



Indiana Perinatal Quality Improvement Collaborative (IPQIC)

Case Management for OUD in
Pregnancy ECHO Presentation
November 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:

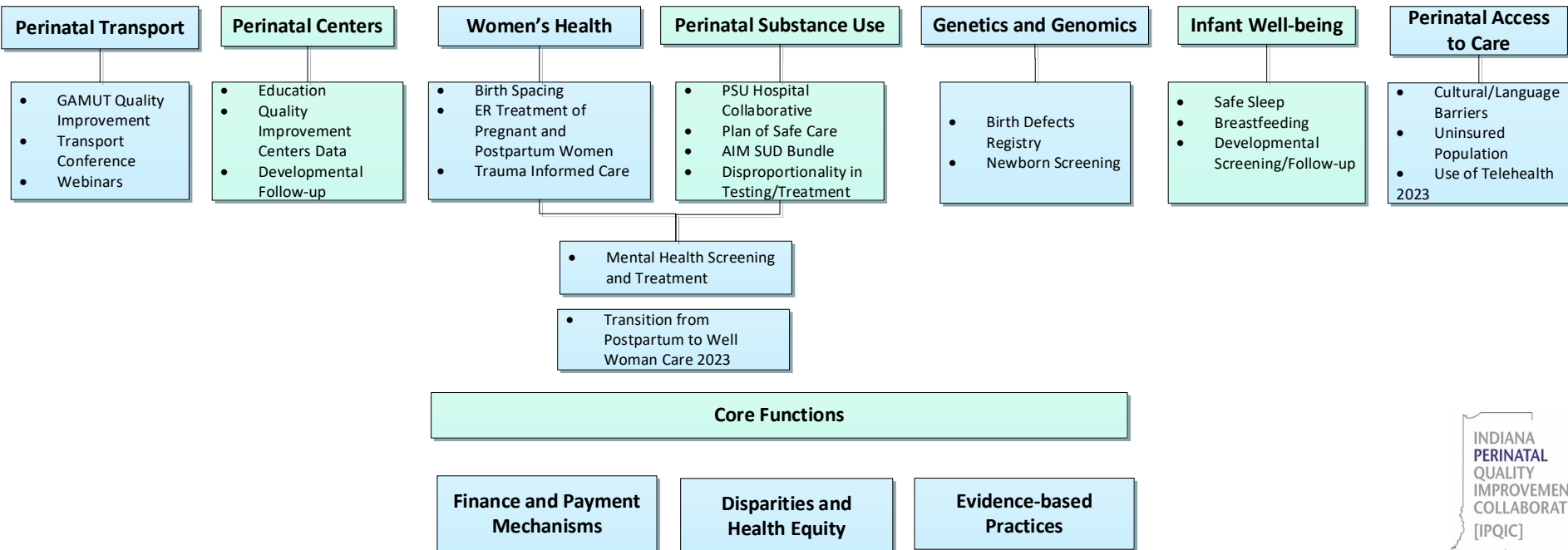
- Department of Health
- Office of Medicaid Policy and Planning
- Department of Insurance
- Department of Child Services
- Department of Mental Health and Addictions
- Family and Social Services Administration
- Commission on Improving the Status of Children

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.

