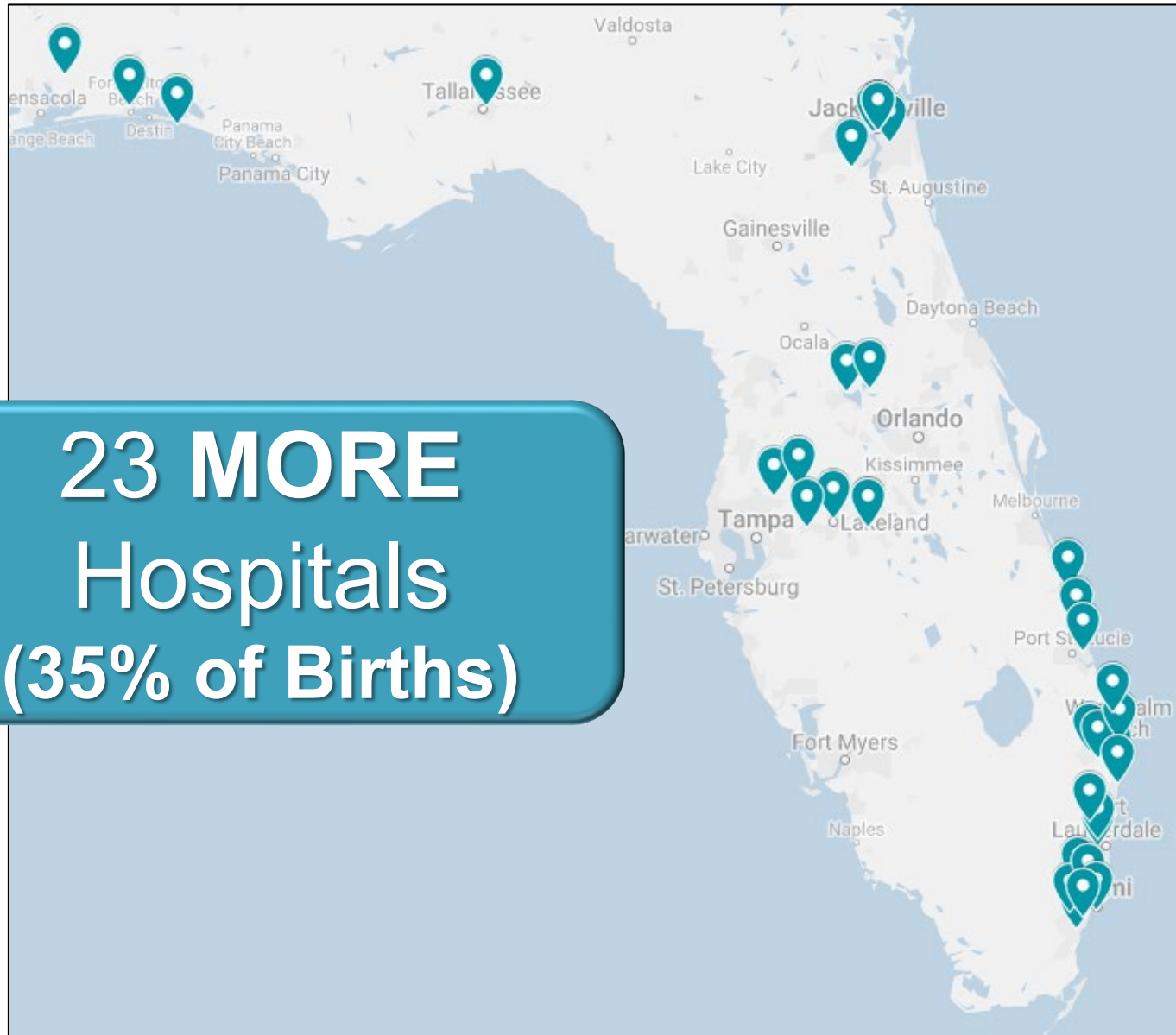


MORE Mid-Project Virtual Meeting

Welcome!





Welcome!

Health Start
Coalitions



Welcome!

Medicaid & Health
Plans



AGENCY FOR HEALTH CARE ADMINISTRATION

**AETNA BETTER HEALTH
COMMUNITY CARE PLAN
FLORIDA COMMUNITY CARE
HUMANA MEDICAL PLAN
LIGHTHOUSE HEALTH PLAN
MIAMI CHILDREN'S
MOLINA HEALTHCARE**

**PRESTIGE
SIMPLY HEALTHCARE
STAYWELL
SUNSHINE HEALTH
UNITEDHEALTHCARE
VIVIDA HEALTH**

★ FPQC Partners & Funders



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



AGENCY FOR HEALTH CARE ADMINISTRATION



Mission to Care. Vision to Lead.



