NH AIM/ERASE Monthly Webinar
August 11, 2022

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• 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
• If you have trouble connecting, please email karen.g.lee@Hitchcock.org

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
Kris Hering RN, MS, NE-BC, FACHE
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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

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)

Data Source: NH Vital Records and MMRIA

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

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

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

Secondary Drivers
• 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

Change Concepts
• 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

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

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

![Comparison of Baseline (2021) to 2022 NH Birthing Hospital Surveys: Use of Evidence-based Screening Approaches](chart.png)
Infants monitored for Substance Exposure (July 2021-June 2022)

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

- Medicaid: 542 (18.3% of 2,965)
- Private: 167 (2.0% of 8,529)
- Others: 73 (8.3% of 882)

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

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section
Infants monitored for Substance Exposure with a POSC (July 2021-June 2022)

893A: Was the infant monitored for effects of in utero substance exposure?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>770</td>
<td>11,344</td>
<td>11,914</td>
</tr>
<tr>
<td>6.5%</td>
<td>93.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

893A: If YES, Type of substance(s): Substance Exposure in utero (Fetal Alcohol Spectrum Disorder)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>21</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>14</td>
</tr>
<tr>
<td>Suboxone</td>
<td>20</td>
</tr>
<tr>
<td>Subutex</td>
<td>14</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>15</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>13</td>
</tr>
<tr>
<td>Dilaudid</td>
<td>12</td>
</tr>
<tr>
<td>Heroin</td>
<td>1</td>
</tr>
<tr>
<td>Crack</td>
<td>2</td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
</tr>
<tr>
<td>Methaqualone</td>
<td>1</td>
</tr>
<tr>
<td>VAPE</td>
<td>1</td>
</tr>
<tr>
<td>Vaping</td>
<td>1</td>
</tr>
<tr>
<td>Lenoxad</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

893B: Was a Plan of Safe/Supportive Care (POSC) created?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>431</td>
<td>11,463</td>
<td>11,914</td>
</tr>
<tr>
<td>3.6%</td>
<td>96.4%</td>
<td>100.0%</td>
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</table>

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

Yes: 186 (63.09%)
No: 3 (1.02%)

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?

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)

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section
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)

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
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<th>2022</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Null</td>
<td>Black or African</td>
<td>Null</td>
<td>Black or African</td>
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<td>2</td>
<td>1</td>
<td>1</td>
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<tr>
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<td>2</td>
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</tr>
<tr>
<td></td>
<td>Two or More</td>
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<td>Two or More</td>
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</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td></td>
<td>White</td>
<td></td>
</tr>
<tr>
<td></td>
<td>150</td>
<td></td>
<td>126</td>
<td></td>
</tr>
</tbody>
</table>

% of Total Distinct count of St File Nbr

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 9:47:22 AM
Data source: VR_BIRTH (EBI_DATAMART.VR_BIRTH)+(EBI_DATAMART)
Comparison of Baseline (2021) to 2022 NH Birthing Hospital Surveys: Providing Access to Naloxone

Access to Naloxone

- Do not discuss naloxone
- Prescribe as needed
- Provide information about sources
- Distribute naloxone

Prenatal Substance Exposure

<table>
<thead>
<tr>
<th>Prenatal Substance Exposure</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcan Discussion Documented</td>
<td>No</td>
<td>10,492</td>
<td>603</td>
</tr>
<tr>
<td>Yes</td>
<td>423</td>
<td>146</td>
<td>569</td>
</tr>
<tr>
<td>Total</td>
<td>10,915</td>
<td>749</td>
<td>11,664</td>
</tr>
</tbody>
</table>

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section
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)
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 4th 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:
  
  Birthing 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.

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

<table>
<thead>
<tr>
<th>Short Name</th>
<th>Measure Name</th>
<th>NQF No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-2</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients</td>
<td>0497</td>
</tr>
<tr>
<td>HH-02</td>
<td>Hospital Harm—Severe Hyperglycemia Measure</td>
<td>3533c</td>
</tr>
<tr>
<td>HH-04</td>
<td>Hospital Harm—Severe Hypoglycemia Measure</td>
<td>3503c</td>
</tr>
<tr>
<td>PC-05</td>
<td>Exclusive Breast Milk Feeding</td>
<td>0480</td>
</tr>
<tr>
<td>STK-02</td>
<td>Discharged on Antithrombotic Therapy</td>
<td>0435</td>
</tr>
<tr>
<td>STK-03</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
<td>0436</td>
</tr>
<tr>
<td>STK-05</td>
<td>Antithrombotic Therapy by the End of Hospital Day Two</td>
<td>0438</td>
</tr>
<tr>
<td>STK-06</td>
<td>Discharged on Statin Medication</td>
<td>0439</td>
</tr>
<tr>
<td>VTE-1</td>
<td>Venous Thromboembolism Prophylaxis</td>
<td>0371</td>
</tr>
<tr>
<td>VTE-2</td>
<td>Intensive Care Unit Venous Thromboembolism Prophylaxis</td>
<td>0372</td>
</tr>
<tr>
<td>Safe Use of Opioids*</td>
<td>Safe Use of Opioids – Concurrent Prescribing</td>
<td>3310e</td>
</tr>
<tr>
<td>ePC-G7/SmM**</td>
<td>Severe Obstetric Complications</td>
<td>NA</td>
</tr>
<tr>
<td>ePC-G8**</td>
<td>Cesarean Birth</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

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;
Join us in September 2022

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

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Monthly Webinar
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