

Caring for the Dyad

Perinatal Substance Use Treatment Incorporation into Routine Prenatal Care

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DENVER HEALTH

— est. 1860 —

FOR LIFE'S JOURNEY

Disclosure & Accreditation

Disclosure Information

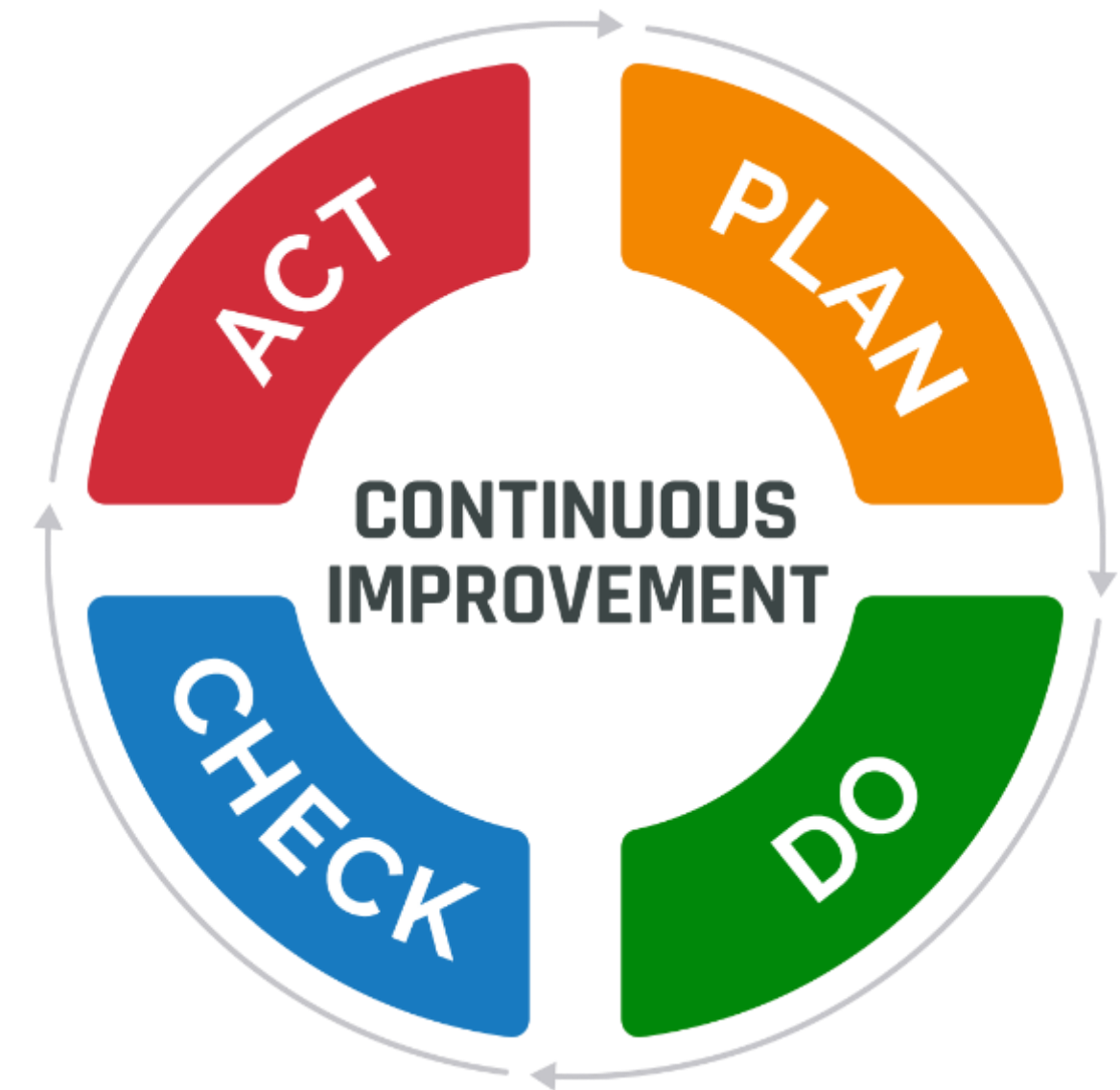
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Accreditation & Credit Designation Statements

- **Joint Accreditation Statement** In support of improving patient care, this activity has been planned and implemented by the University of Colorado and the American Society of Addiction Medicine. The American Society of Addiction Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- **Physicians** - The American Society of Addiction Medicine designates this live activity for a maximum of 5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- **Nurses** - This activity awards 5 Nursing contact hours.
- **Social Workers** - As a Jointly Accredited Organization, ASAM is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 5 general continuing education credits.

