

NH AIM/ERASE Monthly Webinar
January 12, 2023

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- We will begin shortly
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Facilitating Data Collection for the AIM SUD Bundle

NH AIM/ERASE Monthly Webinar
January 12, 2023

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Disclosures

Today's speakers have no financial disclosures



Session Objectives

- Describe data collection strategies for structure, process, and outcome measures for the AIM SUD bundle
- Discuss new REDCap database links designed to facilitate de-identified, case- level data collection; as well as tracking AIM structure measures at the individual hospital level
- Explore challenges regarding reporting demographic data in low volume settings
- Explore the intersection of the AIM SUD and Perinatal Mental Health bundles



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.



<https://saferbirth.org/>

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

Critical Collaborations: NNEPQIN, ERASE and AIM

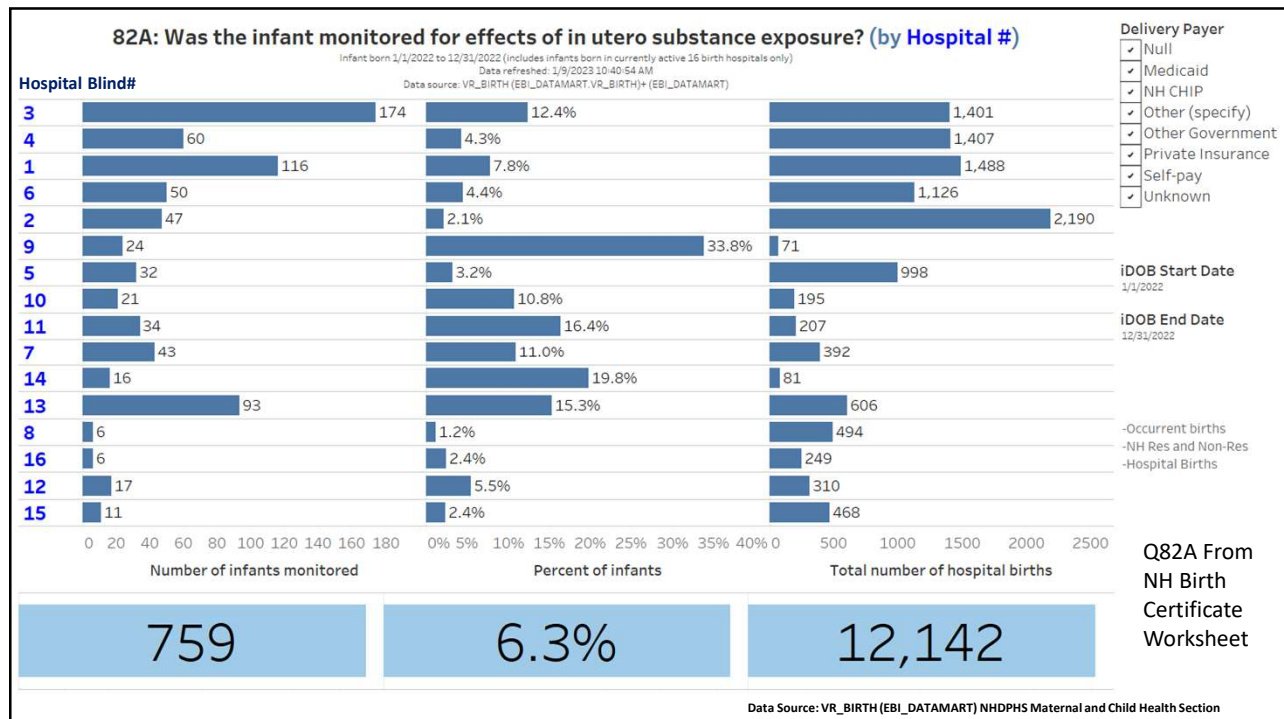


Created from a Centers for Disease Control, Division of Reproductive Health source

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



Prenatal Substance Exposure

Infants born 1/1/2022 to 12/31/2022

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

Yes	No	Total
759	11,383	12,142
6.3%	93.7%	100.0%

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

Substance+ includes 82A3 reclassified if applicable

Cannabis+	398
Nicotine	317
Opioids+	239
Opioids (checkbox subgroup of above)	143
Alcohol	23
Stimulants+	97
Benzodiazepines	29
Cocaine	42
Barbiturates	1
Bath salts	0
Kratom	0
Other substance	223

