



Indiana Perinatal Quality Improvement Collaborative (IPQIC)

ECHO Presentation
August 8, 2023



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: Lindsay Weaver, MD Commissioner, IN Department of Health
Brian Tabor, President, Indiana Hospital Association

State Agencies:

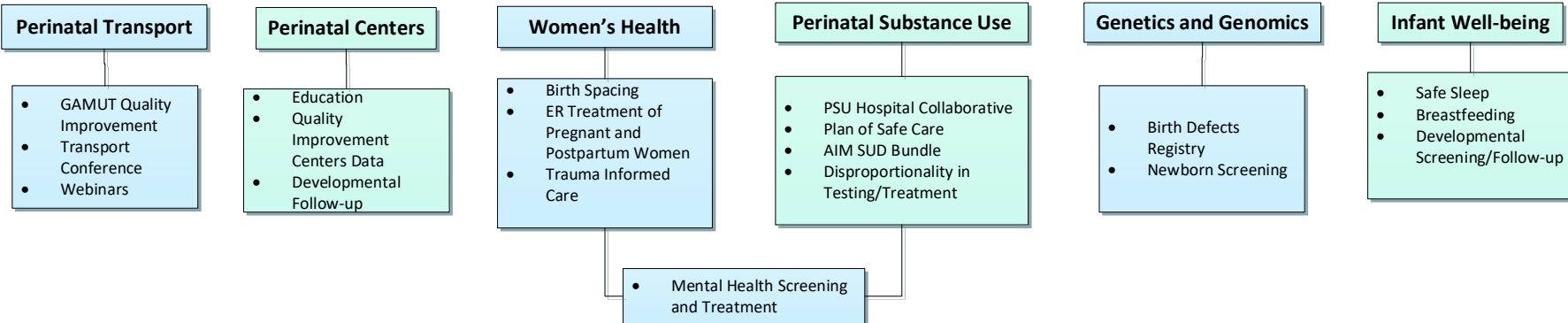
- Department of Health
- Office of Medicaid Policy and Planning
- Department of Insurance
- Department of Child Services
- Department of Mental Health and Addictions
- Family and Social Services Administration
- Commission on Improving the Status of Children

Additional Representatives:

- IU School of Public Health
- IU School of Medicine
- Coalition for Patient Safety
- Consumer Advocates
- Anthem Medicaid
- IUPUI – Office of Engagement

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



Core Functions

Finance and Payment Mechanisms

Disparities and Health Equity

Evidence-based Practices



Engagement Process

Established in 2012 with an initial focus on Levels of Care.

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 and the Department of Health

Engaging all levels of hospitals and community organizations across all geographic locations

General Assembly expanded that charge in 2014 to address 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;

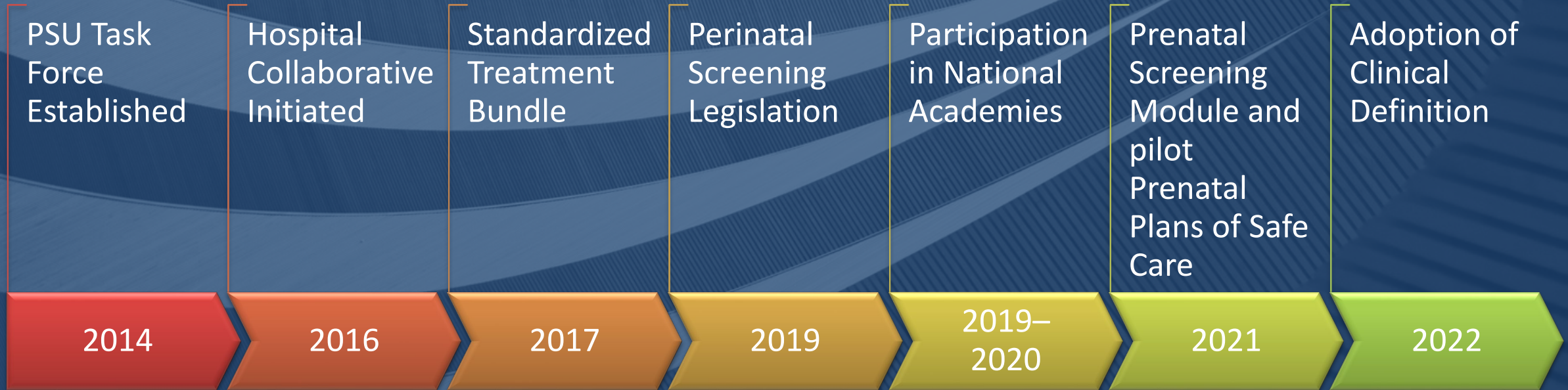
The identification and review of appropriate screening data available for reporting to ISDH; and

