



Maternal Opioid Recovery Effort:


⇒ *MORE Initiative*



July 30, 2019
Informational Webinar



How to Ask Questions

 To ask questions, either submit throughout the webinar via the Question Box

or

 Be sure to dial the 2-digit Audio Pin (shown on screen) so that you can be un-muted during Q&A

Webinar Objectives

- 👶 FPQC Overview
- 👶 Opioid Use in Pregnant Women
- 👶 What is the MORE Initiative?
- 👶 Benefits of joining a collaborative and what it takes to successfully participate in an initiative
- 👶 How to apply to participate in MORE
- 👶 Q&A

Vision

“All of Florida’s mothers and infants will have the best health outcomes possible through receiving high quality evidence-based perinatal care.”



Values

- Voluntary
- Population-Based
- Data-Driven
- Evidence-Based
- Value Added

FPQC Partners & Funders



AGENCY FOR HEALTH CARE ADMINISTRATION



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH **A I M**



UNIVERSITY OF
SOUTH FLORIDA
A PREEMINENT RESEARCH UNIVERSITY



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



AWHONN
FLORIDA
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS



FLORIDA AFFILIATE of the
AMERICAN COLLEGE
of NURSE-MIDWIVES
With women, for a lifetime®



Florida Association of
Healthy Start
COALITIONS, INC.
Every baby deserves a healthy start

Florida Society of Neonatologists
Advancing the Care of Neonates in the Sunshine State



Mission to Care. Vision to Lead.



PREECLAMPSIA
foundation

FPQC Presenters



**William
Sappenfield
MD, MPH,
CPH**

Director



**Betsy Wood
BSN, MPH**

Nurse
Consultant



**Nicole
Pelligrino,
MPH, CHES**

Quality
Improvement
Analyst



**Linda A.
Detman
Ph.D.**

Associate
Director



Partnering to Improve Health Care Quality
for Mothers and Babies

Maternal Opioid Recovery Effort

WHY DO WE NEED TO DO **MORE?**

OPIOID EPIDEMIC STATISTICS

**USA is 4.6%
of the world's
population**

78
Americans die
every day
from opioid overdoses

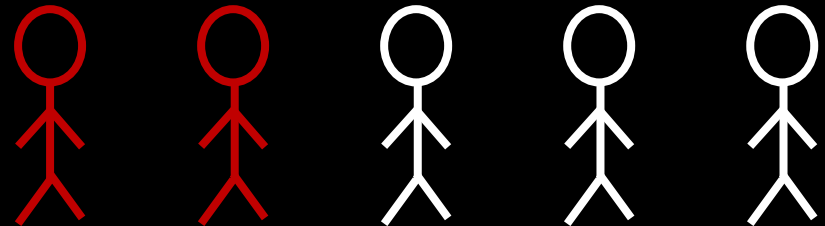
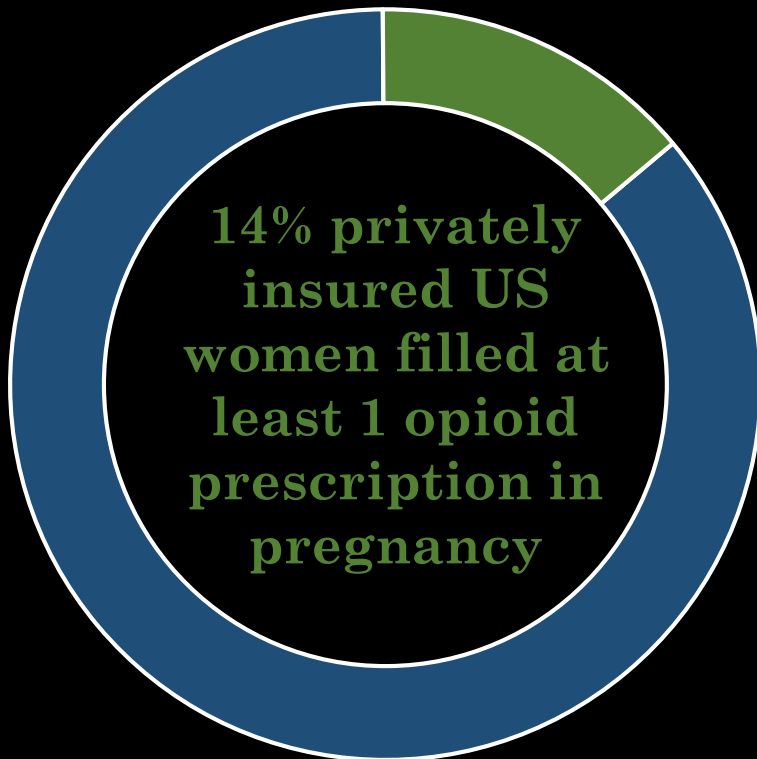
**66% of all
illegal drug use**