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	Unknown	Total
164	7,357	4,621	12,142
1.4%	60.6%	38.1%	100.0%

Select Birth Hospital

None

82A3: Type (Other Specify)

METHADONE	15
BUPRENORPHINE	15
SUBOXONE	21
SUBUTEX	6
MARIJUANA	3
BUPRENORPHINE	13
FENTANYL	15
ZOLOFT	15
HEROIN	3
VAPE	1
THC	2
LEXAPRO	2
AMPHLET, BEPRENOPHRINE	1
BUPRENORPHINE-NALOXONE	1
BUPRENORPHINE, LAMICTAL	1
BUPRENORPHINE, ZOLOFT	1
BUPRENORPHINE, ZOLOFT, LAMICT..	1
BUPROPION, FLUOXETINE	1
BUSPIRONE & LEXAPRO	1
BYUPRENORPHINE	1
CBD	1

Payer

All

Residence in NH?
☒ In
☒ Out
Occurred in NH
☒ In
☐ Out
iDOB Start Date

1/1/2022

iDOB End Date

12/31/2022

% 82A1 Yes with POSC

44.5%

% 82B Yes with POSC

85.4%

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

Yes	No	Total
393	11,749	12,142
3.2%	96.8%	100.0%

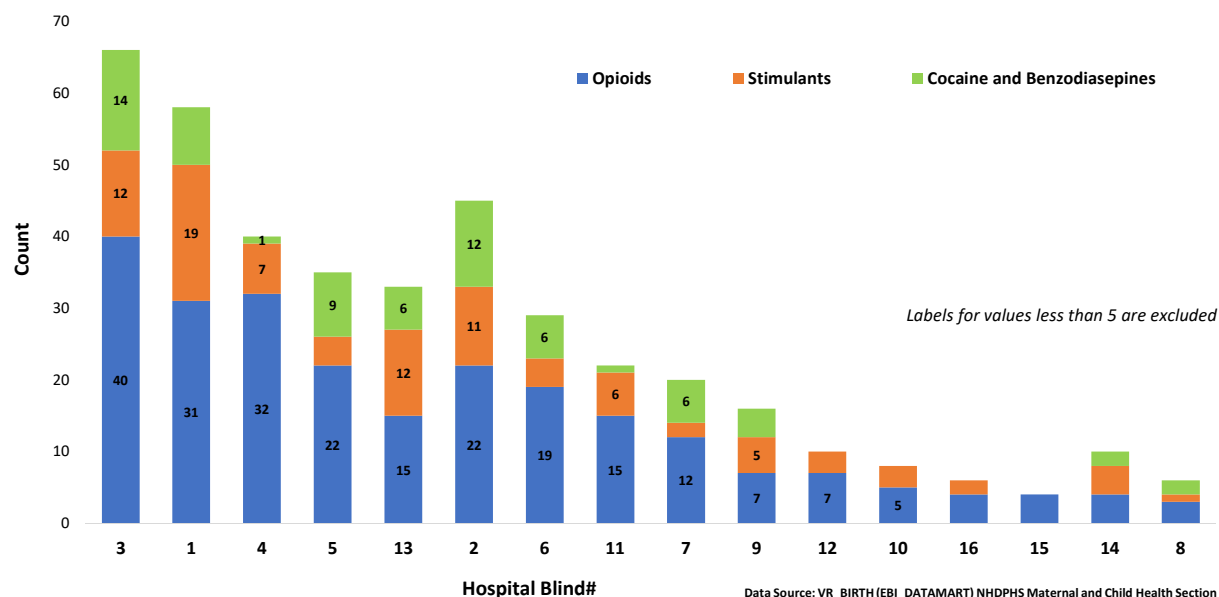
Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Data Refreshed: 1/9/2023 10:40:54 AM

