MORE: Maternal Opioid Recovery Effort

More:
- Attention
- Support
- Services
- Follow up
- Compassion

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Florida HEALTH
CDC
Welcome!

PLEASE ENTER YOUR AUDIO PIN ON YOUR PHONE SO WE ARE ABLE 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.
Welcome!

THIS WEBINAR IS BEING RECORDED.

PLEASE PROVIDE FEEDBACK ON OUR POST-WEBINAR SURVEY.
Drug-related death are now the leading cause of death to mothers during pregnancy or within one year afterwards.

Drug-related deaths account for 1 in 4 deaths

75% of these deaths occur after the baby is born and mother discharged

More than 60% of babies with NAS go home with their mother
Opportunities to Connect!

Schedule a “Listening Session” at your hospital

Hospital “Coaching Calls” start in late March
- Focused interactions between hospital teams to share progress, successes, concerns, and questions
- Move from being a spectator to participant
OB Providers and MAT

ACOG-ASAM Buprenorphine Training
For Obstetricians & Others Providers

This eight-hour course (four hours online & four hours in-person) will be tailored to women health care providers giving training on opioid addiction, treatment, and buprenorphine and physiology.
No longer requires prior authorization for MAT for pregnant Medicaid recipients
Upcoming MORE webinar series sponsored by FPQC & FHA (Coming in April!)

“Responding to Florida’s Maternal Opioid Crisis: Four Things Hospitals Can Do”

- Address Stigma
- Make SBIRT Part of Standard Practice
- Verify/update POSC
- Strengthen Community Networks

CEUs Available!
Save the Date: April 16-17, Tampa
FPQC 2020 Conference

Reducing Cesarean Deliveries – Elliott Main, MD
Clinical Professor, Obstetrics & Gynecology-Maternal Fetal Medicine, Stanford University; Medical Director, California Maternal Quality Care Collaborative

Partnering with Patients and Families – Martin J. McCaffrey, MD
Professor, University of North Carolina; Director, Perinatal Quality Collaborative of North Carolina

Shared Decision-Making in Perinatal Care – Neel Shah, MD, MPP, FACOG
Assistant Professor, Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Director, Delivery Decisions Initiative

For More Information, go to www.fpqc.org
FPQC Conference, Friday, April 17
Maternal OUD/NAS Focus

🔗 Partnering to Help Women with Opiate Use Disorder Reach Their Goals-
Michael Marcotte, MD,
Dir. Quality and Safety-TriHealth,
OB Expert-OPQC, National Expert-MOD

🔗 AM Breakout Sessions: Early Steps & NAS, Practical Approaches to Supporting Women with OUD from a Mom-Patient Perspective

🔗 PM Breakout Sessions: Community Mapping for Opioid Issues, Tools for Clinical Staff to Engage and Support Women with OUD
A special poster session highlighting successful community collaborations especially on Friday!
Webinar Agenda

- Structure of Data Reports
- SBIRT snippet
- MORE Site and Opioid Initiatives Toolbox
- Hospital Readiness Survey Results
Structure of Data Reports

Dr. Estefania Rubio
FPQC Data Manager

Partnering to Improve Health Care Quality for Mothers and Babies
Individual-level data

- Keep a logbook to track all women who screen positive for opioid use at admission
- Report screening, services and treatment
## Population Characteristics

<table>
<thead>
<tr>
<th>Year Quarter</th>
<th>2020 Qtr 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>January</td>
</tr>
</tbody>
</table>

### General

- # women with any opioid use: 19, 15, 15
- Maternal age (mean): 29.11, 30.53, 30.20
- Gestational age (mean): 38.79, 39.13, 39.20
- % Cesarean Delivery: 32%, 33%, 33%
- % Opioid prescribed *: 68%, 60%, 53%
- % Opioid at discharge~: 58%, 33%, 33%
- % intent to keep NB: 79%, 80%, 73%