**80% of global
opioid supply**

**99% of global
hydrocodone
supply**

Birnbaum HG, et al. Societal costs of prescription opioid use, dependence, and misuse in the United States. Pain Med 2011; 12:657-67; 2. CDC Vital signs: overdoses of prescription opioid pain relievers and other drugs among women-United States, 1999-2010. MMWR Morb Mortal Wkly Rep 2013; 62:537-42; 3. Lee J, Hulman S, Musci M, Stang E. Neonatal abstinence syndrome: Influence of a combined inpatient/outpatient methadone treatment regimen on the average length of stay of a Medicaid NICU population. Popul Health Manag 2015; 18: 392-7; 4. <https://www.surgeongeneral.gov/priorities/opioids/>

No change in
overall amount of pain reported
4x as many opioid prescriptions written
since 1999



2 in 5 Americans
know someone addicted
to prescription painkillers

Women and opioids



- The opioid epidemic has had a severe and arguably disproportionate impact on women
- Opioid prescribing, the primary driver of the current epidemic, is more common for women
- Women are more likely to use opioids chronically and at higher doses than men
- Chronic pain disorders are more common among women including higher levels of emotional distress and anxiety from pain

Women and substance use

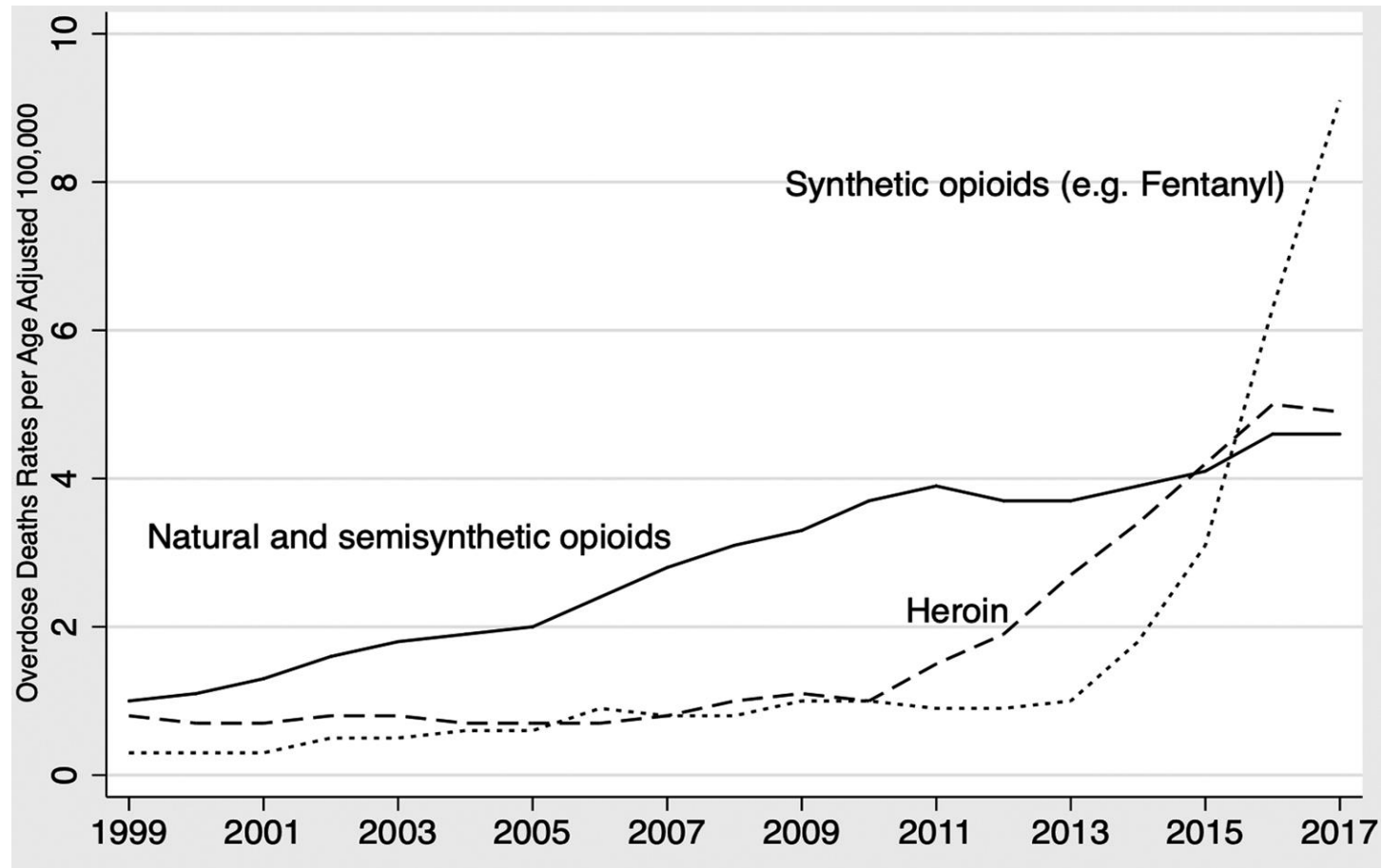


- The pathways to substance use are different for women compared to men
- Women have higher rates of co-occurring psychiatric disorders, trauma, abuse and psychological distress
 - Women are more likely to report using substances to cope with a mood disorder or a history of trauma or violence
- Women develop physical dependence to substances more quickly than men, i.e. “telescoping”
- Women have a higher risk of overdose than men, even when prescribed lower doses

The triple wave epidemic: Supply and demand drivers of the US opioid overdose crisis

Daniel Ciccarone

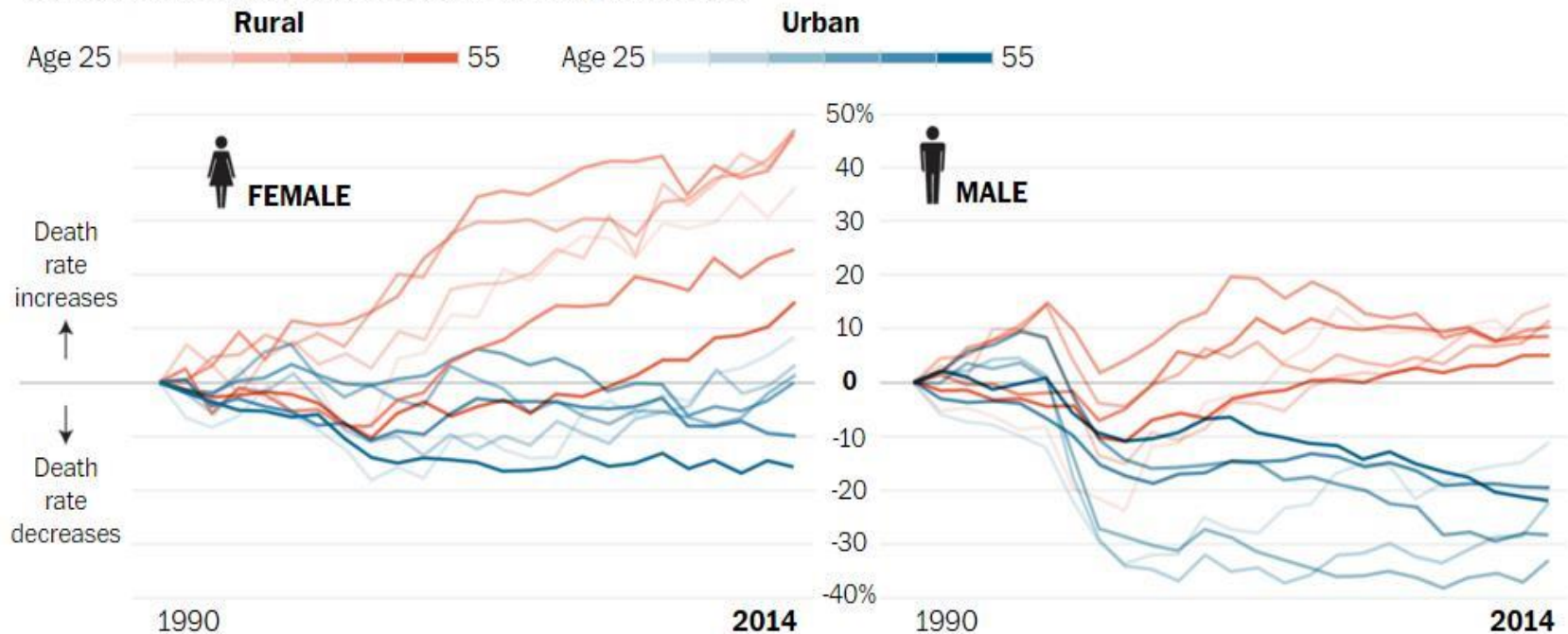
Department of Family and Community Medicine, University of California San Francisco, United States



