

Recovery Coach Doula Program

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RCD Program Coordinator



College of Nursing

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

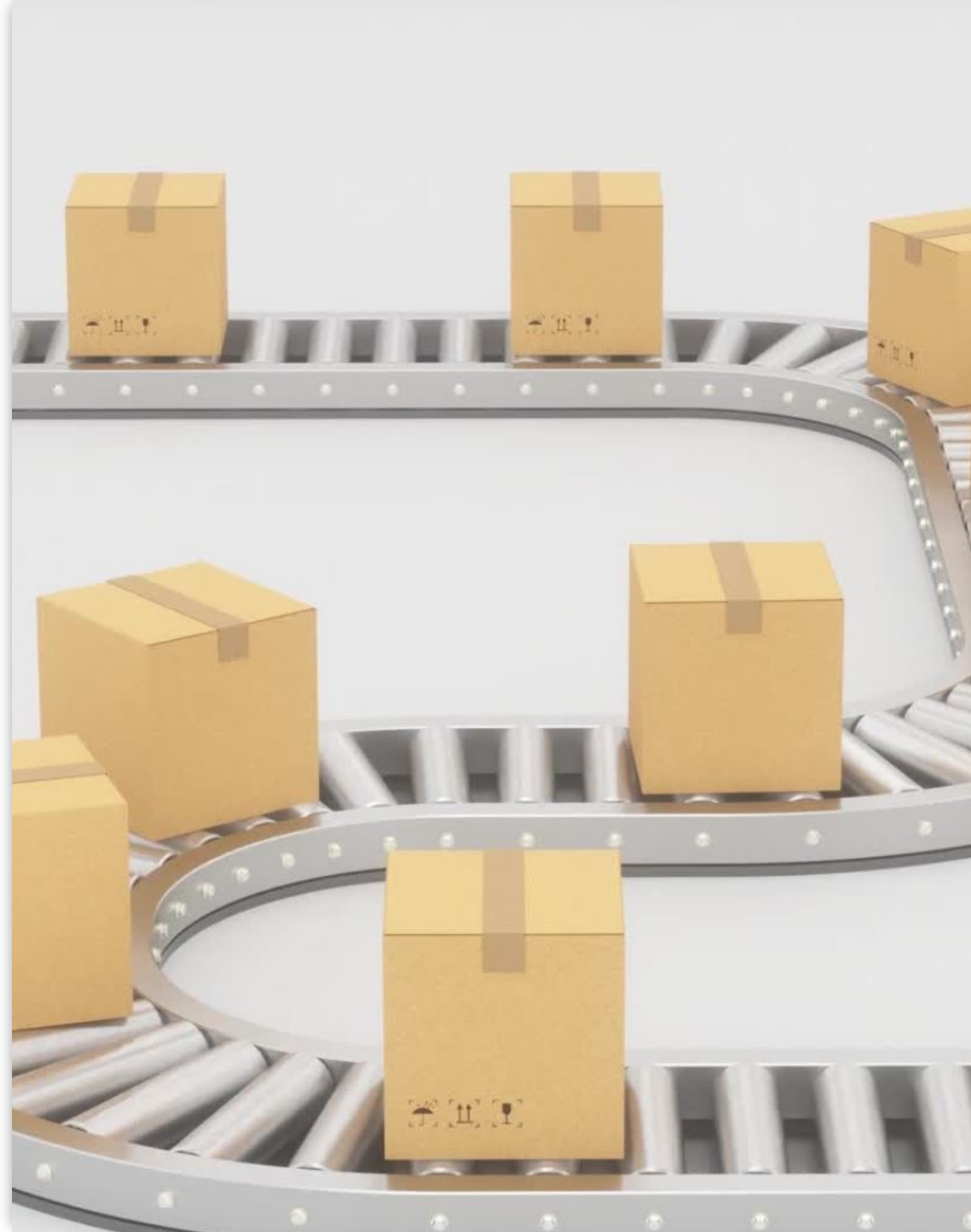
Project Team

- Jessica Anderson
- Felicia Gonsalez
- Sarah Lopez
- Deb Machado
- Vita Malama
- Elizabeth Phillips
- Leah Rashidyan
- Heather Thompson
- Brie Thumm
- Britt Westmoreland



Objectives

1. Review journey to development of Recovery Coach Doula Program.
2. Describe doula and recovery coach role.
3. Describe the Recovery Coach Doula Program components.
4. Outline billing infrastructure.
5. Discuss program next steps.



Colorado Maternal Mortality

- Recent report released, 2016-2020
- Suicide, unintentional overdose, and obstetric complications are top 3 causes of death
 - Overdose rate is same as non-pregnant reproductive age (15-44)
 - 69.6% of deaths occurred between 6 weeks and 1 year postpartum
- 89% of deaths are preventable
 - 100% of overdose deaths identified as preventable

(CDPHE, 2023)

Mental health, substance use, and pregnancy-related deaths 2016-2020



Mental health or substance use were contributing factors in 1 in 2 pregnancy-related deaths



Mental health or substance use were contributing factors in 1 in 5 pregnancy-related deaths that were NOT due to suicide or unintentional drug overdose

Maternal Mortality Review Committee Recommendations

- Overdose Prevention
 - Patient education on community-based harm reduction strategies
 - Naloxone access and prescribing
- Equitable Reimbursement & Insurance Coverage
 - Access to variety of providers (e.g., doula, behavioral health professionals)
- Education & Public Awareness
 - Reduce stigma surrounding substance use disorders and mental health

(CDPHE, 2023)

Professional Organization Guidance

- Universal screening, brief intervention, and referral
- Universal screening at 1st visit using validated tool (e.g., 4Ps, NIDA Quick Screen)
- Safe opioids prescribing
- Breastfeeding education
- Access to adequate postpartum psychosocial support



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



ASAM American Society of
Addiction Medicine

ACOG COMMITTEE OPINION

Number 711 • August 2017

(Replaces Committee Opinion Number 524, May 2012)



Recovery Coach Doula Role

What is a Doula?

