MNO-OB Teams Call: Engaging OB Providers in MNO

March 11, 2019
12:30 – 1:30pm
Call Overview

• MNO-OB Strategies for Success in 2019
• MNO-OB Data Review
• Opioid-Related Deaths among Illinois Women: Key Findings and Recommendations
  – Amanda Bennett, PhD, MPH, Illinois Department of Public Health
• Engaging OB Providers in MNO: Strategies to standardize education on stigma & OUD as a chronic disease, importance of MAT and Clinical Care Checklist
• QI Corner
MNO in 2019

**Systems Change:**
- Key system changes in place
  - Screening
  - SBIRT
  - Mapping
  - Checklist
  - Education

**Strategies for Culture Change**
- Build trust / reduce stigma
- Improve patient navigation for MAT and behavioral health counseling/recovery services
- Improve engaging providers in OUD Clinical Care Checklist
- Increase Buprenorphine prescribing
- Standard system wide response for screen positive (OUD protocol)

**Improve Patient Care**
Work towards goals in 2019
- Increase # of women screened & linked to care
- Increase # of women on MAT and behavioral health counseling/recovery services
- Increase # women with completed checklist
- Increase # women engaged in Opioid exposed newborn Care

Covered in 2018

How do we begin to make progress?
### MNO-OB Project Aims

By December 2019, for all pregnant/postpartum women with OUD across participating hospitals:

<table>
<thead>
<tr>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase proportion of all pregnant women screened with a universal validated screener during prenatal period / during delivery admission</td>
</tr>
<tr>
<td>Increase proportion of women with OUD receiving MAT prenatally or by delivery discharge</td>
</tr>
<tr>
<td>Increase proportion of women with OUD connected to Behavioral Health Counseling/Recovery Services prenatally or during delivery admission</td>
</tr>
<tr>
<td>Increase proportion of women with OUD with an OUD clinical care checklist completed prenatally or during delivery admission</td>
</tr>
<tr>
<td>Increase proportion of women with OUD receiving: Narcan, contraception plan, Hep C screen, behavioral health /social work consult, prenatally or during delivery admission</td>
</tr>
<tr>
<td>Increase proportion of women with OUD receiving pediatric / neonatal consult, on NAS and role in non-pharmacologic newborn care, prenatally or during delivery admission</td>
</tr>
<tr>
<td>Increase proportion of women with OUD receiving OUD/NAS education, prenatally or during delivery admission</td>
</tr>
</tbody>
</table>
MNO-OB DATA REVIEW
## MNO-OB Data Reporting

<table>
<thead>
<tr>
<th>Month</th>
<th>Patient-Level Data*</th>
<th>Structure Measures</th>
<th>Screening for OUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>350 patients (70 teams)</td>
<td>63 teams</td>
<td>57 teams</td>
</tr>
<tr>
<td>July 2018</td>
<td>88 patients (65 teams)</td>
<td>55 teams</td>
<td>61 teams</td>
</tr>
<tr>
<td>August 2018</td>
<td>117 patients (67 teams)</td>
<td>54 teams</td>
<td>60 teams</td>
</tr>
<tr>
<td>September 2018</td>
<td>96 patients (61 teams)</td>
<td>62 teams</td>
<td>62 teams</td>
</tr>
<tr>
<td>October 2018</td>
<td>92 patients (67 teams)</td>
<td>49 teams</td>
<td>57 teams</td>
</tr>
<tr>
<td>November 2018</td>
<td>65 patients (67 teams)</td>
<td>48 teams</td>
<td>55 teams</td>
</tr>
<tr>
<td>December 2018</td>
<td>72 patients (59 teams)</td>
<td>49 teams</td>
<td>56 teams</td>
</tr>
<tr>
<td>January 2019</td>
<td>52 patients (51 teams)</td>
<td>47 teams</td>
<td>49 teams</td>
</tr>
<tr>
<td>February 2019</td>
<td>20 patients (16 teams)</td>
<td>11 teams</td>
<td>13 teams</td>
</tr>
</tbody>
</table>

*NOTE: Team count includes teams with patient-level data & teams who reported ‘no cases’*
Review of data on MAT by Delivery (January 2019)

• 52 women with OUD, of these women
  – 23 were connected to MAT
  – 21 were Not connected to MAT
    • 18 didn’t respond to the “please explain” portion of the no answer (note: could be they were using the old form before we went live with the new options)
    • 1 said MAT wasn’t indicated
    • 1 said patient declined MAT
    • 1 said unknown
      – 4 were ‘Unknown’
      – 4 were blank
Review of data on BH Counseling/Recovery Services (January 2019)