Objectives

- #1** Outline best practices for Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) care during pregnancy and the postpartum period
- #2** Summarize the changes that Denver Health has made for OB patients using existing resources
- #3** Apply Quality Improvement (QI) tools to practice change and guideline implementation into clinical practice
- #4** Relate multifaceted approach to practice change and guideline implementation into clinical practice as related to SUD/OUD and lessons learned



Facts

“Addiction is a chronic condition, treatment works, and recovery happens all of the time”

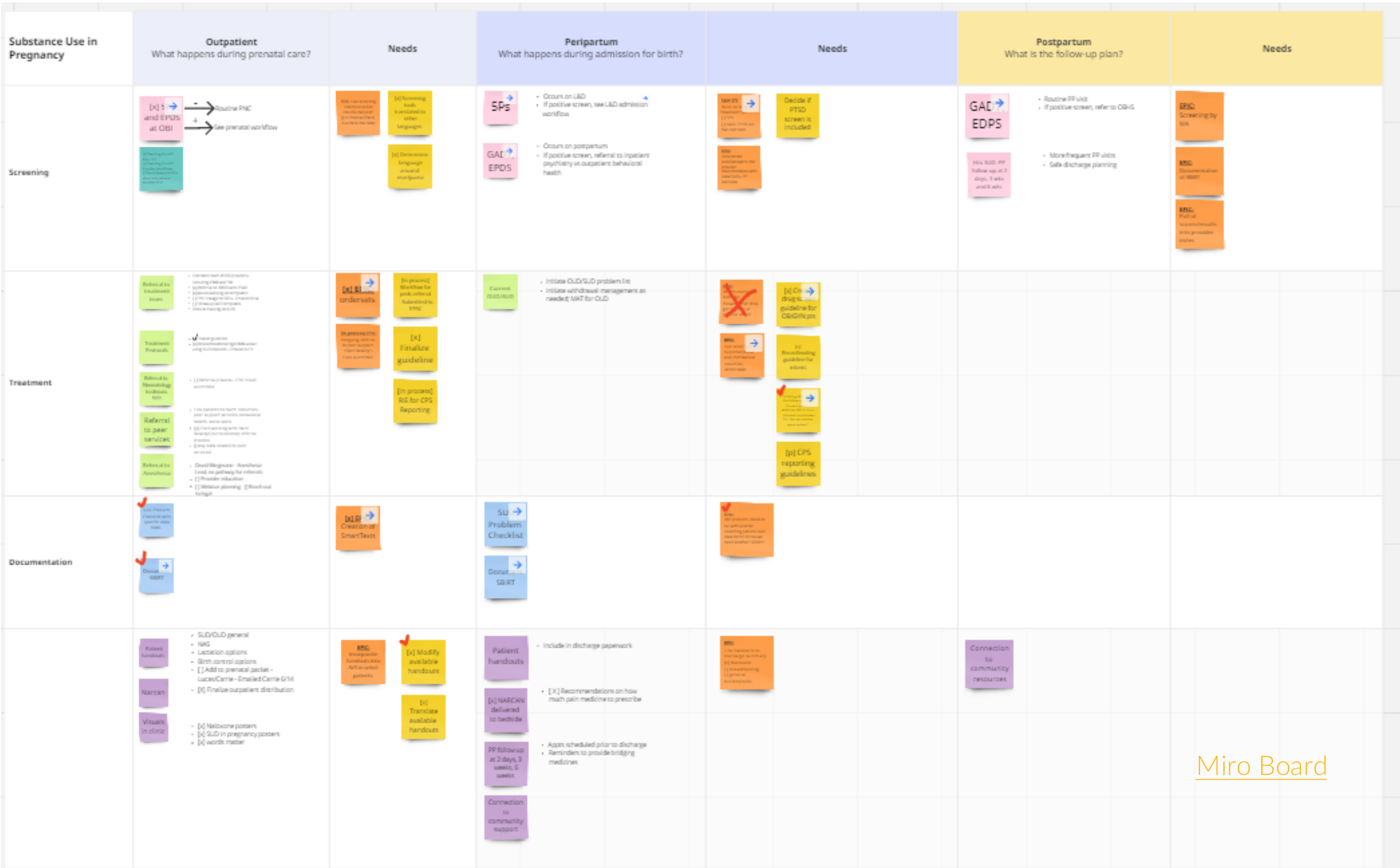
-Mishka Terplan, MD MPH

Denver Health - Population

- Over 4,300 births per year
- Diverse patient population:
 - 68% Hispanic/Latina
 - 85% Publicly insured
 - 41% Speak a Non-English Language
- Prenatal care is provided at 15 different clinics staffed by FM, Ob/Gyn, CNM, and other APPs
- In 2022, 11.5% of pregnant patients had a marker of substance use
 - Opioids: 2.4%
 - Alcohol: 1.6%
 - Marijuana: 7.1%



