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• Reminder, we will be recording this session
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• Vicki Flanagan will monitor the chat box and call on you to unmute yourself
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Screening Tools to Assess Perinatal Drug & Alcohol Use

NH AIM/ERASE Monthly Webinar
July 14, 2022

Our presenter has no conflicts of interest to disclose.
Please Note: New CME/CNE Process!

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Session Learning Objectives

1. Review AIM/ACOG recommendations for screening for perinatal drug and alcohol use
2. Describe examples of successful screening programs
3. Discuss practice adaptations for naloxone distribution at birth hospitals
Critical Collaborations: NNEPQIN, ERASE and AIM

NH-AIM Key Driver Diagram

Reduce Maternal Mortality and Severe Maternal Morbidity in NH

Primary Drivers

Overdose Prevention
- Access to SUD/OUD Treatment
- Access to naloxone in ambulatory & hospital settings
- Focus on Postpartum Care

Social Determinants of Health Addressed
- Family Care Plans implemented for 100% of pp patients with SUD and infants
- Adopt ACOG postpartum care guidance

All Patients Receive Respectful Care
- PCAC Feedback identifies concerns
- PCAC recommendations inform practice improvements
- National AIM Respectful Care training

Behavioral Health (BH) Needs Addressed
- Develop referral network for pre- and postpartum access to BH care
- OB practices implement suicide screening & prevention

MMRC Recommendations Implemented
- Annual Report Published
- Implementation team incorporates MMRC recommendations in NH-AIM

Secondary Drivers

- Universal SBIRT
- Develop protocols for OB/GYN naloxone distribution
- Staff training on harm reduction

- Plan of Safe Care initiated in prenatal setting
- Universal screening for social determinants of health

- Increase accuracy of REaL Data collection
- SMM & perinatal outcomes data disaggregated by race, ethnicity & payer
- Engage representative PCAC

- Implement universal screening for behavioral health needs
- Promote AWHONN Warning Signs

- Timely case identification
- Regular review by MMRC
- MMRC recommendations based on reviews

Change Concepts

- Universal SUD
- Develop protocols for OB/GYN naloxone distribution
- Staff training on harm reduction

- Plan of Safe Care initiated in prenatal setting
- Universal screening for social determinants of health

- Increase accuracy of REaL Data collection
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ACOG Recommendations for Substance Use Screening

“Screening based only on factors such as poor adherence to prenatal care or prior adverse pregnancy outcomes can lead to missed cases, and may add to stereotyping and stigma. Therefore, it is essential that screening be universal…”

“To begin the conversation, the patient should be informed that these questions are asked of all pregnancy women to ensure they receive the care they require.”

“Validated screening tools…are the preferred method for initial screening.”

-ACOG Committee Opinion Number 711 (2017)
AIM CPPPSUD Bundle: Recognition & Prevention

- Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission.*

- Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services and resources.*

- Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources.

Assessing Risk through Population-based Screening

The role of screening, brief intervention, and referral to treatment in the perinatal period


HIGH RISK
- Current use meets SUD criteria

MODERATE RISK
- High use in past, including recent treatment;
- Stopped use late in pregnancy;
- Continued low level of use

LOW RISK
- No past or current use;
- Low level of use stopped prior to or immediately upon known pregnancy

Universal screening
- Brief questionnaire; interview; computer-assisted assessment

Refer to specialized SUD treatment; frequent follow-up visits w/provider

Brief intervention; motivational interviewing; frequent follow-up visits w/provider

Brief advice; written pamphlet

SUD, substance use disorder.
Screening, Brief Intervention, & Referral to Treatment

- Aims of SBIRT process:
  - Assess risk to the pregnant person due to non-prescribed substance use including alcohol
  - Provide needed support to reduce harm from substance use both to the pregnant person and pregnancy/fetus
  - Role of screening is medical- not forensic
  - Establish safe space for discussing substance use with a medical provider
    - Universal screening to avoid bias
    - Respectful, non-stigmatizing response when substance use is disclosed
    - Transparency about mandated reporting policies at institution and state level

Right to refuse screening or drug testing
What are you asking me to do?

**Ask** patients about substance use, using a validated screening instrument

**Respond** to patient disclosure in a non-judgmental manner

**Link to resources** based on patient need and willingness for treatment

**Warm handoffs**
Resources for S*B*I*RT Implementation

- NH SBIRT Playbook

- NNEPQIN Toolkit

Assessing Risk

Verbal screening instruments which are commonly used during pregnancy

Respectful Care

“Just finding out that I was pregnant did give me hope. It made me feel like, wow, I really have – not just for myself but I have a reason to stop”

-Postpartum mom in long term recovery

Transparency

- What happens after someone discloses current or past substance use?
  - Should patients have informed consent before screening?