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

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.

Activity Timeline



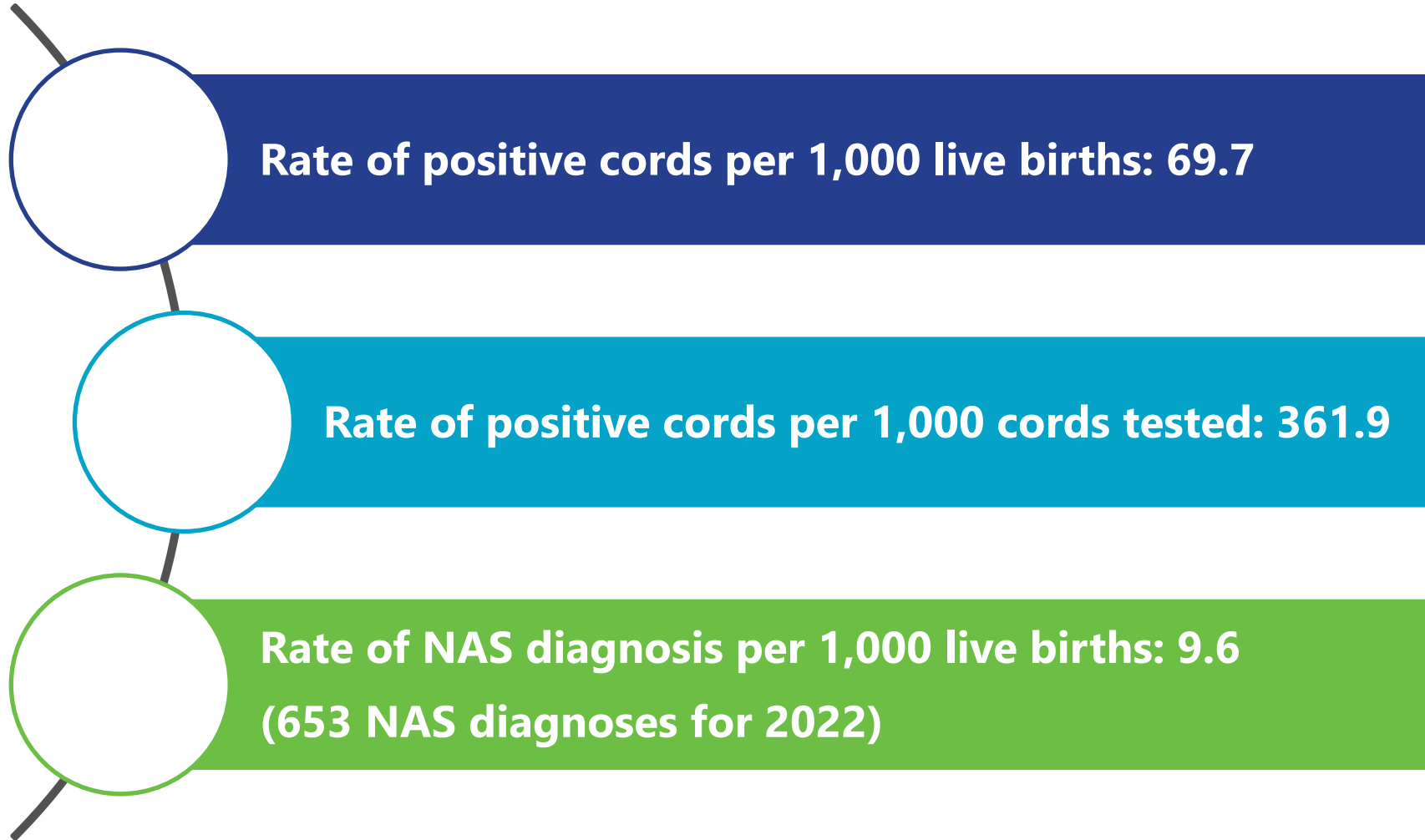
Neonatal Abstinence Syndrome

Clinical Definition

- **In utero Exposure** to opioids with or without other psychotropic substances
- **Clinical signs** characteristic of substance withdrawal; any **2** of the following five signs qualify:
 - Excessive crying (easily irritable)
 - Fragmented sleep (<2-3 hours after feeding)
 - Tremors (disturbed or undisturbed)
 - Increased muscle tone (stiff muscles)
 - Gastrointestinal dysfunction (hyperphagia, poor feeding, feeding intolerance, loose or watery stools)