### Insurance

- % Medicaid: 53%, 73%, 53%
- % Private insurance: 16%, 13%, 33%
- % Uninsured: 32%, 13%, 13%
- % Unknown insurance

### Prenatal Care

- % No Prenatal Care (PC): 16%, 20%, 20%
- % start PC I trimester: 32%, 60%, 47%
- % start PC II/III trimester: 53%, 20%, 33%

### Race-ethnicity

- % Non Hispanic-White: 53%, 60%, 53%
- % Non Hispanic-Black: 5%, 7%
- % Hispanic: 26%, 13%, 20%
- % Other race: 16%, 20%, 27%

Helps track changes in your population overtime.
% women with any opioid use who were screened for: Infectious Diseases, Mental Health and Intimate Partner Violence (IPV)

Overall measure
% women with any opioid use who were screened for: Infectious Diseases, Mental Health and Intimate Partner Violence (IPV)

Overall measure

Components of the overall measure

Detailed infectious disease screening performed prenatally or during admission:

<table>
<thead>
<tr>
<th>Year Quarter</th>
<th>2020 Qtr 1</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>% HIV screened</td>
<td>94.7%</td>
<td>93.3%</td>
<td>93.3%</td>
<td></td>
</tr>
<tr>
<td>% HepA screened</td>
<td>100%</td>
<td>67%</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>% HepB screened</td>
<td>95%</td>
<td>100%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>% HepC screened</td>
<td>100%</td>
<td>80%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>% Gonorrhea screened</td>
<td>84%</td>
<td>87%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>% Chlamydia screened</td>
<td>84%</td>
<td>93%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>% Syphilis screened</td>
<td>100%</td>
<td>93%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>% Tb screened</td>
<td>79%</td>
<td>80%</td>
<td>80%</td>
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</tbody>
</table>

Same format for:
- Education Bundle
- Discharge Bundle
Formatting in the tables

- As your hospital’s performance in the measure improves, the color degrades from red to white
% women with opioid use whose infant roomed-in prior to maternal discharge

<table>
<thead>
<tr>
<th>Month</th>
<th>% rooming-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>85%</td>
</tr>
<tr>
<td>February</td>
<td>70%</td>
</tr>
<tr>
<td>March</td>
<td>89%</td>
</tr>
</tbody>
</table>

### Number of women included/excluded in the measure above:

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>Qtr 1</td>
<td>13</td>
<td>11</td>
<td>10</td>
</tr>
</tbody>
</table>

Excluded - Unable to room-in
- January: 2
- February: 1
- March: 2

Excluded - No intent to keep infant
- January: 4
- February: 3
- March: 4
Initiative-wide graphs

% women with opioid use who roomed in with their infant before discharge

Compare your hospital to other hospitals in the initiative
Hospital-level data

• Policies/Guidelines
• Staff education
• Universal screening
• Prenatal Care Sites
KEY MORE POLICIES/GUIDELINES

Your Hospital has:

- Implemented a universal screening protocol/guideline for substance use (for all pregnant women)

- Implemented a guideline/protocol for post-delivery and discharge pain mgmt prescribing practices for routine vaginal and cesarean births focusing on limiting opioid prescription

- Completed the local OUD Treatment Resources Document to map local community resources for pregnant and postpartum women with OUD
Implemented a universal screening protocol/guideline for substance use (for all pregnant women)

Chart showing progress in universal screening:
- **Not started**
- **Planning**
- **In place**
- **Fully implemented**

**Months since MORE started**

0 1 2 3 4 5 6 7
Implemented a universal screening protocol/guideline for substance use (for all pregnant women)
<table>
<thead>
<tr>
<th>% of ARNPs, PAs and MDs who received education on each of the following topics:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
</tr>
<tr>
<td><strong>Quarter</strong></td>
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<td>MDs</td>
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<tr>
<td>MDs</td>
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</tbody>
</table>

0% 40% 80%
% affiliated Prenatal Care (PNC) Sites screening for OUD for all pregnant patients which includes SBIRT, linkage to care, brief intervention, and referral.

