ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM

AIM OPIOID COLLABORATIVE: CROSS COLLABORATIVE CHART

Opioid Collaborative Aim (Bundle Component)	Key Drivers	Interventions	Resources	Metrics	
Improve identification and care of women with OUD through screening and linkage to treatment **RECOGNITION**	Universal Prenatal Screening Brief Intervention Referral to Treatment	Map local resources: -Identify existing models -Identify partners to receive referrals -Establish protocols for referral Select validated screening tool Train staff to use screening tool Assess screen positive women for OUD Link women with OUD to OB and OUD treatment services	AIM Opioid Screening Tool Chart AIM Stigma Slides (coming soon) AIM Screening Slides ACOG Committee Opinions: ACOG CO 711 "Opioid Use and Opioid Use Disorder During Pregnancy" Screening resources: -NNEPQIN local resource mapping template -SAMHSA Guidance -SnuggleME -SBIRT Oregon -WA State Screening Guidelines -NNEPQIN Guidelines -WHO Guidelines Other Resources: ACOG District II OUD in Pregnancy Provider Education Bundle	1. (S1) Percent of Prenatal Care Sites which have implemented a universal screening protocol for OUD (Required AIM Structure Measure)	Denominator: Number of PNC sites associated with delivery sites Numerator: Among the denominator, those sites using universal screening for OUD with all pregnant patients
Optimize medical care of pregnant women with OUD **RESPONSE**	Best practice protocols for medical care • prenatal • labor and delivery • postpartum	Initiate checklist for appropriate elements of care for pregnant women with OUD (optimally utilize through EMR in prenatal and delivery & postpartum) • Sexually transmitted infections (HIV, Hep C, Chlamydia, Gonorrhea, Hep B) • Mental Health screening Coordinate appropriate consultations • Infectious disease • Gastroenterology • Behavioral health • Neonatology/Pediatrics • Anesthesia	AIM "Optimizing Care" Protocol Chart Checklist Links to: SAMHSA Guidance NNEPQIN Chart Checklist NNEPQIN Best Practice Resources MOMS Ohio Decision Tree ACOG Committee Opinions: ACOG CO 630 "Screening for Perinatal Depression" ACOG Committee Opinion 518 Intimate Partner Violence	1. (S3) Percent of delivery sites with OUD specific pain management and opioid prescribing. (Required AIM Structure Measure)	Denominator: Total delivery sites Numerator: Among the denominator, those sites with OUD specific pain management including opioid prescribing guidelines

	Patient education on pregnancy and postpartum care Provider Education on OUD and pregnancy and postpartum care	Adopt prescribing protocols for pain management for patients with OUD • Vaginal Birth • Cesarean Birth Standardize patient education regarding mother and infant health during pregnancy and postpartum • Provide lactation education and support to all women, including those on psychotherapy & MAT • Provide patient education about OUD, NAS, and the importance of maternal involvement in infant care postpartum • Develop reproductive life plan for all women • Facilitate prenatal consults with NICU and outpatient pediatrics regarding infant care Standardize provider/staff training: o Screening o Stigma of OUD o MAT & related issues o Intra- & post-partum management o Neonatal Management/NAS and maternal contribution to infant health	Patient Resources: ASAM Guide for Patients and Families ACOG Patient Education Fact Sheet Journey Project Interactive Patient Education SAMHSA Methadone Treatment for Pregnant Women Patient Handout		
Increased access to MAT* treatment for pregnant and postpartum women with OUD	Increase access to MAT for women with OUD Improve access to OUD Treatment Programs	Increase the number of providers trained in MAT willing to treat pregnant and postpartum women with OUD	AIM "Optimizing Care" Chart Checklist ASAM Buprenorphine Waiver Course SAMHSA Treatment Finder	1. (P1) Percent of women with OUD during pregnancy who receive medication assisted treatment MAT or behavioral health treatment (Required AIM Process Measure)	Denominator: Women with OUD Numerator: Among the denominator, those who received MAT or behavioral treatment during pregnancy

