CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicaid Innovation Accelerator Program (IAP)

Substance Use Disorders

Targeted Learning Opportunities (TLO)

TLO 12: SUD Services for Special Populations – Neonatal Abstinence Syndrome

IAP | Medicaid Innovation Accelerator Program

Logistics

- Please mute your line and do not put the line on hold
- Use the chat box on your screen to ask a question or leave comment
  - Note: chat box will not be seen if you are in “full screen” mode
  - Please also exit out of “full screen” mode to participate in polling questions
- Moderated Q&A will be held periodically throughout the webinar
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

Speakers (1/4)

- **Mary Applegate, MD, FAAP, FACP**
- Medical Director, Ohio Department of Medicaid

Ohio Department of Medicaid

Speakers (2/4)

- **Mark Hurst, MD**
- Medical Director, Ohio Department of Mental Health and Addiction Services

Ohio MHAS
Promoting wellness and recovery

Speakers (3/4)

- **Lisa Ramirez, MA**
- Lead Program Specialist, SME Women's Behavioral Health, Texas Department of State Health Services

TEXAS Department of State Health Services

Speakers (4/4)

- **Tricia Wright, MD, MS, FACOG, FASAM**
- University of Hawaii
  - Assistant Professor, Department of Obstetrics, Gynecology and Women's Health
  - Clinical Assistant Professor Department of Psychiatry

Facilitator

- **Cathy Fullerton, MD, MPH**
- Senior Research Leader, Truven Health Analytics

TRUVEN HEALTH ANALYTICS™

Webinar Agenda

- State Experience: Interagency Strategies to Improve NAS Outcomes in Ohio
  - ***Break for Discussion***
- State Experience: Improving Access to NAS Care in Texas
  - ***Break for Discussion***
- Provider Perspective: Treating & Preventing NAS
  - ***Break for Discussion***
- Wrap Up & Sharing of Resources

Purpose and Learning Objectives

- States will learn about SUD services targeted toward mothers and infants affected by neonatal abstinence syndrome (NAS)
- States will discuss the use of medication assisted treatment during pregnancy
- States will discuss funding mechanisms to support access to NAS treatment
- States will identify barriers and strategize solutions to overcome challenges associated with improving access to NAS care

Interagency Strategies to Improve NAS Outcomes in Ohio

Mary Applegate, MD, FAAP, FACP

Medical Director, Ohio Department of Medicaid

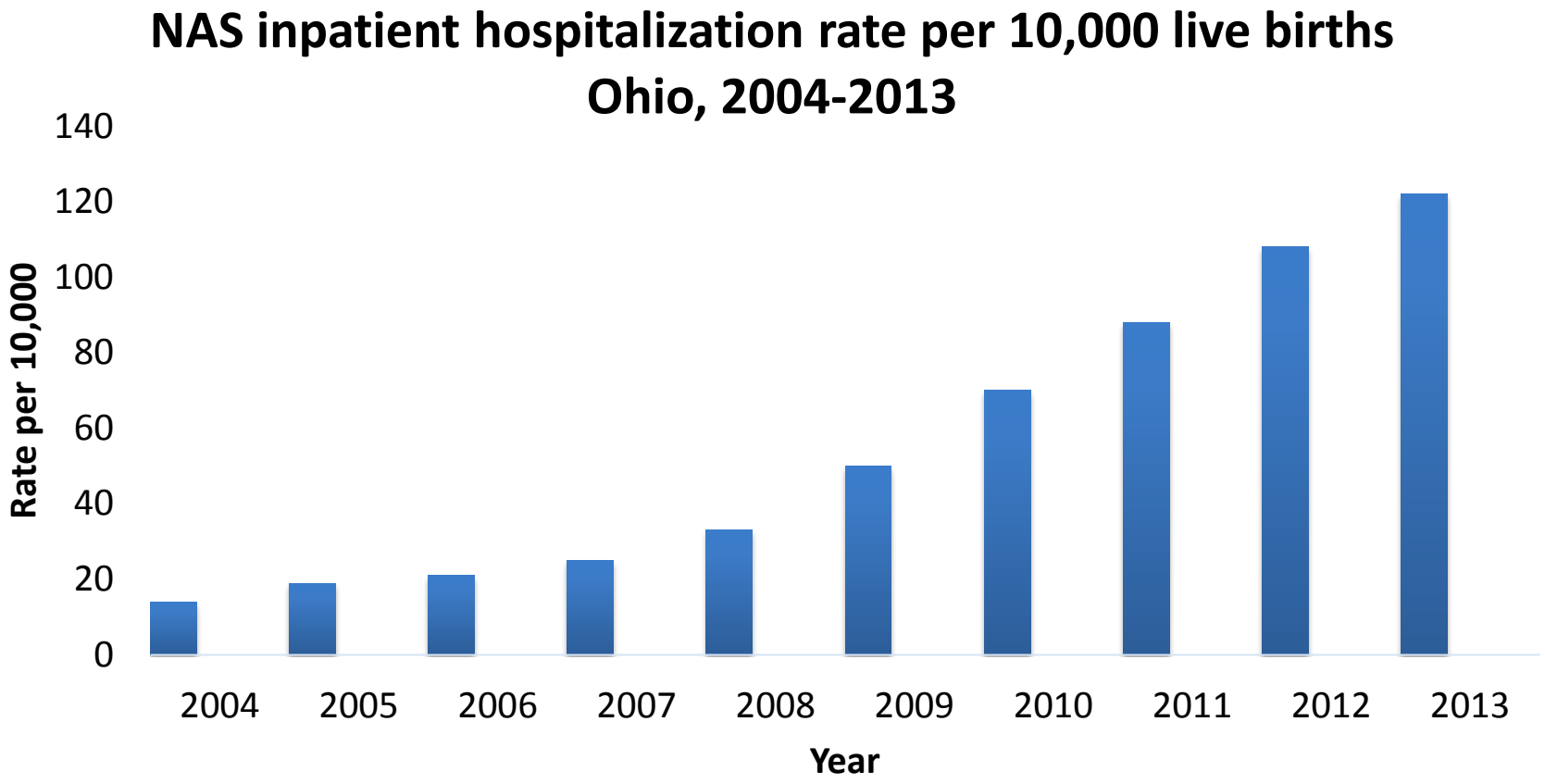
Mark Hurst, MD

Medical Director, Ohio Department of Mental Health and Addiction Services

Agenda (Mary Applegate)

- NAS Prevalence in Ohio
- NAS Infant Care Project
- Improving Surveillance Efforts
- Funding Mechanisms
- MOMS Project

NAS Prevalence in Ohio



Ohio NAS Infant Care Project

Initiated January 2014

- University Partnership: Ohio Perinatal Quality Collaborative, Cincinnati Children's Hospital
- State Sponsor: Ohio Department of Medicaid

