

## NH AIM/ERASE Monthly Webinar August 11, 2022

### WELCOME!

- We will begin shortly
- **Please type your name and email into the chat box for attendance**
- Reminder, we will be recording this session
- Please mute your line upon entering and chat in your comments or questions
- Vicki Flanagan will monitor the chat box and call on you to unmute yourself
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## NH AIM SUD Bundle: Where are we and what are our next steps? Continuing to address Severe Maternal Morbidity and Mortality

NH AIM/ERASE Monthly Webinar  
August 11, 2022

Daisy Goodman, DNP, MPH, CNM,  
Carolyn Nyamasege, PhD, MPH, MS  
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**Our presenters have no conflicts of interest to disclose.**

## Session Learning Objectives

1. Describe the progress NH birthing hospitals have made in implementing the AIM Patient Safety Bundle on the Care of Pregnant and Postpartum People with Substance Use Disorders at NH birth hospitals
2. Compare data from NH birth facility practice survey conducted in 2021 and 2022
3. Discuss the intersection of NH ERASE/AIM initiatives related to reducing preventable maternal mortality with the CMS quality standards for *"Evidence-based best practices for hospitals in managing obstetric emergencies and other key contributors to maternal health disparities"* (QSO-22-05) released in 2021.



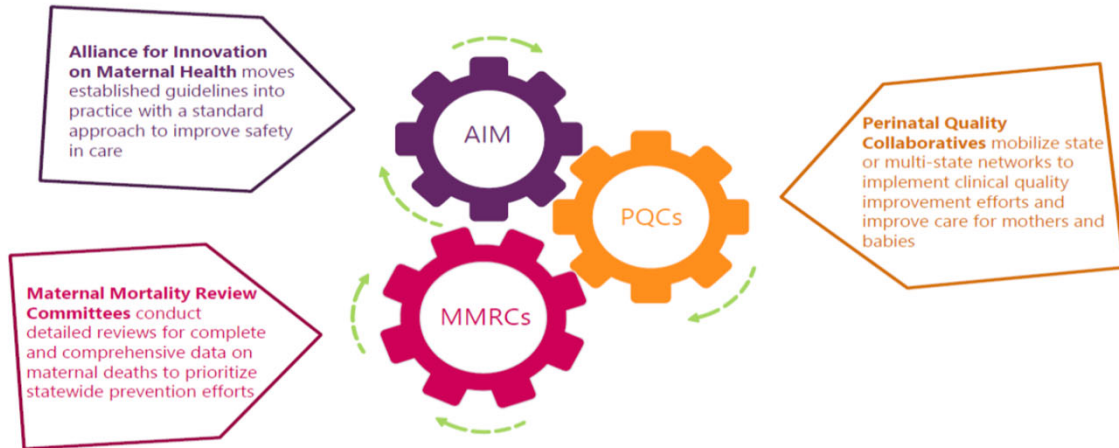
A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.



CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.



## Critical Collaborations: NNEPQIN, ERASE and AIM



Created from a Centers for Disease Control, Division of Reproductive Health source

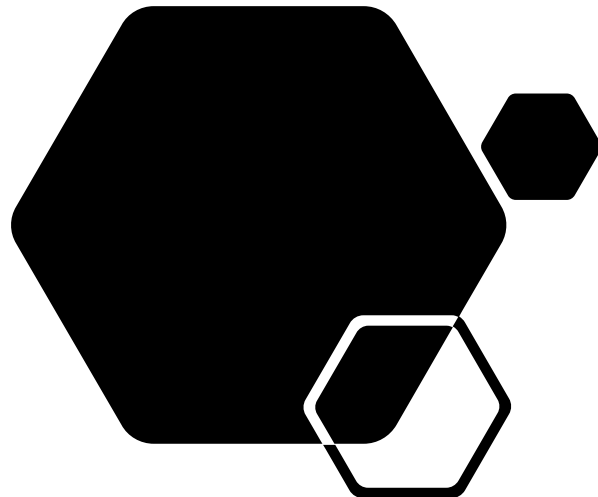
**NNEPQIN**  
NORTHERN NEW ENGLAND  
PERINATAL QUALITY IMPROVEMENT NETWORK

**AIM**  
ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

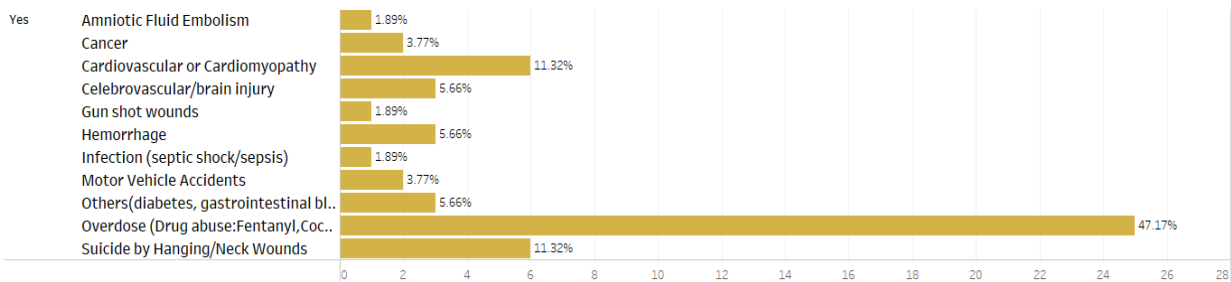
**NH DIVISION OF Public Health Services**  
Improving health, preventing disease, reducing costs for all