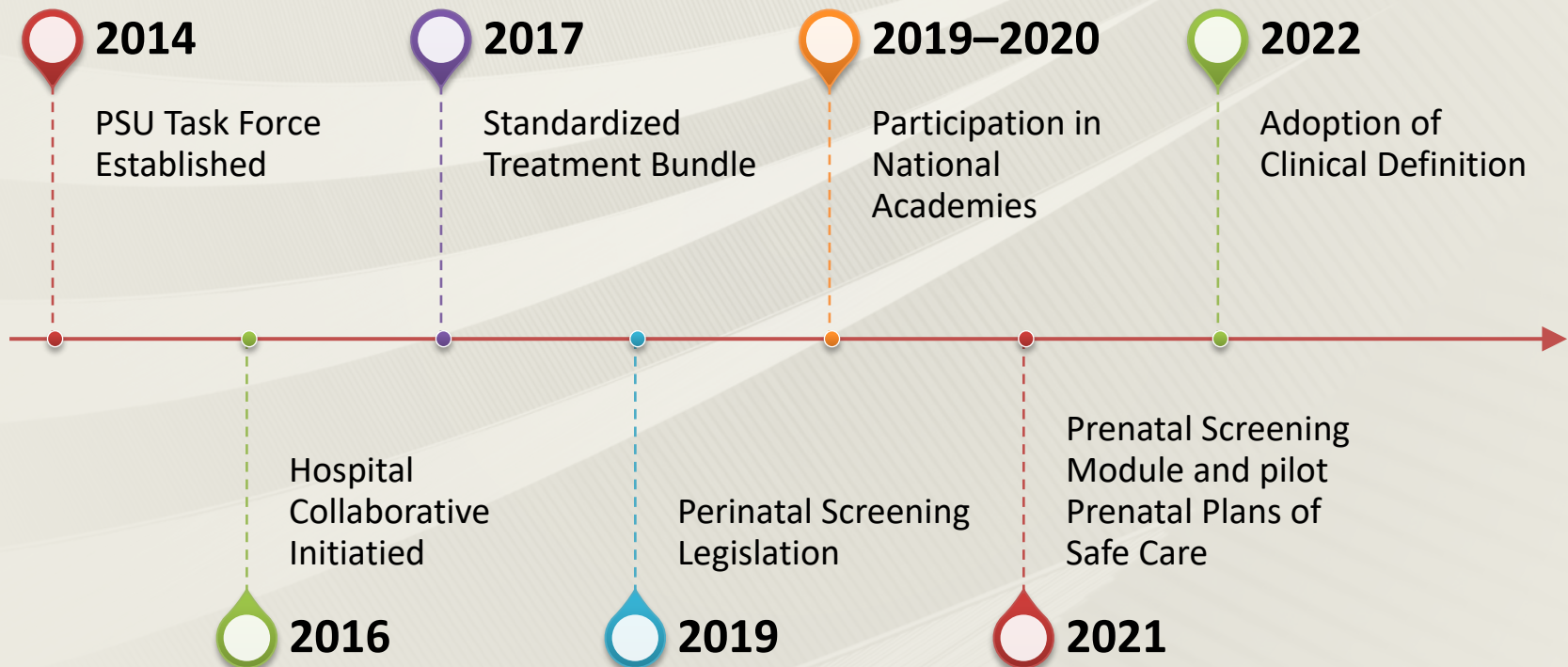
Neonatal Abstinence Syndrome

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)



Activity Timeline

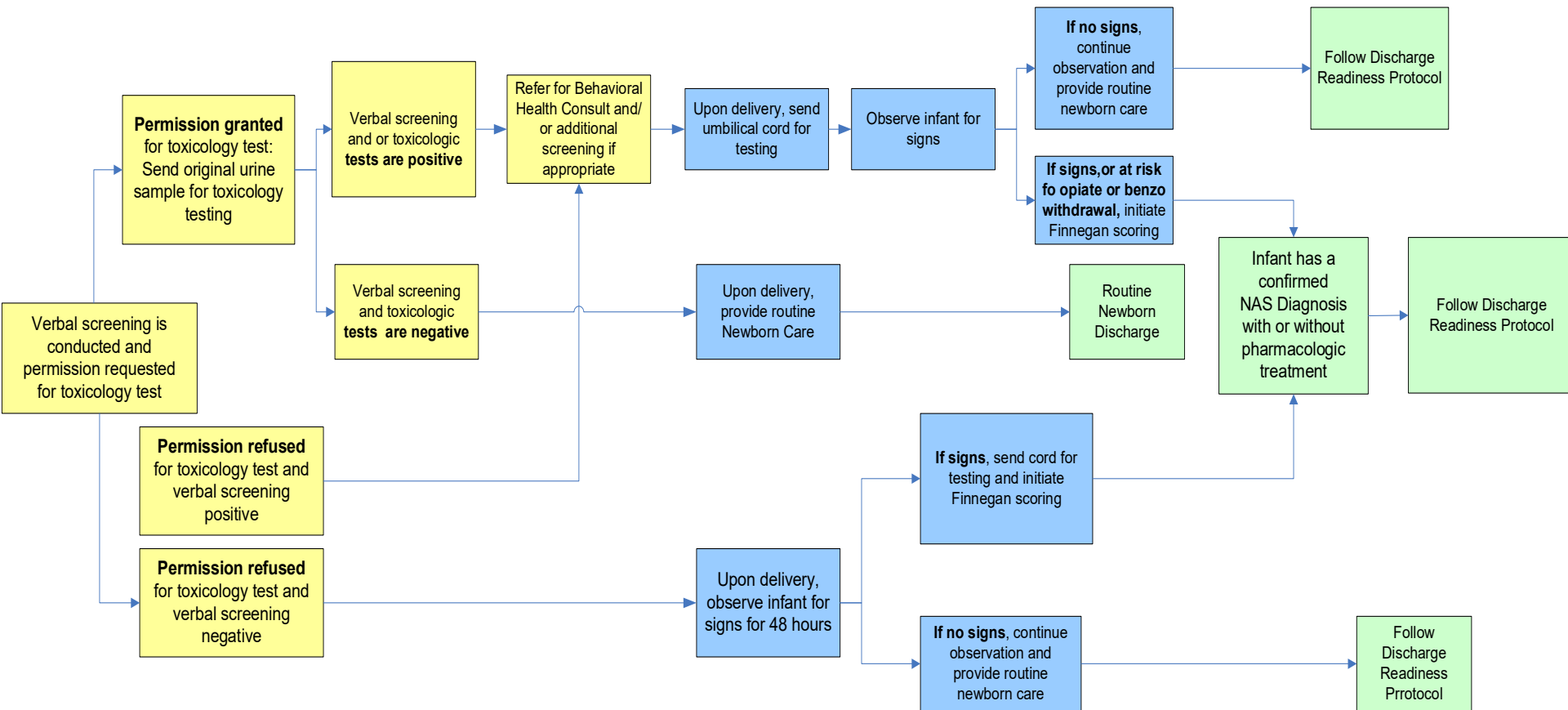


Neonatal Abstinence Syndrome and In-Utero Drug Exposure Algorithm

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)