• 52 women with OUD, of these women
  – 23 were connected to BH/RS
  – 15 were Not connected to BH/RS
    • All didn’t respond to the “please explain portion of the no answer”
  – 10 were ‘Unknown’
  – 4 were blank
Systems Changes needed to show improvement in process/outcome measures

**MNO-OB STRUCTURE MEASURES**
Screening & Linkage to Care: Standardized Screening Tool on L&D (Structure Measure)

AIM: Increase proportion of all pregnant women screened with a universal validated screener on L&D
Screening & Linkage to Care: Standardized Screening Tool Prenatal Care Sites (Structure Measure)

AIM: Increase proportion of all pregnant women screened with a universal validated screener during prenatal period

ILPQC MNO Initiative:
Percent of hospitals that have provided to affiliated prenatal sites options for standardized self-report substance use screening tools for screening pregnant and postpartum women for OUD
All Hospitals, 2018-2019

ILPQC MNO Initiative:
Percent of hospitals that have provided to affiliated prenatal sites options for standardized self-report substance use screening tools for screening pregnant and postpartum women for OUD
All Hospitals, 2018-2019

AIM: Increase proportion of all pregnant women screened with a universal validated screener during prenatal period
Screening & Linkage to Care: Standardized SBIRT (Structure Measure)

AIM: Increase proportion of women with OUD receiving MAT and Behavioral Health Counseling/Recovery Services prenatailly or by delivery discharge

ILPQC MNO Initiative:
Percent of hospitals that have implemented a SBIRT protocol/process flow for women who report or screen positive for OUD to assess and link to MAT / Behavioral Health Counseling / Recovery Services
All Hospitals, 2018-2019

<table>
<thead>
<tr>
<th>Month</th>
<th>In place</th>
<th>Working on it</th>
<th>Have not started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (2017)</td>
<td>12%</td>
<td>85%</td>
<td>3%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>6%</td>
<td>52%</td>
<td>42%</td>
</tr>
<tr>
<td>Aug-18</td>
<td>6%</td>
<td>60%</td>
<td>35%</td>
</tr>
<tr>
<td>Sep-18</td>
<td>11%</td>
<td>61%</td>
<td>27%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>15%</td>
<td>65%</td>
<td>21%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>14%</td>
<td>71%</td>
<td>14%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>16%</td>
<td>66%</td>
<td>18%</td>
</tr>
<tr>
<td>Jan-19</td>
<td>33%</td>
<td>55%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Screening & Linkage to Care:
Mapping Community Resources (Structure Measure)

ILPQC MNO Initiative:
Percent of hospitals that have completed ILPQC Community mapping tool to map local community resources (MAT/Behavioral Health Counseling/Recovery Services) for pregnant/postpartum women with OUD
All Hospitals, 2018-2019

- **In place**: 80%
- **Working on it**: 56%
- **Have not started**: 4%

<table>
<thead>
<tr>
<th>Month</th>
<th>In place</th>
<th>Working on it</th>
<th>Have not started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (2017)</td>
<td>20%</td>
<td>4%</td>
<td>80%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>56%</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Aug-18</td>
<td>60%</td>
<td>10%</td>
<td>31%</td>
</tr>
<tr>
<td>Sep-18</td>
<td>63%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>61%</td>
<td>22%</td>
<td>17%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>63%</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>56%</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>Jan-19</td>
<td>45%</td>
<td></td>
<td>6%</td>
</tr>
</tbody>
</table>
Optimizing Care: Standardized OUD Checklist on L&D (Structure Measure)

AIM: Increase proportion of women with an OUD clinical care checklist completed prenatally or during delivery admission

ILPQC MNO Initiative:
Percent of hospitals that have implemented standardized protocol and/or checklist for optimal management of patients with OUD during labor and postpartum
All Hospitals, 2018

6% 8% 31% 44% 50% 54% 67% 70% 10% 20% 24% 50% 54% 100% 61% 52% 42% 38% 24% 20% 14% 50% 67% 70% 100% 61%
Optimizing Care: Standardized Education for Women with OUD (Structure Measure)

AIM: Increase proportion of women with OUD receiving OUD/NAS education prenatally or during delivery admission

ILPQC MNO Initiative:
Percent of hospitals that have standardized use of materials for educating pregnant women with OUD regarding OUD/NAS, importance of breastfeeding, and importance of mothers role is NAS newborn care
All Hospitals, 2018-2019

