



Community
Health Network

***Take Action Indiana: HealthLINC's 11th Annual
Conference***

**Maternal Substance Use Disorders and Neonatal
Abstinence Syndrome**

Community Hospital East
September 22, 2017

Highlight of the Issue

- <http://media.ecommunity.com/2017/NAS/index.html>

Phone set up: Text the word **healthinc** to 22333. You will receive confirmation from Polleverywhere.com

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question to
22333



Objectives

Participants in this session will:

1. Learn the current impact of maternal substance use & NAS at the national, state, and local level
2. State 2 outcomes and 2 goals of the Indiana Perinatal Substance Use Committee and the Indiana NAS pilot hospital program
3. State 3 interventions implemented at Community Hospital East to address perinatal substance use and neonatal abstinence
4. State 2 future program goals at Community Health Network

Panel Members



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Scope of the Problem-National Statistics



9% of babies born in the US test positive for opiates



Incidence of NAS tripled from the year 2000 to 2009

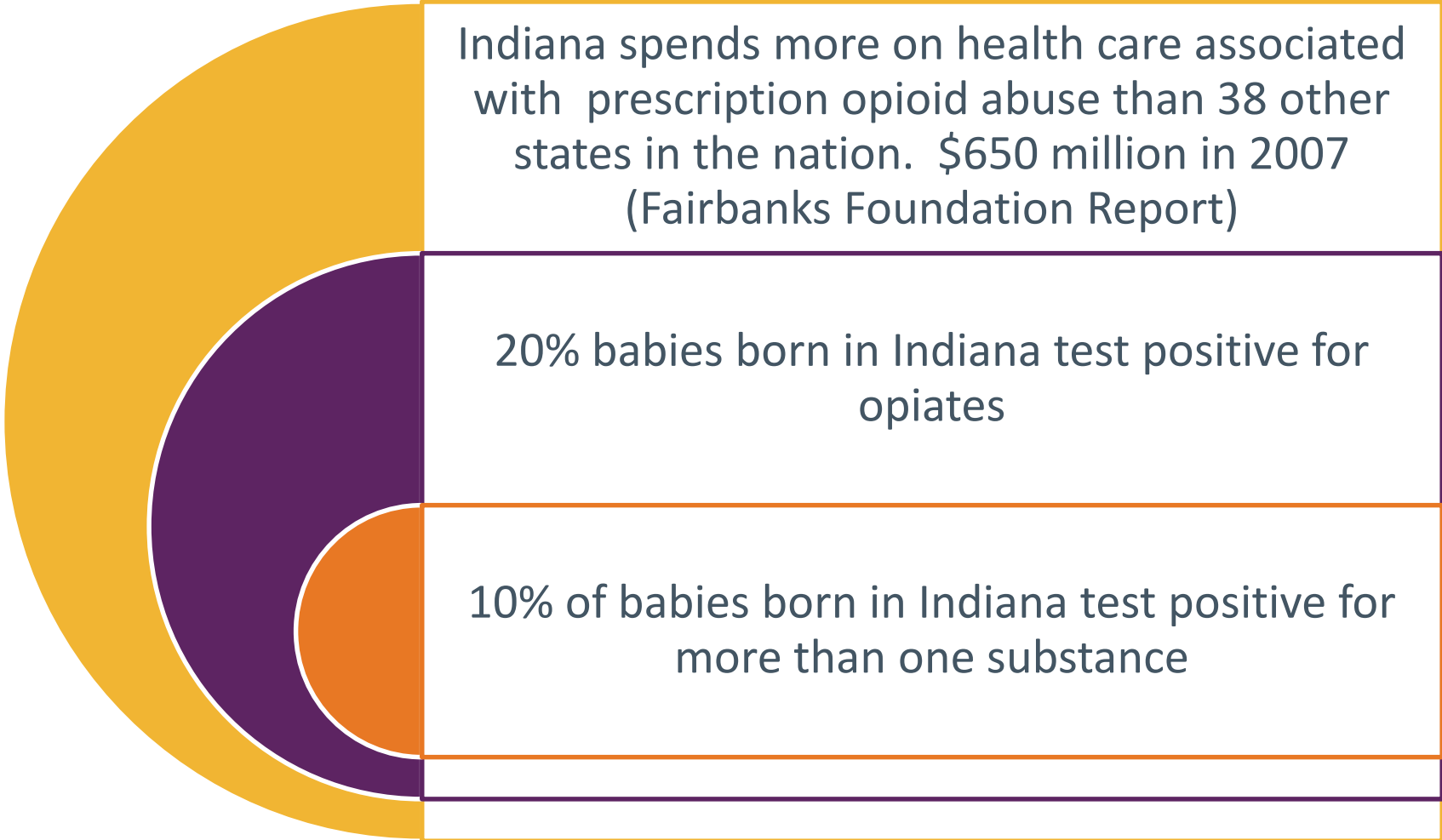


By 2012, one baby diagnosed with NAS every 25 minutes



78% of babies diagnosed with NAS are on Medicaid

Scope of the Problem-State Level



Indiana spends more on health care associated with prescription opioid abuse than 38 other states in the nation. \$650 million in 2007 (Fairbanks Foundation Report)

20% babies born in Indiana test positive for opiates

10% of babies born in Indiana test positive for more than one substance

Scope of the Problem-State Level

In 2014, the Indiana General Assembly required ISDH to:

Establish a task force to develop a working definition of neonatal abstinence syndrome (NAS)

Identify a process for identification of NAS

Develop a data collection process to articulate incidence of NAS

Identify resources needed to support the treatment of maternal substance use and NAS

Select hospitals to pilot recommendations from the task force

Scope of the Problem-Community East Statistics

Higher than national rates of positive drug screens for:

- Opioids (more than twice as high)
- Cocaine
- Amphetamines
- Barbituates
- Benzodiazepines

42% of babies born in 2016 were exposed to illicit substances

\$12,000 average financial loss to organization for each baby diagnosed with NAS

Why did CHNw get involved

Network Mission

- Deeply committed to the communities we serve, we enhance health and well-being.

Not about competition

- The substance use epidemic will take all health care organizations working together to address

Assist State Leaders

- Currently our leaders are at a loss of how to help due to lack of knowledge regarding the depth of the problem

Gaining Support at All Levels

Senior Leadership

- Current patient statistics
- Provider frustrations
- Resources needed and current shortage