Project Planning



Miro Board

DH– Pilot Site for Statewide Initiative



CONNECTION, TREATMENT & COMMUNITY



Teams Involved



Integration of SUD/ODU Care into Routine Prenatal Practice

Prevention

- Universal screening
- Multimodal nonopioid analgesia

Destigmatization

- Formal training for staff
- Creating community partnerships and outreach

Harm Reduction/Naloxone

- Inpatient and outpatient

Standardization of clinical practices

- Toxicology testing
- Breastfeeding
- CPS reporting

Increase access to treatment

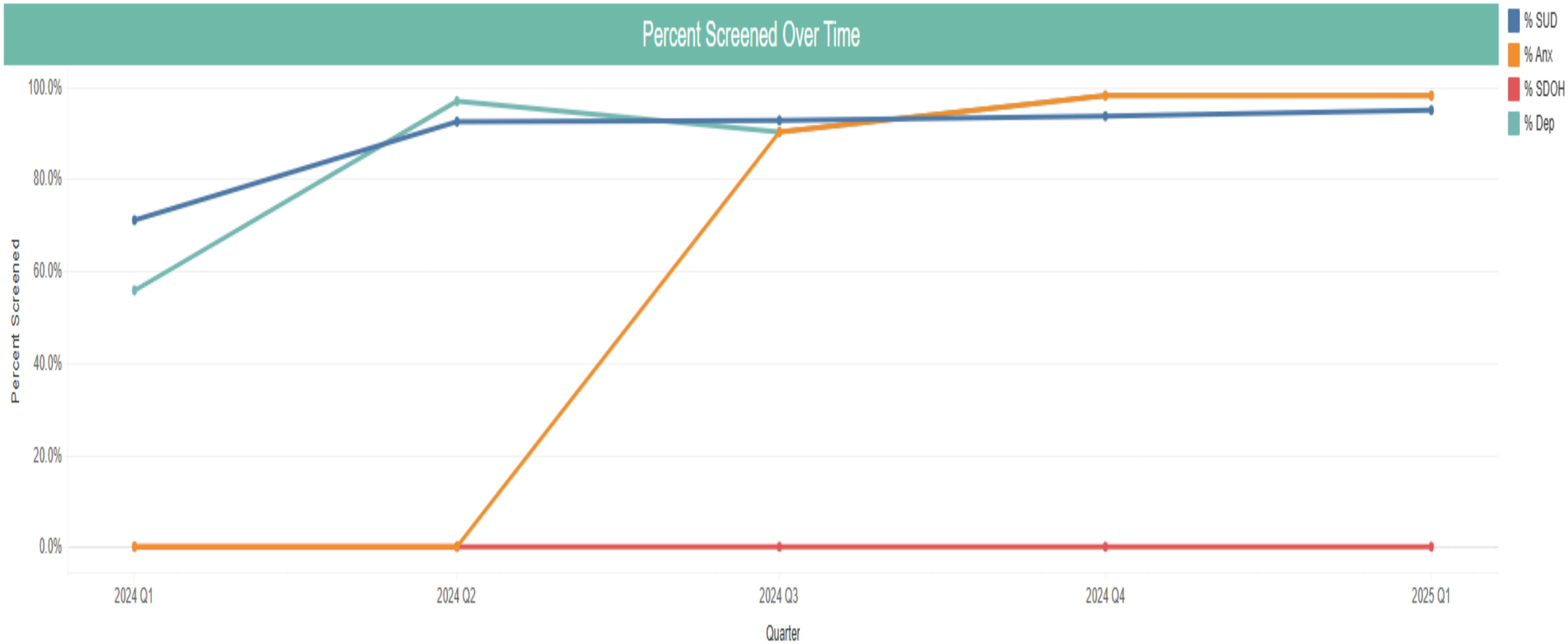
- MOUD treatment protocols
- Provider group expansion
- Formalized referral/connection for outpatient treatment

Prevention – Universal Screening

- At first prenatal care visit and on admission to L&D
- Goal for 2025: Add to postpartum visit
- Questions we had:
 - Who should do the screening?
 - How to make it happen?

1. Did any of your *Parents* have problems with alcohol or drug use?
___ No ___ Yes
2. Do any of your friends (*Peers*) have problems with alcohol or drug use?
___ No ___ Yes
3. Does your *Partner* have a problem with alcohol or drug use?
___ No ___ Yes
4. Before you were pregnant did you have problems with alcohol or drug use? (*Past*)
___ No ___ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (*Pregnancy*)
___ No ___ Yes

The 5Ps was adapted by the Massachusetts Institute for Health and Recovery in 1999 from Dr. Hope Ewing's 4Ps (1990).