- Professional birth coaches who provide emotional, physical, informational, and mental support for a patient during their prenatal, birth, and postpartum periods.
- Non-medical support that promotes natural physiological labor.
- Help reduce stress and manage the unexpected.
- Help patients understand medical jargon so they're able to give informed consent.
- Advocates for patients and encourages patients to advocate for themselves.
- Provides patients with information and resources while understanding inherent bias and discrimination.



Doula Evidence

Doula

- Increase spontaneous vaginal birth
- Shorten labor duration
- Decrease cesarean birth, instrumental vaginal birth, analgesic use, regional analgesia, low 5-minute Apgar score, negative feelings about childbirth

(Bohren, 2017)

Doula & Opioid Use Disorder

- Doula support perceptions of increased:
 - Emotional support
 - Health literacy
 - Self-advocacy
- Reduced perceptions of stigma

(Gannon, 2022)

What is a Recovery Coach?

- Form of peer support that supports long-term recovery
- Give and receive non-clinical assistance
- Training and lived experience combined
- Support services:
 - Emotional
 - Informational
 - Instrumental
 - Affiliation support

(SAMHSA, 2017)



Peer Support Specialist Evidence

- Reduced relapse rates
- Increased treatment retention
- Improved relationships with providers and support systems
- Increased patient satisfaction
- Better access to social supports
- Housing stability
- Improved mental health
- Positive self-perception
- Higher levels of hopefulness, empowerment, engagement, activation

(Reif, 2014, Omni, 2020)

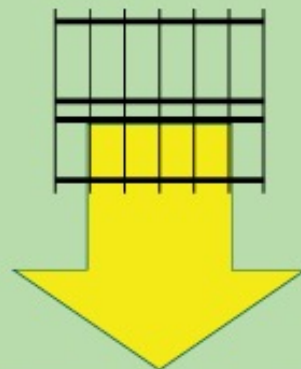


People who have worked with peer recovery coaches provide strong testimonies of the positive impacts of peer recovery support on their own recovery journeys. The research supports these experiences. While the body of research

is still growing, there is mounting evidence that people receiving peer recovery coaching show reductions in substance use, improvements on a range of recovery outcomes, or both. Two rigorous systematic reviews examined the body

of published research on the effectiveness of peer-delivered recovery supports published between 1995 and 2014. Both concluded that there is a positive impact on participants (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Reif et al., 2014).

Two rigorous systematic reviews examined the body of published research on the effectiveness of peer-delivered recovery supports published between 1995 and 2014. Both concluded that there is a positive impact on participants (Bassuk, Hanson, Greene, Richard & Laudet, 2016; Reif et al., 2014) ...Taken as a whole, the current body of research suggests that people receiving peer recovery support may experience:



Decreased criminal justice involvement
(Rowe, et al., 2007; Mangrum, 2008)



Improved relationship with treatment providers
(Sanders et al., 1998; Andreas et al., 2010)



Decreased emergency service utilization
(Kamon & Turner, 2013)



Reduced relapse rates



Increased treatment retention
(Mangrum, 2008; Deering et al., 2011; Tracy et al., 2011)



Reduced re-hospitalization rates
(Min et al., 2007)



Increased satisfaction with the overall treatment experience
(Armitage et al., 2010)



Reduced substance use
(Bernstein, et al., 2005; Boyd et al., 2005; Kamon & Turner, 2013; Mangrum, 2008; O'Connell, ND; Rowe, et al., 2007; Armitage et al., 2010)



Improved access to social supports
(O'Connell, ND; Boisvert et al., 2008; Andreas et al., 2010)



Greater housing stability
(Ja et al., 2009)

What is a Recovery Coach Doula?

- An RCD is an individual with lived experience and specialized training who practices non-clinical support to guide individuals through their recovery.
- RCDs are professionals who heal the system by promoting person-centered, whole health care practices.
- Training: Includes 60 hours of specialized training around topics including community and family education, crisis management, case management, substance use and co-occurring disorders, pharmacology, and more. Certification requires continued education as well as regular supportive supervision.

Doula Education



- Community partnership with Elephant Circle
- Training occurs prior to employment and/or after employment
- Mentorship provided



Recovery Coach Doula

- Connects patients with a recovery coach doula
- Supports individuals through pregnancy, labor/birth, and one year postpartum
 - Identify needs and goals, develop plan
 - Provide emotional and physical support
 - Support development of interpersonal and community skills
 - Provide encouragement and support
 - Provide perinatal and substance use education
 - Provide community resources and referrals
 - Provide guidance and support in navigating systems



We are....