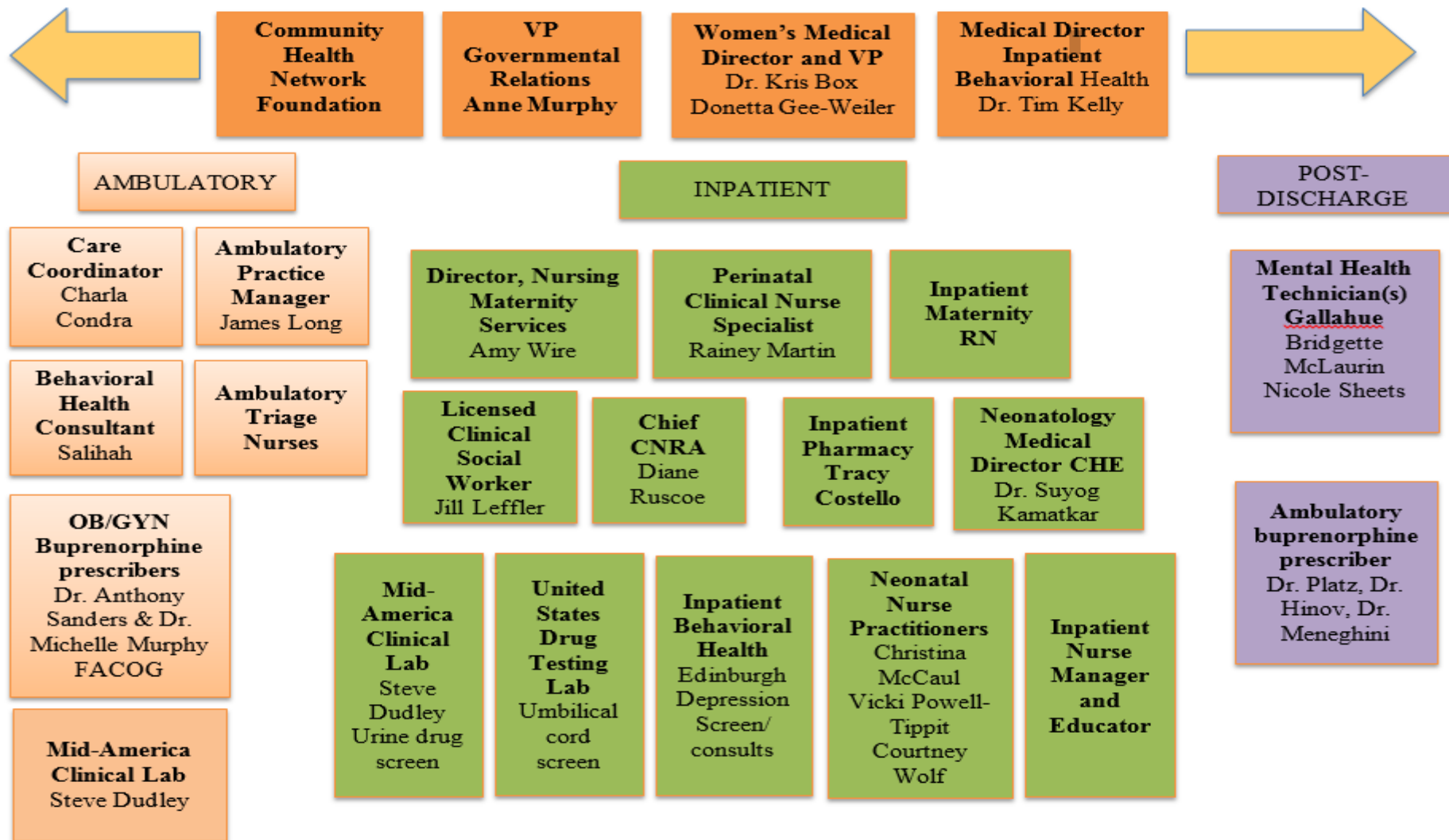
Physicians

- Care coordination process
- Ability to increase resources
 - Network resources
 - Statewide resources

Unit leadership

- Care coordination process
- Ability to increase resources
 - Network resources
 - Statewide resources
- Educational resources

Our Interprofessional Team



Responsibilities of Key Team Members

Nursing Director

- Identify opportunity and define program
- Garner support for changes with senior leaders
- Identify key stakeholders
- Support program and promote buy-in with providers, nursing staff, lab, pharmacy, anesthesia, ambulatory staff
- Assemble team to identify outcome metrics, key performance indicators, and needed resources
- Operationalize processes from ambulatory to inpatient settings via process maps
- Determine financial implications of program

Clinical Nurse Specialist

- Ensure practice is evidence based and bridge gap between literature and everyday practice
- Identify and implement practices to assist bedside staff in care (COWS, CAGE, Order Sets, Policies, Process Algorithms)
- Facilitate team communication (monthly status calls, nursing consults)
- Assist inpatient and ambulatory nursing leaders with operationalizing new processes
- Represent goals and outcomes of program at the level of the organization
- Collaborate with external organizations (ISDH, USDTL)
- Identify quality metrics and track outcomes for opportunities

OB/GYN Physician Lead

- Champion for program with peers within CHNw, administrators, legislative and ISDH leaders
- Prescribe subutex to patients within OB/GYN practice
- Co-manage substance use disorder patients with other OB/GYN providers in CHNw
- Identification of barriers and limited resources for pregnant women with substance use disorders