Mortality

Change in mortality rate, urban vs. rural

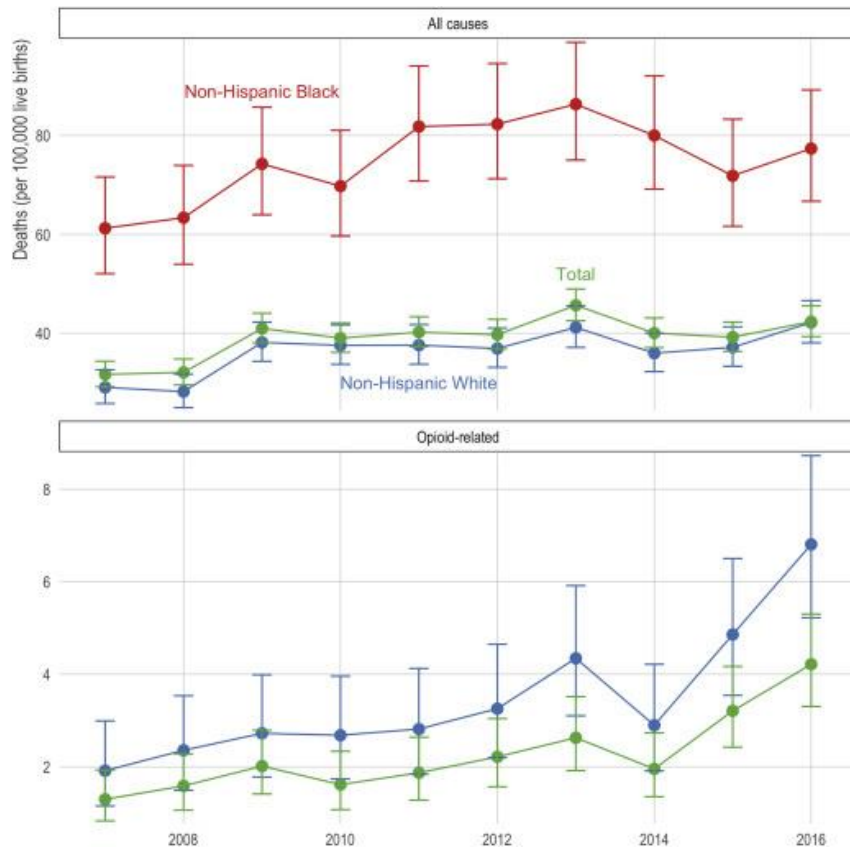
White women and men in small cities and rural areas are dying at much higher rates than in 1990, while whites in the largest cities and their suburbs have steady or declining death rates.



Source: Washington Post analysis of Centers for Disease Control and Prevention mortality data

Opioid overdose death increased by 400% for women vs. 237% for men.

Trends in pregnancy-associated mortality involving opioids in the United States, 2007-2016



- ☰ The pregnancy-associated mortality ratio increased 34% (31.7 to 42.3).
- ☰ Pregnancy-associated mortality involving opioids more than doubled in both the rate (1.3 to 4.2; and the percentage of all pregnancy-associated deaths (4% to 10%).

Gemmil, A, AJOG, Jan.

