NAS & MOMS Updates

September 28, 2015

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Ohio MHAS
Promoting wellness and recovery

Ohio Department of Medicaid
John R. Kasich, Governor
John B. McCarthy, Director

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Neonatal Abstinence Syndrome (NAS)

- 1,691 admissions in inpatient settings in 2013
  - Average length of stay was 14.8 days
  - 87% of these admissions were for Medicaid claims
- NAS was associated with nearly $100 million in costs to Ohio's healthcare system that year
  - Average cost per infant $57,897
- Outcomes continue to be poor for NAS babies
  - Low birth weight: 25.5%
  - Respiratory problems: 24.8%
  - Feeding difficulties: 15.3%
  - Seizure & convulsions: 0.9%

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Mapping NAS, Avg. 2004-2008

Legend

ADAMHS Board

Rate per 1,000

- 0.0 - 2.5
- 2.6 - 5.8
- 5.9 - 6.2

Map Information:

This map examines the discharge rates for neonatal abstinence syndrome (NAS; ICD-9 779.5) per 1,000 live births in Ohio by county of patient residence. On average, there were 2.2 discharges for NAS per 1,000 live births statewide between 2004 and 2008. Counties with the highest rates of NAS discharges were Athens (6.2), Scioto (6.0) and Madison (5.8). NAS discharge rates for 10 counties were at or close to zero during this time.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data adapted by OhioMHAS from the Ohio Hospital Association & the Ohio Department of Health
Map produced March 2014

Discharge Rates for Neonatal Abstinence Syndrome per 1,000 Live Births

Five-year Weighted Average from 2004 to 2008

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Mapping NAS, Avg. 2009-2013

Legend

ADAMHS Board

Rate per 1,000

- 0.5 - 2.5
- 2.6 - 5.8
- 5.9 - 11.0
- 11.1 - 76.0

Map Information:

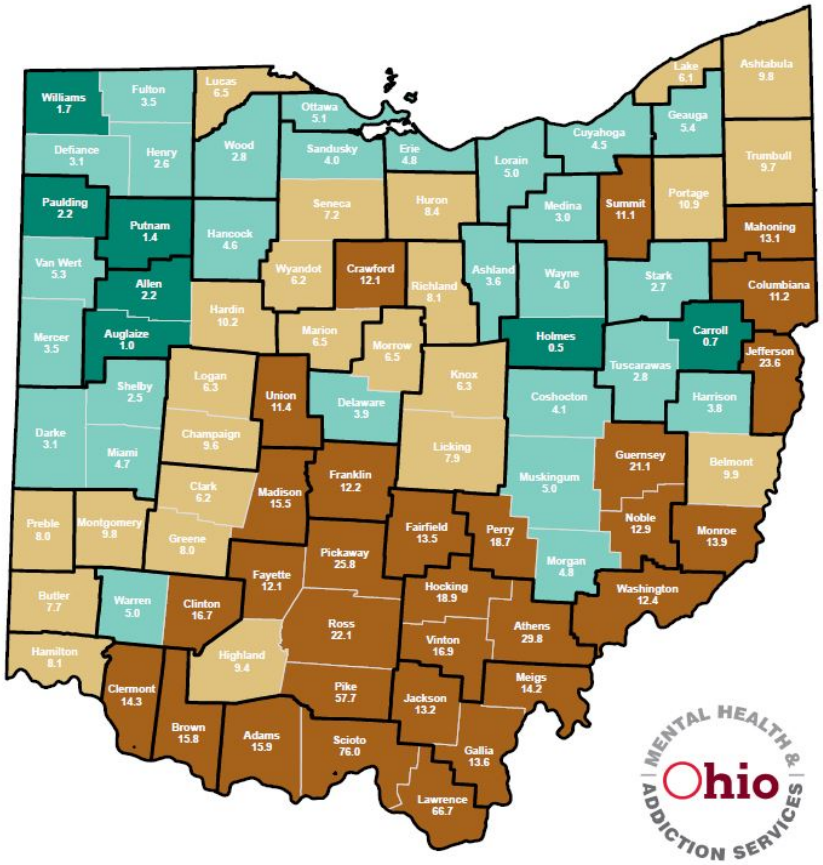
This map examines the discharge rates for neonatal abstinence syndrome (NAS; ICD-9 779.5) per 1,000 live births in Ohio by county of patient residence. On average, there were 8.8 discharges for NAS per 1,000 live births statewide between 2009 and 2013. Counties with the highest rates of NAS discharges were Scioto (76.0), Lawrence (66.7) and Pike (57.7). NAS discharge rates were lowest in Holmes (0.5), Carroll (0.7) and Auglaize (1.0) counties.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data adapted by OhioMHAS from the Ohio Hospital Association & the Ohio Department of Health
Map produced June 2015

Discharge Rates for Neonatal Abstinence Syndrome per 1,000 Live Births

Five-year Weighted Average from 2009 to 2013



MOMS Overview

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Project Partners

State Sponsors

- Office of Health Transformation
- Department of Mental Health and Addiction Services
- Department of Medicaid

Clinical Advisory Panel

- Johns Hopkins University
- Meridian Community Care
- Nationwide Children's Hospital
- Northeast Ohio Medical University
- Premier Health Specialists
- Thomas Jefferson University

Pilot Sites

- CompDrug
- First Step Home
- Health Recovery Services
- MetroHealth Medical Center

Project Management and Data Infrastructure

- Ohio Colleges of Medicine Government Resource Center

Quality Improvement Vendor

- Health Services Advisory Group

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Maternal Opiate Medical Supports

- In August 2013, the Kasich Administration announced plans to address the NAS epidemic

- Maternal Opiate Medical Supports (MOMS) project is a $4.2 million quality improvement initiative that seeks to:
  - Improve maternal and fetal outcomes
  - Improve family stability
  - Reduce costs and length of stay associated NAS

KEY DRIVER DIAGRAM

Project Name: M.O.M.S. Team Leader: X

SMART AIM

Improve birth outcomes of infant born to opiate-dependent mothers as measured by the following by June 2016

Measures:

1. 30% reduction in Low Birth Weight (LBW) infants
2. 30% reduction in average NICU length of stay (LOS)
3. 30 % improvement in 12mos treatment retention

GLOBAL AIM

Create systems of care that seamlessly integrate health done in physical, mental, and substance use domains as part of holistic approach to well-being

*** Gray shading denotes primary project emphasis; Interventions are samples and non-inclusive.**

KEY DRIVERS

- Prevention of opiate use before and during pregnancy
- Education to improve recognition & non judgmental support of mothers
- Early prenatal identification
- Develop best integrated practice including MAT (Medication Assisted Treatment)
- Adhere to best integrated practice
- Data systems to support integration
- Adequate access & workforce to support
- Patient Engagement & Support

INTERVENTIONS

- Community toolkits
- Building Mental Wellness
- See SAMHSA Models that include protective and resilience promotion