Prevention – Multimodal Pain Medication Regimen

▼ Discharge Medications

If patients used 0-1 tabs of 5 mg oxycodone in the 24 hours prior to discharge, do not order outpatient opiates;
 if they used 2-5 tabs, order 4 tablets of oxycodone 5mg;
 if >5 doses, order 8 tablets;
 if >5 doses including 10mg tabs, order 12 tablets on discharge.

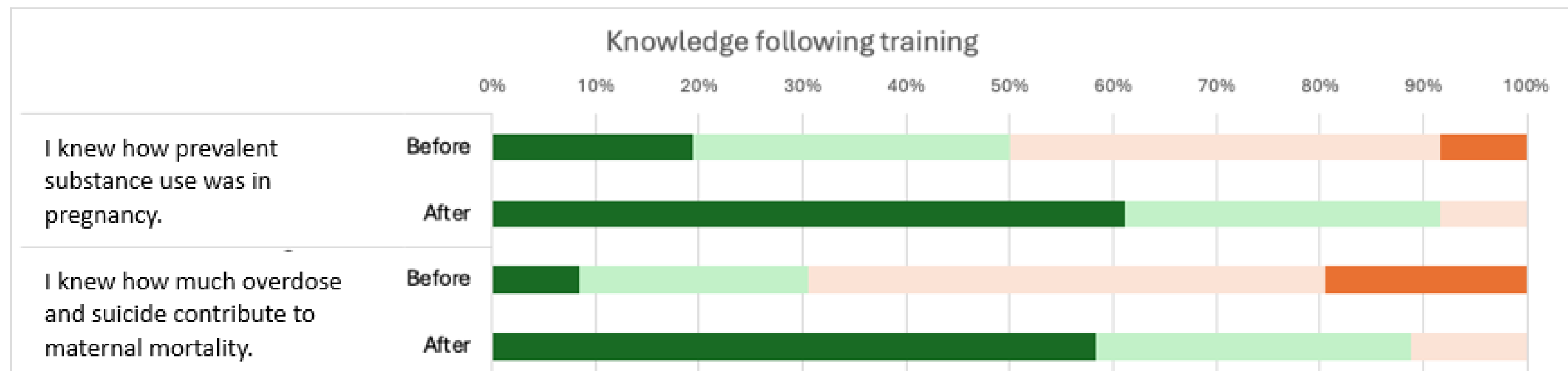
Publication pending study at DH:

- Non-tailored opioid discharge Rx vs. tailored opioid discharge Rx (included 275 patients total)

	Tailored	Non-Tailored	P value
Mean MME	18.4	52.7	P < 0.01
Discharged home without opioid Rx	60.1%	38.5%	P < 0.01

