

**ILPQC/IDPH Webinar Series: Illinois
Maternal Morbidity and Mortality
Report Recommendations for
Clinical Practice
Part 1 Substance Use Disorders**

February 2nd, 2024

12-1:30pm



Call Overview

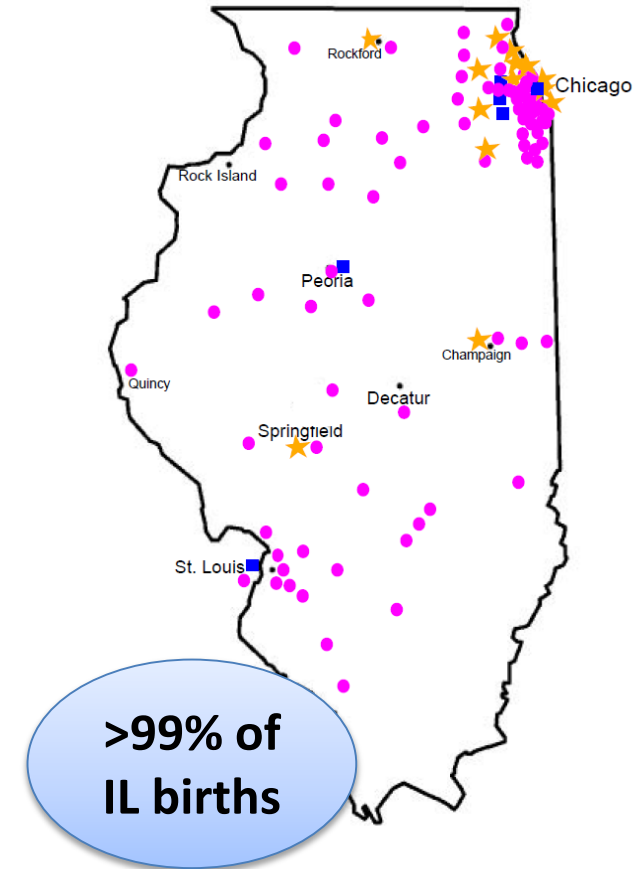


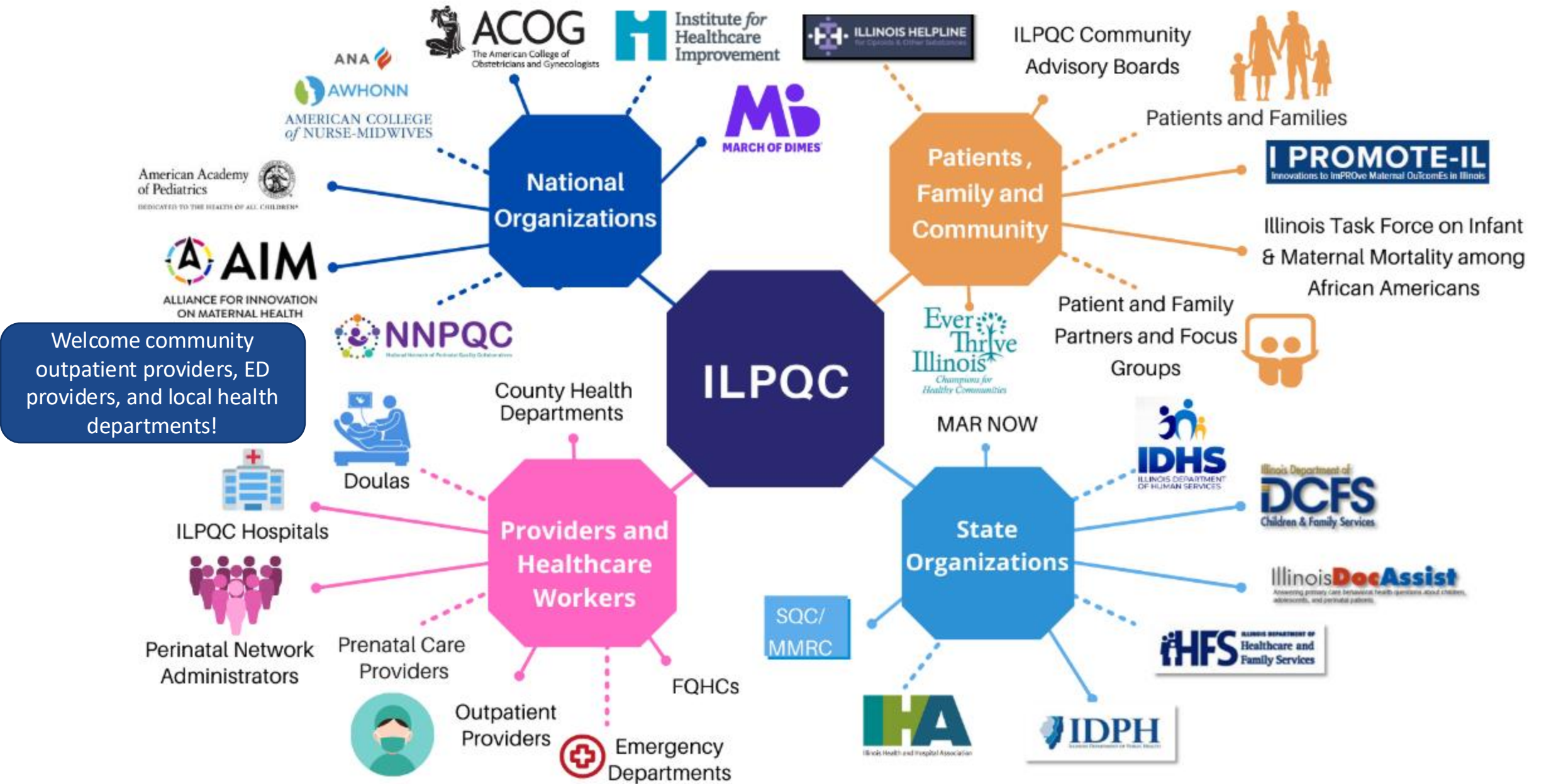
- ILPQC Updates
 - Ann Borders, MD, MSc, MPH, Executive Director and Obstetric Lead, ILPQC
- IDPH: IL Maternal Overdose Data Overview
 - Cara Bergo, PhD, Maternal Mortality Epidemiologist, IDPH
- IL DHS MAR NOW and DOPP Overview
 - Nicole Gastala, MD, Medical Director Substance Use Prevention and Recovery, IDHS
 - Kathleen Monahan, State Opioid Response Project Director, IDHS
- ILPQC Hospital Sharing: Actionable Outpatient Strategies Based on MMRC Recommendations
 - Katherine Austman, MD, Gibson Area Hospital
- Resources & Next Steps
 - Angel's Story Viewing
 - Perinatal Syphilis Warmline – Maura Quinlan, MD, MPH, Women's Health Medical Advisor, IDPH

Illinois Perinatal Quality Collaborative (ILPQC)



- Multi-disciplinary, multi-stakeholder Perinatal Quality Collaborative with 89 Illinois hospitals participating in 1 or more initiatives
- Support participating hospitals' implementation of evidenced-based practices using quality improvement science, collaborative learning and rapid response data

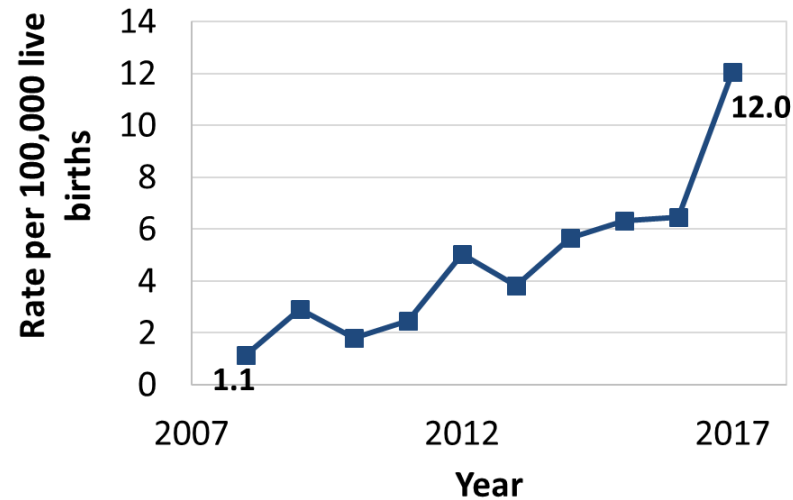




Together, WE ARE ILPQC!

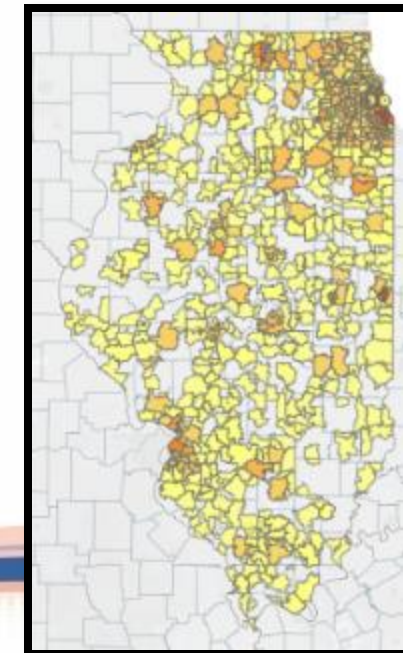
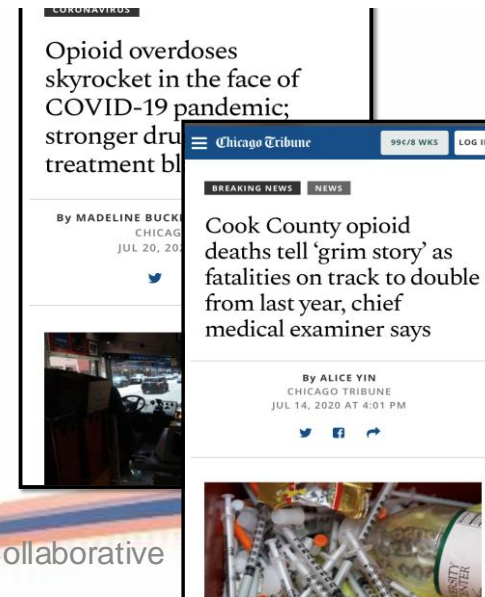
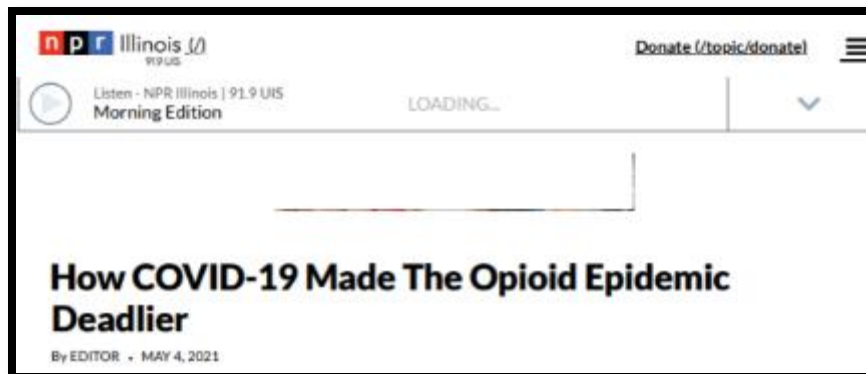
Opioid overdose is a leading cause of maternal death in IL

With the opioid crisis **worsening**, it is essential to **identify pregnant patients with OUD** and **provide optimal OUD care for every patient, every time**, to save lives



Rate of Pregnancy-Associated Deaths Due to Opioid Poisoning, Illinois Residents, 2008-2017

Overdose Counts by ZIP 2019 (IDPH)