Responsibilities of Key Team Members

Behavioral Health Consultant

- Assess and treat wide variety of behavioral health and psychosocial concerns
- Design and managed interventions, including referrals to intensive outpatient therapy
- Assist with care coordination
- Assist with transition of care from OB/GYN buprenorphine provider to primary care buprenorphine provider
- Therapy liaison for staff with questions about therapy process

Neonatologist and Neonatal Nurse Practitioner

- Diagnose and treat neonatal abstinence syndrome
- Provide nursing staff education
- In-person consultation with expectant mothers regarding care of babies exposed to substances during pregnancy
- Champion for program with peers within CHNw, administrators, legislative and ISDH leaders

Physician Lead & VP Women's and Children's

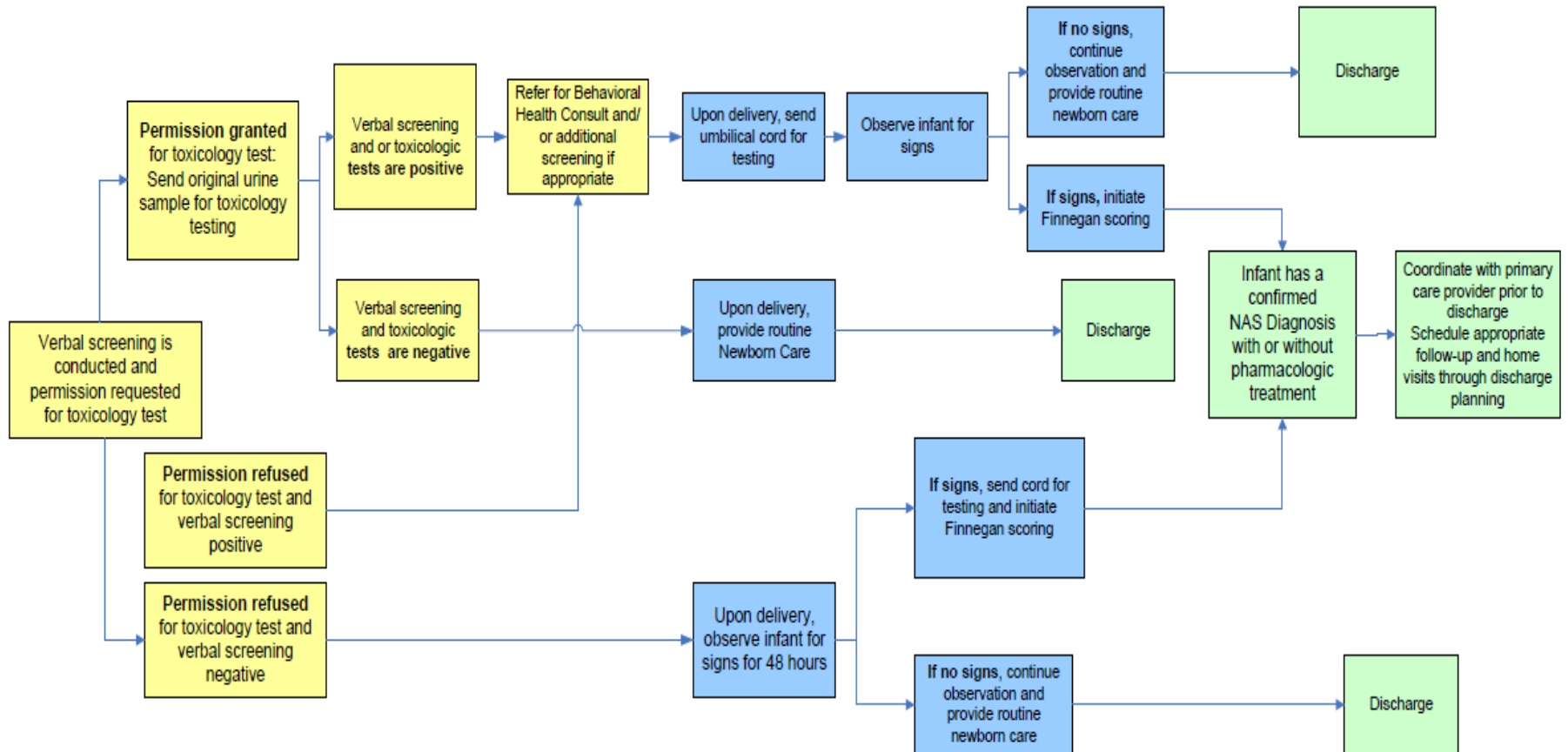
- Provide support at the network & state level
- Highlight the work & success of the clinical team
- Break barriers that cause issues within the program
- Provide resources for the project team