- Public Campaign
- Nurture the Mother
- Nurture the Baby
- Strong Start OHIO (centering)

- Universal standardized pregnancy risk assessment; universal disease screening (e.g. HCV, HIV)
- Non- traditional modalities; (e.g., community health workers, navigators/coordinators, HUB)
- Harness existing systems

- Clinical Advisory Panel/Lit review
- Publicize key components
- Coordinate ADAMH boards, CPS, MCPS, Justice and Welfare
- Co-located MHAS services/Therapies
- Tie to NAS work

- Implement QI process PDSAs & DATA feedback and collaborative

- Identify key data points
- Feedback to providers

- Test models for specialized maternity medical home (PCMH)
- Methadone /MAT clinic

- Recovery Peer Support
- Family/Kinship Engagement
- Ancillary Service Support (vocational, housing, child care)

- Toolkit development
- Shared decision making tools

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Pilot Site Activities

- Implement the Maternal Care Home (MCH) model, a patient-centered and team-based healthcare delivery model to engage/empower expecting mothers in coordinated care
- Identify best practices to develop, implement, and test a clinical toolkit
- Implement a quality improvement structure involving monthly technical assistance calls to share and discuss best practices, quarterly clinical learning sessions, and individual coaching calls
- Implement rapid cycle quality improvement process

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Maternal Care Home Model

Basic Tenets of a MCH Model (con't):

- A primary clinician who accepts responsibility for coordinating and/or providing all health care and related social services during a woman's pregnancy, childbirth, and postpartum period

- Commitment to utilize highest standards of care for newborns and provide appropriate pediatric/specialist referrals to ensure achievement of all developmental milestones

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Maternal Care Home Model

Basic Tenets of a Maternal Care Home Model (MCH):

- Commitment to continuous quality improvement, patient/child safety, and evidence-based practice
- Commitment to patient-centeredness and a positive experience of care
- Timely access to appropriate care and information for the woman and all parties involved in her recovery

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Team Members

Care Coordination Team

- Care Coordinator(s)
- Obstetrics and Gynecology (OB/GYN)
- Behavioral Health (BH)
- Medication Assisted Treatment (MAT)
- Pediatric clinician
- MOMS Primary Care Physician
- 3rd party case management
  - Medicaid managed care
  - Private insurance

Key Service Providers/Program Partners

Onboard Early

- Psychiatrist
- Neonatologist
- Addiction and recovery support
- Social service agencies

Onboard Later

- Child welfare department
- Public assistance
- Hospital administration

Onboard As Needed

- Medical specialist
- Legal authorities
- Local health department
- Behavioral health state and county boards

Pilot Site Enrollment and Patient Data

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Enrollment

- 184 total women enrolled to date
  - Active women = 129
  - 48.8% enrolled prior to 13 weeks gestation
  - Average gestational age upon enrollment = 13.5 weeks

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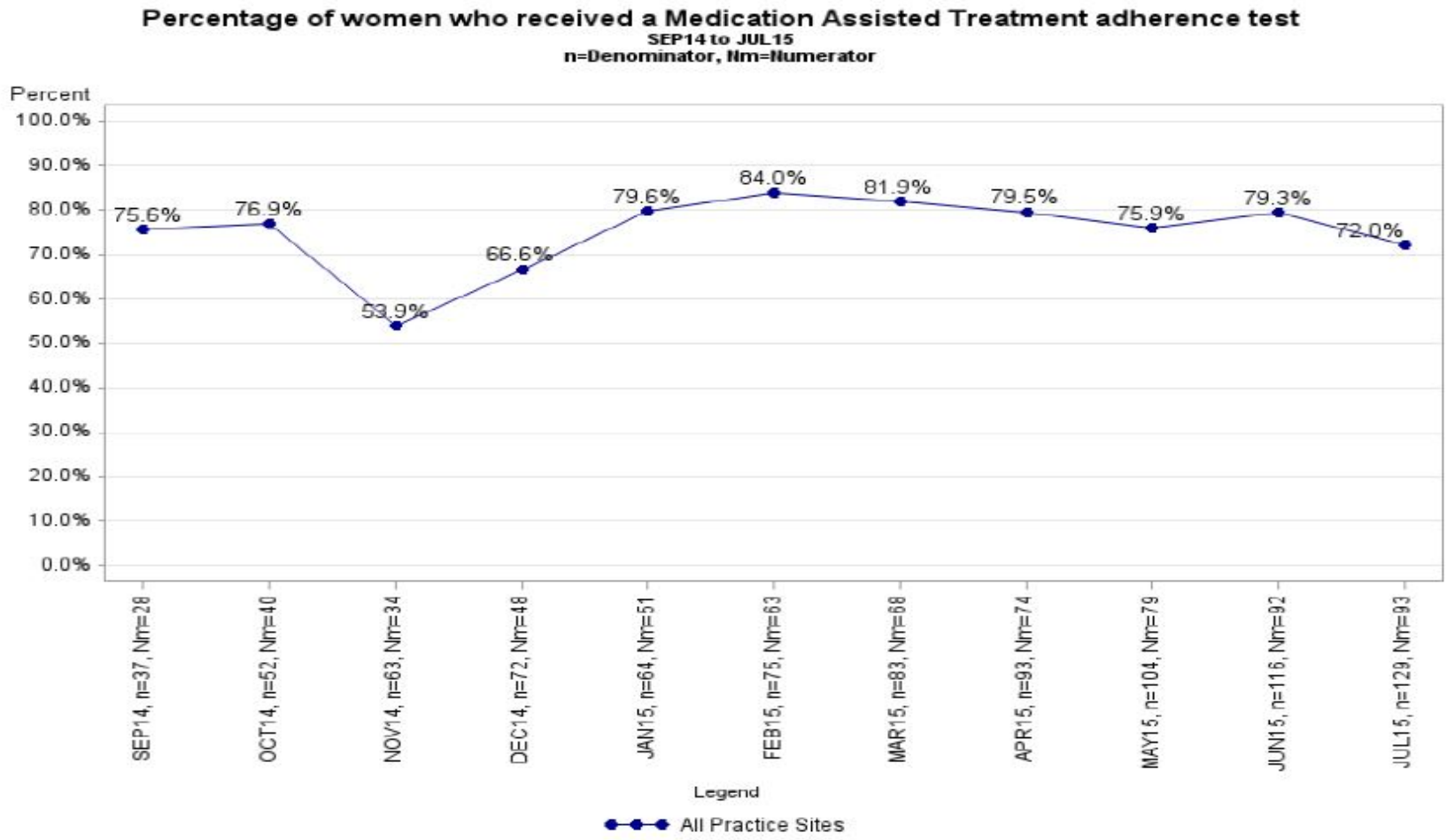
MAT Adherence Test



