The Institute for Strengthening Families Conference

Care Coordination and Behavioral Health Across the Perinatal Continuum of Care

Community Hospital East

Jillian Leffler, Kayla Schieck, Salihah Talifarro, & Rainey Martin

September 2018
Highlight of the Issue

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

Participants in this session will:

1. Learn the current impact of maternal substance use & NAS at the national, state, and local level.
2. Learn communication skills to facilitate a non-judgmental approach in the care of women with perinatal substance use disorders.
3. Learn actionable steps for bridging the gap between outpatient and inpatient case management services.
4. Learn tips for working with interprofessional teams to address the complex needs of mothers battling substance use disorders.
Panel Members

- Rainey Martin, MSN, RN, AGCNS-BC, RNC-OB, Perinatal Clinical Nurse Specialist, CHNw
- Salihah Talifarro, LCSW, Behavioral Health Consultant, CHE OB/GYN
- Kayla Schieck, BSW, Resource Coordinator, CHE OB/GYN
- Jillian Leffler, LCSW, Inpatient Maternity & NICU
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
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
### In 2014, the Indiana General Assembly required ISDH to:

1. **Establish a task force to develop a working definition of neonatal abstinence syndrome (NAS)**
2. **Identify a process for identification of NAS**
3. **Develop a data collection process to articulate incidence of NAS**
4. **Identify resources needed to support the treatment of maternal substance use and NAS**
5. **Select hospitals to pilot recommendations from the task force**
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 and 46% in 2017 were exposed to drugs in-utero

$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
- State leaders were 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

Community Health Network Foundation

VP Government Relations
Anne Murphy

Chief Operating Officer, Community Hospital North
Donetta Gee-Weiler

Women’s Physician Lead
and VP
Dr. Indy Lane
Amy Wire

OB/GYN Physician Lead
Dr. Anthony Sanders

Medical Director
Inpatient Behavioral Health
Dr. Tim Kelly

Ambulatory

Resource Coordinators
Kayla Schieck & Charla Condra

OB/GYN Practice Manager
James Long

Ambulatory Triage Nurses

Behavioral Health Consultant
Salihah Talifarro

OB/GYN Buprenorphine Prescribers
Dr. Anthony Sanders, Dr. Michelle Murphy, Brooke Schaefer, NP

Mid-America Clinical Lab
Steve Dudley

Inpatient

Interim Director, Maternity Services & NICU
Rainey Martin

Perinatal Clinical Nurse Specialist
Rainey Martin

NICU Medical Director
Dr. Suyog Kamatkar
Neonatal Nurse Practitioners

Licensed Clinical Social Worker
Jill Leffler

Chief CRNA
Diane Ruscoe

Inpatient Maternity & NICU Nurses

Kaleigh Bachus, Nursing Lead
Inpatient SUD team

Mid-America Clinical Lab
Steve Dudley

United States Drug Testing Lab

Gallahue Behavioral Health

Inpatient Nurse Managers and Educators

Behavioral Health Therapist
Bridgette McLaurin

Primary Care Buprenorphine Prescribers
Dr. Charles Platz

Volunteers of America Fresh Start Recovery Center

Nurse Family Partnership

CleanSlate Addiction Treatment Centers

Gallahue Behavioral Health

Post-Discharge

Medical Director
Inpatient Behavioral Health
Dr. Tim Kelly

OB/GYN Practice Manager
James Long

Inpatient Triage Nurses

OB/GYN Buprenorphine Prescribers
Dr. Anthony Sanders, Dr. Michelle Murphy, Brooke Schaefer, NP

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Steve Dudley

Inpatient Maternity & NICU Nurses

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CleanSlate Addiction Treatment Centers

Gallahue Behavioral Health
Resource Coordination

- Needs assessment
- Referral and collaboration with community partners
- Collaboration with DCS
- Compassionate problem solving approach
- Nonjudgmental communication and relationship building
- Transparency and Behavioral Activation
Behavioral Health Consultant

• Motivational Interviewing
• Assess and intervene for co-morbid psychosocial and behavioral concerns, refer as needed
• Therapy liaison
• Care coordination with intensive outpatient therapy programs
• Communication with patient’s significant other and family members
• Present realistic options
• Assist the partner with access to resources
• Encourage active parenting
• Transparency in reporting
• Collaboration with DCS
• Initiate appropriate referrals
## Responsibilities of Key Team Members