## Preventing Pregnancy Associated Deaths in NH

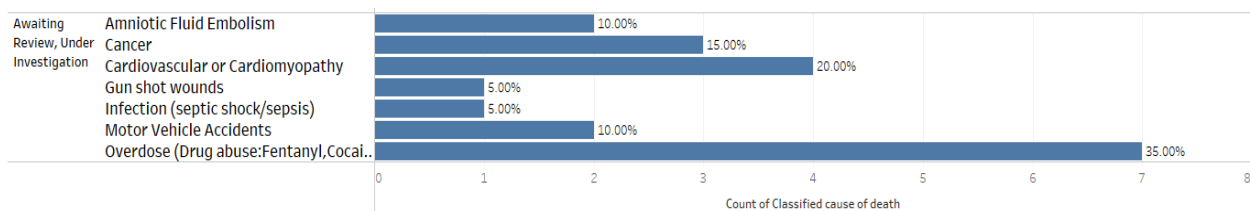
53 pregnancy-associated deaths which occurred between 2012-2020 have been reviewed by NH's Maternal Mortality Review Committee



### Causes of Maternal Deaths among the MMRC Reviewed Cases (2012-2020)



### Causes of Maternal Deaths Among non-Reviewed Cases (2021-2022)



Data Source: NH Vital Records and MMRIA

### Maternal deaths (2005-2022) by Pregnancy Relatedness and Review Status

Preg Rel	Year (group..	Count
Not Reviewed (Pre-dates NH MMRC)	2005-2011	26
Not reviewed (non resident)	2012-2020	7
Not Reviewed, (No Evidence of Pregnanc..	2012-2020	13
Awaiting Review, Under Investigation	2012-2020	2
	2021-2022	16
Pregnancy Associated not Related	2012-2020	35
Pregnancy Related	2012-2020	17
Unable to Determine	2012-2020	7
Grand Total		123

Data Source: NH Vital Records and MMRIA

## Selected MMRC Recommendations Based on Cases Reviewed

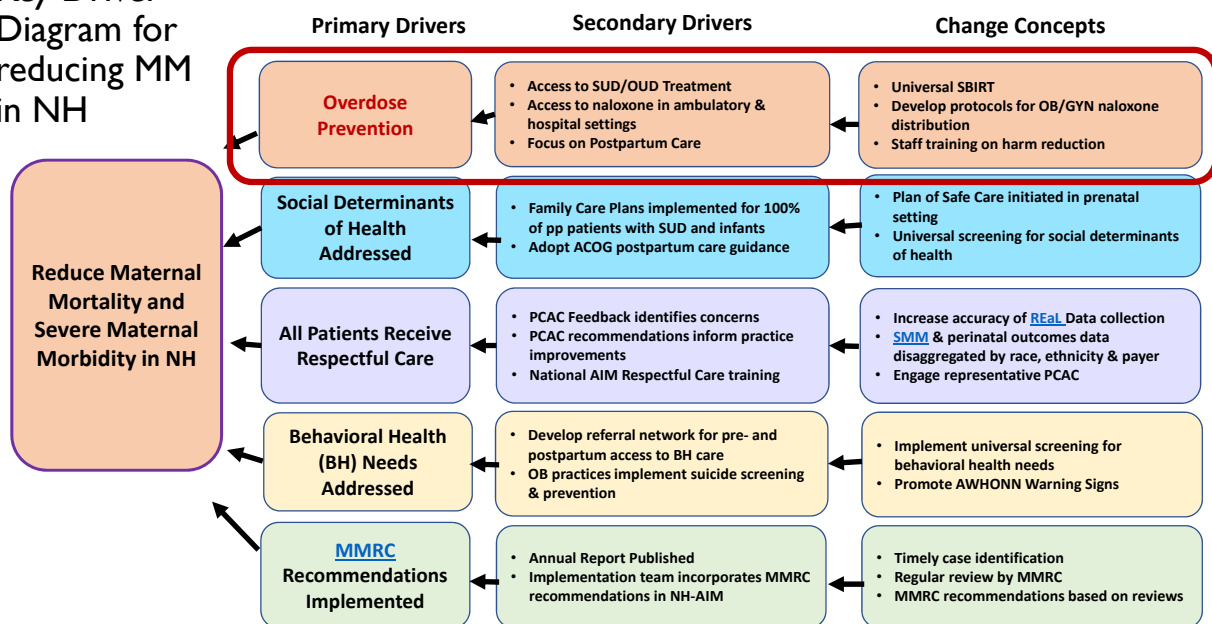
### SUD-related

- Provide public education on importance of prenatal and postpartum care, especially for people with SUD
- Enhance screening and referral to treatment during prenatal care
- Increase access to MOUD for birthing people
- Educate patients/families about risk for postpartum overdose
- Provide access to naloxone at hospital discharge

### Cardiac- related

- Consider implementation of AIM cardiac conditions bundle

### Key Driver Diagram for reducing MM in NH





## Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

### Readiness — Every Unit

- Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans ["Plan of Safe/Supportive Care"] starting in the prenatal setting
- 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.