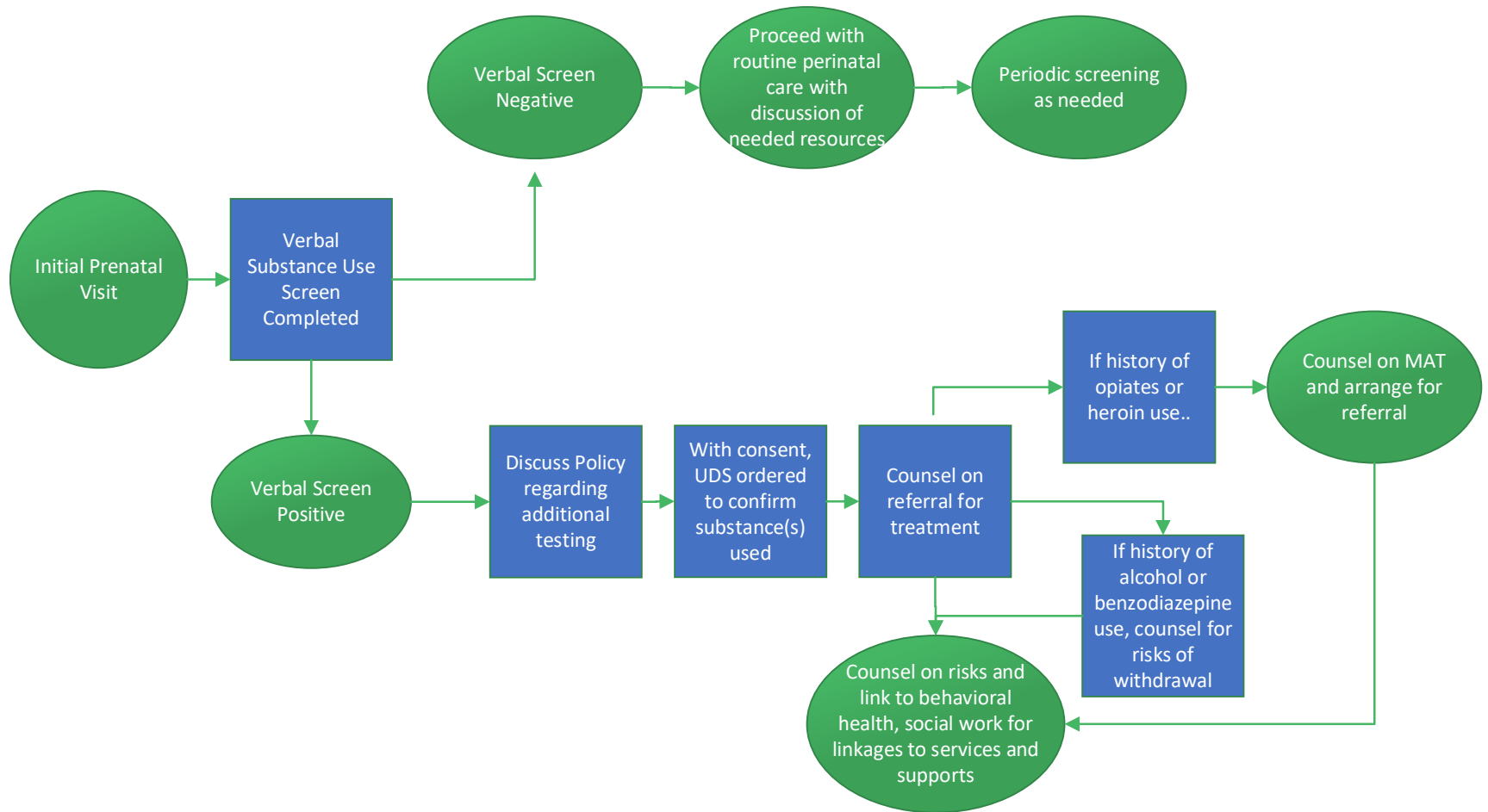
Requires health care providers who provide maternity health care services to use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant patients who are seen by the health care provider as early as possible at the onset of prenatal care and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