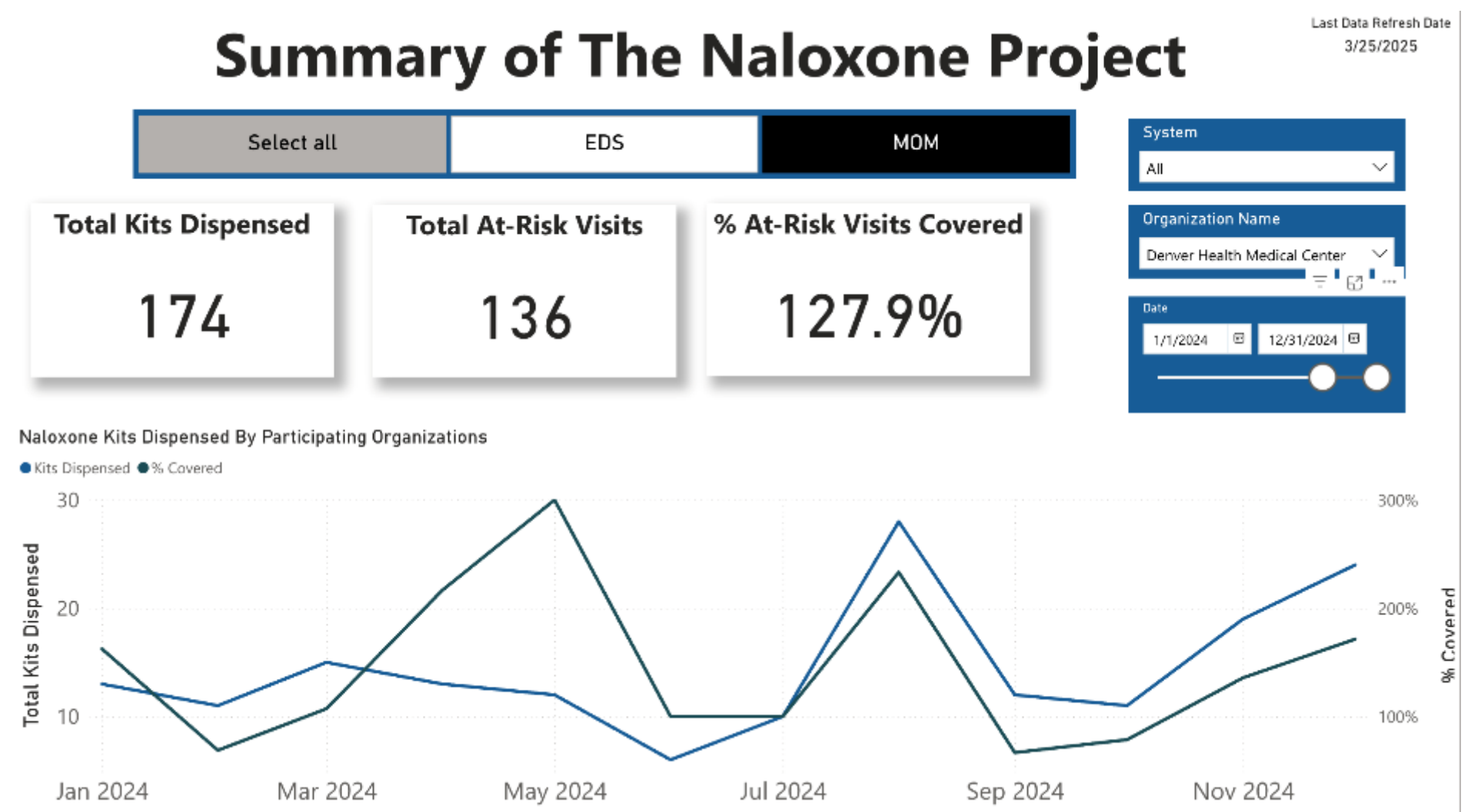
Destigmatization

- Stigma and bias training facilitated by the CPCQC for all staff including:
 - Patient access specialists
 - Medical assistants
 - Nurses
 - Providers (APPs, Attendings and Residents)