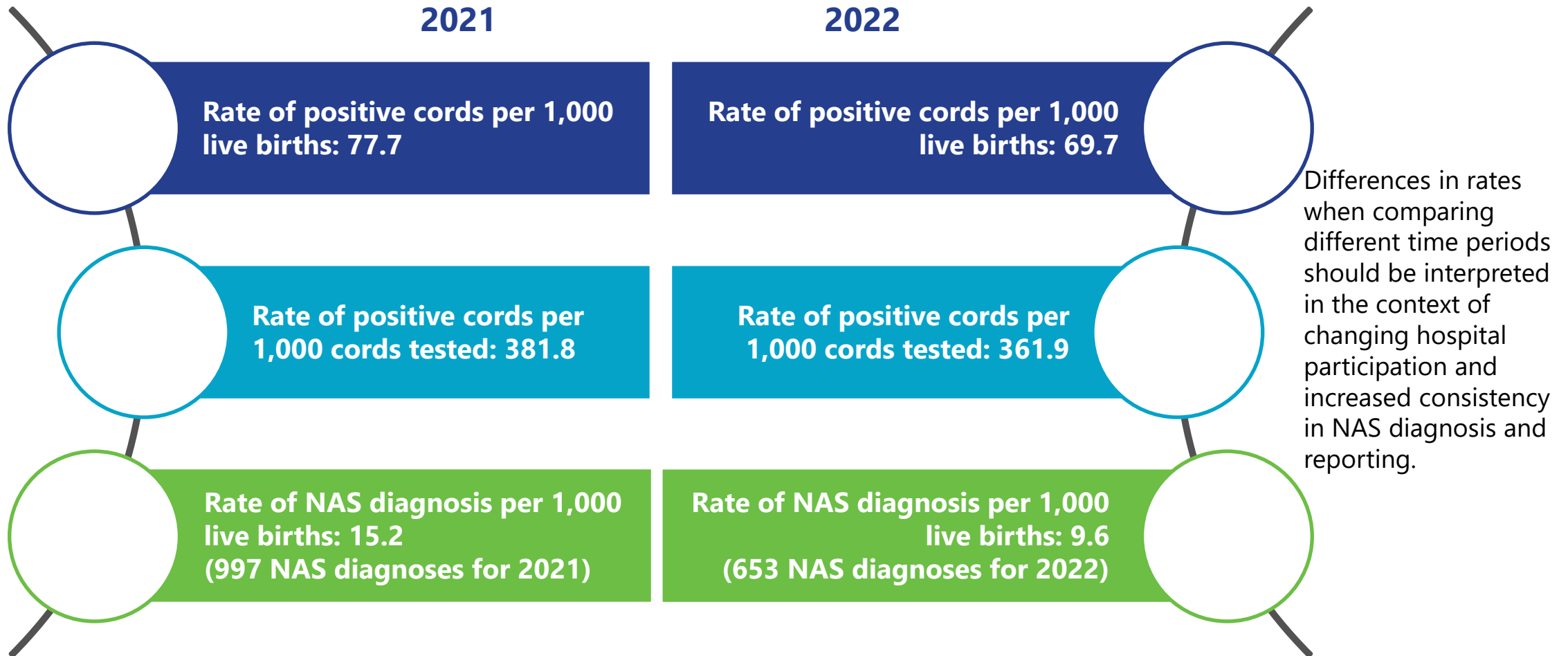


Screening Rates, 2022



These statistics are representative of participating hospitals.

Screening Rate Comparison



These statistics are representative of participating hospitals.

IPQIC Drug Panel (effective October 1)



Name
Custom Panel
Amphetamine, Cocaine, Opiates, Cannabinoids, Benzodiazepine, Oxycodone, Buprenorphine, Fentanyl, Ethyl Glucuronide



https://www.in.gov/health/mch/clinicians/ipqic/#Learn_More

PSU Toolkit

Maternal

[Pregnant and Postpartum People
with Substance Use Disorder](#)

[Practice Bundle Overview](#)

- [Readiness](#)
- [Recognition and Prevention](#)
- [Response](#)
- Reporting (*coming soon*)
- [Respectful, Equitable and
Supportive Care](#)

Neonatal

• [NAS Clinical Definition](#)

• [Non-Pharmacologic](#)

• [Pharmacologic](#) (updated August 2020)

• [Transfer](#) (updated August 2020)

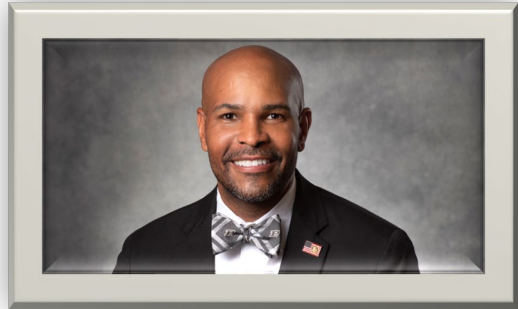