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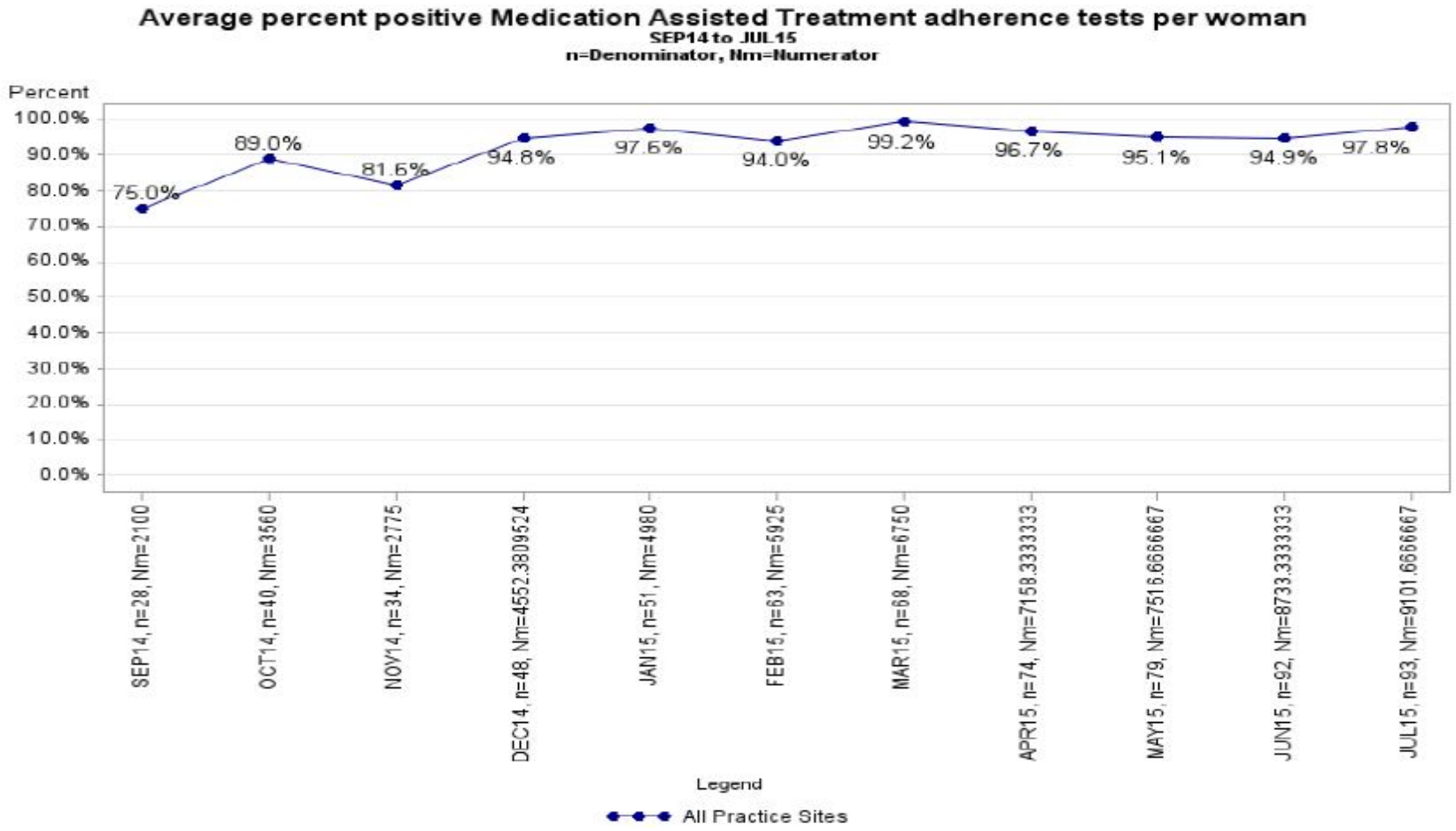
Positive % for MAT Adherence



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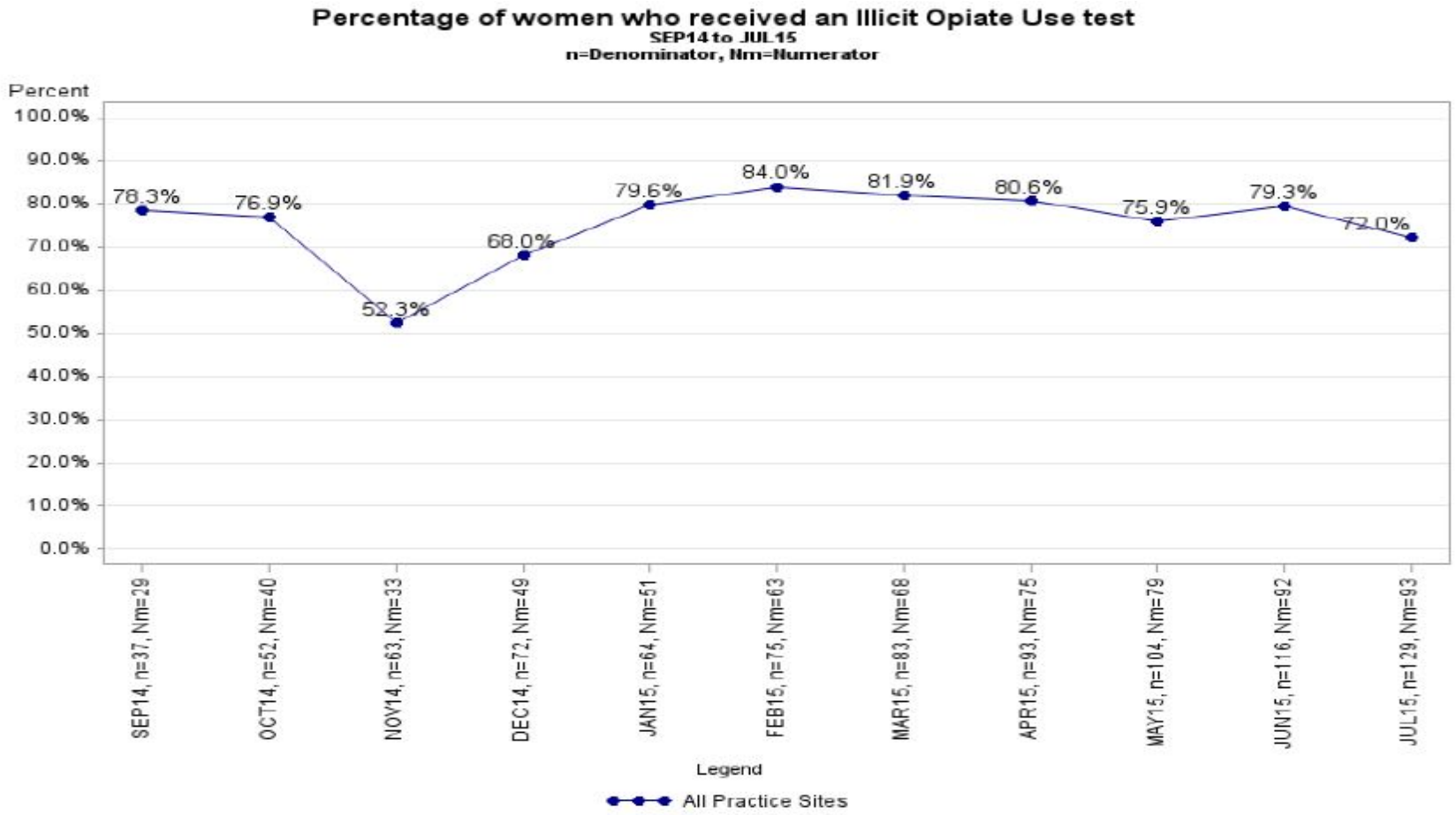
Illicit Opiate Test



