

MORE Mid-Project Virtual Meeting

Take Home Messages



Community Collaborations

Successes	Challenges	Potential Solutions to Challenges
<ul style="list-style-type: none">• Staff education about stigma• Hospital Relationships with Healthy Start• Monthly Department meetings	<ul style="list-style-type: none">• Identifying women with OUD as early as possible• Access to providers for Prenatal Care• COVID-19 and virtual visits	<ul style="list-style-type: none">• Packets with tools for providers• Community partners working with hospitals to address stigma• Coaching program similar to AA or NA using peer education



Prenatal Screening

Successes	Challenges	Potential Solutions to Challenges
<ul style="list-style-type: none"> Screening tools, like 5 P's tool, built into EMR* <p><i>Note: Most are using 5 P's tool, some NIDA, SBIRT</i></p>	<ul style="list-style-type: none"> Getting things started delayed due to COVID-related challenges (staffing especially, but also IT back-up) Consistent use of the tool and Data collection – capturing whether screening is actually happening Privacy challenges - Patients aren't completely truthful when screening completed verbally vs written 	<ul style="list-style-type: none"> Building screening tools into your EMR Tablet connected to the EMR for patient completion of screening (assists with privacy)

Prenatal and Inpatient MAT Referrals

Successes	Challenges	Potential Solutions to Challenges
<ul style="list-style-type: none"> • Close relationship with local treatment institutions (DACCO, Hart) • Nursing initiated consult to start MAT (OBGYNs are informed the process has started); • Coordination between treatment facilities and hospitals to access patient records early and to standardize education/message between institutions 	<ul style="list-style-type: none"> • Patients not willing to accept referral to MAT/BH (patients may not be ready to accept diagnosis) • Capacity issue for providers that provide MAT (one provider takes on most/all patients in a community); putting themselves at risk (liability, reimbursement, time-consuming, comorbidities) • Patients not comfortable having to go to a clinic or treatment institution due to COVID (residential facility outbreak) 	<ul style="list-style-type: none"> • Education to patients to get passed patient fear • Improve communication between MAT providers and OBGYNs • Travelling MAT team that come to the OBGYN office to provide treatment and connect to local treatment facility (New Hampshire)

NARCAN

Successes	Challenges	Potential Solutions to Challenges
<ul style="list-style-type: none">• Physician buy-in from hospital support for initiative• Staff recognizing pts need for Narcan• Providing Narcan to those who ask for it, especially their support person – and educating them	<ul style="list-style-type: none">• Physician implicit bias → not prescribing• Abruptness of pt. leaving• Pharmacies will give pts Narcan without prescription if self pay, but more costly	<ul style="list-style-type: none">• Collaboration with Pharmacy and Emergency Dept.• Giving Narcan to those who ask for it (pts, partners, etc.)• Hospitals/Healthy Start/Community partners apply for DCF and grants and collaboration

Plans of Safe Care (POSC)

Successes/opportunities	Challenges/barriers	Potential Solutions to Challenges
<ul style="list-style-type: none"> • Patients with OUD get social worker consult—they reach out to Healthy Start • Collaboration with private providers: HS presentation and office visits • Set-up warm handoff with hospital; make connections with other service agencies (i.e. food bank, homeless shelters, criminal justice system); also behavioral health providers 	<ul style="list-style-type: none"> • Engagement of private providers, hospital personnel, getting men/dads/families involved in POSC • Lack of information in electronic health records/hospitals not used to working on the issue** • Moms sometimes aren't interested—POSC seen as punitive—needs new name! 	<ul style="list-style-type: none"> • Need to focus on prenatal period to make connections • MAT clinics as touchpoint for initiation of POSC** • FQHC or other first encounter with prenatal care • Brief tool for providers to use to make it easy to do POSC • Training peers to work with moms

MORE Mid-Project Meeting Takeaways

Drug-related deaths are the leading cause of pregnancy-associated deaths in Florida, and the death rates are increasing with COVID. As a chronic disease, these deaths are preventable and a call to action by hospitals and obstetrical providers.

MORE Mid-Project Meeting Takeaways

Dr. Iverson:

- Have hope.
- Collaborate to give and get help.
- Take the step, build your system and treat SUD as a chronic disease.

Dr. Lewis-O'Connor:

- Stigma, bias, and trauma-informed care training offers the opportunity for improved engagement with patients with SUD
- Stigma, bias, and trauma-informed care training offers a strategy towards health equity and social justice
- Stigma, bias, and trauma-informed care training can help mitigate vicarious trauma and facilitate staff and provider wellness