

Improving the Care of Substance-Exposed Newborns and their Families: A Massachusetts Quality Improvement Initiative

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Neonatal Quality Improvement Collaborative of Massachusetts



Outline for today

- Update on NeoQIC-MPQC SEN Initiative
 - Munish and Ron
- Webinar 3 of NICHQ Quality Improvement Series!
 - Connie Cowley, DNP, RN, CPHQ, NE-BC

Ongoing Efforts at State Level

- Interagency Task Force on Newborns with Neonatal Abstinence Syndrome
- <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/task-force-on-newborns-with-nas/final-reports.html>

Commonwealth of Massachusetts



Interagency Task Force on Newborns with Neonatal Abstinence Syndrome

*State plan for the **coordination of care and services** for newborns with neonatal abstinence syndrome and substance-exposed newborns*

March 17, 2017



Five-Point Intervention Framework



Five-Point Intervention Framework*

1. **Pre-pregnancy:** During this time, interventions can include promoting awareness among women of child-bearing age and their family members of the effects that prenatal substance use can have on infants.
2. **Prenatal:** During this time, health care providers have the opportunity to screen pregnant women for substance use as part of routine prenatal care and to make referrals that facilitate access to treatment and related services for the women who need these services.
3. **Birth:** Interventions during this time include health care providers testing newborns for prenatal substance exposure at the time of delivery.
4. **Neonatal:** During this time, health care providers can conduct a developmental assessment of the newborn and ensure access to services for the newborn as well as the family.
5. **Postnatal** (Throughout childhood and adolescence): During this time, interventions include the ongoing provision of coordinated services for both child and family.

**A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers published by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration*



Overarching Gaps: Birth/ Neonatal Stage



7. Inconsistent education for patients and families

- *Lack of public education about the impact of SUD on pregnancy and infancy*
- *Inconsistent pre-pregnancy and prenatal education for patients suffering from SUD about what will happen during pregnancy, at birth, and beyond*

8. Inconsistent education about and access to birth control

- *Inconsistent education about birth control (pre-pregnancy, prenatally, at birth, and postnatally)*
- *Inconsistent access to effective birth control*

9. Inconsistent practices for screening, assessing and reporting newborns with NAS/SEN

- *No standardized protocol for testing infants*
- *No standardized shared definition of NAS/SEN or protocol for diagnosing NAS/SEN*
- *Inconsistent practices with regard to reporting to DCF*

10. Inconsistent treatment/support in the hospital

- *Inconsistent approach to mother-infant bonding*
- *Inconsistent in-hospital treatment, education, and support services specifically tailored to SUD and NAS/SEN*



Data Collection/ Quality Improvement



Gap #1: Lack of centralized data collection across intervention stages

Details

Lack of defined key metrics for tracking outcomes



Lack of mechanism for centralized data collection of key metrics



Recommendations

Develop key metrics across intervention stages

1. Create a statewide “dashboard” of key metrics to monitor progress on aspects of care for families impacted by perinatal substance use
2. Develop protocols for data reporting across the NAS/SEN care continuum

Current State-Level Initiatives*: Neonatal Quality Improvement Collaborative (NeoQIC) NAS project; Health Policy Commission’s Mother and Infant Focused NAS Interventions; Chapter 55 Initiative

*Full list of “Current State-Level Initiatives” can be found in Supplemental Report Materials



Pre-Pregnancy/Prenatal Stage



Gap #8: Inconsistent education about and access to birth control

Details

Inconsistent education about birth control (pre-pregnancy, prenatally, at birth, and postnatally)



Inconsistent access to effective birth control



Recommendations

1. Train SUD providers to educate pre-pregnant and pregnant women about birth control
2. Encourage patient education about contraception at preconception and postpartum periods (as well as prenatally as part of birth plan)

1. Preserve access to effective birth control without a co-pay
2. Ensure long-acting birth control is available and fully reimbursable both immediately post-partum in the hospital and in the outpatient office setting



Gap #9: Inconsistent practices for screening, assessing and reporting newborns with NAS/SEN

Details

Inconsistent practices with regard to reporting to DCF



Recommendations

1. Consider whether legislative and/or regulatory changes are needed to clarify NAS/SEN reporting to DCF
2. Work with health care providers to establish protocols and guidance for communication including additional training for reporting to DCF, when reporting is appropriate and what information should be provided from the outset



Current State-Level Initiatives: DCF Intake Policy, DCF Guidance on 51A Reports Regarding Substance-Exposed Newborns

