

How to Measure Success in OUD Care for Pregnant People

DR. BRIAN GRAHAN, MD, PHD

MEAGAN THOMPSON, DNP, APRN, CNM, PMHNP-BC

Grant Acknowledgement

This presentation is funded fully or in part through the State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Minnesota Department of Human Services. The views expressed in this publication do not necessarily reflect the official policies of SAMHSA or the Minnesota Department of Human services; nor mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the state of Minnesota.

Disclosures

The authors have no disclosures

Objectives

1. Identify national standards of care for people with perinatal substance use disorders
2. Define short and long-term approaches to measure success
3. Discuss methods of measuring success and how they can be applied to your institution

National Recommendations

Increase abstinence from illicit drugs among pregnant women — MICH-11

- Objective Overview
- Data
- Data Methodology and Measurement
- Full Report

Status: Little or no detectable change  [Learn more about our data release schedule](#)



Most Recent Data:
94.4 percent (2018-19)



Target:
95.3 percent



Desired Direction:
Increase desired



Baseline:
93.0 percent of pregnant females aged 15 to 44 years reported abstaining from illicit drugs in the past 30 days in 2017-18

Increase abstinence from alcohol among pregnant women — MICH-09

- Objective Overview
- Data
- Data Methodology and Measurement
- ...

Status: Little or no detectable change  [Learn more about our data release schedule](#)



Most Recent Data:
90.3 percent (2018-19)



Target:
92.2 percent




Desired Direction:
Increase desired



Baseline:
89.3 percent of pregnant females aged 15 to 44 years reported abstaining from alcohol in the past 30 days in 2017-18

Reduce the proportion of women who use illicit opioids during pregnancy — MICH-D02

Objective Overview

Status: Developmental 

[Learn more about our data release schedule](#)

Add to Custom List

Reduce the proportion of pregnant women who use illicit opioid pain relievers during pregnancy

2030 Healthy People Guidelines

Short Term Goals

Where does the guidance come from?



Care for Pregnant and Postpartum People with Substance Use Disorder Change Package



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



ASAM American Society of Addiction Medicine

ACOG COMMITTEE OPINION

Number 711 • August 2017

(Replaces Committee Opinion Number 524, May 2012)

Committee on Obstetric Practice
American Society of Addiction Medicine

The Society of Maternal-Fetal Medicine endorses this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice in collaboration with committee members Maria A. Mascola, MD, MPH; Ann E. Borders, MD, MSC, MPH; and the American Society of Addiction Medicine member Mishka Terplan, MD, MPH.

Opioid Use and Opioid Use Disorder in Pregnancy

ABSTRACT: Opioid use in pregnancy has escalated dramatically in recent years, paralleling the epidemic observed in the general population. To combat the opioid epidemic, all health care providers need to take an active role. Pregnancy provides an important opportunity to identify and treat women with substance use disorders. Substance use disorders affect women across all racial and ethnic groups and all socioeconomic groups, and affect women in rural, urban, and suburban populations. Therefore, it is essential that screening be universal. Screening for substance use should be a part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman. Patients who use opioids during pregnancy represent a diverse group, and it is important to recognize and differentiate between opioid use in the context of medical care, opioid misuse, and untreated opioid use disorder. Multidisciplinary long-term follow-up should include medical, developmental, and social support. Infants born to women who used opioids during pregnancy should be monitored for neonatal abstinence syndrome by a pediatric care provider. Early universal screening, brief intervention (such as engaging a 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. In general, a coordinated multidisciplinary approach without criminal sanctions has the best chance of helping infants and families.

CLINICAL GUIDANCE FOR TREATING PREGNANT AND PARENTING WOMEN WITH OPIOID USE DISORDER AND THEIR INFANTS



2023 Summit About Initiatives Events News Resources Q Donate

Mother/Infant Opioid Substance Use Treatment and Recovery Effort (MOSTaRE)

INTERESTED IN GETTING INVOLVED?

NEED MORE INFO?
CONTACT:
ELLA.RUSNACKO@MINNESOTAPERINATAL.ORG



National Recommendations

1. Standardized screenings (recommended universal screening vs. testing)
2. Develop materials for people with perinatal SUD (educational videos, harm reduction, options for treatment, etc.)
 - Recommended to have all translated into major languages of population you serve
3. Develop trauma-informed protocols
4. Develop trainings for staff
5. Develop clinical protocols (Initiation of buprenorphine, pain control, breastfeeding, post-op pain control)
6. Check PDMP prior to every controlled substance rx (SAHMSA)
7. Establish specific pathways that facilitate coordination across the SUD continuum
8. Offer comprehensive reproductive (non-coercive) family planning options

What is Happening in MN?

- Standardized screenings (recommended universal screening vs. testing)
- Materials for staff and people with perinatal SUD
 - Local MOUD providers (contact ECHO → Hennepin Healthcare, Stratis, or Wayside)
 - Educational videos specific to pregnancy forthcoming
 - Local treatment programs and sober housing options for families
- Develop trauma-informed protocols
- Train staff – MNPQC and ECHOs
- Develop clinical protocols
 - www.hennepinhealthcare.org/project-echo/
- Check PDMP prior to every controlled substance rx (SAHMSA)
- Establish specific pathways that facilitate coordination across the SUD continuum
- Offer comprehensive reproductive (non-coercive) family planning options

LONG TERM GOALS

Measuring Outcomes in Large Hospital Systems

1. Number of screenings (what percentage of initial obstetric visits?)
2. If drug screens obtained, # of positive UDS + confirmation
3. For each positive screen and/or positive UDS, did the patient receive an rx, referral, or documentation of declination
4. Gestational age at time of initial appointment seeking prenatal care
5. Retention in care until time of delivery
6. Number of positive neonatal cord stat
7. Lengths of stay depending on neonatal course
8. Birth outcomes in people with PSUDs
9. Admissions across institution (ED, triage, ICU)
10. For people with OUD who deliver, what is retention rate on MOUD at 3 months? 6 months? 12 months?
11. Staff training
12. Patient experiences

Challenges

- Primary outcome is individual recovery and supportive, unified families
 - No easy biometric or discrete data point
- Substance use care records often distinct from healthcare records
 - CPS, justice-involved records separate
- Difficult to determine engagement of care across institutions/organizations
- Current standard = anecdote OR sentinel event

FINANCIAL STABILITY

Need to find a model that is conducive to sustainability

- Billing on RVUs
- Billing outside of bundle
- Billing high-risk pregnancy
- Cost-benefit analysis – benefits clear, savings uncertain
 - Total cost of care related to SUD care engagement likely neutral to insurer due to increased utilization
 - Healthcare cost savings → reduced utilization by family members of the index patient in recovery
 - Work flow improvements can reduce NICU stays
 - Care coordination often the most difficult factor

COMMUNITY VALUE

- Medications critical to stabilization of OUD
- Stabilization must happen by time of delivery for best outcomes
 - Preferably engagement before 3rd trimester
- Intergenerational transmission of trauma is real
- Pregnancy is a critical period for families and communities
 - We need you!!!

NEXT STEPS

- Perinatal Substance Use ECHO to help develop work flows and standards
 - Launches Feb 28, 2023 → co-directed by Drs. Lauren Graber and Cresta Jones

- Perinatal Workforce Development initiatives
 - E-learning modules in development for frontline staff
 - Podcast being published in early 2024
 - Staff training workshops available
 - SUPper Club