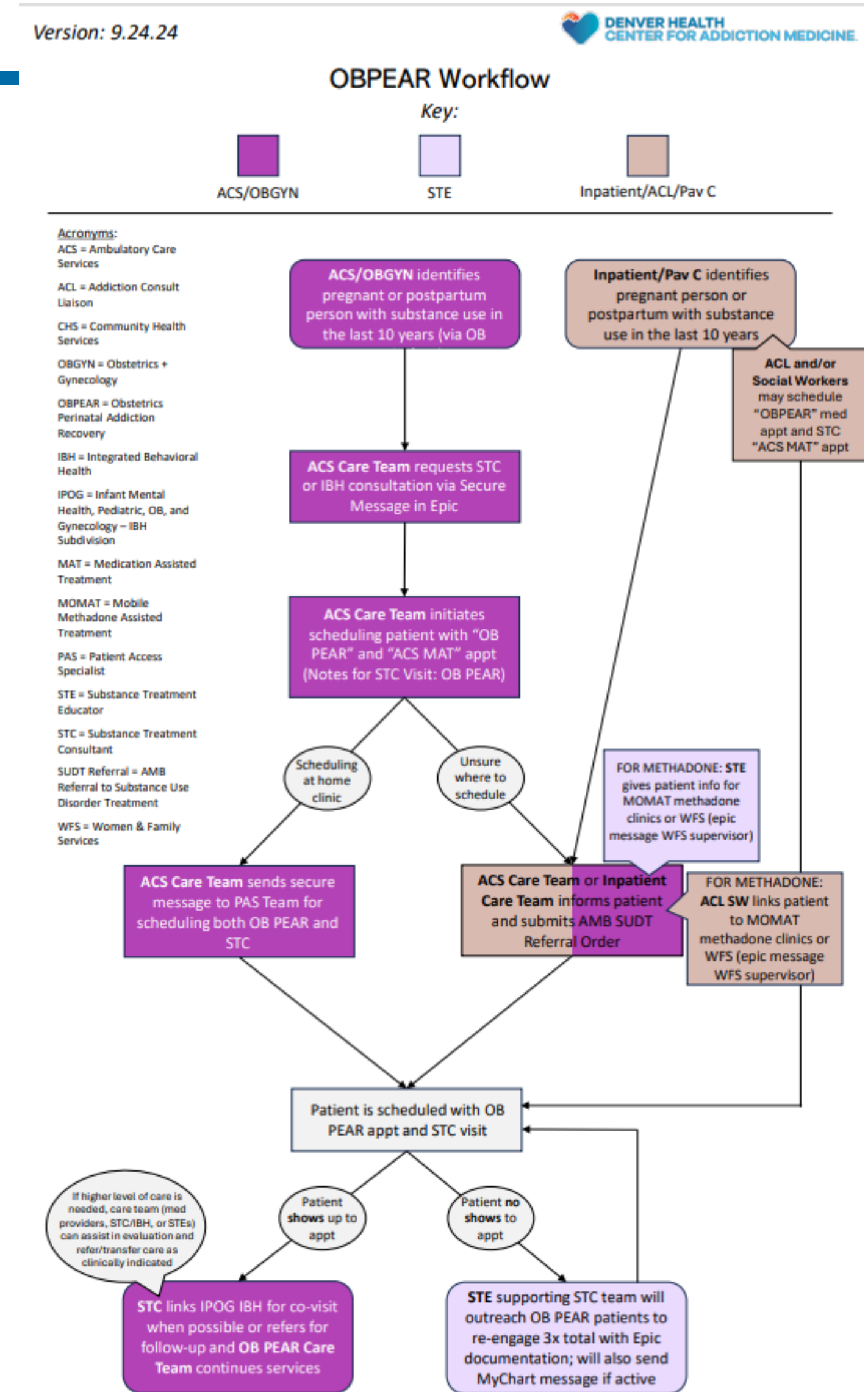
Harm Reduction/Naloxone

- Distribution of Naloxone in both inpatient and outpatient settings
 - Outpatient – Clinic “administered” medicine that be given directly to patient to take home
 - Inpatient – ALL patients with new opioid prescription or history of SUD/OD



Increased Access to Treatment

- Universal referral to treatment to OB PEAR, regardless of desire for treatment
 - Paired visits with substance treatment counselor and OB provider
- Increasing access and decreasing fragmentation of care
 - Coordination with substance treatment counselors and Center for Addiction Medicine



Standardization of Clinical Practice

• OB PEAR providers

universally:

- Determine if a use disorder is present using the DSM-V Criteria
- Initiate checklist for SUD/OD
- Screen for co-morbidities
- Make referrals if patient is interested
- Assess interest in MOUD, if applicable
- Ensure patient has Naloxone!

Prenatal:

- ☐ Standard prenatal labs, plus anti-HBcore, HBsAg, CMP
- ☐ Repeat HIV, HCV, HBsAb, RPR, GC/CT/Trich in 3rd trimester
- ☐ Growth US in 3rd trimester
- ☐ Counsel patient on recovery treatment services
 - Did patient receive recovery treatment services during their pregnancy or during admission to L&D for delivery? If yes, explain what type. {Yes - Comment/No:33359}
 - Offer the following services:
 - ☐ Hard Beauty - Peer navigator services
 - ☐ Behavioral health
 - ☐ Social work
 - ☐ Harm Reduction Action Center (8th and Broadway)
 - ☐ Women & Family Services (WFS) through OBHS
- ☐ Discuss overdose education and give naloxone prenatally
- ☐ Discuss Feeding/BCM
- ☐ Discuss 5 Day Nows monitoring stay
- ☐ Discuss urine toxicology and mandated reporting

Postpartum:

- ☐ Social work consult offered
- ☐ PP visit scheduled prior to discharge (within 2-3 days of discharge, 2 weeks and 6 weeks)
- ☐ If the patient did not receive recovery services during pregnancy, were they referred to substance use care services prior to discharge after delivery? {Yes - Comment/No:33359}
- ☐ Naloxone delivered to room prior to discharge

For patients with opioid use disorder:

- ☐ Counsel patient on medication for opioid use disorder (MOUD)
 - Did patient decide to start MOUD during pregnancy? Include at what gestational age the medication was started {Yes - Comment/No:33359}
 - If patient initiated on MOUD during inpatient admission, addiction social work should be consulted to help arrange follow-up.
- ☐ Follow-up MOUD appointment prior to discharge (at a minimum 2-3d for continuation of buprenorphine, 24h for continuation of methadone)
- ☐ For patients on buprenorphine, ensure that patient has enough medication from discharge to follow-up appointments (all providers can prescribe this)

Standardization of Clinical Practice

- Plan of safe care are ideally started in the antenatal period
- How?
 - Substance treatment counselors
 - HardBeauty

Plan of Safe Care - Prenatal Consultation

Plan of Safe Care initiated on:

Last updated on:

Substance Use History

Prior to Pregnancy: Substances Used ▾

- For each substance, document type, route, amount, frequency, age at first use, date of last use

During Pregnancy: Substances Used ▾

- For each substance, document type, route, amount, frequency, age at first use, date of last use

Current Substance Use Disorder Treatment

Current SUD Treatment ▾

- For each treatment, document current dose/frequency and provider/clinic information

Mental Health History

Mental Health History ▾

Current Mental Health Treatment

Current Mental Health Treatment ▾

- For each treatment, document current dose/frequency and provider/clinic information

Social Factors/Stressors

Complicating Social Factors ▾

- For each stressor, document past or current and whether patient has been connected to resources

Household Members

Document relationship, age and if safe/sober

•

Support Persons

Document name, relationship, if it would be okay to contact in emergency and contact information [include if there

•

Postnatal Follow-up Providers

Postpartum care provider:

Infant care provider:

Patient's Strengths/Goals:

- 1.
- 2.
- 3.

