



Indiana Perinatal Quality Improvement Collaborative (IPQIC)

NAS ECHO Presentation
May 3, 2022



Indiana Perinatal Quality Improvement Collaborative 2022-2024

- *Ensure all women of childbearing age in Indiana have access to comprehensive, trusted and risk appropriate health care before, during and after pregnancy.*
- *Ensure that all Indiana parents and caregivers have access to the resources and supports they need to ensure their infants thrive and celebrate their first birthday.*
- *All pregnant persons with substance use and/or mental health challenges have access to and receive risk appropriate treatment and support services*
- *All pregnant persons receive timely, high quality, equitable and trusted prenatal care that results in an uncomplicated delivery and a healthy term baby.*
- *All parents receive the support and resources needed post discharge to meet their individual needs and improves their opportunity to see their child's first birthday.*

Governing Council Membership

**Co-Chairs: Kristina Box, MD Commissioner, IN Department of Health
Brian Tabor, President, Indiana Hospital Association**

State Agencies:

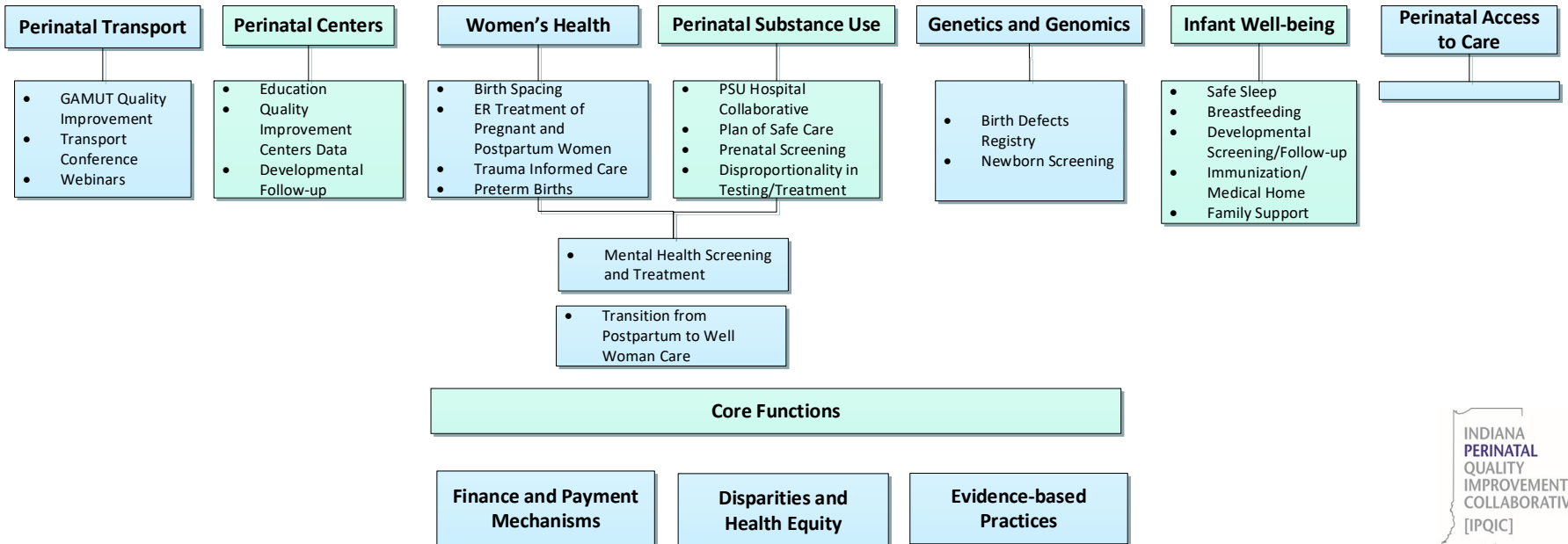
- Department of Health
- Office of Medicaid Policy and Planning
- Department of Insurance
- Department of Child Services
- Department of Mental Health and Addictions
- Family and Social Services Administration
- Commission on Improving the Status of Children

Additional Representatives:

- IU School of Public Health
- Coalition for Patient Safety
- March of Dimes
- Consumer Advocates
- Anthem Medicaid
- IUPUI – Office of Engagement
- Ivy Tech College

Professional Associations:

- AAP
- ACOG
- Family Practice
- AWHONN
- ACNM
- Indiana Hospital Association
- Indiana Rural Health
- Indiana Minority Health Coalition
- Indiana Primary Health Care
- State Medical Association



Engagement Process

Over 500 individuals directly engaged
in IPQIC Task Forces and Workgroups

Ask for one-year commitment-90%
stay beyond

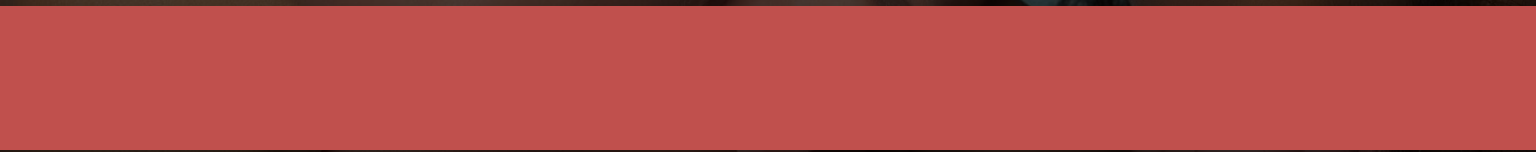
Key Partnership with The Indiana
Hospital Association

Engaging all levels of hospitals across
all geographic locations





PERINATAL SUBSTANCE USE



SB 408 (2014)

The appropriate standard clinical definition of Neonatal Abstinence Syndrome (NAS);