Prenatal Screening for Substance Use Module

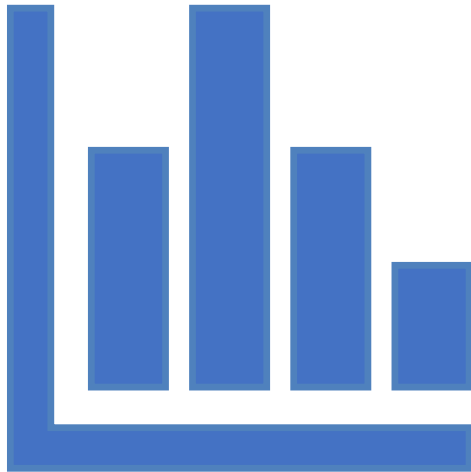
March 2021

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

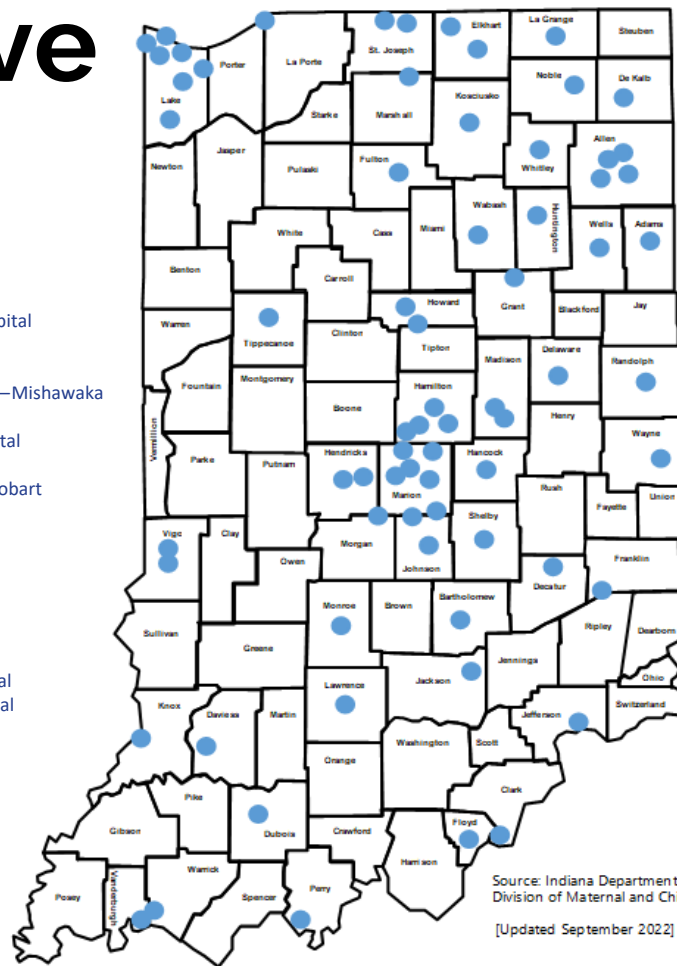


TESTING AND SCREENING DATA REPORT

Perinatal Substance Use Hospital Collaborative

Participating hospitals through June 2022:

- 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
- Goshen Health
- 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 Wabash
- Parkview Whitley
- Perry County Memorial Hospital
- Reid Hospital
- Riverview Health
- Saint Joseph Health System—Mishawaka
- Schneck Medical Center
- South Bend Memorial Hospital
- St. Catherine East Chicago
- St. Mary Medical Center—Hobart
- St. Vincent Anderson
- St. Vincent Carmel
- St. Vincent Dunn
- 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



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

[Updated September 2022]