Why we do this hard work... women are losing their lives to OUD

Madelyn Linsenmeir
1988 to 2018



The Burlington Free Press on Oct. 14, 2018
Photo Legacy.com

Anaya Rivers
1994 to 2019

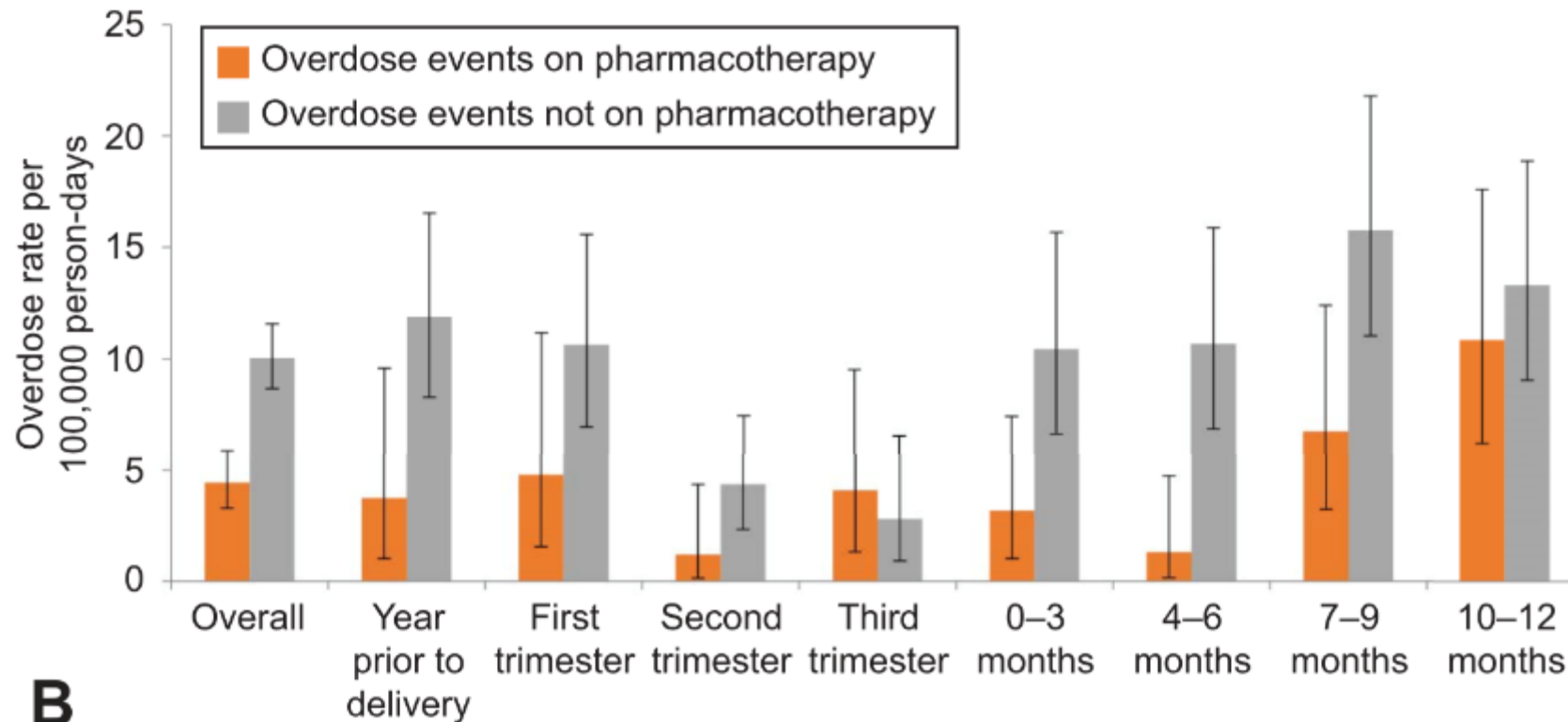


Daily News Philly.com on February 17, 2019
Photo Pendleton Candles Obituary Service on Facebook.com

OUD is a life-threatening medical condition
Screening and linking pregnant patients with OUD to
treatment/services

- Reduces overdose deaths for moms
- Improves pregnancy outcomes
- Increases # parent/baby dyads staying together

Treatment works: Decreased overdose on MAT



B

- (1) MAT saves lives across pregnancy/postpartum
- (2) Postpartum is a risky time for all moms with OUD

Mothers and Newborns affected by Opioids, MNO - OB Initiative

- **Aim: $\geq 70\%$ pregnant persons with OUD receive MAT and are connected to Recovery Treatment Services prenatally or by delivery discharge**

Goals:

- All pregnant persons screened with a universal validated screener prenatally and during their L&D admission
- Pregnant Persons with OUD during pregnancy or by delivery discharge
 - Assessed for readiness for MAT, linked to MAT and Recovery Treatment Services
 - OUD clinical care checklist completed
 - Receive Narcan counseling
 - Pediatric / neonatal consult on OUD/ NAS and patient education
- 107 hospitals participating in the MNO OB & Neonatal Initiative kick off May 2018
 - 101 MNO-OB Hospital QI Teams
 - 88 MNO-Neo Hospital QI Teams



Clinical Team Key Messages to provide Optimal OUD Care



Opioid Use Disorder is an urgent obstetric issue



Opioid Use Disorder is a life-threatening chronic disease with lifesaving treatment available



There are key steps all providers must take prenatally, on L&D and postpartum (including EDs) to care for patients with Opioid Use Disorder



Screening & Linking moms to MAT / Recovery Services

- Reduces overdose deaths for moms
- Improves pregnancy outcomes
- Increases # women who can parent their baby

Optimal care for all pregnant / postpartum persons with OUD



Screen every pregnant patient for OUD with a validated screening tool



Provide Naloxone (Narcan) Counseling / prescription and screen for Hepatitis C



Assess readiness for Medication Assisted Treatment (MAT)



Warm hand-offs for MAT/recovery services and close OB follow up



Link to MAT and Recovery Treatment Services

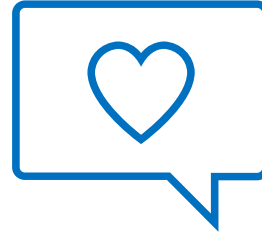


Provide patient education on OUD/NAS and reduce stigma, promote empathy across clinical team

Key Strategies to Provide Optimal Opioid-Exposed Newborn care every time



Prenatal Consult



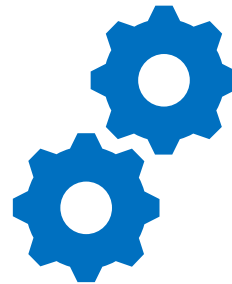
Non-Pharmacologic
Care



Pharmacologic
Treatment



Eat, Sleep, Console

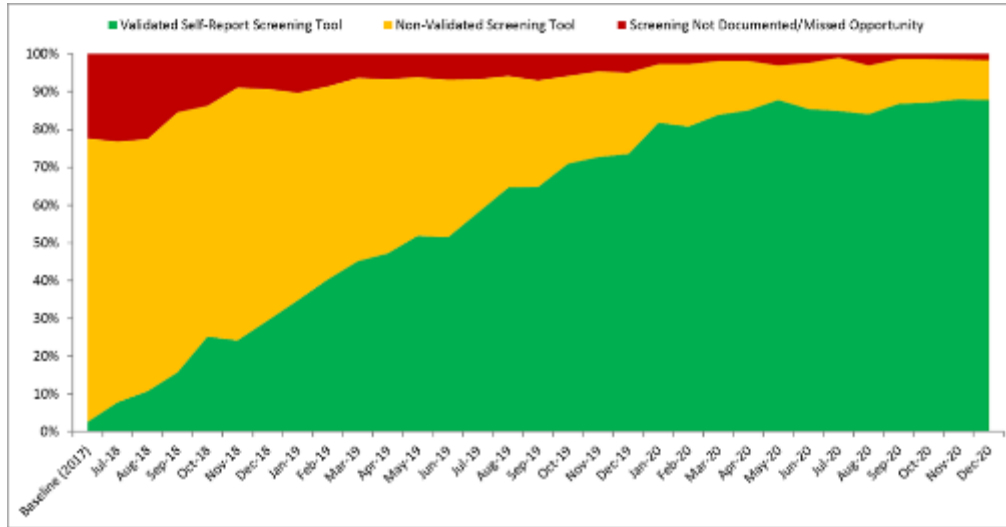


MNO Folders



Coordinated Discharge

Universal Screening for SUD/OD



88%

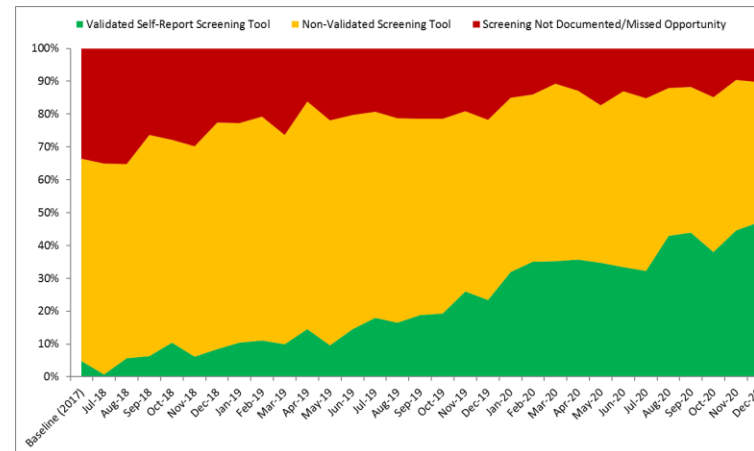
Random sample of 10 deliveries per month reviewed for documentation of SUD/OD screening
N = 24,430 to date

Prenatal

L&D

GOAL: $\geq 80\%$

Red = No screening
Yellow = Screened single question
Green = Screened with validated SUD/OD screening tool

