Safety Action Series

Effective Screening Methods During Pregnancy for OUD and its Co-Morbidities

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Speakers

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Disclosures

➢ Daisy Goodman, DNP, CNM, MPH has no real or perceived conflicts of interest.

➢ Timothy Fisher, MD, MS, FACOG has no real or perceived conflicts of interest.
Objectives

➢ Describe SBIRT as a methodology to incorporate universal screening for substance use during pregnancy
➢ Identify specific recommendations to screen for infectious disease in pregnant women
➢ Explore validated screening instruments for co-occurring psychiatric disorders and physical and sexual violence during pregnancy
➢ Discuss challenges related to smoking cessation in this population
Overview

RECOGNITION & PREVENTION

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 polusubstance 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.
ACOG/ASAM Recommendations

➢ Pregnancy provides an important opportunity to identify and treat women with substance use disorders. Early universal screening, brief intervention (such as engaging the patient in a short conversation, providing feedback and advice), and referral for treatment of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes.

➢ Screening for substance use should be part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman. Screening based only on factors such as poor adherence to prenatal care or prior adverse pregnancy outcome, can lead to missed cases, and may add to stereotyping and stigma. Therefore, it is essential that screening be universal.
Start With SBIRT!

➢ **Screening**: the healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

➢ **Brief Intervention**: the healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

➢ **Referral to Treatment**: the healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.
SBIRT: A Population Health Approach to Substance Use Disorders

Screening
- Primary
  - No SUD
  - Screening only
  - Prevent onset of disease
  - Education
- Secondary
  - Behavioral Health
  - Brief Intervention
  - Brief Treatment
  - Prevent Disease Progression
- Tertiary
  - Mod/Severe SUD
  - Refer to treatment
  - Prevent Morbidity & Mortality

Disease Severity

Referral
What Screening Tools Should be Used?

- Many options, not enough research to clearly identify one as superior
- Contextual factors (staff, workflow, etc.) will determine which tool works best in a specific setting
- Consider asking about marijuana specifically
- Don’t forget to screen and intervene for tobacco


Wright, et al. The role of screening, brief intervention, and referral to treatment in the perinatal period. *AJOG* 2016
Not Only Substance Use

➢ High rates of comorbidities associated with perinatal substance
  • Mental health
  • Infectious disease: HCV, HBV, HIV, STIs
  • Tobacco

➢ Assessment should include screening for all of the above and
  • Social determinants: housing, food, transportation, social supports
  • Intimate partner violence

➢ Consider a comprehensive screening approach
Implementation

➢ Thing to consider in preparation for SBIRT implementation
  • Privacy during screening
  • Workflow for screening and timely follow up if positive
  • Roles and responsibilities in process
  • Referral options if indicated
  • Billing for Brief Intervention services

➢ Capturing data in an ongoing way is essential to inform program development
Essential Components of SBIRT Implementation

➢ Identify screening tool(s) relevant to your context
➢ Plan workflows: who, where, who else is involved
➢ Identify resources in practice or community
  • Mental health counselor
  • Social worker
  • Obstetrical care provider
  • MAT prescriber
  • Psychiatric consultant for appropriate level of care and diagnosis/management of comorbidities
➢ Be able to communicate openly and knowledgeably about child protective services reporting requirements
  • Ensure policies are consistent about reporting across OB and Pediatrics
Melissa

- 28 year old G3P2 who presents for initial prenatal care
- Term SVD 4 years ago followed by LTCS 2 years ago for non-reassuring fetal heart rate tracing after PPROM at 33 weeks. Baby in NICU for 3 weeks.
- History of depression and anxiety with significant PPD after second child
- What now?!
Screening Step 1:

**AUDIT –C:** 3 questions about past year alcohol use

- How often did you have a drink containing alcohol in the past year?
- How many drinks did you have on a typical day when you were drinking in the past year?
- How often did you have 3 or more drinks on one occasion in the past year?

**NIDA:** 1 question about past year drug use

- How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

Do you use tobacco?

Do you use marijuana?

Follow up if positive: **AUDIT-10** and **DAST-10** questions explore severity of alcohol and drug use
Screening Step 2: Severity of Alcohol Use AUDIT 10

AUDIT

PATIENTS: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:
- 12 oz. of beer (about 5% alcohol)
- 8-9 oz. of malt liquor (about 7% alcohol)
- 5 oz. of wine (about 12% alcohol)
- 1.5 oz. of hard liquor (about 40% alcohol)

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
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<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
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</table>

Total

- **AUDIT C** is reflected in the first 3 questions of AUDIT 10
- A score of 3 or more on AUDIT C indicates risky alcohol use for a woman
- A score of 8 or more on AUDIT indicates hazardous or harmful alcohol use
- Any continued alcohol use is potentially harmful in pregnancy
Screening Step 2: Severity of Drug Use