The development of a uniform process of identifying NAS;

The estimated time and resources needed to educate hospital personnel in implementing an appropriate and uniform process for identification;

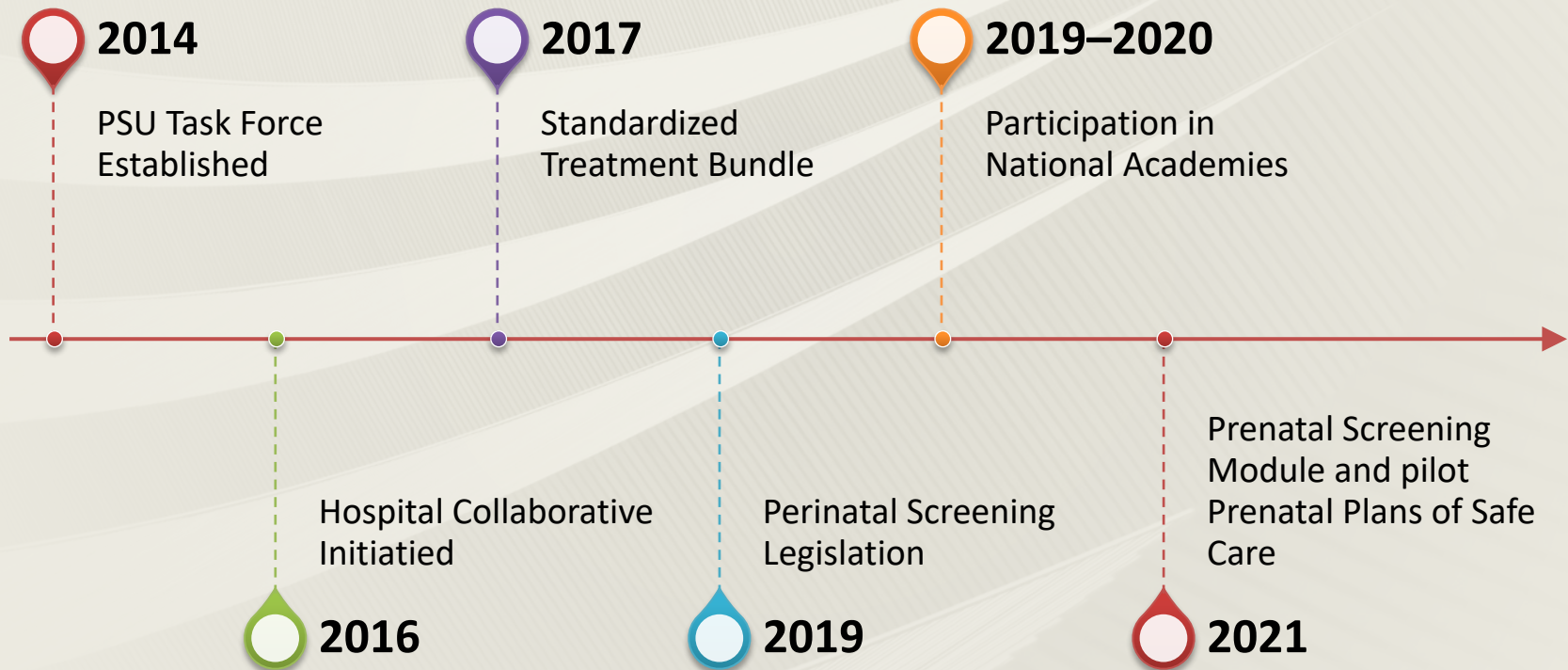
The identification and review of appropriate screening data available for reporting to ISDH; and

The identification of payment methodologies for identifying and reporting NAS were currently available or needed.

Working Definition of Neonatal Abstinence Syndrome (NAS)

- *Symptomatic (tremor/jitteriness, difficult to console, poor feeding, or abnormal sleep); and*
- *Have one of the following:*
 - *A positive toxicology test, or*
 - *A maternal history with a positive verbal screen or toxicology test*