Are there any cultural or spiritual practices that they would like to incorporate into their care?

Does the family have the following items?:

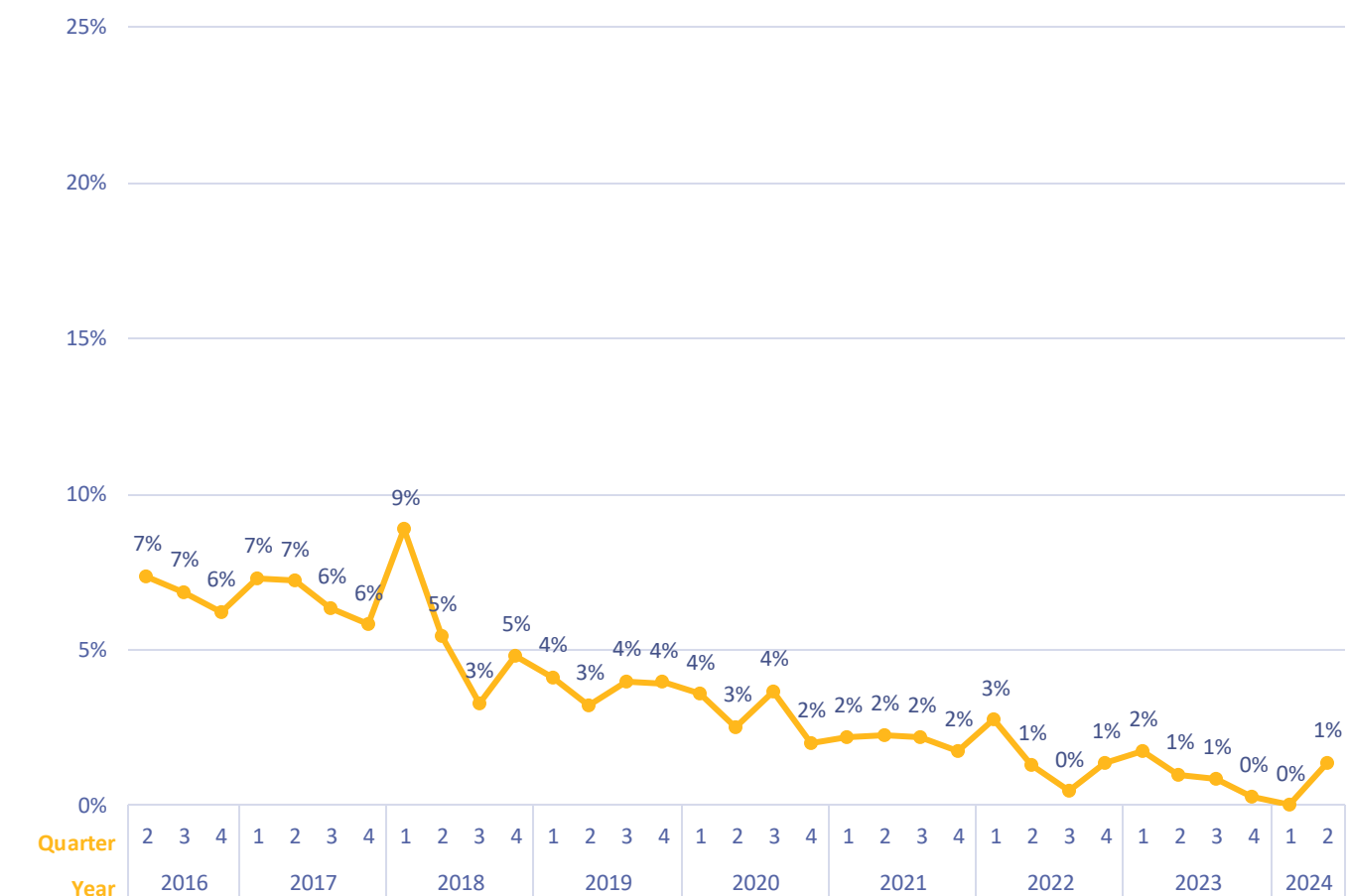
- ☐ Crib/bassinet/safe sleep space
- ☐ Car seat
- ☐ Diapers
- ☐ Formula (if necessary)
- ☐ Bottles
- ☐ Clothing

