Welcome!

Implementation of the
“Obstetric Care for Women with
Opioid Use Disorder”
AIM Bundle
AIM/ERASE Monthly Webinar
January 14, 2021
Agenda

• New Hampshire Maternal Mortality Review Committee 2020 Report
  • Recommendations
  • Link to NH-AIM

• Structuring NH-AIM work

• Rapid implementation: Naloxone distribution
  • Components of successful naloxone programs in Ob/Gyn
  • Implementation challenges and opportunities

• Promoting naloxone access through the Mother-Baby Plan of Safe/Supportive Care

• Situational surveillance for naloxone distribution
Findings From New Hampshire’s Maternal Mortality Review

• **Eleven of the twelve** pregnancy-associated deaths in 2016-2017 occurred **during the postpartum period**, and one occurred during pregnancy

• The **leading causes** of pregnancy-associated deaths in NH are **accidental drug overdose** and **suicide**

• **Almost all deaths reviewed were substance-involved**
82A: Was the infant monitored for effects of in utero substance exposure? (by Hospital)

Number of infants monitored: 546
Percent of infants: 7.0%
Total number of hospital births: 7,783
### ESM 1
Percentage of postpartum birthing individuals whose infant was monitored for the effects of in utero substance exposure who had a documented Plan of Safe/Supportive Care (POSC).

Infants born: 5/1/2020 to 12/31/2020
Data refreshed: 1/13/2023 4:44:58 PM
Data source: VR_BIRTH (EBI_DATAMART.VR_BIRTH)+ (EBI_DATAMART)

<table>
<thead>
<tr>
<th>83: Was a Plan of Safe/Supportive Care (POSC) created?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>82A: Was the infant monitored for effects of in utero substance exposure?</td>
<td>No</td>
<td>7,298 (97.7%)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>244 (44.2%)</td>
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**NNEPQIN**
NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

**AIM**
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

**NH DIVISION OF PUBLIC HEALTH SERVICES**
Improving health, preventing disease, reducing costs for all
Percentage of postpartum birthing individuals whose infant was identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, who had a documented Plan of Safe/Supportive Care (POSC)

- Infants born: 5/1/2020 to 12/31/2020
- Data refreshed: 1/13/2021 9:56:40 PM
- Data source: VR_BIRTH (EBL_DATAMART), VR_BIRTH (EBL_DATAMART)

<table>
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<tr>
<th>Question</th>
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<th>Yes</th>
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<tbody>
<tr>
<td>82B. Was the infant identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder?</td>
<td>7,520 (96.4%)</td>
<td>284 (3.6%)</td>
</tr>
<tr>
<td>83: Was a Plan of Safe/Supportive Care (POSC) created?</td>
<td>22 (10.0%)</td>
<td>198 (90.0%)</td>
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New Hampshire MMRC Recommendations

**Overdose prevention**
- Standardize perinatal education about risk for overdose after pregnancy or any period of abstinence
- Provide naloxone kits and standard education at postpartum discharge for patients with OUD
- Improve treatment access through promotion of 211

**Address social determinants of health**
- Screening for social determinants and linkage to services for patients with substance-related concerns in medical settings

**Respectful care**
- Education for healthcare teams to reduce stigma against people who use substances

**Access to Behavioral Health**
Reduce Substance-Related Maternal Mortality and Severe Maternal Morbidity in NH

**Primary Drivers**
- Overdose Prevention
- Social Determinants of Health Addressed
- All Patients Receive Respectful Care
- Behavioral Health (BH) Needs Addressed
- MMRC Recommendations Implemented

**Secondary Drivers**
- Access to SUD/OUD Treatment
- Access to naloxone (Prenatal/pp & hospital DC)
- Plan of Safe Care implemented for 100% of pp patients with SUD
- Adopt ACOG postpartum care recommendations
- Disparities identified based on data and PFAC Feedback
- PFAC recommendations inform practice improvements
- Opportunities for staff antibias training promoted by NH-AIM
- Referral network in place for pre-/postnatal access to BH
- Suicide screening & prevention implemented in OB practice
- Annual Report Published
- Implementation team incorporates MMRC recommendations in NH-AIM

