MNO-OB Teams Call:
Implementing the Perinatal OUD Protocol, a standard system wide response for OUD screen positive pregnant patients: Navigate to MAT, Clinical Care Checklist, Patient Education

February 25, 2019
12:30 – 1:30pm
Call Overview

• MNO-OB Strategies for Success in 2019
• Implementing the Perinatal OUD Protocol
• Developing a System of Care for Perinatal SUD
  – Daisy Goodman, DNP, CNM, CARN-AP, Dartmouth-Hitchcock Moms in Recovery Program
• MNO-OB Data Review
• Team Talk: Northshore Evanston Hospital MNO Initiative
  – Beth A. Plunkett, MD, MPH
MNO-OB STRATEGIES FOR SUCCESS IN 2019
MNO in 2019

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

Covered in 2018

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)

How do we begin to make progress?

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

How do we begin to make progress?
Mothers and Newborns affected by Opioids - OB Initiative

**Aim:** ≥70% women with OUD receiving MAT; ≥80% connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge

**Benchmarks:**

- ≥80% all pregnant women screened with a universal validated screener during prenatal period among all deliveries
- ≥80% all pregnant women screened with a universal validated screener during L&D admission among all deliveries
- ≥70% women with OUD with an OUD clinical care checklist completed prenatally or during delivery admission
- ≥70% women with OUD receiving: Narcan, Hep C, contraception, behavioral health/ social work consult prenatally or during delivery admission
- ≥70% women with OUD receiving pediatric / neonatal consult on NAS and role in newborn care prenatally or during delivery admission
- ≥80% women with OUD receiving OUD/NAS education prenatally or during delivery admission
## MNO-OB Project Aims

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

<table>
<thead>
<tr>
<th>Increase proportion of all pregnant women screened with a universal validated screener during prenatal period / during delivery admission</th>
<th>Goal</th>
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<tbody>
<tr>
<td>Increase proportion of women with OUD receiving MAT prenatally or by delivery discharge</td>
<td>≥ 70%</td>
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<tr>
<td>Increase proportion of women with OUD connected to Behavioral Health Counseling/Recovery Services prenatally or during delivery admission</td>
<td>≥ 80%</td>
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<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>
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IMPLEMENTING A STANDARD SYSTEM WIDE OUD PROTOCOL
ILPQC Strategies for Your Team’s Success

- **ILPQC OUD Protocol**
  - Key steps for activating a system-wide, evidence based response so that no matter where the pregnant patient with OUD is identified she can be linked to MAT/behavioral health counselling/recovery services and receive coordinated clinical OB care.

- **MNO-OB Missed Opportunities Review form** *(new QI tool)*
  - Use this tool to identify and learn from missed opportunities to start patients on MAT & link to recovery services. Review the record of all patients not on MAT at time of delivery discharge and identify barriers and strategies for linking women with OUD to MAT and Behavioral Health Counseling/Recovery Services prenatally/L&D.

- **Updated OUD Clinical Care Checklist** *(now one page)*
  - Develop process flow to ensure checklist is initiated for all women who screen positive for OUD and completed prenatally/L&D to improve prenatal care and delivery admission care.

- **MNO OB Providers / Outpatient Care Sites Packet**
  - Communicate protocol /resources for identification and care for women with OUD to prenatal care providers and outpatient prenatal care sites to implement universal screening for OUD, SBIRT, and the OUD protocol.

- **Hospital specific OUD Process Flow**
  - Develop process flow to activate OUD protocol for all pregnant women who screen positive for OUD regardless of location, share and post protocol in clinical locations.
A System-Wide Response to OUD

Opioid overdose is now the leading cause of maternal mortality in Illinois. All pregnant women with OUD urgently need our attention!

Your QI team’s job is to:

- Create a system wide response for all pregnant patient identified with OUD...
- ...so that it can be initiated at any site... (ED, Prenatal site, LD)
- ...linking moms to services (BH counseling/recovery treatment/MAT) can save lives!
Next Step Creating Culture Change
Building on System Changes

- In 2018, we started work on system changes measured by our structure measures.
- 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, we must improve care for every mom.
- ILPQC is here to help you facilitate culture change:
  1. OB / OP Packet
  2. Grand Rounds
  3. OUD Checklist
Implement the 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
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

What step(s) is your team currently working on?
MNO-OB OUD Protocol

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

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.
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
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
ILPQC OUD Clinical Care Checklist

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
### OUD Clinical Care Checklist