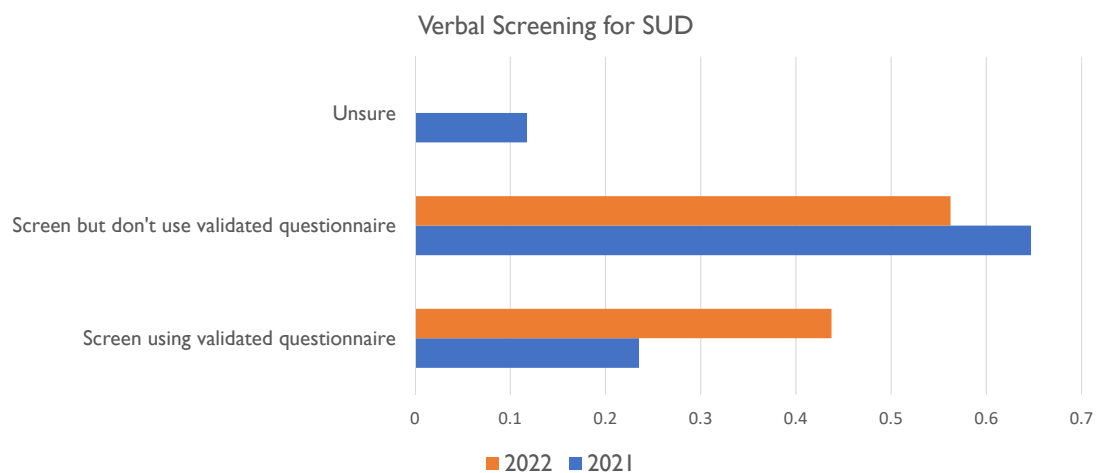
### Recognition & Prevention — Every Patient

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

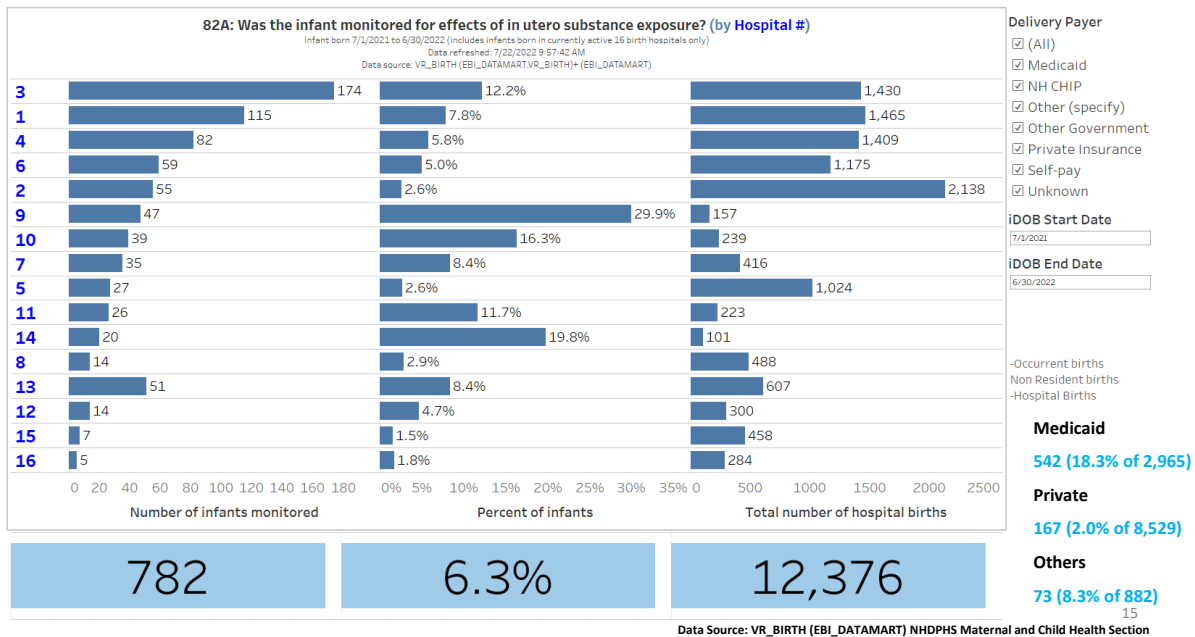
### Reporting and Systems Learning — Every Unit

- Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able.