AIM Data SUD Codes List

Substance	Definition
Opioids	F1110, F1111, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119, F1120, F1121, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199
Sedatives	F1310, F1311, F13120, F13121, F13129, F1314, F13150, F13151, F13159, F13180, F13181, F13182, F13188, F1319, F1320, F1321, F13220, F13221, F13229, F13230, F13231, F13232, F13239, F1324, F13250, F13251, F13259, F1326, F1327, F13280, F13281, F13282, F13288, F1329, F1390, F13920, F13921, F13929, F13930, F13931, F13932, F13939, F1394, F13950, F13951, F13959, F1396, F1397, F13980, F13981, F13982, F13988, F1399
Cocaine	F1410, F1411, F14120, F14121, F14122, F14129, F1414, F14150, F14151, F14159, F14180, F14181, F14182, F14188, F1419, F1420, F1421, F14220, F14221, F14222, F14229, F1423, F1424, F14250, F14251, F14259, F14280, F14281, F14282, F14288, F1429, F1490, F14920, F14921, F14922, F14929, F1494, F14950, F14951, F14959, F14980, F14981, F14982, F14988, F1499
Amphetamines/Stimulants	F1510, F1511, F15120, F15121, F15122, F15129, F1514, F15150, F15151, F15159, F15180, F15181, F15182, F15188, F1519, F1520, F1521, F15220, F15221, F15222, F15229, F1523, F1524, F15250, F15251, F15259, F15280, F15281, F15282, F15288, F1529, F1590, F15920, F15921, F15922, F15929, F1593, F1594, F15950, F15951, F15959, F15980, F15981, F15982, F15988, F1599

AIM Reporting: Substances Monitored by Birthing Hospital, 2022 Occurrent Births



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

Process measures

Universal Screening for SUDs *
Counseling on MOUD *
Counseling on Recovery Treatment Services *
Counseling on Naloxone *
Newborns Discharged to Birth Parent *
Receipt of or Referral to MOUD *
Receipt of or Referral to Recovery Treatment Services *
Receipt of or Prescription for Naloxone *
Provider and Nursing Education – Substance Use Disorders *
Provider and Nursing Education – Respectful and Equitable Care *

Structure measures

ALL S1: Patient Event Debriefs
SUD S1: Resource Mapping/Identification of Community Resources
SUD S3: General Pain Management Guidelines
SUD S4: OUD Pain Management Guidelines
SUD S5: Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites

State Surveillance Outcome measures

SUDs among pregnant and postpartum people
ODs among pregnant and postpartum people
SMM among people with SUD excluding blood transfusions
SMM among people with OUD excluding blood transfusions
Pregnancy Associated Opioid Deaths

[Severe Maternal Morbidity Excluding Blood Transfusions \(Collaborative-wide -- Sum of individual facilities' numerators and denominators\) *](https://www.maternalsafety.org/hospitals/2495/measure_lists?measure_type=process)

Source: https://www.maternalsafety.org/hospitals/2495/measure_lists?measure_type=process

Example of Process and Outcome Measures to be Collected Quarterly by each Hospital

Process Measures

P1. Pregnant and postpartum people during their birth admission

P1. Among the denominator, those with documentation of having been screened for SUD using a validated screening tool during their birth admission

P2. Pregnant and postpartum people with OUD during their birth admission

P2. Among the denominator, those with documentation of counseling for MOUD prenatally or di

P3. Pregnant and postpartum people with SUD (including OUD) during their birth admission

P3. Among the denominator, those with documentation of counseling for recovery treatment se their birth admission

P4. Pregnant and postpartum people with SUD during their birth admission

Outcome measures

Q1. Newborns exposed to substances in utero

Q1. Among the denominator, those who were discharged to either birth parent

Q2. Pregnant and postpartum people with OUD

Q2. Among the denominator, those with documentation of having received or been referred to MOUD

Q3. Pregnant and postpartum people with SUD (including OUD)

Q3. Among the denominator, those with documentation of having received or been referred to recovery treatment services

[Data source:](https://www.maternalsafety.org/hospitals/2495/process_measure_data_entries) https://www.maternalsafety.org/hospitals/2495/process_measure_data_entries

Discussion

What are some successful strategies for collecting structure, process, and outcome measures for the AIM SUD bundle? Problems?



REDCap Data Tool is Live!

- Hospital-level structure/process measures (SI-S5 and P5 & P6)
 - **Method: Quarterly touch-base** on Likert scale measures (resource mapping, patient event debriefs, general/OD pain management guidelines, validated verbal screening tool sharing with prenatal care sites) and provider and nursing education estimates
- Patient-level process/outcome measures (PI-P4 and OI-O4)
 - **Method: REDCap tool** now available ([PDF version on NNEPQIN website](#))
 - Please use this going forward each time an eligible patient is identified
 - Use of this tool enables AIM to aggregate quarterly data/submit to the portal on your behalf
 - Also here to help you review your facility's data

DH REDCap Data Entry Demo

2023 Deidentified SUD Bundle Metrics

Assign record to a Data Access Group? DHMC

Adding new Record ID (unique RedCap record ID, not PHI) 6

Record ID (unique RedCap record ID, not PHI) 6

Birth Hospital

Month of Delivery

Year of delivery

Eligibility

Is there evidence that the patient is using a sedative (benzodiazepines), opioid, or non-prescribed stimulant?