<table>
<thead>
<tr>
<th>Nursing Director</th>
<th>Clinical Nurse Specialist</th>
<th>OB/GYN Physician Lead</th>
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<tbody>
<tr>
<td>• Identify opportunity and define program</td>
<td>• Ensure practice is evidence based and bridge gap between literature and everyday practice</td>
<td>• Champion for program with peers within CHNw, administrators, legislative and ISDH leaders</td>
</tr>
<tr>
<td>• Garner support for changes with senior leaders</td>
<td>• Identify and implement practices to assist bedside staff in care (COWS, CAGE, Order Sets, Policies, Process Algorithms)</td>
<td>• Prescribe subutex to patients within OB/GYN practice</td>
</tr>
<tr>
<td>• Identify key stakeholders</td>
<td>• Facilitate team communication (monthly status calls, nursing consults)</td>
<td>• Co-manage substance use disorder patients with other OB/GYN providers in CHNw</td>
</tr>
<tr>
<td>• Support program and promote buy-in with providers, nursing staff, lab, pharmacy, anesthesia, ambulatory staff</td>
<td>• Assist inpatient and ambulatory nursing leaders with operationalizing new processes</td>
<td>• Identification of barriers and limited resources for pregnant women with substance use disorders</td>
</tr>
<tr>
<td>• Assemble team to identify outcome metrics, key performance indicators, and needed resources</td>
<td>• Represent goals and outcomes of program at the level of the organization</td>
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<tr>
<td>• Operationalize processes from ambulatory to inpatient settings via process maps</td>
<td>• Collaborate with external organizations (ISDH, USDTL)</td>
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<tr>
<td>• Determine financial implications of program</td>
<td>• Identify quality metrics and track outcomes for opportunities</td>
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# Responsibilities of Key Team Members

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<tr>
<th>OB/GYN Nurse Practitioner</th>
<th>OB/GYN Resource Coordinator</th>
<th>Inpatient Social Work Case Manager</th>
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</table>
| • Weekly audits of patients charts for opportunities for extended assistance  
  • Care coordination for patients  
  • Writing prescriptions as needed  
  • Maintaining program patient lists  
  • Facilitating communication between members of care teams | • Identify social determinants present in a patient’s life and provide resources in order to mitigate barriers to care.  
• Identify therapy options within urban and rural communities for SUD, depression, anxiety, and other disorders so that patients are able to be connected to proper mental health care.  
• Provide patients with resources regarding baby items, transportation to medical appointments, and Nurse Family Partner referrals.  
• Work within a multi-disciplinary team in order to provide comprehensive care.  
• Ensure that all patients are provided referrals to medical specialists, PCPs, and MAT providers after post-partum care is complete. This exemplifies the continuum of care model.  
• Provide all patients with a smoking cessation program option. The resource coordinator is Baby and Me Tobacco Free certified. | • Consult with every mother after delivery  
• Assess readiness for discharge: housing, transportation, emotional support, physical support, coping, safety  
• Liaison with DCS, WIC, medication assistance program  
• Identify post-discharge providers for mother and baby |
### Responsibilities of Key Team Members

<table>
<thead>
<tr>
<th>Behavioral Health Consultant</th>
<th>Neonatologist and Neonatal Nurse Practitioner</th>
<th>Physician Lead &amp; VP Women’s and Children’s</th>
</tr>
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<tbody>
<tr>
<td>• Assess and treat wide variety of behavioral health and psychosocial concerns</td>
<td>• Diagnose and treat neonatal abstinence syndrome</td>
<td>• Provide support at the network &amp; state level</td>
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<tr>
<td>• Design and managed interventions, including referrals to intensive outpatient therapy</td>
<td>• Provide nursing staff education</td>
<td>• Highlight the work &amp; success of the clinical team</td>
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<tr>
<td>• Assist with care coordination</td>
<td>• In-person consultation with expectant mothers regarding care of babies exposed to substances during pregnancy</td>
<td>• Break barriers that cause issues within the program</td>
</tr>
<tr>
<td>• Assist with transition of care from OB/GYN buprenorphine provider to primary care buprenorphine provider</td>
<td>• Champion for program with peers within CHNw, administrators, legislative and ISDH leaders</td>
<td>• Provide resources for the project team</td>
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<td>• Therapy liaison for staff with questions about therapy process</td>
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Women who test positive for drugs prenatally and later test negative upon admission for labor and delivery

Impact at Community Hospital East

- POS prenatal screen with NEG L&D screen
Impact at Community Hospital East

- Babies with intrauterine drug exposure

- Average LOS for babies with NAS Dx
**Methadone vs. Buprenorphine**

Newborn LOS in days

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<tr>
<th>Year</th>
<th>Methadone Exposure</th>
<th>Buprenorphine Exposure</th>
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<tr>
<td>2015</td>
<td>33.67</td>
<td>22.67</td>
</tr>
<tr>
<td>2016</td>
<td>30.5</td>
<td>19.4</td>
</tr>
<tr>
<td>2017</td>
<td>16.2</td>
<td>7</td>
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**Legend:**
- Methadone Exposure
- Buprenorphine Exposure
Opportunities for Improvement

- Standardize non-pharmacologic care of the newborn with NAS
- Strengthen relationships with primary care and pediatric providers to standardize follow up for exposed infants
- Track long term outcomes on exposed babies
- Standardize POC UDS in OB/GYN offices
- Sustainable data tracking platform
### Actionable Steps to Get Started

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<tr>
<td>Gain senior leadership support</td>
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<td>Establish connection with behavioral health services for pregnant women</td>
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<tr>
<td>Training for maternity and nursery/NICU staff</td>
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<tr>
<td>Standardize mandatory observation periods for opioid-exposed infants</td>
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<tr>
<td>Standardize prenatal consults with nursery and anesthesia providers</td>
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<td>Contact a member of the Community team for tips on getting started</td>
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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
References