- Advocates
- Coaches
- Cheer leaders
- Role Models
- Confidants
- Mentors
- Resource Brokers
- Outreach Workers
- Motivators
- Truth Tellers
- Educators
- Community organizers
- Tour Guides

We are not....

- Counselors/Therapists/Clinicians
- Sponsors
- Assistants
- Case managers
- Medical professionals
- Legal counsel



Recovery Coach Doula Program



Program Compents



**RECOVERY
COACH DOULA**



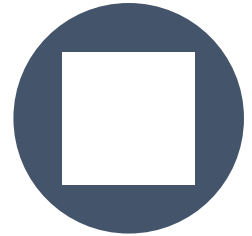
CONTINGENCY



**SUPPORT
GROUP**



**TAILORED
CARE**



COMMUNITY

Project Team

- Meet every 2 weeks
- Program development and refinement
- Team consensus with program changes
- Program champions
 - Presentations
 - Connectors
- Program evaluation and research
 - Input on survey development





Britt Westmoreland, Recovery Coach Doula -Program Coordinator



Felicia Gonzalez, Recovery Coach Doula

RCD Team

Who is eligible?

- Individuals who are pregnant up to one year postpartum
- Have history of SUD, active or in remission.
- Prenatal care with CU practice.
 - Can transfer to CU practice for remainder of prenatal care
- Birthed or plan to birth at UCHhealth facility



Referral Sources

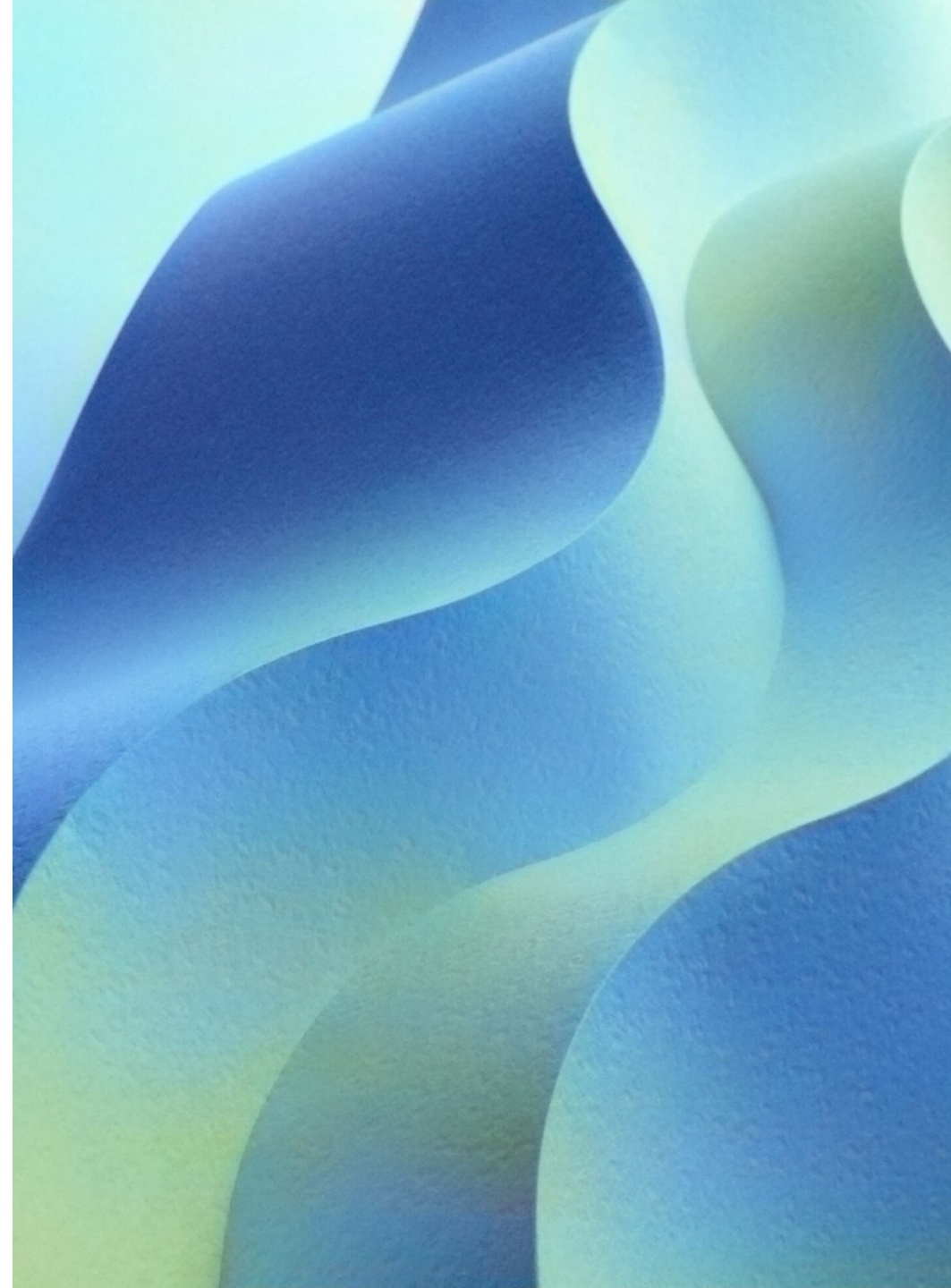
Health Care Team

- Providers
- Nursing
- Social Work

Community Partners

- Safe Baby Court, WORTH

Patients





Referral Workflow

1. Need is identified by member of health care team, community connector, patient.
2. Referral is made via email to Britt Westmoreland.
3. Britt Westmoreland assigns patient to a RCD.
4. RCD reaches out to patient within 2 business days.
5. RCD and patient meet (in-person, phone, zoom, text) weekly or bi-weekly, depending on need, until patient reaches one year postpartum
6. RCD and patient create a discharge plan. Patient is referred to another organization for ongoing recovery coach if desired.



