MORE: Maternal Opioid Recovery Effort



More:

- ✓ Attention
- ✓ Support
- √ Services
- √ Follow up
- ✓ Compassion

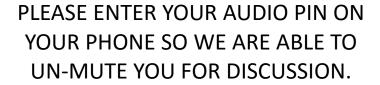






Welcome!



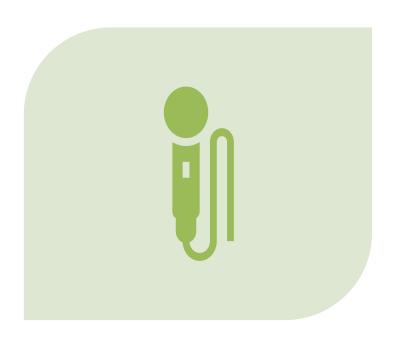




IF YOU HAVE A QUESTION, PLEASE ENTER IT IN THE QUESTION BOX OR RAISE YOUR HAND TO BE UN-MUTED.



Welcome!





THIS WEBINAR IS BEING RECORDED.

PLEASE PROVIDE FEEDBACK ON OUR POST-WEBINAR SURVEY.





<u>Urgent Maternal Mortality Message to Providers</u>

- Drug-related death are now the leading cause of death to mothers during pregnancy or within one year afterwards.
- Drug-related deaths account for I 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.







FLORIDA MEDICAID

A Division of the Agency for Health Care Administration



Florida Medicaid Health Care Alert



February 17, 2020

Provider Type(s): All Medication Assisted Treatment in Pregnancy Provider Alert

Provider Alert: Medication Assisted Treatment in Pregnancy

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

EUS Avoilable!





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



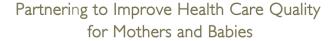
Shared Decision-Making in Perinatal Care – Neel Shah, MD, MPP, FACOG

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

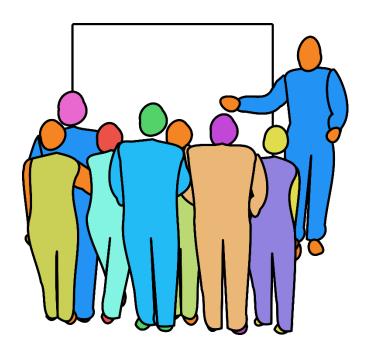


- AM Breakout Sessions: Early Steps & NAS, Practical Approaches to Supporting Women with OUD from a Mom-Patient Perspective
- PM Breakout Sessions: Community Mapping for Opioid Issues, Tools for Clinical Staff to Engage and Support Women with OUD



And...

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





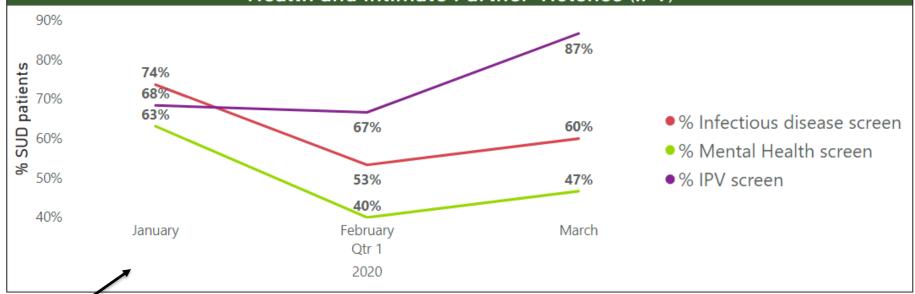
Population Characteristics

	Year Quarter	2020 Qtr 1 January	February	March
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	% No Prenatal Care (PC)	16%	20%	20%
Care	% start PC I trimester	32%	60%	47%
	% start PC II/III trimester	53%	20%	33%
Race-	% Non Hispanic-White	53%	60%	53%
ethnicity	% Non Hispanic-Black	5%	7%	
	% Hispanic	26%	13%	20%
	% Other race	16%	20%	27%