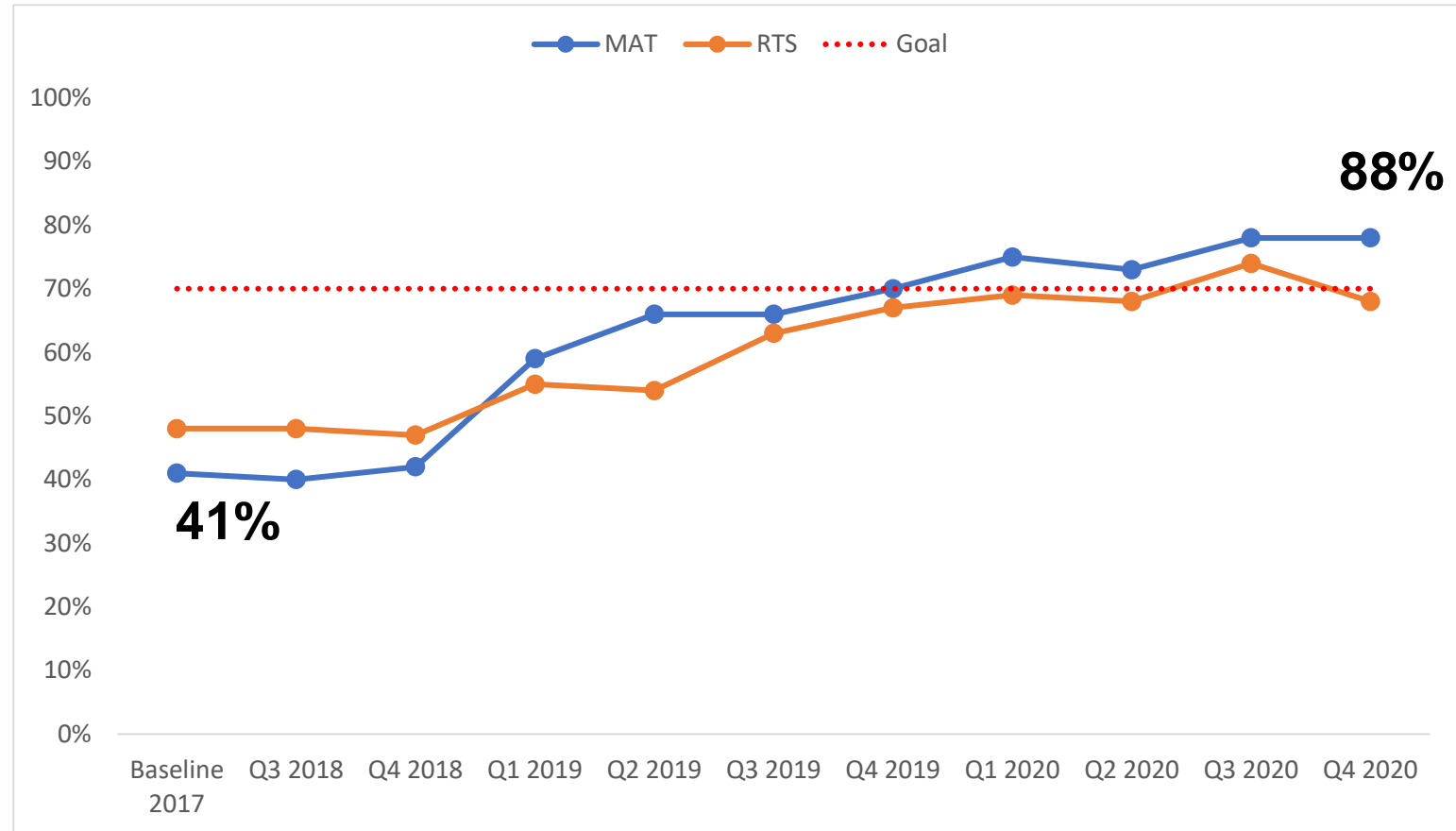


GOAL: $\geq 50\%$

42%

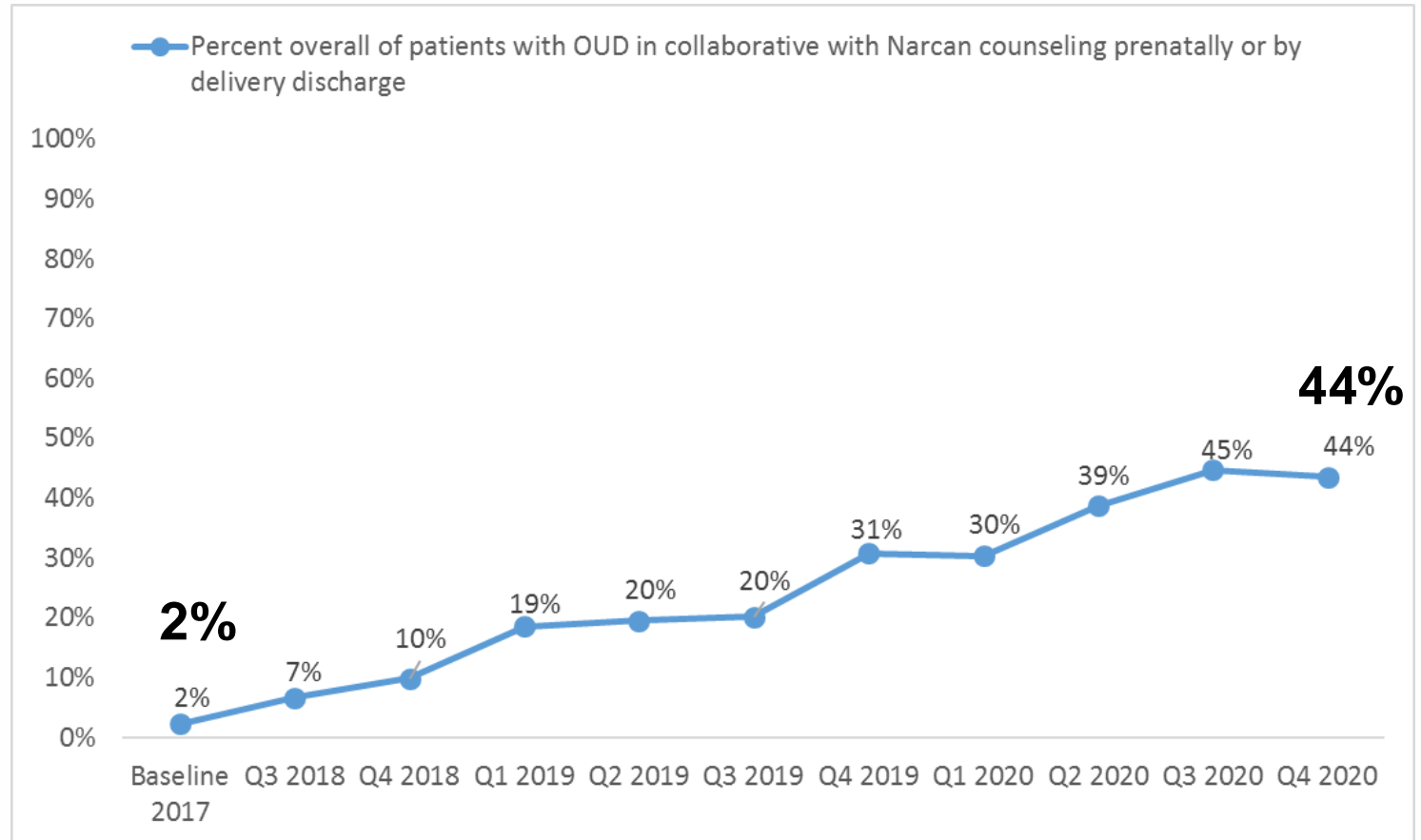
MNO's Impact Since 2018: MAT and Recovery Treatment Services

- Linkage to MAT and Recovery Treatment Services prenatally or before delivery discharge increased from 40% baseline to > 70% goal over 2 years of the initiative



MNO's Impact Since 2018: Narcan

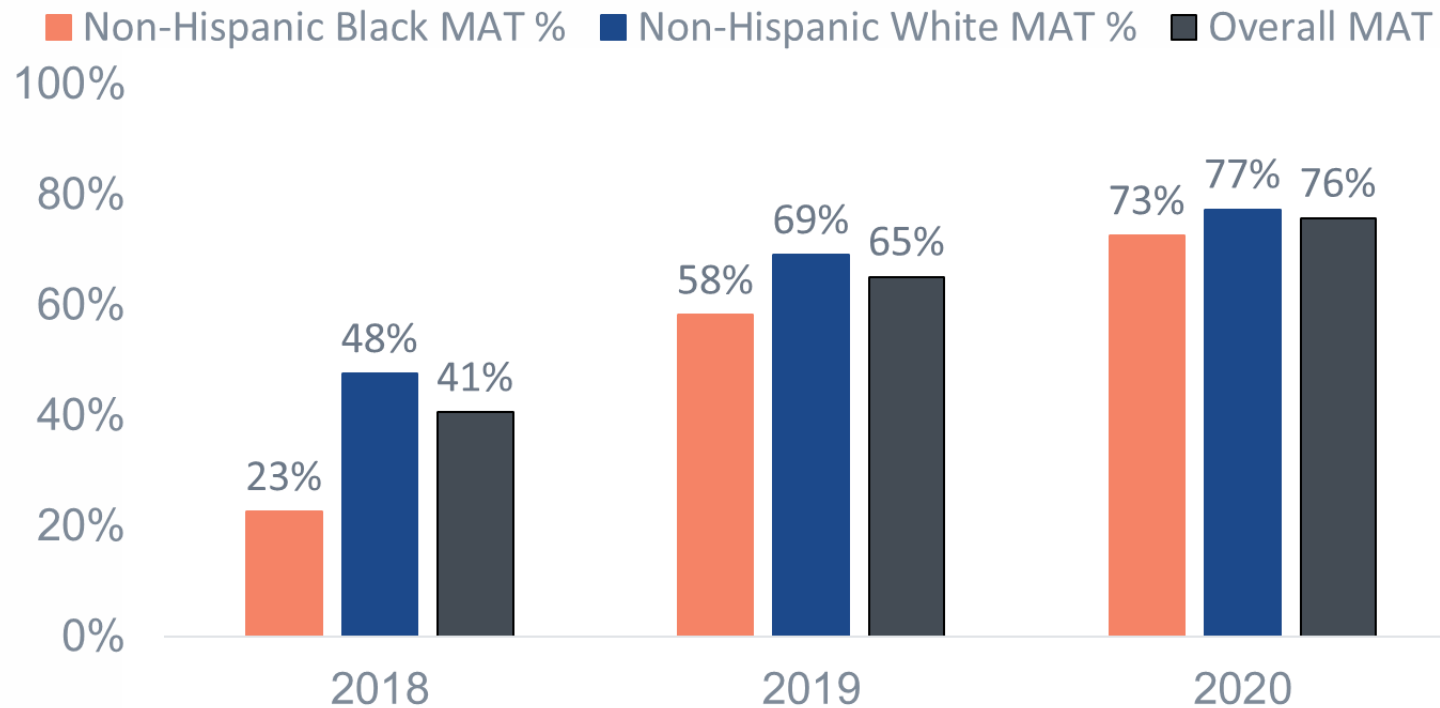
- Teams increased Narcan counseling rates prenatally or before delivery discharge from 2% to over 40% across the initiative



Improving equitable care and reducing disparities for patients receiving MAT

Comparison of percent of patients with OUD receiving MAT by delivery discharge by race/ethnicity across the MNO Initiative

MAT by Race and Ethnicity



At baseline, Black patients with OUD were less likely to be on MAT, however across the initiative improvements in MAT rates were seen for all patients with the greatest improvement for Black patients.

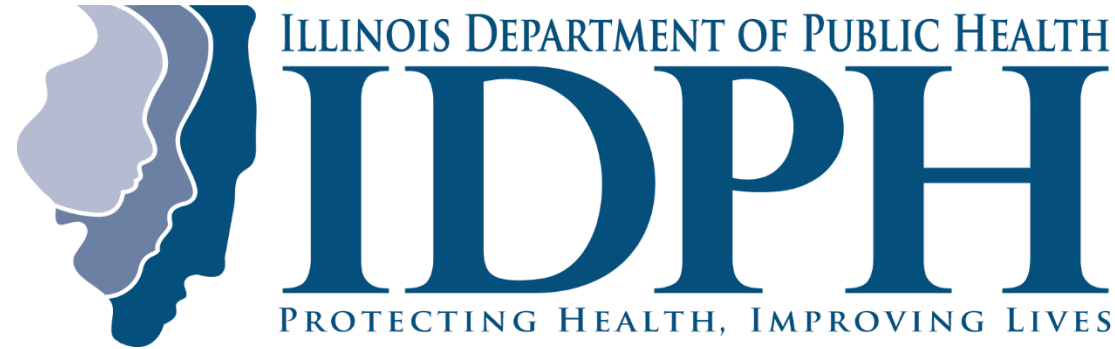
Focus for today

-
1. Is your clinical team aware of the rising rates of maternal overdose deaths and that providing optimal OUD care can reduce maternal deaths?
 2. Are you providing Optimal OUD care for every patient, are you monitoring: screening for SUD, linkage to MAT / recovery treatment services, providing Narcan? Can you sustain optimal OUD care?
 3. Are you aware of new resources **every** clinic, L&D, ER should be using?
 - OUD Hotline 24/7 to link patients to MAR-Now: treatment start and care coordination
 - DOPP program to provide free point of care Narcan kits to your patients
 - Angel's Story - video for provider / nurse / staff education on why Optimal OUD care matters!

IL MMRC Data Overview

Cara Bergo, PhD, Maternal Mortality Epidemiologist, Illinois Department of Public Health

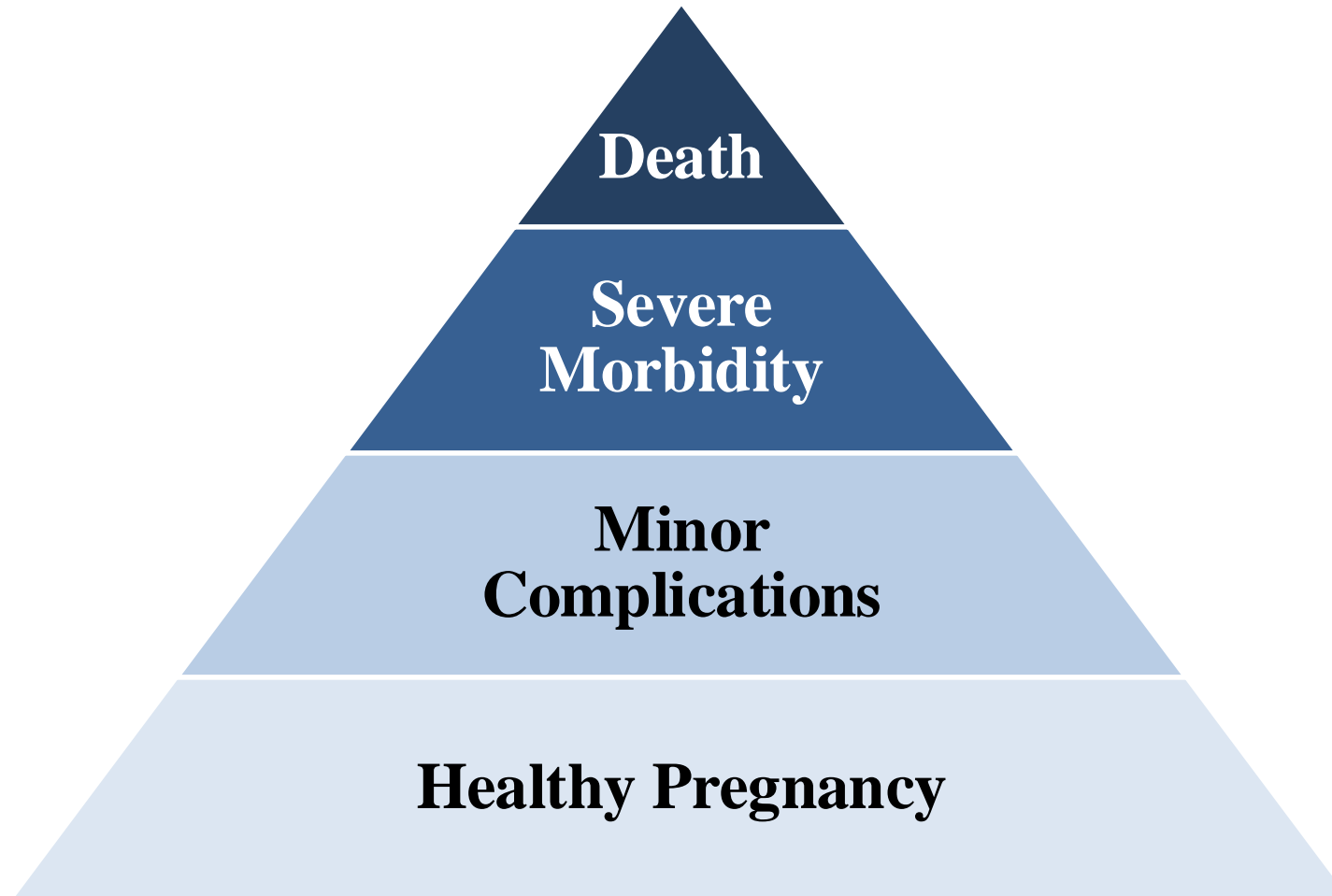




Illinois Maternal Morbidity & Mortality

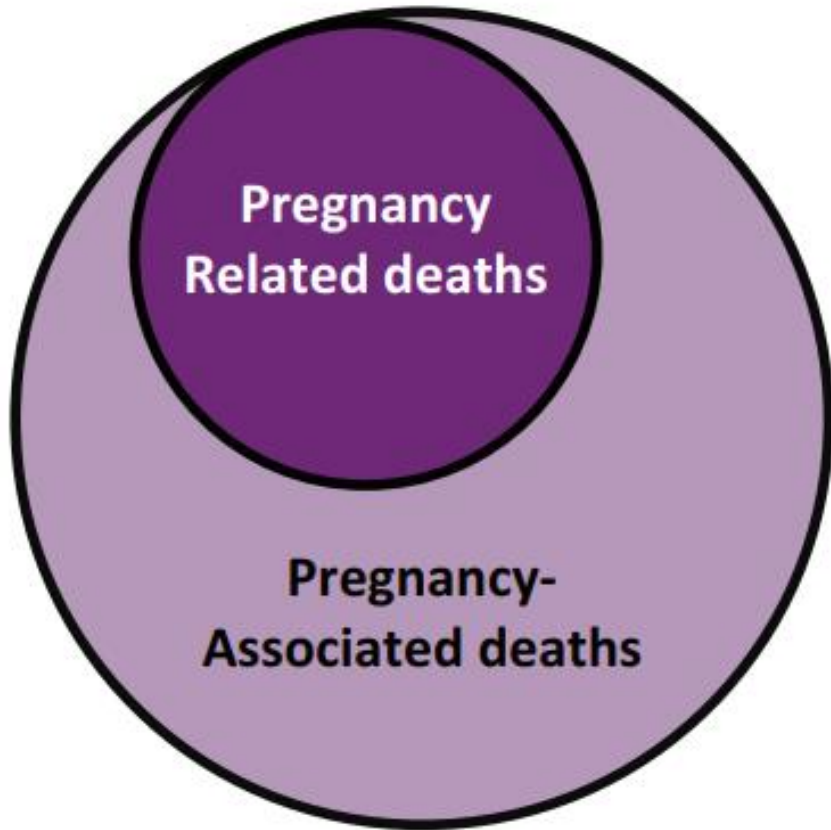
Cara Bergo, PhD MPH
Maternal Mortality Epidemiologist
Illinois Department of Public Health
Office of Women's Health and Family Services