***While some women may refuse opioid pharmacotherapy, all women should be engaged in comprehensive treatment services including behavioral health counseling and social services support** **RESPONSE**	Coordinate care for all providers and services	Link women with OUD to OB and OUD treatment services Linkage to local support resources including: • Transportation • Food • Housing • Mental health Increase counseling / prescription for Narcan for women with OUD prenatally or prior to discharge post delivery	NNEPQIN Local Resource Mapping Tool Narcan Toolkit		
Prevent opioid use disorder by reducing the number of opioids prescribed for deliveries **READINESS**	Provider education on OUD, stigma reduction, PMP look up and appropriate opioid prescribing for pregnancy/postpartum Education of all pregnant women regarding pain management expectations and options post-delivery and risk of OUD and diversion Clinical guidelines for pain management and reduction of opioid over-prescribing post delivery	Standardize provider education on OUD, reducing opioid overprescribing / appropriate opioid prescribing, use and documentation of PMP look up with all opioid prescribing. • Share example PMP look up dot phrase with providers • Utilize provider e-modules or other education to confirm all providers receive information Develop prescribing guidelines for pain management following both vaginal & cesarean deliveries • Provide clinicians individual and hospital-level statistics regarding amount of opioid prescribed • Provide highest tertile opioid prescribers strategies to reduce MME prescribed Standardize Patient education for all pregnant women regarding pain management expectations and options post-delivery and risk of OUD and diversion Develop clinical guidelines, protocols, or revised order sets to reduce opioid over prescribing after delivery	Ohio General Opioid Prescriber Resources CDC interactive e modules (for providers) ACOG Committee Opinion 742 "Postpartum Pain Management"	1. (S2) Percent of delivery sites using post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focused on limiting opioid prescription (Required AIM Structure Measure)	Denominator: Total delivery sites Numerator: Among the denominator, those sites with guidelines for pain management prescriptions in line with safe prescribing practices

		• Remove opioids from default post-vaginal delivery inpatient order sets • Ensure EMR does not automatically allocate amount of opioid prescribed at time of discharge to encourage individualization of number of pills prescribed • Consider incorporating Enhanced Recovery After Surgery (ERAS) pathways to postpartum care			
Optimize the care of OEN by improving maternal engagement in infant management. • **Increased maternal participation in care of substance exposed newborns and a subsequent increase in babies discharged home with mothers** • **Increased use of non-pharmacological care for substance exposed newborns and a subsequent decrease in the need for opioid medication for babies** • **Decreased length of stay for infants with NAS** **RESPONSE**	Educate and empower pregnant women with OUD to increase engagement in care of opioid exposed newborns Increase non-pharmacologic bundle for opioid exposed newborns	Standardize education for mothers prenatally or prior to delivery regarding their role in the care of the opioid exposed newborn (counseling, standardized education materials, neonatal/pediatric consult) Coordinate NICU, Maternity, and Pediatric care to support maternal rooming-in with OEN prior to discharge Standardize components of plan of safe care for women with OUD and their families (require communicate with social work team, clinical team, and DCFS) Develop protocols for non-pharmacological care for OEN	AIM "Questions for States to Consider" regarding child welfare AIM Postnatal Management Slides Links to: Mommies Program Toolkit Stronger Together Infant Soothing Techniques Journeys of Hope Recovery Program Video ACOG CO 658 Optimizing Support for Breastfeeding as Part of Obstetric Practice	5. (P2) Percent of OEN receiving mother's milk at newborn discharge (Required AIM Process Measure) 9. (P3) Percent of OEN who go home to biological mother (Required AIM Process Measure)	Denominator: Number of OEN ≥35 weeks gestation Numerator: Among the denominator, those receiving some mother's milk at the time of discharge Denominator: Number of OEN ≥35 weeks gestation Numerator: Among the denominator, those who are discharged to biological mother