<table>
<thead>
<tr>
<th>Month</th>
<th>In place</th>
<th>Working on it</th>
<th>Have not started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (2017)</td>
<td>3%</td>
<td>21%</td>
<td>76%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>8%</td>
<td>44%</td>
<td>41%</td>
</tr>
<tr>
<td>Aug-18</td>
<td>12%</td>
<td>44%</td>
<td>41%</td>
</tr>
<tr>
<td>Sep-18</td>
<td>15%</td>
<td>55%</td>
<td>31%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>17%</td>
<td>58%</td>
<td>25%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>16%</td>
<td>59%</td>
<td>24%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>24%</td>
<td>60%</td>
<td>16%</td>
</tr>
<tr>
<td>Jan-19</td>
<td>37%</td>
<td>51%</td>
<td>12%</td>
</tr>
</tbody>
</table>

AIM: Increase proportion of women with OUD receiving OUD/NAS education prenatally or during delivery admission
Optimizing Care:
Cumulative Provider & Nursing Education on OUD care protocols (Structure Measure)

**ILPQC MNO Initiative:**
Average cumulative proportion of providers and nurses educated on OUD care protocols (including stigma & bias)
All Hospitals, 2018-2019

--- | --- | --- | --- | --- | --- | --- | ---
8% | 10% | 12% | 22% | 24% | 26% | 29% | 37%
7% | 16% | 18% | 30% | 34% | 38% | 42% | 53%
Culture Change is needed to show improvement in process/outcome measures – we must change the outpatient/inpatient care provided to moms with OUD

MNO-OB PROCESS & OUTCOME MEASURES
Screening & Linkage to Care: Sample of Documentation of Screening for OUD on L&D

MNO-OB Monthly Sample of Documentation of OUD Screening on L&D
All Hospitals, 2018-2019


Validated Self-Report Screening Tool
Non-Validated Screening Tool
Screening Not Documented/Missed Opportunity
Goal

BENCHMARK = ≥ 80%
Screening & Linkage to Care: Sample of Documentation of Screening for OUD Prenatally

MNO-OB Monthly Sample of Documentation of OUD Screening Prenatally
All Hospitals, 2018-2019

BENCHMARK = ≥ 80%
Screening & Linkage to Care: Women with OUD at Delivery in MAT (Outcome Measure)

ILPQC MNO Initiative:
Percent of Women with OUD at delivery in medication assisted treatment (MAT) prenatally or by delivery discharge
All Hospitals, 2018-2019

BENCHMARK = ≥ 70%
Screening & Linkage to Care: Women with OUD at Delivery Connected to Behavioral Health Counseling/Recovery Services - NEW!

ILPQC MNO Initiative:
Percent of Women with OUD connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge
All Hospitals, 2018-2019

BENCHMARK = ≥ 80%
ILPQC MNO Initiative:
Percent of Women with OUD Receiving Narcan counseling/offer, Contraception counseling and plan documented, BH/Social Work counseling, and Hep C Screening Counseling Documented Prenatally or During Delivery Admission
All Hospitals, 201

BENCHMARK = ≥ 70%
Optimizing Care: Maternal OUD/NAS Education (Process Measure)

ILPQC MNO Initiative:
Percent of Women with OUD Receiving Education on OUD and NAS Infant Care Prenatally or During Delivery Admission
All Hospitals, 2018-2019

BENCHMARK = ≥ 80%
Optimizing Care: OUD Clinical Care Checklist in Medical Record

ILPQC MNO Initiative:
Percent of Women with OUD with an OUD Clinical Care Checklist Included in the Medical Record
All Hospitals, 2018-2019

BENCHMARK = ≥ 70%

Remember to enter this data in your REDCap Data forms - updated paper forms on website.
Steps to drive QI change at your hospital:

- Wrapping up on Structure Change from 2018: Get all MNO-OB structure measures In Place (get to green!)
- Focus on Culture Change in 2019: Review and share your team’s progress toward key data benchmarks every month to evaluate progress toward goals
  - Have a process in place to identify, review, and address missed opportunities for all women with OUD using the review form as a QI tool for post delivery record review
  - Schedule a Grand Rounds to educate providers and staff on the WHY this matters and WHAT to do to improve outcomes for moms/babies affected by opioids.
- Share MNO OB Provider/Outpatient Packet with all providers and outpatient prenatal sites
- Get providers to use the OUD Clinical Care Checklist all pts w/ OUD
- Start training all OB providers / nurses on OUD protocol and stigma reduction
MNO Data Sharing Update

As with the Maternal Hypertension Initiative, ILPQC participates in the National ACOG Alliance for Innovation on Maternal Health (AIM) program. Our participation in this program allows for statewide comparisons of quality data across participating AIM states. For MNO, we will share aggregate de-identified hospital-level data (we will not share hospital name/ID and AIM will not be able to identify individual hospitals; patient level data will not be shared). MNO data will be shared with AIM by default (no DUA required). If you do not wish for us to share your hospital’s de-identified data please let us know in writing by March 31 via an email from the project lead and nurse lead and/or physician lead. As in the past, if your hospital would like a DUA with ILPQC, please contact us at info@ilpqc.org for a template. ILPQC does not require DUAs.
ENGAGING OB PROVIDERS IN MNO OB
MNO-OB Strategies for Success in 2019

Opioid Use Disorder is an urgent Obstetric issue

There are key steps OB providers need to take to care for women with Opioid Use Disorder

Opioid Use Disorder is a chronic disease with life saving treatment available

The ILPQC MNO Initiative
Creating Culture Change Building on System Changes

How do we change our care?