Neonatal Abstinence Syndrome and In-Utero Drug Exposure Algorithm

UNIVERSAL MATERNAL TESTING: verbal screening and toxicology testing for maternal use of illicit drugs, opiates or alcohol at the first prenatal visit and again at presentation for delivery.

INFANT SCREENING AND TESTING: all newborns will have umbilical cord samples saved for two weeks

DISCHARGE





Community East

Universal toxicology screens on initial prenatal visit

Referral of all positive screens to Behavioral Health Consultant for on-going therapy

Referral to MAT (2 OB/GYN buprenorphine prescribers on site)

Prenatal consult with neonatology to educate parents on what care plan to expect for their substance-exposed infant

Prenatal consult with CRNA to develop post-delivery pain management plan

Universal tox screen upon hospital admission for labor and delivery

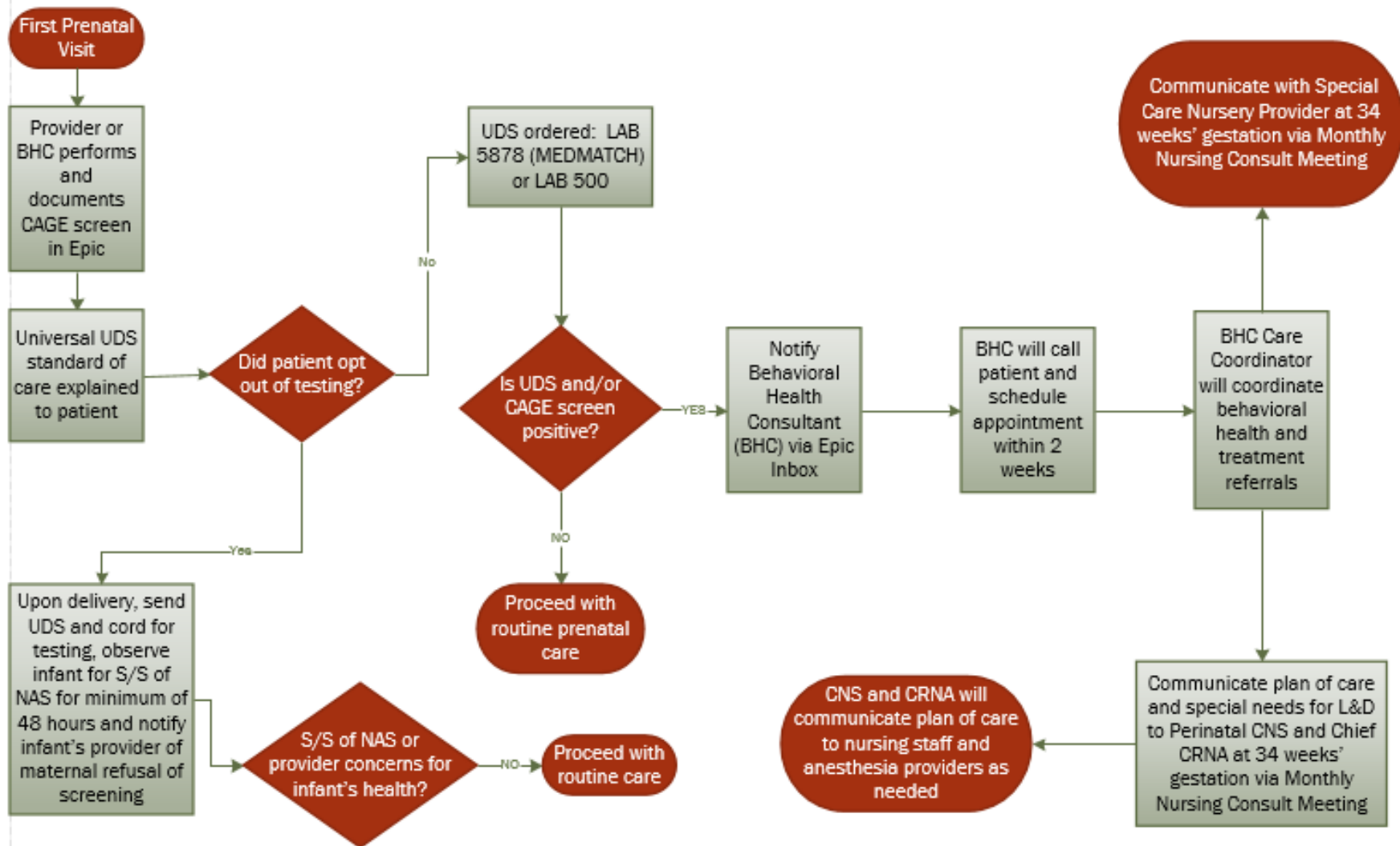
Umbilical cord drug screens for infants born to mothers with a history of substance use and/or + tox screen on admission