Maternal Mortality: The Tip of the Iceberg



MATERNAL MORTALITY IN ILLINOIS

Important Definitions



- **Maternal Mortality:** general term used by Illinois to describe the death of a woman while pregnant or close in time to pregnancy
- **Pregnancy-Associated Deaths:** death while pregnant or within one year of pregnancy from **any cause**
- **Pregnancy-Related Deaths:** death while pregnant or within one year of pregnancy from **a cause related to a pregnancy**

Illinois Review Committees

MMRC

Maternal Mortality Review Committee

- Established in 2000
- Reviews deaths suspected to be medically related to pregnancy



MMRC-V

Maternal Mortality Review Committee on Violent Deaths

- Established in 2015
- Reviews deaths resulting from homicide, suicide, drug overdose, or other drug-related causes

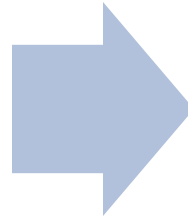
Both committees serve as advisory bodies to the state Perinatal Advisory Committee and to IDPH

Illinois MMRC Process



Purpose & Vision of MMRC

Purpose: Determine contributing factors to maternal mortality and identify potential interventions to prevent future maternal deaths



Vision: Eliminate preventable pregnancy-related deaths in Illinois

Key Questions

Was the death pregnancy related?

What was the cause of death?

Was the death preventable?

What were the factors contributing to this death?

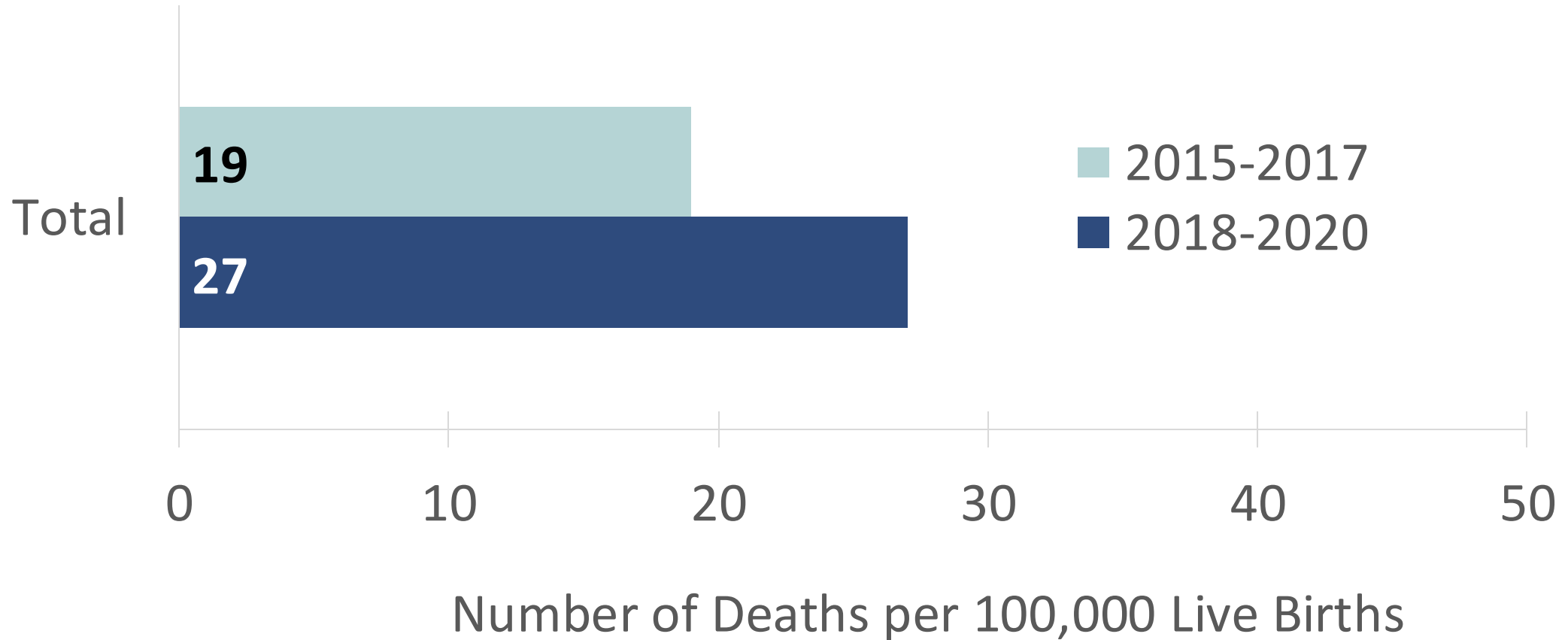
What are the recommendations to address contributing factors?

What is the anticipated impact of those actions if implemented?

An average of 88 pregnancy-associated deaths occurred each year during 2018-2020

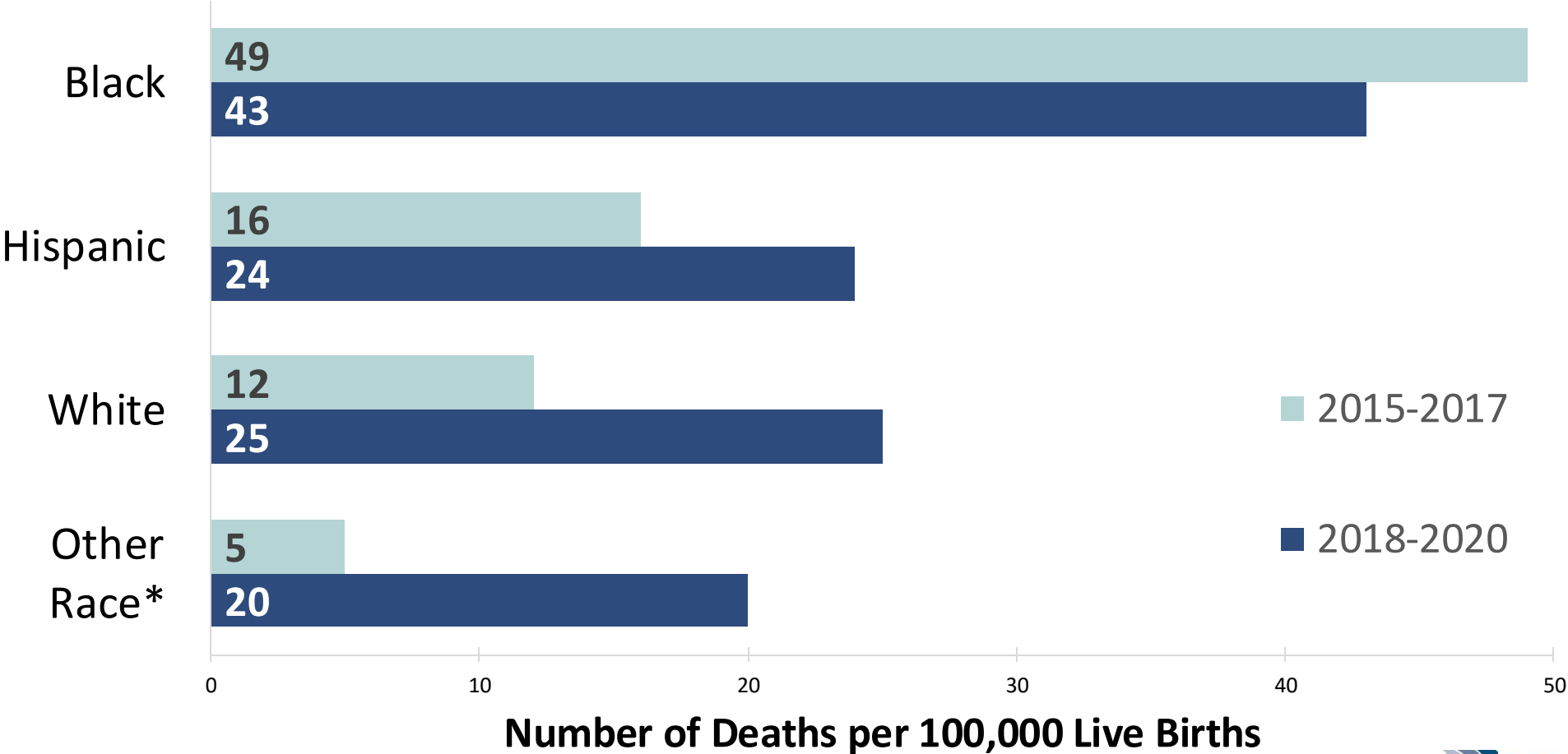


Pregnancy-related mortality in Illinois was higher in 2018-2020 than in 2015-2017



Black women continue to have the highest rate of pregnancy-related death

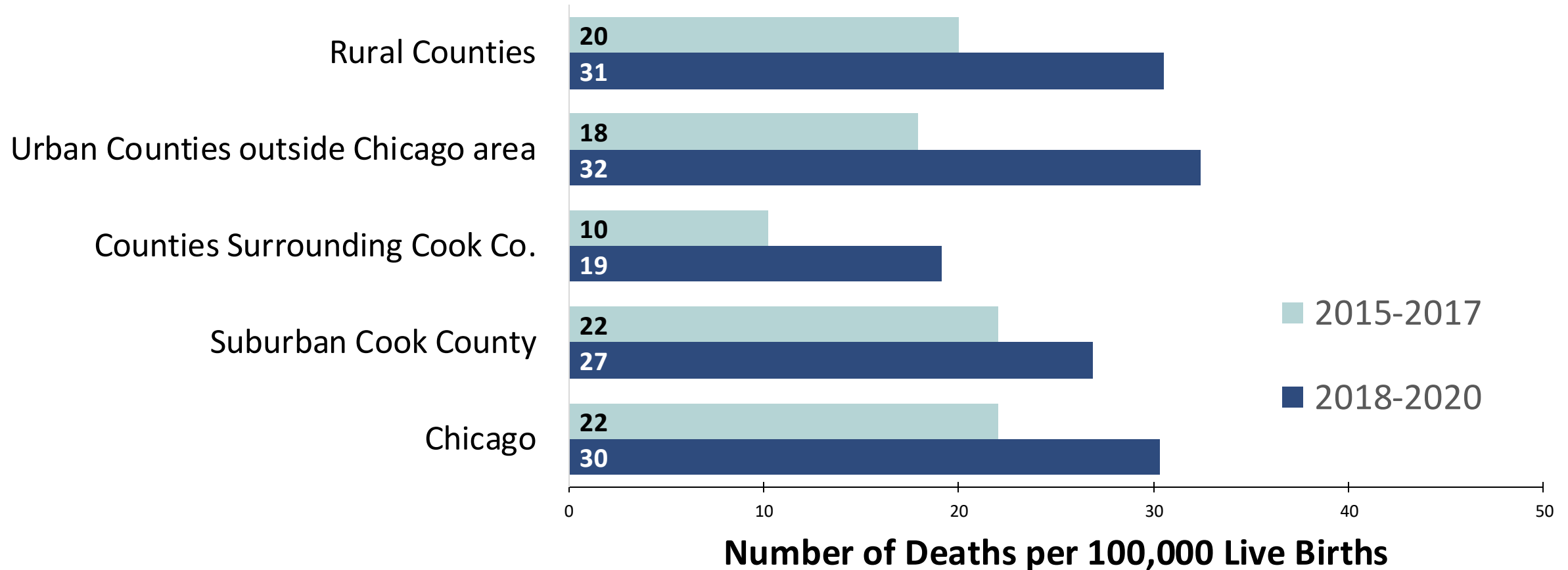
Pregnancy-Related Mortality Ratio (PRMR), By Race Ethnicity, Illinois 2015-2017 vs. 2018-2020



*Other races could not be reported separately due to small sample size (fewer than 5 deaths for group)

Pregnancy- related deaths have increased in all geographic areas

Pregnancy Related Mortality Ratio (PRMR) By Geography, Illinois 2015-2017 vs. 2018-2020

