ILPQC
Illinois Perinatal Quality Collaborative

OB Advisory Workgroup

November 13, 2017

12:00 – 1:30 PM

Overview

IL PQC
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- General Updates
- Annual Conference Updates
- HTN Initiative Sustainability
- MNO
- IPLARC
- Next Steps

Sustainable Funding

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- Planning with legislative advisory group, IDPH, DHS
- Meeting with IPDH and DHS Directors
- Meeting with Sen. Steans, Rep. Harris
- Meeting with Gov.'s new Chief of Staff

MOC Pathways for Part IV: Improvement in Medical Practice

For Obstetrician-Gynecologists (ABOG)

DUE: November 27, 2017

- **Respond to MOC Attestation Survey via Survey Monkey**
- **Ask your hospital QI team lead to complete survey as well**
- **ILPQC will submit the information the surveys to ABOG**
- **Complete 4 questions on your MOC Part IV Activity Summary page in the ABOG Dashboard**

ILPQC 5th Annual Conference Save the Date!

Tuesday, December 19, 2017

Westin Lombard

REGISTRATION IS OPEN!

https://www.eventbrite.com/e/illinois-perinatal-quality-collaborative-5th-annual-conference-tickets-39493819076

Annual Conference Hotel Block Room Reservations Now Available

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- https://www.starwoodmeeting.com/events/start.action?id=1710035949&key=21CC118E
- Group rate of $139 single/double available until Nov 27, 2017

NOW ACCEPTING Poster Session Abstracts for 5th AC

- We are asking **ALL ILPQC TEAMS** to submit an abstract sharing the great Severe Maternal HTN or Golden Hour QI they've done including plans for sustainability / ongoing work in 2018
- Teams are welcome to submit additional abstracts regarding mothers / newborns affected by opioids, IPLARC, and patient & family engagement or other QI projects teams want to share
- Submit abstracts by **November 20th** to qualify for awards of excellence.
- Late Breaking abstracts may be submitted through Nov 27th

Submit abstracts online:
https://www.surveymonkey.com/r/ILPQC_5th_ACAbstractSubmission

2017 Annual Conference Agenda

8:00-8:45	Welcome – TBD & Year in review – Ann, Justin Josephsen, Leslie Caldarelli
8:45-9:30	Keynote - Matthew Grossman (MNO, Neonatal/Newborn)
9:30-9:45	Break
9:45-11:15	3 leaders from State PQCs (Carole Lannon- OH, Julie DeCesear-OH, Brenda Barker - TN)
11:15-12:00	Plenary- Tamela Milan (MNO, Patient & Family)
12:00-1:30	Lunch & Poster Session
1:30-2:15	Plenary- Melinda Campopiano (MNO, OB)
2:15-3:00	Plenary - Amy Crockett (IPLARC)
3:00-3:15	Break
3:15-5:00	Breakouts: OB, Neo, Patient & Family Engagement
5:00-5:15	Wrap-Up & Evaluation

Important Dates for AC 2017

- November 15 – ILPQC HTN and GH data are due in REDCap
- November 17 – ILPQC HTN teams annual surveys due via SurveyMonkey
- DEADLINE EXTENDED - November 20 – Poster Abstracts due via SurveyMonkey

ANNOUNCING:

QUALITY IMPROVEMENT RECOGNITION AWARDS

ILPQC SEVERE MATERNAL HYPERTENSION INITIATIVE

GOLD

- ✓ Structure Measures
+
- ✓ **All 4** Process Measure goals met

SILVER

- ✓ Structure Measures
+
- ✓ **3 of the 4** Process Measure goals met

BRONZE

- ✓ Structure Measures
+
- ✓ **2 of the 4** Process Measure goals met

DETERMINED BY DATA* FOR QUARTER 3 OF 2017**

PLEASE SUBMIT NO LATER THAN NOVEMBER 15TH

TO BE AWARDED AT 5TH ANNUAL ILPQC CONFERENCE: DECEMBER 19, 2017

*SEVERE HTN DATA, AIM QUARTERLY MEASURES, & IMPLEMENTATION CHECKLIST

**QUARTER 3 INCLUDES JULY, AUGUST, SEPTEMBER & OCTOBER 2017

IF YOU MEET THE PROCESS MEASURE GOAL IN **EITHER** SEPTEMBER OR OCTOBER 2017 YOU WILL GET CREDIT TOWARDS THE AWARD

Award Criteria

Award Criteria for IL Maternal Hypertension Hospital Teams:

Structure Measures: MUST HAVE BOTH by expanded 3rd "quarter" (Jul-Oct 2017)

- *Severe Maternal HTN Policies in place in all units (Implementation Checklist: question 1 A-C)*
  - Standard protocols for early warning signs, updated diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia on L&D, Antepartum/Postpartum, Triage
- *Provider & Nursing education: ≥80% of providers and nurses educated (AIM Quarterly Measure: 1 A,B, 2 A,B)*

Process Measures: 4 / 4, 3 / 4, or 2 / 4 in September OR October 2017

- Time to treatment ≤60 minutes: ≥80% of cases
- Debrief: ≥30% of cases
- Discharge education: ≥70% of cases
- Follow-up appointments scheduled within 10 days of discharge: ≥70% of cases

OB Teams Survey

Due Friday, November 17th

https://www.surveymonkey.com/r/OBTeams2017

One Severe Maternal HTN Team member fills out per team

Poster Session Abstract Submission

- We would love to see **all teams** submit an abstract pertaining to the great work they've done around Severe Maternal HTN!
- Include **plans for sustainability** in abstract
- Welcome to submit additional abstracts on MNO, LARC, and Family & Patient engagement
- Deadline to be considered for award: Nov 20
- Late breaking abstracts accepted until Nov.27

https://www.surveymonkey.com/r/ILPQC_5th_ACAbstractSubmission

ILPQC Timeline - Overview

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- HTN and GH initiative through December 2017 with sustainability through 2018
- ILPQC MNO and IPLARC initiatives starting in 2018

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Maternal HTN Initiative Data & Education

Collaborative Data Review

QI Support Plan Updates

Maternal Hypertension Data: Time to Treatment

ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated in <30, 30-60, 60-90, >90 minutes or Not Treated
All Hospitals, 2016-2017

42 teams reporting Oct 2017 data

Percent of Cases

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Baseline (2015)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	April-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
41.5%	47.9%	50.9%	53.2%	54.6%	60.6%	64.9%	66.5%	74.3%	70.5%	73.7%	78.4%	78.5%	75.0%	74.0%	78.1%	82.1%

<30 mins | 30-60 mins | 60-90 mins | >90 mins | Missed Opportunity

Maternal Hypertension Data: Time to Treatment

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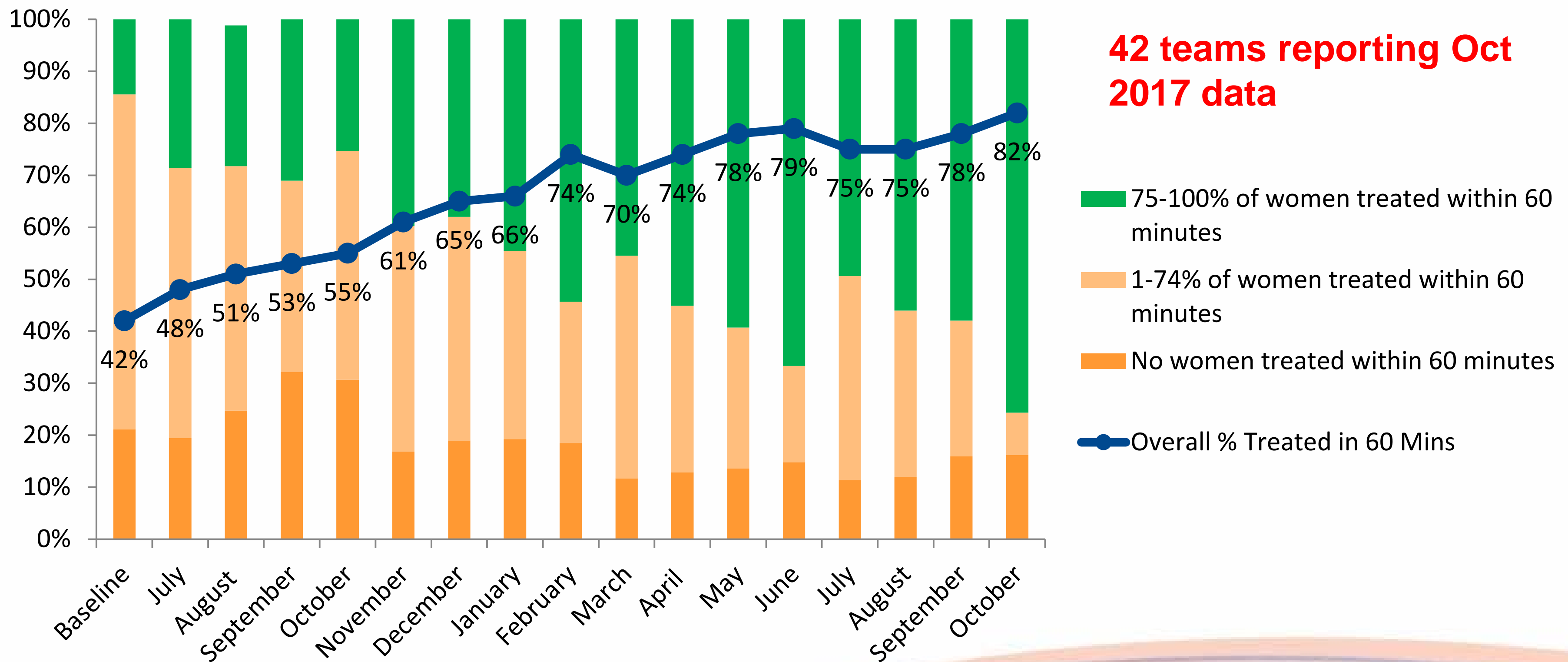

Maternal Hypertension Data: Patient Education

ILPQC: Maternal Hypertension Initiative
Percent of All Reporting Hospitals Where Women Received Discharge Education Materials
All Hospitals, 2016-2017

42 teams reporting Oct 2017 data

Month	Overall % Received Materials at Discharge
Baseline	37%
July	38%
August	46%
September	49%
October	64%
November	66%
December	66%
January	66%
February	71%
March	79%
April	73%
May	79%
June	79%
July	78%
August	82%
September	78%
October	83%

Legend:
- 75-100% of women received discharge materials
- 1-74% of women received discharge materials
- No women received discharge materials
- Overall % Received Materials at Discharge

Y-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

Maternal Hypertension Data: Patient Follow-up

ILPQC: Maternal Hypertension Initiative
Percent of All Reporting Hospitals Where Follow-up Appointments were Scheduled within 10 Days
All Hospitals, 2016-2017

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Month	Overall % With Follow Up
Baseline	53%
July	54%
August	54%
September	64%
October	70%
November	73%
December	67%
January	64%
February	74%
March	75%
April	73%
May	73%
June	75%
July	71%
August	76%
September	78%
October	80%

42 teams reporting Oct 2017 data

75-100% of women with follow up
1-74% of women with follow up
No women with follow up
Overall % With Follow Up

Maternal Hypertension Data: Debrief

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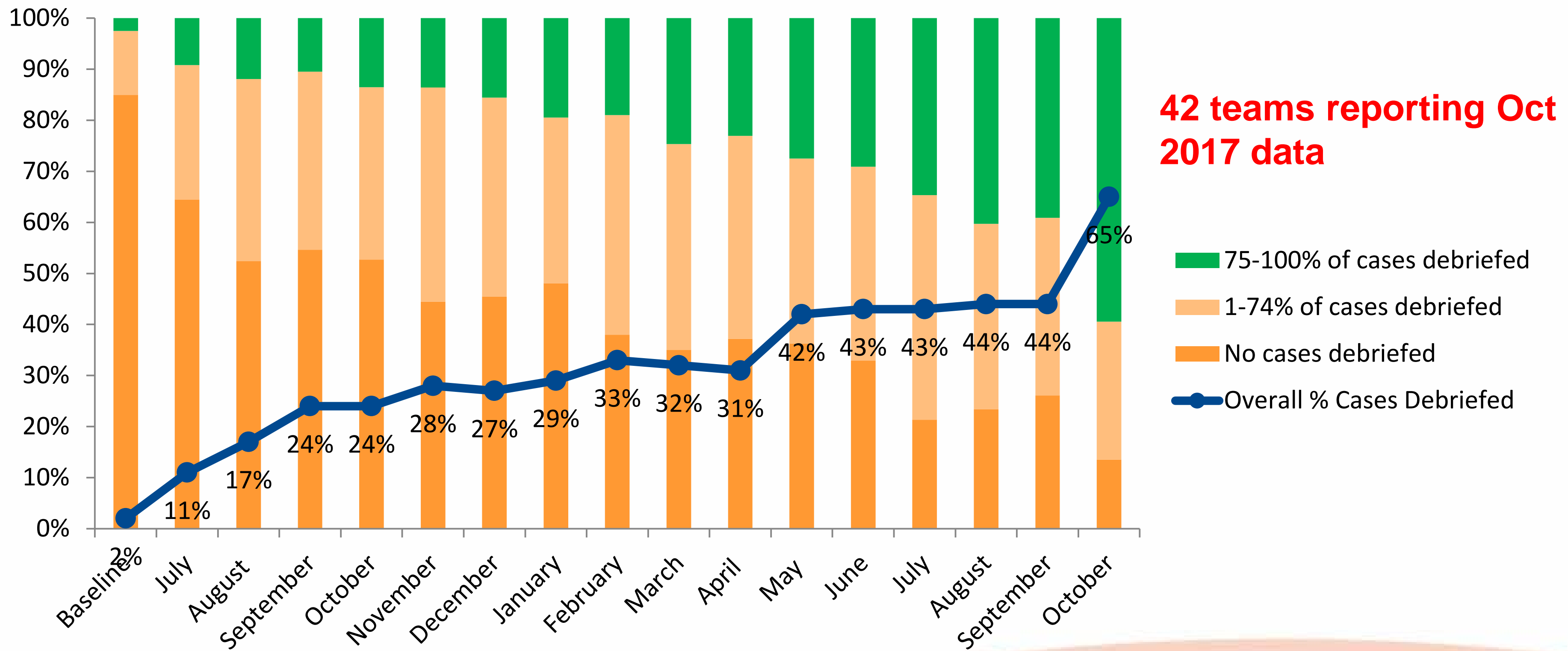

Maternal Hypertension Data: Magnesium Sulfate Administered

ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension with Magnesium Sulfate Administered
All Hospitals, 2016-2017

Not all teams have reported Oct 2017 yet

	Baseline	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October
Overall % Cases Debriefed	54%	55%	54%	52%	54%	56%	54%	58%	59%	59%	59%	63%	58%	64%	60%	57%	55%

Y-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

Legend:
- 75-100% of cases debriefed
- 1-74% of cases debriefed
- No cases debriefed
- Overall % Cases Debriefed

Severe Hypertension Data Entry Status

	Total Records	# Teams with Data
Baseline (2015)	**1644**	90
July	591	77
August	659	85
September	573	87
October	517	75
November	566	83
December	570	79
January	566	83
February	510	81
March	559	77
April	505	78
May	592	81
June	508	79
July	534	75
August	607	81
September	508	71
October	242	42
Overall	**11955**	**104**

Plan to Support All Teams Achieve QI Goals

- Thru December 2017
  - Outreach to teams not yet at 80% to help them achieve QI goals
  - Monthly collaborative learning via OB Teams Call
- January thru December 2018
  - Quarterly outreach to teams not at goal or not maintaining compliance with sustainability measures
  - Quarterly review of collaborative data on OB Teams Call

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Maternal HTN Initiative Sustainability

Building Sustainability for 2018

- Severe Maternal HTN pillars of sustainability for 2018:
  - Compliance Monitoring
  - Ongoing Education
  - New Hire Education

- How do teams build / implement a HTN sustainability plan for 2018?

How to Help Teams Transition to Sustainability 2018

- Some teams ready to sustain gains
- Other teams still working to achieve > 80%
- Teams to start **Sustainability Planning**
  1) Compliance monitoring 2018 – 4 key questions
  2) HTN education for new hires – AIM e-modules
  3) Incorporate HTN education into ongoing unit education: drills / simulations / e-modules and continue to post protocols, active "debrief" = "how did we do on Time to Treatment?"

Compliance Monitoring 2018

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- 2018 REDcap compliance data form will be available to track compliance *severe HTN*
  - Time to treatment severe HTN under an hour
  - Magnesium provided
  - Early follow up for BP check within 7-10 days
  - Patient Education

Compliance Data Collection Form in REDCap:

Maternal Severe HTN Compliance Form

Assign record to a Data Access Group? -- select a group --

Adding new Record ID 4

Record ID	4
Hospital ID * must provide value	
Date of Maternal severe HTN (BP systolic ≥ 160 and/or diastolic ≥110) * must provide value	Today M-D-Y
How long after the BP reached systolic ≥160 and/or diastolic ≥110 and persistent for 15 minutes was first BP medication given? * must provide value	< 30 mins 30-59 mins >60 mins No action taken / Missed opportunity reset
Was Magnesium Sulfate administered? * must provide value	Yes No reset
Discharge Management: Was a follow-up appointment scheduled for within 3-10 days (for all women with any severe range hypertension/preeclampsia)? * must provide value	Yes No reset
Discharge Education: Were education materials about preeclampsia given? * must provide value	Yes No reset
Form Status	
Complete?	Incomplete
	Save Record Save and Continue
	-- Cancel --

Continue monthly reporting on 4 key process measures in short form with access to graphs

Compliance Data Run Chart in REDCap:

ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated within 60 Minutes
Hospital 999 & Select Comparisons, 2016 - 2017

Percent of Cases

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

	Baseline 2015	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
All Hosp	41	38	52	54	51	58	56	48	51	53	55	61	65	66	74	70	74	78	79	75	75	79	88														
Hospital 999																																					
Hospital 999 BaseLine	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41

Hospital 999 BaseLine — All Hosp — Hospital 999

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Initiatives Starting 2018

Mothers and Newborns Affected by Opioids (MNO)
Immediate Postpartum Long Acting Reversible Contraception (LARC)

Overview

- MNO Wave 1 recruitment starts in Dec 2017 and launches in early 2018, Wave 2 teams join in April 2018
- IPLARC longer Wave 1 starting in spring with interested hospitals
- All OB Teams come together at May F2F
- State Quality Council approved MNO and IPLARC as statewide QI initiatives starting in 2018
- Letter of support from Director Shah regarding MNO and IPLARC Initiative for 2018-19 share with birthing hospitals & NICU's

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Mothers and Infants Affected by Opioids (MNO) Initiative

Mothers and Newborns Affected by Opioids (MNO)

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- Received grant from CDC and IDPH
- Working closely with IL stakeholders: Dept of Public Health, Opioid Task Force, and NAS Advisory Committee
- Participating in collaborative of state PQCs on implementation of ACOG AIM OB Care for Women with Opioid Use Disorder Bundle
- Launch in 2018 with OB and neonatal teams in IL birthing hospitals and NICUs
- Seek to (1) improve screening of pregnant women and linkage to care during and after pregnancy and (2) improve and standardize care of newborns affected by NAS

MNO To Date

- Input from IDPH NAS Advisory Committee, IL Opioid Action Plan Committee, and AIM (Maternal Opioid Patient Safety Bundle)
- Workgroup meets 3rd Monday of month from 1-2pm
- Develop Draft QI Aims, Measures, Key Drivers Diagram
- Identify sample process flow to identify gaps between identification and referral to services for mothers and newborns
- Holding calls with other state teams to discuss maternal opioid measures
- Collaborative of 13 states meeting in DC, 11/14 to discuss

MNO Timeline

<table>
<tr><th>Tasks</th><th>Oct-17</th><th>Nov-17</th><th>Dec-17</th><th>Jan-18</th><th>Feb-18</th><th>Mar-18</th><th>Apr-18</th><th>May-18</th></tr>
<tr><td>Develop QI Initiative (AIMS, Measures, Data Form) & Identify Clinical Leads</td><td style="background:#1f497d"></td><td style="background:#1f497d"></td><td style="background:#1f497d"></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Recruit and Launch Wave 1: with OB & Neonatal Teams (test data process)</td><td></td><td></td><td style="background:#1f497d"></td><td style="background:#1f497d"></td><td style="background:#1f497d"></td><td style="background:#1f497d"></td><td></td><td></td></tr>
<tr><td>Launch Wave 2 with all hospital teams</td><td></td><td></td><td></td><td></td><td></td><td></td><td style="background:#1f497d"></td><td style="background:#1f497d"></td></tr>
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Ongoing input from IDPH NAS Committee, OB Advisory Workgroup, AIM Maternal Opioid Collaborative

Key Professional Guidelines

Illinois Perinatal Quality Collaborative

- AIM Opioid Bundle
- ACOG Committee Opinion

Potential Model Initiatives

- AIM Opioid Bundle Collaborative
- Massachusetts Perinatal Quality Collaborative
- Ohio Perinatal Quality Collaborative

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All images and content are from MPQC & neoQIC

http://www.mapnqin.org/substance-use-projects/

PNQIN- IMPROVING THE CARE OF OPIOID-EXPOSED NEWBORNS AND THEIR FAMILIES (MPQC & NEOQIC)

Specific goals

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- Increase the percent of mothers with opioid use disorder who are in medication-assisted treatment (MAT) during pregnancy

- Increase family engagement in the care of newborns at risk of NAS, measured by the percent of opioid-exposed newborns receiving their mother's milk at time of hospital discharge

- Increase Early Intervention enrollment among infants with NAS

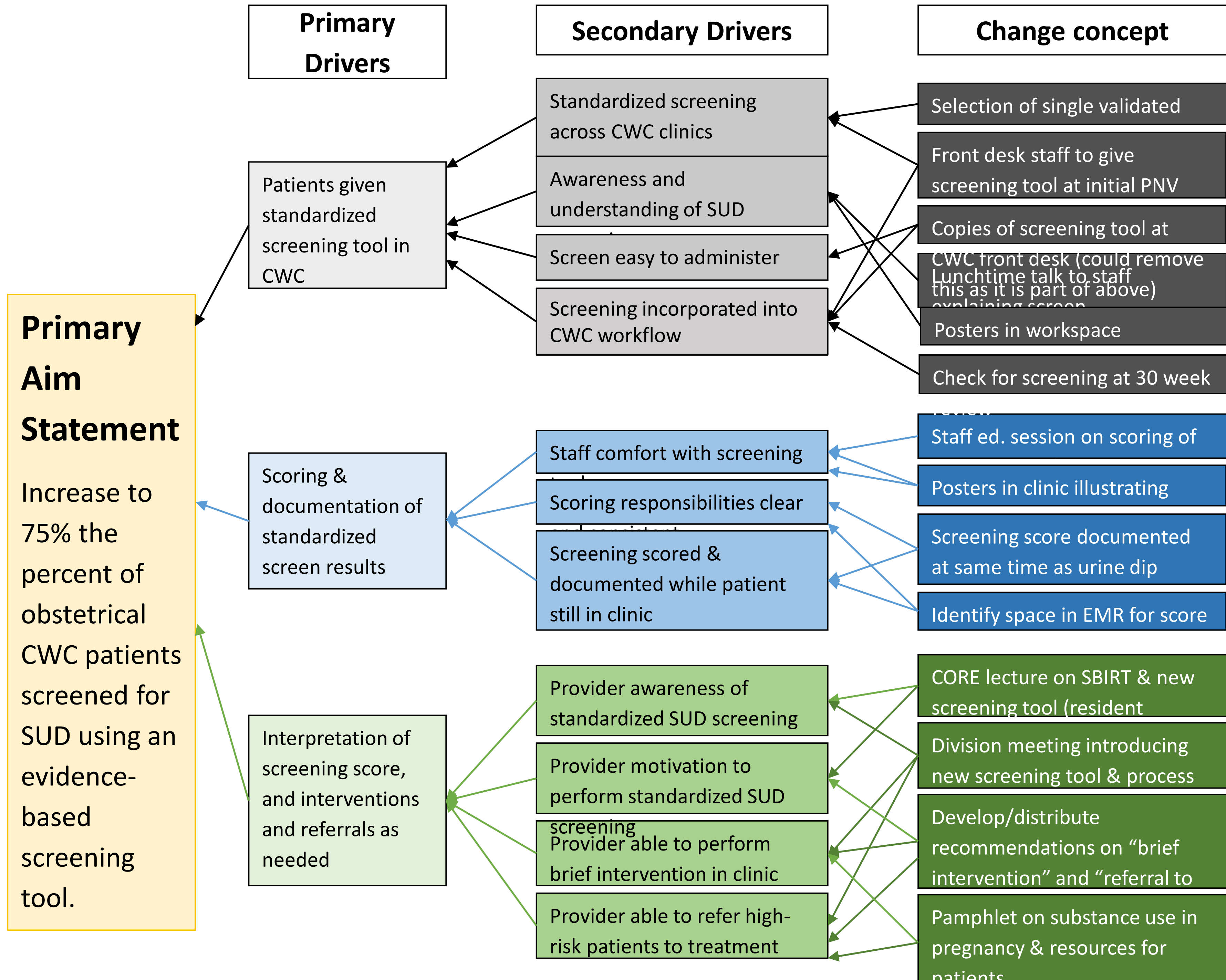
Potential Metrics Across the Continuum of Care for Perinatal Opioid Use

Family → Pregnancy → Newborn → Infant → Family

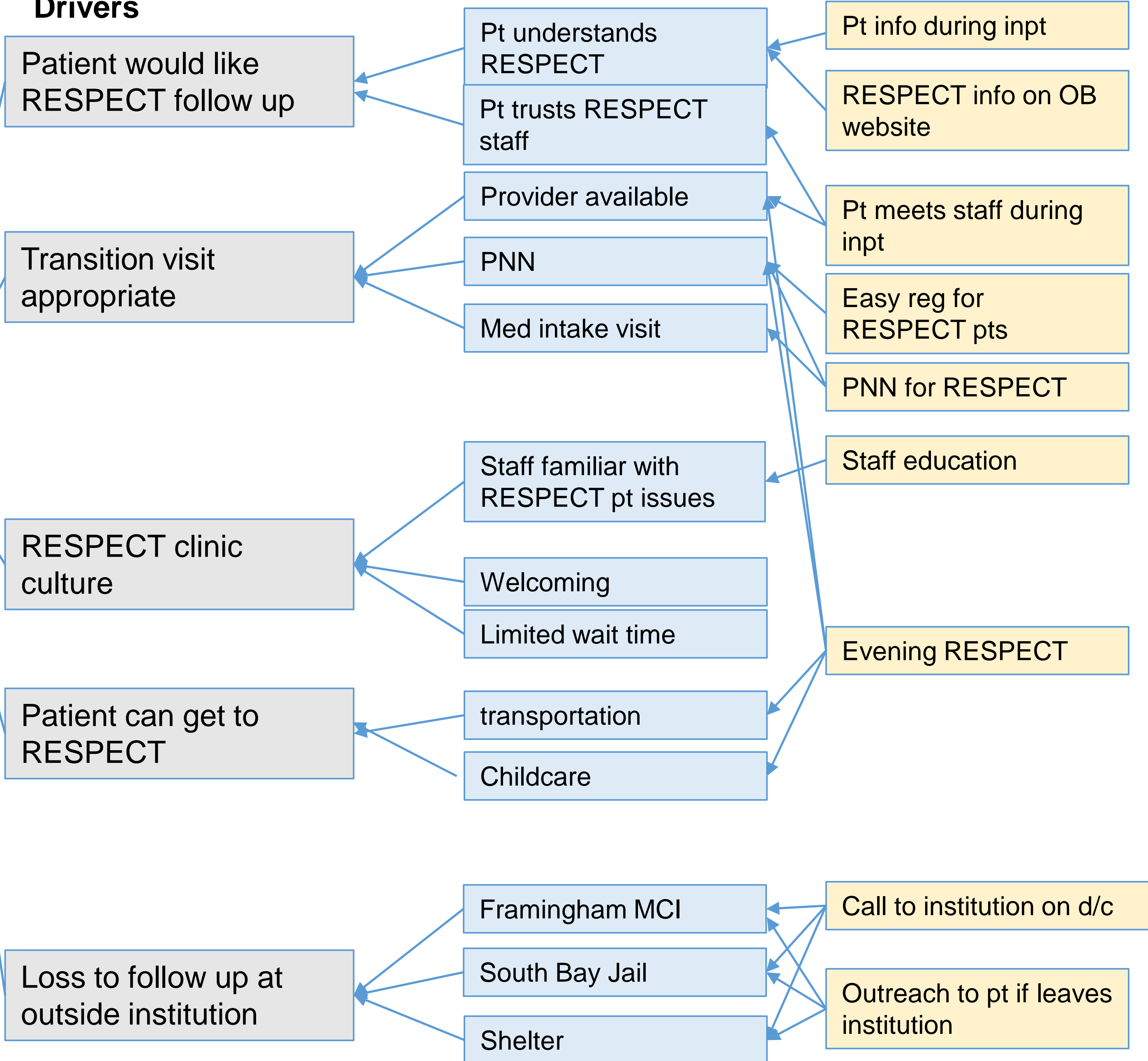
- Percent of mothers screened for drug use during pregnancy
- Percent of mothers of SENs in medication-assisted treatment

- Percent of SENs requiring pharmacologic therapy
- Percent of SENs receiving non-pharmacologic interventions
- Percent of SENs receiving breast milk
- Average length of stay for infants with NAS

- Readmission rate for infants with NAS after discharge
- Rate of enrollment in EI at 1 year of age for infants with NAS



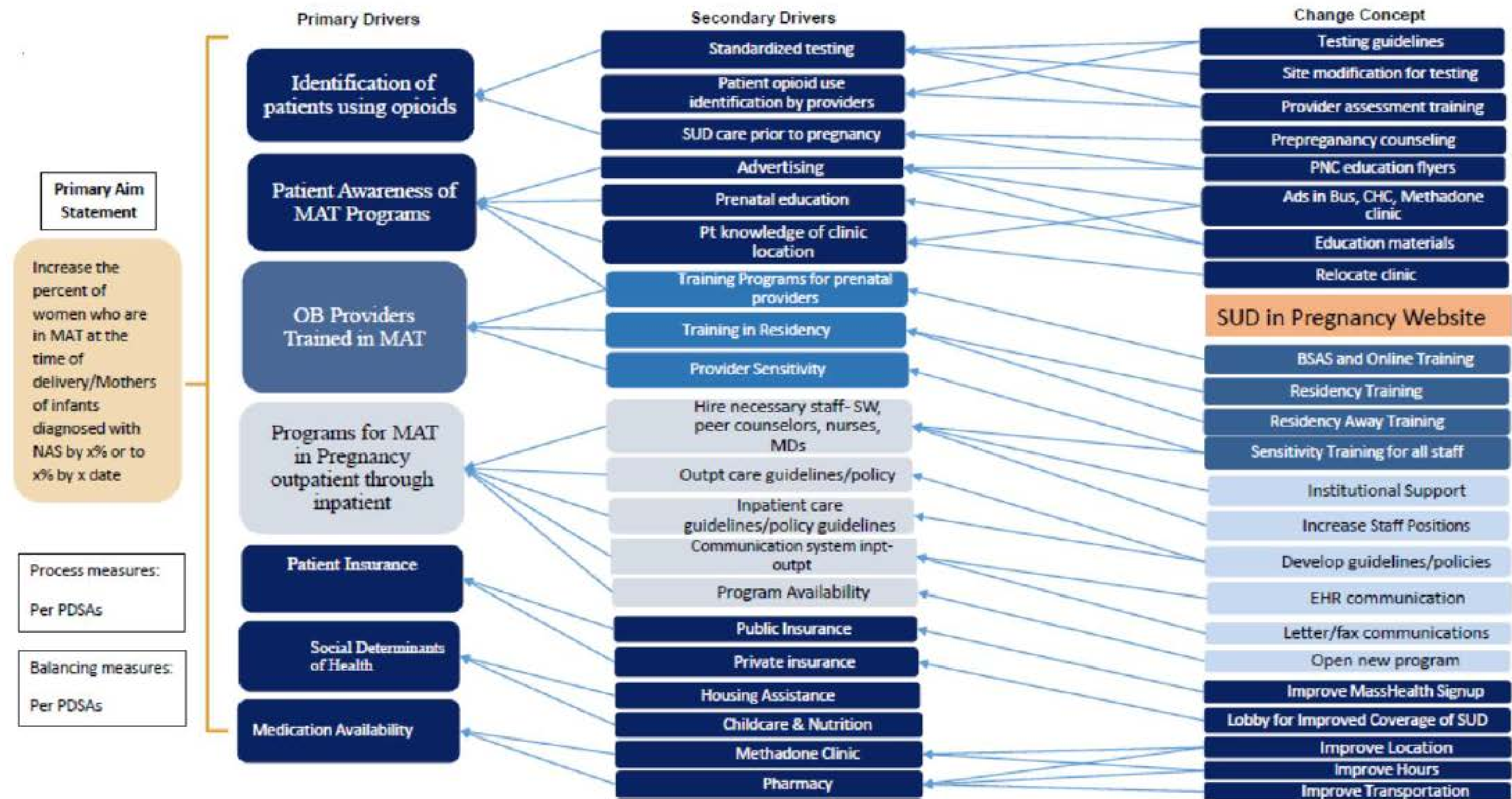
Primary Drivers
Secondary Drivers
Change concept
Primary Aim Statement
Increase to 75% the percent of obstetrical CWC patients screened for SUD using an evidence-based screening tool.
Patients given standardized screening tool in CWC
Standardized screening across CWC clinics
Awareness and understanding of SUD
Screen easy to administer
Screening incorporated into CWC workflow
Selection of single validated
Front desk staff to give screening tool at initial PNV
Copies of screening tool at CWC front desk (could remove this as it is part of above)
Lunchtime talk to staff
Posters in workspace
Check for screening at 30 week
Scoring & documentation of standardized screen results
Staff comfort with screening
Scoring responsibilities clear
Screening scored & documented while patient still in clinic
Staff ed. session on scoring of
Posters in clinic illustrating
Screening score documented at same time as urine dip
Identify space in EMR for score
Interpretation of screening score, and interventions and referrals as needed
Provider awareness of standardized SUD screening
Provider motivation to perform standardized SUD screening
Provider able to perform brief intervention in clinic
Provider able to refer high-risk patients to treatment
CORE lecture on SBIRT & new screening tool (resident
Division meeting introducing new screening tool & process
Develop/distribute recommendations on “brief intervention” and “referral to
Pamphlet on substance use in pregnancy & resources for


Aim
Primary Drivers
Secondary Drivers
Change concepts
Patient transition to RESPECT outpatient clinic from inpatient MAT initiation: Aim: 100%
Patient would like RESPECT follow up
Transition visit appropriate
RESPECT clinic culture
Patient can get to RESPECT
Loss to follow up at outside institution
Pt understands RESPECT
Pt trusts RESPECT staff
Provider available
PNN
Med intake visit
Staff familiar with RESPECT pt issues
Welcoming
Limited wait time
transportation
Childcare
Framingham MCI
South Bay Jail
Shelter
Pt info during inpt
RESPECT info on OB website
Pt meets staff during inpt
Easy reg for RESPECT pts
PNN for RESPECT
Staff education
Evening RESPECT
Call to institution on d/c
Outreach to pt if leaves institution

KEY DRIVER DIAGRAMS

The following key driver diagrams are provided as examples of tools that will be used to support quality improvement efforts.

Key Driver Diagram 1: Increasing the percent of mothers of infants with NAS who are in MAT at time of delivery



Massachusetts Key Take-Aways

- Relationship between OBs and Neonatologists and REDCap data system
- Neonatologists collect data on % patients on treatment, what their exposures were for babies who were substance exposed newborns (SEN)
- For SEN, providers who care for babies reach out through chart to get the record of mother's exposure:
  - Prescribed/not-prescribed
  - Legal/not legal
- Denominator: babies identified as SEN (includes known opioid exposure and possibly exposed)
- Outpatient structure measures: % outpatient using validated screeners, protocols prenatally if you get a screen positive, identify resources for linking to care, do providers know what resources are available
- They define Screening as Verbal, and Testing as Biological
- Long-term outcomes:
  - Breastfeeding at discharge, 1-year early intervention activity for the baby

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All images and content are from OPQC

OPQC – PERINATAL OPIOID USE DISORDER PROJECT

OPQC Perinatal Use Disorder Project Measures Table

OPQC Perinatal Opioid Use Disorder Project - Measures Table						
Measure Name	Time Period	Numerator	Denominator	Desired Direction	Data Source	Notes
Percent of pregnant women identified with opioid use disorder	Monthly	Number of pregnant women identified with opioid use disorder	Number of pregnant women		PRAF 2.0 only or PRAF 2.0 + Form/Log	Will come from PRAF 2.0 form - will be used as an estimate rather than an exact number. Will not be able to link to our population for OPQC. These question is asking for those that need help with an opioid use disorder - this could affect results.
Percent of women identified with tobacco use	Monthly	Number of visits where a woman is identified with tobacco use	Number of visits		Form/Log	
Percent women who receive PNC and MAT and behavioral counseling	Monthly	Number of visits where a woman receieves (visit or interval based?): PNC and MAT and behavioral counseling if applicable	Number of visits	Up	Form/Log	This will be determined by a series of yes/no questions on the form determining if PNC appointments are kept and if MAT and behavioral counseling are attended if required
Percent of women receiving a tox screen during pregnancy	Monthly	Number of visits where a woman receieves a tox screen during pregnancy	Number of visits	Up	Form/Log	Measured at each visit - goal would not be 100% knowing that these are administered differently at each place
Percent of women with stable housing	Monthly	Number of visits where a woman is reported as having stable housing	Number of visits	Up	Form/Log	Definition of stable housing provided by ODM
Percent of women maintaining sobriety	Monthly	Number of visits where a woman is sober Definition of sobriety: Most recent UDS is negative AND Patient self reports as sober since last visit	Number of visits	Up	Form/Log	Will be included as an outcome measure to complement the bundle measure. It was discussed by faculty that sobriety is a very important outcome measure.
Percent of women receiving a tox screen at delivery	Monthly	Number of women who receive a tox screen at delivery	Number of women with birth information entered into the form - one time measure	Up	Form/Log	
Percent of infants with NAS diagnosis	Monthly	Number of infants diagnosed with NAS	Number of women with birth information entered into the form - one time measure	Down	Form/Log	
Percent of full-term infants with NAS requiring pharm treatment	Monthly	Number of infants requiring pharm treatment	Number of women with birth information entered into the form - one time measure	Down	Form/Log	
Percent of babies who go home with mother without needing CPS intervention	Monthly	Number of infants going home with the mother with CPS/Safety Plan	Number of women with birth information entered into the form - one time measure		Form/Log	Child welfare measure - mother's goal is to take the baby home without intervention per faculty call 8/25

PAUSE

BEFORE YOU PRESCRIBE

Prescription drug dependency is harming pregnant women and their infants at alarming rates. You can be part of the solution.

Retail pharmacy prescriptions for opioids, such as the pain medicines Hydrocodone and Oxycodone, have increased more than 50 percent since 1991, with nearly a quarter of a billion prescriptions filled in 2013.[1] Nationally, the number of pregnant women using opioids increased fivefold from 2000 to 2009, while the number of infants with withdrawal symptoms almost tripled.[2]

Neonatal Abstinence Syndrome (NAS), also known as neonatal withdrawal syndrome, is a set of distressing physical symptoms in infants born to mothers who took opioids or other drugs during pregnancy.

The symptoms for NAS can range from mild to severe and may include:

- Feeding difficulties
- Tremors and irritability
- Vomiting and Diarrhea
- Low birth weight
- Breathing problems
- Seizures

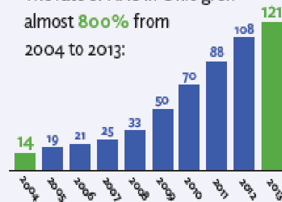
"Physicians have correctly been taught to relieve pain. However, we have swung too far and are now overprescribing narcotics…and contributing to the narcotic addiction epidemic."

– MICHELE WALSH MD,
OPQC NEONATOLOGY CLINICAL LEAD

"If only someone had told me how just a tiny little pill could lead to my horrible heroin addiction…it would have saved me and my baby a lot of pain." – JULIE

A Public Health Epidemic

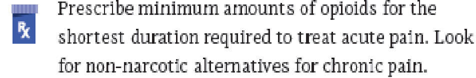
- **Every 25 minutes**, an infant is born with NAS in the United States.[3]
- In Ohio, treating infants born with NAS cost **almost $100 million** & nearly **25,000 inpatient days** in 2013[4]
- The rate of NAS in Ohio grew almost **800%** from 2004 to 2013:



Hospitalization Rates for Babies with NAS in Ohio, 2004 to 2013 (Rate per 10,000)
Source: Ohio Hospital Association

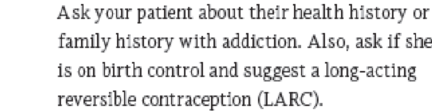
How You Can Help Stem the Epidemic in Ohio

Please follow these steps when prescribing opioids to women of reproductive age.



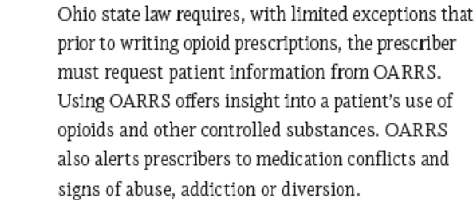
1. PRESCRIBE SAFELY

Prescribe minimum amounts of opioids for the shortest duration required to treat acute pain. Look for non-narcotic alternatives for chronic pain.



2. TALK WITH YOUR PATIENTS ABOUT ADDICTION RISKS AND ABOUT CONTRACEPTIVE OPTIONS

Ask your patient about their health history or family history with addiction. Also, ask if she is on birth control and suggest a long-acting reversible contraception (LARC).



3. CONSULT THE OHIO AUTOMATED RX REPORTING SYSTEM (OARRS) PRIOR TO WRITING OPIOID PRESCRIPTIONS

Ohio state law requires, with limited exceptions that prior to writing opioid prescriptions, the prescriber must request patient information from OARRS. Using OARRS offers insight into a patient's use of opioids and other controlled substances. OARRS also alerts prescribers to medication conflicts and signs of abuse, addiction or diversion.

1 United States. Cong. Senate. Caucus on International Narcotics Control. "America's Addiction to Opioids" Hearings, May 14, 2014 (statement of Nora D. Volkow, M.D., Director, National Institute on Drug Abuse.

2 Patrick S, Schumacher R, Benneyworth B, et al. Neonatal Abstinence Syndrome and Associated Health Care Expenditures: United States, 2000-2009. *JAMA*. 2012;307(18):1934-1940. doi:10.1001/jama.2012.3951.

3 Patrick S, Davis M, Lehman C, et al. Increasing Incidence and Geographic Distribution of Neonatal Abstinence Syndrome: United States 2009 to 2012. *Journal of Perinatology*. 2015 April 30. doi:10.1038/jp.2015.36

4 Ohio Department of Health. (2015, March). Neonatal Abstinence Syndrome (NAS) in Ohio, 2004-2013: Preliminary Report. Columbus, OH: Ohio Department of Health, Violence and Injury Prevention Program.

Disclaimer: The images of people used in this document are for visual representations only.

"It's important to ask all women of reproductive age what their plans are for future pregnancies at each encounter in all healthcare settings. It is critical in the prevention of NAS to recommend and provide highly effective contraception to women who could get pregnant and require chronic narcotics."

– MICHAEL MARCOTTE MD,
OPQC OBSTETRIC FACULTY

Recommendations endorsed by: State Medical Board of Ohio, Ohio Board of Nursing, Ohio State Dental Board, State of Ohio Board of Pharmacy

The Ohio Perinatal Quality Collaborative (OPQC) is a statewide network of perinatal clinicians, hospitals, policy makers, and governmental entities that aims, through the use of improvement science, to reduce preterm births and improve birth outcomes across Ohio.

Sponsoring organizations:

More information:
opqc.net/pausebeforeyouprescribe

Ohio Key Take-Aways

- Ohio is working on a work flow to impact upstream NAS outcomes
- 15-20% of their patient population screens positive for substance use when coming to the hospital
- OPQC's direction and measures are focused on the outcomes for that patient population
- OPQC works with their Federally Qualified Health Centers, a hub-and-spoke model. Hub sites recruit spoke sites from various prenatal settings, FQHCs, private practice settings seeing patients with substance use disorder
- OPQC's outcome: Did the mother get all the services she needed by time of delivery (link into treatment, succeed in treatment, avoid child protective services, stable environment to take the child home)?

MNO Alignment with Illinois

- IL Opioid Action Plan - prevention, treatment, rescue: http://dph.illinois.gov/sites/default/files/publications/Illinois-Opioid-Action-Plan-Sept-6-2017-FINAL.pdf and ACOG
  - Use of PNP by perinatal providers
  - Use of safe prescribing practices for routine cesarean and vaginal birth
  - Increase access to treatment for moms and services for newborns

MNO Alignment with State of Illinois Opioid Action Plan

Prevention: Preventing the further Spread of the Opioid Crisis		
Priority	**Strategy**	**ILPQC**
Priority A: Safer prescribing and dispensing	Strategy 1: Increase PMP use by providers	Increase the % of prenatal providers using the Illinois Prescription Monitoring Program
	Strategy 2: Reduce high-risk opioid prescribing through provider education and guidelines	Increase % of hospitals with protocols for safe prescribing practices for routine cesarean section and vaginal birth
Priority B: Education and stigma reduction	Strategy 3: Increase accessibility of information and resources	Increase % of hospitals providing primary prevention materials to their outpatient OB clinics
Priority C: Monitoring and communication	Strategy 5: Strengthen data collection, sharing, and analysis to better identify opportunities for intervention	Increase % of participating birthing hospitals having entered any opioid process and outcome measure data into the ILPQC Data & Reporting System to monitor their improvement over time and in comparison to birthing hospitals

MNO Alignment with State of Illinois Opioid Action Plan

Treatment and Recovery: Providing evidence-based treatment and recovery services to Illinois residents with opioid use disorder (OUD)		
Priority	Strategy	ILPQC
Priority D: Access to Care	Strategy 6: Increase access to care for individuals with opioid use disorder	Increase % of prenatal providers with validated screening protocols for OUD in pregnancy
		Increase % of birthing hospitals who have identified community resources for outpatient medical management of OUD for pregnant/postpartum women and have created a referral protocol
		Increase % of birthing hospitals who have trained providers and staff on protocols for referring pregnant and postpartum women for outpatient medical management of OUDs
		Increase % of buprenorphine prescribers for pregnant/postpartum women

MNO Alignment with State of Illinois Opioid Action Plan

Response: Averting Overdose Deaths	
Priority	ILPQC
Priority F: Rescue	Increase % of mothers, of newborns with known exposure to opioids, screened in pregnancy
	Increase % of mothers, of newborns with known exposure to opioids, linked to opioid management and follow up during pregnancy and postpartum
	Increase % of newborns with known exposure to opioids receiving reliable newborn screening
	Increase % of newborns with known exposure to opioids receiving standardized non-pharmacological treatment bundle
	Increase % of hospitals using evidence-based standardized NAS pharmacological treatment protocol

Next Steps

ILPQC Illinois Perinatal Quality Collaborative

- ACOG AIM Opioid Bundle Collaborative meeting 11/14/17 to plan initiative implementation and develop collective resources
- Additional details of MNO initiative will be shared / discussed with ILPQC teams at Annual Meeting breakouts
- NAS Advisory Group provides input and support to MNO planning process
- Exploring option to link QI with state data to evaluate long term outcomes after discharge from inpatient/hospital setting

ILPQC
Illinois Perinatal Quality Collaborative

Immediate Postpartum LARC Initiative

Immediate Postpartum LARC (IPLARC)

- Received grant from J.B. and M.K. Pritzker Foundation
- Empower women with information and services to optimize the timing and spacing of their pregnancies in order to reduce unintended pregnancies linked with adverse MCH outcomes
- Assist birthing hospitals in setting up systems to provide access to both Intrauterine Devices (IUDs) and/or Nexplanon (hormonal implants) before discharge from the hospital after giving birth
- Support birthing hospitals to implement best practice protocols by providing assistance with clinical protocols, addressing supply and coding challenges, and supporting provider and patient education

IPLARC Details

ILPQC Illinois Perinatal Quality Collaborative

- Engage birthing hospitals that provide contraception at the hospital level
- Clinical leads:
  - Stephen Locher, Advocate Illinois Masonic Medical Center
  - Shelly Tien, NorthShore University HealthSystem Evanston Hospital
- IP LARC Timeline- Staggered over two years:
  - Longer Wave 1 with early adopter hospitals start spring 2018
  - Wave 2 enroll remainder of hospitals into 2019

Potential Model Initiatives

- **FPQC (Florida) Access LARC (details follow)**
- SCBOI (South Carolina) Postpartum LARC
- Colorado Family Planning Initiative
- Texas LARC
- Delaware Contraceptive Access Now (CAN)

Key Professional Guidance

- ACOG Practice Bulletin- LARC: Implants and IUDs
- ACOG CO 670- IPLARC
- ACOG CO 672-Clincial Challenges of LARC Methods
- ACOG CO 642-Increasing Access to Contraceptive Implants and IUDs to Reduce Unintended Pregnancy

All images and content are from FPQC
http://health.usf.edu/publichealth/chiles/fpqc/larc/toolbox

FPQC – ACCESS LARC RESOURCES

FPQC Access LARC Timeline

Pre-Implementation Phase

Implementation Phase

Hospital Participation Agreements Signed
October 2017

State Initiative Kick-Off Orientation
November 2017

Hospital Pre-Implementation Phase Launch
January 2018

Initiative Mid-Project Meeting & Implementation Phase Launch
September 2018

Initiative Completion
March 2019

2017

2018

2019

Recruit Leadership Team
Plan for Project Launch
October – December 2017

Online Learning Sessions
Ongoing Data Collection
Personal Technical Assistance
November 2017 – March 2019

FPQC Access LARC Pre-Implementation v. Implementation

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Pre-Implementation	Implementation
• Building a successful initiative • Key stakeholder education • Hospital/Managed care organization collaboration • Policies and procedures	• Provider and staff education on device insertion • Comprehensive choice counseling

Aim	Primary Drivers	Secondary Drivers
Within 18 months of project start, 80% of participating hospitals will be providing immediate postpartum LARCs.	**LARCs are available for immediate postpartum insertion**	**Establish multidisciplinary pLARC team**
	Hospitals are able to receive reimbursement for LARC insertion	**Add devices to formulary**
	Reporting mechanisms are in place to enable tracking of immediate postpartum device placement	**Assure timely access to devices**
	Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion	**Revise policies/ procedures to provide pLARC**
	Trained clinicians are available to provide immediate postpartum LARC insertion	**Assure billing mechanism in place for pLARC**
	Patients are aware of the contraception option of immediate postpartum LARC insertion	**Modify IT systems to assure accurate tracking, billing and documentation of pLARC**
		Educate all appropriate staff on advantages and clinical recommendations of pLARC
		Train clinicians on pLARC insertion
		Educate providers and community partners about contraceptive choice counseling and informed consent

Recommended Key Practices

1. **Assure early multidisciplinary support by educating and identifying key champions in all pertinent departments.**
2. **Establish clear regular communication channels and processes, assuring that all necessary departments are represented.**
3. **Establish and test billing codes and processes to assure adequate and timely reimbursement.**
4. **Expand pharmacy capacity and device distribution to assure timely placement.**
5. **Educate clinicians, nurses, pharmacy, and lactation consultants about the benefits and clinical recommendations related to pLARC placement and breastfeeding**
6. **Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for pLARCs.**
7. Modify L & D, OB OR, postpartum, and clinic work flows to include placement of pLARC.
8. Establish consent processes for pLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.
9. Develop culturally sensitive educational materials and shared decision making counseling practices to educate patients about the availability of pLARC as a contraception option.
10. Educate clinicians, community partners and nurses on informed consent and shared decision making related to pLARC.
11. Assure patient receives comprehensive contraception choice counseling prior to discharge.

pLARC = immediate postpartum LARC,
Bolded or green font = Pre-Implementation phase