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



Florida Society of Neonatologists

Advancing the Care of Neonates in the Sunshine State



FLORIDA ACADEMY OF
FAMILY PHYSICIANS
SUPPORT FLORIDA'S FAMILY PHYSICIANS



MORE: Maternal Opioid Recovery Effort

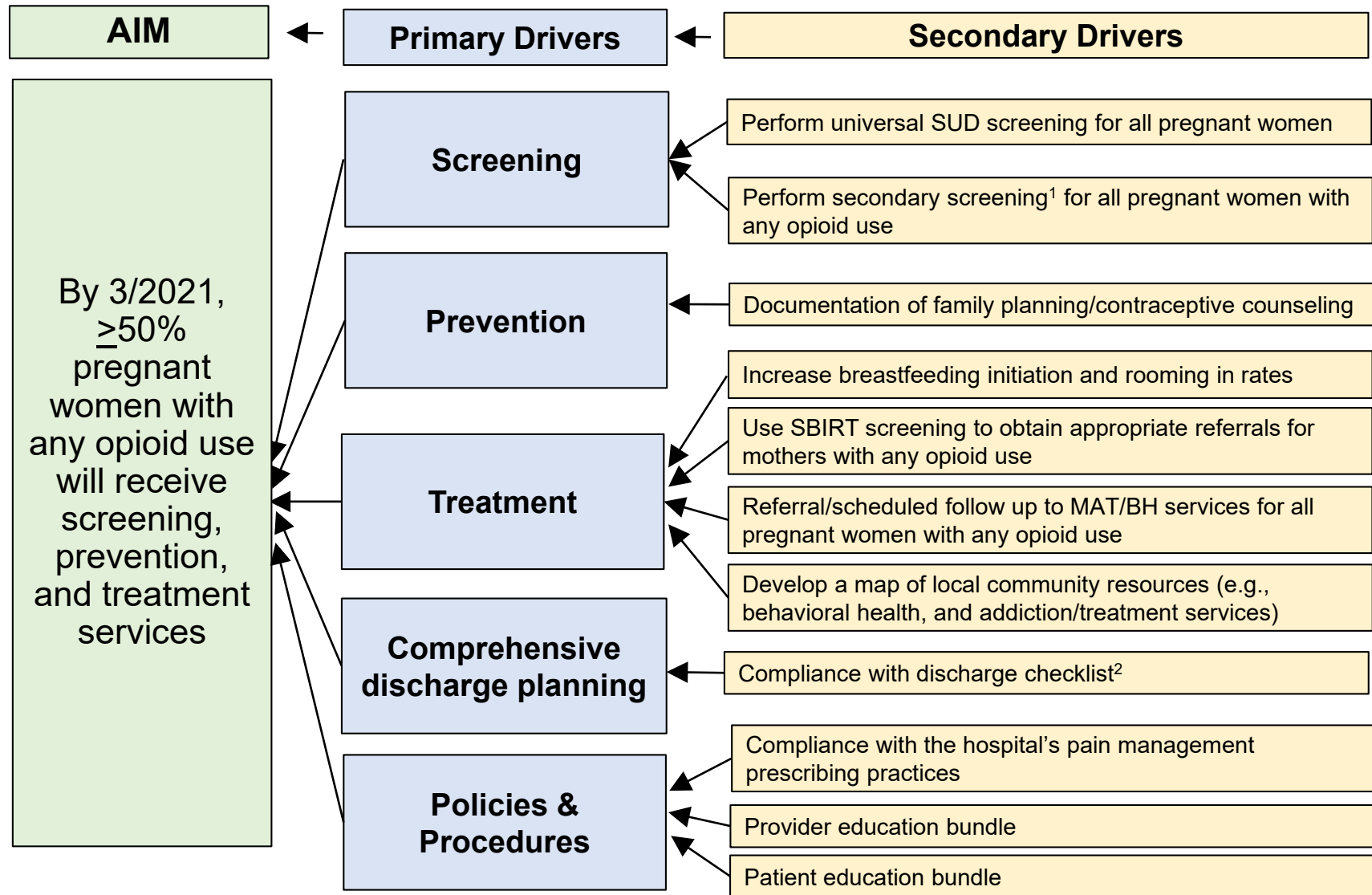


More:

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



Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



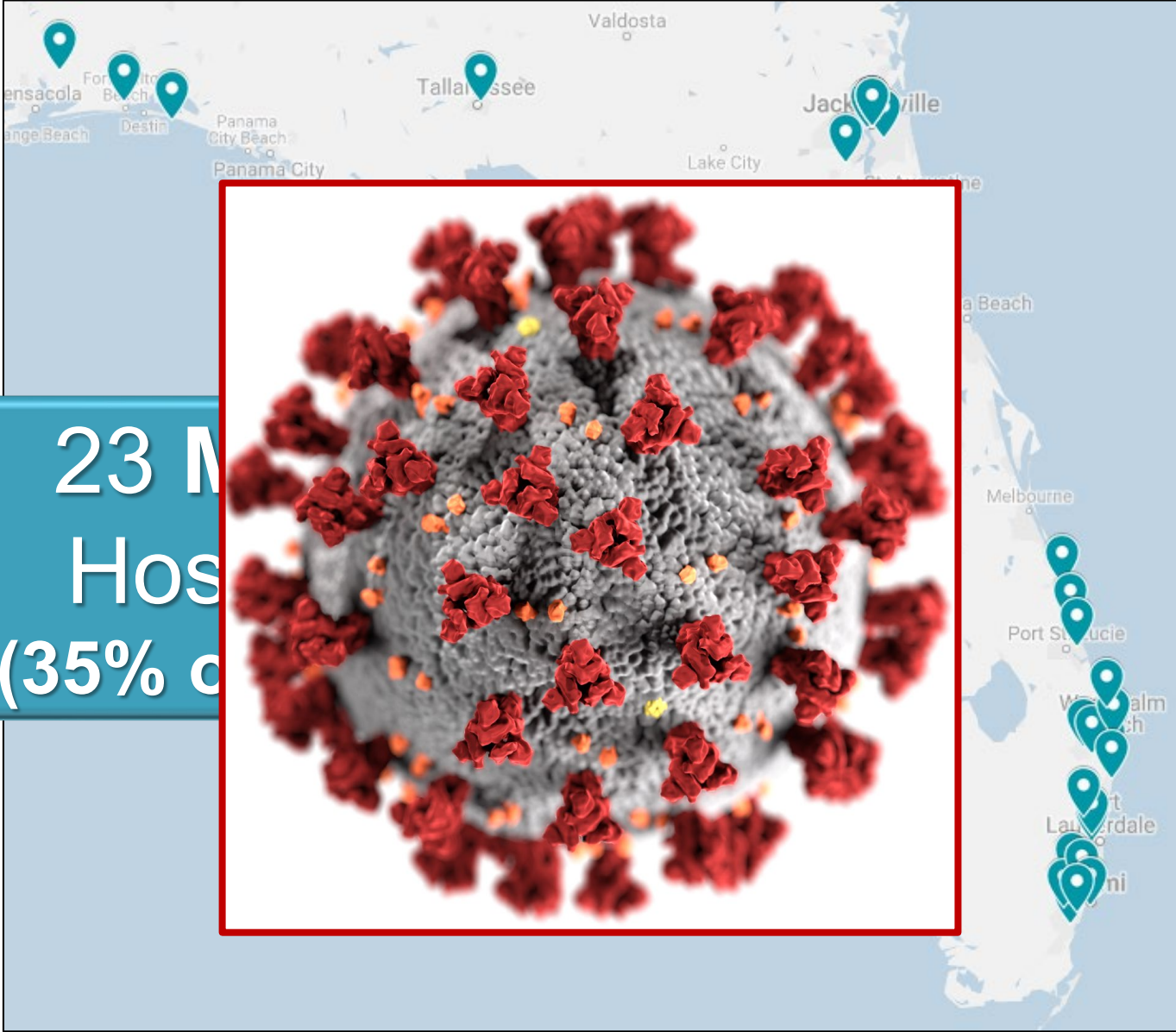
¹Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence

² 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 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)



MORE Kickoff—Nov 2019





23 M
Hos
(35% c

Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use

Some risks of drinking and drug use during pregnancy

- Fetal alcohol spectrum disorders**
(alcohol)
- Birth defects**
(alcohol, marijuana, cocaine, opiates)
- Low birth weight**
(alcohol, marijuana, cocaine, opiates, meth)
- Miscarriage**
(alcohol, cocaine)
- Premature birth**
(alcohol, marijuana, cocaine, opiates, meth)
- Development and behavior problems**
(alcohol, marijuana, opiates, meth)