**DAST-10**

**Drug Abuse Screening Test, DAST-10**

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

<table>
<thead>
<tr>
<th>In the past 12 months...</th>
<th>Circle</th>
</tr>
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<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>Yes</td>
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<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>Yes</td>
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<tr>
<td>3. Are you unable to stop abusing drugs when you want to?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td>Yes</td>
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<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Scoring:** Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

| Score: |
Melissa

- Melissa is screened at her initial prenatal visit using a tablet-based screening program which interfaces with her electronic health record
- AUDIT C = 0, NIDA screen positive
- DAST 10 = 6
Melissa

- Admits to use of non-prescribed opioids after her previous c-section
- Multiple attempts to quit
- Having withdrawal symptoms if not using
- Obtaining from family members or street
- Not injecting
- Worried about Child Protection involvement
Motivational interviewing is defined as, "a directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence"

The goal is to "help patients identify and change behaviors that place them at risk of developing health problems or that may be preventing optimal management of a chronic condition"

Recognizing the dynamics of an individual’s readiness to change behavior is integral to this approach.

The goal of motivational interviewing is to help an individual identify discrepancy between current state (risky or unhealthy behavior) and goals, and to move from (pre-)contemplation to action
Brief Intervention/BNI

➢ A Brief Negotiated Interview (BNI) is a “script” to guide providers through a brief intervention for substance use with carefully phrased key questions and responses

• Rooted in motivational interviewing (MI) techniques.
• Originally tested in the emergency department at Boston Medical Center
• Demonstrated effectiveness in facilitating a variety of positive health behavior changes.
• Helps health care providers explore behavior change with patients in a respectful, non-judgmental way, within a finite time period.
• Instead of telling a patient what changes he/she should make, BNI is intentionally designed to elicit reasons for change and action steps from the patient.
• BNI gives the patient voice and choice, thereby empowering behavior change.

D’Onofrio, G et al. Development and Impelentation of an emergency practitioner performed brief intervention for hazardous and harmful drinkers in the Emergency Department. *Acad Emerg Med* 2005
Brief Intervention/Motivational Interviewing

- **Dos:**
  - Ask permission
  - Have a script (ex: BNI)
  - Educate/inform
  - Explore ambiguity
  - Accept non-readiness for change
  - Promise to circle back
  - Offer thanks

- **Don’ts:**
  - Judge
  - Assume
  - Threaten
  - Close the door to future dialog
Brief Intervention/Motivational Interviewing

Brief Negotiated Interview:


SBIRT Institute video:

➢ [https://www.youtube.com/user/SBIRTInstitute/videos?disable_polymer=1](https://www.youtube.com/user/SBIRTInstitute/videos?disable_polymer=1)
BNI Pocket Card for Providers

**Brief Negotiated Interview (BNI) Algorithm**

1. **Build Rapport & Bring it Up**
   - One health issue discussed with all pregnant patients is alcohol and drug use. Having an honest conversation about these behaviors helps us provide you and your baby the best possible care. You don't have to answer any questions if you feel uncomfortable. Would it be okay to talk for a minute about alcohol and drugs?

2. **Pros and Cons**
   - **Pros**
     - People use alcohol and drugs for lots of reasons
     - Help me understand, through your eyes, what do you like about using [X]?
     - What do you like about using [X]?
   - **Cons**
     - So, on the one hand [PROS], and on the other hand [CONS].

3. **Information & Feedback**
   - There is no known amount of alcohol that is safe to drink during pregnancy or when trying to get pregnant. Drinking anything containing alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorder (FASD), which includes physical problems, intellectual and behavioral problems in childhood.
   - Use of drugs during pregnancy can also increase the risk for birth defects, fetal alcohol syndrome, preterm birth, low birth weight, and developmental problems in childhood.
   - Use of drugs and alcohol while breastfeeding can also have negative effects on your baby.

4. **Readiness Ruler**
   - This Readiness Ruler is like the Pain Scale we use in the hospital.
   - On a scale from 1-10, with 1 being not at all and 10 being completely ready, how ready are you to make any kind of change or to make a change?
   - You marked ___. That’s great. That means you are ___% ready to make a change.
   - Why did you choose that number and not a lower one like 5 or 6 or a higher one like 9 or 10?

5. **Action Plan**
   - What are some steps you could take to reduce the things you don’t like about using [X]? What ideas do you have to help your and your baby healthy and safe?
   - These are great ideas! I am ready for me to write down your plan, your own prescription for change, to keep with you as a reminder?
   - Write down steps
     - What should I write down here?

6. **Seal the Deal**
   - Offer appropriate resources
   - Thank patient
     - I have some additional resources that people sometimes find helpful. Would you like to hear about them?
       - Introduce the PATT team (☎️ 617-855-1860). Offer a warm handoff if possible.
       - Offer handouts or brochures as appropriate.