• In 2018, we started work on system changes measured by our structure measures
  – Systems changes: screening tool, protocols, order sets, mapping, etc

• The goal for 2019 is to create culture change at your hospital for moms with OUD - a system wide response building on the systems changes you have in place, to change care processes and improve care for every mom.

• ILPQC is here to help you facilitate culture change using:
  1. OB / OP Packet
  2. Grand Rounds
  3. OUD Checklist
  4. Missed Opportunity Form
Opioid-Related Deaths among Illinois Women: Key Findings and Recommendations

Amanda Bennett, PhD, MPH
Illinois Department of Public Health
March 8, 2019
Objectives

• Provide an overview of the data related to:
  – Opioid deaths among all women of reproductive age
  – Opioid deaths among pregnant and postpartum women (pregnancy-associated deaths)

• Highlight key findings of the Illinois Maternal Mortality Review Committee on Violent Deaths

• Discuss opportunities and recommendations for the prevention of opioid-related deaths among women
Rate of Opioid Poisoning Deaths among Illinois Women of Reproductive Age (WRA; 15-44 years), 2008-2017

The rate of opioid-related poisoning deaths for WRA increased 3-fold from 2008 to 2017.

Data Source: Illinois death certificates, 2008-2017
The rate of heroin-related deaths for WRA increased by 11-fold in nine years.

The rate of synthetic-opioid-related deaths for WRA increased by 9-fold in only four years.

Data Source: Illinois death certificates, 2008-2017
The rate of opioid-related deaths is highest among non-Hispanic white WRA.

But White, Black and Hispanic WRA have all experienced increases in opioid-related deaths over the last decade.

Rate of Opioid Poisoning Deaths Among Illinois Women of Reproductive Age (WRA), By County of Residence

The rate of opioid-related deaths is highest among WRA living in urban counties outside the Chicago area.

All areas have experienced an increase in opioid-related deaths for WRA over the last decade.

PREGNANCY ASSOCIATED DEATHS

(Death of a woman while pregnant or within one year of a pregnancy)
The Role of Maternal Mortality Review

• While death certificates can identify cases, they do not determine preventability or factors involved
• A thorough committee review can:
  – Confirm whether the death was related to pregnancy
  – Determine whether the death was preventable
  – Identify the factors that contributed to the death
  – Highlight opportunities for prevention of future deaths
• The Illinois Maternal Mortality Review Committee on Violent Deaths reviews all pregnancy-associated deaths from homicide, suicide, or any drug overdose
Rate of Pregnancy-Associated Deaths Due to Opioid Poisoning, Illinois Residents, 2008-2017

Between 2008 and 2017:
• Pregnancy-associated deaths specifically related to opioid poisoning increased by 10-fold

Number of Pregnancy-Associated Deaths Due to Opioid Poisoning, Illinois Residents, 2009-2017

- The number of opioid poisoning deaths has increased over time
- Opioids were involved in 83% of all pregnancy-associated drug poisoning deaths during 2015-2017

Categories of Violent Pregnancy-Associated Deaths During 2015

- About half of the 28 deaths reviewed by the MMRC-V resulted from a drug overdose.

Data Sources: IDPH MMRC-V and Death Certificate Data, 2015
Timing of Violent Pregnancy-Associated Deaths

- Less than one third of violent deaths occurred while the woman was pregnant or in the first three months postpartum.
- More than half of violent deaths occurred at least 6 months after pregnancy.

Data Sources: IDPH MMRC-V Data, 2015
Potential Preventability of Violent Pregnancy-Associated Deaths

Nearly all of the violent associated deaths were determined to have at least some chance of being prevented.