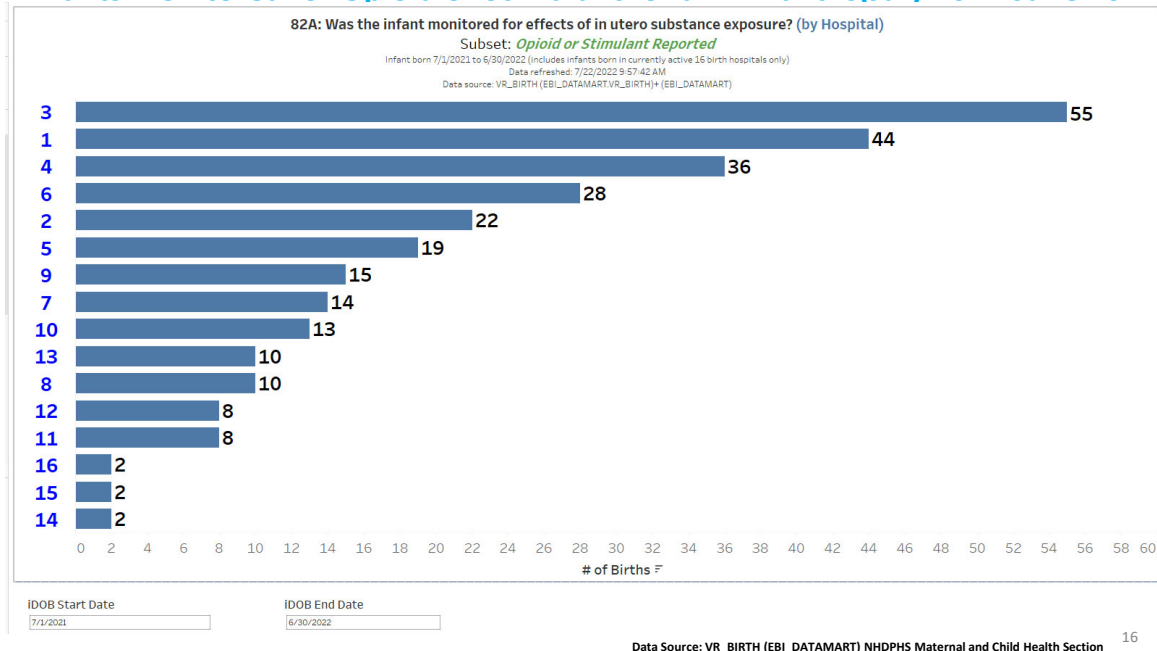
## Comparison of Baseline (2021) to 2022 NH Birthing Hospital Surveys: Use of Evidence-based Screening Approaches



## Infants monitored for Substance Exposure (July 2021-June 2022)



## Infants monitored for Opioid or Stimulant for all NH births(July 2021-June 2022)





## Infants monitored for Substance Exposure with a POSC (July 2021-June 2022)

### Prenatal Substance Exposure

Infants born 7/1/2021 to 6/30/2022

82A1: Was the infant monitored for effects of in utero substance exposure?

Yes	No	Total
770	11,144	11,914
6.5%	93.5%	100.0%

82A2: If YES, Type of substance(s)

Substance+ includes 82A3 reclassified if applicable

Cannabis+	415
Nicotine	301
Opioids+	250
Opioids (subgroup of above)	150
Alcohol	20
Stimulants+	77
Benzodiazepines	28
Cocaine	53
Barbiturates	5
Bath salts	1
Kratom	1
Other substance	201

Distinct count of St File Nbr  
Cocaine: 53

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?

CAPTA/CARA

Yes	No	Total
289	11,625	11,914
2.4%	97.6%	100.0%

Select Birth Hospital

(All)

82A3: Type (Other Specify)

METHADONE	21
BUPRENORPHINE	14
SUBOXONE	20
SUBUTEX	14
BUPRENORPHINE	16
FENTANYL	13
ZOLOFT	12
HEROIN	2
UNKNOWN	1
METHAMPHETAMINES	1
VAPE	1
THC	2
LEXAPRO	3
ADDERALL	1
AMPHLET, BUPRENOPHRINE	1
BUPRENORPHINE, VAPING	1
BUPRENORPHINE	1
BUPRENORPHINE	1
BUPRENORPHINE RX	1
BUPRENORPHINE-NALOXONE	1
BUPRENORPHINE, LAMICTAL	1

Payer

(All)

Residence in NH?

☒ (All)

☒ In

☒ Out

Occurred in NH

☒ (All)

☒ In

☒ Out

iDOB Start Date

7/1/2021

iDOB End Date

6/30/2022

% 82A1 Yes with POSC

48.6%

% 82B Yes with POSC

86.9%

83: Was a Plan of Safe/Supportive Care (POSC) created?