Activity Timeline

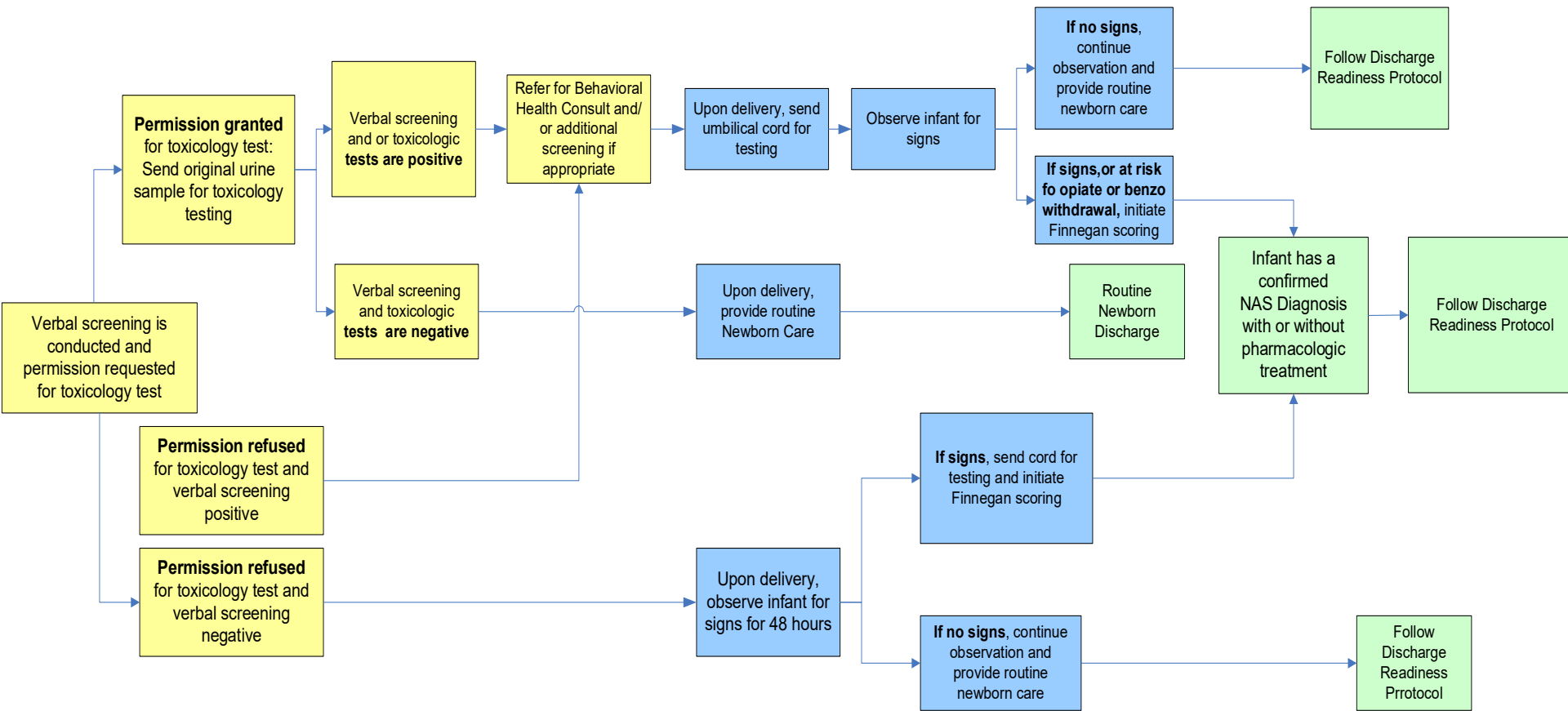


Neonatal Abstinence Syndrome and In-Utero Drug Exposure Algorithm

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



Perinatal Substance Use Practice Bundle

Non-Pharmacologic Care

Pharmacologic Care

Transfer Protocol

Discharge Planning for Mother

Discharge Planning for Infant

HEA 1007 (2019)

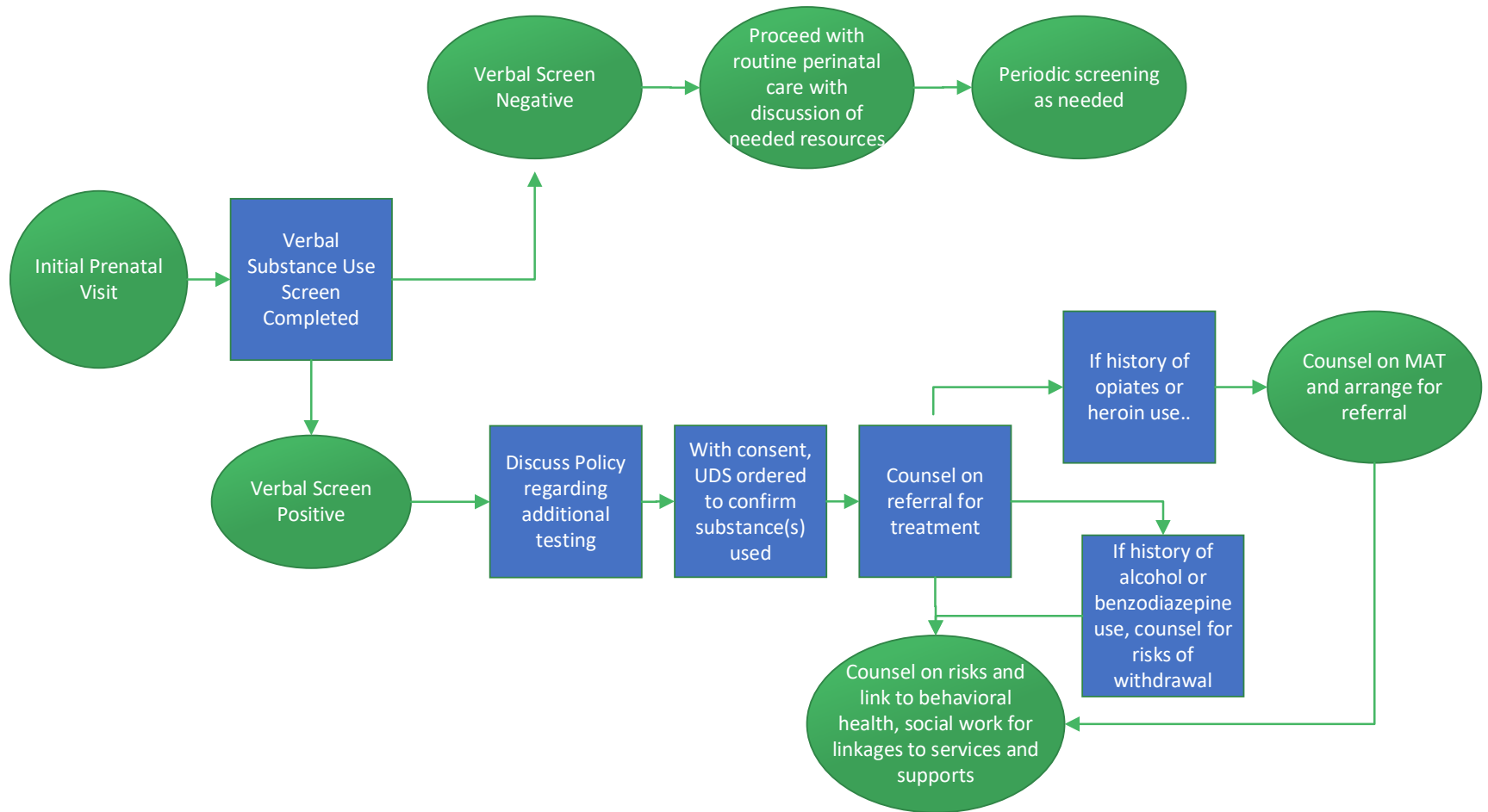
Requires health care providers who provide maternity health care services to use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant patients who are seen by the health care provider as early as possible at the onset of prenatal care and throughout the pregnancy, including during the first, second, and third trimester.