Select all that apply.

☐ Non-prescribed sedative, hypnotic (ie Ambien) or anxiolytic (ie Xanax, Klonopin, Valium or Ativan)
☐ Medication for opioid use disorder or non-prescribed opioids
☐ Non-prescribed stimulant (ie amphetamines)
☐ Cocaine
☐ None of the above
☐ Unknown

Select all that apply.

Are any of the following diagnostic codes documented in the patient's medical record?

Select all that apply.

☐ F11 (Opioids)
☐ F13 (Sedative, hypnotic or anxiolytic)
☐ F14 (Cocaine)
☐ F15 (Stimulants)
☐ O99.32 (Drug use complicating pregnancy)
☐ None of the above

Select all that apply.

Please enter any additional substance-related ICD 10 codes (if not listed in choices above)

Process and Outcome Measures

P1. Was this pregnant or postpartum patient screened for SUD using a validated verbal screening tool during their birth admission?

☐ Yes ☐ No reset

P2. Was this pregnant or postpartum patient with OUD counseled on medication for opioid use disorder (MOUD) prenatally or during their birth admission?

☐ Yes ☐ No reset

O2. Did this pregnant or postpartum patient with OUD receive or get referred to medication for opioid use disorder (MOUD)?

Check "yes" for:

- Those who received MOUD at any point during their pregnancy, regardless of current use
- Those who did not receive MOUD during pregnancy but were referred to MOUD prior to discharge from birth hospitalization

☐ Yes ☐ No reset

P3. Was this pregnant or postpartum patient with SUD (including OUD) counseled on recovery treatment services prenatally or during their birth admission?

(see Plan of Safe Care)

Recovery treatment services include:

- Residential treatment or inpatient recovery programs
- Outpatient treatment
- Behavioral health counseling
- Peer support counseling, such as a 12-step program
- Methadone treatment program

☐ Yes ☐ No reset

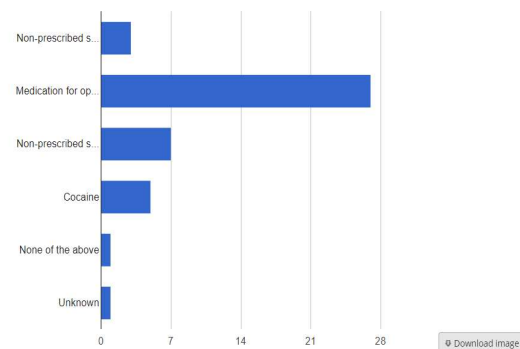
[Link to REDCap Tool](#) (account required)

Analysis in REDCap

Is there evidence that the patient is using a sedative (benzodiazepines), opioid, or non-prescribed stimulant? Select all that apply. [\(drug_use\)](#) [Refresh Plot](#)

Total Count (N)	Missing*	Unique
31	0 (0.0%)	6

Counts/frequency: Non-prescribed sedative, hypnotic (ie Ambien) or anxiolytic (ie Xanax, Klonopin, Valium or Ativan) (3, 9.7%), Medication for opioid use disorder or non-prescribed opioids (27, 87.1%), Non-prescribed stimulant (ie amphetamines) (7, 22.6%), Cocaine (5, 16.1%), None of the above (1, 3.2%), Unknown (1, 3.2%)



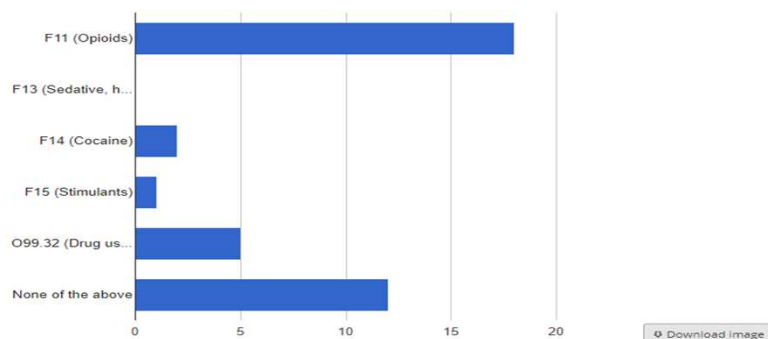
[Download image](#)