Yes	No	Total
431	11,483	11,914
3.6%	96.4%	100.0%

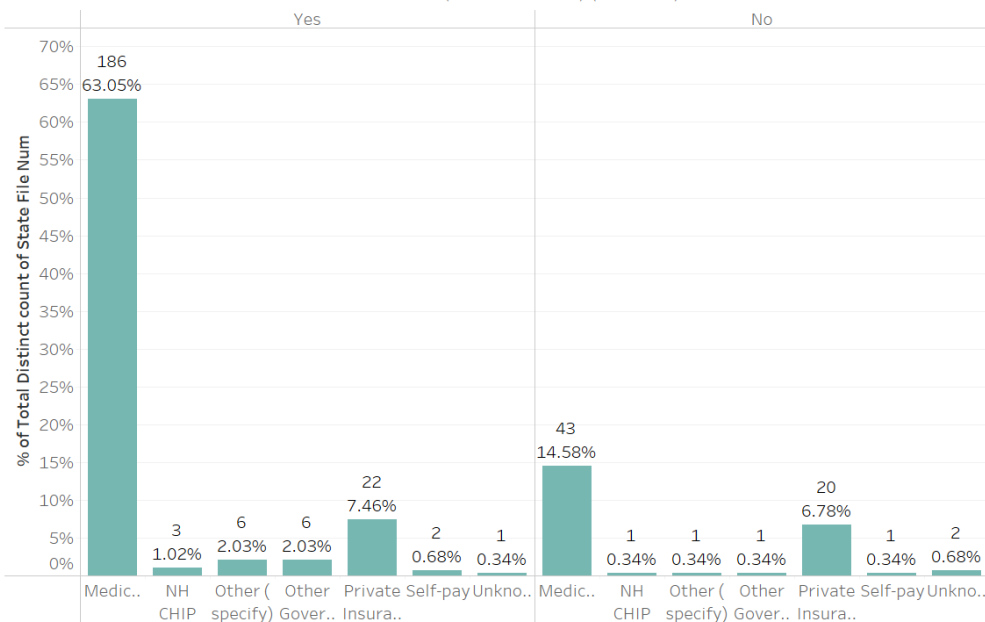
Data Source: VR\_BIRTH (EBI\_DATAMART) NHDPHS Maternal and Child Health Section

### 83. Was the Plan of Safe/Supportive Care (POSC) created by payer for infants exposed to Opioid and or Meth?

Infants born 7/1/2021 to 6/30/2022

Data refreshed: 8/10/2022 1:47:07 PM

Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+(EBI\_DATAMART)



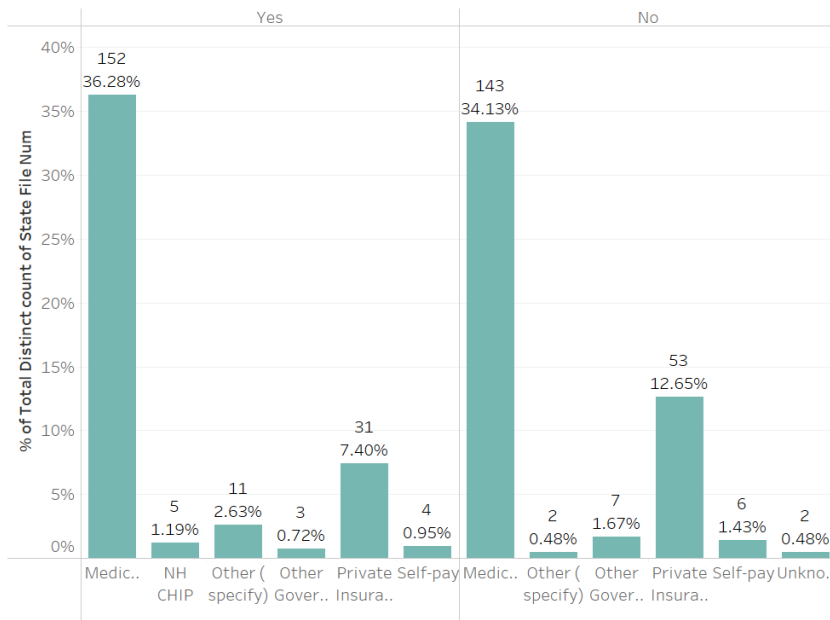
Data Source: VR\_BIRTH (EBI\_DATAMART) NHDPHS Maternal and Child Health Section

### 83. Was the Plan of Safe/Supportive Care (POSC) created by payer for infants exposed to Cannabis?

Infants born: 7/1/2021 to 6/30/2022

Data refreshed: 8/10/2022 1:47:07 PM

Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+ (EBI\_DATAMART)



Data Source: VR\_BIRTH  
(EBI\_DATAMART)  
NHDPHS Maternal  
and Child Health Section

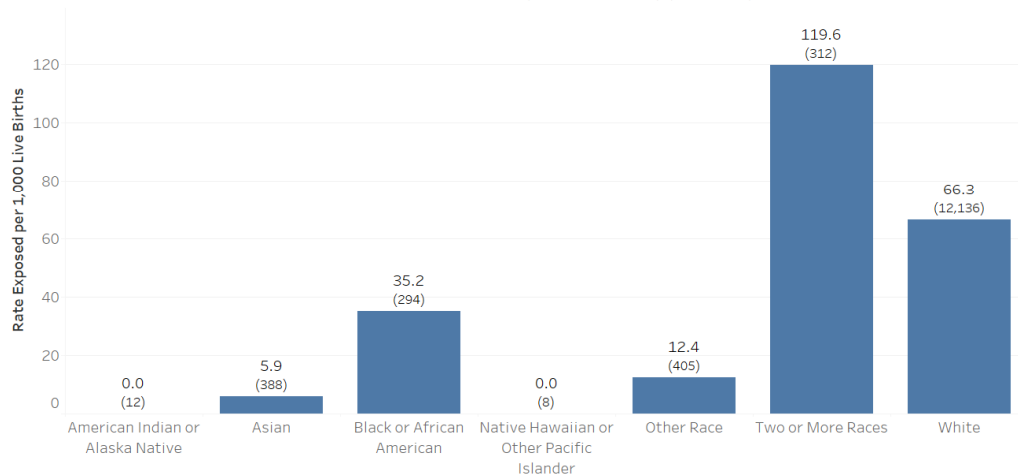
### Rate of Substance Exposed Infants by Race of Birthing Person (July 2021-June 2022)