Steps of the Brief Intervention

Praise the subject.	<ul style="list-style-type: none"> “Thank you for completing the questionnaire but did you tell me your results?” “Can you tell me more about your past/current drinking/drug use? What does a typical week look like?”
Provide Feedback.	<ul style="list-style-type: none"> “Sometimes patients who give unclear answers on this questionnaire are unwilling to acknowledge alcohol during their pregnancy.” “I recommend to all my pregnant patients not to consume any amount of alcohol or drugs, because of the risks of harm to the fetus of this page.”
Elicit a motivation.	<ul style="list-style-type: none"> “What do you think are ways you motivated about when it comes to your substance use?”
Make a plan.	<ul style="list-style-type: none"> “I encourage motivation, then follow up on you think you can take to reach your goal of having a healthy pregnancy and baby?” “Do you ever think in situations that it may be an idea to take a break?”

SAMHSA, United Way, Treatment National Institute Florida Department of Children and Families mental health and substance use information, resources and treatment services website
[Florida Business Leader](#)

Interpreting the SPI Screening Tool

Billing Codes

Screening	Risk	Intervention	Billing Code
Minimal substance consumption	Low Risk	Positive Reinforcement	Counseling/Motivational Interviewing CPT 90.32 Medicare: 90.32
“Yes” to Fewer Questions	Mild	Screening	Screening Plus Brief Intervention Counseling/Motivational Interviewing CPT 90.32 + 90.33 Medicare: 90.32 + 90.33
“Yes” to Many, Often, or Frequent Questions	Harmful/Severe	Refer for further assessment and possible specialized treatment	Counseling/Motivational Interviewing CPT 90.32 + 90.33 + 90.34 Medicare: 90.32 + 90.33 + 90.34

Language Matters

Language is powerful – especially when talking about addictions.
Stigmatizing language perpetuates negative perceptions.
“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

SAY THIS NOT THAT

Person with a substance use disorder
Person living in recovery
Person living with an addiction
Person arrested for drug violation
Chooses not to at this point
Medication is a treatment tool
Had a setback
Maintained recovery
Positive drug screen

Addict, junkie, druggie
Ex-addict
Battling/suffering from an addiction
Drug offender
Non-compliant/bombed out
Medication is a crutch
Relapsed
Stayed clean
Dirty drug screen

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
(STATE ASSOCIATIONS OF ADDICTION SERVICES)
Stronger Together

Mothers and Newborns affected by Opioids



SAVE A LIFE.

Overdose is now the leading cause of death for pregnant and postpartum women in Illinois.



NARCAN/NALOXONE

WHAT Narcan/Naloxone is an approved medication for the treatment of opioid overdose and is a key risk reduction strategy that reduces overdoses and save lives. It is safe and easy to use.

WHO OB providers should counsel and prescribe Narcan/Naloxone for all patients with Opioid Use Disorder (OUD) and co-prescribe for all patients taking opioids regularly.

HOW Share with patients that it is important for all women who are prescribed opioids or have OUD to stay safe because opioid medications can cause slowed breathing and even overdose. Narcan/Naloxone is an antidote that can reverse an overdose. Having this medication on hand can be life saving for patients and their friends or family.

HOW TO PRESCRIBE

- Order Naloxone/Narcan 4mg/0.1mL
- Administer spray x 1 intranasally
- Repeat in alternate nostril if no response after 2-3 minutes.
- Dispense quantity 2
- Allow for 2 refills
- When prescribing at delivery discharge, consider “med to bed” programs so medication can be provided to patient before discharge home.