**Courtesty of Caitlin Bartholomew, Dartmouth College**

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**DOT Phrases**
- pO2 (oxygenation results)
- Seroneg (screening results)
- dEdP (brief intervention documentation)

**Codes for Billing**
- 99409 Brief Intervention < 15 minutes
- 99410 Brief Intervention > 30 mins

**Labs**
- LAB3232: UAUA (sent out for confirmation), specify including TAN
ty
- MISC: Spec Fetal Glucoroni (ETOH metabolites)

**DHMC PATT Phone Number for Referrals**
- (☎️ 603) 650-1800

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**COUNCIL ON PATIENT SAFETY IN WOMEN’S HEALTH CARE**

Safe health care for every woman.
Documenting SBIRT

➢ Counseling for drug and alcohol use
When SBIRT screening is positive for either drug use or moderate to heavy alcohol use (even prior to pregnancy), brief intervention is a billable service. Documentation should include time spent counseling along with details of the interaction:

• Face-to-face interaction with the patient
• Assessing readiness for change
• Advising the patient about risks
• Suggesting treatment(s) for the patient

➢ Example documentation
“I met with Melissa to discuss her positive (AUDIT/DAST) screening. We discussed the risks of alcohol and drug use during pregnancy, and explored options for supporting abstinence from alcohol and illicit drugs. We reviewed patient information and policies about prenatal substance use and state-specific reporting requirements. Referral to Behavioral Health was offered. She accepted/declined ________. Time spent in counseling regarding treatment options: (<15/15-30) minutes.”
Getting Paid for SBIRT

CPT codes

- **99408** Alcohol and/or substance (other than tobacco) abuse, structured screening (eg, AUDIT, DAST), and brief intervention (SBI) service; 15 to 30 minutes
- **99409** Alcohol and/or substance (other than tobacco) abuse, structured screening and brief intervention (SBI) service, greater than 30 minutes

Sample Diagnostic Codes:

- **O99.320** Substance abuse affecting pregnancy, antepartum
- **F11.20** Opioid use disorder, moderate, dependence*
- **F12.10** Marijuana use

*There are many codes to choose from for OUD, indicating severity and treatment status.

Standardizing diagnostic codes is helpful for data capture.
Not Just Opioid Use

Melissa discloses that she is a 1.5 ppd smoker

- Tobacco use disorder is a common comorbidity associated with increased risks for fetus and newborn
- Prematurity and low birth weight
- Increased severity of NAS/NOWS
- Increased risk for SIDS
- Despite pregnancy risks, providers are reluctant to address tobacco in the context of other SUD
- Research shows that tobacco cessation enhances rather than diminishes recovery from other substances


Winklbauer, et al. Treating pregnant women dependent on opioids is not the same as treating as treating pregnancy and opioid dependence. *Addiction* 2009.
What Else is Going On?

➢ Screening for intimate partner violence use reveals more of Melissa’s story:

➢ She answers affirmatively to the following questions on the WAST (Woman Abuse Screening Tool):
   - Do arguments ever result in you feeling down or bad about yourself?
   - Do you ever feel frightened by something your partner says or does
   - Do arguments ever result in hitting, pushing, or kicking?


What Services does Melissa Need?

- Melissa discloses that her boyfriend is her source of drugs, and when she talks about getting into treatment he threatens to call Child Protective Services “to tell them I’m a drug addict and a bad mother”
- She scores 15 (moderately severe depression) on the PHQ9 depression scale
- She is concerned about hepatitis C exposure because her boyfriend is known to be positive
- She reports few social supports and “no place to go” if she chooses to leave her current living situation
Screening for Social Determinants of Health

PRAPARE: a validated screener for social determinants of health

- Free EHR templates available for EPIC, Centricity, eClinical Works and NextGen

- Tested in diverse sites by the National Association of Community Health Centers

http://www.nachc.org/research-and-data/prapare/toolkit/
Screening for Medical Co-Morbidities

➢ High rates of HCV, HBV and HIV are found in people who use injection drugs and their partners
  • All pregnant women with OUD should be screened in first trimester and again in third trimester if risk factors persist

➢ Important to elicit history of other medical complications associated with injection use
  • Cellulitis
  • DVT
  • Pulmonary Embolism
  • Endocarditis
  • Renal and hepatic injury
Taking Good Care of Melissa

• Through a universal SBIRT protocol integrated with her prenatal care, Melissa disclosed that she has OUD
• After brief intervention by her OB provider, she accepted referral to a methadone treatment program in her community
• After counseling about the additive effect of nicotine withdrawal on infants exposed to methadone, Melissa chose nicotine gum to treat her 1.5 ppd tobacco use and set a quit date for the day she started methadone.
• Her OB team offered to contact the local domestic violence program and Melissa met with an advocate before she left the prenatal clinic.
• She denied suicidal ideation and agreed to repeat depression screening after starting methadone.
• HCVab, HIV, HBVsAg and CMP were drawn
• Short interval follow-up was scheduled with the same provider she had seen that day.
Summary

• Screening for substance use in pregnancy is our professional and ethical responsibility
• An SBIRT framework is recommended to facilitate linkage to care
• Universal screening using validated instruments is recommended best practice
• Women with OUD/SUD should be screened for common medical and psychiatric comorbidities, including tobacco use disorder
• Women with OUD/SUD should also be screened for intimate partner violence and social determinants of health needs
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
Please sign up [HERE](http://safehealthcareforeverywoman.org/sign-up-to-receive-council-updates/) to receive information on Patient Safety Bundle releases, Safety Action Series presentations, and updates on Council activities.