Data Sources: IDPH MMRC-V Data, 2015
EMILY’S STORY
Opportunities for Prevention

• Improve communication between providers
• Facilitate care coordination and referrals
• Standardize policies and procedures to identify and treat pregnant and postpartum women
• Ensure screening for both physical and mental health conditions
• Increase access to care, especially specialty care and behavioral health services
• Heighten public awareness of postpartum health concerns
Example Recommendations

• **Hospitals:**
  – Have a clear policy for emergency department to identify pregnant and postpartum women (up to one year)

• **Healthcare Providers:**
  – Adhere to safe prescribing guidelines for opioids after delivery

• **Health Insurance Plans & Managed Care Organizations:**
  – Expand Illinois Medicaid eligibility for the postpartum period from 60 days to 1 year

• **State of Illinois:**
  – Create or expand home visiting programs to target high-risk mothers during the pregnancy and the postpartum period
For more information, contact:

Amanda Bennett
Amanda.C.Bennett@Illinois.gov

To access the Illinois maternal mortality report, visit:
The Faces of OUD

IT CAN HAPPEN TO ANYONE

“Opioid use disorder (OUD) is a chronic treatable brain disease that can be managed successfully by combining medications with comprehensive care and recovery support, which enables those with OUD to regain control of their health and their lives.”

In 2014, an estimated 1.9 million people had an OUD related to prescription pain relievers and an estimated 586,000 had an OUD related to heroin use.
Key steps for OB Providers in the MNO-OB OUD Protocol:

- Screen and document positive result
- Provide SBIRT risk assessment and brief counseling re: benefits of treatment, next steps for linking patient to care
- Activate care coordination and navigation to link woman to MAT, and behavioral health counseling/recovery programs
- Insert and complete OUD clinical care checklist in electronic medical record (or paper chart) (prenatal / L&D)
- Provide patient education re: OUD and NAS, and engaging in newborn care via neonatology consult, counseling, hand-outs.

Activating the OUD protocol for every screen positive woman, every time:

- Increasing % of mothers with OUD on MAT saves lives
- Implement & activate OUD protocol to improve care
Key QI Strategies

- Implement universal screening and documentation (prenatal/L&D)
- Ensure standard SBIRT protocol response for all screen positive
- Complete and share Mapping Tool to identify local resources for MAT/behavioral health counseling/recovery services and standardize process for linking patients to care
- Implement OUD Clinical Care Checklist (prenatal/L&D)
- Standardize patient education on OUD & NAS, and importance of participation in newborn care
- Complete Provider/Nurse Training on stigma and bias, screening, SBIRT, clinical care checklist and activating the OUD Protocol
Developing Provider Buy-In

- **Share the slides** from this presentation showing:
  - National opioid crisis is affecting Illinois moms and babies
  - Opioid overdose is now leading cause of maternal death

- **Standardized your approach** for provider education
  - Create a process flow with your QI team
  - OUD as a chronic disease with a treatment
  - Important opportunity to prevent maternal mortality
  - Use ILPQC tools so that all providers know how to counsel screen positive patients with SBIRT and link them to local MAT and Behavioral Health Counseling/Recovery Services

- **Host a Grand Rounds**
  - Contact Autumn at info@ilpqc.org
Key steps for OB Providers in MNO

• Importance of OB clinical care for OUD during pregnancy/delivery admission/postpartum (OUD Protocol)
  – Engaging OB providers in SBIRT and linkage to treatment
  – OB providers’ role in completing clinical checklist
  – OB provider’s role in providing standard patient education

• Encourage OB providers to complete Buprenorphine waivers
  – Opportunities for ongoing support for providers with buprenorphine waiver
Provider / Nurse Education

• Systematically educate all staff on stigma, bias and trauma informed care to assist in successfully engaging and maintaining patients in care for best outcome for moms/babies.

• Providers / care team must know how to provide universal screening, SBIRT, and link patients to treatment including MAT and Behavioral Health Counseling/Recovery Services.

• Provide education on safe opioid prescribing practices.

• Make sure all providers can counsel patients on harm reduction programs and interventions including narcan/naloxone.

• All providers must know how to access and complete the OUD Clinical Care Checklist during prenatal care and during delivery admission.
Standardize Provider/Staff Education

- **Words Matter e-Module from ILPQC Annual Conference**
- **ILPQC MNO-OB Grand Rounds Slide Set**
- **CDC Opioid Use and Pregnancy e-Module**

**Education ALL providers, nurses, and staff should receive**
Engaging OB Providers In OUD Protocol

1. **Universal validated OUD screen for all pregnant women**
   - when start prenatal care, arrival on L&D, and ER and document

2. **Activate OUD protocol for every screen positive patient, every location, every time**
   - [Standard SBIRT](#) response to assess and counsel screen positive and refer to treatment, document and bill for SBIRT
   - [Activate care coordination / navigation](#) to ensure patient linked to MAT and Behavioral Health Counseling/Recovery Services and has close follow up
   - Insert and complete [OUD clinical checklist](#) in prenatal record and inpatient record
   - Provide [education for mom with OUD](#) (pediatric consult, counseling and patient handouts) on NAS and engaging mom in care of opioid exposed newborn
QI tool for your MNO-OB Hospital Team to use to identify causes of missed opportunities and areas of growth in the care of pregnant women with OUD!