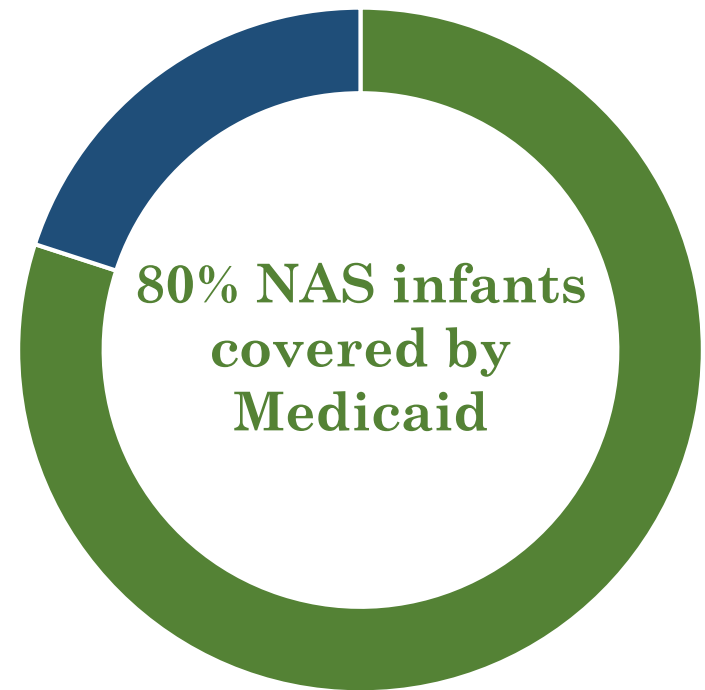
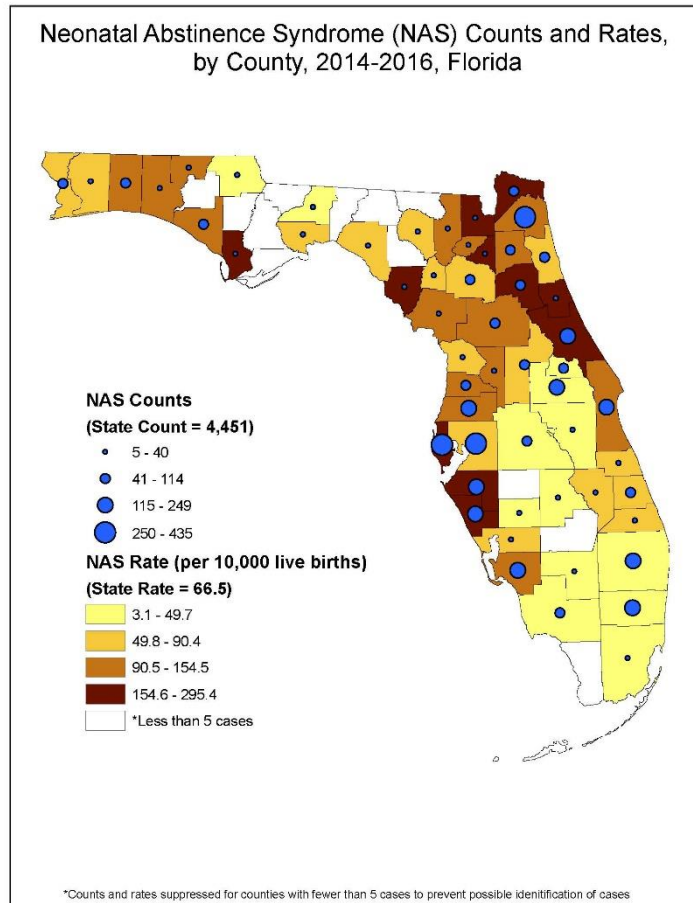
2019

Women & Opioid Use

- United States rates quadrupled from 1999 – 2014
- Florida rates:
 - 0.05 / 1,000 deliveries in 1999
 - 6.6 / 1,000 deliveries in 2014

FLORIDA

10-fold increase in NAS rates (2002-2012)



FLORIDA's TOP 10 NAS counties

- | | |
|-----------------|-------------|
| #1 Duval | #6 Orange |
| #2 Hillsborough | #7 Volusia |
| #3 Pinellas | #8 Sarasota |
| #4 Pasco | #9 Lee |
| #5 Brevard | #10 Manatee |

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

“We have to stop
treating addiction as a moral failing,
and start seeing it for what it is:
a chronic disease
that must be treated
with urgency and compassion.”

Dr. Vivek H. Murthy.
US Surgeon General.

...and a team approach

Maternal Opioid Recovery Effort

WHAT IS ***MORE***?

Planning and Support for this Project

- 👤 Florida Department of Health
- 👤 Florida Department of Children and Families
- 👤 American College of Obstetricians and Gynecologists (ACOG) District XII
- 👤 Florida Chapter of the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
- 👤 FL Association of Healthy Start Coalitions
- 👤 Florida Chapter March of Dimes
- 👤 Alliance for Innovation in Maternal Health (AIM))
- 👤 OB Provider Group Representatives
- 👤 AHCA / Medicaid Health Plan Representatives

Why a Quality Improvement Initiative?

