*
- Prospectively create a log of identified cases
- Check Inclusion & Exclusion Criteria

*This denotes screening, not biologic testing;
Validated screening tools include NIDA Quick Start, 4Ps, 5Ps, CRAFFT and others.
### Inclusion/Exclusion criteria

<table>
<thead>
<tr>
<th>INCLUDE</th>
<th>EXCLUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Any pregnant women who is admitted to your hospital <strong>for delivery</strong> with <strong>any opioid use during this pregnancy</strong>, regardless of infant outcome</td>
<td>- Pregnant women who are in observation status or seen in the ED</td>
</tr>
<tr>
<td></td>
<td>- Pregnant women not admitted for delivery</td>
</tr>
</tbody>
</table>
Data Collection Process

1. Identify qualifying Maternal Opioid Use cases

   - Early identification of cases through universal screening (+ for opioid use)
   - Prospectively create a log of identified cases
   - Check Inclusion & Exclusion Criteria

Use adequate ICD-10 codes: F11.xx

For identification of cases: Do not rely on ICD-10 codes alone

...... the list goes on, find the one that best fits your patient diagnosis
Data Collection Process

1. Identify qualifying Maternal Opioid Use cases
   - Early identification of cases through universal screening (+ for opioid use)
   - Prospectively create a log of identified cases
   - Check Inclusion & Exclusion Criteria

MORE Discharge Checklist

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum depression screening</td>
<td>☐</td>
</tr>
<tr>
<td>Social work consult</td>
<td>☐</td>
</tr>
<tr>
<td>Peer counselor visit</td>
<td>☐</td>
</tr>
<tr>
<td>Behavioral health counseling</td>
<td>☐</td>
</tr>
<tr>
<td>Substance use disorder counseling</td>
<td>☐</td>
</tr>
<tr>
<td>Contraception counseling/plan</td>
<td>☐</td>
</tr>
<tr>
<td>Plan of Safe Care initiated/updated</td>
<td>☐</td>
</tr>
<tr>
<td>Report to DCF</td>
<td>☐</td>
</tr>
<tr>
<td>- Completed/filed</td>
<td>☐</td>
</tr>
<tr>
<td>- Accepted</td>
<td>☐</td>
</tr>
</tbody>
</table>
Data Collection Process

1. Identify qualifying Maternal Opioid Use cases
   - Early identification of cases through universal screening (+ for opioid use)
   - Prospectively create a log of identified cases
   - Check Inclusion & Exclusion Criteria

2. Chart Abstraction

Complete audit form for each qualifying patient with any opioid use

Data Collection Sheet
www.fpqc.org/MORE
What do I do with the Study ID#?

Study ID #: Start at 001 and add sequentially

Every patient chart that you include for MORE data submission should get a hospital assigned Study ID number

Keep an on-site log of the study ID number and the medical chart number and/or identifiable patient information for data verification
Exclusion: Women referred from Substance Use Disorder (SUD) Treatment Facilities & Clinics do not require screening.
## Screening

**Opioid use 1st identified**
- Prior to current pregnancy
- During current pregnancy
- At admission prior to delivery
- Post delivery/postpartum
- Unknown

**Opioid use identified by:**
- Screening tool
- Urine toxicology
- Medical record
- Infant with signs of NAS
- Other: ________

### Infectious diseases
- HIV
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Gonorrhea
- Chlamydia
- Syphilis
- Tuberculosis

<table>
<thead>
<tr>
<th></th>
<th>Prenatally</th>
<th>Delivery admission</th>
<th>No screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mental Health
- Intimate partner violence

<table>
<thead>
<tr>
<th></th>
<th>Prenatally</th>
<th>Delivery admission</th>
<th>No screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner violence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Teams may need to add timing when the service was provided in the EMR or use a paper form that includes this information.
Include substances reported by the mother as well as those that come back positive in laboratory testing if the patient gives consent for biologic testing.

Note e-cigarettes/vape pens should be reported as Tobacco.
Note that rooming-in means that the infant roomed-in with the mother prior to maternal discharge
If there are data elements not included in the EHR, start collecting as soon as screening is positive for opioid use.
FPQC Maternal Opioid Recovery Effort (MORE)
Data Collection Definitions

Collect data on all women admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome

DEMOGRAPHIC
GA: Infant's birth gestational age. Collect in weeks and days.
Date of delivery: Collect in MM/DD/YYYY format.
Maternal age: the age of the mother at the time of delivery. Completed years only. Do not round up.
Type of insurance: Mother's insurance type as documented in the medical record.
Race & Ethnicity: Mother's race and ethnicity as documented in the medical record.
Prenatal Care: specify the trimester when prenatal care started as documented in the medical record.
Mother intends to keep her newborn(s): whether the mother intends to keep her newborn(s) at the time of mother's discharge
Route of delivery: final route of delivery as documented in the medical record.