Analysis in REDCap

Are any of the following diagnostic codes documented in the patient's medical record? Select all that apply. [\(icd_codes\)](#) [Refresh Plot](#)

Total Count (N)	Missing*	Unique
31	0 (0.0%)	5

Counts/frequency: F11 (Opioids) (18, 58.1%), F13 (Sedative, hypnotic or anxiolytic) (0, 0.0%), F14 (Cocaine) (2, 6.5%), F15 (Stimulants) (1, 3.2%), O99.32 (Drug use complicating pregnancy) (5, 16.1%), None of the above (12, 38.7%)



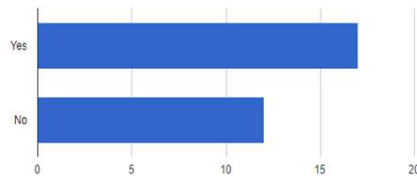
[Download image](#)

Analysis in REDCap

Was this pregnant or postpartum patient with SUD offered Naloxone prior to delivery discharge? (*offered_narcan*) [Refresh Plot](#) | [View as Bar Chart](#)

Total Count (N)	Missing*	Unique
29	2 (6.5%)	2

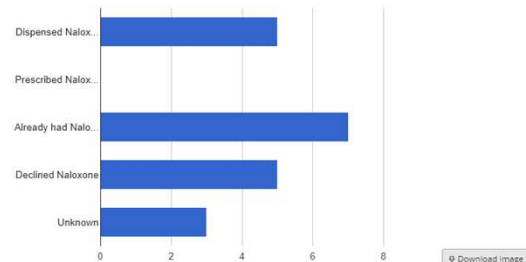
Counts/frequency: Yes (17, 58.6%), No (12, 41.4%)



Did this pregnant or postpartum patient with SUD receive Naloxone or a prescription for Naloxone prior to delivery discharge? (*narcan*) [Refresh Plot](#)

Total Count (N)	Missing*	Unique
19	12 (38.7%)	4

Counts/frequency: Dispensed Naloxone (5, 26.3%), Prescribed Naloxone (0, 0.0%), Already had Naloxone (7, 36.8%), Declined Naloxone (5, 26.3%), Unknown (3, 15.8%)



Challenges of Reporting Demographic Data in REDCap for Low Volume Settings

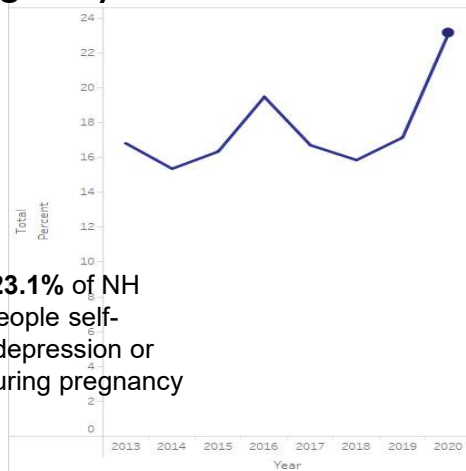
- Low volume settings means small numbers for some demographic characteristics such as race and ethnicity
- This may make individual identities distinct or discernible
- Data collected using REDCap is de-identified, hence no collection of “protected health information”
- AIM ask for quarterly submissions of outcome data not disaggregated by race and ethnicity or payor.
- We encourage hospitals with low birth volumes to fill the individual reporting form using REDCap for each patient with SUD
- Reporting will be based on quarterly aggregates for each process measure,
- We may annually upload **outcome measures (e.g. SMM)** data disaggregated by race, ethnicity to avoid small case counts and protect patient privacy.
- Sensitive information e.g. race and ethnicity with counts less than five will be suppressed during reporting