Use to assist with improvement in your QI teams implementation of the OUD protocol

Review all patients with OUD not connected with MAT/Behavioral Health Counselling/Recovery Services by delivery discharge and address barriers to implementing:

- Screening
- Brief Intervention
- Referral to MAT and/or Behavioral Health Counseling/Recovery Services
- OUD Clinical Care Checklist
Engaging OB Providers: ILPQC OUD Clinical Care Checklist

The checklist is the practitioner's **roadmap** for comprehensive care

- **High-risk population** that needs additional screens, consults and support services outside of traditional prenatal care
- ILPQC OUD Clinical Care Checklist reflects **current recommendations** and **clinical guidance** for the **treatment** of pregnant **women with OUD and their infants**
- **All women with OUD should have this checklist completed and inserted** into the medical record to facilitate **best practice** for prenatal care and delivery admission
- The checklist is **used to confirm** key counseling, consults and screening labs are completed for all pregnant or postpartum women with OUD

Bosk, 2009; Pronovost, 2006; Weiser, 2012
NEW ILPQC Clinical Care Checklist

- Updated to be 1 page for easier implementation
- Includes the key measures for data collection

Key measures connected to data collection

- Narcan counseling and prescription documented
- Contraception counseling and plan documented
- Hep C screening
- Pediatric/neo consult completed
- Social work consult completed
- Standardized education provided on NAS and the mom’s important role in newborn non-pharmacologic care
- Percentage of women with OUD with a completed care checklist
Strategies to implement the Clinical Care Checklist

• Using this tool will assist your team **in implementing key items that you will be tracking monthly** for all women with an OUD diagnosis at delivery to show progress achieving quality **benchmarks >70% across time**

• Strategies for hospital teams

  - Add the clinical care checklist to EMR both prenatally and on labor and delivery
    - Ideas for adding the checklist: Running checklist in provider notes, adding checklist to flowsheets, create task- navigator like admission navigator for prenatal and delivery use (EPIC users only)
  
  - Provide a copy of the clinical care checklist to patients with OUD and encourage them to help manage/track their care
  
  - Include in **ILPQC’s Prenatal care providers and outpatient packet** to help to **ALL** prenatal care providers and outpatient sites implement best practices linked to data collection
MNO-OB OB Provider / Outpatient Packet

Utilizing this tool:

• **Assists with buy-in** from your OB providers/outpatient prenatal sites by providing key information about the initiative and importance of saving lives

• **Contains the tools your OB providers/prenatal sites will need** to provide evidence based care for this high-risk population

• Shares key resources:
  – New evidence regarding the urgency of this epidemic
  – Documentation and billing assistance
  – Resources to link patient to BH counseling and recovery services
  – Systematic response to ensure that no matter where, the patient receives appropriate care

What it contains:

1. **MNO OB provider/prenatal letter** from ILPQC that can be personalized and signed by your hospital team leads
2. **SBIRT One-Pager** with key documentation information and billing codes
3. **ILPQC’s OUD Protocol**
4. **OUD Patient Education Resources**
5. **ADD your teams**
   1. Community mapping tool
   2. Chosen screening tool
   3. Hospital OUD Process Flow
The ILPQC letter can be personalized and signed by your hospital team leads.

A useful communication tool for teams to utilize to ensure a systematic response for patients with OUD no matter where care is received.

- A platform to provide outpatient sites and OB providers with key information, MAT resources, etc.

Contains key information and background on the MNO initiative.

Provides supporting literature and information from IDPH, ACOG and AIM.

Helps with prenatal site/OB provider by-in with the most up to date finding in IL regarding the urgency of this epidemic.
MNO-OB SBIRT One-Pager

Provide this tool to all prenatal sites and OB providers to assist with standardizing SBIRT for all screen positive patients (step 2 in “ILPQC Making Change Happen”)

Contains:

1. Brief Interview and Referral 1-pager for OUD
2. What to include in SBIRT documentation, with example language
3. SBIRT Billing Codes
4. Information about the Illinois Referral Helpline for Opioids and Other substances
THE CHALLENGE

Barriers to treatment

• Prenatal provider lacks experience and process for linking to MAT providers
• Limited MAT providers near by
• Economic obstacles to entering and staying in treatment.
  • Cash only options
  • Insurance provider issues
• Accessibility to services:
  • Lack of flexible service times
  • Location to patient’s home or work
  • Transportation issues to/from clinic
• Threat of legal sanction – child custody.
• Lack of affordable child care.
• Oppositions for entering treatment from family/friends.
  • Partner substance abuse
  • Lack of support systems
• Caretaker role for dependent family.
Optimizing Care for Mothers and Newborns