#### Rate of Substance Exposed Infants by Race of Birthing Person (per 1,000 live births)

Infants born: 7/1/2021 to 6/30/2022

Data refreshed: 7/22/2022 9:57:42 AM

Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+ (EBI\_DATAMART)



Data Source: VR\_BIRTH (EBI\_DATAMART) NHDPHS Maternal and Child Health Section

20

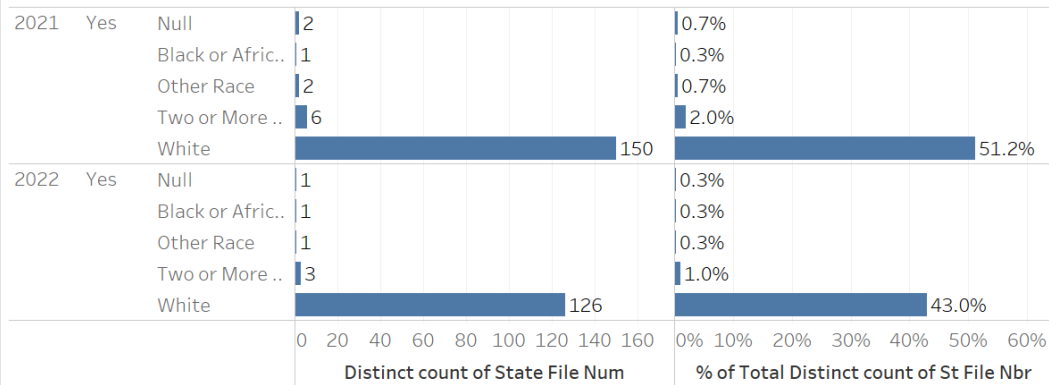
**82B. Was the infant identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder?**

CAPTA/CARA

Infants born: 7/1/2021 to 6/30/2022

Data refreshed: 8/10/2022 1:50:24 PM

Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+ (EBI\_DATAMART)



Data Source: VR\_BIRTH  
(EBI\_DATAMART)  
NHDHHS Maternal  
and Child Health Section

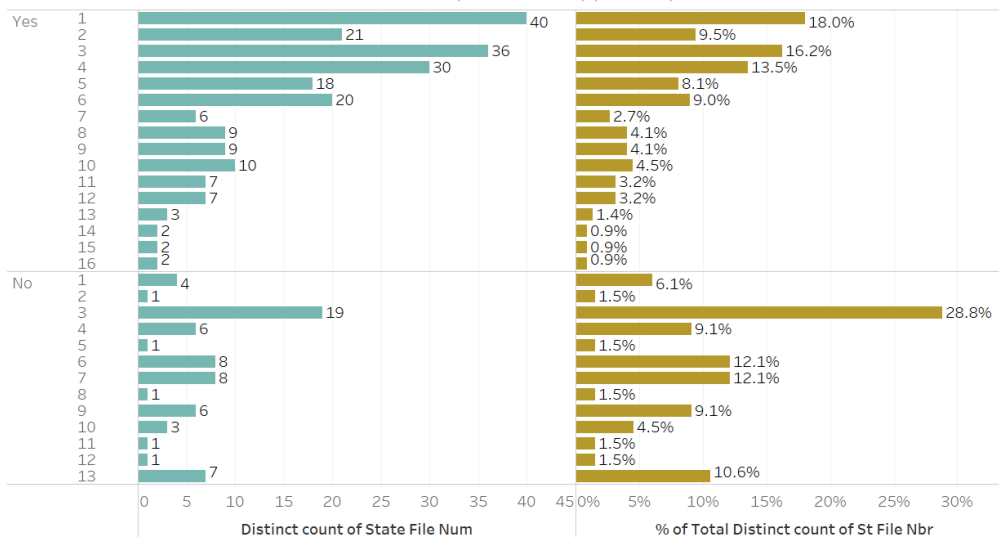
**Plan of Safe/Supportive Care Created by Hospital (July 2021-June 2022)**

**83: Was a Plan of Safe/Supportive Care (POSC) created?**

Infants born 7/1/2021 to 6/30/2022

Data refreshed: 7/22/2022 9:57:42 AM

Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+ (EBI\_DATAMART)



Opioid and/or Meth

☐ (All)

☐ No

☒ Yes

POSC (VR\_BIRTH)

☐ (All)

☐ Unknown

☒ No

☒ Yes

IN/OUT (Occurent VR...)