**Antepartum Care**
- Counsel on MAT for OUD and arrange appropriate referrals.
- Counsel and link to behavioral health counseling/recovery support services.
- Social work consult or navigator who will link patient to care and follow up.
- Obtain recommended lab testing:
  - HIV/Hep B/ Hep C (if positive viral load & genotype)
  - Serum Creatinine/ Hepatic Function Panel
- Institutional drug testing policies and plan for testing reviewed.
- Urine toxicology testing for confirmation and follow up (consent required)
- Discuss Narcan as a life-saving strategy and prescribe for patient/family
- Neonatology/Pediatric consult provided, discuss NAS, engaging mom in non-pharmacologic care of opioid exposed newborn, and plan of safe care.
- DCFS Reporting system reviewed, discuss safe discharge plan for mom/baby
- Consider anesthetics consult to discuss pain control, L&D and postpartum
- Screen for additional substance abuse (alcohol/tobacco/non-prescribed drugs)
- Screen for co-morbidities (ie: behavioral health & domestic violence)
- Consent for electronic team to communicate with MAT treatment providers

**Third trimester**
- Repeat recommended labs (HIV/HbsAg/Ge/Ct/RPR)
- Ultrasound (Fluid/Growth)
- Urine toxicology with confirmation (consent required), and review policy
- Review safe discharge care plan and DCFS process
- Patient Education: OUD/NAS, participating in non-pharmacologic care of the opioid exposed newborn, including breastfeeding, and reenrollment.
- Comprehensive contraceptive counseling provided and documented

**During Delivery Admission**
- Social work consult, pod/nanonatology consult, (consider) anesthesia consult
- Verify appointments for support services (MAT/BH / Recovery Services)
- Confirm Hep C, HIV, Hep B screening completed
- Discuss Narcan as a life-saving strategy and prescribe for patient/family
- Provide patient education & support for non-pharmacologic care of newborn
- Review plan of safe care including discharge plan for mom/baby
- Schedule early postpartum follow-up visit (within 2 weeks ppos)
- Provide contraception or confirm contraception plan

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009906: Alcohol and/or substance abuse structured screening and brief intervention services: 15 to Minus
009907: Alcohol and/or substance abuse structured screening and brief intervention services: 1 year or more Minus
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
MNO OB Provider and Outpatient Prenatal sites Letter

- 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
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](#)
MNO-OB Key Strategies
Reimbursement Barriers

• ILPQC took heard the suggestions you shared in the Annual Conference survey and communicated them with IL agency leaders

• If your team has **specific examples** of unavailable services or reimbursement issues, please email info@ilpqc.org and we’ll share with the state agencies to address
  
  – Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  
  – Prescribing Narcan / Naltrexone
  
  – Prescribing Buprenorphine in the Outpatient setting for pregnant / pp women with Opioid Use Disorder
  
  – Early postpartum visits (first 2 weeks postpartum)
  
  – Access to MAT
GUEST TALK
Developing a System of Care for Perinatal SUD

Daisy Goodman, DNP, MPH, CNM, CARN-AP
Dartmouth-Hitchcock Moms in Recovery Program
Disclosures

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  • March of Dimes Foundation
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  • Northern New England Perinatal Quality Improvement network
  • Dartmouth Hitchcock Department of Obstetrics and Gynecology
  • Victoria Flanagan, MS, RN
  • Alexandra Zagaria, BS
  • Martha Livingston Bruce, PhD, MPH
Agenda

• Screening for perinatal substance use with SBIRT
• Ensuring follow up for positive screens
• Implementing best practice in the perinatal care of women with opioid use disorders
Taking a Population Health Approach to Substance Use and Substance Use Disorders During Pregnancy

- **Primary**
  - No SUD
  - Screening only
  - Reinforcement to prevent onset
  - Education

- **Secondary**
  - Brief Intervention
  - Consider Behavioral Health
  - Consider “Purple Pod” clinic visit

- **Tertiary**
  - Mod/Severe SUD
  - Refer to treatment as indicated

**Screening**

**Brief Intervention**

**Referral**

**Disease Severity**
Screening, Brief Intervention and Referral for Treatment: The Recommended Standard for Maternity Care

- Introduced to D-H Lebanon in late 2013, initially using paper questionnaires
- Step-wise implementation of electronic SBIRT at DHMC completed in 12/2015
- Screening is now an accepted component of prenatal care at initial visit and 32 weeks
- Data on prevalence is easy to capture
- Data on performance is easy to capture

Proportion of New OB Appointments Screened (2016-2018)
Screening Approach

**AUDIT –C:** 3 questions about past year alcohol use
- How often did you have a drink containing alcohol in the past year?
- How many drinks did you have on a typical day when you were drinking in the past year?
- How often did you have 6 or more drinks on one occasion in the past year?