Helps track changes in your population overtime



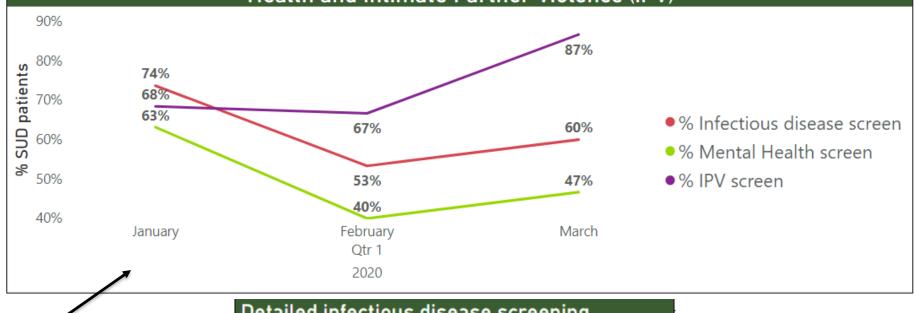
% women with any opioid use who were screened for: Infectious Diseases, Mental Health and Intimate Partner Violence (IPV)



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:

Year	2020		
Quarter	Qtr 1		
	January	February	March
% HIV screened	94.7%	93.3%	93.3%
% HepA screened	100%	67%	73%
% HepB screened	95%	100%	93%
% HepC screened	100%	80%	93%
% Gonorrhea screened	84%	87%	93%
% Chlamydia screened	84%	93%	93%
% Syphilis screened	100%	93%	100%
% Tb screened	79%	80%	80%

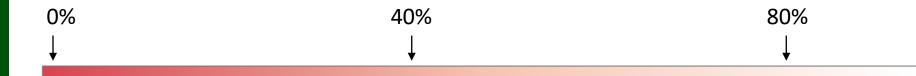
Same format for:

- Education Bundle
- Discharge Bundle





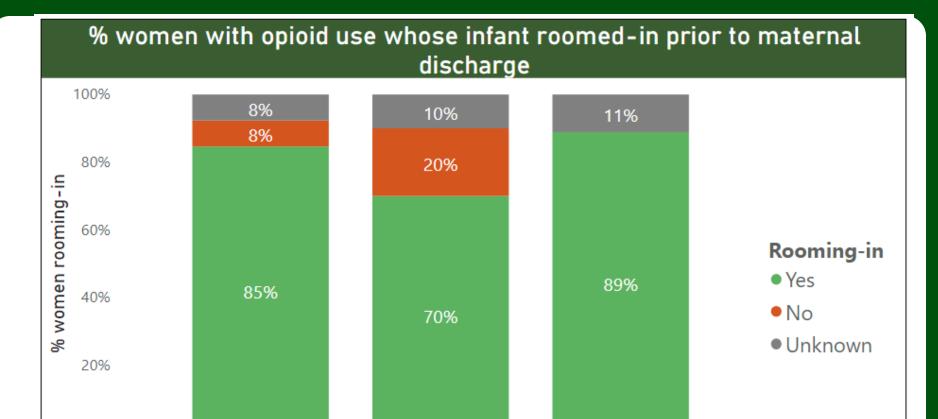
Formatting in the tables

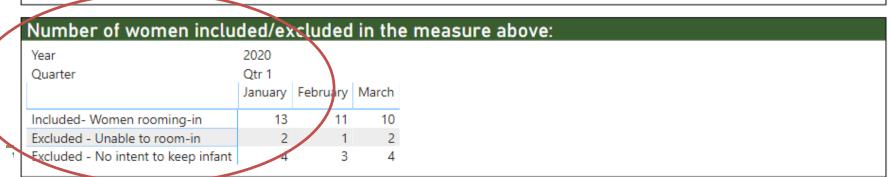


- As your hospital's performance in the measure improves, the color degrades from red to white









February

Qtr 1 2020

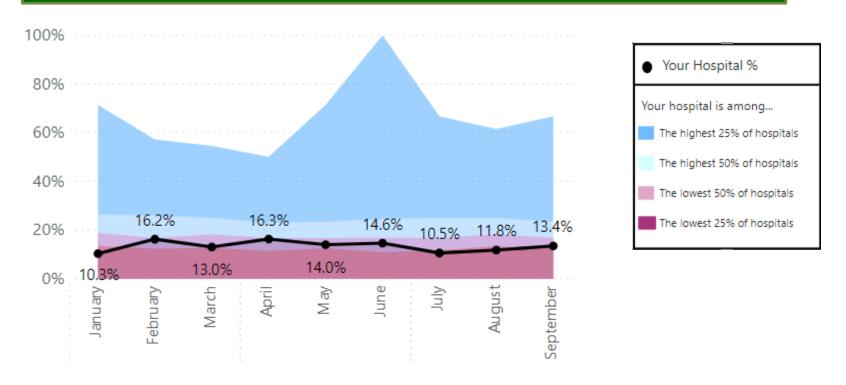
0%

January

March

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

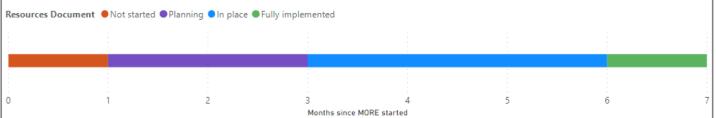


KEY MORE POLICIES/GUIDELINES

Your Hospital has:

Universal Screening ● Not started ● Planning ● In place ● Fully implemented Implemented a universal screening protocol/guideline for substance use (for all pregnant women) 0 2 5 6 Months since MORE started Implemented a Pain Management Not started Planning In place Fully implemented guideline/protocol for postdelivery and discharge pain mgmt prescribing practices for routine vaginal and cesarean births focusing on limiting opioid prescription Months since MORE started

Completed the local OUD
Treatment Resources
Document to map local
community resources for
pregnant and postpartum
women with OUD



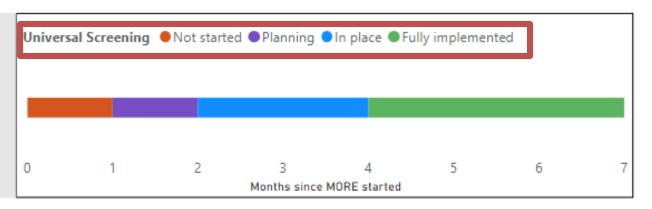


Implemented a universal screening protocol/guideline for substance use (for all pregnant women)





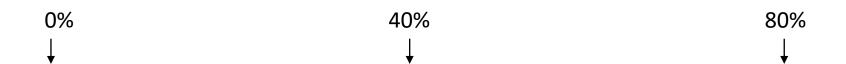
Implemented a universal screening protocol/guideline for substance use (for all pregnant women)





% of ARNPs, PAs and MDs who received education on each of the following topics:

		Year	2020						
		Quarter	Qtr 1		Qtr 2			Qtr 3	
			January	February	March	April	May	June	July
n	/IDs	% Universal Screening	20	30	40	30	40	40	40
		% Trauma-informed care	20	30	70	30	70	70	70
	RNPs	% Psychology of addiction	20	20	80	20	80	80	80
P	As	% Motivational interviewing	20	40	80	40	80	80	80
		% Guideline to reduce use of opioids in pain mgmt.	20	30	70	30	70	70	70
		% Family plannning	20	20	30	20	30	30	30
		% Infectious/mental health co-morbidities	20	10	20	10	20	20	20





% affiliated Prenatal Care (PNC) Sites screening for OUD for all pregnant patients which includes SBIRT, linkage to care, brief intervention, and referral 50% % PNCs screening for OUD 50% 40% 35% 30% 25% 20% 15% 10% 10% 5% 0% 0% February March April May June July January Qtr 1 Qtr 2 Qtr 3 2020



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?

- Sign-up 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



DEMO



Partnering to Improve Health Care Quality for Mothers and Babies

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 ProviderEducation
 - Stigma

- Trauma-Informed Care*
- Addiction*
- Motivational Interviewing*
- OB Management*
- Breastfeeding Resources
- State PQC Toolkits