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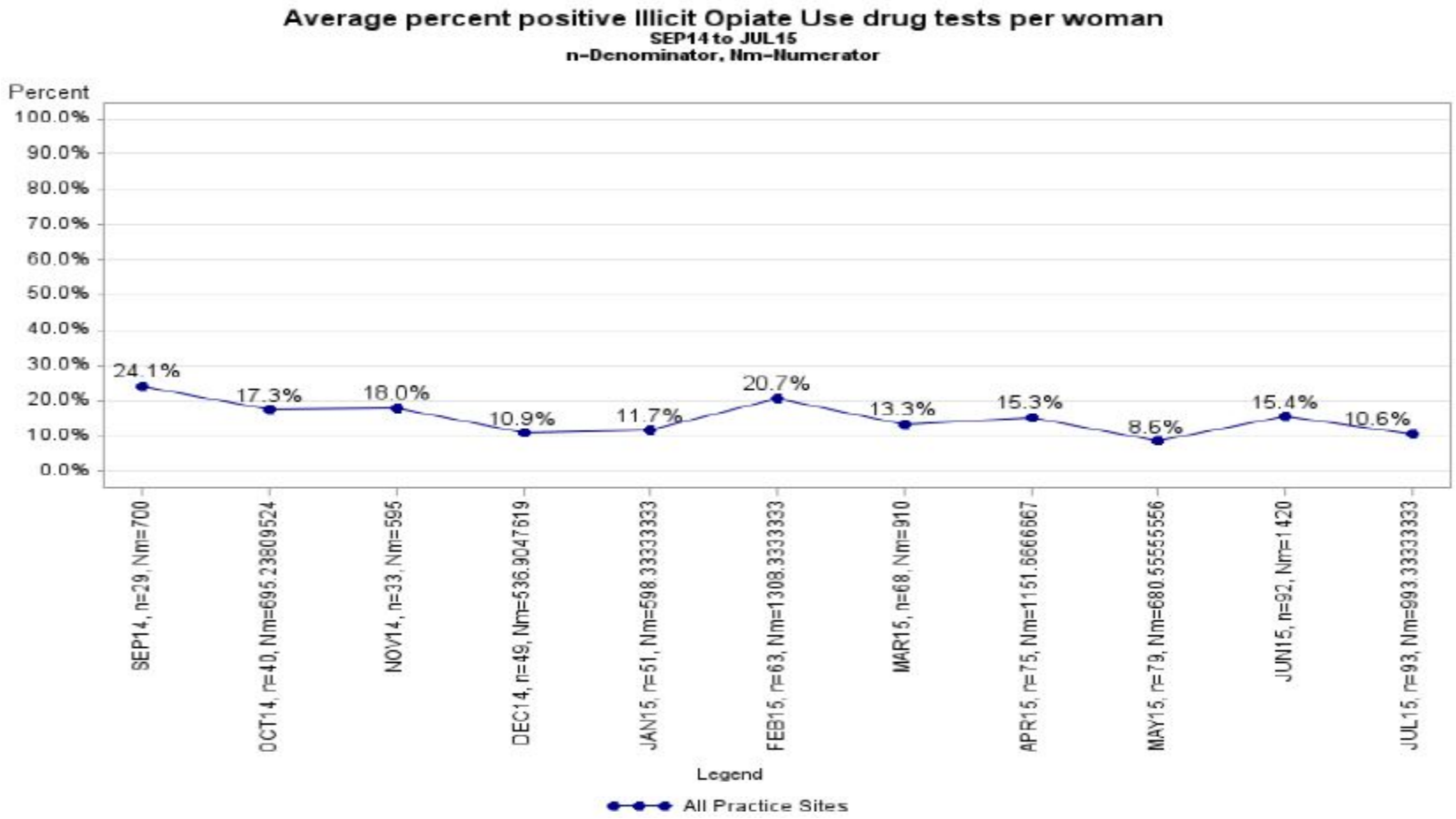
Positive % for Illicit Opiate Test



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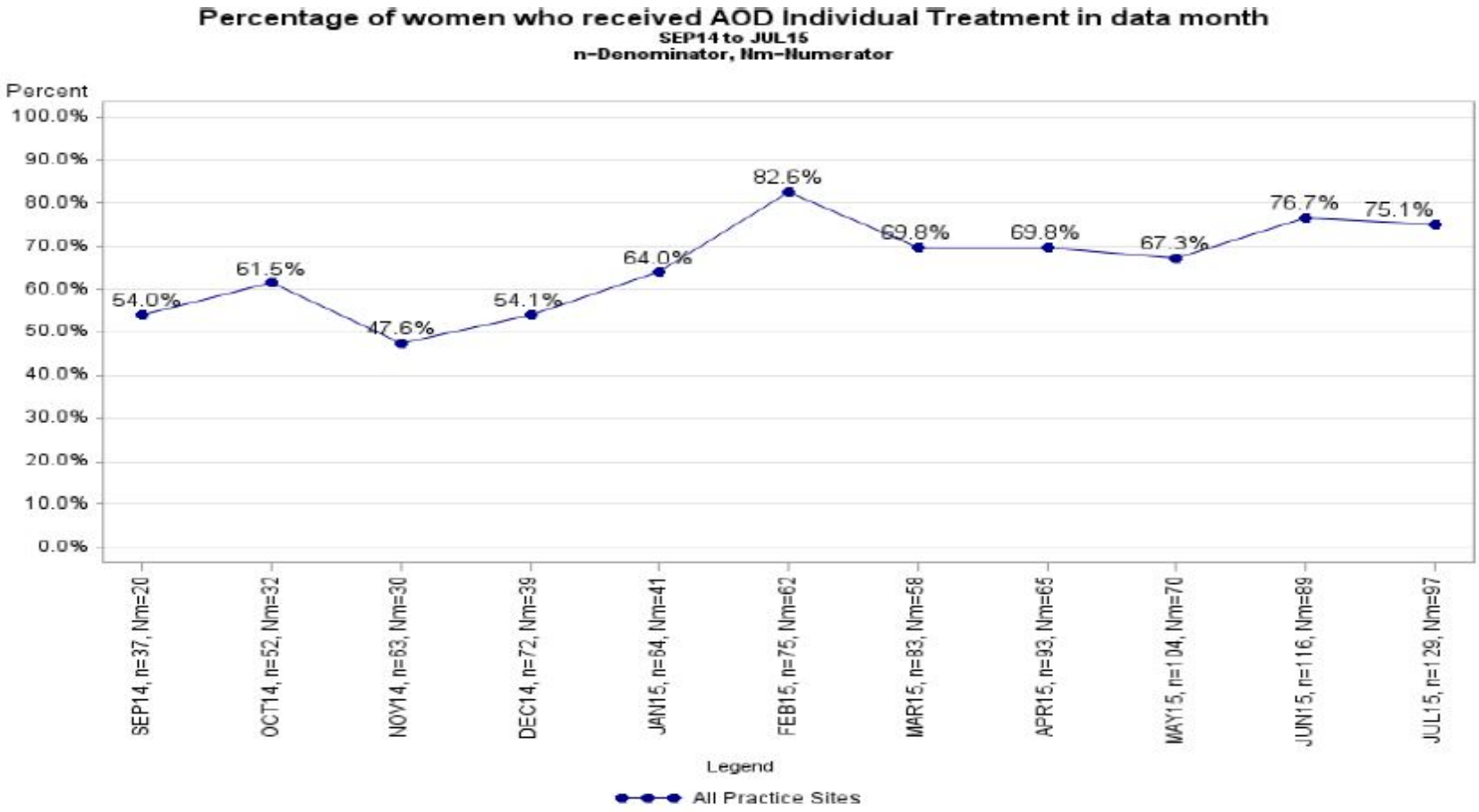
AOD Individual Treatment