Dyad Relationship

- Weekly sessions between RCD and patients.
 - Primarily over zoom
 - Can also be over the phone or in clinic
- Patient can reach out to RCD at any time via text.
 - Boundaries around this are established in initial meeting
- RCD can support patient by accompanying them to prenatal visits.
- RCD provides ongoing support, education, and resources both in session and via text.

Labor & Birth Admission

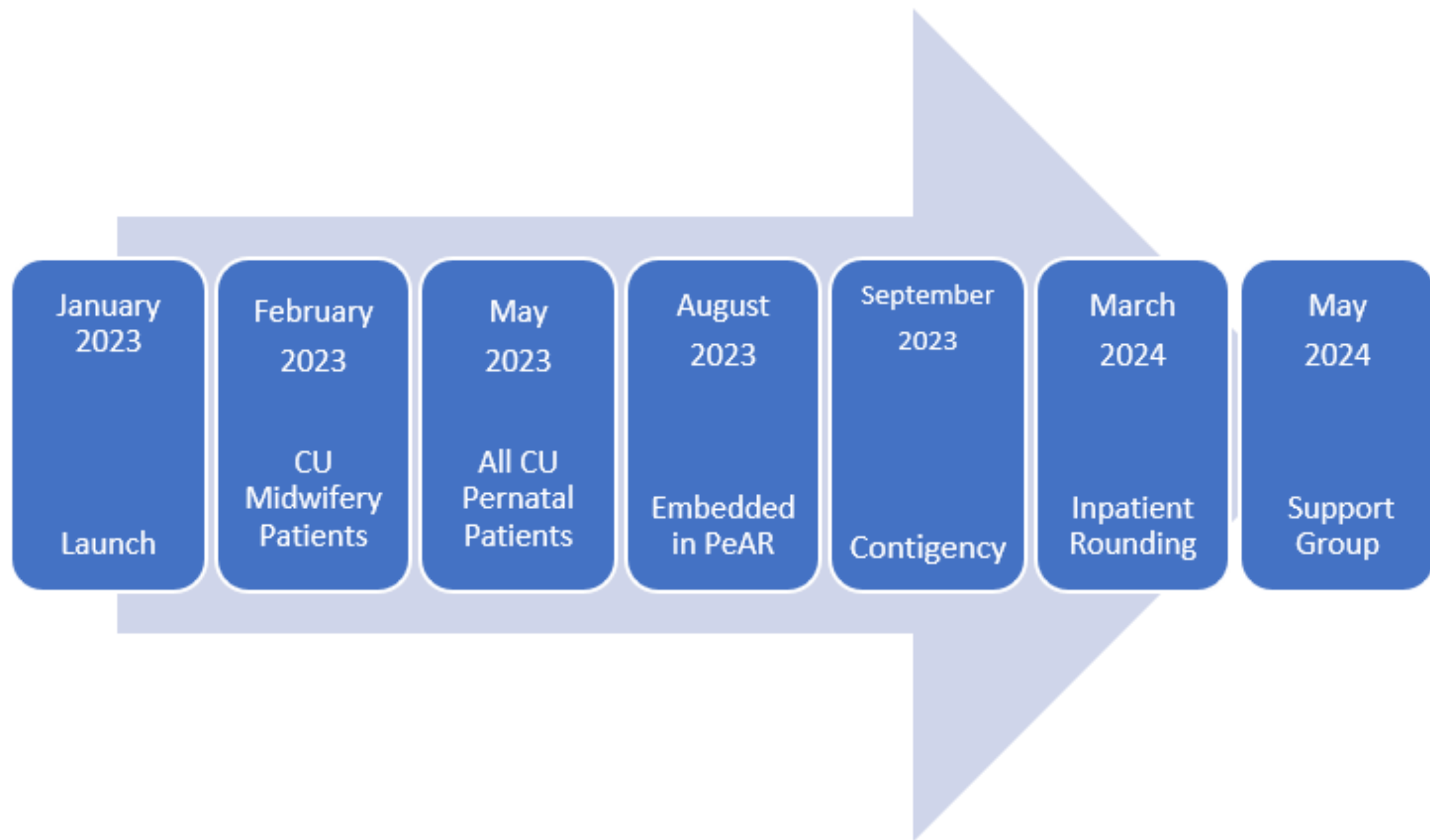
- Patient will contact the RCD when admitted or when support is needed
- The goal is to provide support during labor and birth
 - This may not occur due to staffing/schedules
 - Support will be providing during admission and prior to discharge
- Support provided in labor, birth, postpartum, NICU
- PSSD is part of the health care team and not considered a visitor
 - Employees of CU College of Nursing



Collaboration

- Midwives
- Elephant Circle
- Hospital social work team
- Hospital pediatrics team
- PeAR – Dr. Kaylin Klie
- Opioid Treatment Programs
- Residential treatment centers
- Sheridan Health Services