*indicates FPQC staff module recording available

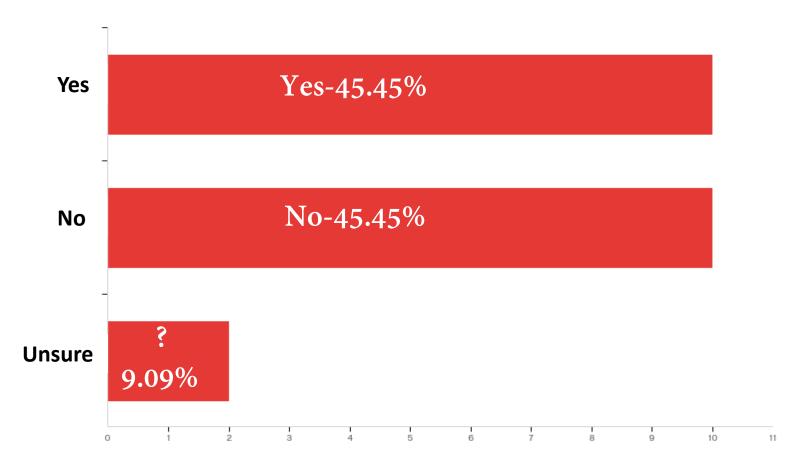




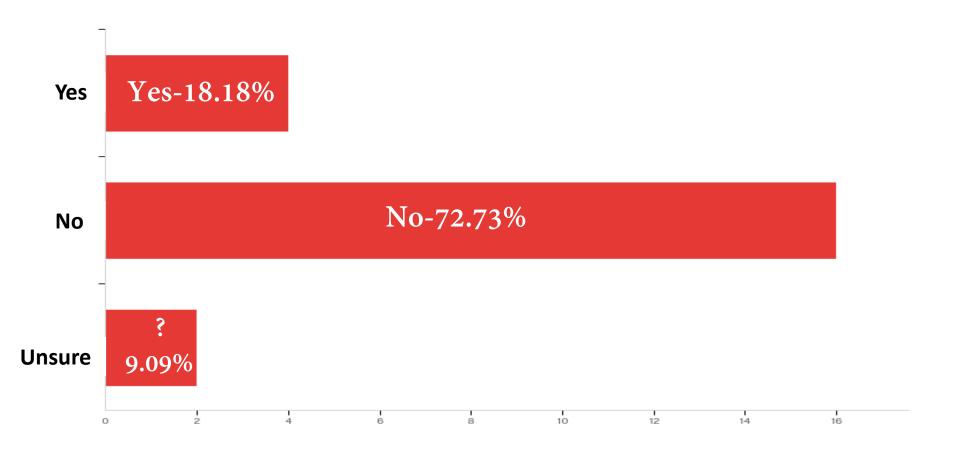
Partnering to Improve Health Care Quality for Mothers and Babies

READINESS SURVEY RESULTS

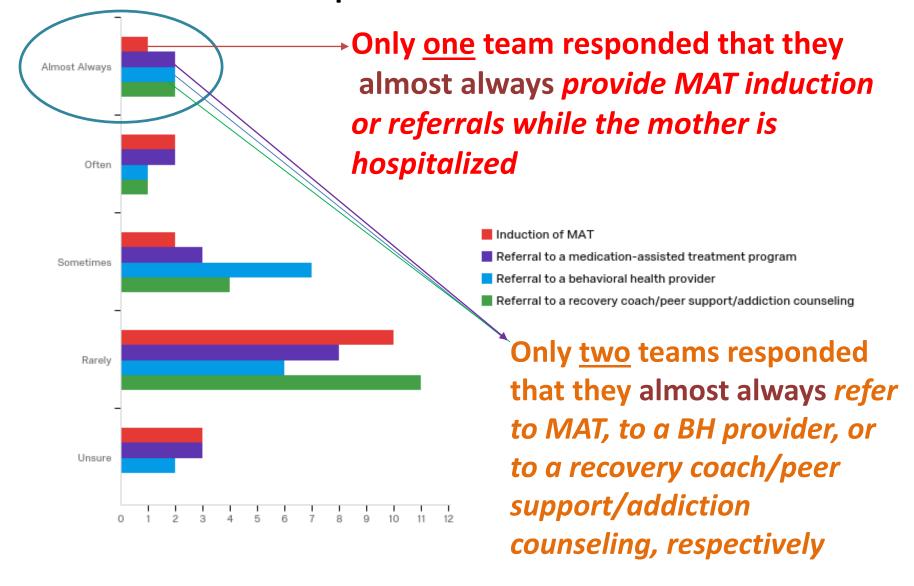
Does your L&D have a protocol for screening pregnant patients for drug use around the time of delivery? N=22



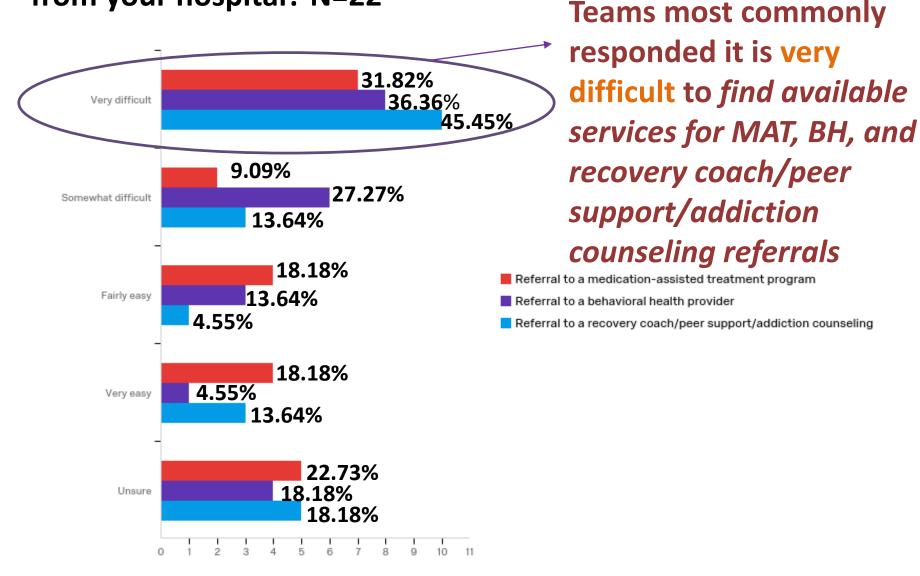
Does your hospital use a standardized tool for screening pregnant women for substance use around the time of delivery? N=22