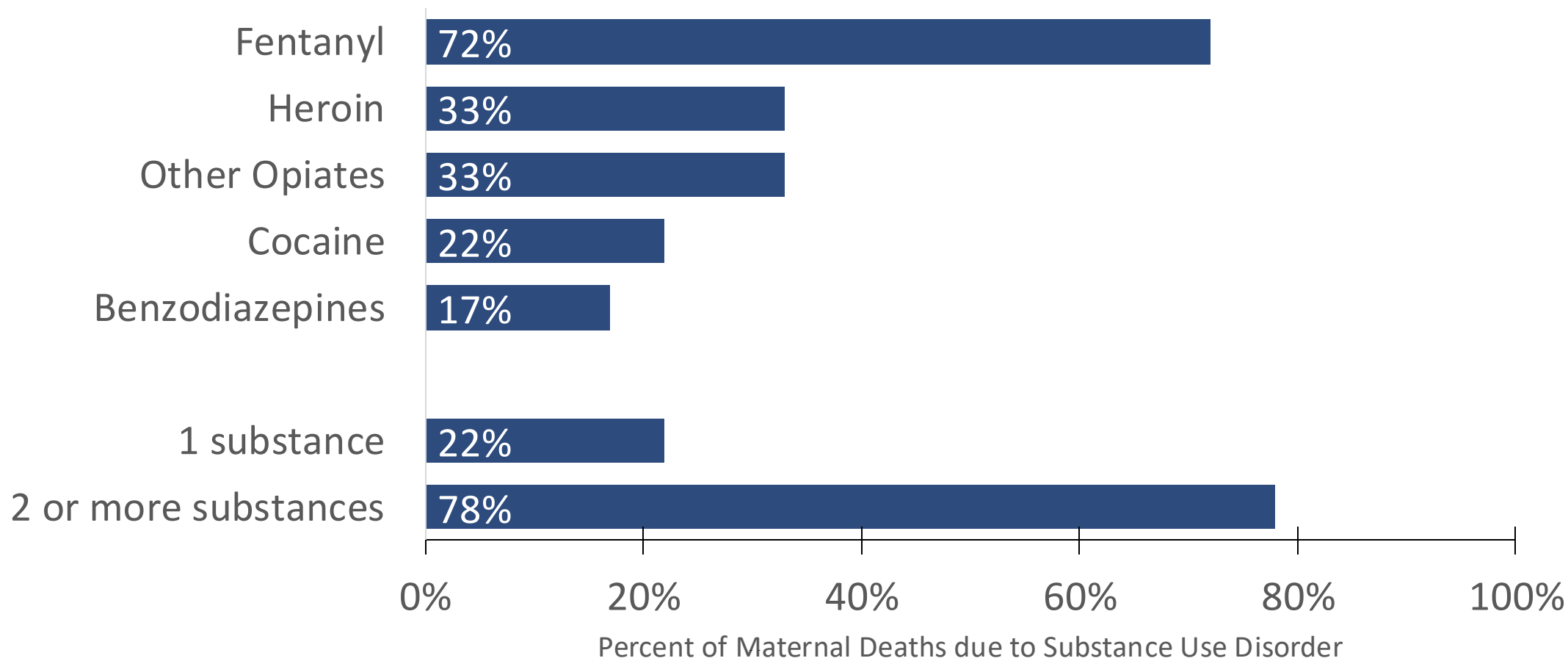


Substance use disorder continues to be the leading cause of pregnancy-related death

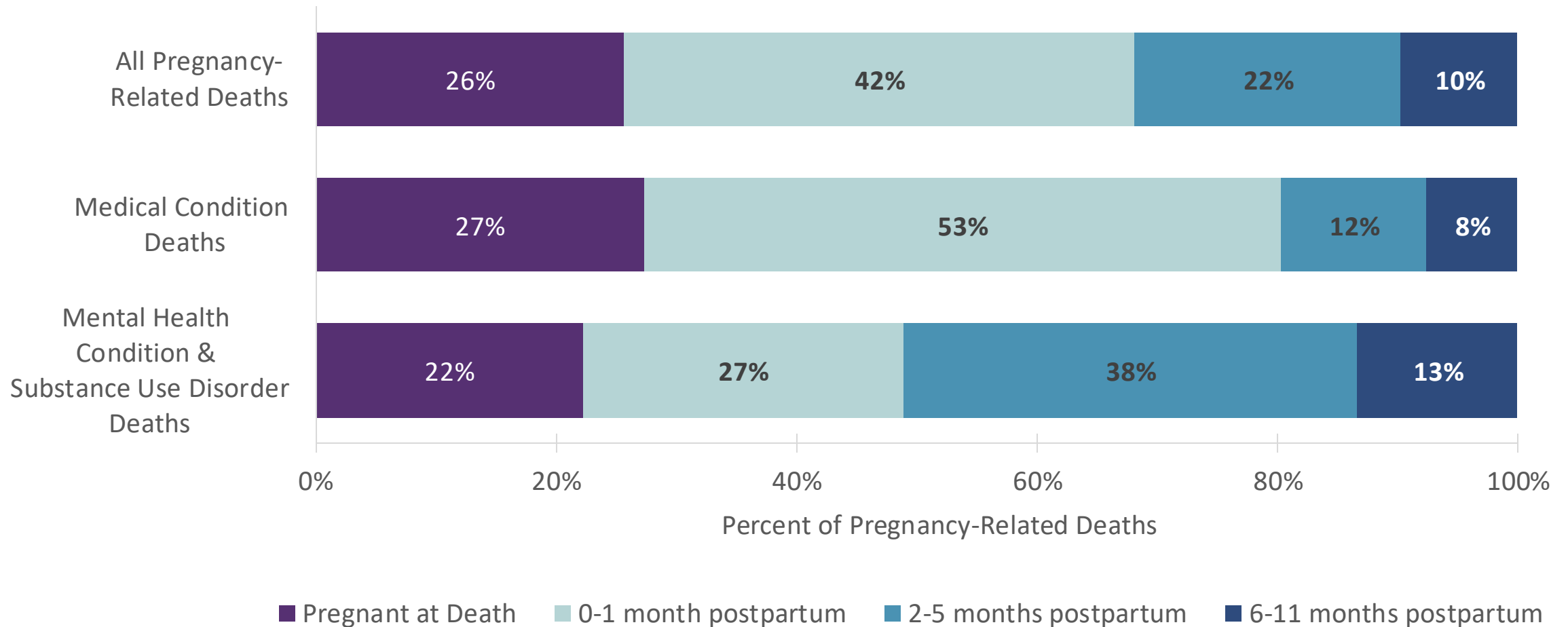
| Underlying Cause of Death Categories for Pregnancy-Related Deaths, Illinois 2018-2020 | | |
|---|------------------------------------|-------------------------------------|
| Cause of Death Category | Number of Pregnancy-Related Deaths | Percent of Pregnancy-Related Deaths |
| Substance Use Disorder | 36 | 32% |
| Cardiac and Coronary Conditions | 16 | 14% |
| Pre-existing Chronic Medical Condition* | 13 | 12% |
| Sepsis (blood stream infection) | 10 | 9% |
| Mental Health Conditions resulting in suicide** | 9 | 8% |
| All Other Causes Combined | 29 | 25% |

*** These deaths were related to health conditions that women were known to have prior to pregnancy, including: autoimmune disease, sickle cell disease, diabetes, connective tissue disease, seizure disorder, lupus, chronic cirrhosis, and end-stage renal disease. These deaths are included as "non-cardiovascular deaths" by the CDC PMSS ** Includes deaths due to depression, schizophrenia, and bipolar disorder*

Most pregnancy-related deaths due to substance use disorder involved opioids, specifically fentanyl, and were due to 2 or more substances.



Timing of pregnancy-related deaths differs by cause of death



ANNE'S STORY

Categories of Contributing Factors to Preventable Pregnancy-Related Deaths

**Clinical
Skill/Quality of
Care**

**Continuity of
Care/Care
Coordination**

**Mental Health
Conditions**

Discrimination

Access/Financial

Substance Use

Recommendations to Prevent Future Substance Use Disorder Deaths



Health care providers should adopt a validated self-reported screening tool and initiate medication-assisted recovery (MAR) services.



Hospitals and health systems should develop standardized protocols and policies to assure implementation of high-quality delivery of substance use care



Community-based organizations should expand substance use harm reduction and peer support programs.



State agencies should implement plans of safe care

Comments? Questions?

Please contact: cara.bergo@illinois.gov

Illinois Maternal Mortality Report:

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf>

IL DHS MAR NOW and DOPP Overview

Nicole Gastala, MD, Medical Director Substance Use Prevention and Recovery, IL Department of Human Services

Kathleen Monahan, State Opioid Response Project Director, IL Department of Human Services



Lowering Barriers to MOUD: Illinois Medication Assisted Recovery Now (MAR NOW) Telehealth Hotline



Background on MAR



Evidence clearly indicates MAR is an effective treatment **and** harm reduction intervention

| Treatment type | Retention in treatment at 12 months with reduced illicit drug use |
|---------------------------------------|---|
| Behavioral therapy without medication | 6% |
| XR Naltrexone*# | 10–31% |
| Buprenorphine* | 60–90% |
| Methadone* | 74–80% |

Based on meta-analysis of research studies; rates of success lower in real-world settings.

#Most XR Naltrexone studies were only 3–6 months; 12-month registry study only had % discontinued due to meeting goals; numbers presented here are different than report referenced because they were updated based on Jarvis study.

Permission for Use by Dr. Elizabeth Salisbury-Afshar, Elitzer, 2017, Jarvis, Holtyn, et al., 2018

Elitzer, J. (2017). Why health plans should go to the “MAT” in the fight against opioid addiction. California Health Care Foundation.

<https://www.chcf.org/wp-content/uploads/2017/12/PDF-Why-Health-Plans-Should-Go-to-the-MAT.pdf>



Discussing medications that can treat OUD with patients who have this disorder is the clinical standard of care. -

SAMHSA Tip 63

As compared to behavioral therapy alone, MOUD:

1) decreases illicit opioid use, 2) retains patients in treatment, and 3) reduces mortality



MOUD and Mortality

Number Needed to Treat to Prevent
1 Death in 1 Year

- Statins 415
- Mammogram 2970
- Buprenorphine after an overdose
33
- Methadone after an overdose 31



MAR NOW Program Overview



MAR NOW launched May 9, 2022 as a Chicago Pilot, expanded Sept. 1 statewide

- Funded by Chicago Department of Public Health (CDPH) and Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR)
- Operated by Family Guidance Centers, Inc. (FGC). FGC provides methadone, buprenorphine, and naltrexone at their Chicago and statewide clinics.
- Operates through the existing 24/7 IL Helpline for Opioids and Other Substances: **833-234-6343**
- Provides low-barrier, rapid access to buprenorphine, methadone, and naltrexone to all callers regardless of insurance status, income, ability to pay, or documentation status.



Program provides access to medication within 48 hours of first call

Individual calls 24/7 IL Helpline for OUD treatment, withdrawal support

IL Helpline directly transfers caller to MAR NOW Care Manager

24/7 Access
Connected to Care Manager & Provider

Patient Options:

1. Buprenorphine home induction
2. Same or next-day MAR appointment at FGC (methadone, buprenorphine, naltrexone)
3. Connection to other SUD care in the community (withdrawal management, residential treatment)

Care Managers provide **free transportation**, insurance enrollment, assistance with pharmacy access, and follow up to ensure patient is connected to long-term care



Hub and spoke model to ensures connection to ongoing community care

MAR NOW works closely with pharmacies to ensure that they have medications available and are able to assist patients

Pharmacies

Mental health providers

Harm reduction providers

Mental health, primary care, and harm reduction services are key referral points *to and from* MAR NOW

Primary care providers

MAR NOW

All patients connected to outpatient MAR for long-term treatment in the community

Community MAR providers

Cook County Jail

Program is working closely with jail and homeless shelter providers to offer linkage to MAR NOW

Homeless shelters and encampment outreach

Patients that leave treatment can come back to MAR NOW and be connected again to treatment in the community. MAR NOW can also serve as a bridge clinic for patients waiting for care.



Where to initiate MAR treatment via MAR NOW? Everywhere!

- In the Emergency Department
 - Ask patient if they are interested in starting medication, re-started on medication or being connected to services for opioid use disorder
 - If yes, have a team member give the patient access to a phone and they can call **833-234-6343**
 - The MAR team will take it from there including case management
- Following Hospital Admission
 - Ask patient if they are interested in starting medication, re-started on medication or being connected to services for opioid use disorder
 - If yes, have a team member give the patient access to a phone and they can call **833-234-6343**
 - The MAR team will take it from there including case management
 - Inpatient Team can start MAR if medically appropriate and MAR NOW case management team will coordinate follow-up and continuation
- In the Urgent Care or Outpatient Setting
 - Ask patient if they are interested in starting medication, re-started on medication or being connected to services for opioid use disorder
 - If yes, have a team member give the patient access to a phone and they can call **833-234-6343**
 - The MAR team will take it from there including case management



Why initiate MAR treatment via MAR NOW?