Thinking about the next bundle



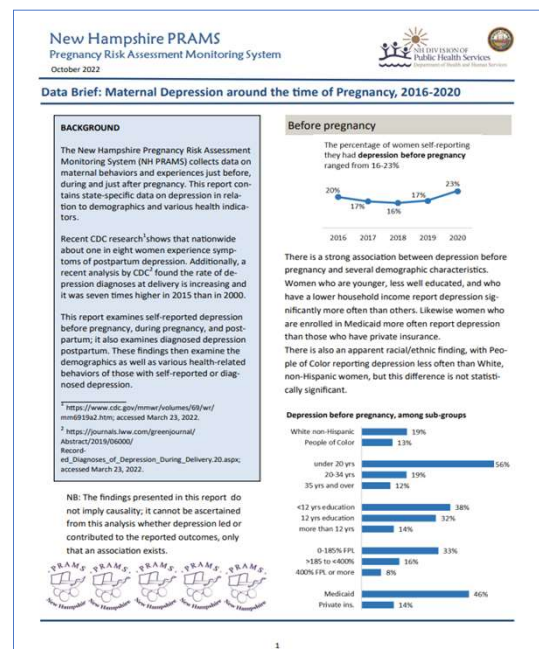
2022 NH PRAMS Data Brief: Depression Before, During, and After Pregnancy

In 2020, **23.1%** of NH birthing people self-reported depression or anxiety during pregnancy



Proportion Reporting Depression During Pregnancy

Source: Wisdom DHHS



[prams-maternal-depression.pdf \(nh.gov\)](https://prams-maternal-depression.pdf.nh.gov)

What is the Pregnancy Risk Assessment Monitoring System?

➤ Developed by CDC in 1987

- To reduce infant morbidity and mortality and promote maternal health by influencing MCH programs, policies, and maternal behaviors
- Improving the health of mothers and infants
- Provides state-specific data about pregnancy and the first few months after birth
- Represents births from 47 states, DC, Puerto Rico, and NYC

Pregnancy Risk Assessment Monitoring System



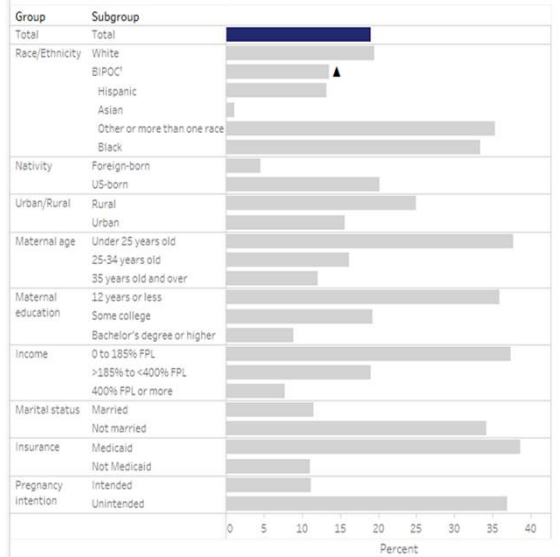
<https://.cdc.gov/prams>

NH PRAMS

- Pregnancy Risk Assessment Monitoring System
- NH PRAMS supported by NH-DHHS since 2013
- 2021 not weighted due to low response rate
- Monthly surveillance- relatively up to date
 - Preconceptual, prenatal, and postpartum risk data
 - Patient reported data (mail or phone), stratified random sample, designed to yield a representative sample
 - Core and state-specific questions
- Ob/Gyn Providers can help these data collection efforts by talking with patients about participating

Depression during pregnancy

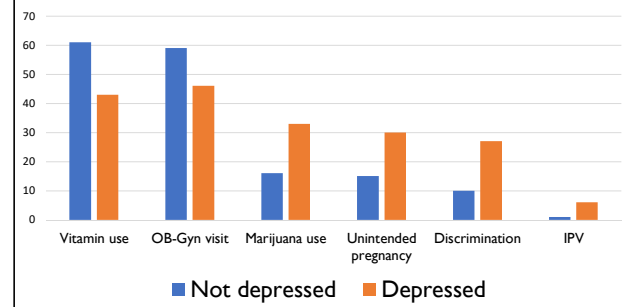
Percentage of women who self-reported depression during pregnancy;
State: NH; 2020



Characteristics Associated With Prenatal Depression In NH (NH PRAMS, 2016-2020)

Patient-Reported Behaviors(%)

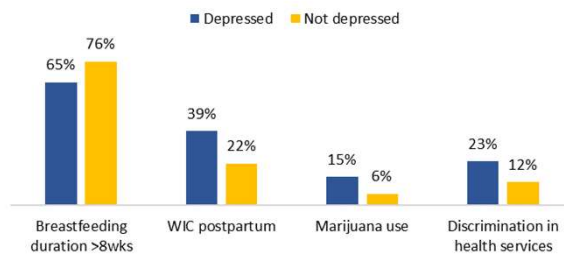
NH PRAMS October 2022



[prams-maternal-depression.pdf \(nh.gov\)](#)