Visit fpqc.org MNO initiative or email info@fpqc.org

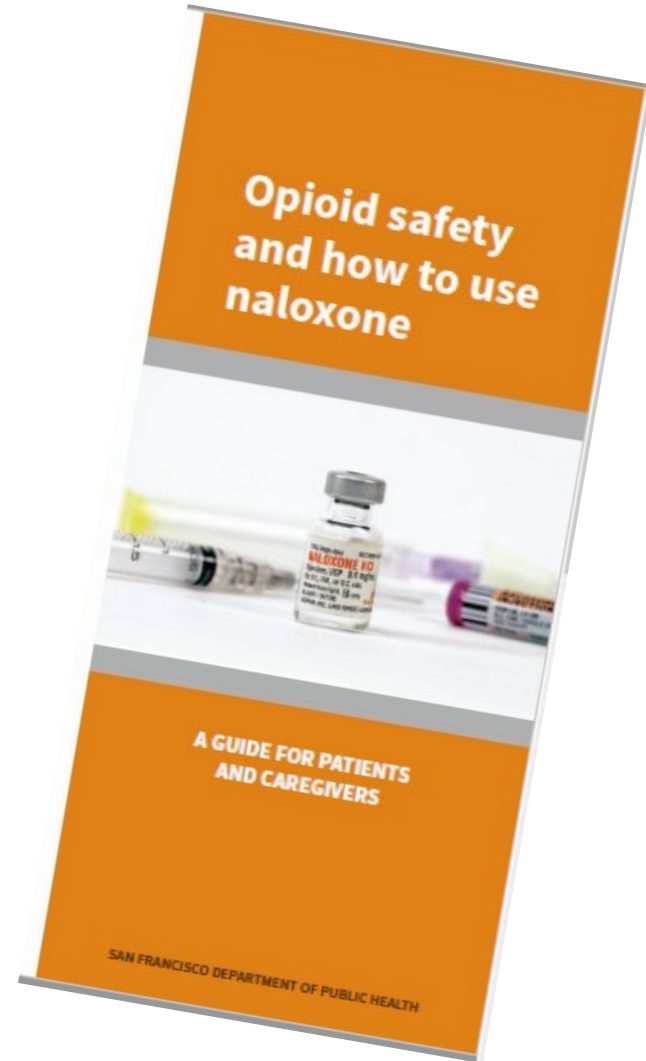


Scan here for a sample script for Narcan/Naloxone

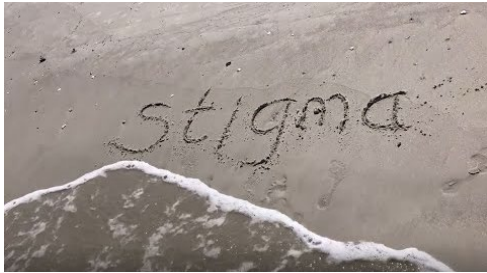
March, 2020



MORE Patient Education Material



MORE 4-Part Video Series



From Judgment to Healing:
The Impact of Stigma

Getting Real: *Taking the First
Steps Toward Recovery*



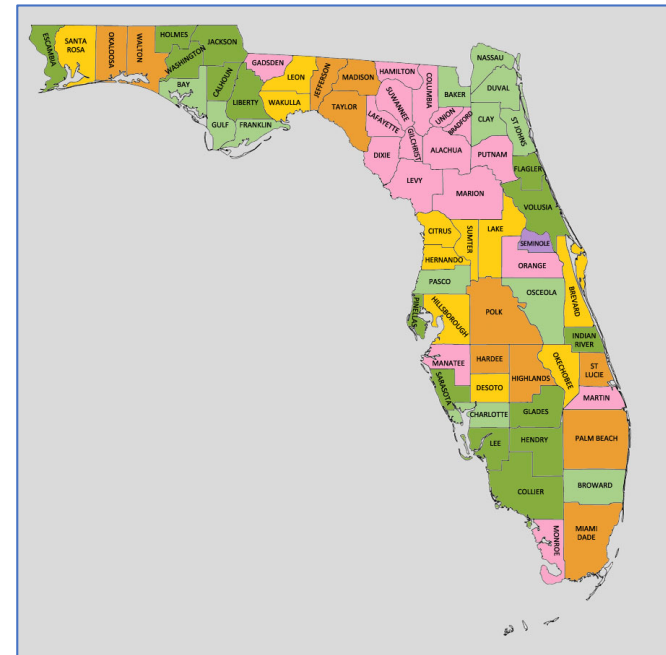
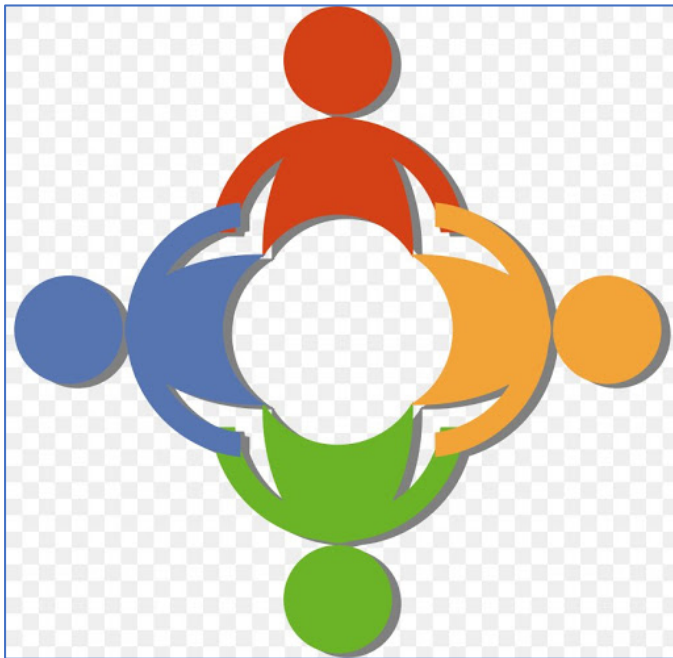
Screening, Brief Intervention,
and Referral to Treatment