**NIDA:** 1 question about past year drug use
- How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

Follow up: **AUDIT-10** and/or **DAST-10** questions explore severity of use after positive screening;

*In our electronic record, these additional questionnaires populate automatically if AUDIT-C score >=3 and NIDA >0*
SBIRT Results

A unique “dot phrase” brings the most recent SBIRT screening results into any clinical note. Test results can also be viewed under a chart review function. Electronic screening allows us to capture data about prevalence and severity.

% Using Alcohol in Past Year

% Using Non-prescribed Drugs in Past Year
Brief Intervention

Billing for brief intervention

When SBIRT screening is positive for drug use or moderate to heavy alcohol use prior to pregnancy, brief intervention is a billable service in New Hampshire.

Documentation should include time spent counseling along with details of the interaction:

• Face-to-face interaction with the patient
• Assessing readiness for change
• Advising the patient about risks
• Suggesting treatment(s)

Example language

“I met with ________ to discuss her positive (AUDIT/DAST) screening. We discussed the risks of alcohol and drug use during pregnancy, and explored options for supporting abstinence from alcohol and illicit drugs. We reviewed patient information about DHMC policies about prenatal substance use and state-specific reporting requirements. Referral to Behavioral Health was offered. She accepted/declined ________.

Time spent in counselling was (<15/15-30) minutes.”
Getting Paid for SBIRT

CPT codes billed using “Additional E/M”

• **99408** Alcohol and/or substance (other than tobacco) abuse, structured screening (eg, AUDIT, DAST), and brief intervention (SBI) service; 15 to 30 minutes

• **99409** Alcohol and/or substance (other than tobacco) abuse, structured screening and brief intervention (SBI) service, greater than 30 minutes

Sample Diagnostic Codes:

• **O99.320** Substance abuse affecting pregnancy, antepartum

• **F11.20** Opioid use disorder, uncomplicated*

• **F12.10** Marijuana use

*There are many codes to choose from for OUD, indicating level of severity, duration of treatment participation, presence of withdrawal symptoms or complications, etc*
Implementing Best Practice

(1) A checklist added to medical record helps to standardize the care provided to women with SUDs

(2) Monthly learning sessions have been held for past 2 years to provide education about best practice
   - Providing access to Naloxone
   - Treating tobacco use
   - HCV/HIV screening and management
   - Screening for co-occurring mental health conditions
   - Stigma
   - Marijuana use disorders

(3) Toolkit with materials for patients and providers

<table>
<thead>
<tr>
<th>Prenatal OUD Checklist</th>
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<tbody>
<tr>
<td>Element</td>
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<tr>
<td>Federal consent to share medical information</td>
</tr>
<tr>
<td>HIV status</td>
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<tr>
<td>Hepatitis C antibody, if = draw viral load</td>
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<tr>
<td>Hepatic Function Test</td>
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<tr>
<td>Institutional drug testing policy reviewed</td>
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<tr>
<td>Plan of Safe Care and mandated reporting requirements discussed</td>
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<tr>
<td>behavioural health</td>
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<tr>
<td>Needs assessment and/or Care Management</td>
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<tr>
<td>Use of non-prescribed drugs and related discussion</td>
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<tr>
<td>Marijuana counseling</td>
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<tr>
<td>Tobacco counseling</td>
</tr>
<tr>
<td>Naloxone counseling and Rx offered</td>
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<tr>
<td>Third Trimester</td>
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<tr>
<td>Repeat HIV, HbsAg</td>
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<tr>
<td>HCV antibody, if = draw viral load</td>
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<tr>
<td>Ultrasound for growth/weight</td>
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<tr>
<td>UA/UAI with confirmation sent (consent required)</td>
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<tr>
<td>Review Plan of Safe Care</td>
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<tr>
<td>NAS information reviewed</td>
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<tr>
<td>Breastfeeding information reviewed</td>
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<tr>
<td>Pain management discussed</td>
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<tr>
<td>Family Planning discussed</td>
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<tr>
<td>OTHER</td>
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</table>

Obtain consent to communicate with other providers
Discuss treatment for tobacco
Provide access to naloxone
Screen for Hepatitis C with follow up testing if indicated
A Process Map for Checklist Implementation
Putting it all together...
Time for Questions?