Specific Measureable Achievable Relevant Timely (SMART) Aims

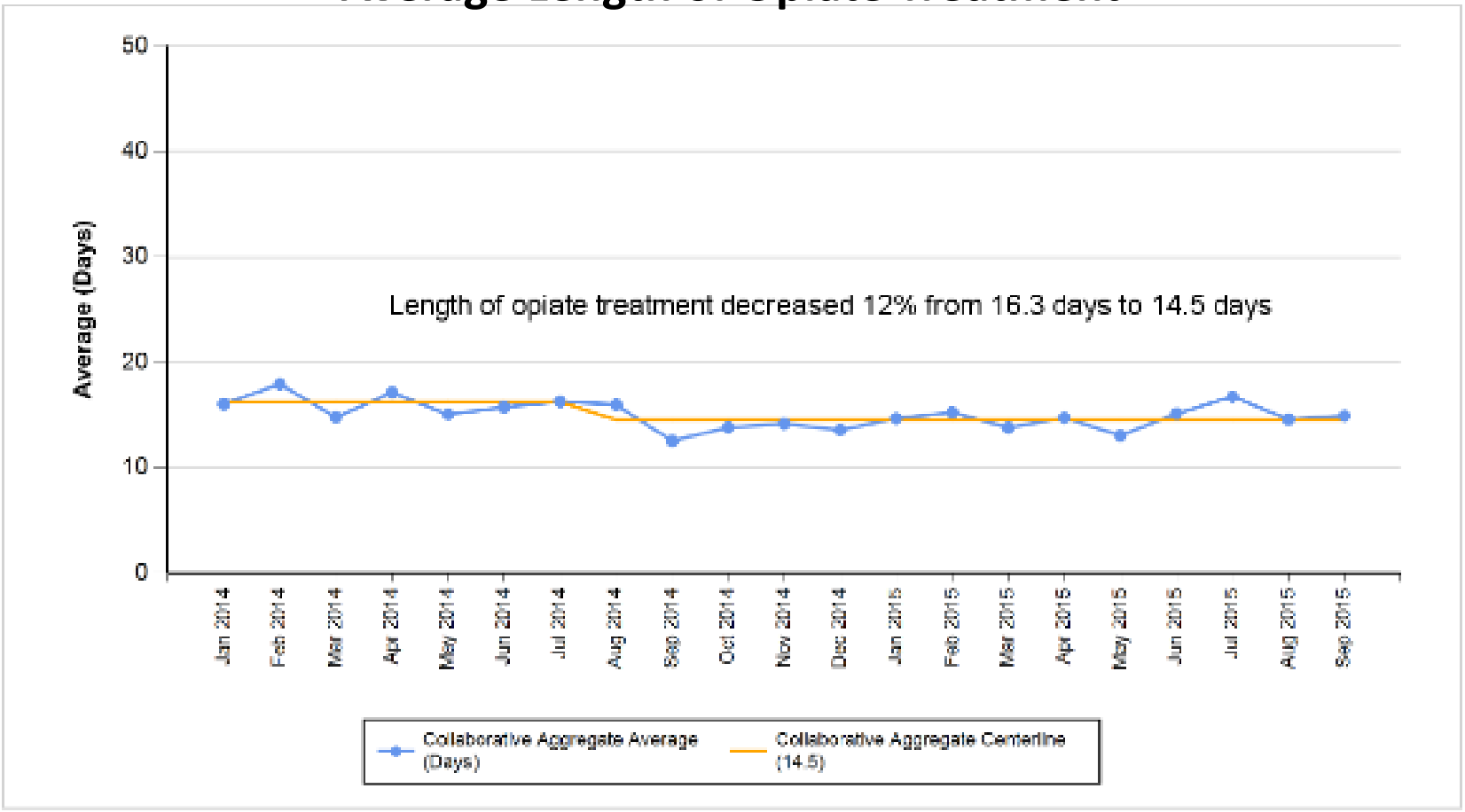
- Increase identification of withdrawal & evidence based, compassionate treatment for full-term infants born with NAS
- Reduce length of stay by 20% across sites by 12/1/16

Intervention Strategy

- Standardize NAS care in 55 Level 2 & 3 children's hospitals
- Non-pharmacological care based on best available evidence
- Uniform administration of MAT

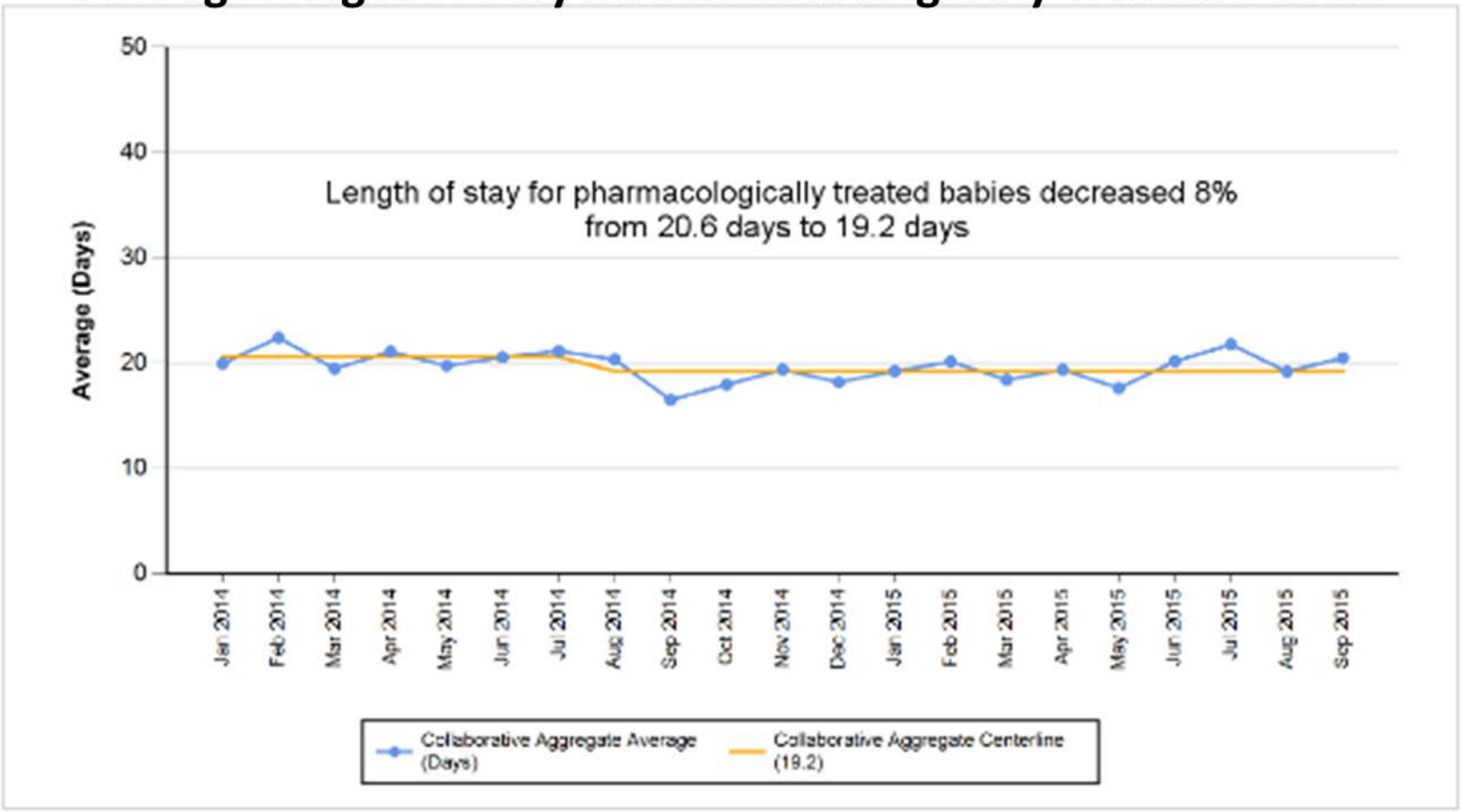
Ohio NAS Infant Care Project: Preliminary Results