Prenatal Screening for Substance Use Module

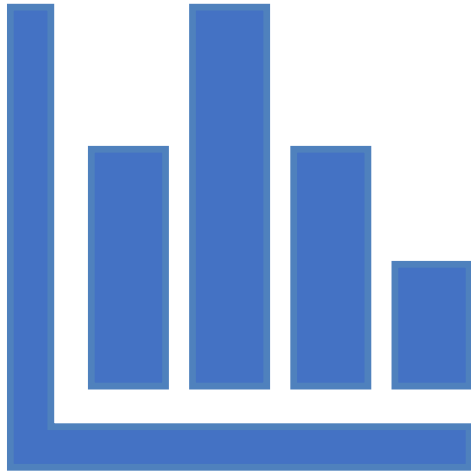
March 2021

Prenatal Screening for Substance Use



Module Content

- Algorithm and clinical care checklist;
- Motivational Interviewing guidance
- Sample script pocket card
- Patient handouts
- Information on counseling opportunities
- Sample release form
- Screening Tools Chart
- Additional resources for both prenatal care provider and pregnant patient



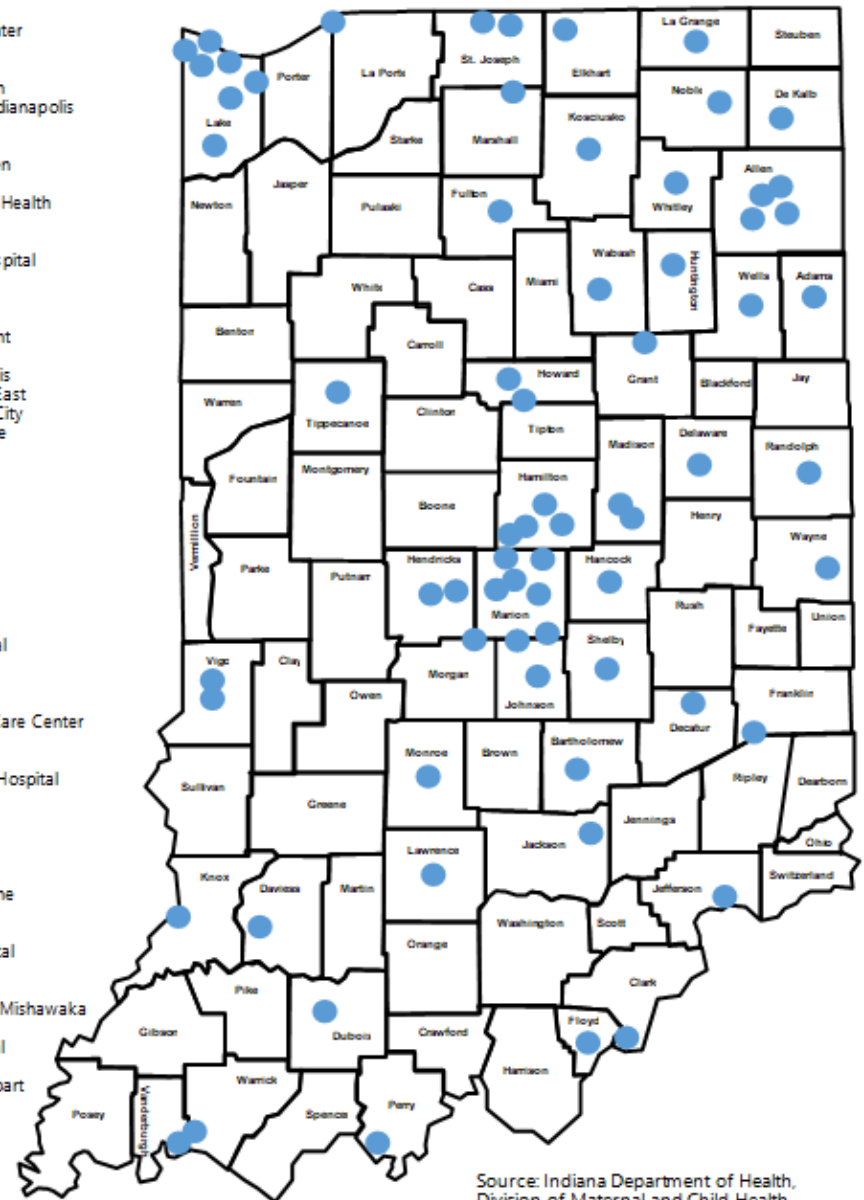
TESTING AND SCREENING DATA REPORT

Perinatal Substance Use Collaborative

Participating hospitals
through December 2021

Hospitals submitting data:

1. Adams Memorial Hospital
2. Baptist Health Floyd
3. Bluffton Regional Medical Center
4. Clark Memorial Hospital
5. Columbus Regional Hospital
6. Community Hospital Anders on
7. Community Hospital East—Indianapolis
8. Community Hospital Munster
9. Community Hospital North
10. Community Hospital of Bremen
11. Community Hospital South
12. Community Howard Regional Health
13. Daviess Community Hospital
14. Deaconess Women
15. Decatur County Memorial Hospital
16. Dupont Hospital
17. Elkhart General Hospital
18. Eskenazi Health
19. Franciscan Health—Crown Point
20. Franciscan Health—Hammond
21. Franciscan Health—Indiana polis
22. Franciscan Health—Lafayette East
23. Franciscan Health—Michigan City
24. Franciscan Health—Mooresville
25. Good Samaritan Hospital
26. Hancock Regional Hospital
27. Hendricks Regional Health
28. IU Health Ball Memorial
29. IU Health Bloomington
30. IU Health North
31. IU Methodist
32. IU West
33. Johns on Memorial Hospital
34. King's Daughters' Health
35. Kosciusko Community Hospital
36. Lutheran Hospital
37. Margaret Mary Hospital
38. Marion Health
39. Memorial Hospital & Health Care Center
40. Methodist Hospital North
41. Methodist Hospital South
42. MHP Medical Center—Major Hospital
43. Parkview DeKalb
44. Parkview Hospital Randallia
45. Parkview Huntington Hospital
46. Parkview LaGrange
47. Parkview Noble Hospital
48. Parkview Regional—Fort Wayne
49. Parkview Wabash
50. Parkview Whitley
51. Perry County Memorial Hospital
52. Reid Hospital
53. Riverview Health
54. Saint Joseph Health System—Mishawaka
55. Schneck Medical Center
56. South Bend Memorial Hospital
57. St. Catherine East Chicago
58. St. Mary Medical Center—Hobart
59. St. Vincent Anders on
60. St. Vincent Carmel
61. St. Vincent Dunn
62. St. Vincent Evansville
63. St. Vincent Fishers
64. St. Vincent Kokomo
65. St. Vincent Randolph
66. St. Vincent Women's Hospital
67. Terre Haute Regional Hospital
68. Union Hospital
69. Woodlawn Hospital



Source: Indiana Department of Health,
Division of Maternal and Child Health

[Updated February 2022]

Reminders about the data:

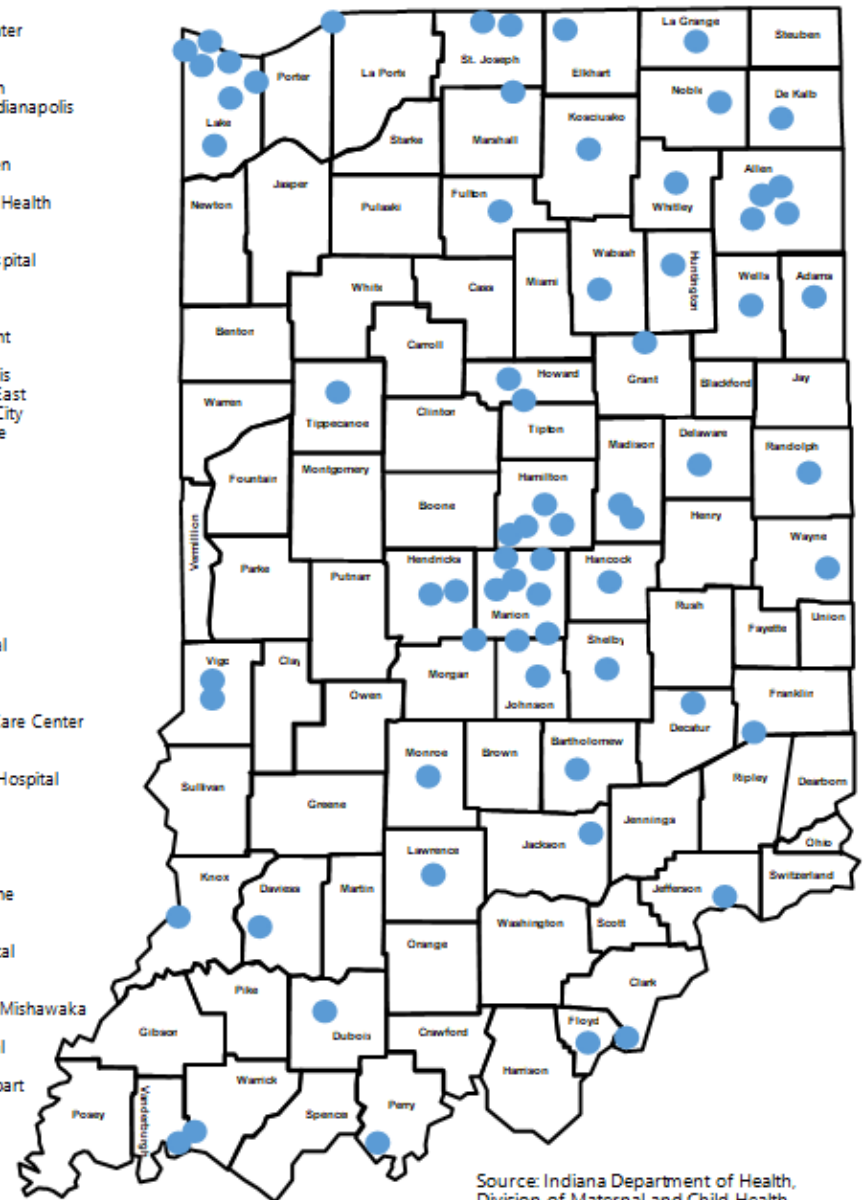
- Representative of only participating Indiana hospitals, not the entirety of Indiana
- Limited to the data supplied to us:
 - 69 hospitals have reported data in 2021.
 - 64 hospitals were up-to-date through the end of the year when the data was pulled.
 - 12 new hospitals began reporting data in 2021.
- This data should be used as a one-time snapshot of participating hospitals and their current practices.
 - Any changes when comparing time periods should be explained within the context of increased hospital participation over time, varying hospital-level criteria for cord testing as well as diagnosing and reporting NAS, and individual care provider decision-making.
- Positivity data centered around specific substances or the number of substances is limited to hospitals utilizing USDTL while the screening data encompasses all participating hospitals.