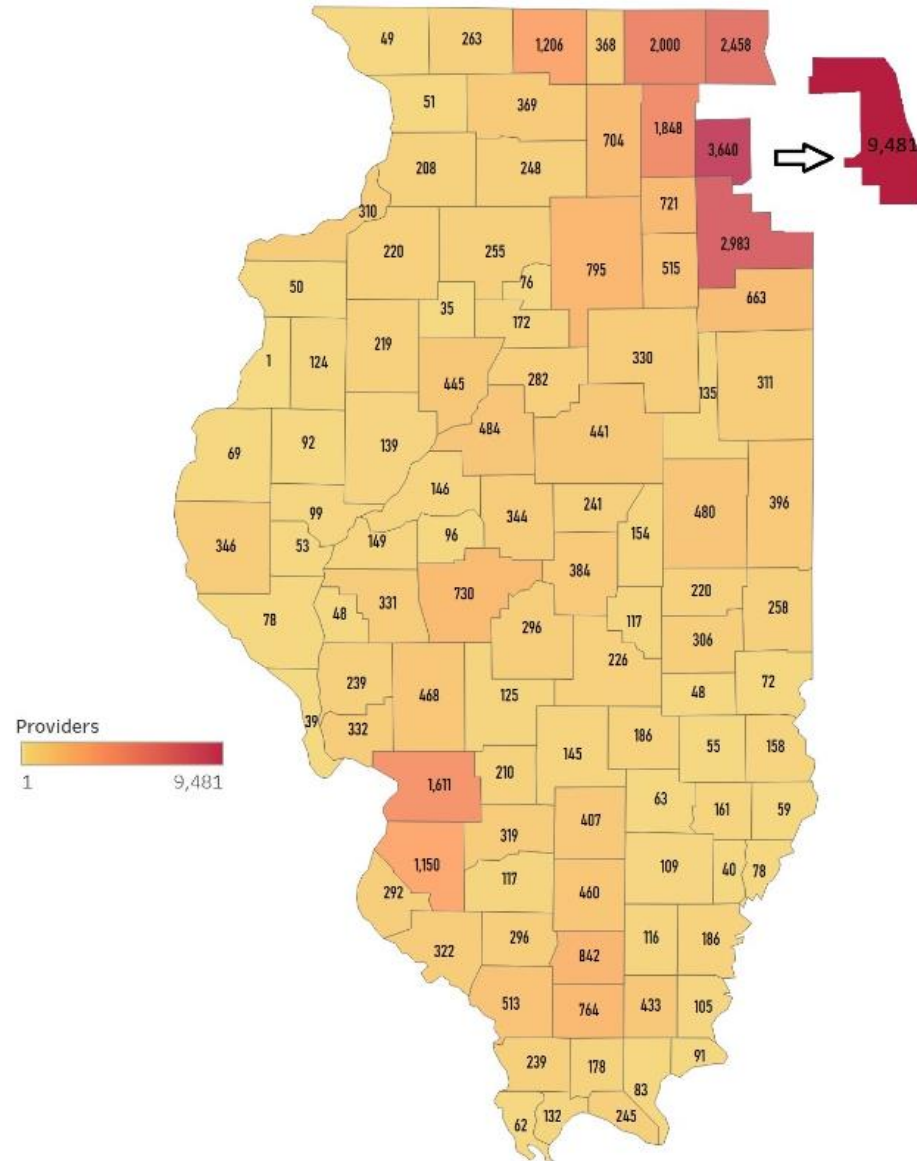
- Positively impact the opioid epidemic in your communities
- Ease of use can decrease work burden for staff
- Improve connection to services for patients without increasing clinical staff
- The Joint Commission has a requirement under the chronic pain management standards that hospitals have a mechanism for referral for patients with OUD – utilizing the MAR NOW hotline easily meets that TJC quality standard



Initial Program Data & Learnings



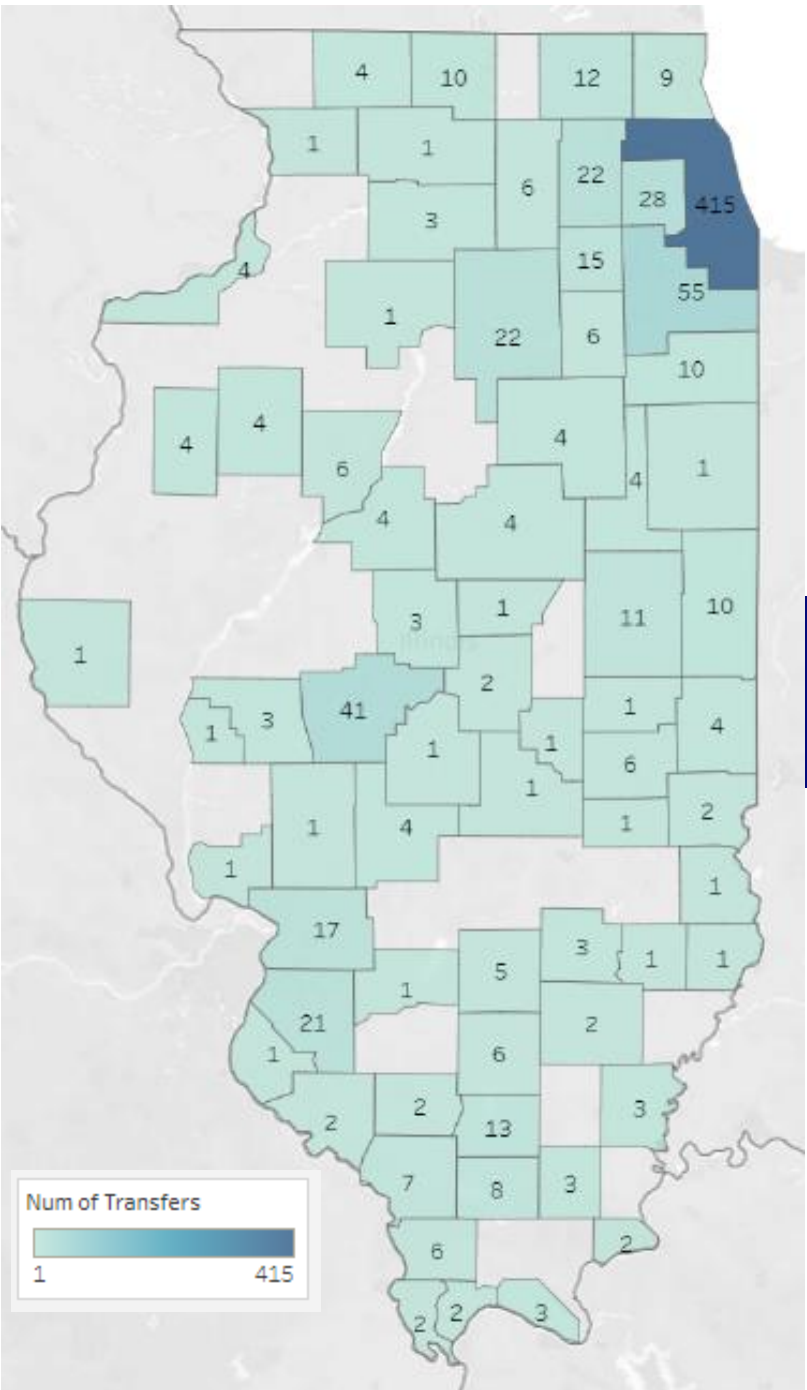
Illinois Medication Assisted Recovery Provider Map



Helpline Calls Transferred to MAR Now

Data is from

May 2022 – August 10th, 2023



County Transferred Calls

| | |
|------------|-----|
| Adams | 1 |
| Alexander | 2 |
| Bureau | 1 |
| Carroll | 1 |
| Champaign | 11 |
| Christian | 1 |
| Clark | 2 |
| Clay | 3 |
| Clinton | 1 |
| Coles | 6 |
| Cook | 415 |
| Crawford | 1 |
| Cumberland | 1 |
| DeKalb | 6 |
| DeWitt | 1 |
| Douglas | 1 |
| DuPage | 28 |
| Edgar | 4 |
| Ford | 4 |
| Franklin | 13 |
| Grundy | 6 |
| Hardin | 2 |
| Iroquois | 1 |
| Jackson | 7 |
| Jefferson | 6 |
| Jersey | 1 |
| Kane | 22 |

County Transferred Calls

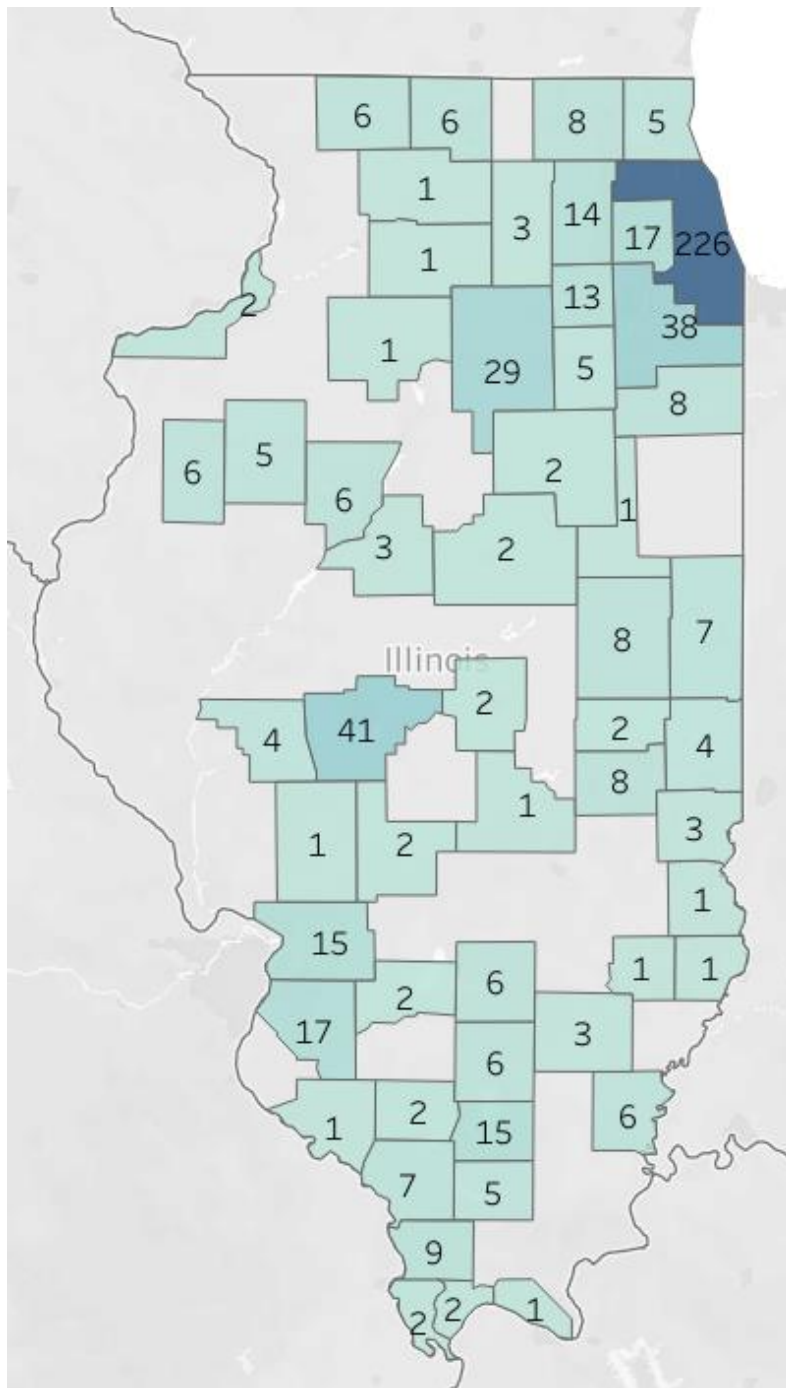
| | |
|-------------|----|
| Kankakee | 10 |
| Kendall | 15 |
| Knox | 4 |
| Lake | 9 |
| LaSalle | 22 |
| Lawrence | 1 |
| Lee | 3 |
| Livingston | 4 |
| Logan | 3 |
| Macon | 2 |
| Macoupin | 1 |
| Madison | 17 |
| Marion | 5 |
| Massac | 3 |
| McHenry | 12 |
| McLean | 4 |
| Monroe | 1 |
| Montgomery | 4 |
| Morgan | 3 |
| Moultrie | 1 |
| Ogle | 1 |
| Peoria | 6 |
| Perry | 2 |
| Pulaski | 2 |
| Randolph | 2 |
| Richland | 1 |
| Rock Island | 4 |
| Saline | 3 |
| Sangamon | 41 |

County Transferred Calls

| | |
|--------------|-----|
| Scott | 1 |
| Shelby | 1 |
| St. Clair | 21 |
| Stephenson | 4 |
| Tazewell | 4 |
| Union | 6 |
| Vermilion | 10 |
| Warren | 4 |
| Wayne | 2 |
| White | 3 |
| Will | 55 |
| Williamson | 8 |
| Winnebago | 10 |
| Not Recorded | 395 |