- 👤 Florida Department of Health
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For this initiative, FPQC will:

- 👤 Build a strong collaborative learning environment to support hospitals in driving change
- 👤 Coordinate state and national experts and resources to support the improvement process
- 👤 Offer content oversight and process management for the initiative
- 👤 Offer participants evidence-based information from both medical and quality improvement experts
- 👤 Offer tools and resources in implementing process changes and improving documentation
- 👤 Develop/adapt/update useful materials and tools as needed by the initiative

FPQC Initiative Resources

Technical Assistance

from FPQC staff, state Clinical Advisors, and National Experts

Project-wide in-person collaboration meetings

Educational sessions, videos, and resources

Monthly and Quarterly QI Data Reports

Monthly e-mail Bulletins

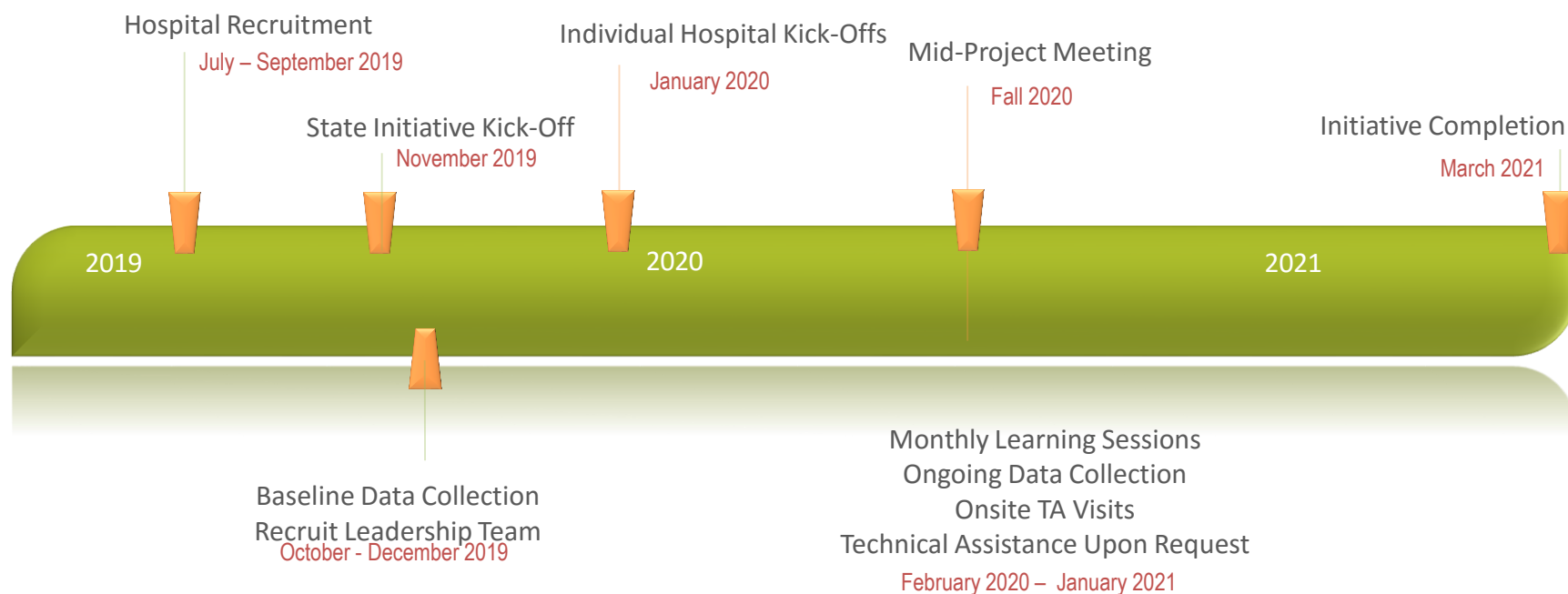
Custom, Personalized webcam, phone, or on-site Consultations & Grand Rounds Education

Monthly Collaboration Calls with hospitals state-wide

Online Tool Box

Algorithms, Sample protocols, Maternal education tools, Slide sets, etc.