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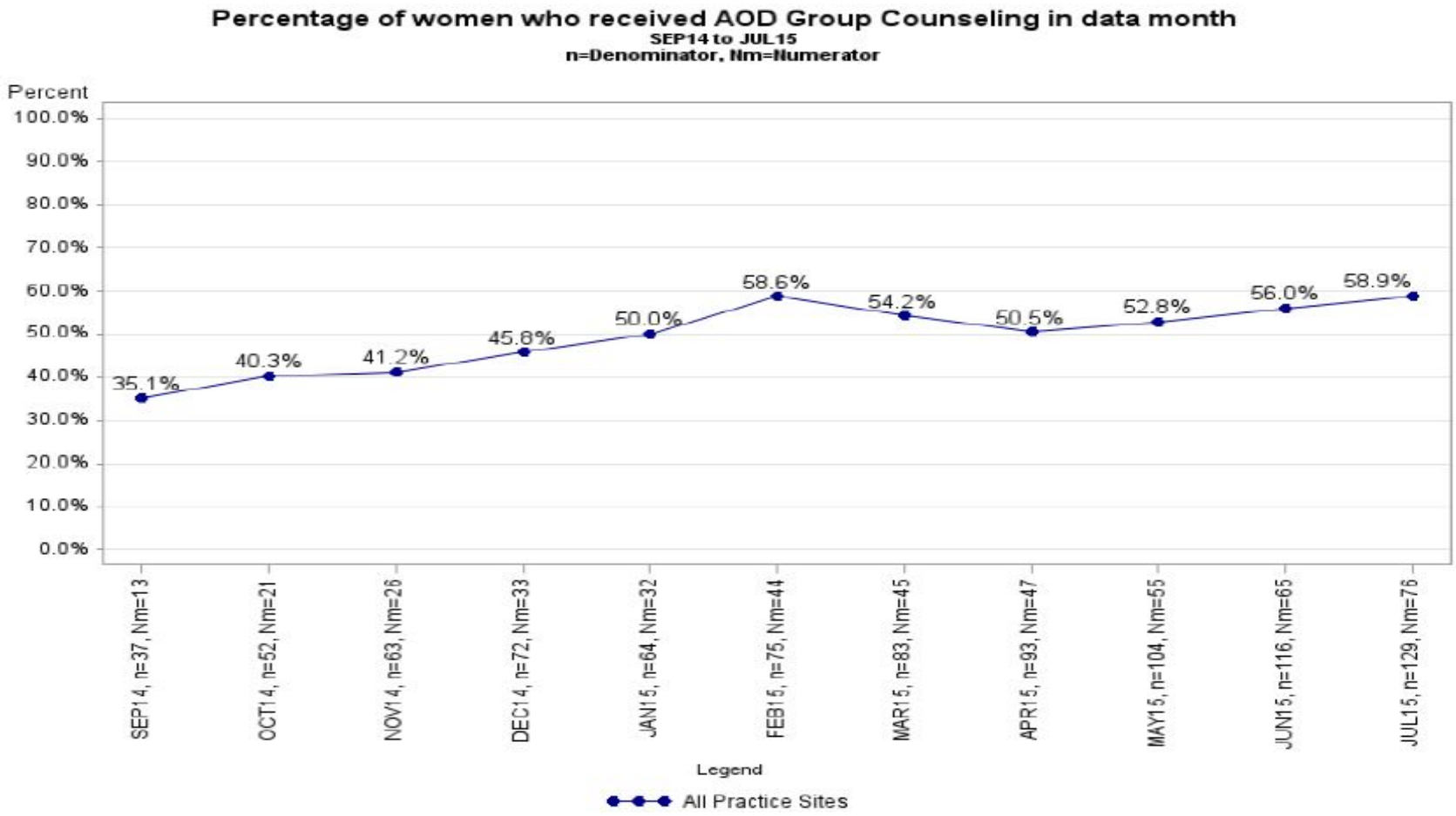
AOD Group Treatment