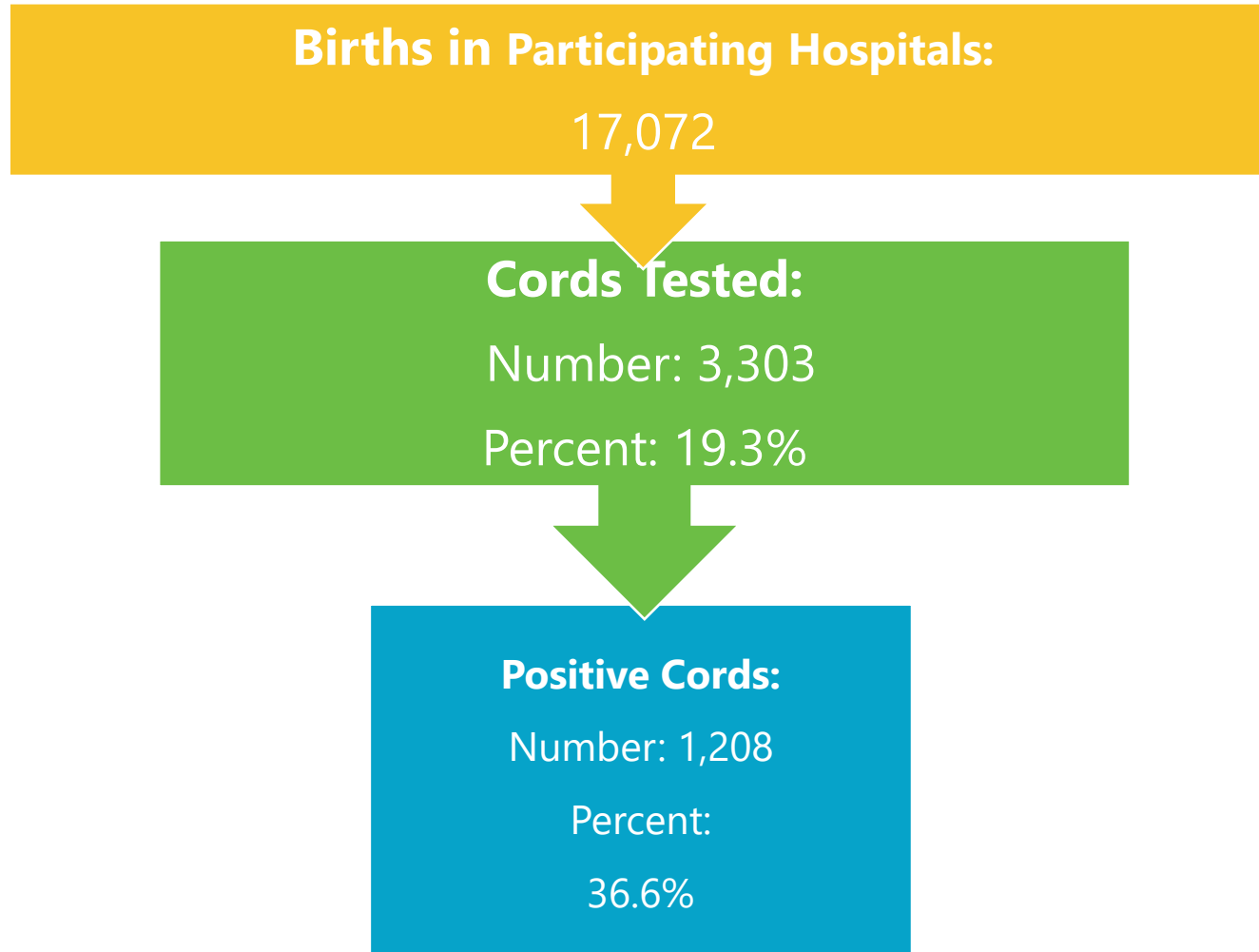


Reminders about the data:

- Representative of only participating Indiana hospitals, not the entirety of Indiana
- Limited to the data supplied to us:
 - 70 hospitals are participating in the hospital collaborative through data submission.
 - 69 hospitals had reported data in Q2 2022 when the data was pulled.
 - 65 hospitals were up-to-date through the quarter when the data was pulled.
- 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.



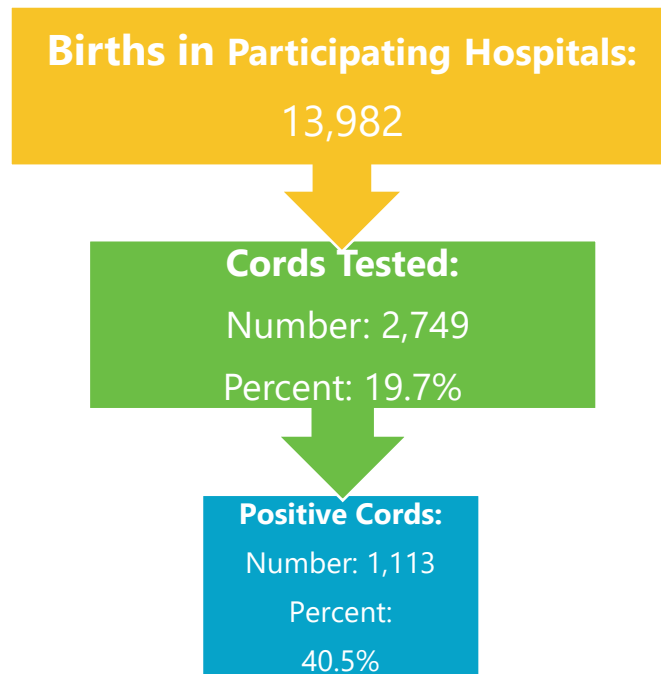
Screening Data, April 1 – June 30, 2022



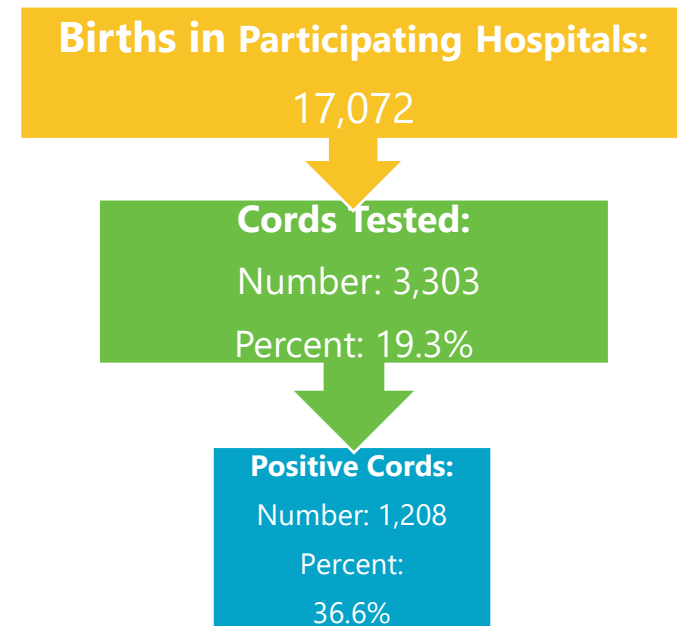
These statistics are representative of participating hospitals.