☒ (All)

☒ In

☒ Out

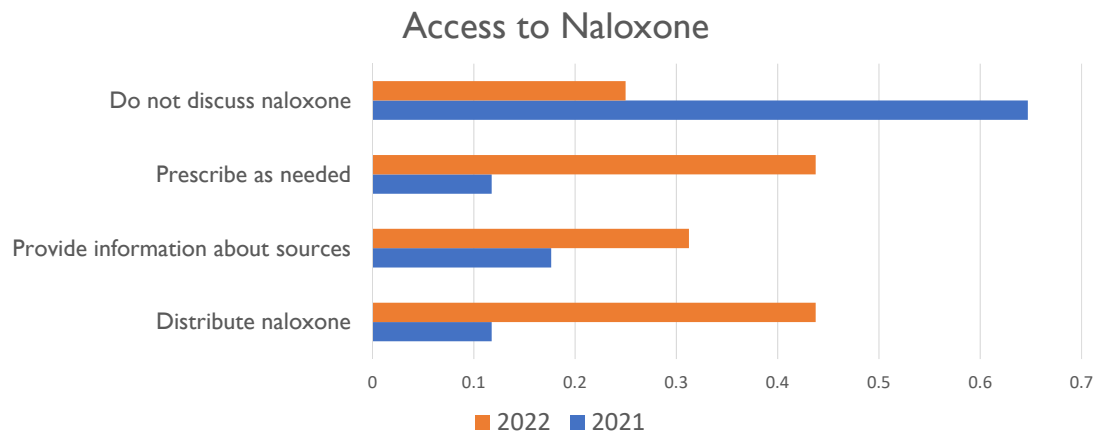
IDOB Start Date (New S...)

7/1/2021

IDOB End Date (New S...)

6/30/2022

## Comparison of Baseline (2021) to 2022 NH Birthing Hospital Surveys: Providing Access to Naloxone



## Naloxone/Narcan by Prenatal Substance Exposure (July 2021-June, 2022)

		Prenatal Substance Exposure		
		No	Yes	Total
Narcan Discussion Documented	No	10,492	603	11,095
	Yes	423	146	569
	Total	10,915	749	11,664

**146** birthing people with prenatal substance exposure indicated had a discussion documented. (**19%** of exposed)

**603** birthing people with prenatal substance exposure indicated did not have a discussion documented. (**81%** of exposed)

(July 2020-June 2021)		Prenatal Substance Exposure?		
		No	Yes	
Narcan Discussion Documented?	NO	4,820	305	5,125
	YES	98	53	151
		4,918	358	5,276

**423** birthing people with no indication of prenatal substance exposure had a discussion documented. (**3.9%** of not exposed)

Data Source: VR\_BIRTH (EBI\_DATAMART) NHDPHS Maternal and Child Health Section<sup>24</sup>

Naloxone/Narcan by Prenatal Substance Exposure (82A) and Payer  
 Infants born July 01, 2021 to June 30, 2022  
 Data refreshed: 7/22/2022 9:35:48 AM  
 Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+ (EBI\_DATAMART)

			Prenatal Substance Exposure?		
			No	Yes	
Private	Narcan Discussion Documented?	NO	7,718	143	7,865
		YES	212	19	232
Medicaid	Narcan Discussion Documented?	NO	2,143	410	2,554
		YES	148	107	255
Other	Narcan Discussion Documented?	NO	631	50	682
		YES	63	20	83
Grand Total			10,915	749	11,671

Data Source: VR\_BIRTH  
 (EBI\_DATAMART)  
 NHDPHS Maternal  
 and Child Health Section



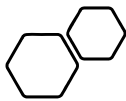
Naloxone/Narcan by Prenatal Substance Exposure (82A) and Maternal Race  
 Infants born July 01, 2021 to June 30, 2022

Data refreshed: 7/22/2022 9:35:48 AM

Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+ (EBI\_DATAMART)

			Prenatal Substance Exposure?		
			No	Yes	
Null	Narcan Discussion Documented?	NO	34	6	40
		YES	4	1	5
American Indian o.. Asian	Narcan Discussion Documented?	NO	10		10
		NO	313	2	315
		YES	8		8
Black or African American	Narcan Discussion Documented?	NO	257	9	267
		YES	4	1	5
Native Hawaiian or Other Pacific Islan..	Narcan Discussion Documented?	NO	7		7
		YES	1		1
Other Race	Narcan Discussion Documented?	NO	348	4	353
		YES	7		7
Two or More Races	Narcan Discussion Documented?	NO	151	17	168
		YES	3	5	8
White	Narcan Discussion Documented?	NO	9,372	565	9,941
		YES	396	139	536
Grand Total			10,915	749	11,671

Data Source: VR\_BIRTH  
 (EBI\_DATAMART)  
 NHDPHS Maternal  
 and Child Health Section



How does NH's  
 AIM/ERASE program  
 align with the 2021 CMS  
*Maternal Morbidity  
 Structural Measures* and  
 the upcoming *Birthing  
 Friendly* designation for  
 hospitals?

Welcome Back  
 Kris Hering!





## QSO-22-05-Hospitals

- New CMS structural quality measure for the Hospital Inpatient Quality Reporting (IQR) Program.
- Specifically for hospitals that provide inpatient peripartum care.
- Required beginning with Oct. 1, 2021 discharges for the 4<sup>th</sup> qtr. of 2021, and then annually starting in 2022.



## Maternal Morbidity Structural Measure

- Does hospital or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during labor, delivery and post-partum care, and has implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to: hemorrhage, severe hypertension/preeclampsia or sepsis?