Mothers & Babies to
Services: *Plans of Safe Care*



MORE Patient Care Folder





Opioid Use—Community Resource Directory

Opioid Use During Pregnancy

Urgent PAMR Message for Providers, Hospitals & Communities



Opioid Use During Pregnancy
Florida Pregnancy-Associated
Mortality Review (PAMR)
March 2020

Urgent PAMR Message to Providers and Hospitals

Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as providing for their obstetrical needs.

Florida PAMR Findings:

- Opioid Use Disorder (OUD) is a life-threatening chronic condition and is dangerous to pregnant and postpartum women.
- The rate of Florida women with OUD identified at delivery admission quadrupled from 0.5 per 1,000 deliveries in 1999, to 6.6 in 2014.¹ Use of illicit opioid and related drugs is now increasing as prescription opioids are becoming more restricted.²
- Drug-related deaths are the leading cause of death to mothers during pregnancy or within one year afterwards in 2017, accounting for 1 in 4 of these deaths in Florida. There are now as many maternal drug-related deaths as deaths due to traditional causes of maternal mortality. 75% of maternal drug-related deaths occur after the baby is born and the mother has been discharged.³

Risk Factors:

- Stigma and bias by the public and by health professionals make it very difficult for patients to discuss their condition and get help. Getting treatment during pregnancy and continuing afterwards are key to maternal survival and healthy families.⁴
- More than 30% of women with OUD have underlying depressive disorders that complicate patient care during pregnancy and postpartum.⁵
- Women with OUD who decide to stop medication-assisted treatment are at high-risk of relapse and potentially fatal consequences.⁵
- Loss of Medicaid or other health care benefits after delivery (such as, through loss of infant custody) may result in reduced access to the needed medication-assisted treatment.

PAMR Recommendations:

Prenatal Care and Screening

- Screen all pregnant women for OUD during prenatal care and at the time of delivery using a validated verbal or written screening tool: NIDA Quick Screen, SPs, or CRAFT. Using only biological testing for opioids and other drugs is not recommended.⁷
- Assess patients' prescription history through the Prescription Drug Monitoring Program (PDMP), preferably during the first prenatal visit.
- Be prepared to counsel women regarding opioid use during pregnancy and postpartum in a non-judgmental way. Tools such as SBIRT (Screening, Brief Intervention, Referral to Treatment) have been developed to help.⁸
- If a provider is unable to provide care for women with OUD, direct referral to another prenatal care provider or clinic to assure complete and compassionate care of the mother is essential.⁶
- A plan of safe care should be developed during prenatal care with input from all involved including prenatal care providers, community support services, and medication-assisted treatment providers.⁵

Referral and Treatment

- Provide direct referrals for medication-assisted treatment and/or other community support services. Connecting and supporting treatment with rehabilitation specialists is essential to maintaining these patients in obstetrical care.⁷