Helpline Calls Transferred to MAR Now for Callers Seeking Buprenorphine Services

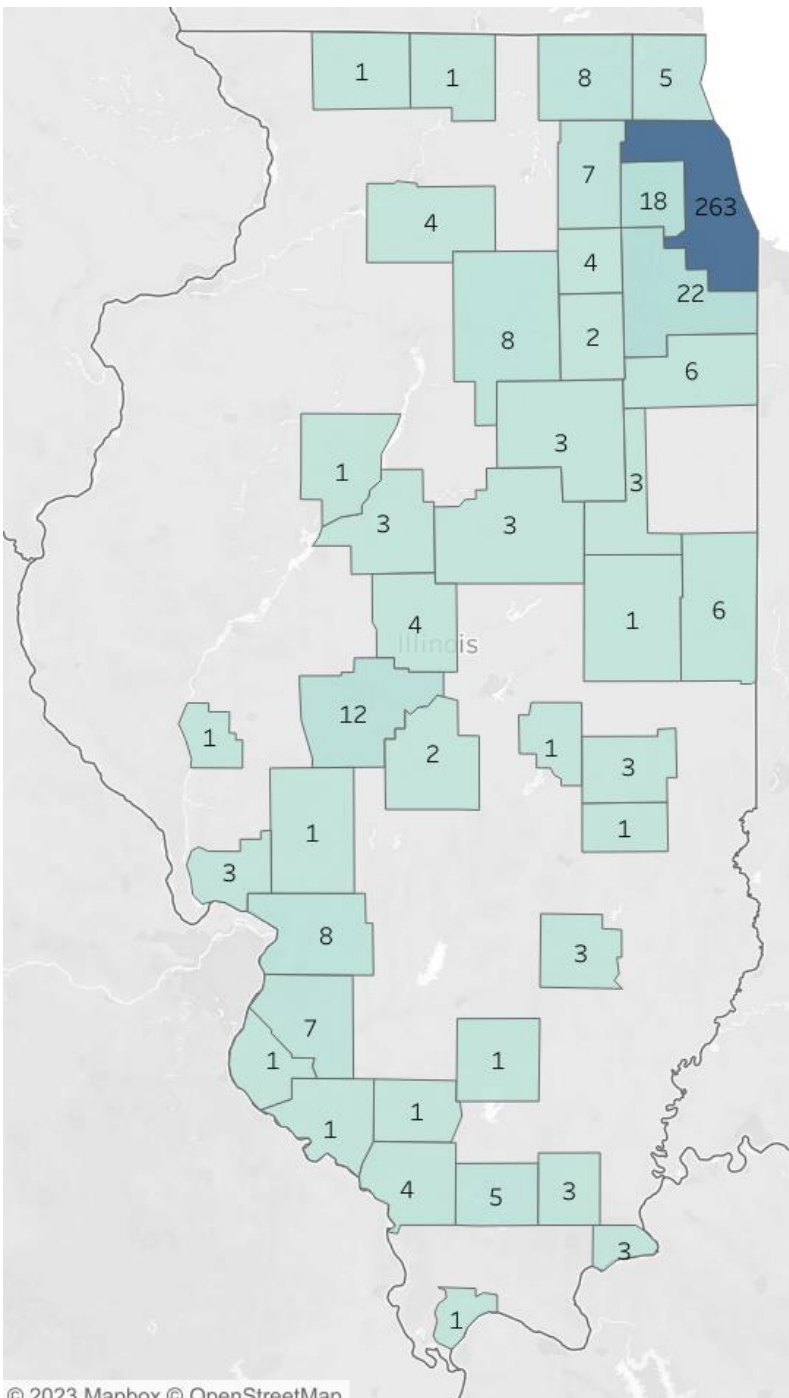
Data is from
May 2022 – August 10th, 2023



| County | Transferred Calls |
|-----------|-------------------|
| Alexander | 2 |
| Bureau | 1 |
| Champaign | 8 |
| Clark | 3 |
| Clinton | 2 |
| Coles | 8 |
| Cook | 226 |
| Crawford | 1 |
| DeKalb | 3 |
| Douglas | 2 |
| DuPage | 17 |
| Edgar | 4 |
| Ford | 1 |
| Franklin | 15 |
| Grundy | 5 |
| Jackson | 7 |
| Jefferson | 6 |
| Kane | 14 |
| Kankakee | 8 |
| Kendall | 13 |

| County | Transferred Calls |
|------------|-------------------|
| Knox | 5 |
| Lake | 5 |
| LaSalle | 29 |
| Lawrence | 1 |
| Lee | 1 |
| Livingston | 2 |
| Macon | 2 |
| Macoupin | 1 |
| Madison | 15 |
| Marion | 6 |
| Massac | 1 |
| McHenry | 8 |
| McLean | 2 |
| Montgomery | 2 |
| Morgan | 4 |
| Ogle | 1 |
| Peoria | 6 |
| Perry | 2 |
| Pulaski | 2 |
| Randolph | 1 |

| County | Transferred Calls |
|-------------|-------------------|
| Richland | 1 |
| Rock Island | 2 |
| Sangamon | 41 |
| Shelby | 1 |
| St. Clair | 17 |
| Stephenson | 6 |
| Tazewell | 3 |
| Union | 9 |
| Vermilion | 7 |
| Warren | 6 |
| Wayne | 3 |
| White | 6 |
| Will | 38 |
| Williamson | 5 |
| Winnebago | 6 |



Helpline Calls Transferred to MAR Now for Callers Seeking Methadone

| County | Transferred Calls |
|------------|-------------------|
| Champaign | 1 |
| Christian | 2 |
| Clay | 3 |
| Coles | 3 |
| Cook | 263 |
| Cumberland | 1 |
| DuPage | 18 |
| Ford | 3 |
| Grundy | 2 |
| Hardin | 3 |
| Jackson | 4 |
| Jefferson | 1 |
| Jersey | 3 |
| Kane | 7 |
| Kankakee | 6 |
| Kendall | 4 |

| County | Transferred Calls |
|------------|-------------------|
| Lake | 5 |
| LaSalle | 8 |
| Lee | 4 |
| Livingston | 3 |
| Logan | 4 |
| Macoupin | 1 |
| Madison | 8 |
| McHenry | 8 |
| McLean | 3 |
| Monroe | 1 |
| Moultrie | 1 |
| Peoria | 1 |
| Perry | 1 |
| Pulaski | 1 |
| Randolph | 1 |
| Saline | 3 |
| Sangamon | 12 |

| County | Transferred Calls |
|------------|-------------------|
| Scott | 1 |
| St. Clair | 7 |
| Stephenson | 1 |
| Tazewell | 3 |
| Vermilion | 6 |
| Will | 22 |
| Williamson | 5 |
| Winnebago | 1 |

Data is from
May 2022 – August 10th, 2023

Initial data indicates program model successfully connects patients to care

May 9, 2022 – January 7, 2024: MAR NOW Call Data

| | <i>Number</i> | <i>Percent of Total</i> |
|--|---------------|-------------------------|
| Calls from patients seeking OUD care | 1425 | |
| Patients seeking methadone | 277 | 20% |
| Patients seeking buprenorphine | 1060 | 74% |
| Patients seeking withdrawal management w/ medical stabilization on MAR | 55 | 4% |
| Patients seeking residential treatment | 33 | 2% |

May 9, 2022 – January 7, 2024: Patient Connection Data

| | <i>Number</i> | <i>Percent of Total</i> |
|--|---------------|-------------------------|
| Methadone patients attended first appointment | 226 | 82% |
| Buprenorphine patients connected to medication | 1044 | 98% |
| Withdrawal management & medical stabilization patients who showed at appointment | 53 | 96% |
| Residential treatment patients who showed at appointment | 30 | 91% |

**Note: connection to care pending for recent callers, data current as of January 7*

Connection to care is high across all treatment options.

Patients connected to withdrawal management and medical stabilization are also connected to FGC's mobile van and MAR.

Initial data demonstrates home induction is safe and effective

May 9, 2022 – January 7, 2024: Buprenorphine Patient Data

| | <i>Number</i> | <i>Percent of Total</i> |
|---|---------------|-------------------------|
| Calls from patients seeking buprenorphine | 1060 | |
| Buprenorphine patients connected to medication | 1044 | 98% |
| Patients connected to medication that received home induction | 978 | 94% |
| Patients connected to medication that received in-person induction | 66 | 6% |
| Home induction patients connected to a community provider for ongoing care | 960 | 98% |
| Home induction patients that experienced adverse events during induction | 2 | 0.2% |
| Home induction patients terminated from care due to suspicions of misuse or diversion | 0 | 0% |

**Note: connection to care pending for recent callers, data current as of January 7*

FGC physicians provide a 14-day prescription for home induction, after which patients are connected to a community provider.

Initial data demonstrates home induction is safe and effective

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Early Learnings

1. Providing **transportation** to clinic appointments and pharmacies lowers barriers to care and increases first appointment attendance rate
2. Concerted **outreach to pharmacies** is required to ensure that buprenorphine is available and pharmacists will fill prescriptions
3. Patients often need **intensive follow-up** from Care Managers to ensure they can make it to their first appointment.
4. Operating through the **existing IL Helpline for Opioids and Other Substances** provides baseline patient demand, aligns City and State efforts, streamlines expansion of program statewide, and allows for patient data matching to capture more information on demographics
5. Calls for withdrawal management and residential treatment are common, and provide opportunity for **education around buprenorphine treatment**.



Next Steps

Spoke Provider Development: FGC is working to build out spoke providers statewide.

- Contact Maria Bruni if interested in participating: mbruni@fgcinc.org
- Jennifer Cyran, Managing Director, Illinois Helpline, jcyran@hria.org

Provide Feedback: What's working and what needs improved.

- Nicole Gastala, Medical Director SUPR/IDHS, Nicole.Gastala@illinois.gov
- Maria Bruni, mbruni@fgcinc.org

Evaluation: FGC is working with an external evaluator to understand:

- Patient behavioral, social/health needs and history
- Patient overdose and treatment history
- Retention in treatment at 3 months
- Patient experience and satisfaction with MAR NOW



Telebuprenorphine Research

Aronowitz, Shoshana V et al. "Telehealth for opioid use disorder treatment in low-barrier clinic settings: an exploration of clinician and staff perspectives."Harm reduction journal vol. 18,1 119. 25 Nov. 2021.

Clark, Seth A., et al. "Using telehealth to improve buprenorphine access during and after COVID-19: A rapid response initiative in Rhode Island. "Journal of Substance Abuse Treatment124 (2021): 108283.

Eibl, Joseph K., et al. "The effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting. "Drug and Alcohol Dependence176 (2017): 133-138.

Guille, Constance et al. "Treatment of Opioid Use Disorder in Pregnant Women via Telemedicine: A Nonrandomized Controlled Trial."JAMA network open vol. 3,1 e1920177. 3 Jan. 2020.

Harris, Robert et al. "Utilizing telemedicine during COVID-19 pandemic for a low-threshold, street-based buprenorphine program. "Drug and alcohol dependence vol. 230 (2022): 109187.

Nordeck, Courtney D et al. "Adapting a Low-threshold Buprenorphine Program for Vulnerable Populations During the COVID-19 Pandemic." Journal of addiction medicine vol. 15,5 (2021): 364-369.

Samuels, Elizabeth A et al. "Innovation During COVID-19: Improving Addiction Treatment Access." Journal of addiction medicine vol. 14,4 (2020): e8-e9.

Tofighi, Babak MD, MSc; McNeely, Jennifer MD, MSc; Walzer, Dalia BS; Fansiwala, Kush BA; Demner, Adam MD; Chaudhury, Chloe S. BS; Subudhi, Ipsita BS; Schatz, Daniel MD, MSc; Reed, Timothy MD; Krawczyk, Noa PhD A Telemedicine Buprenorphine Clinic to Serve New York City, Journal of Addiction Medicine: February 05, 2021.

Uscher-Pines, Lori et al. "Health center implementation of telemedicine for opioid use disorders: A qualitative assessment of adopters and nonadopters."Journal of substance abuse treatment vol. 115 (2020): 108037.

Zheng, Wanhong et al. "Treatment Outcome Comparison Between Telepsychiatry and Face-to-face Buprenorphine Medication-assisted Treatment for Opioid Use Disorder: A 2-Year Retrospective Data Analysis." Journal of addiction medicine vol. 11,2 (2017): 138-144.




ILPQC Hospital Sharing: Actionable Outpatient Strategies Based on MMRC Recommendations

Katherine Austman, MD, Gibson Area Hospital





- 
- A1 Providers should adopt a universal, validated, self-reported screening tool for substance use disorders at the first prenatal care visit, delivery admission, and postpartum visits.


Screening

- Verbal/written – recommended by most major medical societies
 - Validated tools
 - NIDA (now TAPS)
 - 5 P's (pregnancy)
 - CRAFFT (adolescents)
- [NIH NIDA resource](#)



- A4 Providers should review the prescription monitoring program (PMP) and document results of that review before prescribing controlled substances.

[IL Prescription Monitoring Program](#)

- 
- A7 Healthcare providers, including emergency department and obstetric providers, should use the state opioid hotline and MARNow program to link patients to medication-assisted recovery services


MAR NOW

Help is here.

If you or a loved one
is struggling with substance
use,
we're here for you.

[Call](#)[Text](#)[Chat](#)

Illinois
Helpline

- 
- A17 All hospitals should engage in the Drug Overdose Prevention Program (DOPP) to be able to provide point of care Narcan for pregnant and postpartum patients during delivery admission or in the emergency department



IDHS/SUPR Drug Overdose Prevention Program

Who can register to be part of DOPP?

The following are examples of organizations that are eligible to enroll in DOPP:

| | |
|--|--|
| SUPR-licensed substance use treatment programs | Not-for-profit community-based organizations |
| Recovery homes | Urgent care facilities |
| Local public health departments | Faith-based organizations |
| Hospitals and Clinics | Police departments |
| Educational facilities | Local businesses |
| County Jails | Federally Qualified Health Centers |
| Other municipalities, Libraries | First responders |
| Licensed prescribing practitioners | Harm Reduction agencies |

How do I register my organization with DOPP?

Follow these steps:

1. Click the ACCESS NARCAN link below that applies to your organization (Hospitals & Clinics, OR Community Organizations).
2. Complete the SurveyMonkey form.
3. Within about a week of completing the form, you should receive emailed instructions on how to set up your Access Narcan account for your organization (If you don't receive this email, please contact DHS.DOPP.Coordinator@Illinois.gov). This Access Narcan account is where you will order Narcan for distribution.