Screening Data Comparison

Q2 2021



Q2 2022

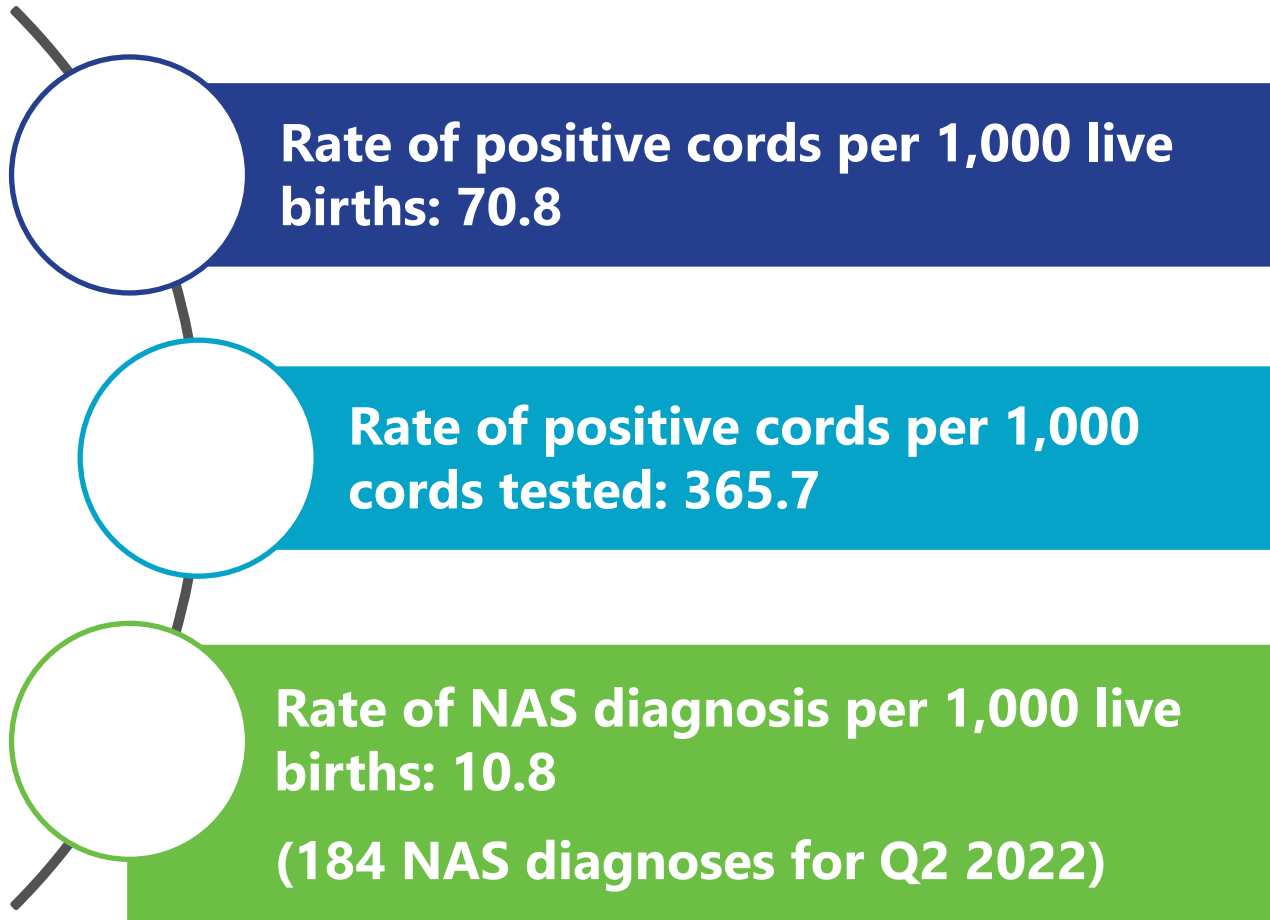


Caution should be used in comparing time trends. Differences in percentages over time should be interpreted in the context of changing hospital participation and increased consistency in NAS diagnosis and reporting.

These statistics are representative of participating hospitals.



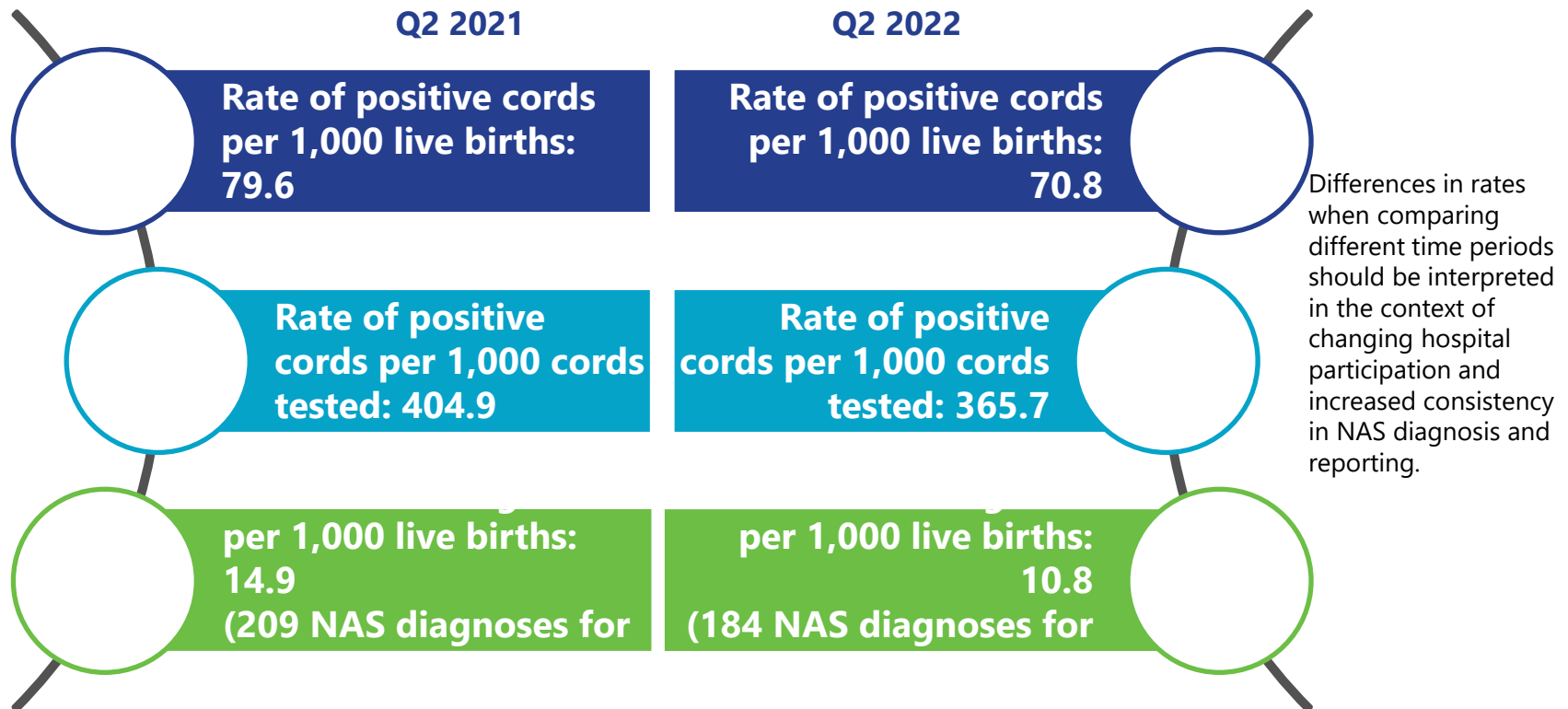
Screening Rates, April 1 – June 30, 2022



These statistics are representative of participating hospitals.



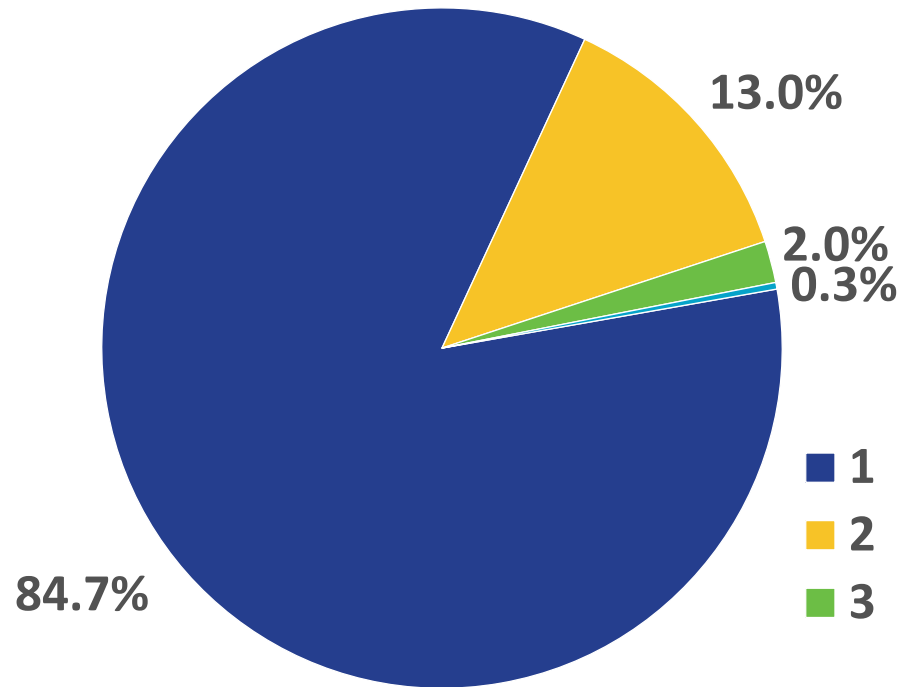
Screening Rate Comparison



These statistics are representative of participating hospitals.