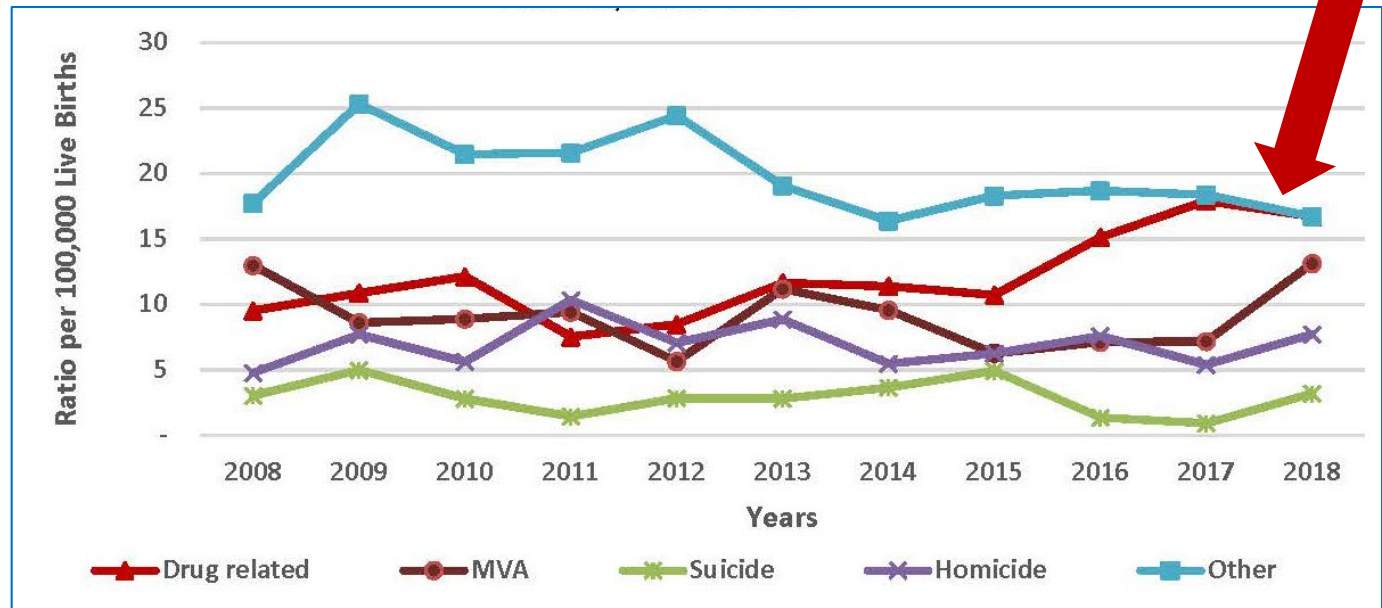
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More information on a maternal opioid care bundle is available on the FPQC website:
<https://health.usf.edu/publichealth/chiles/fpqc/more>