Answer choices: Yes, No, or N/A (does not provide inpt. L&D care)

❖ CMS considering additional maternal care quality measures for future years



## Inpatient PPS Final Rule for FY 2023

### • In-patient Quality Reporting (IQR) Program:

Birth Friendly Designation. In conjunction with Vice President Harris's Maternal Health Day of Action announcement in late 2021, CMS will establish a publicly reported designation indicating hospital quality and safety for maternity care. Beginning in the fall of 2023, CMS will award this designation to hospitals that attest positively to both questions in the IQR's previously adopted Maternal Morbidity Structural Measure. This measure asks whether a hospital (1) is currently participating in a structured state or national Perinatal Quality Improvement Collaborative and (2) implementing patient safety practices or bundles as part of these initiatives. CMS notes that it intends to propose in future rulemaking a more robust set of criteria for this designation



**TABLE IX.H.-12.: ECQMS FOR ELIGIBLE HOSPITALS AND CAHS FOR THE CY 2023 REPORTING PERIOD**

Short Name	Measure Name	NQF No.
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	0497
HH-02	Hospital Harm—Severe Hyperglycemia Measure	3533e
HH-01	Hospital Harm—Severe Hypoglycemia Measure	3503e
PC-05	Exclusive Breast Milk Feeding	0480
STK-02	Discharged on Antithrombotic Therapy	0435
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	0438
STK-06	Discharged on Statin Medication	0439
VTE-1	Venous Thromboembolism Prophylaxis	0371
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372
Safe Use of Opioids*	Safe Use of Opioids – Concurrent Prescribing	3316e
ePC-07/SMM**	Severe Obstetric Complications	NA
ePC-02**	Cesarean Birth	NA

\*Reporting the Safe Use of Opioids-Concurrent Prescribing eCQM is mandatory beginning with the CY 2022 reporting period.

\*\* eCQM available for reporting in the CY 2023 reporting period.





In addition, the rule finalizes the removal of:

- The Exclusive Breast Milk Feeding (NQF #0480) beginning with the CY 2024 reporting period/FY 2026 payment determination. While this continues to be an important topic, CMS is finalizing the removal of this measure because of the availability of a measure that is more strongly associated with patient outcomes. Specifically, in keeping with the agency's focus on maternal health, CMS is finalizing the adoption of the Maternal Morbidity Structural Measure;

Discussion: Where should the NH AIM/ERASE program focus next?



<https://www.istockphoto.com/illustrations/group-discussion>

## Join us in September 2022

Victoria.A.Flanagan@hitchcock.org  
Daisy.J.Goodman@hitchcock.org



## NH AIM/ERASE MM Monthly Webinar July 14, 2022

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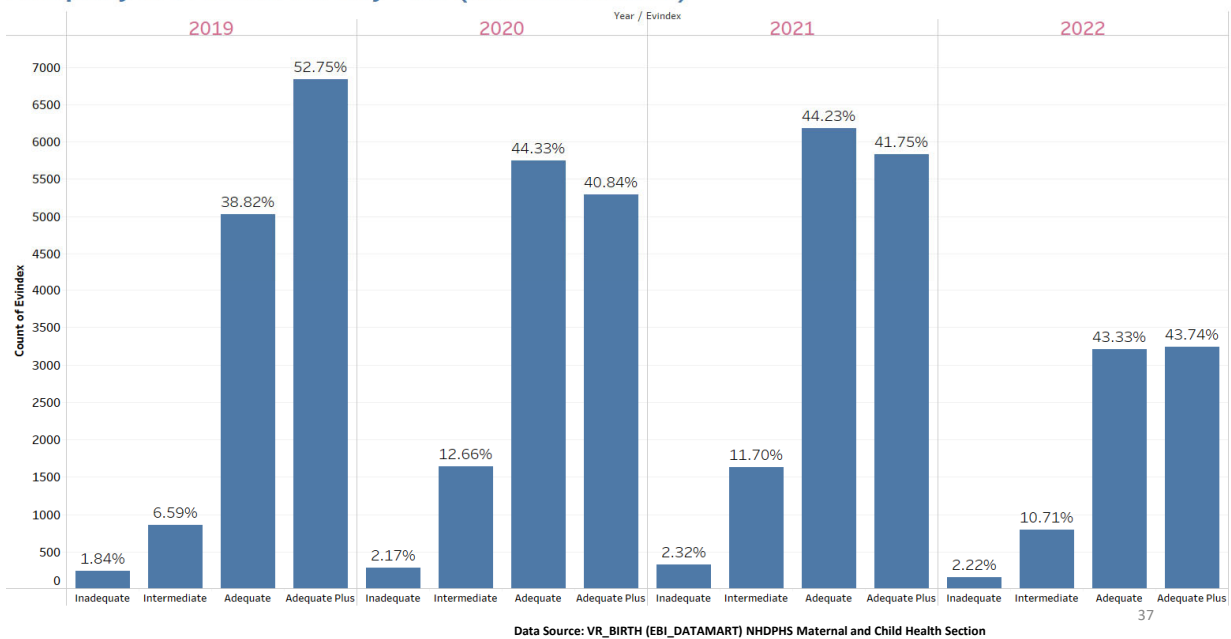
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**Our presenters have no conflicts of interest to disclose.**



### Adequacy of Prenatal Care by Year (Kotelchuk index)



### Trimester of Prenatal Care Initiation by Payer Calculated using LMP