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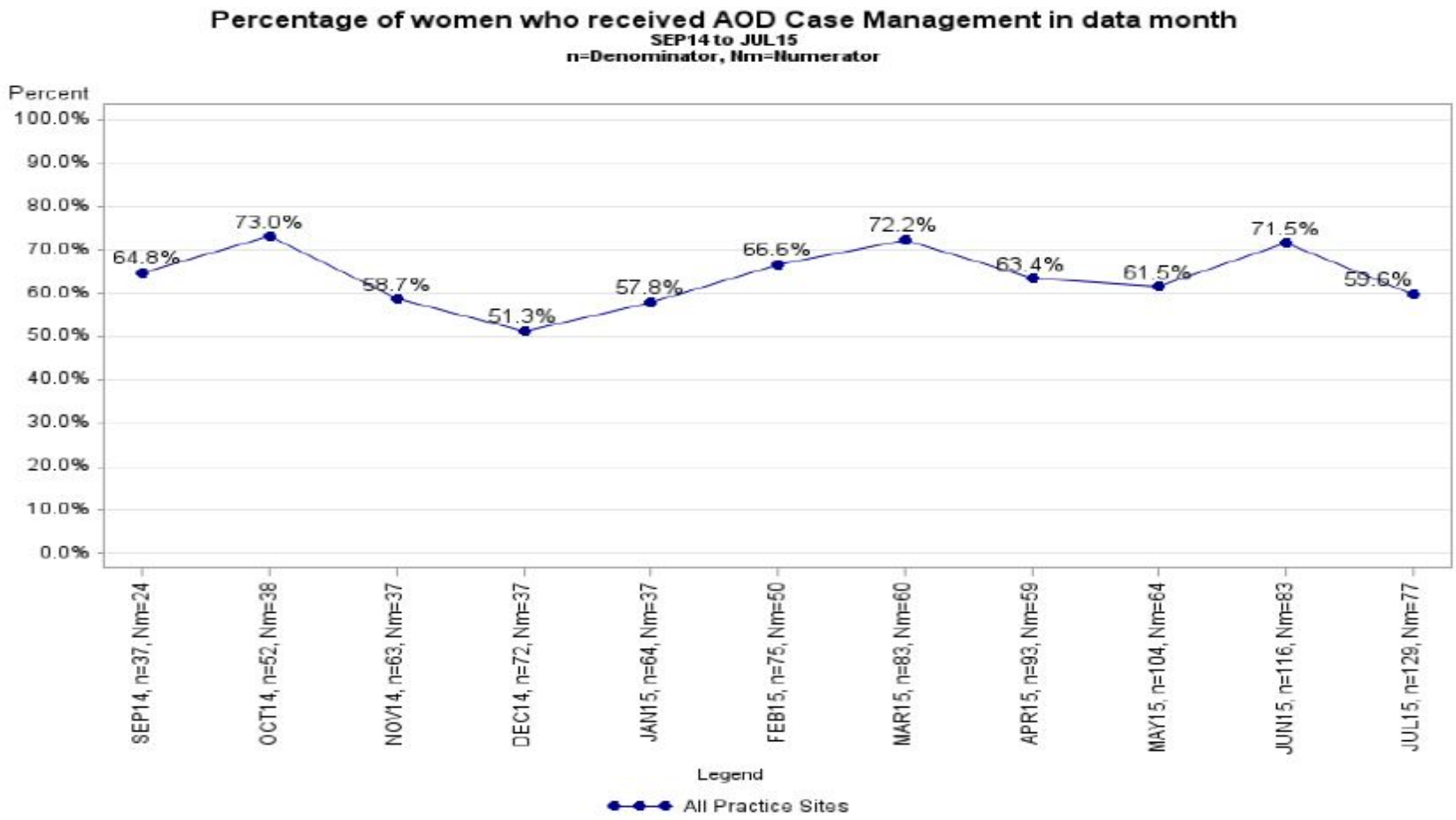
AOD Case Management



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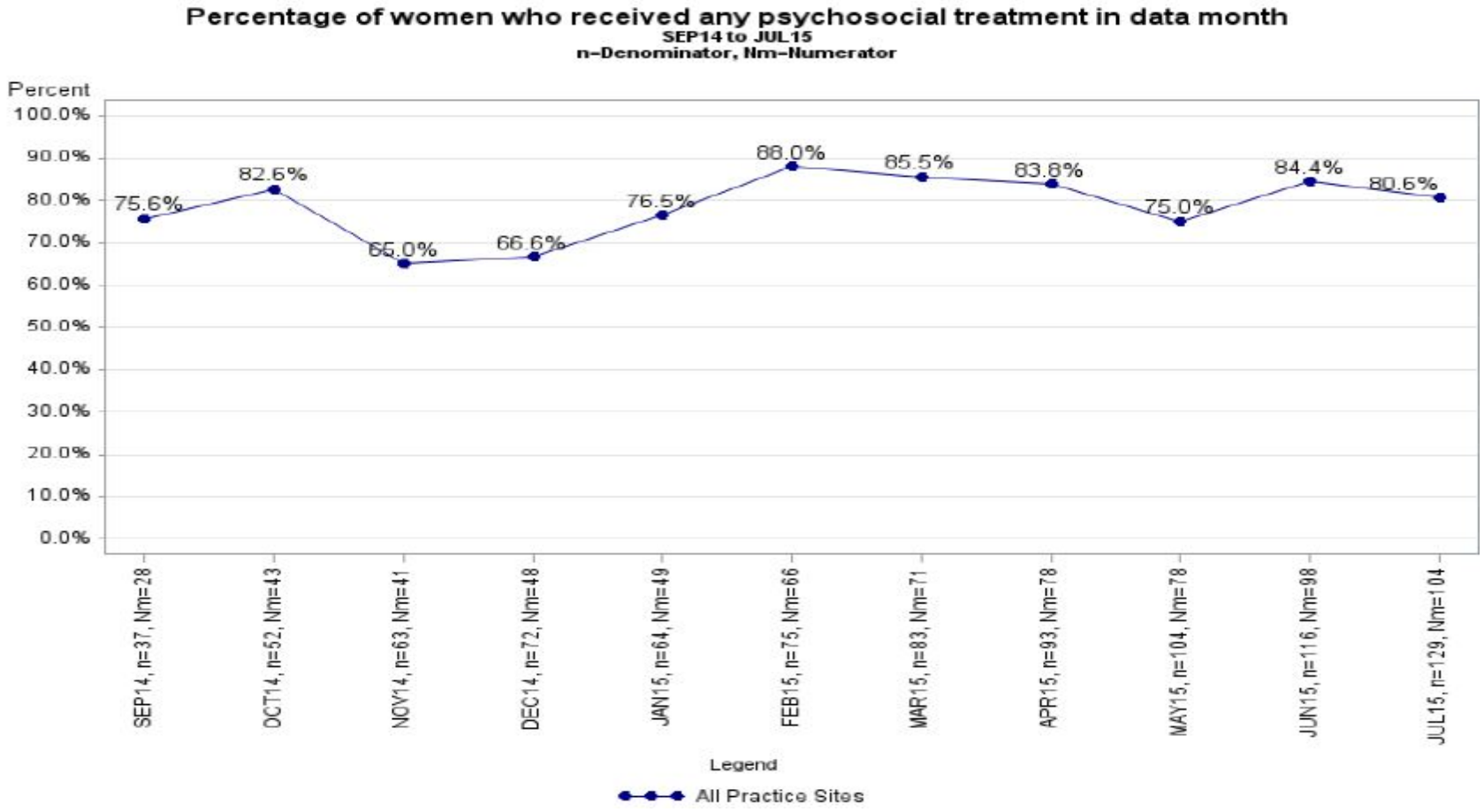
Psychosocial Treatment