- What is your institution’s policy regarding urine toxicology (drug testing) of pregnant people?
  - How is informed consent provided/documentated for this procedure?

- What is your institution’s policy regarding mandated reporting of maternal substance use?
  - How/when are patients informed about this policy?
  - Do all staff follow this policy?
Group Discussion

Baseline Collaborative Data

Do you verbally screen all pregnant patients for substance use?

- Yes, we screen all patients
- No, we only screen some patients
- I am unsure about the process

How do you screen pregnant patients?

- We screen by asking about substance use but don’t use a validated...
- We screen using a validated questionnaire

Do you order urine toxicology [urine drug tests] for all pregnant patients?

- We order urine drug tests based on provider discretion
- We order urine drug tests for all pregnant patients
Case example: Screening at Hospital Admission

- Nursing Assessment during Triage/Admission process
- Handoff to attending providers
- NIDA one-question + AUDIT-C
- Includes question about use of cannabis
- Also includes question about access to naloxone

Discussion

- Patient perspectives on screening at hospital admission?
- Provider perspectives?
- Barriers and facilitators?
Facilitating Access to Naloxone for Birthing People in New Hampshire

Adapted from: https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio

A COVID-19/Overdose Syndemic

96,779 fatal drug overdoses were reported between March 2020 to March 2021

Changes in Drug Overdose Deaths 12/2020-12/2021

AIM CPPSUD Bundle: Readiness

- Provide education to pregnant and postpartum people related to substance use disorder (SUD), naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure.*

- Develop trauma-informed protocols and anti-racist training to address health care team member biases and stigma related to SUDs.

- Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum people with SUD, including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements.*

Providing Access to Naloxone

NH-MMRC Recommendations (2018-2021):

- Create BC monitoring dashboard for naloxone
  - Add harm reduction and naloxone education
  - Provide education to healthcare teams to reduce stigma against people who use substances
  - Standardize perinatal education for women with OUD about increased risk for overdose after period of abstinence
  - Provide naloxone kits at discharge from inpatient stay; standardize postpartum d/c instructions
  - Develop Harm Reduction Education including offering naloxone which includes risk of postpartum relapse and potential for overdose
What are you asking me to do?

- **Ask** patients with an SUD hx if they want to talk about taking home a naloxone kit
- **Educate** about recognizing overdose, naloxone storage, and administration
- **Document** that you provided education or the patient declined naloxone
- **Dispense** naloxone to patient/family*

* At Dartmouth Health, only a prescribing provider can dispense naloxone to a patient to take home

Who Gets Naloxone?

- **Screen** all patients
  
  “Are you or someone you know at risk of witnessing or experiencing an overdose?”

- **Scripting**
  
  “Opioid overdose is a serious problem in our communities. Naloxone can reverse an overdose. Would you like to talk to someone about having Naloxone? It can be for friends, family members, yourself or other people in the community.”
Naloxone Education

- Effects of opioids
- Mitigation strategies to reduce the risk of opioid overdose
- Recognizing signs and symptoms of opioid overdose
- Overdose response steps
- Use of naloxone HCL
- Mechanism of action
- When to administer
- How to administer
- Possible side effects
- Proper storage, handling, and disposal
- When and how to get a prescription refill

Dispensing (vs administering) Naloxone

1) **Nurses and providers** can *educate* patients and families and documents in progress note
2) **Either a nurses or provider** can *administer* naloxone
3) **Only prescribing providers** can *dispense* naloxone to a patient or family member
Baseline Practice among NH NNEPQIN Members

Do you have a process for ensuring access to naloxone (Narcan) for prenatal/postpartum patients with OUD? [Please check all that apply]

- We do not discuss naloxone with patients
- Naloxone is prescribed on a case by case basis
- We give patients information about community sources
- Yes, we have a policy and procedure to distribute naloxone
Discussion:

• Patient perspectives?

• Provider perspectives?

• What are the barriers and facilitators of naloxone distribution in your practice setting?

Group Discussion:

https://www.istockphoto.com/illustrations/group-discussion
Next Steps

• How can the NH-AIM team best support your implementation of AIM bundle
  recommendations about screening and access to naloxone?
• Please complete the follow up NH-AIM practice survey before our August
  meeting!
• REDCap link: https://redcap.hitchcock.org/redcap/surveys/?s=4FDR9X7EE4
• Thank you and please keep in touch!
  • Victoria.A.Flanagan@hitchcock.org
  • Daisy.J.Goodman@hitchcock.org

Join us in August 2022 to discuss
• SUD bundle status update
• NH-MMRC recommendations
• Choosing the next AIM bundle-
  what does NH data tell us?

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