**Change Concepts**
- Universal SBIRT screening & referral for SUD/OUD
- Develop protocols for OB/GYN naloxone distribution in hospitals and outpatient clinics
- Staff training on harm reduction & naloxone distribution
- Plan of Safe Care initiated in prenatal setting
- Universal screening for social determinants of health
- Increase accuracy of Real Data
- SMM & perinatal outcomes data disaggregated by Real, rurality, & payer at State & practice level
- Engage representative Patient & Family Advisors for PFAC
- Implement universal screening for behavioral health needs
- Public health messaging about AWHONN Warning Signs
- Timely identification of cases
- Regular review by multidisciplinary MMRC
- MMRC recommendations driven by data from case review

**Timeline**
- January 1 – December 31, 2021
- March 2021
- January 2021
- November 2020
- Ongoing
Reduce Substance-Related Maternal Mortality and Severe Maternal Morbidity in NH
Naloxone

• **Naloxone for community use**
  • Naloxone “kits” typically include two intranasal applicators
  • Standard education about opioid overdose and naloxone administration is required when dispensing

• **Safety during pregnancy and lactation**
  “Although induced withdrawal may possibly contribute to fetal stress, naloxone should be used in pregnant women in the case of maternal overdose in order to save the woman’s life.”
  - ACOG Committee Opinion #711 (2017)

Structuring this work

- **Intervention:** increase access to naloxone
- **Context:** Prenatal, hospital, and postnatal settings
- **Measure:** naloxone access at time of delivery, either
  - Prescribed
  - Dispensed
  - Already has Rx
  - Declined
Thinking about Implementation

Who: Ob/Gyn clinical staff (inpatient or outpatient)
What: Ask about and provide naloxone as needed to all pregnant/postpartum patients with opioid use disorder
When: During pregnancy, delivery hospitalization, and postpartum care
Where: Outpatient clinics and hospital birthing units
Tracking Access to Naloxone Access in the D-H Ob/Gyn Clinic

Proportion of Patients with OUD with Whom Naloxone was Discussed

Checklist in EMR
Implementing Outpatient Naloxone Distribution in Ob/Gyn at Dartmouth-Hitchcock

**What:** Ask about and provide naloxone

**Who:** Ob/Gyn clinic staff

**When:** During pregnancy and postpartum

**Where:** Dartmouth-Hitchcock outpatient Ob/Gyn practice

1. Identify naloxone source
2. Identify patients who need naloxone
3. Develop a process for dispensing naloxone
4. Dispense naloxone to patients
5. Measure program success
Developing a Naloxone Distribution Program for the Ob/Gyn Clinic

- **Identify source for naloxone:**
  - Establish relationship with state distribution network
  - Develop collaborative procedures for ordering, delivery, and data collection

- **Develop clinic policies and procedures:**
  - Write official clinic policy
  - Pharmacy and Therapeutics Committee approval

- **Training and education:**
  - Train providers in process
  - Train nursing staff to provide naloxone education
  - Develop annual nursing competency for sustainability

- **Implementation**
  - Launch Screening/identification of patients
  - Integrate naloxone distribution into clinic flow

- **Data collection:**
  - Electronic medical record documentation
  - Inventory, ordering, reporting, data collection
Sources of Naloxone

New Hampshire Doorways Program
- “Hub” and “Spoke” approach
- 24-hour access to Doorways services through 211
- Naloxone distributed to communities through Doorways sites across NH