Standardization of Clinical Practice

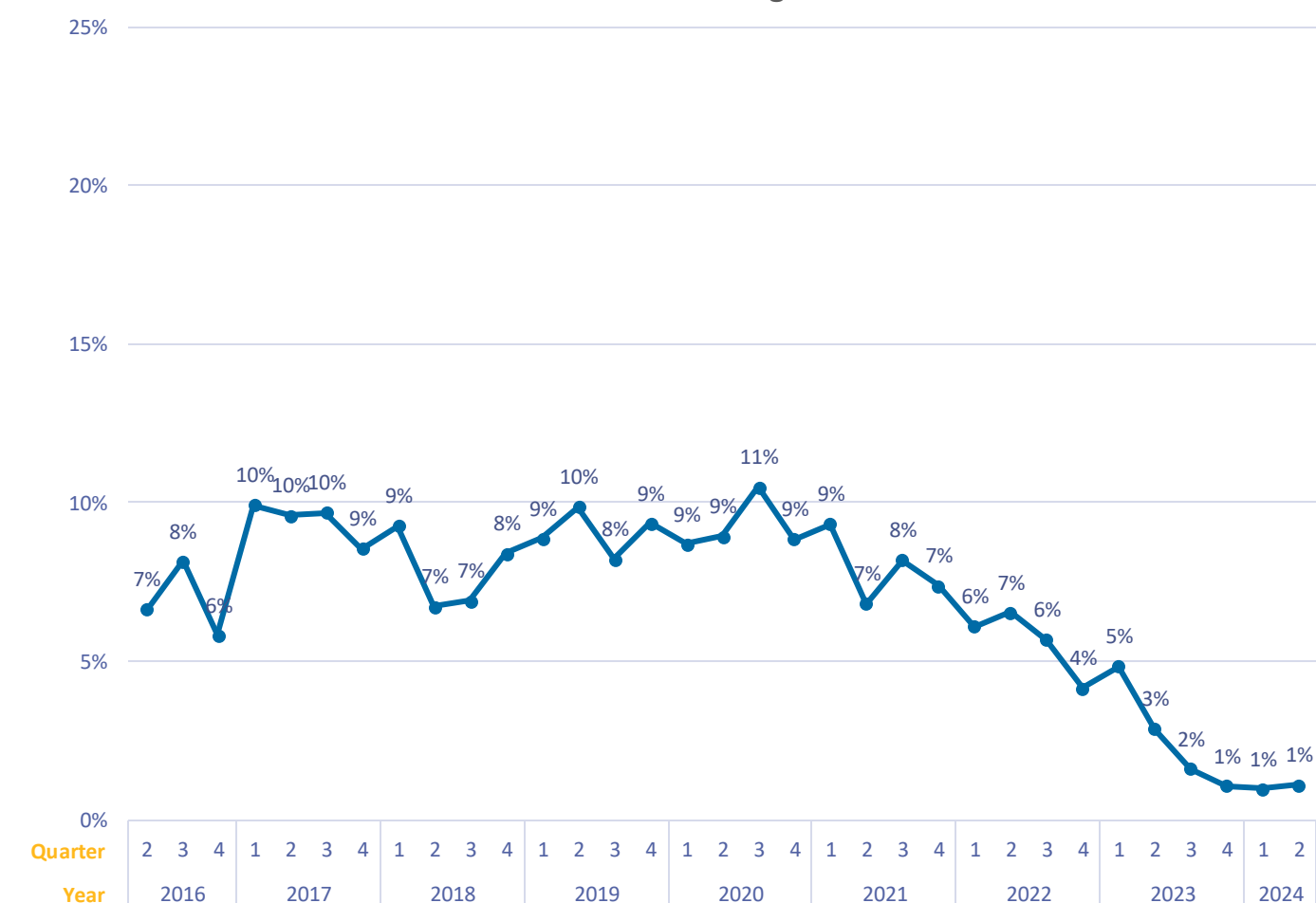
New and revised policies since February 2023:

- Substance Use Disorder in Pregnancy
- Indications for Toxicology Testing in Pregnancy and the Postpartum period
- Breastfeeding Guidelines in Substance Exposed Newborns
- Indications for Toxicology Testing of Newborns in the Nursey

Percent of Delivering Patients with Drug Panel Screens



Percent of Newborns with Drug Panel Screens



Increased Access to Treatment

- Emphasis on anticipatory guidance for topics including:
 - DHS/CPS reporting guidelines
 - Urine toxicology guidelines
 - NOWS admission → Including new option for telehealth appointment with pediatrician to discuss what hospital stay may look like and how they can best help their baby
- Linkage with peer coaches through Operation Care/Hard Beauty (over 70% of patients)



**DON'T
GIVE UP**

**YOU ARE
NOT ALONE**

**YOU
MATTER**



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