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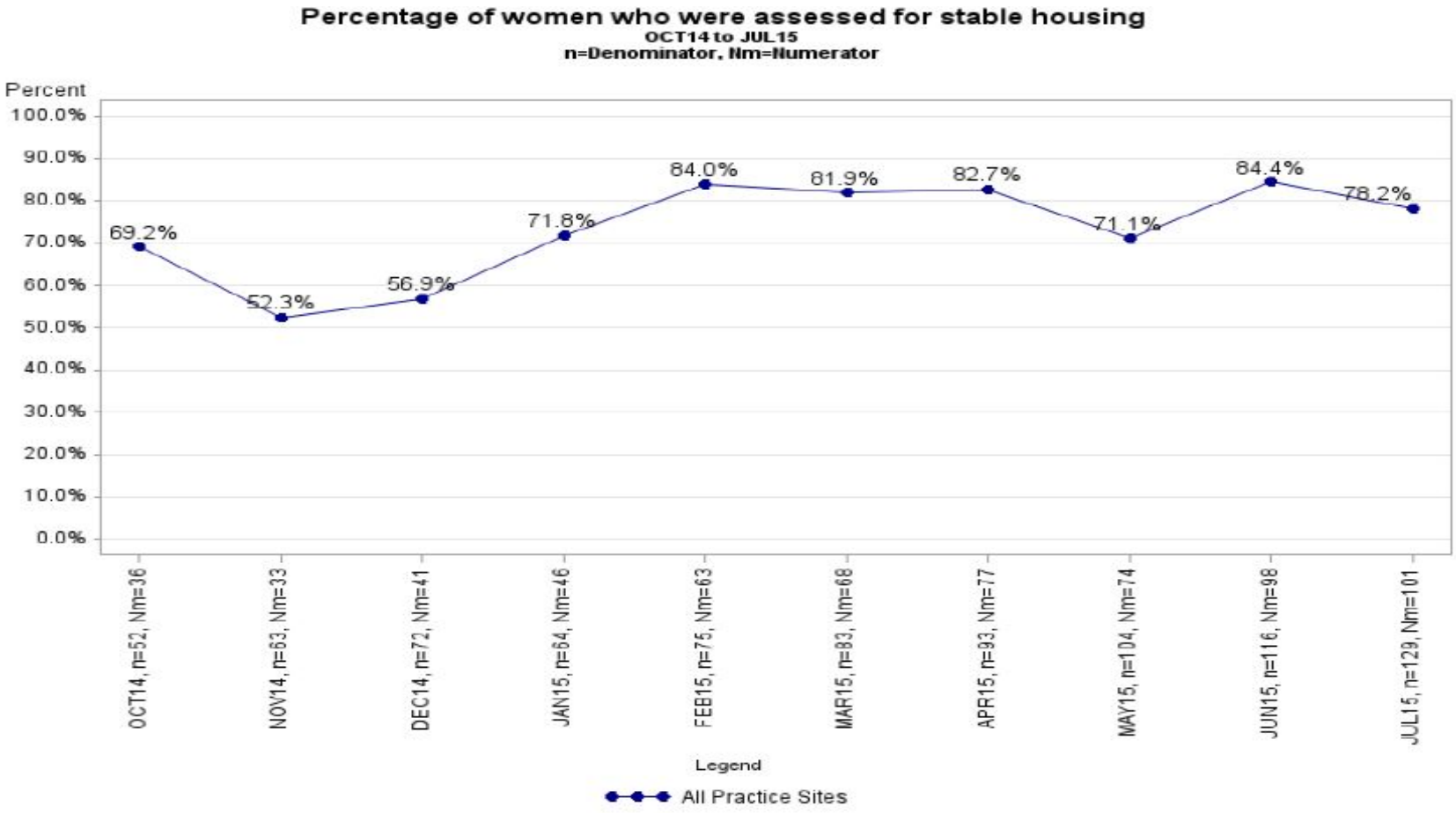
Housing Assessment



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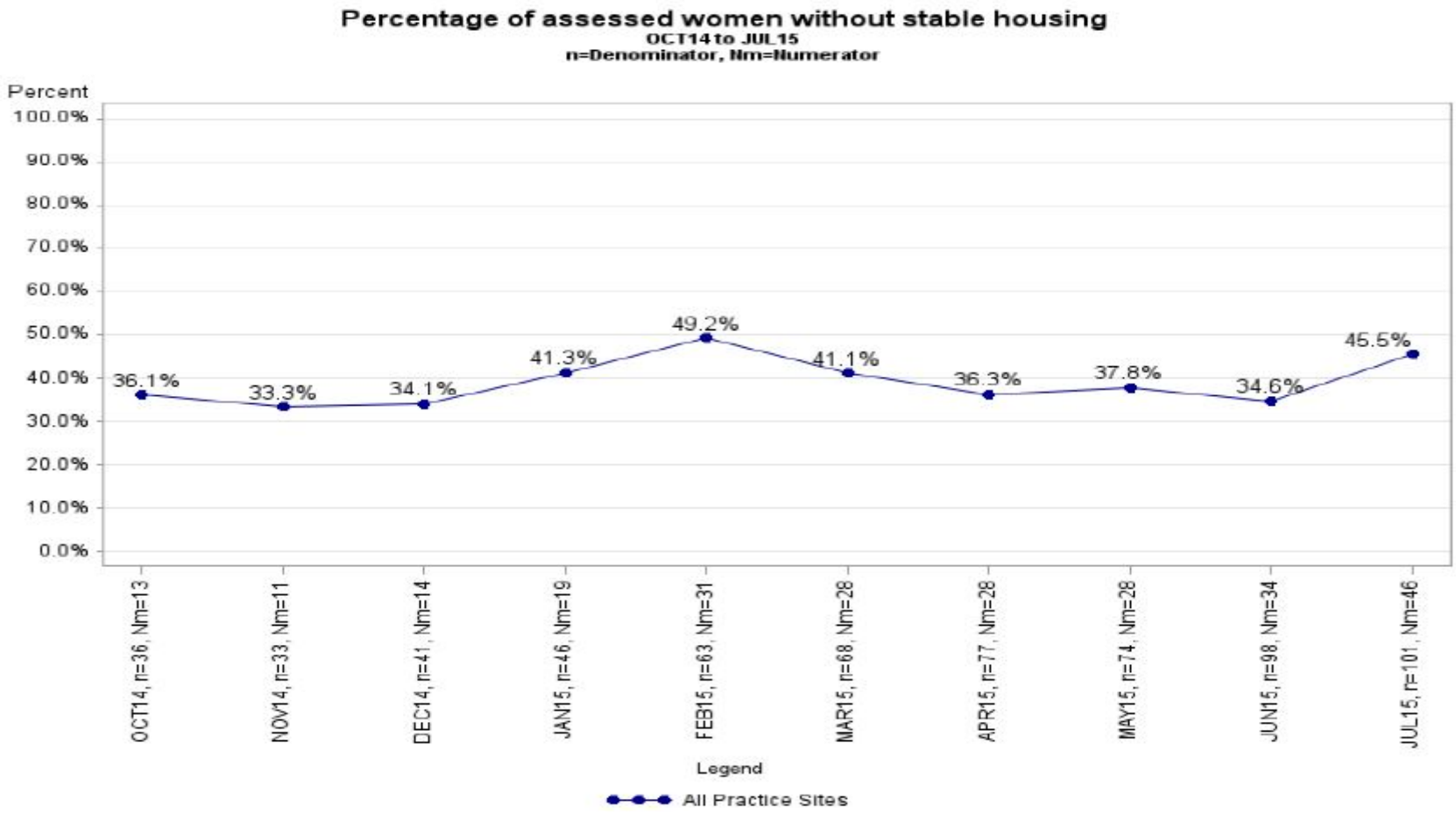
Housing Need