https://www.thedoorway.nh.gov/hubmap
# New Hampshire Doorway Locations

<table>
<thead>
<tr>
<th>Doorway Site</th>
<th>Berlin</th>
<th>Concord</th>
<th>Dover</th>
<th>Keene</th>
<th>Laconia</th>
<th>Lebanon</th>
<th>Littleton</th>
<th>Manchester</th>
<th>Nashua</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Androscoggin Valley Hospital</td>
<td>Concord Hospital</td>
<td>Wentworth Douglass Hospital</td>
<td>Cheshire Medical Center</td>
<td>Lakes Region General Hospital</td>
<td>Dartmouth-Hitchcock Medical Center</td>
<td>Littleton Regional Healthcare</td>
<td>The Doorway of Greater Manchester</td>
<td>The Doorway of Greater Nashua</td>
</tr>
<tr>
<td>Location of Doorway</td>
<td>7 Page Hill Rd. Berlin, NH 03570</td>
<td>40 Pleasant St. Concord, NH 03301</td>
<td>798 Central Ave, Dover, NH 03820</td>
<td>590 Court St. Keene, NH 03431</td>
<td>80 Highland St. Laconia, NH 03246</td>
<td>Rivermill Complex 85 Mechanic St Suite 3B-1 Lebanon, NH 03756</td>
<td>11 Riverglen Ln. Littleton, NH 03561</td>
<td>303 Belmont St. Manchester, NH 03103</td>
<td>12 Amherst St. Nashua, NH 03064</td>
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<tr>
<td>Phone number:</td>
<td>Call 211</td>
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https://www.thedoors.nh.gov/hubmap
Identify Need

Two questions added to SBIRT-screening during the initial prenatal visit:

- “Are you, or is someone you know, at risk of experiencing an opioid overdose?”

- “Would you like to talk to someone about naloxone?”
Adapting a Clinic Process for Naloxone Distribution

- Patient checks in at clinic
- RN provides documents naloxone distribution
- Patient waits in exam room
- RN provides naloxone education
- Patient waits in exam room
- Provider sees patient and dispenses naloxone
- In hallway: LPN takes patient’s weight
- Recovery coach* sees patient
- Patient brought to check-out
- Flow staff notes response and requests naloxone
- CHW* sees patient
- Tablet Qs

*May be seen in any order, and each entity may be seen more than once, or not at all
What About Distributing Naloxone In The Hospital?

**What:** Ask about and provide naloxone to all postpartum patients with OUD/SUD before hospital discharge

**Who:** Clinical staff (RN/MD/CNM/Pharmacy?)

**When:** Before postpartum discharge

**Where:** L&D units across New Hampshire
Discussion: Barriers and Opportunities to increase Naloxone Distribution in Ob/Gyn Settings

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Opportunities</th>
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[Logos]

NNEPQIN
Alliance for Innovation on Maternal Health
NH Division of Public Health Services
Implementation Strategies:

Should naloxone access be added to the NH Plan Of Safe Care?
Measurement: Add Naloxone Access to the Birth Certificate Worksheet?

• First, using Situational Surveillance for quick implementation and pilot
  • Later, permanent
  • One current COVID Sit Surv question will be retired to make room
  • Limited to Yes/No/Unknown responses

• Possible questions:
  1. Does the patient have access to naloxone (Narcan)?
  2. Was access to naloxone (e.g. Narcan) discussed with the patient?
  3. Was a Naloxone (Narcan) Rescue Kit dispensed (or prescribed) to the patient?

• Logistics
  • Same or different Sit Surv worksheet as remaining COVID question?
Putting It All Together

Kotter’s Stages of Change

Image © 2016 American College of Obstetricians and Gynecologists
Reduce Substance-Related Maternal Mortality and Severe Maternal Morbidity in NH

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Next steps for NH Birth Hospitals and Pre-/Postnatal Providers

• Identify clinical lead(s) at each site
• Identify nearest Doorway site as possible source for naloxone
• **Complete baseline practice survey**
• Schedule calls with clinical leads and NH-AIM team
Next Steps

• NH-AIM implementation webinars: second Thursday of each month from 12-1pm

• Individual calls with each participating site to identify key opportunities and develop strategies

• Initial implementation targets:
  • Provide *naloxone access* at hospital discharge and in prenatal/postpartum settings
  • Improve *collection of REaL data* at all maternity care providing sites
Please stay in touch!

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- victoria.a.Flanagan@hitchcock.org
SAVE THE DATE
February 11, 2021
NNEPQIN Virtual Winter Meeting