SCREENING
Opioid use 1st identified: the period when opioid use was first identified by someone in the healthcare system.
Opioid use identified by: tool/test/circumstance that identified opioid use. Check all that apply.
Infectious disease screening: woman was screened for HIV, Hepatitis A, Hepatitis B, Hepatitis C, Gonorrhea, Chlamydia, Syphilis and Tuberculosis either prenatally or during this admission for delivery as documented in the medical record.
Mental Health screening: woman was screened for psychiatric comorbidities including peripartum depression.
Intimate partner violence screening: woman was screened for physical, sexual, or psychological harm by a current or former partner or spouse.

DRUG USE
Select any that apply for the listed drugs (illicit or prescribed) based on maternal report or drug screen (mother, infant).

TREATMENT
Prescribed opioid: the opioid was prescribed by a medical professional.
Detox during pregnancy: woman who received opioid detoxification as the primary intervention during this pregnancy.
MAT started: specify the period when MAT was started as documented in the medical record (treatment has to be started not referred).
Mental/Behavioral Health: specify the period when mental/behavioral health was started as documented in the medical record (treatment has to be started not referred). Mental/behavioral health services to be defined by hospital.
Breastfeeding or pumping at maternal discharge: mother is breastfeeding infant or pumping at maternal discharge.
Rooming-in: the infant roomed-in with the mother prior to maternal discharge. Mark unable if infant was transferred to another facility or to the NICU

ON DISCHARGE - Discharge Bundle
Education: education provided to the patient on MAT & substance use disorder (SUD) treatment, infectious/mental health comorbidities, naltrexone (naloxone) use, family planning, NAS including non-pharmacological management and safe sleep.
Services completed prior to maternal discharge: Postpartum depression (PPD) screening, social work consult, peer counselor visit, pediatric consult and contraceptive plan documented in the medical record. A part of a contraceptive plan a method must be provided, if method not available, an appointment must be schedule to provide the method in the contraceptive plan.
Opioid prescribed at discharge: Whether or not an opioid was prescribed at discharge for pain management.
Referrals provided prior to maternal discharge: OB/postpartum visit, behavioral health/MAT and Healthy start services/home visiting programs.

See back of the data collection sheet for helpful definitions
Measurement Grid

- List of measures: Outcome, Structural and Process
- Frequency
- Specifics: how measure is calculated, exclusions and notes
- Aligned with key driver diagram
# Measurement Grid

<table>
<thead>
<tr>
<th>#</th>
<th>Process Measures</th>
<th>Description</th>
<th>Frequency</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Some process measures will be reported on individual infants, and some will be reported on individual hospitals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Universal Screening</td>
<td>Abstract the first 20 medical records/quarter of all pregnant women admitted for delivery to determine if SUD screening was documented in the medical record (either prenatally or during delivery admission)</td>
<td>Monthly</td>
<td>AiM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numerator: # of women with documented SUD screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator: the first 20 women admitted for delivery in the quarter, regardless of opioid use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion: Women referred from SUD treatment facilities and clinics or already on MAT do not require screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>This denotes screening, not biologic testing: Validated screening tools include 4Ps, 5Ps, NIDA, CRAFFT and others.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FPQC.org/MORE

Partnering to Improve Health Care Quality for Mothers and Babies
Data Collection Process

1. Identify qualifying Maternal Opioid Use cases
   - Early identification of cases through universal screening (+ for opioid use)
   - Prospectively create a log of identified cases
   - Check Inclusion & Exclusion Criteria

2. Chart Abstraction
   - Enter data in the REDCap data portal

3. Enter data in the REDCap data portal
   - Link will be sent to the project and data lead once DUA is fully executed

Chart Abstraction:

Florida Perinatal Quality Collaborative
Partnering to Improve Health Care Quality for Mothers and Babies

Maternal Opioid Recovery Effort (MORE) Initiative

Partnersing to Improve Health Care Quality for Mothers and Babies
Data Submission

Each hospital lead will receive the REDCap link for data submission

Bookmark this link, you will use the same link throughout the initiative to submit your data
Partnering to Improve Health Care Quality for Mothers and Babies

QUESTIONS?
Access to Online Reporting System

We are developing your reports in our new online system—Power Bi.

You can access your updated report one day after submitting your data.