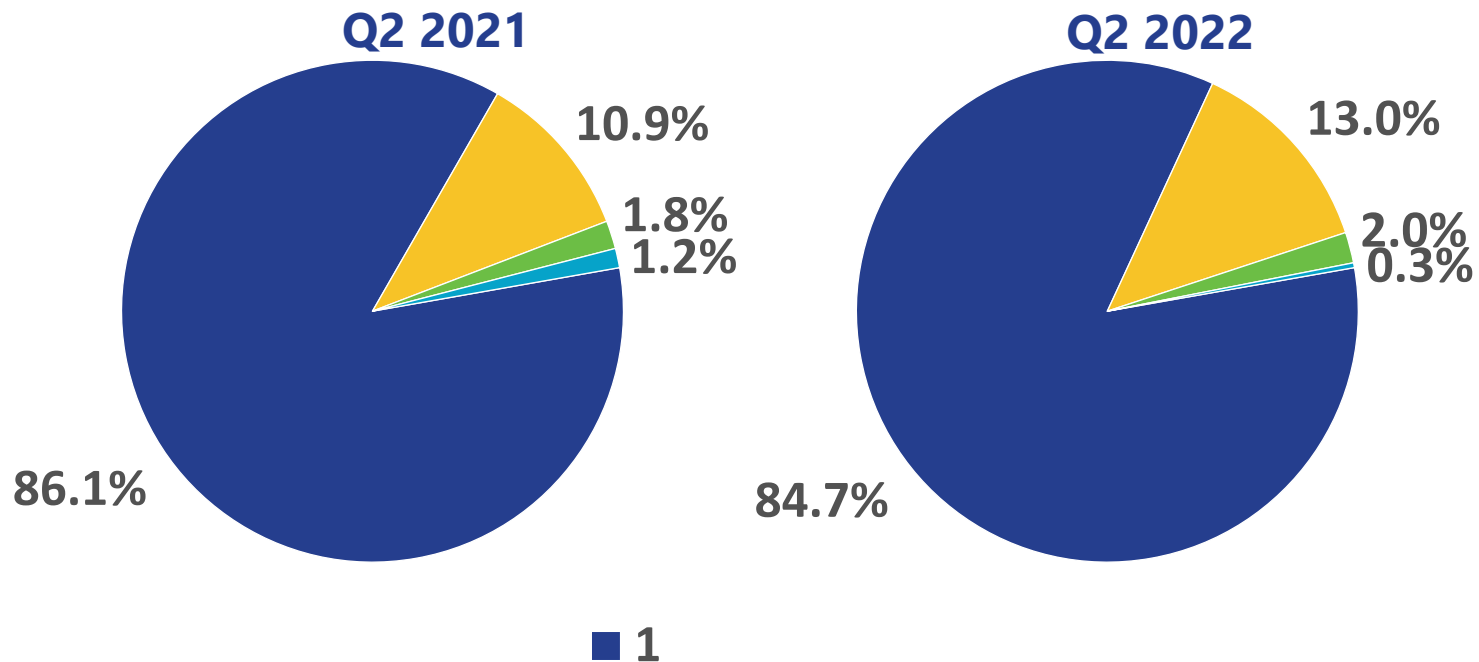


Number of Substances in Positive Cords, April 1– June 30, 2022





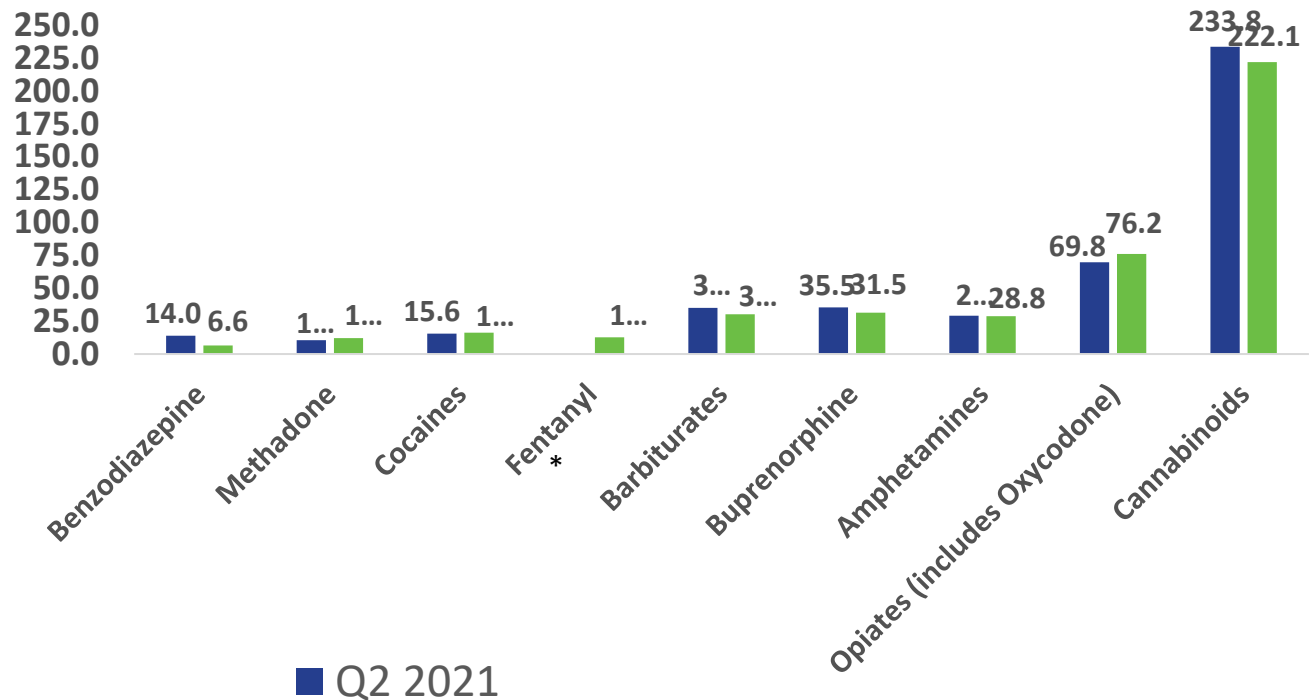
Comparison of the Number of Substances in Positive Cords, April 1– June 30, 2022





Positive Cord Tests in Participating Indiana Hospitals Utilizing USDTL, April 1– June 30, 2022

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



*Fentanyl data unavailable for Q2 2021.

Rates are per 1,000 cords tested.

Ethyl Glucuronide were removed due to inconsistencies in reporting.

Contact Information

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