Perinatal Substance Use Collaborative

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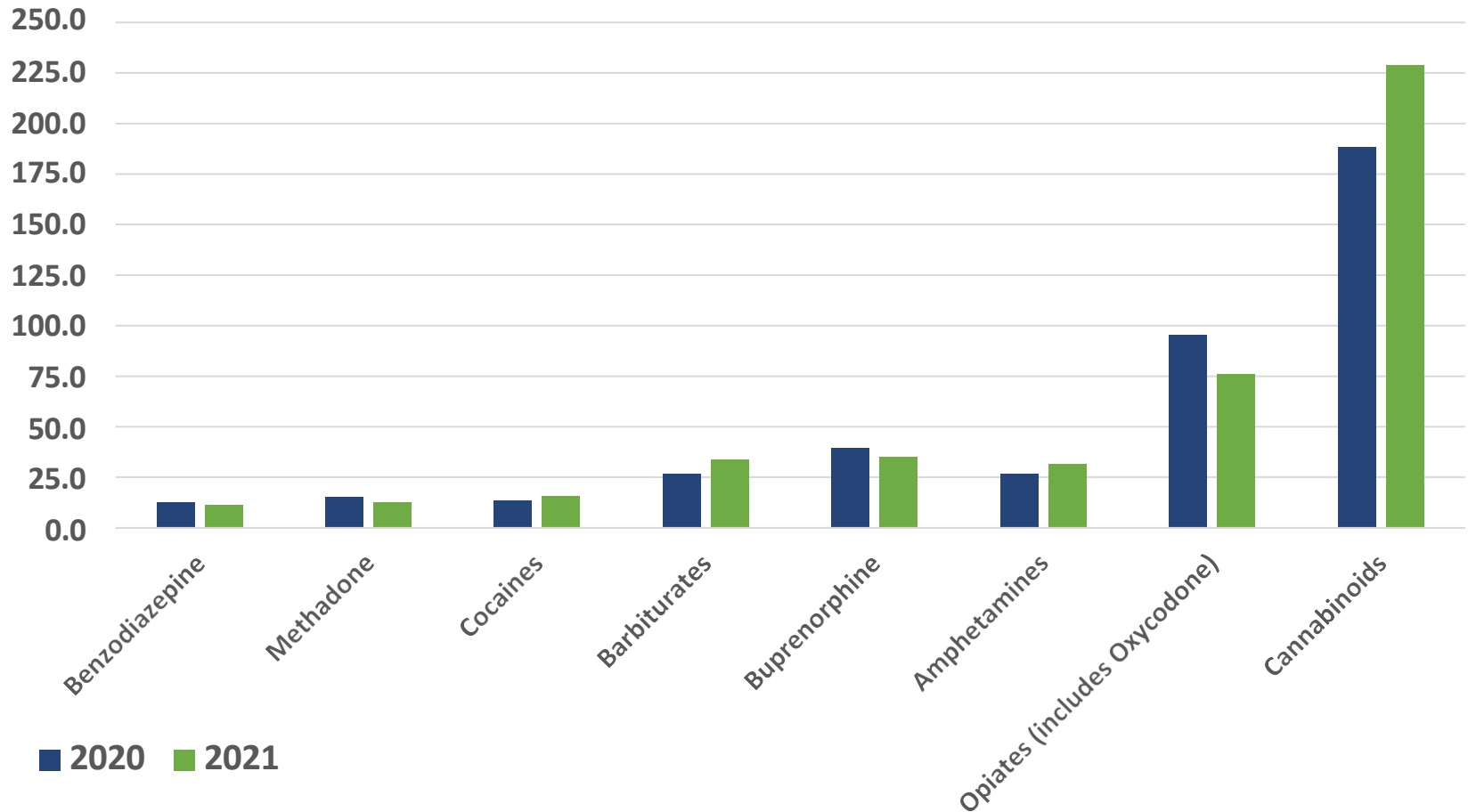
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Positive Cord Tests in Participating Indiana Hospitals Utilizing USDTL

Of the cords tested, this shows the rate of positivity for each specific substance.