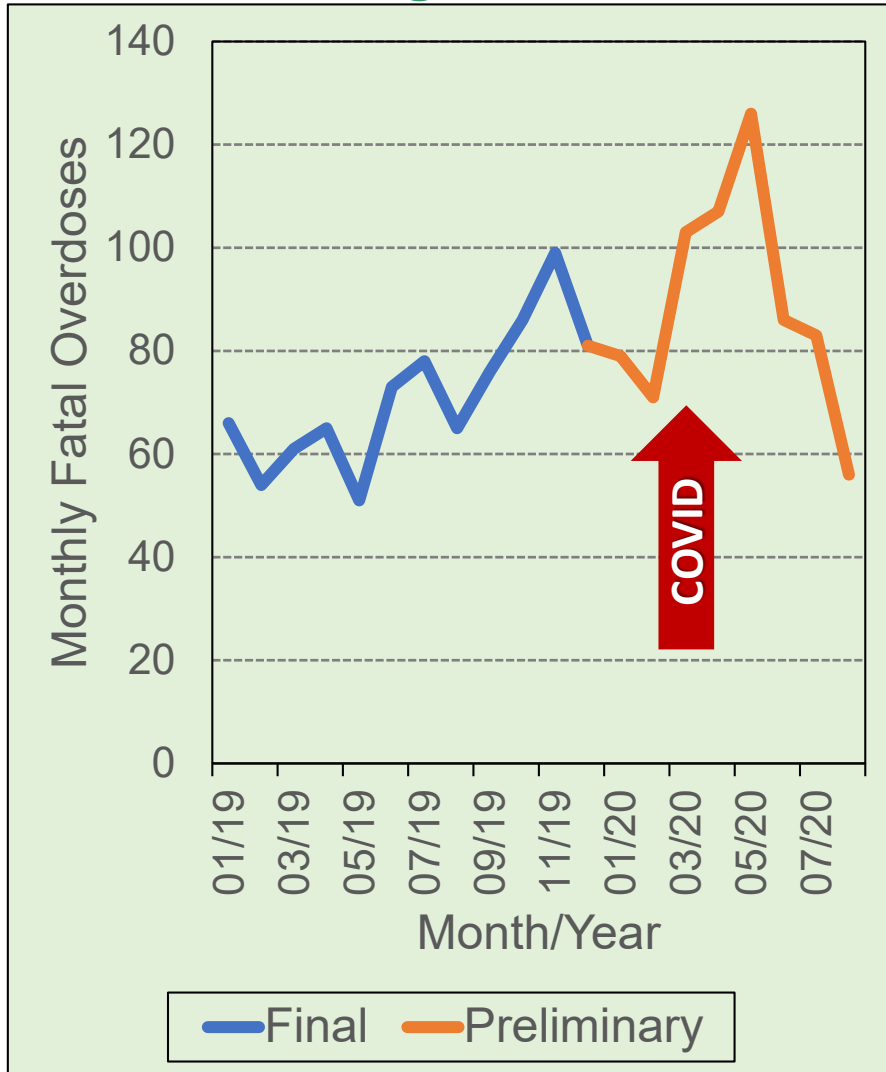
Florida Findings



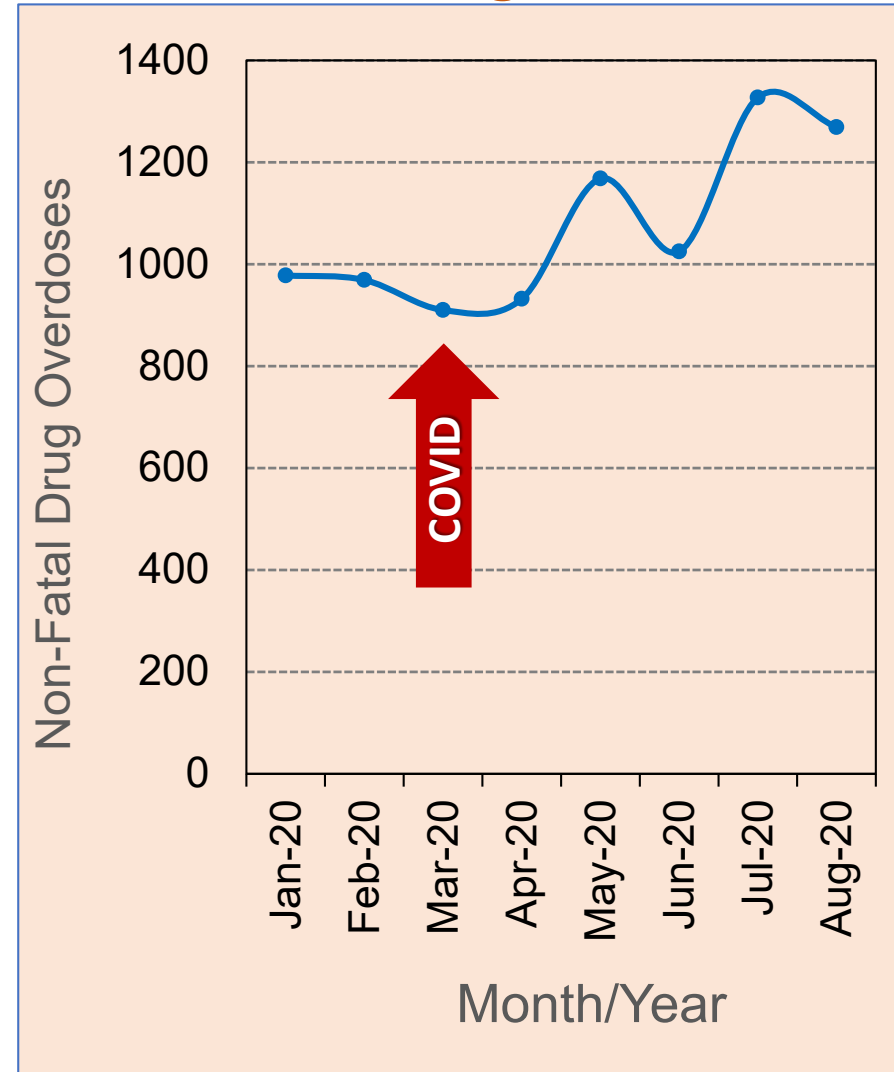
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- Drug-related deaths account for 1 in 4 of these deaths.
- Most deaths (75%) occur after the baby is born and mother has been discharged.

Overdoses Among Florida Women of Childbearing Age

Fatal Drug Overdoses



Non-Fatal Drug Overdoses



Critical Recommendations to Reduce Opioid-Related Mortality

Provide direct referral to medication-assisted treatment.



Women with OUD should receive a prescription and education on Naloxone

Step Up!

“Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as provide for their obstetrical needs.”



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