Safety Action Series

Obstetric Care for Women with Opioid Use Disorder Patient Safety Bundle
Speakers

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Disclosures

- Mishka Terplan, MD, MPH has no real or perceived conflicts of interest.

- Elizabeth Krans, MD, MSc has no real or perceived conflicts of interest.
Objectives

- Provide an in-depth overview of the Obstetric Care for Women with Opioid Use Disorder Patient Safety Bundle
- Take a look at the processes, methods, and tools that were used to develop the bundle.
- Give suggestions for how to effectively implement and utilize the bundle within your organization.
- Identify resources to customize the bundle for use within your organization.
The Current Opioid Crisis: Iatrogenic
Drug Overdose Deaths Are Outpacing Other Public Health Epidemics

Drug overdose deaths per year compared to past epidemic death peaks.

- Car crashes (1972)
- HIV (1995)
- Firearm homicide peak (1993)

Source: CDC, NHTSA

The Huffington Post
Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

Anne Case¹ and Angus Deaton¹

15078–15083 | PNAS | December 8, 2015 | vol. 112 | no. 49

Fig. 1. All-cause mortality, ages 45–54 for US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).

Fig. 2. Mortality by cause, white non-Hispanics ages 45–54.
2004-2010
Opioid overdose deaths increased:
237% for men
400% for women
Recent trends in treatment admissions for prescription opioid abuse during pregnancy

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*Cochran-Armitage Trend Test p<0.01
• 2002-2009: 
  – Rate of NAS increased
• Cost of care 2009 
  – NAS = $53,400
  – All other births = $9,500
• Proportion of NAS paid for from Medicaid 
  – 2002 = 69%
  – 2009 = 78%

JAMA, May 9, 2012—Vol 307, No. 18
The Opioid Crisis and Child Welfare

Parental AOD as Reason for Removal in the US, 1999 - 2004

Note: Estimates based on all children in out of home care at some point during Fiscal Year.

Source: AFCARS Data, 2014
The Opioid Crisis and Maternal Mortality

Overdose is more common cause of maternal death in US than obstetric causes
What do we need to do?

• Patient safety bundle
  – A structured set of evidence-based practices that when performed collectively and reliably improves patient outcomes
  – Instead of new guidelines, organizes existing guidelines into a form that aids implementation and consistency in practice
  – Descriptive vs. prescriptive – allows for local customization and appropriate clinical judgement
Obstetric Care for Women with Opioid Use Disorder

Multidisciplinary Team

• Mishka Terplan, MD, MPH
• Elizabeth Krans, MD, MSc
• Melinda Campopiano von Klimo, MD
• Lisa Cleveland, PhD, RN, PNP-BC, IBCLC
• Autumn Davidson, MD, MPH
• Daisy Goodman, DNP, CNM, HWNP, MPH
• Sue Kendig, JD, MSN, WHNP-BC, FAANP
• Deborah Kilday, MSN, RN
• Angela Kueck, Md
• Lisa Leffert, MD
• Elliott Main, MD
• Kathy Mitchell, MHS
• David O’Gurek, MD
• Ruth Ann Shephard, MD, MPH
• Kimberly, Sherman, MPH
• Nancy K. Young, PhD
4 Domains of Patient Safety Bundles

- Readiness
- Recognition
- Response
- Reporting/ Systems Learning
Every patient/family

- Provide education to promote understanding of opioid use disorder (OUD) as a chronic disease.
  - Emphasize that substance use disorders (SUDs) are chronic medical conditions, treatment is available, family and peer support is necessary and recovery is possible.
  - Emphasize that opioid pharmacotherapy (i.e. methadone, buprenorphine) and behavioral therapy are effective treatments for OUD.
- Provide education regarding neonatal abstinence syndrome (NAS) and newborn care.
  - Awareness of the signs and symptoms of NAS
  - Interventions to decrease NAS severity (e.g. breastfeeding, smoking cessation)
- Engage appropriate partners (i.e. social workers, case managers) to assist patients and families in the development of a “plan of safe care” for mom and baby.
Every clinical setting/health system

- Provide staff-wide (clinical and non-clinical staff) education on SUDs.
  - Emphasize that SUDs are chronic medical conditions that can be treated.
  - Emphasize that stigma, bias and discrimination negatively impact pregnant women with OUD and their ability to receive high quality care.
  - Provide training regarding trauma-informed care.
- Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD that incorporate care coordination among multiple providers.
- Develop pain control protocols that account for increased pain sensitivity and avoidance of mixed agonist-antagonist opioid analgesics.
- Know state reporting guidelines regarding the use of opioid pharmacotherapy and identification of illicit substance use during pregnancy.
- Know federal (Child Abuse Prevention Treatment Act - CAPTA), state and county reporting guidelines for substance-exposed infants.
  - Understand “Plan of Safe Care” requirements.
- Know state, legal and regulatory requirements for SUD care.
- Identify local SUD treatment facilities that provide women-centered care.
  - Ensure that OUD treatment programs meet patient and family resource needs (i.e. wrap-around services such as housing, child care, transportation and home visitation).
  - Ensure that drug and alcohol counseling and/or behavioral health services are provided.
- Investigate partnerships with other providers (i.e. social work, addiction treatment, behavioral health) and state public health agencies to assist in bundle implementation.
Readiness: Every patient/family

- **Provide education to promote understanding of opioid use disorder (OUD) as a chronic disease.**
  - Emphasize that substance use disorders (SUDs) are chronic medical conditions, treatment is available, family and peer support is necessary and recovery is possible.
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Addiction

• Primary chronic disease of brain reward, motivation, memory and related circuitry.
  – Dysfunction in these circuits leads to psychological, social and spiritual manifestations.

• Reflected in pathologically pursuing reward and/or relief by substance use and other behaviors.