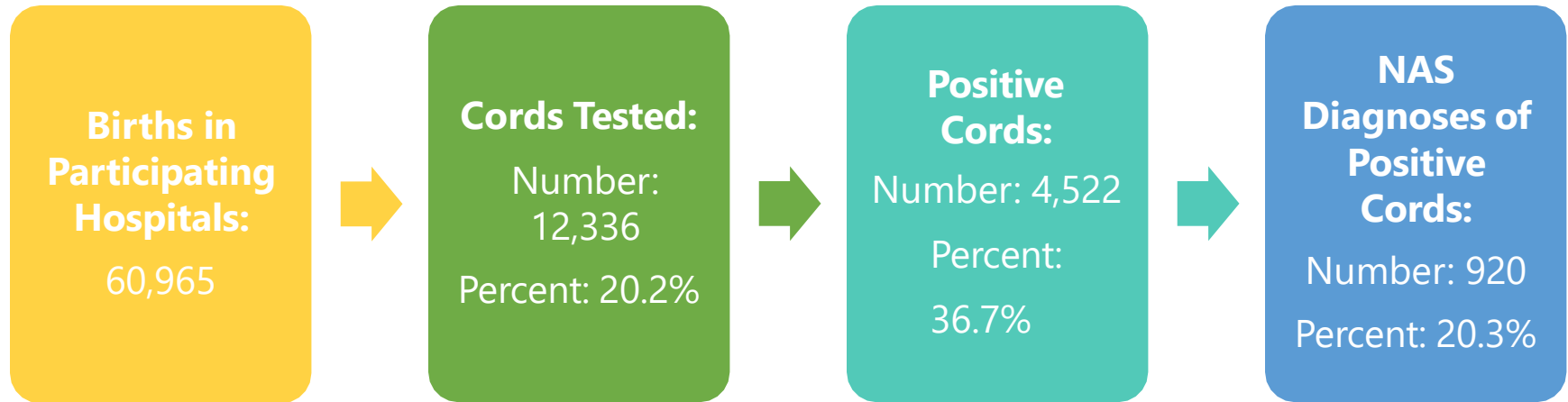


Rates are per 1,000 cords tested.

Fentanyl and Ethyl Glucuronide were removed due to inconsistencies in reporting.