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



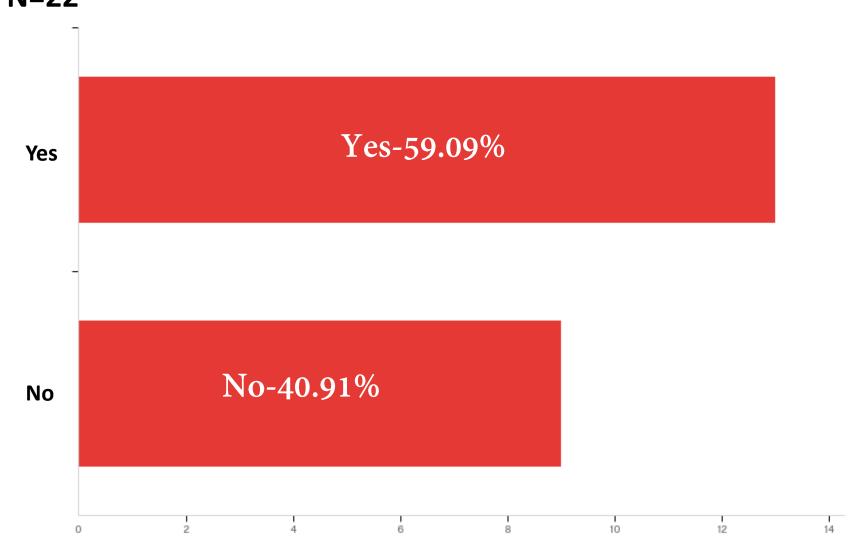
For pregnant women with illicit drug use, how difficult is it to find available services for the following types of referrals from your hospital? N=22



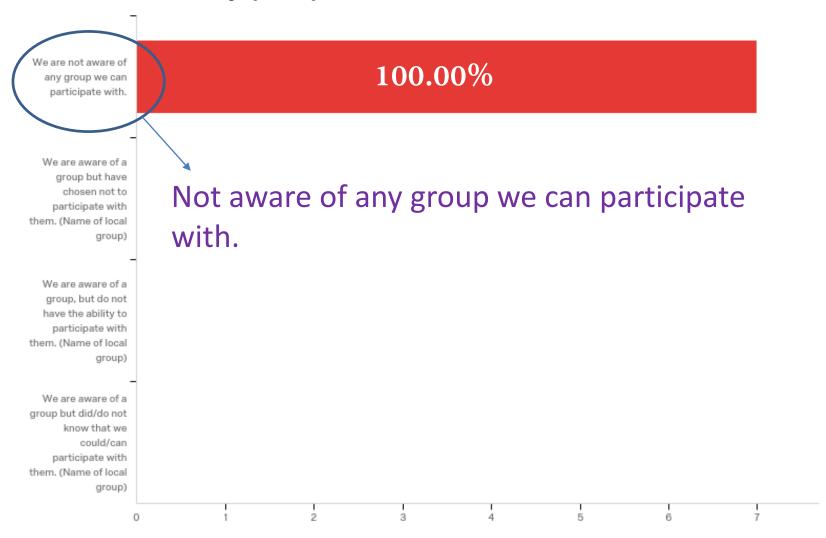
Do you have a resource available for inpatient OB providers and staff that provides a mapping of local resources to assist linking women with OUD or substance abuse to addiction services/MAT services/behavioral health services for treatment and support? N=21



Does you hospital participate in any community task forces/work groups addressing OUD in pregnant women? N=22



If your hospital does not participate in any community task forces/work groups addressing OUD in pregnant women, please choose why (n=7):



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

Partnering to Improve Health Care Quality for Mothers and Babies