Observation of all opioid exposed infants for withdrawal for 4-5 days

Post-partum follow up counseling with Behavioral Health Consultant

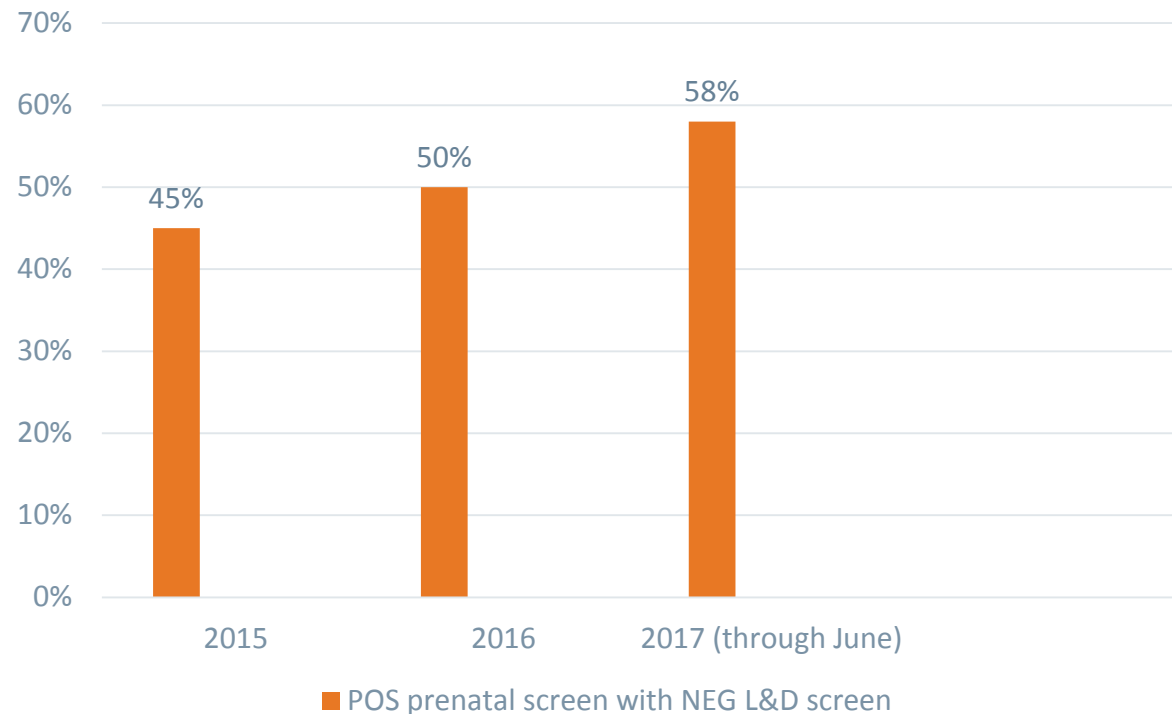
Transition care of mother to primary care provider who is a buprenorphine prescriber