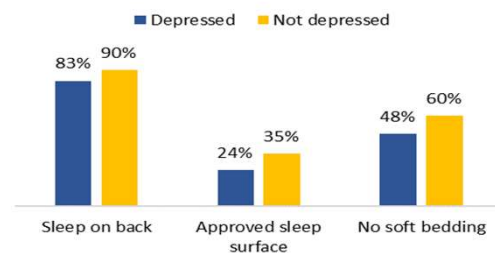
Postpartum Depression In NH (2016-2020)

Health-related behaviors or conditions



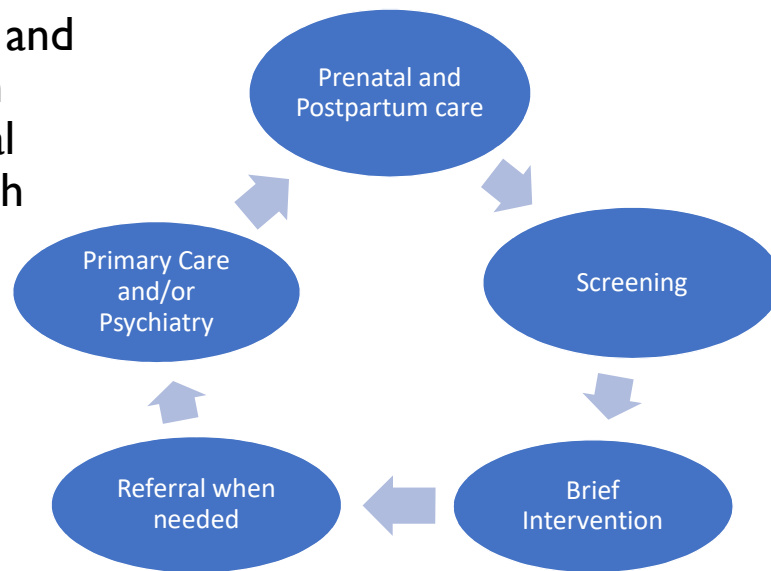
In 2020, 14.8% of postpartum people were diagnosed with depression postpartum (Wisdom DHHS)

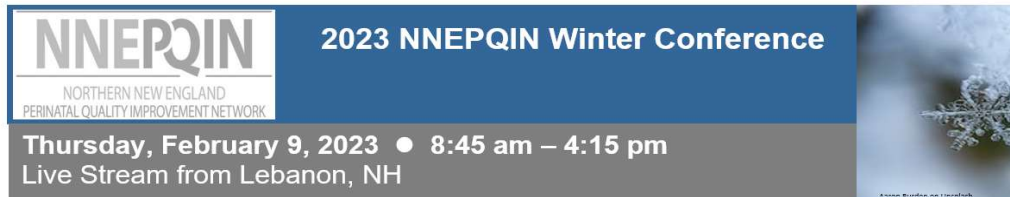
Safe Sleep behaviors



[prams-maternal-depression.pdf \(nh.gov\)](#)

What Role Should Ob/Gyn Nurses and Providers Play In Meeting Perinatal Behavioral Health Needs?





FEATURED TOPICS/SPEAKERS:

- **Screening and Intervening for Perinatal SUD and Mental Health Concerns:
Optimizing the Role of Perinatal Providers**
Daisy Goodman, CNM, DNP, MPH, CARN-AP, NH AIM State Lead, DHMC, Lebanon, NH
Carolyn K. Nyamasege, PhD, MPH, MS, Epidemiologist, MCH Section, DHHS Concord, NH
- **Creative and Sustainable Ways to Address Staffing Issues**
Faye Weir, DNP, RN-BC, NEA-BC, Maine Medical Center, Portland, ME
Meaghan L. Smith, MSN, RN, MaineHealth
Melissa Devine, Nurse Manager, The Family Place at Concord, NH
- **Update on Maternal and Infant COVID Infections**
Carolyn Fredette, Maternal and Infant Infectious Disease Epidemiologist at NH Department of Health and Human Services (DHHS)
Andrea Lenartz, MPH, Epidemiologist, Maine DHHS, Augusta, Maine

Questions and Comments?

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