Program Data

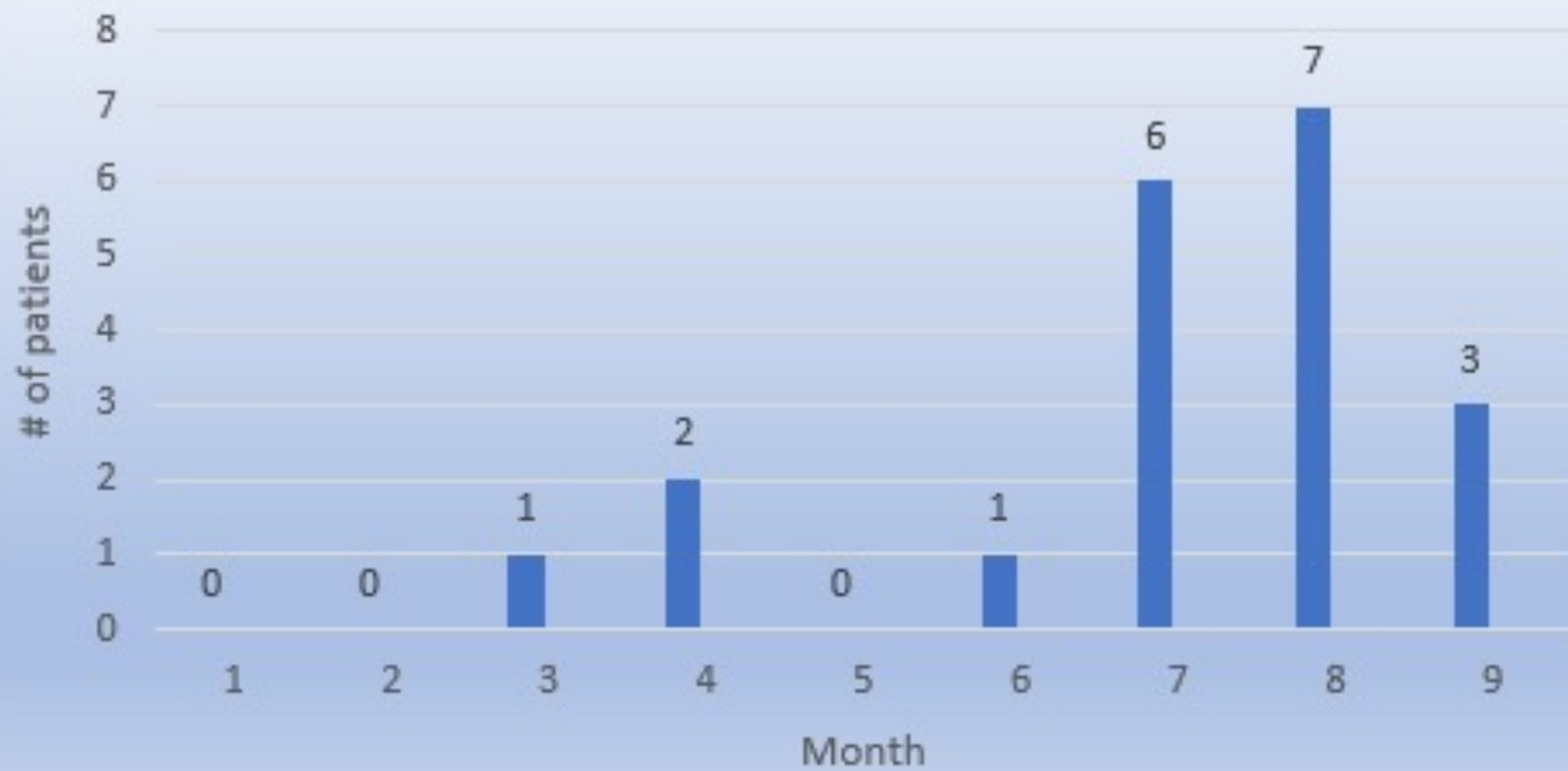



Enrolled Clients

- Track all patients referred to program
 - Referral date and source
 - Pregnant or postpartum
 - Current use
 - Birth location
 - Delivery date
 - Provider team
- Monitor program volume, primary RCD numbers, discharge plan, non-engagement reasons
- Survey distribution coordination



Patient Enrollment





Program Evaluation Components

- Role compatibility
 - Pre and post surveys
- Recover coach doula experience
- Patient experience
- Birth outcome data
- Team feedback

An abstract graphic on the left side of the slide, featuring a circular shape with a gradient of colors: orange, red, and green, with a white center.