MORE Initiative Timeline



MORE Initiative Kick-Off

- 👶 **Participating hospitals must send a team to the in-person meeting on **Nov 14, 2019** in Orlando**



If you plan to participate in the MORE Initiative, please have your team champions/leaders save the date!

Participating Hospitals will:

- 👤 Assemble a strong QI team (physician, nurse, and administrative champions); conduct regular team meetings
- 👤 Complete pre- and post-implementation surveys
- 👤 Attend in-person kick-off and face-to-face mid-project meetings
- 👤 Augment hospital/department policies to reflect recommended quality processes and procedure changes



Participating Hospitals will also:

- 👤 Participate in monthly webinars/coaching calls
- 👤 Schedule an on-site educational and technical assistance consultation from FPQC advisors and staff
- 👤 Implement adapted recommended quality processes and procedure changes within the hospital
- 👤 Submit all hospital assessment and initiative data on a regular and timely basis

HOW TO APPLY to *MORE*

**Complete the online application by
September 30th, 2019**



The link to the application can be found at:
www.fpqc.org/more

Team members will be contacted to confirm leadership roles.

Contact FPQC@health.usf.edu with any questions.

FPQC Testimonials

“As part of a collaborative, we have been given many resources so as not to re-create the wheel” - MD

“Participating in the FPQC helped our hospital collect data, examine the data and make changes in a unified manner to improve maternal and neonatal care” - MD

“Being involved with FPQC initiatives has strengthened our department in our patient care and teamwork.” -RN



Partnering to Improve Health Care Quality
for Mothers and Babies

FREQUENTLY ASKED QUESTIONS

FAQ

Is there a cost to participate in these initiatives?

- 👤 No – there is no charge.
- 👤 This project is supported by the Florida Department of Health, Alliance for Innovation in Maternal Health and your hospital's voluntary FPQC membership contributions. Additional in-kind support comes from professional organizations across the state.

FAQ

How many Champions does our hospital need to participate in each initiative?

- 👤 A minimum of 3 Leadership Team Members is required from each hospital. We encourage additional members.
- 👤 Must include a Project Lead, a Physician Champion, a Nurse Champion, a Data Lead, and a Hospital Administrator. These roles may overlap.
- 👤 Can also include: Quality Improvement Specialist, Social Work Lead.

FAQ

Who should the Project Lead person be?

- 👤 The Project Administrator is the hospital official making the commitment for hospital participation, will be the Hospital Team Leader for the initiative, and the FPQC's main contact.
- 👤 This person should have influence to drive change, ultimate project oversight, and management to ensure implementation objectives and timelines are met.

FAQ

Are there opportunities for hospitals to have personalized one-on-one programmatic support during the initiative?

- 👤 In-person, virtual, and/or phone assistance will be available to participants at all times. At least one on-site consultation will be scheduled for each participating hospital.
- 👤 FPQC will tailor assistance to meet local needs. This may include Grand Rounds, virtual participation in team meetings, peer to peer consultation and other activities as needed.

FAQ

Who from the participating hospital is required to attend the initiative in-person meetings?

- 👤 Your full leadership team is encouraged to attend, especially your nurse champion, your physician champion, your project lead, and your data lead.
- 👤 **At a minimum, 2 persons** from your team are required to attend to receive the training and bring the information back to your team.

FAQ

Is our hospital responsible for IRB review and approval?

- Each hospital should determine whether review and approval of your hospital IRB is necessary to participate in any FPQC quality improvement projects. Many quality improvement projects are determined to be exempt from IRB due to the nature of the work. For USF, USF IRB has already determined that *MORE* is not research. Those IRB materials are available upon request.

FAQ

How will we receive Recruitment and other announcements?



Join our mailing list at FPQC.org
(click “communications” in the left side navigation bar)



Facebook.com/TheFPQC/



[@TheFPQC](https://twitter.com/TheFPQC)

FAQ

Can our hospital apply to more than one maternal health project?

- 👤 Yes.
- 👤 If your hospital applies to more than one project, we will carefully assess your hospital's readiness and capacity to successfully manage more than one based on your application responses and previous performance. We may also schedule a phone call to discuss with your team.

More information on our Current Projects is
available at:

FPQC.ORG

Q&A

Please enter your Audio PIN (shown on the GoToWebinar side bar) to allow us to un-mute you for discussion.

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.



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for Mothers and Babies





Thank You!

This webinar has been recorded and
will be available at FPQC.org

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