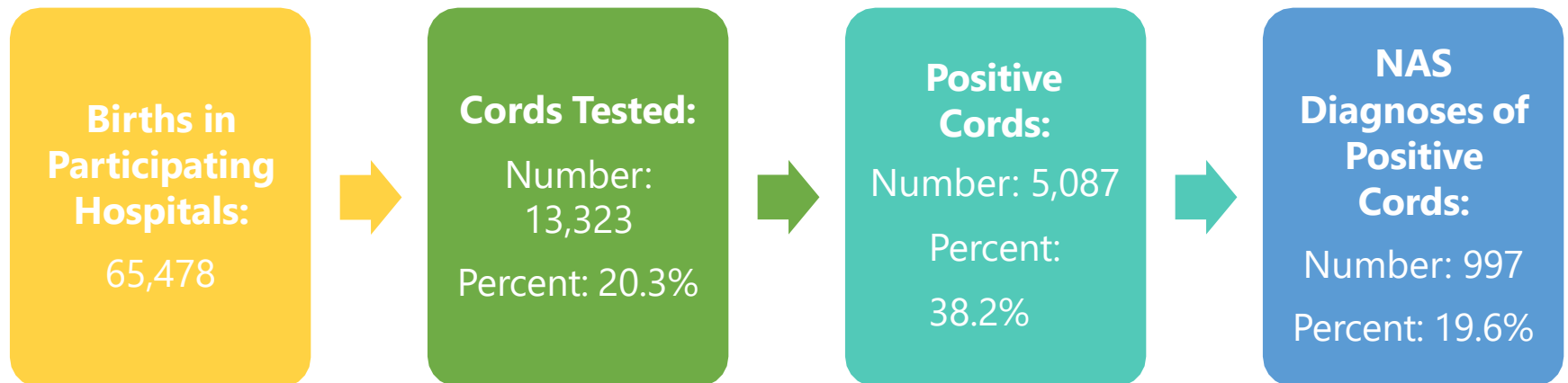
Screening Data Comparison

2020

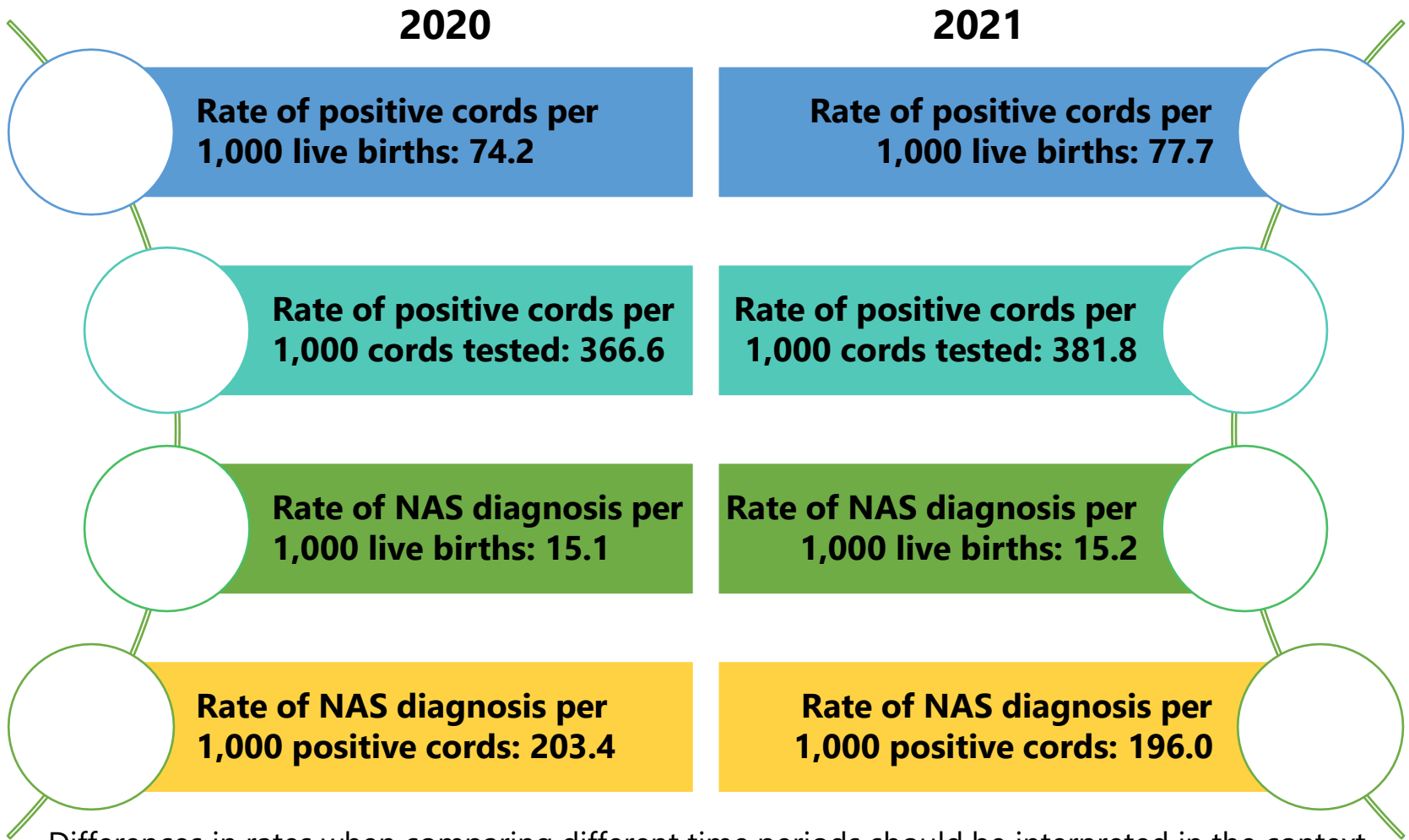


Caution should be used in comparing time trends. Differences in percentages over time should be interpreted in the context of changing hospital participation and increased consistency in NAS diagnosis and reporting.

2021



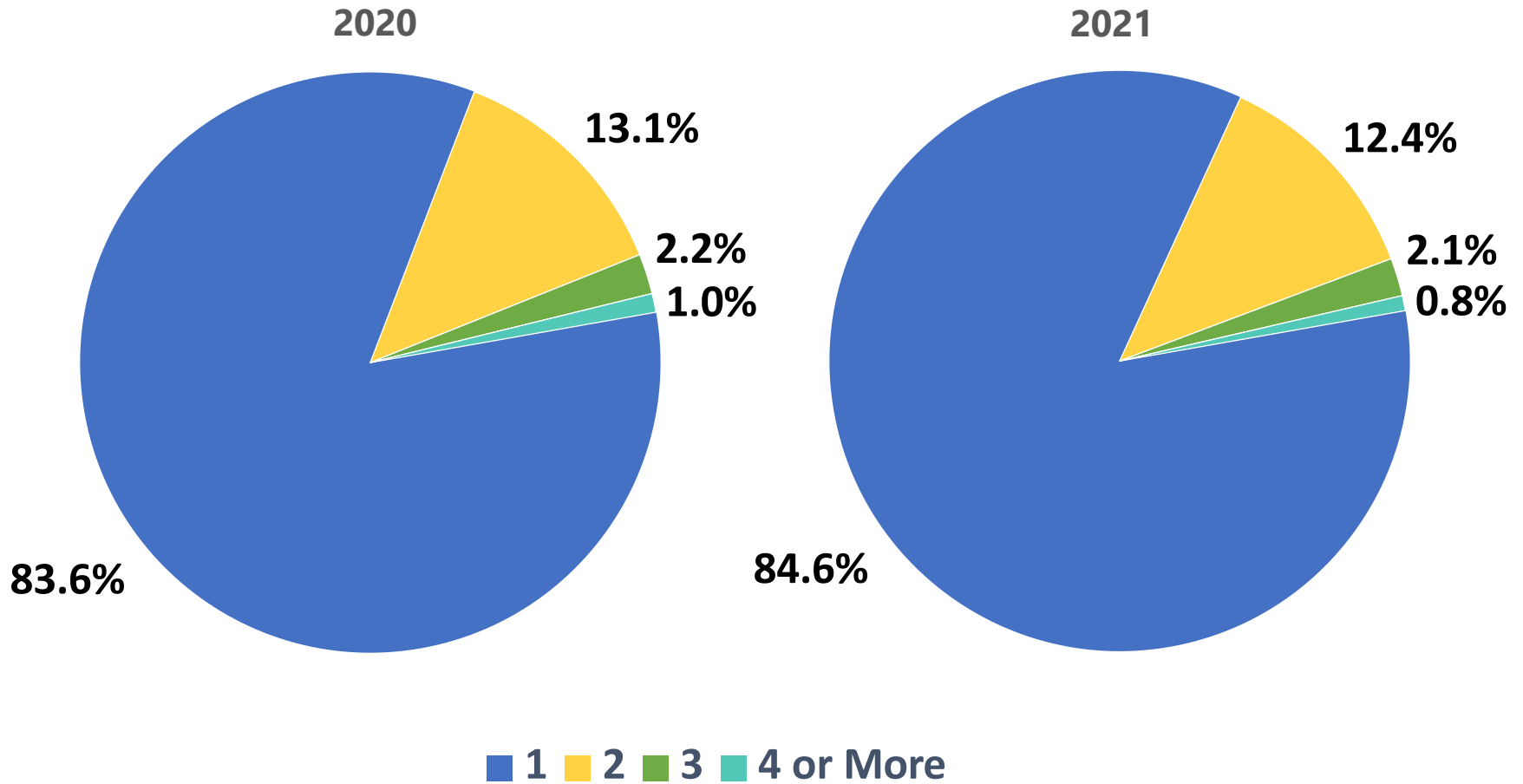
Screening Rate Comparison



Differences in rates when comparing different time periods should be interpreted in the context of changing hospital participation and increased consistency in NAS diagnosis and reporting.

These statistics are representative of participating hospitals.

Number of Substances in Positive Cords Comparison



Looking Forward

- Standardizing all components
- AIM SUD Bundle
- Disproportionality in testing and treatment
- Mental Health Screening and Treatment
- More comprehensive data that will support targeted interventions



Contact Information

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