• Like other chronic diseases, addiction often involves cycles of relapse and remission.

• Without treatment, addiction is progressive and can result in disability or death.
Readiness: Every patient/family

• **Provide education regarding neonatal abstinence syndrome (NAS) and newborn care.**
  – **Awareness of the signs and symptoms of NAS**
  – **Interventions to decrease NAS severity (e.g. breastfeeding, smoking cessation)**
Readiness: Every patient/family

- Engage appropriate partners (i.e. social workers, case managers) to assist patients and families in the development of a “plan of safe care” for mom and baby.
Plan of Safe Care

• Child Abuse Prevention and Treatment Act (CAPTA)

• Ensure the safety and well-being of infants affected by substance use following release from health care providers

• Address the health and substance use disorder treatment needs of the infant and family

• Refer and deliver appropriate services to the infant and affected family or caregiver
Readiness: Every clinical setting/health system

- **Provide staff-wide (clinical and non-clinical staff) education on SUDs.**
  - Emphasize that SUDs are chronic medical conditions that can be treated.
  - Emphasize that stigma, bias and discrimination negatively impact pregnant women with OUD and their ability to receive high quality care.
  - Provide training regarding trauma-informed care.
Trauma-Informed Care

- Understand the neurobiology of trauma
- Recognize the signs and symptoms of trauma in patients and families
- Screen for physical and sexual violence
- Coordinate care with behavioral health/psychiatric care teams
- Prevent re-traumatization
Readiness: Every clinical setting/health system

- Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD that incorporate care coordination among multiple providers.
Readiness: Every clinical setting/health system

• *Develop pain control protocols that account for increased pain sensitivity and avoidance of mixed agonist-antagonist opioid analgesics.*
Readiness: Every clinical setting/health system

• *Know state reporting guidelines regarding the use of opioid pharmacotherapy and identification of illicit substance use during pregnancy.*
Readiness: Every clinical setting/health system

• **Know federal (Child Abuse Prevention Treatment Act - CAPTA), state and county reporting guidelines for substance-exposed infants.**
  – Understand “Plan of Safe Care” requirements.
Readiness: Every Clinical Setting/Health System

• *Know state, legal and regulatory requirements for SUD care.*
Readiness: Every Clinical Setting/Health System

- **Identify local SUD treatment facilities that provide women-centered care.**
  - Ensure that OUD treatment programs meet patient and family resource needs (i.e. wrap-around services such as housing, child care, transportation and home visitation).
  - Ensure that drug and alcohol counseling and/or behavioral health services are provided.
Readiness: Every Clinical Setting/Health System

• Investigate partnerships with other providers (i.e. social work, addiction treatment, behavioral health) and state public health agencies to assist in bundle implementation.
Every provider/clinical setting

- Assess all pregnant women for SUDs.
  - Utilize validated screening tools to identify drug and alcohol use.
  - Incorporate a screening, brief intervention and referral to treatment (SBIRT) approach in the maternity care setting.
  - Ensure screening for polysubstance use among women with OUD.
- Screen and evaluate all pregnant women with OUD for commonly occurring co-morbidities.
  - Ensure the ability to screen for infectious disease (e.g. HIV, Hepatitis and sexually transmitted infections (STIs)).
  - Ensure the ability to screen for psychiatric disorders, physical and sexual violence.
  - Provide resources and interventions for smoking cessation.
- Match treatment response to each woman’s stage of recovery and/or readiness to change.
Recognition and Prevention: Every provider/clinical setting

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Recognition and Prevention: Every provider/clinical setting

• *Match treatment response to each woman’s stage of recovery and/or readiness to change.*
RESPONSE

Every provider/clinical setting/health system

- Ensure that all patients with OUD are enrolled in a woman-centered OUD treatment program.
  - Establish communication with OUD treatment providers and obtain consents for sharing patient information.
  - Assist in linking to local resources (e.g. peer navigator programs, narcotics anonymous (NA), support groups) that support recovery.
- Incorporate family planning, breastfeeding, pain management and infant care counseling, education and resources into prenatal, intrapartum and postpartum clinical pathways.
  - Provide breastfeeding and lactation support for all postpartum women on pharmacotherapy.
  - Provide immediate postpartum contraceptive options (e.g. long acting reversible contraception (LARC)) prior to hospital discharge.
- Ensure coordination among providers during pregnancy, postpartum and the inter-conception period.
  - Provide referrals to providers (e.g. social workers, psychiatry, and infectious disease) for identified co-morbid conditions.
  - Identify a lead provider responsible for care coordination, specify the duration of coordination and assure a “warm handoff” with any change in the lead provider.
  - Develop a communication strategy to facilitate coordination among the obstetric provider, OUD treatment provider, health system clinical staff (i.e. inpatient maternity staff, social services) and child welfare services.
- Engage child welfare services in developing safe care protocols tailored to the patient and family’s OUD treatment and resource needs.
  - Ensure priority access to quality home visiting services for families affected by SUDs.
Response: Every provider/clinical setting/health system

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Every clinical setting/health system

- Develop mechanisms to collect data and monitor process and outcome metrics to ensure high quality healthcare delivery for women with SUDs.
  - Develop a data dashboard to monitor process and outcome measures (i.e. number of pregnant women in OUD treatment at specified intervals).
- Create multidisciplinary case review teams to evaluate patient, provider and system-level issues.
- Develop continuing education and learning opportunities for providers and staff regarding SUDs.
- Identify ways to connect non-medical local and community stakeholders with clinical providers and health systems to share outcomes and identify ways to improve systems of care.
  - Engage child welfare services, public health agencies, court systems and law enforcement to assist with data collection, identify existing problems and help drive initiatives.
Reporting & Systems Learning: Every clinical setting/health system

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Q&A Session
Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
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