Contingency

Contingency Management



PROMOTES ABSTINENCE



REDUCES SUBSTANCE USE



RETENTION IN
TREATMENT



EFFICACY ACROSS RANGE
OF POPULATIONS &
SETTINGS

Contingency Management

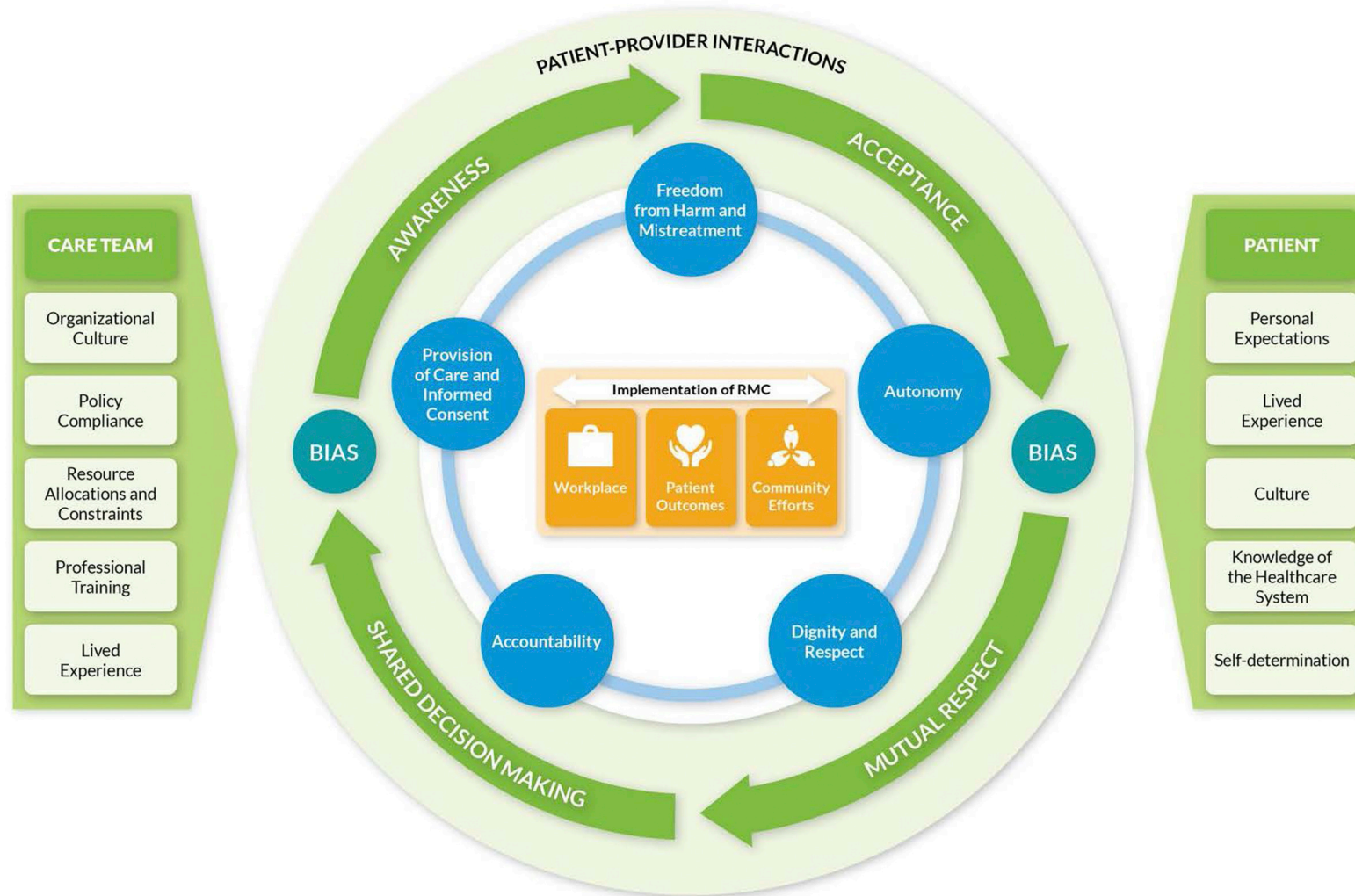
- Program developed by RCD and reviewed by health care team
- Items purchased with support of grant funds
 - Baby items, self-care
- Program reviewed with patient
- Milestone award with end of program transition award



A collection of acupuncture needles is arranged on a smooth, black, rounded stone in the foreground. In the background, a lit white candle provides a warm glow, and a long green leaf lies horizontally across the scene. To the left of the candle, a pair of dark, oval-shaped objects, possibly acupuncturist gloves or a small scale, is visible. The entire composition is set against a light, neutral background.

Tailored Care

AWHONN Respectful Maternity Care Framework



Tailored Care

Health Care

- Perinatal Care Options (midwifery, obstetrics)
- Primary Care
- Addiction Medicine (PeAR)
- Behavioral Health through (PROMISE)
- Specialty Care (Maternal Fetal Medicine)

Support Services

- Doula Services
- Social Work
- Lactation

Community Services

- Nurse Family Partnership
- WIC
- MotherWise

The word "Community" is centered in a white, sans-serif font. The background is a solid teal color with several hands raised from the bottom, creating a sense of collective action or participation.

Community



Practice Innovation Program

School of Medicine

I AM A CU
Nurse




*Hard
Beauty*

uchealth

A large orange circle on the left side of the slide, containing the title text.

Colorado Perinatal Care Quality Collaborative: SUD Implicit Bias Training

- Need identified by health care team and patients
 - 90-minute, small group focused learning through virtual platform
 - Lived experience through involvement of our RCD team
 - CE, non-mandatory
 - Starting with UCHHealth University of Colorado Hospital, plan to expand to other UCHHealth sites
- 
- A series of four yellow dashed line segments in the bottom right corner, arranged in a curved, upward-pointing path.