FPQC Access LARC Measures

Pre-Implementation Measures

Systems Development/Planning

#	Process Measures	Description	Requires
1	Provider education	*Numerator:* At the end of this month, what cumulative number of OB physicians and midwives has completed an education program on the importance of offering immediate postpartum LARC placement as an option? *Denominator:* Total number of delivering physicians and midwives.	Hospital to report monthly Reported as cumulative % of providers educated over initiative period
2	Nursing education	*Numerator:* At the end of this month, what cumulative number of nursing staff has completed an education program on the importance of offering immediate postpartum LARC placement as an option? *Denominator:* Total number of OB nurses.	Hospital to report monthly Reported as cumulative % of staff educated over initiative period
#	**Structural Measures**	**Description**	**Requires**
1	Establishment of a multidisciplinary and multidepartment Access LARC planning team	Is an Access LARC Initiative team in place that includes: ▪ Administration ▪ MCO Liaison ▪ Pharmacy ▪ Billing ▪ Nursing ▪ Lactation consultant ▪ OB provider	Submitted by hospital monthly during pre-implementation phase until full team is established. If suggested member of planning team not included, please specify reason.
2	Availability of LARCs for immediate postpartum placement	Have devices been added to the hospital formulary? IUD/Implant/Both/None	Submitted by hospital monthly until devices are on formulary

FPQC Access LARC Measures

ILPQC Illinois Perinatal

3	Availability of LARCs for immediate postpartum placement	Are LARC devices and ancillary equipment available at all delivery sites and/or on the postpartum unit? IUD/Implant/Both/None	Hospital to report monthly
4	Unit Policy and Procedure	Have policies, procedures, guidelines been modified or created to support immediate postpartum placement of LARCs? Options: IUD/Implant/Both/None ▪ L & D ▪ Mother/Baby unit ▪ OB OR ▪ pharmacy ▪ billing	Hospital to report monthly
5	Billing codes established and tested	Have billing codes for IUDs and implants been established and tested? IUD/Implant/Both/None	Hospital to report monthly
6	IT Revisions:	Have IT revisions been completed to assure adequate data collection, tracking and documentation? Options: IUD/Implant/Both/None ▪ EHR for consent ▪ EHR for contraceptive choice counseling ▪ order sets ▪ pharmacy system ▪ billing system ▪ tracking tools	Hospital to report monthly

FPQC Access LARC Measures

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Implementation Measures

Service Provision

#	Structural Measures	Description	Requires
1	Availability of LARCs for immediate postpartum placement	Are IUDs and ancillary equipment available at all delivery sites?	Submitted by hospital monthly
2	Availability of LARCs for immediate postpartum placement	Are implants and ancillary equipment available on the postpartum unit?	Submitted by hospital monthly
3	Patient Education	Have policies been developed to assure contraceptive choice counseling is provided for all delivering women - Prior to delivery? - Prior to discharge?	Submitted by hospital monthly
4	IT Revisions:	Have IT revisions been completed to assure adequate data collection, tracking and documentation? Options: IUD/Implant/Both/None ▪ EHR for consent ▪ EHR for contraceptive choice counseling ▪ order sets ▪ pharmacy system ▪ billing system ▪ tracking tools	Submitted by hospital monthly
#	**Process Measures**	**Description**	**Requires**
1	Provider Insertion Education/Credentialing	*Numerator:* Cumulative number of physicians and midwives trained in immediate postpartum LARC insertion: IUD, Implant of Both *Denominator:* Total number of delivering physicians and midwives.	Hospital to report monthly Reported as cumulative % of staff educated over initiative period by IUD, Implant and Both
2	Provider education on counseling and consent process	*Numerator:* Cumulative number of delivering physicians and midwives trained in updated LARC counseling and consent process *Denominator:* Total number of delivering physicians and midwives.	Hospital to report monthly Reported as cumulative % of providers educated over initiative period
3	Nursing education on counseling and consent process	*Numerator:* Cumulative number of OB nurses trained in updated LARC counseling and consent process *Denominator:* Total number of OB nurses.	Hospital to report monthly Reported as cumulative % of staff educated over initiative period

FPQC Access LARC Measures

#	Outcome measures	Description	Requires
1	Number of LARCs placed	Number of IUDs and implants places during quarter by type: • IUDs • Implants	Submitted by hospital monthly.
2	Percent of participating hospitals actively providing postpartum LARC insertion	*Numerator:* Number of participating hospitals actively providing postpartum LARCs either IUD or Implant. *Denominator:* Total number of participating hospitals	Calculated by FPQC based on response to Outcome Measure #1.

FPQC Access LARC Pre-Implementation Data Form

- Process Measures:
  - Percentage of total OB physicians and midwives that have completed an education program on the importance of offering IP LARC placement by the end of the month*
  - Percentage of total OB nurses that have completed an education program on the importance of offering IP LARC placement by the end of the month*
- Structural Measures
  - Who is an active part of the Access LARC initiative team in your hospital this month? Check all that apply.* (Administration, MCO Liaison, Pharmacy, Billing, Nursing, Lactation consultant, OB provider, All of the above, Other)

FPQC Access LARC Pre-Implementation Data Form

- Structural Measures
  - What team challenges are you experiencing regarding non-participation? (free text)
  - Select the LARC devises that have been added to the hospital formulary (check all that apply: IUD, Implant, Both)*
  - Select the LARC devices and ancillary equipment available to all delivery sites and/or on the postpartum unit (check all that apply: IUD, Implant, Both, None)*
  - Select the LARC devices for which policies, procedures, guidelines have been modified or created to support IP placement (check all that apply: IUD, Implant, Both, None)*

FPQC Access LARC Pre-Implementation Data Form

- Structural Measures
  - Select the LARC devices for which billing codes have been established and tested (check all that apply: IUD, Implant, Both, None)*
  - Select the LARC devices for which IT revisions have been completed to assure adequate data collection, tracking and documentation (check all that apply: IUD, Implant, Both, None)*
- Also use REDCap, *means required field

ILPQC Pritzker Grant Goals for Discussion

- Engage birthing hospitals in IPLARC initiative*
- Increase number of providers educated on IPLARC patient counselling and protocols around IPLARC insertion*
- Increase patient awareness of the advantages of IPLARC*
- Increase use of system changes in participating hospitals to simplify IPLARC billing*

*Comparable measure used by ILPQC

ILPQC Pritzker Grant Goals for Discussion

- Increase availability of IPLARC through LARC in stock in participating hospitals*
- Increase availability of IPLARC through implementation of IPLARC protocol including systems changes to the obstetric care process flow of counseling patients, accessing LARC, inserting LARC, and billing for LARC*
- Increase IPLARC insertion through implementation of systems changes to the obstetric care process flow of counseling patients, accessing LARC, inserting LARC, and billing for LARC*
- *Decrease in rates of subsequent teen pregnancies for patients served in participating hospitals (possibly evaluate after initiative completion with retrospective data)*

Important Due Dates

November is a big month for ILPQC OB Teams to reach their QI goals and get ready for the ILPQC Annual Conference:

- November 15: ILPQC HTN data due in REDCap
- November 17: ILPQC HTN teams must have their annual surveys submitted via SurveyMonkey
- DEADLINE EXTENDED - November 20 – Poster Abstracts due via SurveyMonkey
- Register for Annual Conference ASAP!

Next Steps

Illinois Perinatal Quality Collaborative

- November & December: helping teams to submit data and meet goals
  - >80% for Time to Treatment
  - Meet goals for QI Awards at Annual Meeting
  - Structure measures
    - >80% staff/providers Maternal HTN education
    - Maternal HTN policies in place across units
- Sustainability Phase: Implement sustainability data collection and monitoring
- Get involved with MNO & IP LARC
- Register for the Annual Meeting ASAP, invite team members, provider champions.

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