



Essential Community Partnerships Lori Reeves & Carol Brady



November 14, 2019



Session Objectives

- Seview Resources for Community Collaboration
- Understand how best practices vary by community
- Discuss importance of mapping resources
- Q&A





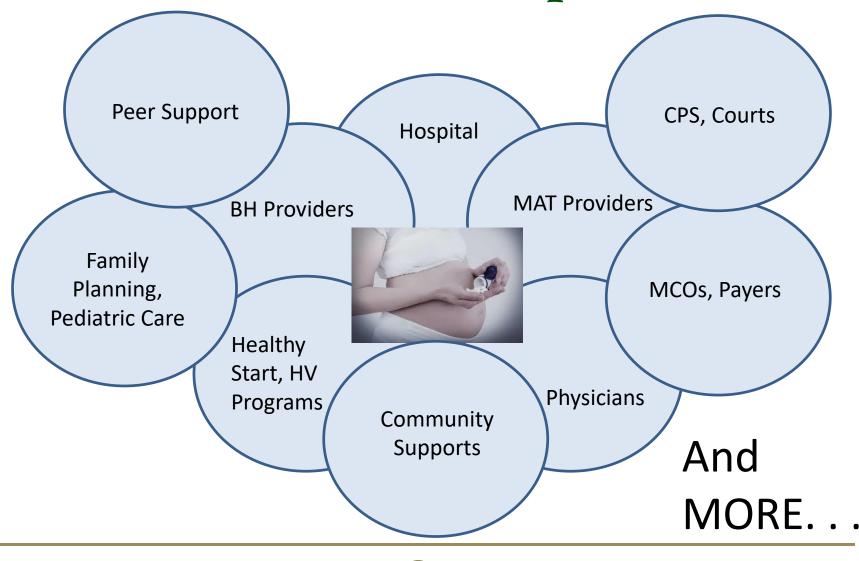


Partnering to Improve Health Care Quality for Mothers and Babies

Maternal Opioid Recovery Effort WHY DOES COLLABORATION MATTER?



Collective Impact

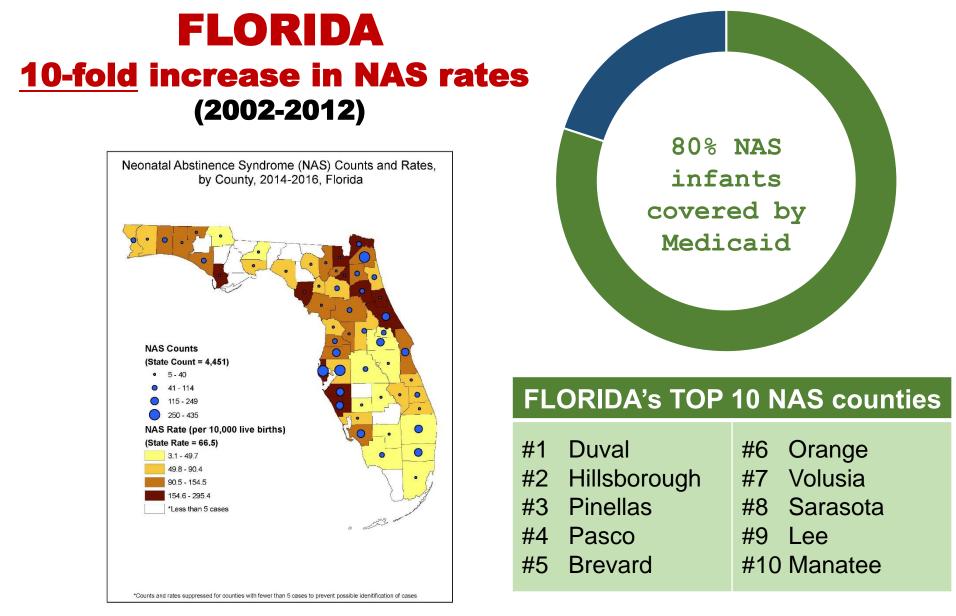


Continuum of Care

- S Effective continuum of care throughout the perinatal and postpartum period requires a team of community support services working together on common goals, and communicating effectively to assure seamless care that is not disrupted.
- The consequences of disruption of treatment and care may be dire, and can include relapse and death from overdose, among others.