Average Length of Opiate Treatment



Ohio NAS Infant Care Project: Preliminary Results Cont'd

Average Length of Stay for Pharmacologically Treated Babies



Improving Surveillance Efforts

- New requirements in Ohio Revised Code 3711.30 requires facilities to report cases of infants born with opioid dependency to the Ohio Department of Health
  - Effective 7/10/14
  - Requires reporting by
    - Maternity units
    - Newborn care nurseries
    - Maternity homes
  - Non-patient identifiable
  - Not for law enforcement use

Funding Mechanisms

Medicaid	• Clinical services are reimbursed
MEDTAPP	• Medicaid Technical Assistance & Policy Program • Quality improvement strategies & data analytics
State-University Partnership	• Engages clinical subject matter expertise & university resources through funding from Medicaid administrative cost
Program Funding	• 50% Federal Financial Participation • 50% qualified non-federal funds (state general revenue & university faculty & facility support)

MEDTAPP University Research Partnership Model

Ohio Department of Medicaid & other HHS State agencies

- Identify needs & priorities
- Policy direction
- Training opportunities
- Knowledge transfer

Academic Medical Centers Health Sciences Colleges

- Clinical & academic expertise
- Research & evaluation
- Workforce training
- Knowledge transfer

Legal Contract
Federal Oversight Agency

Maternal Opiate Medical Support (MOMS) Project

- Initiated in May 2014 through a collaboration of state sponsors & clinical subject matter experts
  - State sponsors
    - Office of Health Transformation
    - Department of Mental Health and Addiction Services
    - Department of Medicaid
    - Partners: Ohio Departments of Health and Job and Family Services
  - Clinical subject matter experts
    - Ohio State University, Nationwide Children's Hospital
    - Northeast Ohio Medical University
    - Johns Hopkins University
    - Thomas Jefferson University
    - Premier Health Specialists
    - Meridian Community Care Community Behavioral Health

MOMS
MATERNAL OPIATE MEDICAL SUPPORT

MOMS Program: SMART Aims

Mothers

30% improvement in 12 month retention rates of pregnant mothers who are dependent or addicted to opioids

Infants

30% reduction in the rate of low birth weight infants

30% reduction in average NICU length of stay

Families

Improved family stability

MOMS Program: Implementation Strategy

Maternal Care Home Model

Patient-centered & team based healthcare delivery model to engage/empower expecting mothers in coordinated care

- Early engagement in pre-natal care
- Addiction treatment & counseling
- MAT
- Care management
- Postpartum & interconception care
- Housing & recovery supports

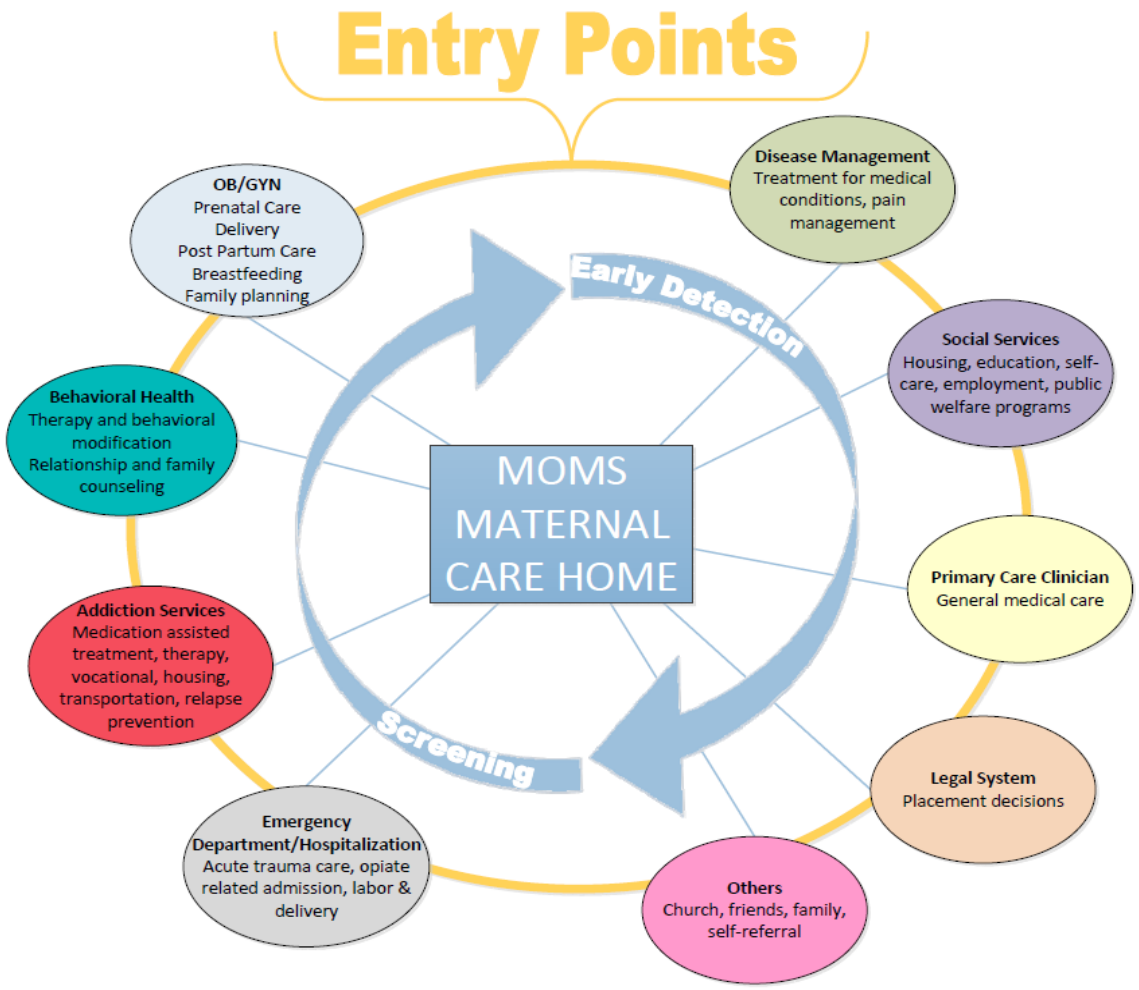
Four Implementation Models:

Urban, **BH** provider-driven, **residential** treatment	Urban, **OB** provider-driven, access to BH, MAT and housing support	Urban, **BH** provider-driven, partnership with **children's hospital**	**Rural**, **BH** provider-driven, access to **housing** support

MOMS Program: Implementation Strategy

Identify Best Practices	• Develop & test clinical toolkit
Performance Measurement	• Monthly, customized measurement of early engagement; retention; coordination of care; clinical best practices; ancillary support services
Plan Do Study Act	• Test improvement strategies and support MCH model fidelity
Engage Other Agencies	• Engage MCPS and Child Welfare for support & to encourage the removal of barriers

MOMS Program: Multiple Paths to Engagement



A consumer shared decision making tool is used at all entry points to empower potential MOMS clients to engage in care

MOMS Program: Process Improvement

- Managed Care Plans
  - Improve care coordination processes
    - Early identification
    - Streamlined consent process
    - Timely pre-authorization for MAT
    - Integrated care coordination
    - Free transportation
    - Quick response time
- Child Protective Services
  - Improve collaboration
    - Identify strategies for coordination
    - Jointly develop & monitor safety plan
    - Reduce anxiety about the role of child welfare in client care
    - Build awareness among CPS of the contributions MOMS pilot sites have to offer
    - Educate MOMS sites & child welfare on opportunities to support each other

MOMS Program: Outcomes

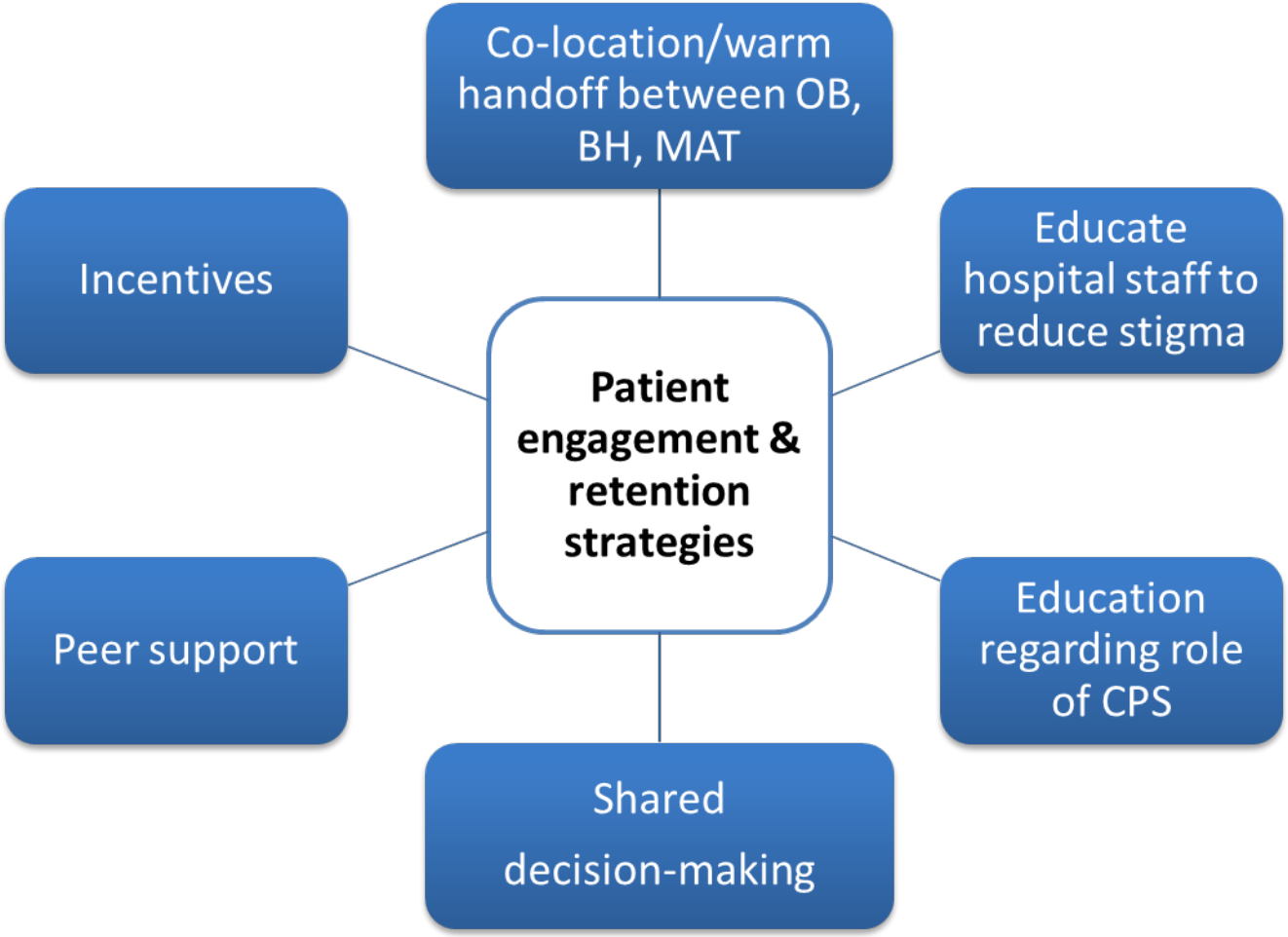
- Enrollment: 229 women to date
  - 128 actively involved
  - 48.3% enrolled prior to 13 weeks gestation
  - Average gestational age at enrollment = 13.4 weeks

Selected Performance Measures	November 2015 Data
Adherence with MAT	99% women tested
Engagement in psychosocial treatment	>90% in each month
STD screening by 36 weeks gestation	76% of participants
Housing	90% assessed monthly
Retention in treatment	>84% receive at least 1 service in prior month

MOMS Program: Lessons Learned 1

- Build partnerships between state & local health systems
- Designate a health plan point of contact for timely communication with MOMS sites
- Reducing stigma through hospital staff and child protective services trainings on NAS is key to improving access to treatment
- Care coordination strategies including regular team huddle calls with OB, BH, MCP staff are critical
- Safe & stable housing is critical & should be assessed at every visit
- Residential housing improves care coordination, retention

MOMS Program: Lessons Learned 2



Polling Question 1

- Which NAS treatment best practices does your state support? Select all that apply.
  - Standardized non-pharmacological bundle
  - Standardized pharmacological bundle
  - Teaching moms soothing techniques
  - Co-located services
  - Coordinated care between providers

Raise Your Hand

- Using the “raise your hand” option in ReadyTalk, please raise your hand if your state has developed any statewide partnerships/program to address pregnant mothers with opioid use disorder or standardize NAS care for infants.

Discussion and Questions 1

Improving Access to NAS Care in Texas

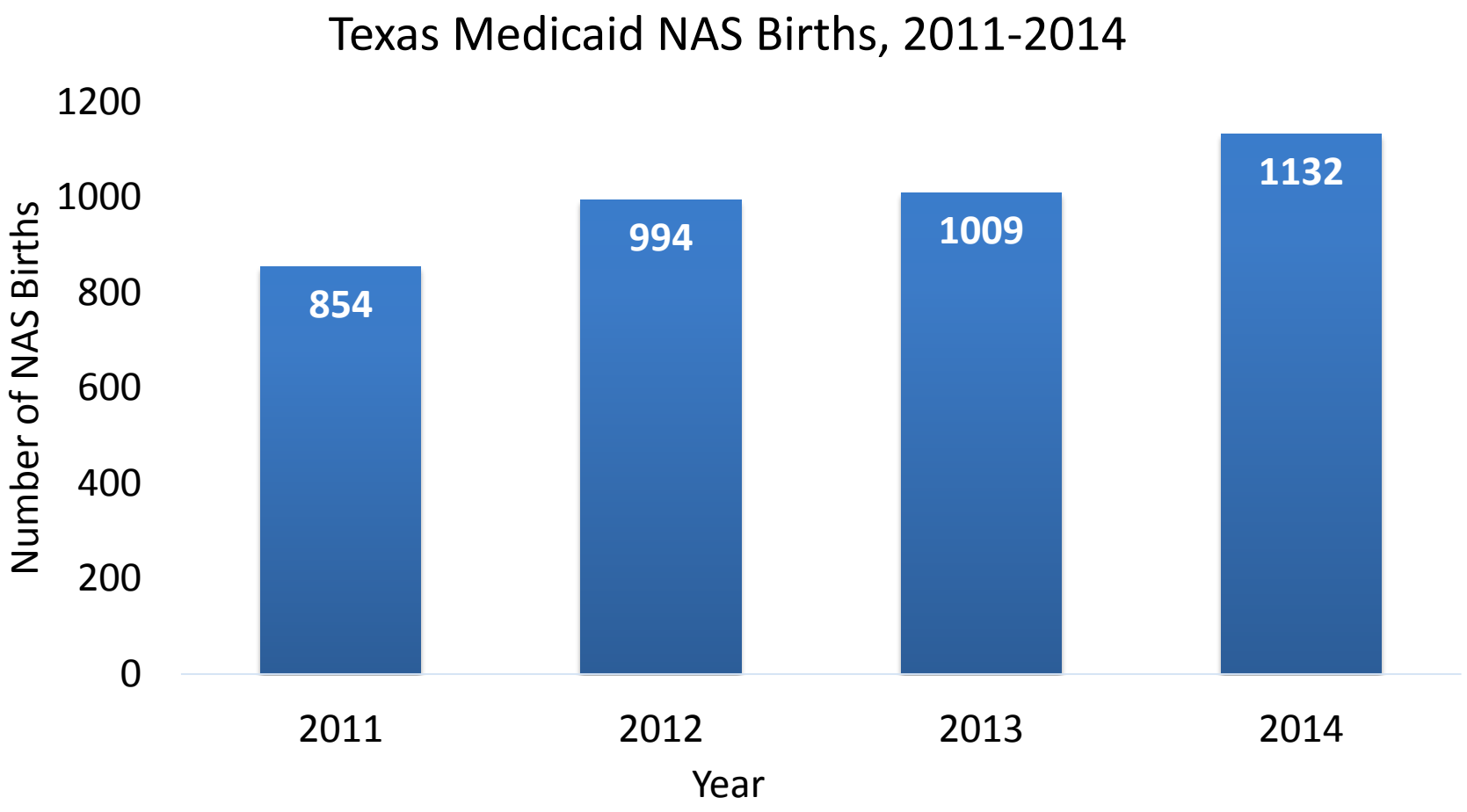
Lisa Ramirez, MA

Lead Program Specialists, SME Women's Behavioral Health, Texas Department of State Health Services

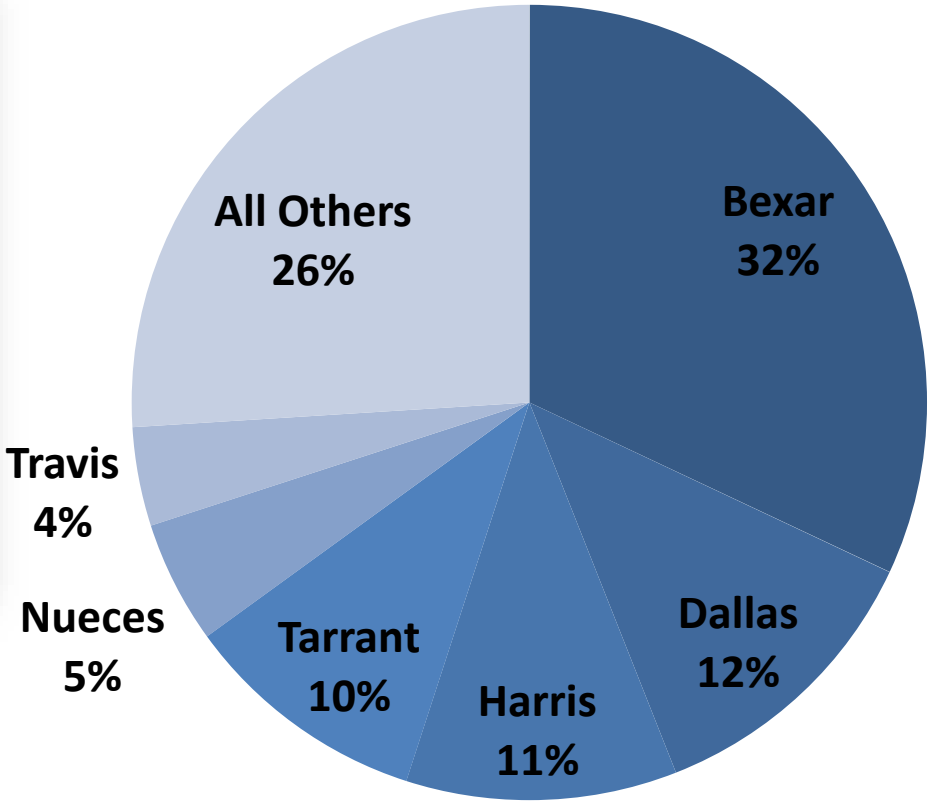
Agenda (Lisa Ramirez)

- Incidence & Severity of NAS in Texas
- Blended Funding Model for NAS Initiatives
- Targeted Outreach Efforts
- Integrated Opioid Treatment with Pregnant & Postpartum Services
- Mommies Program
- Statewide Pregnancy Stabilization Center
- NAS Trainings
- Challenges & Lessons Learned

Incidence of NAS in Texas



Medicaid NAS Prevalence by County



Texas Medicaid NAS-Related Length of Stay & Costs

- Average length of NAS hospital stay
  - Texas: 21 days
  - Nationally: 16 days
- Average cost of NAS hospital stay
  - $32,000
  - Nearly 10 times the cost of an average newborn stay

Blended Funding Model for NAS Initiatives

TEXAS Health and Human Services Commission

- Traditional residential & outpatient services

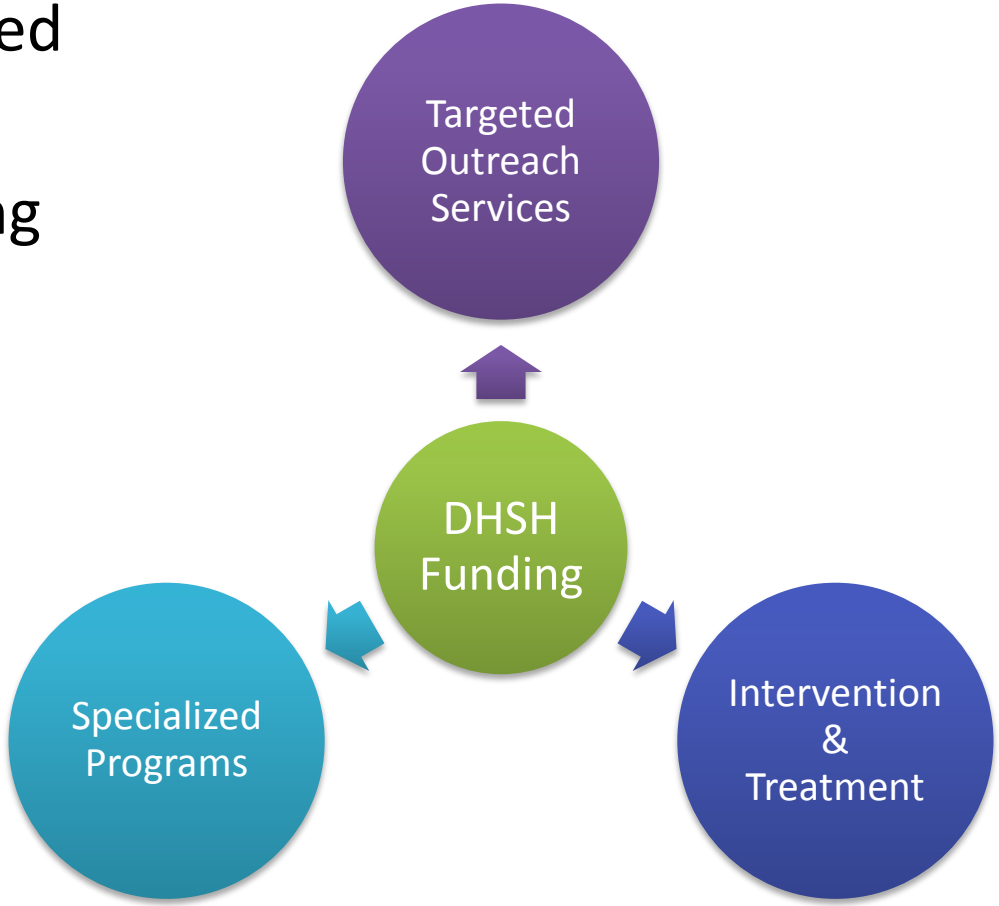
TEXAS Department of State Health Services

- Wraparound services, recovery coaching, Mommies Program

- Block grant funding supplements additional postpartum services

Exceptional Item Funding

- 84th Legislature allocated $11.2 million to DSHS
- Supports new & existing services
- Focus on reducing
  - Incidence
  - Severity
  - Costs



Targeted Outreach Efforts

Pregnant & Postpartum Intervention (PPI) Outreach

Community needs assessments

- Determine strategies to improve engagement
- Conduct outreach to women with high-risk behaviors

Program goals

- Engage high risk women earlier in OB/GYN care & SUD treatment
- Increase access to healthcare information on pregnancy & HIV status

Enhancing Access to Opioid Treatment Services (OTS)

- Previous funding restrictions limited the number of DSHS opioid treatment contractors
  - Only 9 out of 85 were contracted providers
  - The Exceptional Item allows for a new funding approach to increase the provider base
- DSHS is expanding the number of opioid treatment slots specifically designated to pregnant & postpartum women by 635
  - Enrolling methadone & buprenorphine providers as vendors
  - Co-located Pregnant & Postpartum Intervention services
  - Must be Medicaid providers

Integrating OTS with Pregnant & Postpartum Intervention (PPI)

- Co-located PPI & OTS Providers:
  - Eligibility screenings for methadone & buprenorphine
    - Clinical & Financial
- PPI Providers
  - Onsite education w/ 16 week curriculum
    - Prepare for labor & delivery
    - Parenting a newborn
- PPI Staff
  - Case management
  - Counseling services
  - Program referrals
  - Other assistance

Integrating OTS with PPI

- Population served:
  - Pregnant women
  - Postpartum women
  - Women who have exhausted their pregnancy-related Medicaid coverage
- Settings:
  - Community (home visits)
  - Residential treatment
  - Jail

Mommies Program

Mommies Program: Implementation

Implemented through collaborative effort

- PPI Programs
- Hospital Systems
- Opioid Treatment Providers

- Local NAS Response Teams
  - Located in 5 counties w/ highest incidence of NAS
  - Goals
    - Reducing stigma among hospital staff
    - Increasing opportunities for pregnant patients to develop relationships with hospital staff
    - Focusing on supportive, family-focused treatment in the NICU

Mommies Program Key Program Components

- Key program components include:
  - Convenient, centrally located services
  - Free transportation, childcare, benefits coordination
  - Qualified, credentialed staff & patient navigation
  - Individual services & monitored progress
  - Decreasing stigma
  - Program progress

Mommies Program: Evaluation

AIMS

- Consistency in clinical standards for
  - Identification
  - Management during pregnancy & postpartum
  - Follow-up care NAS diagnosed newborns and their families
- Interagency collaboration

OUTCOMES

- Average NICU length of stay reduced by 33%
- Rate of CPS removal for Mommies participants is 17%
  - 83% of children remain with their biological mother

Statewide Pregnancy Stabilization Center

- Allows pregnant women to enter a single SUD treatment & recovery program that can address all of their needs by providing them a full continuum of care for themselves & for their children
- Services range from clinical services (opioid treatment) to recovery support services (recovery housing)
- Once stabilized, the recovery coach helps women transition back into the community

NAS Trainings

- Available to community NAS response teams
  - DSHS-funded contractors
  - Other professionals
- Training objectives
  - Support implementation of targeted outreach
  - Recovery support services
  - Clinical management strategies for providers caring for moms and babies with NAS
    - NAS Feasibility Study aims to build evidence for management strategies that reduce stress in mothers and infants

Challenges & Lessons Learned

- Building partnerships between state agencies & local health systems
- Reducing stigma
- Disseminating materials that support biological mothers caring for their children
  - DSHS NAS webpage & videos
    - Journeys of Hope: Mommies and Babies Overcoming NAS
    - Stronger Together: NAS Soothing Techniques for Mommies and Babies

Polling Question 2

- What are some of the major NAS treatment challenges your state is facing? Select all that apply.
  - Funding for NAS initiatives
  - Building interagency partnerships
  - Lack of standardization in care
  - Performance monitoring for existing programs
  - Stigma
  - Other barriers

Discussion and Questions 2

Provider Perspective: Treating & Preventing NAS

Tricia Wright, MD, MS, FACOG, FASAM

Assistant Professor, Department of Obstetrics, Gynecology and Women's Health,

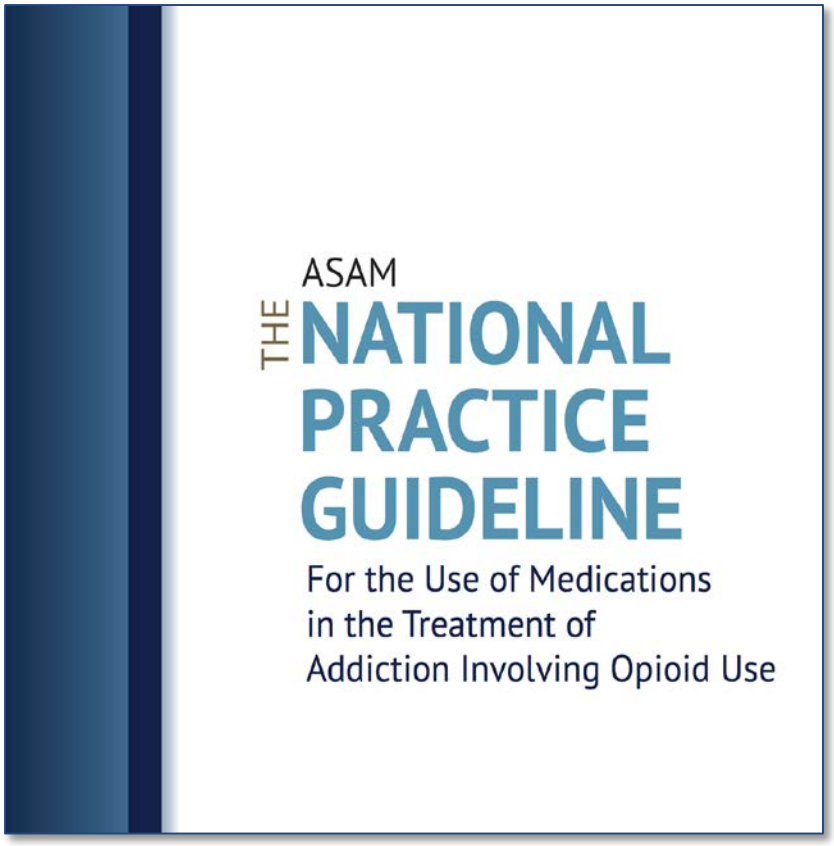
Clinical Assistant Professor, Department of Psychiatry,

University of Hawaii, John A. Burns School of Medicine

Agenda (Tricia Wright)

- ASAM National Practice Guideline
- Challenges in Treating Pregnant Women
- Strategies to Overcome Treatment Challenges
- Path Clinic

ASAM National Practice Guideline



- Released in September 2015
- Aims to better inform the use of medication assisted treatment
- 1st to include all FDA-approved medications in a single document

ASAM The Voice of Addiction Medicine
American Society of Addiction Medicine

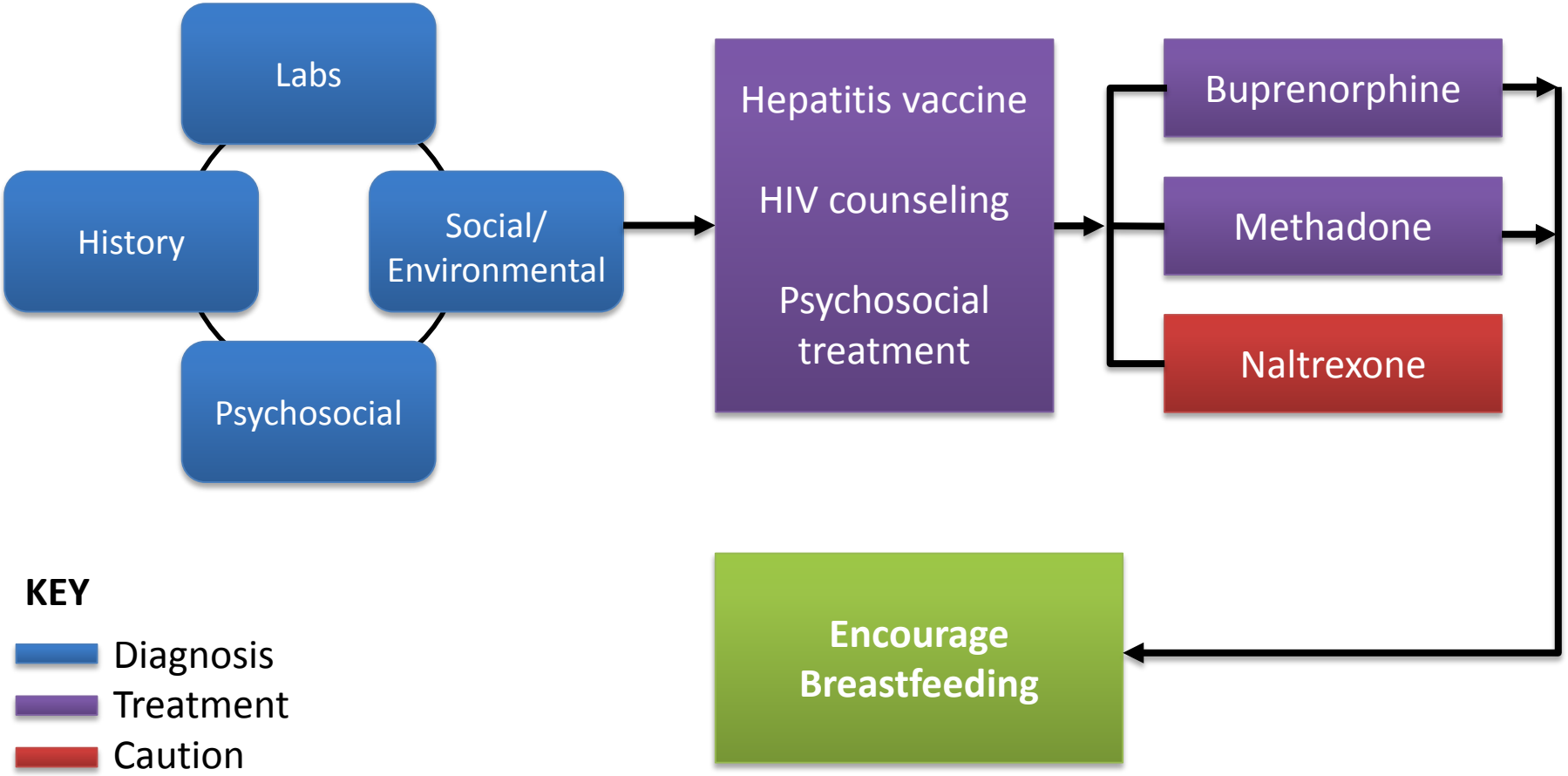
ASAM National Practice Guideline: Treating Pregnant Women

- Identify & refer urgent medical conditions
- Medical & psychological examination
- OB/GYN should be alert to signs of opioid use disorder (OUD)
- Psychological treatment is recommended
- HIV & Hepatitis (B,C) testing & counseling
- With patient consent, urine testing for opioids
- Treat OUD women w/ methadone or buprenorphine, not abstinence

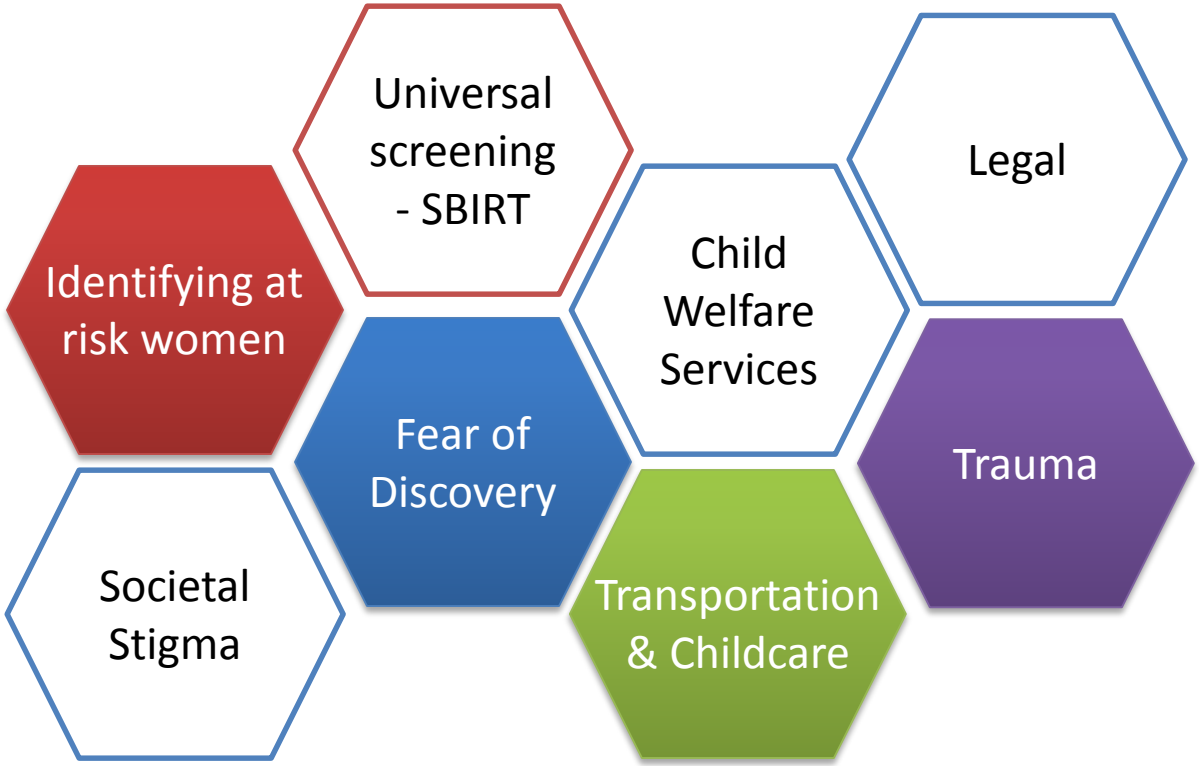
ASAM National Practice Guideline: Treating Pregnant Women Cont'd

- Co-manage care with OB/GYN & an addiction specialist
- Understand that pregnancy affects pharmacokinetics
- Methadone treatment should be initiated ASAP
  - Buprenorphine monotherapy is an alternative to methadone
- Discontinue naltrexone if relapse risk is low
- Do not use naloxone unless treating overdose
- Encourage breastfeeding when moms are using methadone or buprenorphine

Treatment for Pregnant Women: Summary Process



Challenges in Treating Pregnant Women



Challenges in Treating Pregnant Women: Lack of Standardization

- Addiction Treatment Providers
  - Sometimes abruptly stop medications
- Prenatal Care Providers
  - Stigma
  - Lack of knowledge
- Pediatric Providers
  - Non-standardized NAS treatment
  - NICU care can worsen outcomes
- Managed Care Organizations
  - Formularies
  - Prior authorizations

Strategies to Overcome Treatment Challenges

- Key program components to support mothers and infants:
  - Universal screening using non-judgmental language
  - Working with pediatricians early on
  - Family planning services
  - Relapse prevention with long term family care
  - Providing childcare & transportation services
  - Ensuring a safe environment

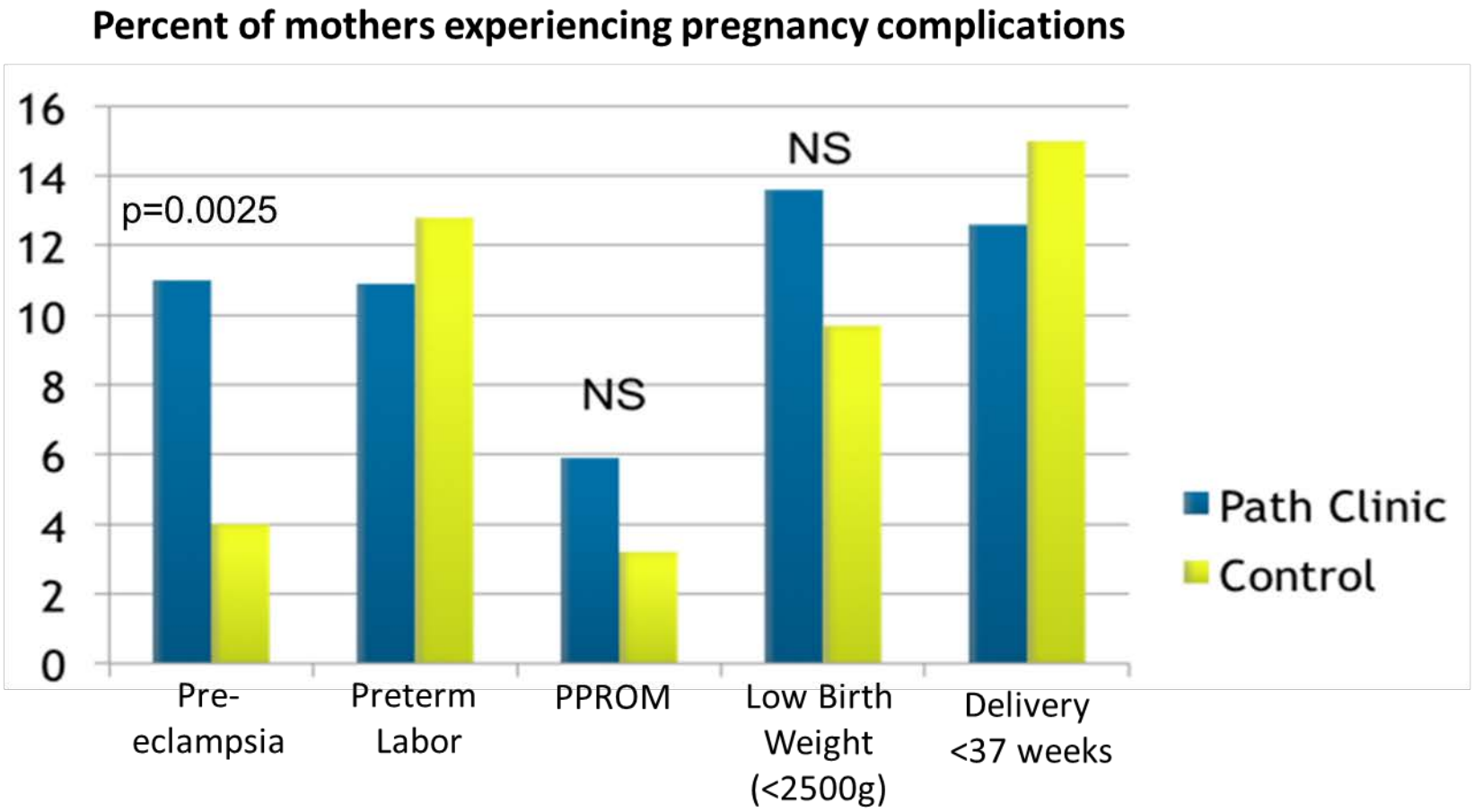
Path Clinic

- Small sub-clinic of a larger FQHC
- Initially funded through state seed grant
  - $600,000 over 2 years
- Joined Waikiki Health in 2011

Path Clinic Cont'd

- Services offered
  - Prenatal & postpartum care
  - Well-woman and family planning
  - Addiction psychiatry
  - Transportation
  - Child care
  - Biopsychosocial assessments
  - Relapse prevention
  - Nutritional counseling
  - Art therapy

Path Clinic: Pregnancy Complications



Source: Wright TE, Schuetter R, Fombonne E, Stephenson J, Haning WF. Implementation and evaluation of a harm-reduction model for clinical care of substance using pregnant women. Harm Reduction Journal. 2012.9:5. http://www.harmreductionjournal.com/content/pdf/1477-7517-9-5.pdf

Raise Your Hand Cont'd

- Using the "raise your hand" option in ReadyTalk, please raise your hand if your state has implemented universal screening for opioid use disorder in pregnant women or raise your hand to discuss barriers to implementing universal screening.

Discussion and Questions 3

Polling Question 3

- Would your state be interested in having a post-webinar discussion with the speakers to address any additional questions or reflections on today's webinar?
  - Yes
  - No

Resources

- *Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care*. Association of State and Territorial Health Officials.
- *The Mommies Toolkit: Improving Outcomes for Families Impacted by Neonatal Abstinence Syndrome*. Texas Department of State Health Services.
- *The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*. American Society of Addiction Medicine.

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Thank You!

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