• [Discharge Planning](#)
[Infants](#) (updated October 30, 2020)

2023 Perinatal Substance Use Conference

September 14 – 9 a.m. – 3:30 p.m. ET @ the Forum Event Center Fishers



Jerome Adams, MD, MPH, FASA



20th Surgeon General
Purdue University
Fire Side Chat

Dr. Rahul Gupta



White House Director of the
Office of National Drug Control
Policy
Fire Side Chat

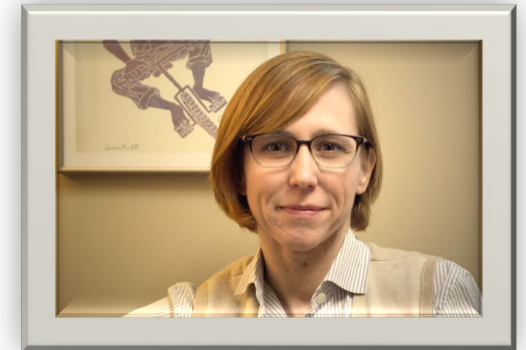
Ira J. Chasnoff, MD



President of NTI Upstream & Professor of Clinical
Pediatrics at the University of Illinois College of
Medicine

**Keynote: The Mystery of Risk:
Drugs, Alcohol, Pregnancy and the Vulnerable Child**

Camila Arnaudo, MD



Addiction Psychiatrist
IU School of Medicine
Department of Psychiatry



Register here using the QR Code

Contact Information

Maureen Greer, Executive Director

mhmgreer@aol.com

317-251-0125

<https://www.in.gov/health/mch/clinicians/ipqic/>