Billing

Name _____

Signature _____

Date _____





Billing Journey

- Conversations with billing agency early in journey
- Established as health care team member in system
 - Billing provider, schedule resource, template build
- Explore payer reimbursement potential
- Regional Accountable Entities (RAE) support Healthy First Colorado (Colorado Medicaid)
 - CNMs unable to be added as providers
 - WHNP and FNP's behavioral health providers
- Billing Code: H0038 – Self-help/peer services, 15 mins

Schedule & Documentation

- All health care team members document patient encounters
 - Allows for team communication
 - Billing
- Epic schedule developed
 - RCDs can schedule patients
 - Supports virtual visits and care across system
- Documentation for team communication/importance
 - Documentation templates developed for care settings



Ct and RCD met [LOCATION].

RCD and ct discussed [XXX]. This service helped address ct's goal of [XXX] through [COACHING TOOL/S]. RCD provided [RESOURCES/EDUCATION/ETC].

Assessment:

Ct shows/appears [XXX] as evidenced by [XXX]

[Ct appears to be working towards their goals as evidenced by self-report.]

Plan:

Ct stated goal ["XXX"]

RCD and ct will meet [XXX]

I personally spent a total of * minutes today {timeaction:47121}. My assessment is {timeassess:64273}.**

Message sent to POB
Midwife/Resi PAR or
Rachel.Baker@uchealth.org
with patient information
(name, DOB, phone number)



Patient visit scheduled on
Doula, Recovery Coach
(807389) schedule at UCH
AMC OBGYN Department
AMC OB UNM

Visit Completed through
EPIC virtual visit
platform/telephone/in-
person

RCD completes
documentation through use
of RCD template including
length of visit

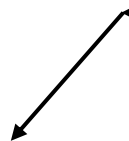
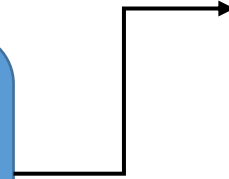
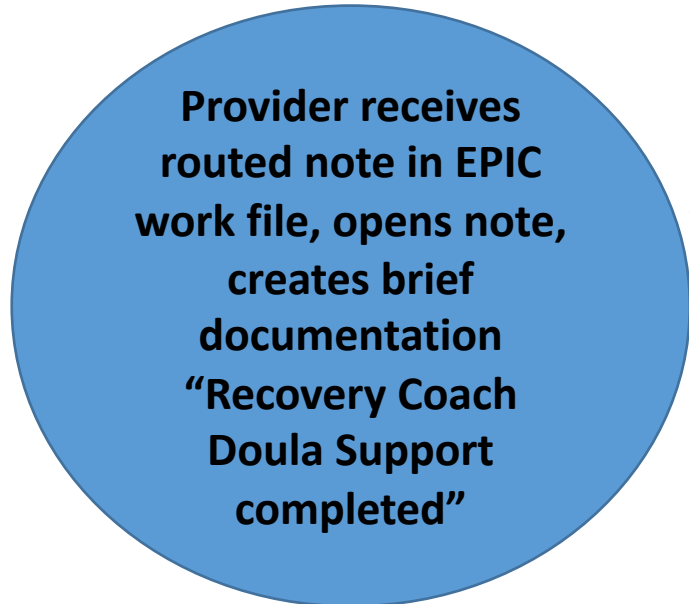
Dotphrase: .recoverycoach

Note is assigned co-
signer/routed: Jessica
Anderson or Leah
Rashidyan

Provider receives
routed note in EPIC
work file, opens note,
creates brief
documentation
"Recovery Coach
Doula Support
completed"

Provider verifies appropriate diagnosis
code (H0038), files indicated charge,
and closes encounter/note.

Bill in 15-minute increments



Billing: Next Steps

- Track reimbursement
 - Sustainable practice not reliable on grant funding
- Refine billing process to support team
- Explore doula reimbursement for times when labor & birth support provided