Complete this link if you would like to access the online reporting system: https://tinyurl.com/FPQCreports
Data type and frequency of reporting

Monthly

• Patient level data
  • Screening, treatment, services

• Action/Hospital level data
  • Staff education
  • Pain management policies & procedures
Ancillary staff is to be defined by each hospital and may include: OT specialist, social worker, case manager, Healthy Start specialist, etc.

### MORE education bundle compliance for healthcare team

Please report the cumulative percent of staff and providers who received education on each of the following topics:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Ancillary</th>
<th>Nurses</th>
<th>ARNPs, PAs, MDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma-informed care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychology of addiction (including stigma)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivational interviewing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guideline to reduce use of opioids in pain mgmt.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious/mental health co-morbidities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Maternal Opioid Recovery Effort (MORE)
## Hospital Level Data Collection Form

### MORE education bundle compliance for healthcare team

Please report the cumulative percent of staff and providers who received education on each of the following topics:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Ancillary</th>
<th>Nurses</th>
<th>ARNPs, PAs, MDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma-informed care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychology of addiction (including stigma)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivational interviewing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guideline to reduce use of opioids in pain mgmt.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious/mental health co-morbidities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Modules available at [www.fpqc.org/opioids](http://www.fpqc.org/opioids)
**Tells us where you are implementing Policies to support MORE**

<table>
<thead>
<tr>
<th>Policies</th>
<th>Not started</th>
<th>Planning</th>
<th>In-place</th>
<th>Fully implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implemented a universal screening protocol/guideline for substance use (for all pregnant women)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Implemented a guideline/protocol for post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focusing on limiting opioid prescription?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Completed the local OUD Treatment Resources Document to map local community resources for pregnant and postpartum women with OUD?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
## Affiliated Prenatal Care Sites

### Affiliated Prenatal Care (PNC) Sites

Percent of PNC sites affiliated with your hospital performing screening for OUD with all pregnant patients which includes SBIRT, linkage to care, brief intervention, and referral.
**Universal Screening**

<table>
<thead>
<tr>
<th>Universal Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract the first 20 medical records/quarter of <strong>all</strong> pregnant women admitted for delivery to determine if SUD screening was documented in the medical record (either prenatally or during delivery admission)</td>
</tr>
</tbody>
</table>

| Number of pregnant women with SUD screening documented in the medical record (either prenatally or during delivery admission) | ____/20 women |

- This question will only come up every 3 months

- Abstract the first 20 medical record of **all pregnant** women to determine if screening was documented in the medical record
Let us how we can support your efforts

<table>
<thead>
<tr>
<th>Challenges and Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>What challenges or barriers have you encountered that impact the MORE initiative?</td>
</tr>
<tr>
<td>What new process has your hospital implemented that has been helpful in the management of MORE infants?</td>
</tr>
<tr>
<td>What are you working on during the next quarter?</td>
</tr>
<tr>
<td>What can FPQC and our partners do that could be helpful?</td>
</tr>
</tbody>
</table>
Hospital Level Data

1. Track data for healthcare team members individually

2. Complete Data Collection Form with aggregate data

3. Enter data in the REDCap data portal

Poll/Hospital’s Intranet

EHR

Link will be sent to the project lead
Data Collection

Data collection starts **January 1, 2019**

**Reporting date:** 14\textsuperscript{th} of the month after the month ends (e.g. January data is due February 14\textsuperscript{th})
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
  - Compliance with the hospital’s pain management prescribing practices
- **Policies & Procedures**
  - 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)
Bundles / All or nothing
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

Comprehensive discharge planning

Compliance with 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 BH and/or MAT visit or referral
8. Healthy Start/Home visiting program referral, and
9. Patient education bundle

Secondary Drivers

Primary Drivers

AIM
By 3/2021, >50% 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.

Provider education bundle:
1. Universal screening
2. Trauma-informed care
3. Psychology of addiction (including stigma)
4. Motivational interviewing
5. Clinical guidelines to reduce use of opioids in pain management
6. Family planning
7. Infectious/mental health co-morbidities

Policies & Procedures:
- Compliance with the hospital’s pain management prescribing practices

Primary Drivers
- Provider education bundle
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

Policies & Procedures

Compliance with the hospital's pain management prescribing practices

Provider education bundle

Patient education bundle:
1. MAT & SUD treatment
2. Infectious/mental health comorbidities
3. Safe sleep
4. NAS including non-pharmacological management
5. Family planning, and
6. Narcan ® (naloxone) use
QUESTIONS?
THANK YOU!

Technical Assistance:

erubio1@usf.edu
fpqc@usf.edu

Partnering to Improve Health Care Quality for Mothers and Babies