daisy.j.goodman@hitchcock.org
### MNO-OB Data Reporting

<table>
<thead>
<tr>
<th>Month</th>
<th>Patient-Level Data*</th>
<th>Structure Measures</th>
<th>Screening for OUD</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>350 patients (70 teams)</td>
<td>63 teams</td>
<td>57 teams</td>
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<tr>
<td>July 2018</td>
<td>88 patients (65 teams)</td>
<td>55 teams</td>
<td>61 teams</td>
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<tr>
<td>August 2018</td>
<td>117 patients (67 teams)</td>
<td>54 teams</td>
<td>60 teams</td>
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<tr>
<td>September 2018</td>
<td>96 patients (61 teams)</td>
<td>62 teams</td>
<td>62 teams</td>
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<tr>
<td>October 2018</td>
<td>92 patients (67 teams)</td>
<td>49 teams</td>
<td>57 teams</td>
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<tr>
<td>November 2018</td>
<td>64 patients (66 teams)</td>
<td>47 teams</td>
<td>54 teams</td>
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<tr>
<td>December 2018</td>
<td>71 patients (57 teams)</td>
<td>47 teams</td>
<td>54 teams</td>
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<tr>
<td>January 2019</td>
<td>40 patients (43 teams)</td>
<td>39 teams</td>
<td>40 teams</td>
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*NOTE: Team count includes teams with patient-level data & teams who reported ‘no cases’*
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)

ILPQC MNO Initiative:
Percent of hospitals that have implemented a standardized, validated self-report screening tool for screening all pregnant women for OUD on units caring for pregnant women
All Hospitals, 2018

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
Screening & Linkage to Care: Standardized SBIRT (Structure Measure)

AIM: Increase proportion of women with OUD receiving MAT and Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge.
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/addiction treatment services/behavioral health services) for pregnant/postpartum women with OUD
All Hospitals, 2018

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<tbody>
<tr>
<td>In place</td>
<td>80%</td>
<td>40%</td>
<td>31%</td>
<td>18%</td>
<td>17%</td>
<td>9%</td>
<td>11%</td>
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<tr>
<td>Working on it</td>
<td>20%</td>
<td>56%</td>
<td>60%</td>
<td>63%</td>
<td>61%</td>
<td>62%</td>
<td>55%</td>
<td>46%</td>
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<td>Have not started</td>
<td>0%</td>
<td>4%</td>
<td>10%</td>
<td>19%</td>
<td>22%</td>
<td>30%</td>
<td>34%</td>
<td>46%</td>
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Optimizing Care: Standardized OUD Checklist on L&D (Structure Measure)

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

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

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
Culture Change is needed to show improvement in process/outcome measures – we must change the outpatient/inpatient care provided to moms with OUD
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

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

BENCHMARK = ≥ 80%
Screening & Linkage to Care: Women with OUD at Delivery Connected to Behavioral Health Counseling/Recovery Services

A graph to track our progress towards this key strategy is coming soon

BENCHMARK = ≥ 80%
Optimizing Care: L&D Clinical Care Checklist (Process Measure)

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

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

ILPQC MNO Initiative:
Percent of Women with OUD with a completed OUD Clinical Care checklist included in the medical record
All Hospitals, 2018

Remember to enter this data in your REDCap Data forms- updated paper forms on website

BENCHMARK = ≥ 70%
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

100.0%  90.0%  80.0%  70.0%  60.0%  50.0%  40.0%  30.0%  20.0%  10.0%  0.0%
41.0%  40.5%  42.7%  34.1%  39.6%  37.7%  42.9%  38.9%

BENCHMARK = ≥ 70%
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
TEAM TALK
NorthShore Evanston Hospital MNO Initiative

Beth A. Plunkett, MD, MPH
February 25, 2019
What we have done

• Selected patient education materials for outpatient setting
  • Available on NorthShore web-site (Pulse)
  • Plan to scan into EPIC
  • Translated into Spanish