Hospitals & Clinics

ACCESS NARCAN

(click here)



Community Organizations

ACCESS NARCAN

(click here)





What is expected of me once I enroll in DOPP?

DOPP enrollees are responsible for the following:

- Completing the [2023 DOPP Training Webinar](#). When you have finished the webinar, complete this short [quiz](#) to receive your training certification.
- Providing overdose education and naloxone distribution services.
- Maintaining a supply of naloxone.
- Reporting (at least monthly) on the number of Narcan kits distributed, to whom they were distributed, and overdose reversals due to your Narcan distribution through our reporting portal [Illinois Saves Overdose](#). We will send reporting instructions to you once you have enrolled in DOPP.

The purpose of this project is to encourage distribution of naloxone to people who use drugs, their friends and families, and the community members, but distribution can be limited to an organization's patients/clients/participants.

SUPR uses this data to report to our funder, the Substance Abuse and Mental Health Services Administration (SAMHSA). By consistently reporting this data, you are contributing to our efforts to meet goals, target areas in need, and ultimately help save lives.

Resources and Next Steps

Angel's Story

- ILPQC provider education video
- An inspiring patient story that touches on the importance of SBIRT, reducing stigma and providing Narcan to all at-risk patients
- Find this video on our [youtube channel](#) or ilpqc.org

**MOUD Intake (Not Already
Diagnosed with OUD)**

VIDEO FLOWCHART RESOURCES

**MOUD Intake (Already
Diagnosed with OUD)**

VIDEO FLOWCHART RESOURCES

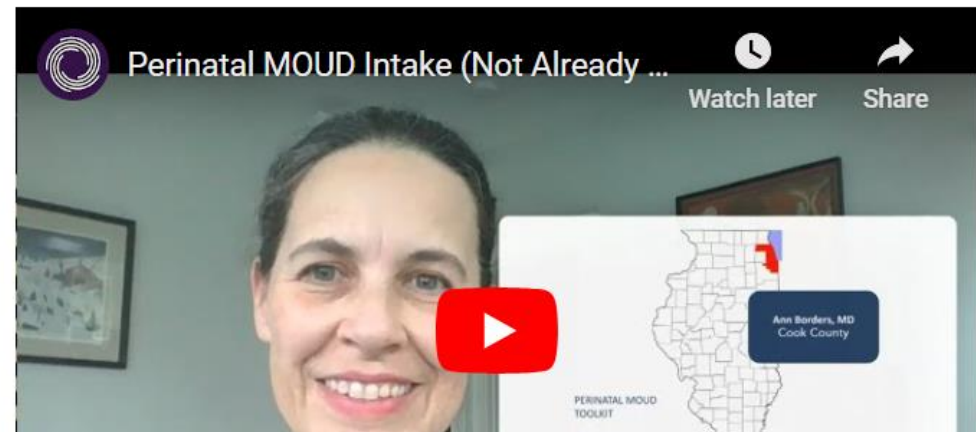
MOUD Initiation

VIDEO FLOWCHART RESOURCES

MOUD Ongoing Care

VIDEO FLOWCHART RESOURCES

Perinatal MOUD Intake (Not Already Diagnosed with OUD)



NEW Perinatal MOUD Video

Watch here:

<https://e.helplineil.org/perinatal/>

IllinoisDocAssist

Answering primary care behavioral health questions about children,
adolescents, and perinatal patients.

IL DocAssist

—
Warmline for free perinatal
substance use
technical/clinical support for
providers caring for OUD
patients

IL MOMS Hotline

- A free, confidential 24-hour hotline—
866.364.MOMS (6667) —
for residents of Illinois to
help find the information,
support and resources
needed to get better.

Stressed or worried during pregnancy?
Heartbroken by infertility or loss?
Overwhelmed by a new baby?



You are not alone.

Many women have these feelings. With support, you can feel better.

Please call us. We can help.

1-866-364-MOMS (6667)

We offer support 24 hours a day, 365 days a year. Interpreters available in any language.

Our free and confidential hotline is answered by caring, professional counselors.

We can listen, answer questions, offer support and find referrals for you.

The NorthShore University HealthSystem Perinatal Depression Program is a partnership between the Departments of Obstetrics & Gynecology, Psychiatry, Pediatrics and Nursing. Founded in memory of Jennifer Mudd Houghaling.

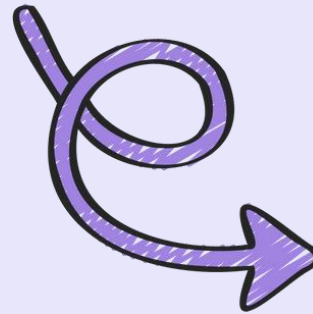


Understanding Hospital Approaches to Toxicology Testing

become part of the national conversation!

- A team of researchers are working with state perinatal quality collaboratives to better understand hospital approaches to substance use screening, toxicology testing, and reporting.
- We're curious about your hospital's pregnancy tox screening practices.
- **Help standardize our approaches & shape policy with our quick web-based survey.**
- 8 IL hospitals have already chimed in. Join us!

access the survey here:

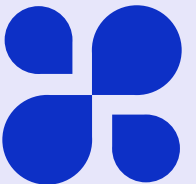


<https://redcap.link/toxpracticesurvey>

Questions? Reach out to: 617-798-0905
or mghtoxsurvey@mgb.org



Mass General Brigham



Order/Download Materials for FREE!



To Order **IL Helpline** Wallet
Cards & Posters

<https://store.helplineil.org/>



To Download FREE **MAR NOW** Posters & Resources

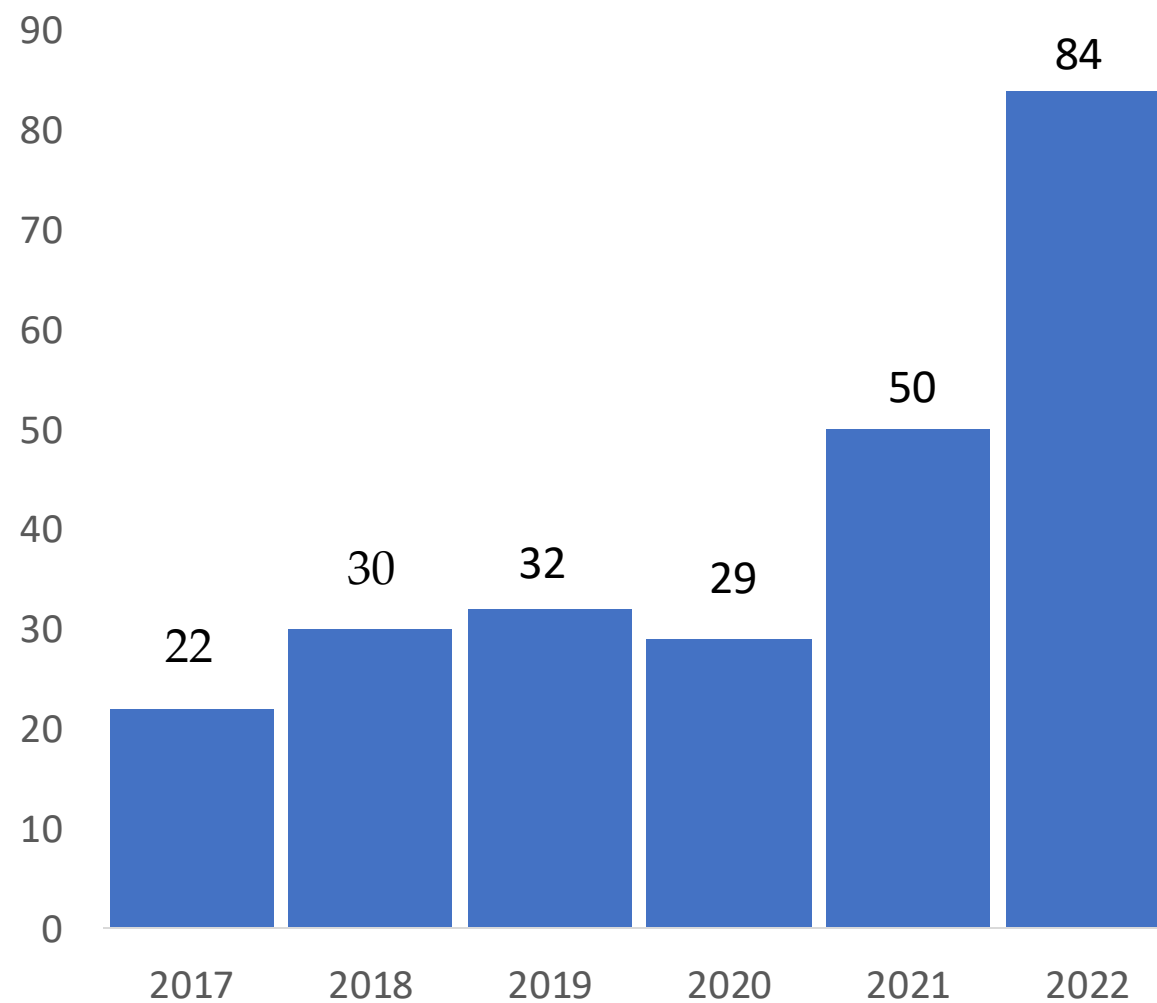
https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/overcome-opioids/overcome-opioids-resources.html

IDPH resources to address increasing incidence of STIs



Maura Quinlan, MD MPH
Women's Health Medical Advisor, IDPH

Congenital Syphilis Cases in Illinois



Perinatal syphilis warmline launched 11/1/2023



(800) 439-4079



NEWS RELEASE

FOR IMMEDIATE RELEASE:

November 2, 2023

CONTACT:

Michael.Claffey@illinois.gov

James.Leach@illinois.gov

IDPH Launches New Provider Phone Line in Response to Alarming Increase in Babies Born with Congenital Syphilis

CHICAGO – Acting to address a sharp increase in congenital syphilis cases among newborns, the Illinois Department of Public Health (IDPH) is urging healthcare providers to conduct more testing for the sexually transmitted infection in advance of birth and is launching a new phone line to provide clinical consultation for providers who treat pregnant patients and newborns.



NEWS RELEASE

FOR IMMEDIATE RELEASE:

November 2, 2023

CONTACT:

Michael.Claffey@illinois.gov

James.Leach@illinois.gov

IDPH has issued [a letter to healthcare providers](#) in the state calling for increased awareness and testing for syphilis.

IDPH is encouraging medical providers to increase syphilis testing of all individuals - especially pregnant people - in any medical setting, including urgent care, emergency departments, and all prenatal care settings. Prenatal health care providers are required by Illinois law to screen all who are pregnant for syphilis infection at the first prenatal visit and early in the third trimester. Additional testing at the time of delivery is also recommended in high-risk settings.

The expansion of the Illinois Perinatal HIV Hotline to include the Perinatal Syphilis Warmline will provide clinical consultation for health care providers for syphilis in pregnancy and the newborn period, coordination of public health record searches to obtain prior syphilis testing and treatment information, and assistance with mandatory reporting. The warmline will be available Monday- Friday with messages returned in one business day.

Reducing syphilis cases (especially congenital syphilis) has the additional challenge of the current Bicillin shortage, the only medication that treats syphilis in pregnancy and children. Until this shortage is alleviated, it is critical that providers prioritize Bicillin inventory for treatment of those for whom there are no other treatment options: infants and those who are pregnant. Providers should consult the [CDC treatment guidelines](#) to ensure adequate care. Those who are pregnant should talk to your health care provider about testing and any needed treatment as you prepare for your baby's arrival.

All IDPH resources in one place!

IDPH resources for Ob.Gyn/Women's Health Providers

OBSTETRICS

Opioid Use Disorder resources

[Illinois Helpline](#) – resources for *patients*

[Illinois Helpline toolkit](#) – resources for *providers* (including how to diagnose/treat opioid use disorder and prescribe medication-assisted treatment.)

[MAR NOW](#) – 24/7 Helpline for immediate Medication Assisted Recovery access, connection to Care Manager/long term care - 833-2FINDHELP, 833.234.6343

[Free NARAN](#) to distribute to your patients.

Perinatal Mental Health Resources

[Illinois DocAssist](#) for provider immediate consultation

Perinatal Depression Hotline: 1.866.ENH-MOMS (1.866.364.6667) for patients

Congenital Syphilis Cases Resources

[Illinois Perinatal Syphilis Warmline](#) for clinical consultation, coordination of record searches for prior syphilis testing/treatment 1.800.439.4079 – calls returned in 1 business day

GYN

[Expedited Partner Therapy Fact Sheet for Partners](#)

[Illinois Family Planning Program](#): low/no cost sites that can provide care including STI testing [Site locator](#) – by zip code

Program that offers [free mammograms/pap screening](#), [Agency directory with location](#)

[Syphilis Reporting form IDPH \(outside Chicago\)](#), [Syphilis Reporting form Chicago](#)

[To reach Local Health Department](#) for STI follow up/treatment help (ask for STI team!)

TO STAY INFORMED

[Add your name](#) to IDPH Practical resources list.

[Sign up for SIREN](#) (State of Illinois Rapid Electronic Notification system) to stay current on state/local agencies communication of resources.

[Loan Repayment](#) info



Scan above for resource list!

Reach out with questions: Maura.Quinlan@illinois.gov

Thanks to our Funders



In kind support:

