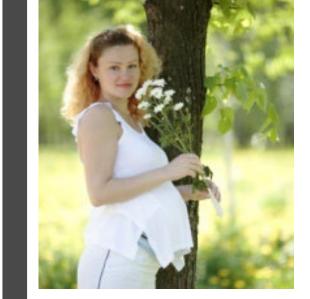


Indiana Perinatal Quality Improvement Collaborative (IPQIC)





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.

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

Governing Council Membership

Co-Chairs: Lindsay Weaver, MD Commissioner, IN Department of Health

Brian Tabor, President, Indiana Hospital Association

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

Perinatal Transport

- **GAMUT Quality** Improvement
- Transport Conference
- Webinars

Perinatal Centers

- - Education Quality Improvement Centers Data
 - Developmental Follow-up

Women's Health

- Birth Spacing
 - ER Treatment of Pregnant and Postpartum Women
 - Trauma Informed Care

Perinatal Substance Use

- **PSU Hospital Collaborative**
- Plan of Safe Care
- AIM SUD Bundle
- Disproportionality in Testing/Treatment
- Mental Health Screening and Treatment

Genetics and Genomics

- Birth Defects
 - Registry Newborn Screening

Infant Well-being

- Safe Sleep
- Breastfeeding Developmental

Screening/Follow-up

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

PSU Task Force Established	Hospital Collaborative Initiated	Standardized Treatment Bundle	Perinatal Screening Legislation	Participation in National Academies	Prenatal Screening Module and pilot	Adoption of Clinical Definition
					Prenatal Plans of Safe Care	
2014	2016	2017	2019	2019– 2020	2021	2022

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)





Perinatal Substance Use Hospital Collaborative

Participating hospitals through March 2023:

Adams Memorial Hospital Baptist Health Floyd

Bluffton Regional Medical Center

Clark Memorial Hospital

Columbus Regional Hospital

Community Hospital Anderson

Community Hospital East—Indianapolis

Community Hospital Munster Community Hospital North

Community Hospital of Bremen

Community Hospital South

Community Howard Regional Health

Daviess Community Hospital

Deaconess Women

Decatur County Memorial Hospital

Dupont Hospital

Elkhart General Hospital

Eskenazi Health

Franciscan Health– Crown Point

Franciscan Health – Dyer Franciscan Health – Indianapolis

Franciscan Health– Lafayette East

Franciscan Health – Michigan City

Franciscan Health– Mooresville

Good Samaritan Hospital

Hancock Regional Hospital

Hendricks Regional Health

IU Health Ball Memorial

IU Health Bloomington

IU Health North

IU Methodist

IU West

Johnson Memorial Hospital King's Daughters' Health

Kosciusko Community Hospital

Lutheran Hospital

Margaret Mary Hospital

Marion Health

Memorial Hospital & Health Care Center

Methodist Hospital North Methodist Hospital South

MHP Medical Center—Major Hospital

Parkview DeKalb

Parkview Hospital Randallia

Parkview Huntington Hospital

Parkview LaGrange

Parkview Noble Hospital

Parkview Regional—Fort Wayne

Parkview Whitley

Perry County Memorial Hospital

Reid Hospital

Riverview Health

Saint Joseph Health System—Mishawaka

Schenck Medical Center

South Bend Memorial Hospital

St. Catherine East Chicago

St. Mary Medical Center—Hobart

St. Vincent Anderson

St. Vincent Carmel

St. Vincent Evansville

St. Vincent Fishers

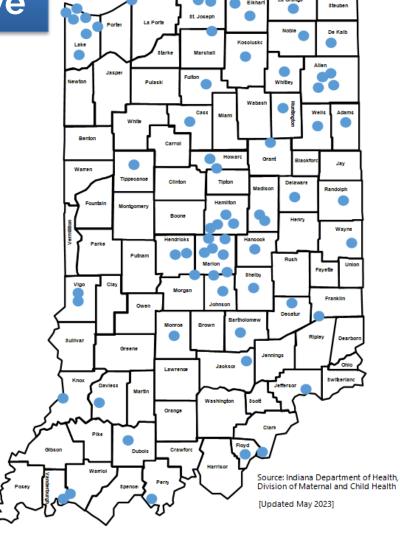
St. Vincent Kokomo St. Vincent Randolph

St. Vincent Women's Hospital

Terre Haute Regional Hospital

Union Hospital

Woodlawn Hospital



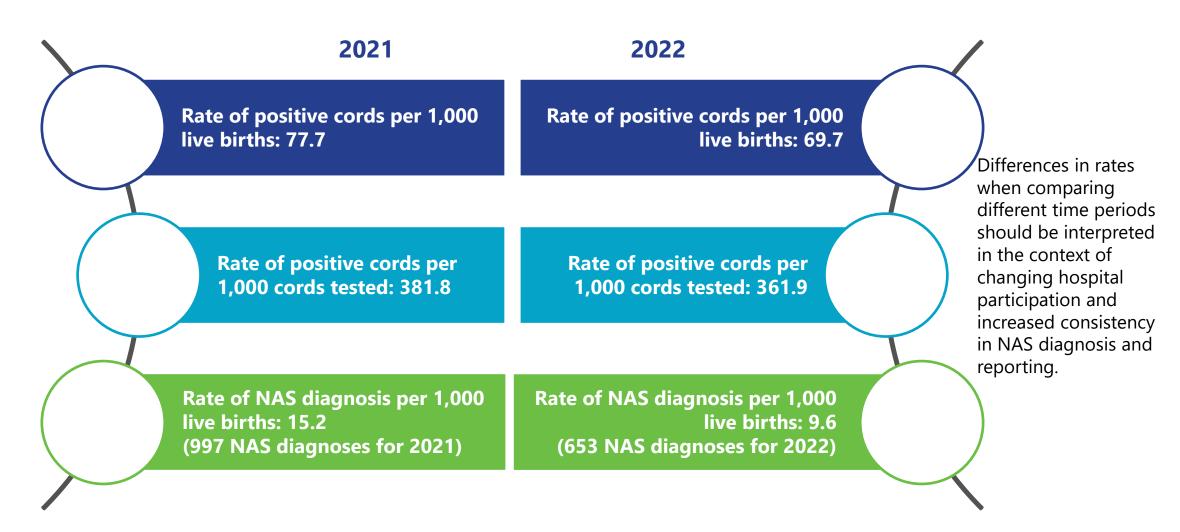
Screening Rates, 2022

Rate of positive cords per 1,000 live births: 69.7

Rate of positive cords per 1,000 cords tested: 361.9

Rate of NAS diagnosis per 1,000 live births: 9.6 (653 NAS diagnoses for 2022)

Screening Rate Comparison



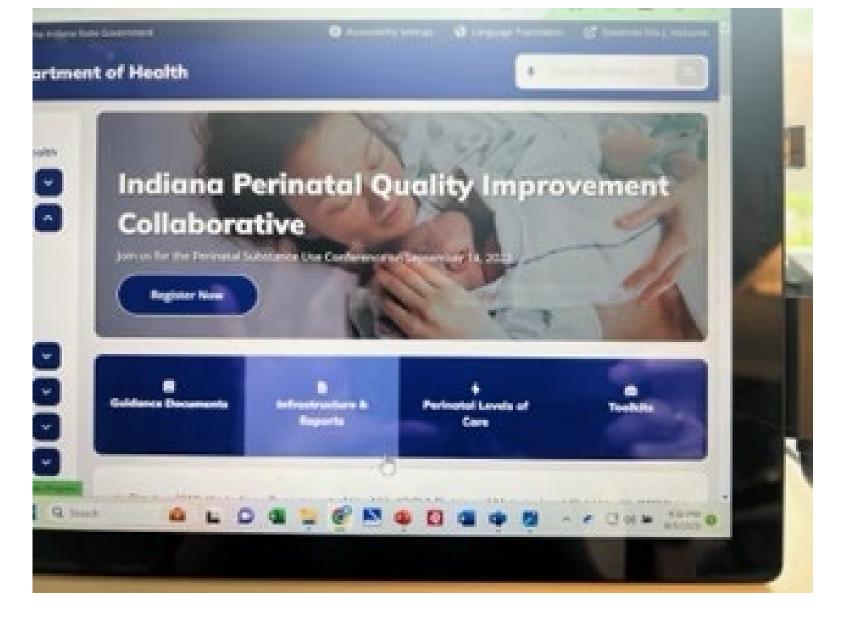
IPQIC Drug Panel (effective October 1)



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	Neonatal
Pregnant and Postpartum People	
with Substance Use Disorder	 NAS Clinical Definition
Practice Bundle Overview	 Non-Pharmacologic
• <u>Readiness</u>	 Pharmacologic (updated August
 Recognition and Prevention 	2020)
• <u>Response</u>	Transfer (updated August 2020)
Reporting (coming soon)	Discharge Planning
 Respectful, Equitable and 	Infants (updated October 30, 2020)
Supportive Care	

2023 Perinatal Substance Use Conference

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





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



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

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