Program Reflection

Successes

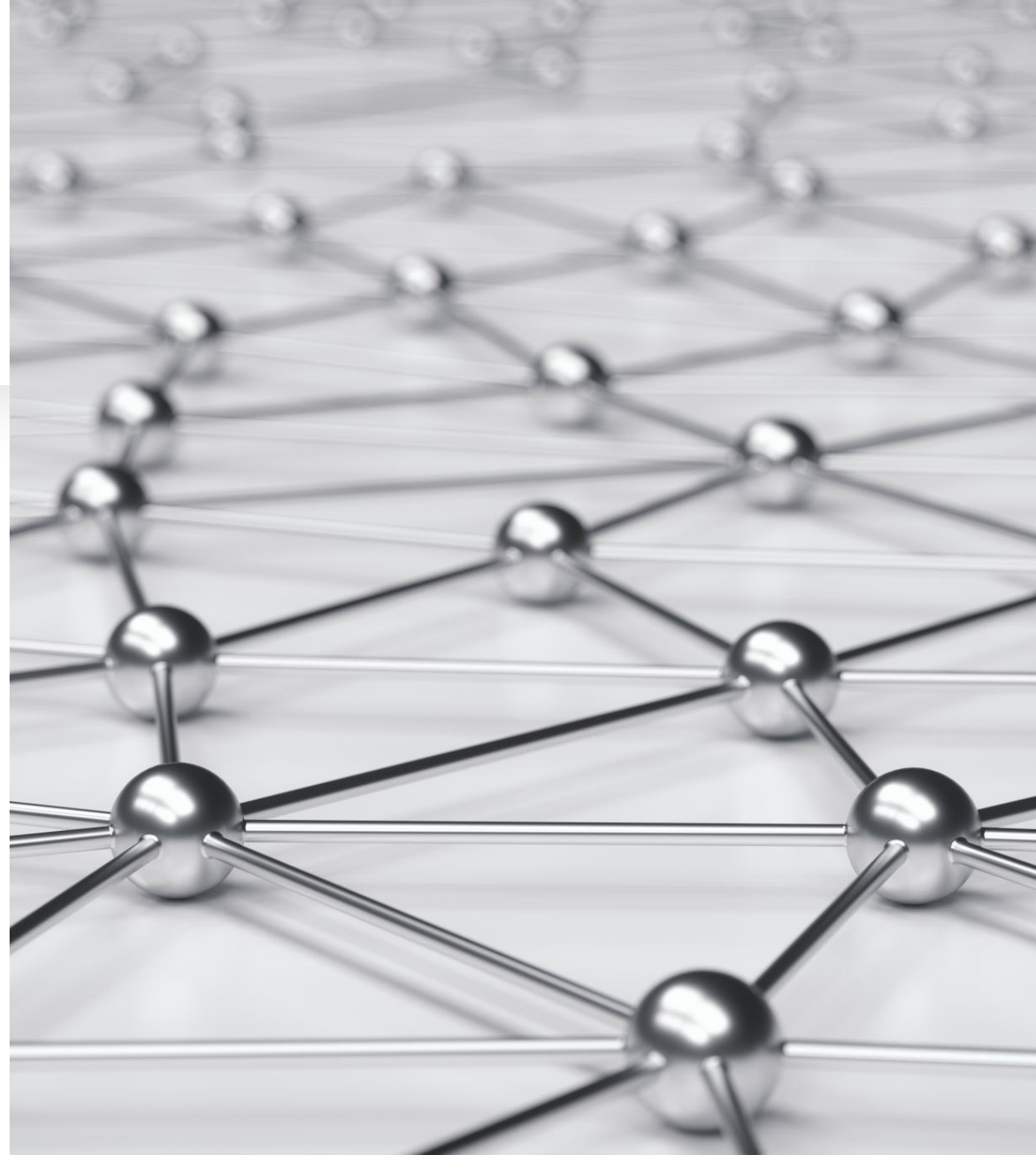
- Variety of referral sources
- Known program, especially at UCH
- Increased collaboration and teamwork within UCH system
- Collaborative community relationships
- Disseminating this work through community peer/doula trainings
- Positive feedback around program's impact from participants
- Growth and change around systemic stigma and bias

Opportunities

- Engagement
- Birth involvement
- Missed referrals
- Program visibility

Future

- Expand to Pueblo this summer to support Safe Baby Court participants
- Increase support in Arapahoe County for Safe Baby Court participants
- Identify "right case load" to support program, team, and client
- Collaborate with other peer support agencies to expand in the perinatal space
- Develop program tool kit
- Evaluate data and disseminate





INTEGRATED CARE

FOR WOMEN AND BABIES





References

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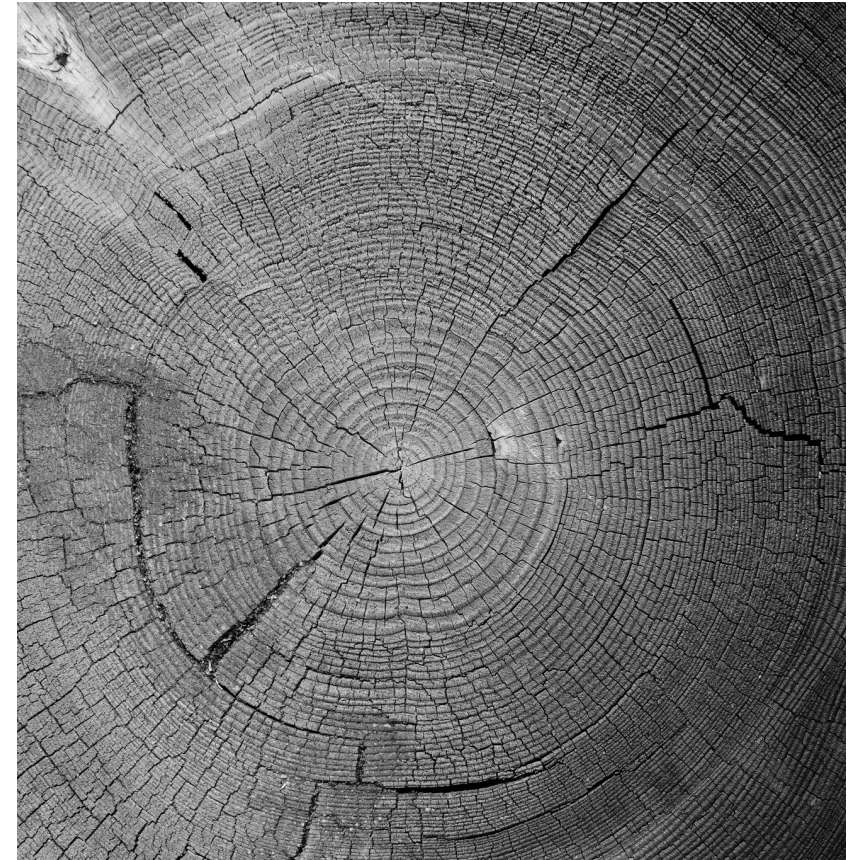
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