CHE Ambulatory Process for SUD/NAS Program



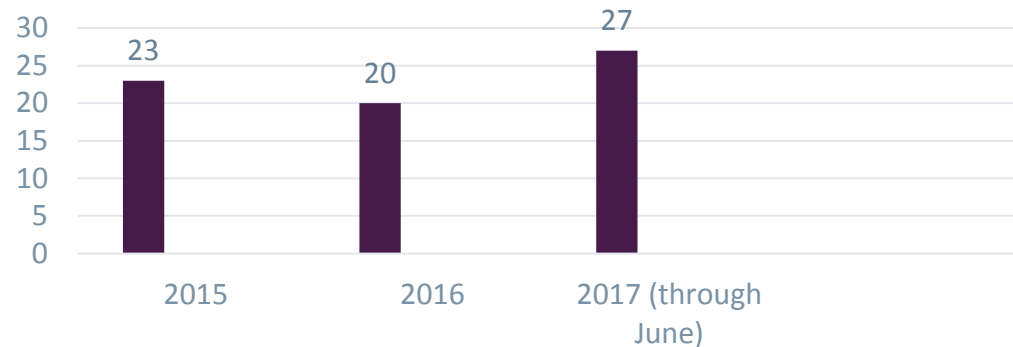
Impact at Community Hospital East

- Women who test positive for drugs prenatally and later test negative upon admission for labor and delivery