- Map local resources for MAT providers and support services.
- Establish process flow to link patients with OUD to care.
- Expand the number of Buprenorphine providers.
Goal of opioid maintenance Therapy (MAT) in pregnancy

- Decrease continued high-risk activity
- Reduce the risk of relapse and overdose for the mother
- Improve perinatal outcomes by preventing frequent withdrawal during gestation
- Cessation of drug-seeking behavior and resumption of normal life activities; reestablishing social support, parenting, seeking employment and education
- Long term studies demonstrate low rates resumption illegal substances and able to maintain relatively normal family life

ACOG/ASAM

Buprenorphine Training

- Waiver Training involves 4 hours on-line and 4 hours in-person training
- ILPQC held 3 trainings in 2018 with 70 OB providers trained
- Working on additional trainings in 2019 TBD
- Midwives are now eligible to receive waiver
- Will provide teams updates through the ILPQC monthly Newsletter when future provider Buprenorphine waiver trainings scheduled
Engaging OB Providers to Obtain Buprenorphine Waivers

Under the Drug Addiction Treatment Act of 2000 (DATA 2000), physicians are required to complete an eight-hour training to qualify for a waiver to prescribe and dispense buprenorphine. The following SAMHSA-supported continuing medical education (CME) courses can help physicians qualify to prescribe buprenorphine in an office setting (courses may require registration and include fees):

- The Buprenorphine Waiver Training at the American Academy of Addiction Psychiatry covers legislation, pharmacology, safety, patient assessment, and more. Complete all the modules and pass the post-test at the end.

- The American Society of Addiction Medicine offers the ASAM Buprenorphine Course for Office-Based Treatment of Opioid Use Disorder in multiple formats that all provide the required 8 hours needed to obtain the waiver to prescribe buprenorphine in office-based treatment of opioid use disorders.

- The Providers Clinical Support System for Medication Assisted Treatment Self Study at the American Osteopathic Academy of Addiction Medicine, developed by the Providers’ Clinical Support System for Medication Assisted Treatment (PCSS-MAT), consists of a 4.25-hours webinar session and a 3.75-hours online session. For a list of trainings provided, visit the PCSS-MAT Calendar of Events.
Engaging OB Providers to Obtain Buprenorphine Waivers

• In 2018, 70 OB physicians & nurses participated in the ACOG/ASAM Treatment of Opioid Use Disorder Course (including waiver qualifying requirements)

• ILPQC is working with ACOG & ASAM to offer 3 trainings in 2019 across the state
  – Early May training through SSM Health St. Mary’s in St. Louis (Details to come)
  – May 28th in the late afternoon at the Abraham Lincoln DoubleTree Hotel in Springfield (night before the OB Face-to-Face Meeting)
  – July or August training in Chicagoland
  – September or October training in Central Illinois
Ongoing Support for Providers with Buprenorphine Waiver

- **SAMHSA Buprenorphine Waiver Management**
  - Information for physicians on the waiver application and management process to prescribe or dispense buprenorphine for opioid dependency treatment

- **ASAM Practice Resources**
  - Guidelines and consensus documents, training webinars, sample forms (consent form & Clinical Opiate Withdrawal Scale (COWS) form)

- **Providers Clinical Support System (PCSS):**
  - funded by SAMHSA, resource to train providers in evidence-based prevention & treatment of OUD and chronic pain.
  - PCSS provides clinical mentoring programs aimed at improving providers’ confidence and skills in preventing, identifying, and treating substance use disorders, OUD, and chronic pain. Clinical mentors provide support by telephone, email, or in person if logistically available
Patient R.T. is a 34 year old G3P1011 who presented to L&D for ROM w/o regular ctx at 36w4d. She had been receiving regular prenatal care and her pregnancy was noted to be uncomplicated.

During her RN L&D admission R.T. screened positive for OUD and a brief intervention with a referral to the hospital social worker was performed and documented.

She was seen by the in house social work team while she was in early labor and the OUD clinical care checklist was added to her chart. The social worker provided education, information on local behavioral health counselors and recovery services. Social worker informed patient she would follow-up post-partum with more information for discharge.

The resident physician initiated the hospital’s process flow for screened positive patients in L&D which began with a neo consult, lab orders and provided contraceptive counseling.

After her NSVD, R.T. was seen post-partum by another hospital attending for possible Buprenorphine initiation along with the team social worker. R.T. agreed to start Buprenorphine.