• Selected patient educational materials for inpatient setting

• Mapping tool (in progress)
What we have done

• Selected screening tool
  • Integrated Health Screening Tool

• Piloted
  • Outpatient office
  • EH Labor and Delivery x 24 hours

• Modified language and the response to fit our system
• Translated modified version into Spanish
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>Did any of your parents have a problem with alcohol or other drug use including prescription medications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peers</td>
<td>Do any of your friends have a problem with alcohol or other drug use including prescription medications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner/someone close to you</td>
<td>Does your partner or someone close to you have a problem with alcohol or other drug use including prescription medications?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Violence</td>
<td>Are you feeling at all unsafe in any way in your relationship with your partner or with anyone in your environment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Health</td>
<td>Over the past few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, to get along with people, or to take care of things at home?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Past</td>
<td>In the past, have you had difficulties in your life due to alcohol or other drugs including prescription medications?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Present</td>
<td>In the past month, have you had alcohol or used other drugs including prescription medications? 1. How many days per month do you drink/use drugs/take prescription medications? _____ 2. How many drinks/what quantity of drugs/number of pills do you have on any given day? 3. How often did you have 4 or more drinks per day in the last month?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Smoking/Vaping</td>
<td>Have you smoked cigarettes or vaped in the past 3 mos?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Language Modifications:**

- Drugs “including prescription drugs”
- Partner “or someone close to you”
- Partner “or with anyone in your environment”
- Expanded drugs to “drink/use drugs/take prescription medicines”

**IF YES**

- Brief Intervention. Contact PFSC. If opioid use, start checklist.
- Assess risk. Offer PFSC. Smoking cessation counseling if indicated.
- Discuss increased risk for substance use.
Process Flow Embedded in Screening Tool

• To Contact Perinatal Family Support, please page 7949 or call 847-570-2880

• Provide Brief Intervention (see reverse for script), document and bill 99408 (15 min), 99409 (30 min). To start checklist, open patient EPIC chart and place ICD10 code O99.320 and .oudchecklist in Problem List

• For all patients, please scan this document into EPIC when completed
SBIRT

- SBIRT tailored and condensed to single page
- Reverse side of screening tool
- Translated into Spanish
OB Provider Checklist for Pregnant Women with Opioid Use Disorder

First Trimester/visit
- Discuss impact of opioid use on pregnant women’s health and health of her baby
- Discuss importance of Medication Assisted Treatment (MAT) to improve care of both
- Discuss smoking cessation and better maternal/child outcomes
- PFSC consultation (link to MAT)
- Neonatology consultation
- MFM consultation (if desired)
- Assess medical and psychiatric comorbidities
- Send HBsAg, HIV, Hep C ab, CMP, GC/CT. Encourage Hep B vaccination if not already provided
- Urine toxicology screen (with verbal consent)
- Check IL Prescription Monitoring Program
- Discuss/offer narcan prescription
- Schedule short-interval follow-up visit

Second/Third Trimester
- Co-manage with MAT provider
- Assess tolerance of MAT (constipation) and relapse at each visit
- Level II ultrasound 20 weeks
- Serial growth ultrasounds in third trimester
- Repeat labs and toxicology screen third trimester
- Verify and document MAT medication/dose/status prior to birth
- Identify pediatrician
- Discuss and document contraceptive plan

L&D
- Upon admission to L&D, reconfirm MAT dose with provider
- Repeat labs if not done in third trimester and repeat urine toxicology
- Notify Neonatology of patient’s arrival
- Neonatology at delivery

Post-Partum
- Send cord for toxicology
- Provide adequate pain management in addition to maintenance MAT dose
- Avoid narcotics for uncomplicated vaginal delivery. Avoid partial agonists/antagonists (can precipitate withdrawal). If opioids are used, monitor closely for over-sedation.
- Encourage breastfeeding, rooming in--mom is the best medicine for baby
- Establish safe discharge plan with mom, pediatrician, social work
- Close follow-up for baby
- Post partum visit in 1-2 weeks, screen for depression, intimate partner violence and relapse
- Close follow-up for mom with MAT provider
Roll out on L&D

• L&D Champion provided all nurses with educational materials
  • ACOG Committee Opinions x 2
  • Language Matters
  • Screening Tool and SBIRT

• Poster boards with materials and emails

• Presented at staff meetings x 2

• Each RN “signs off” with champion
  • Confirms understanding of initiative
Roll out for outpatient offices

- Plan meet with each practice
- Multiple emails sent to practice managers → little interest
- Sent email summarizing initiative
- Sent screening tool + checklist + links to educational material
- Suggested it might become mandatory
- Offered to help explain complex initiative
  More interest!
Engage outpatient offices

- Plan to send similar emails to practice managers
- Plan to send letter from ILPQC, Chair re: MNO
- Plan to visit each office
- Plan to find champion in each office for ongoing check-ins
Thank you.

Questions?
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Strategies to increase OUD screening and documentation inpatient vs outpatient settings</td>
</tr>
<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 look up/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

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Chicago, IL 60611
Contact

• Email  info@ilpqc.org
• Visit us at  www.ilpqc.org
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