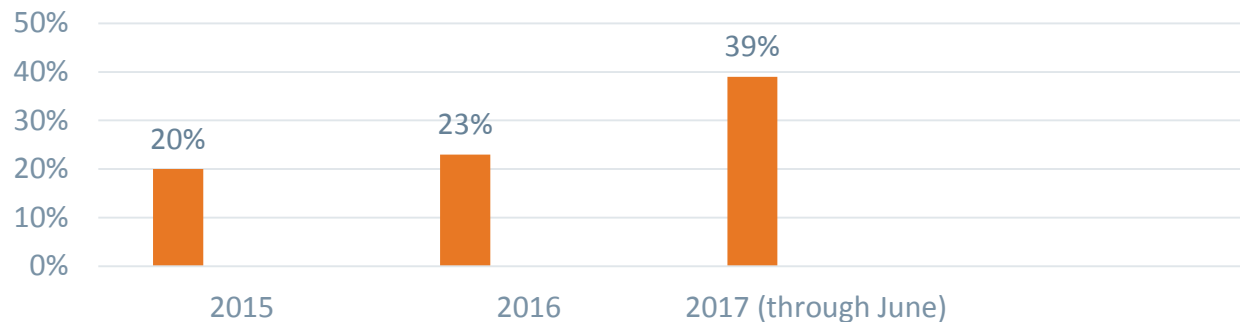


Impact at Community Hospital East

- Average length of stay for NAS infants

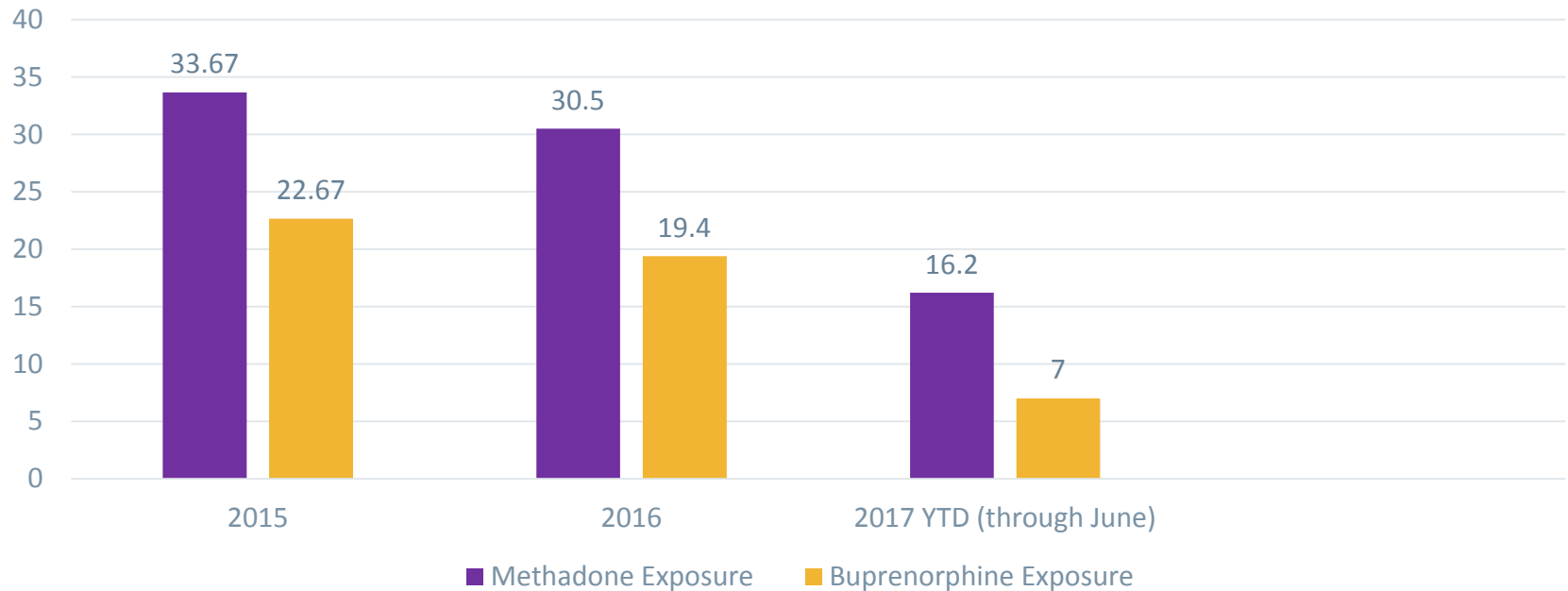


- NICU babies with a dx of NAS or intrauterine drug exposure



Methadone vs. Buprenorphine

Newborn LOS in days



Opportunities for Improvement

Strengthen relationships with primary care and pediatric providers to standardize follow up for exposed infants

Strengthen referral process to Nurse Family Partnership for qualifying patients

Track long term outcomes on exposed babies

Sustainable data tracking platform



Actionable Steps to Get Started

Gain senior leadership support

Recruit OB/GYN provider to become buprenorphine provider. Identify a physician champion.

Budget for umbilical cord drug screening and universal maternal screening

Establish connection with behavioral health services for pregnant women

Finnegan training for maternity and nursery/NICU staff

Standardize mandatory observation periods for opioid-exposed infants

Standardize prenatal consults with nursery and anesthesia providers

Educate team members on use of screening tools (COWS, CAGE, 4Ps)

Build tools into EMR to assist staff and providers (order sets for management of acute withdrawal and buprenorphine initiation, COWS, CAGE)

Contact a member of the Community team for tips on getting started



Recommendations from Professional Organizations

Positive results of the CHE pilot program for Maternal Substance Use support the approach recommended by multiple professional organizations:

“The problem of drug and alcohol use during pregnancy is a health concern best addressed through education, prevention and community-based treatment, not through punitive drug laws or criminal prosecution.”

-ACOG, AWHONN, AAP, ACNM, AAFP, APHA, ASAM, MoD



Questions & Discussion:
Text your questions to 22333

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