1. Tolia VN, Patrick SW, Bennett MM, Murthy K, Sousa J, Smith PB, Clark RH, Spitzer AR. Increasing incidence of the neonatal abstinence syndrome in the U.S. neonatal ICUs. *N Engl J Med.* 2015; 372(22):2118-26; 2. Patrick SW, Davis MM, Lehman CU, Cooper WO. Increasing incidence & geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *J Perinatol.* 2015;35(8):667; 3. Neonatal Abstinence Syndrome Data Summary 2011-2013; 4. Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome - 28 States, 1999-2013. MMWR Morb Mortal Wkly Rep 2016;65:799-802; 5. Pryor JR, Maalouf FI, Krans EE, Schumacher RE, Cooper WO, Patrick SW. The opioid epidemic and neonatal abstinence syndrome in the USA: a review of the continuum of care. Arch Dis Child Fetal Neonatal Ed 2017;102:F183-F7

But What About Women?

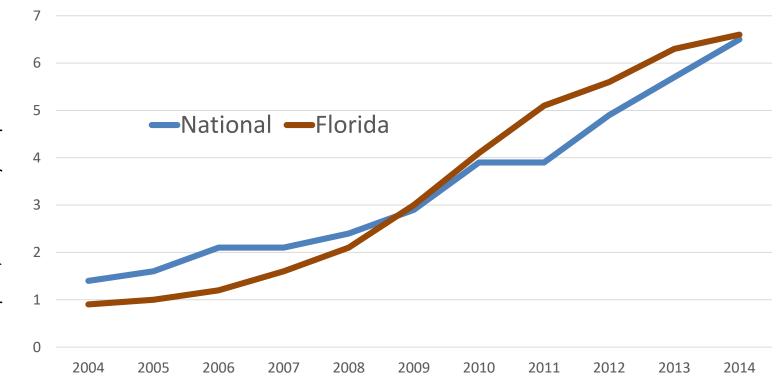
At a national level, the rate of OUD diagnosed in women at the time of delivery quadrupled between 1999-2014 (although some of this change may be due to greater awareness/better identification)*
Florida's rate went from 0.5/1000 delivery hospitalizations in 1999 to 6.6/1000 in 2014

*Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014. MMWR Morb Mortal Wkly Rep 2018;67:845–849. DOI: <u>http://dx.doi.org/10.15585/mmwr.mm6731a1external</u>



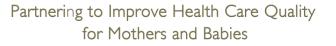


Opioid Use Disorder per 1,000 Delivery Hospitalizations 2004-2014



Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014. MMWR Morb Mortal Wkly Rep 2018;67:845–849.





Hospital Concerns



- "Lack of community resources...frustration...hard to find help for patients."
- "We have very few community providers & treatment facilities for pregnant women...still trying to make connections between BHS, local substance use groups, OBs and MAT facility"
- "Need more resources to identify and treat women"
- "Follow-up care after delivery is a challenge"

Effective Collaboration Strengthens Effort & Connects Resources



1. What was the driving force to get this started?

Effective Collaboration Strengthens Effort & Connects Resources



2. How did you bring your community together and form a collaborative team? (built on existing collaboration, started new, etc.)

Effective Collaboration Strengthens Effort & Connects Resources



3. What advice or suggestions would you have for hospitals to participate in such a collaborative team?

"We have to stop treating addiction as a moral failing, and start seeing it for what it is: a <u>chronic</u> disease that must be treated with urgency and compassion." ...and a team approach Dr. Vivek H. Murthy **US** Surgeon General





"I used to think of the baby as the victim. . .now I think of <u>both</u> the mother and baby as the victims. . ."

> FPQC NAS Learning Collaborative Participant







FOR MORE HELP:



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