- January: 0%
- February Qtr 1: 5%
- March: 10%
- April: 15%
- May Qtr 2: 25%
- June: 35%
- July Qtr 3: 50%
Hospital-level data

🎉 Report changes monthly
🎉 Project lead will receive an email the 1st of every month with the link to the survey and a “Returning” code
🎉 Enter code in link, modify what has changed during the previous month and hit send
Monthly email

😊 Survey link:

https://tinyurl.com/MOREdemoonly

😊 Returning code: 3T9HTHLM
Would you like to view your data online?

 conseils for Power Bi

 Complete your information in the link in the chatbox

 If you already have a USF account, we will let you access your report online by the end of the month
QUESTIONS?
MORE Snippet Series

- 5-10 minute clips
- Designed to accommodate busy clinical schedules
- Can be shown during huddles

MORE Snippet #1: SBIRT

Screening, Brief Intervention, Referral to Treatment
MORE Toolbox

- Toolkit
- Quick Start Checklist
- Clinical algorithms
- AIM Bundle: Obstetric Care for Women with OUD
- Webinars (including 12/12/19 Data Webinar) & Kick Off Presentations
- 2019 Chiles Lecture: Dr. Elizabeth Krans: Maternal Opioid Use: Latest Research and Practice (starts at 6:00)
- Initiative Data Resources (KDD, Measurement Grid, Data Collection Forms)
- Participating Hospitals (after DUA received and executed!)
Opioids Toolbox

Incorporates both MORE and NAS Initiative Content; thus organized by **Topic Area** (not KDD)

FPQC Combined Toolbox includes:

- SBIRT
- Safe Discharge
- Community Resources
- Patient and **Provider Education**
- Stigma
- Trauma-Informed Care*
- Addiction*
- Motivational Interviewing*
- OB Management*
- Breastfeeding Resources
- State PQC Toolkits

*indicates FPQC staff module recording available
READINESS SURVEY RESULTS
Does your L&D have a protocol for screening pregnant patients for drug use around the time of delivery? N=22

Yes-45.45%

No-45.45%

9.09%
Does your hospital use a standardized tool for screening pregnant women for substance use around the time of delivery? N=22

- Yes: Yes-18.18%
- No: No-72.73%
- Unsure: 9.09%
For pregnant women with illicit drug use, how often does your hospital provide the following types of treatment and referrals while the mother is hospitalized? N=18

Only one team responded that they almost always **provide MAT induction or referrals while the mother is hospitalized**

Only two teams responded that they almost always **refer to MAT, to a BH provider, or to a recovery coach/peer support/addiction counseling, respectively**
For pregnant women with illicit drug use, how difficult is it to find available services for the following types of referrals from your hospital? N=22

Teams most commonly responded it is very difficult to find available services for MAT, BH, and recovery coach/peer support/addiction counseling referrals.
Do you have a resource available for inpatient OB providers and staff that provides a mapping of local resources to assist linking women with OUD or substance abuse to addiction services/MAT services/behavioral health services for treatment and support? N=21

- **Yes**
  - Yes-23.81%

- **No**
  - No-76.19%

- **Unsure**
Does your hospital participate in any community task forces/work groups addressing OUD in pregnant women?

N=22

Yes-59.09%

No-40.91%
If your hospital does not participate in any community task forces/work groups addressing OUD in pregnant women, please choose why (n=7):

- We are not aware of any group we can participate with. **100.00%**

- We are aware of a group but have chosen not to participate with them. (Name of local group)

- We are aware of a group, but do not have the ability to participate with them. (Name of local group)

- We are aware of a group but did/do not know that we could/can participate with them. (Name of local group)
We want to hear from YOU

Please let us know how your hospital is progressing with the following items:
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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Partnering to Improve Health Care Quality
for Mothers and Babies
Thank You!

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