 *Aligned with the Recommendations of the Governor's Opioid Working Group*

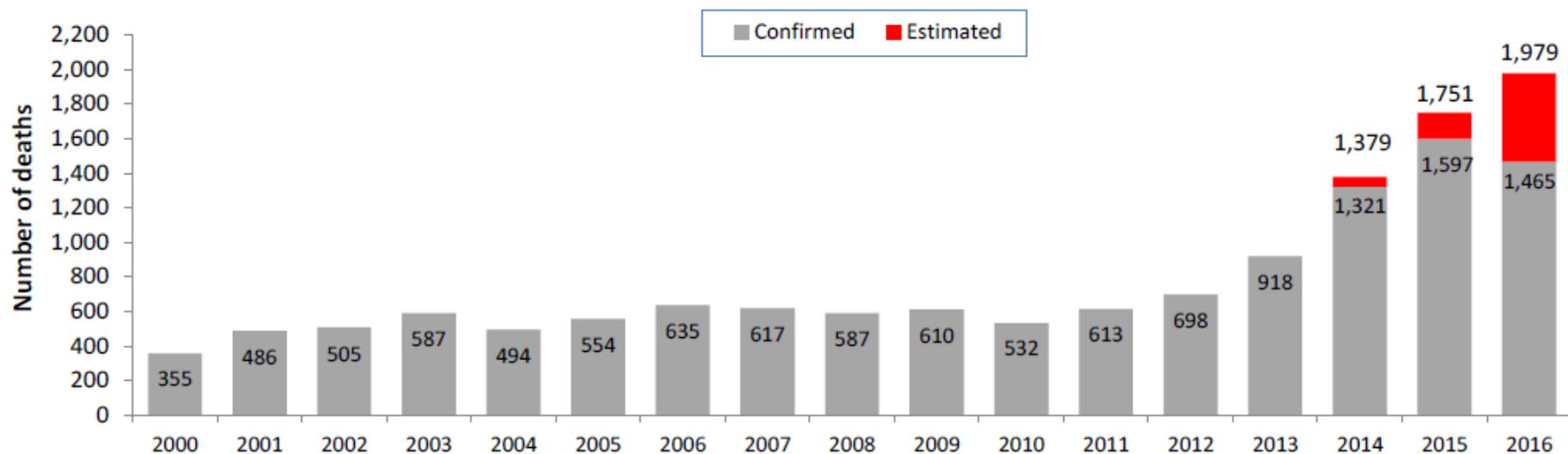


Data Brief: Opioid-related Overdose Deaths Among Massachusetts Residents

Massachusetts Department of Public Health

POSTED: FEBRUARY 2017

Opioid-Related Deaths, Unintentional/Undetermined
Massachusetts: January 2000- December 2016



Project Timeline

**Spring
2017**

**Summer
2017**

Fall 2017

2018

2019

- Hospital enrollment: team rosters, DUAs
- Begin data collection (starting Jan 1, 2017, optional for 2016)
- Begin (or continue) hospital-based improvement work
- NICHQ QI webinars
- Launch OB and neonatal toolkits and on-line resources

- Hospital practice survey
- Staff attitude survey
- Fall statewide summit: September 27 or 28
- Updates from HPC NAS grant hospitals
- Posters from hospitals!

- Statewide summits once or twice yearly, with hospital presentations and posters
- Quarterly webinars
- Annual practice survey
- Repeat attitude survey

- Continue hospital-based improvement work
- Continue data collection
- Monthly/quarterly state and hospital progress reports

Data!

- Measurement core part of this initiative
- Shared database using REDCap at BIDMC
- Standard data form of key measures (can be revised)
- Denominator: all infants at risk for NAS due to opioid exposure during pregnancy
- Data collected from January 1, 2017 onward, also can collect 2016 data as baseline
- Need to complete Data Use Agreement (DUA), recommend having IRB review (should be limited)
- Regular hospital-specific progress reports

Quality Improvement

- Each team encouraged to pursue local quality improvement project as part of this initiative
- Multidisciplinary improvement team
- Ideally, have one OB goal and one neonatal goal
- Quality improvement webinar series by NICHQ
 - *For teams ready to launch a short-term improvement initiative over next few months, series can take you through the steps of the improvement model*
 - *For teams not yet ready to begin improvement work, or for teams engaged in longer-term improvement work, series can provide important QI education for team members*

Next Steps for Hospital Teams

- Identify team leads
- Complete team rosters (multidisciplinary, Neo & OB)
- Identify short-term and long-term improvement goals for your hospital
- Complete DUA (+/- IRB review)
- Begin data collection/submission to REDCap
- Start preparing for September summit!
(i.e. – finish at least one PDSA by then!)

NeoQIC-MPQC SEN Improvement Initiative

Questions:

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- Ron – ronald.iverson@bmc.org

OKAY
LET'S
DO
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