Welcome!

OPQC Neonatal Abstinence Syndrome Project

Quarterly Sustain Period Call
Ohio Perinatal Quality Collaborative
March 12, 2018

Through collaborative use of improvement science methods, reduce preterm births & improve perinatal and preterm newborn outcomes in Ohio as quickly as possible.
Welcome to the OPQC NAS March 2018 Sustain Period Call

Thank you for joining; please sign in the chat box with the names of all webinar participants and your hospital affiliation.
The line will be placed on Group Mute

To ask a question:

- Click on the Raised Hand icon
- You can type your question into the Chat Box
- You can use 60# to *come off* of GROUP MUTE (and 61# to go back on)
# Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>3:00 pm</td>
<td>Welcome &amp; Agenda Review <em>Pediatrics OPQC NAS publication</em></td>
<td>Susan Ford, MSN, RN</td>
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<td>3:05 pm</td>
<td>Data</td>
<td>Scott Wexelblatt, MD</td>
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<td>• Aggregate data overview</td>
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<td>• special cause/changes to centerline</td>
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<td>3:20 pm</td>
<td>NAS Legislative Updates</td>
<td>Stephen Patrick, MD, MPH, MS Vanderbilt University</td>
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<td>3:45 pm</td>
<td>Questions/Team Discussion</td>
<td>Susan Ford</td>
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<td>3:55 pm</td>
<td>Next Steps</td>
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<td>• MOMS+ Project</td>
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<td>• NCH Perinatal &amp; Neonatal Conference</td>
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**REMEMBER:** You can use 60# to come off of GROUP MUTE
OPQC NAS Publication in Pediatrics

Ohio Perinatal Quality Collaborative Improves Care of Neonatal Narcotic Abstinence Syndrome
Michele C. Walsh, Moira Crowley, Scott Wexelblatt, Susan Ford, Pierce Kuhnell, Heather C. Kaplan, Richard McClead, Maurizio Macaluso, Carole Larmorn and for the Ohio Perinatal Quality Collaborative

Pediatrics, originally published online March 7, 2018,

The online version of this article, along with updated information and services, is located on the World Wide Web at: http://pediatrics.aappublications.org/content/early/2018/03/05/peds.2017-0900
**GLOBAL AIM**
To reduce the number of moms and babies with narcotic exposure, and reduce the need for treatment of NAS.

**SMART AIM**
By increasing identification of and compassionate withdrawal treatment for full-term infants born with Neonatal Abstinence Syndrome (NAS), we will reduce length of stay by 1 day across participating sites by June 30, 2016.

**KEY DRIVERS**
- Improve recognition and non-judgmental support for Narcotic addicted women and infants
- Attain high reliability in NAS scoring by nursing staff
- Optimize Non-Pharmacologic Rx Bundle
- Standardize NAS Treatment Protocol
- Connect with outpatient support and treatment program prior to discharge
- Partner with Families to Establish Safety Plan for Infant
- Partner with other stakeholders to influence policy and primary prevention.

**INTERVENTIONS**
- All MD and RN staff to view “Nurture the Mother- Nurture the Child”
- Monthly education on addiction care
- Fulltime RN staff at Level 2 and 3 to complete D’Apolito NAS scoring training video and achieve 90% reliability.
- Swaddling, low stimulation.
- Encourage kangaroo care
- Feed on demand- MBM if appropriate or lactose free, 22 cal formula
- Initiate Rx If NAS score > 8 twice.
- Stabilization/ Escalation Phase
- Wean when stable for 48 hrs by 10% daily.
- Establish agreement with outpatient program and/or Mental Health
- Utilize Early Intervention Services
- Collaborate with DHS/ CPS to ensure infant safety.
- Engage families in Safety Planning.
- Provide primary prevention materials to sites.
Accessing Data

Welcome to the NAS site!

NAS Data Collection
Beginning January 2017, the Sustain Data Collection Tool will be used to collect and enter data. Data will continue to be collected and submitted in the same manner on a monthly basis but in an abbreviated format with fewer variables. Babies born January 1, 2017 or after must be entered into the Sustain portion of the database (indicated by the NAS-SUSTAIN tab once logged into the data entry portal). Detailed instructions can be found [here] as well as under the Data Collection link located to the left.

Please use the NAS Orchestrated Testing Data Collection Tool for babies born from July - December 2016. This data can only be entered until March 31, 2017 and must be entered into the Orchestrated Testing portion of the database (indicated by the NAS-OT tab once logged into the data entry portal).

Announcements

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<tr>
<td>Sustain Template and Instructions</td>
<td>11/23/2016 1:45 PM</td>
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<td>Welcome!</td>
<td>3/25/2014 1:06 PM</td>
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Click here to access the NAS Data Submission Forms
Data Submission

OPQC NAS Project
Collaborative Aggregate
Data Submission

Desired Direction of Change

- Collaborative Aggregate Percent
- Orchestrated Testing Phase Began
- Sustain Phase Began

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22kcal Usage - SPECIAL CAUSE

OPQC NAS Project
Collaborative Aggregate

Percent of Infants Receiving 22 Kcal Formula Most Frequently

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Percent: 32.1% 33.5% 47.6% 41.5% 39.5% 43.3% 37.3% 35.2% 36.4% 45.8% 50.0% 57.1% 47.5% 50.7% 48.5% 48.7% 49.4% 52.1% 48.4% 50.0%