R.T. was discharged day 2 without her newborn with Nexplanon in place and with a Narcan prescription.
Review of the chart with Missed Opportunity Form

Nurse responsible for data entry reviewed the chart using the missed opportunity form and reported the following at the next team meeting:

- A negative screen was documented prenatally
- The patient shared with the social worker that she was taking opioids for the last 1.5 years
- Referral to MAT and/or Behavioral Health Counseling/Recovery Services occurred pp
- OUD Clinical Care Checklist was completed as appropriate

---

MNO-OB Mothers with OUD
Missed Opportunities Review Form

1. Was patient receiving Medication Assisted Treatment (MAT) by delivery?
   - Yes
   - No

If no, why? Check all that apply:
- OUD was not identified prior to delivery
- Patient’s OUD was identified, but was not counseled (BBRT) and/or navigated to care
- Patient was identified and received BBRT counseling, received SUD support services, but declined MAT
- Patient was identified and received BBRT counseling, declined MAT and SUD support services
- Provision of care document
- MAT treatment providers not available?

If no MAT by delivery, please select all the steps in the OUD protocol that were completed:
- Patient was screened for OUD using a validated screening tool prenatally and/or IAD
- Patient was counseled (BBRT) on treatment options and SUD support services prenatally or during delivery admission
- Patient navigated to MAT/SUD support services prenatally or during delivery admission
- Patient received substance use disorder support services/behavioral health services
- OUD clinical care checklist in chart
- Prenatal pedi care consult to discuss NAS

2. Does patient have a completed OUD Clinical Care Checklist (completed prenatal or during delivery admission)?
   - Yes
   - No

3. Please select all items in the OUD Clinical Care Checklist that were completed prenatally or during delivery admission.
   - N/A
   - OUD counseling and prescription offered and documented
   - OUD counseling and prescription offered and documented
   - OUD counseling and prescription offered and documented
   - Referral to SUD support services / MAT provided and documented
   - Hepatitis C screening and provided and documented
   - OUD/NAS withdrew/Pediatric consult provided and documented
   - Education on OUD and NAS newborn care provided and documented

Version: 1/15/2019
The team reviewed the results from the missed opportunity form together and discussed the barrier noted and positive work done by the care team. The team has decided on the following:

• Review the screening tools used at all prenatal care sites and outpatient providers.

• Personalize ILPQC’s OB Provider/Outpatient packet and distribute

• Host a ILPQC Grand Rounds

• Perform small test of change with the following:
  – PDSA cycle at one outpatient site with one provider on the provided screening tool
  – PDSA cycle on each LD shift using the ILPQC SBIRT guide
# Upcoming MNO-OB Teams Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>Implementing the Perinatal OUD Protocol, a standard system wide response for OUD screen positive pregnant patients: Navigate to MAT, Clinical Care Checklist, Patient Education</td>
</tr>
<tr>
<td>March*</td>
<td>Engaging OB Providers in MNO: Strategies to standardize education on stigma and OUD as a chronic disease, understand importance of MAT and completion of clinical care checklist to reduce maternal morbidity/mortality and improve outcomes for mom / baby</td>
</tr>
<tr>
<td>*Special Date 3/11/19 12:30-1:30pm</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>Strategies for successful navigation of pregnant women with OUD to MAT / Behavioral Health Counselling/Recovery Services – the warm hand off matters</td>
</tr>
<tr>
<td>May</td>
<td>Face-to-Face Meeting</td>
</tr>
<tr>
<td>June</td>
<td>Strategies to increase completion of the OUD Clinical Care Check list</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>July</td>
<td>Optimize the L&amp;D OUD protocol: pain control in labor/postpartum for women with OUD, L&amp;D care plan, managing MAT on L&amp;D/postpartum</td>
</tr>
<tr>
<td>August</td>
<td>Strategies to optimize Non-Pharmacologic care for Mom/Baby: Empowering moms to participate in non-pharmacologic care of opioid-exposed newborn through standardized education for moms, systems changes to support rooming in and Eat/Sleep/Console</td>
</tr>
<tr>
<td>September</td>
<td>Optimizing postpartum care for moms with OUD: supporting safe discharge planning, linkage to support services and appropriate follow up.</td>
</tr>
<tr>
<td>October</td>
<td>Prevention webinar – reducing opioid prescribing at delivery</td>
</tr>
<tr>
<td>November</td>
<td>Prevention – educating providers / patients risk of OUD, PMP lookup/documentation</td>
</tr>
<tr>
<td>December</td>
<td>No Call- Christmas Eve.</td>
</tr>
</tbody>
</table>
Save the Date!

2019 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff join us for an interactive day of collaborative learning for current ILPQC initiatives!

OB Teams: May 29, 2019

Neonatal Teams: May 30, 2019

More information coming soon!

Abraham Lincoln DoubleTree Hotel,
Springfield, IL
Contact

- Email info@ilpqc.org
- Visit us at www.ilpqc.org
THANKS TO OUR SPONSORS

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER
Family Foundation