Managed Care Process Improvement Data

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Managed Care Process (MCP)

- MCPs have many features that help make a MOMS maternal care home possible
  - Early identification of MOMS clients
  - Streamlined consent process
  - Timely pre-authorization for MAT
  - Integrated care coordination
  - Free transportation
  - Quick response time

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MCP Progress

- Early identification of MOMS clients
  - ✓ 4 of 5 MCPs have a process. Each pilot site is linked with a specific case manager at each MCP.

- Streamlined consent process
  - ✓ 2 of 5 MCPs have an established consent process with all four pilot sites.

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MCP Progress

- Timely pre-authorization for MAT
  - ✓ All MCPs "gold card" prescribers.

- Integrated care coordination
  - ✓ 4 of 5 MCPs have integrated care coordination with health plan care managers in MOMS care meetings.

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MCP Progress

- Free transportation
  - ✓ 1 of 5 MCPs consistently provide transportation within 24 hours of request. 48 hours is the standard request time for all MCPs.
  - ✓ 2 of 5 MCPs provide transportation to AA appointments. One MCP is in the process of adding AA meetings to benefits package.

- Quick response time
  - ✓ 3 of 5 MCPs respond to requests from MOMS sites within two hours. Some MCPs are out in field daily, but the expectation is a response within 24 hours unless it is urgent.

Upcoming Efforts

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Website Rollout

- The MOMS Project will have a web portal that serves as a resource for MOMS pilot sites and all health professionals in the state of Ohio.

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Care Coordination Toolkit

Resource Audiences

- Prescribers
- Clinicians
- Patients
- Community Agencies

Resource Topics

- Readiness Lists
- Care Coordination
- Assessment
- M.A.T. Services
- Psychosocial Services
- Prenatal and Postnatal Care
- Labor and Delivery
- Outpatient Care

Resource Types

- Decision Trees
- Evidence-based Guidelines and Resources
- Fact Sheets
- Shared Decision-Making Module

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Child Welfare Integration

- Develop collaborative partnerships between MOMS pilot sites and child welfare agencies to assure safety, and support family preservation.
  - Create proactive teams to ensure best chance of successful outcome for clients
  - Jointly develop and monitor plan of safety
  - Identify actionable strategies for service coordination to facilitate recovery, ensure child safety, and promote family stability

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Child Welfare Integration

- Goals (con't)
  - Create new conceptions about the role of child welfare in client care
  - Build awareness of the contributions MOMS pilot sites have to offer
  - Educate MOMS sites of legal requirements and opportunities for supporting child welfare
  - Educate child welfare agencies about Medication Assisted Treatment (MAT) and opportunities for supporting MOMS

General Resources

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MOMS Programs

MOMS Pilot Sites

- CompDrug, Inc. (Columbus)
  - (614) 224-4506
- First Step Home (Cincinnati)
  - (513) 961-4663
- Health Recovery Services (Athens)
  - (740) 592-6724
- MetroHealth (Cleveland)
  - (216) 778-3550

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Opiate Treatment Programs

Program Name	City	Phone	First Name	Last Name
Opiate Substitution Services, VAMC - Cincinnati Division	Cincinnati	(513) 475-6402	Show	Lin
Community Action Against Addiction	Cleveland	216-881-0765	Gladys	Hall
Quest Recovery & Prevention Services	Canton	(330) 453-8252	Keith	Hochadel
Community Health Center	Akron	(330) 434-4141	Robert	Stokes
Project C.U.R.E., Inc.	Dayton	(937) 262-3500	Virgil	McDaniel
Meridian Community Care	Youngstown	(330) 797-0070	Lawrence	Moliterno
CompDrug	Columbus	(614) 224-4506	Dustin	Mets
Cleveland VA Medical Center-Wade Park Division, Opioid Treatment Program	Cleveland	(216) 791-3800	Kevin	Smith
Bureau of Drug Abuse-Cleveland Treatment Center	Cleveland	(216) 861-4246	Leonard	Collins
Zepf Center	Toledo	(419) 241-8827	Marilyn	Rule
Central Community Health Board of Hamilton County, Drug Services Program	Cincinnati	(513) 559-2056	Bernard	Young
Department of Veteran Affairs	Dayton	(937) 268-6511 x2986	Richard	Riddle
Maryhaven	Columbus	(614) 445-8131	Grant	Schroeder
Premier Care of Ohio, INC	Cincinnati	(513) 671-7117	Daniel	Brown
Health Recovery Services, Inc.	Jackson	(740) 577-3450	Joe	Gay
Sunrise Treatment Center, LLC	Cincinnati	(513) 941-4999	Steven	Smith
Clermont Recovery Center, Inc.	Batavia	(513) 735-8100	Steven	Goldsberry
Premier Care of Ohio, INC	Columbus	(614) 488-7117	Daniel	Brown
University of Cincinnati Physicians Company, LLC (UCPC,LLC)	Cincinnati	(513) 585-8227	Melissa	DelBello
The Crossroads Medication Assisted Treatment Program	Cincinnati	(513) 332-0350	Jacqueline	Butler
Premier Care Of Ohio, INC	Lima	(567) 940-9145	Daniel	Brown
HOPE Center North	Mason	(513) 536-4673	Paul	Keck
Health Recovery Services, Inc.	Athens	(740) 592-6720	Joe	Gay
Lutheran Hospital Alcohol and Drug Recovery Center	Cleveland	(216) 363-2230	Kris	Bennett

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Statewide Resources

- OhioMHAS Resources
  - Toll-free helpline: (877) 275-6364
  - Addiction Service Providers (Link)
  - Mental Health Providers (Link)
  - MOMS Project (Link)
  - Buprenorphine Protocol (Link)
- County Behavioral Health Authorities (Link)
  - (614) 224-1111
- Women's Network (Link)
  - (513) 961-4663
- Project DAWN (Link)

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National Resources

Substance Abuse and Mental Health Services Administration Resources

- TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (Link)
- TIP 43: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (Link)
- TIP 51: Substance Abuse Treatment Addressing the Specific Needs of Women (Link)

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Contact Information

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