# of NICUs included in the denominator: 25  34  38  39  34  30  28  29  29  34  24  32  32  28  31  28  34  33  29  17

Oct 2015-Dec 2015 used to calculate baseline.
LLF Usage - SPECIAL CAUSE

OPQC NAS Project
Collaborative Aggregate

Percent of Infants Receiving Low Lactose Formula Most Frequently

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Oct2015-Dec2016 used to calculate baseline.
Breast feeding - SPECIAL CAUSE

OPQC NAS Project
Collaborative Aggregate
Percent of Infants Breast Fed

Numerator
Denominator
Percent
# of NICUs included in the denominator

Oct 2015-Dec 2015 used to calculate baseline.
% infants received pharmacological tx
% pharmacologic bundle compliance

### OPQC NAS Project
Collaborative Aggregate

Percent Pharmacologic Bundle Compliance

![Graph showing percent pharmacologic bundle compliance over time.](image)

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% infants dose esc or failed wean step

OPQC NAS Project
Collaborative Aggregate

Percent of Infants that Required a Dose Escalation or Failed a Wean Step

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<td>72</td>
<td>80</td>
<td>87</td>
<td>72</td>
<td>80</td>
<td>87</td>
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<tr>
<td>Percent</td>
<td>74.1</td>
<td>72.3</td>
<td>57.3</td>
<td>68.5</td>
<td>54.7</td>
<td>59.4</td>
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<td>68.0</td>
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<td>14</td>
<td>37</td>
<td>39</td>
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<td>29</td>
<td>18</td>
<td>14</td>
<td>20</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
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</tbody>
</table>

Jan 2014-Mar 2014 used to calculate baseline.
% infants receiving a secondary med

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Percent of Infants Receiving a Secondary Medication as a Part of Pharmacologic Treatment

Jan2014-Mar2014 used to calculate baseline.
Average length of stay for ALL infants

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Average Length of Stay for All Opioid Exposed Infants

<table>
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<tr>
<td>Total # LOS days</td>
<td>1475</td>
<td>2079</td>
<td>2089</td>
<td>2386</td>
<td>2143</td>
<td>1899</td>
<td>1868</td>
<td>1868</td>
<td>2093</td>
<td>1878</td>
<td>2080</td>
<td>1741</td>
<td>1687</td>
<td>1619</td>
<td>1573</td>
<td>1789</td>
<td>2062</td>
<td>2153</td>
<td>1994</td>
<td>1967</td>
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<td>Total # Babies Reported</td>
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<td>203</td>
<td>220</td>
<td>230</td>
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<td>159</td>
<td>193</td>
<td>199</td>
<td>181</td>
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<td>87</td>
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<tr>
<td>Average (Days)</td>
<td>9.3</td>
<td>10.0</td>
<td>10.7</td>
<td>10.8</td>
<td>9.8</td>
<td>10.3</td>
<td>11.7</td>
<td>10.5</td>
<td>11.4</td>
<td>10.4</td>
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<td>9.7</td>
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<td>10.8</td>
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<td>12.0</td>
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<td># of NICUs included in the denominator</td>
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<td>45</td>
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<td>45</td>
<td>43</td>
<td>42</td>
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</tr>
<tr>
<td>Range (Days)</td>
<td>1-62</td>
<td>1-40</td>
<td>1-72</td>
<td>1-82</td>
<td>1-72</td>
<td>1-61</td>
<td>2-59</td>
<td>1-48</td>
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<td>1-61</td>
<td>1-48</td>
<td>1-50</td>
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<td>2-46</td>
<td>2-42</td>
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<td>2-72</td>
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Oct 2015-Dec 2015 used to calculate baseline.
Average length of tx pharm tx infants

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<td>Total # LOfx days</td>
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<td>975</td>
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<td>899</td>
<td>1,035</td>
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<td>Total # Babies Reported</td>
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<td>78</td>
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<td>98</td>
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<tr>
<td>Average (Days)</td>
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<tr>
<td># of NICUs included in the denominator</td>
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<td>Range (Days)</td>
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<td>2-53</td>
<td>3-53</td>
<td>1-31</td>
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</tbody>
</table>

Jan2014-Mar2014 used to calculate baseline
Average length of stay - SPECIAL CAUSE

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Average Length of Stay for Pharmacologically Treated Babies

Jan2014-Mar2014 used to calculate baseline.
OPQC is excited to welcome neonatologist and NAS national expert Dr. Stephen W. Patrick to the Sustain Call

- Dr. Patrick previously served as Senior Science Policy Advisor to the White House Office of National Drug Control Policy and has testified before Congress on the rising numbers of newborns being diagnosed with opioid withdrawal after birth.

- He served as an expert consultant for the Substance Abuse and Mental Health Services Administration’s development of a Guide to the Management of Opioid-Dependent Pregnant and Parenting Women and Their Children.

- His National Institute on Drug Abuse-funded research focuses on improving outcomes for opioid-exposed infants and women with substance-use disorder and evaluating state and federal drug control policies.
NAS: State and Federal Legislative Action

Stephen W. Patrick, MD, MPH, MS
OPQC
March 12, 2018
Disclosures

• I have no relevant conflicts of interest to disclose
Objectives -

• Brief review of legislation and federal reports
• Discuss current proposals
• Discuss state action
Substantial Action

• A time of extraordinary action, though unclear that it is coordinated action
• Both states and federal government proposals addressing the opioid epidemic
• Multiple bills being proposed in both House and Senate
  • Senate HELP
  • House Energy and Commerce
• Recent budget deal passed on Feb 8, 2018 with multiple provisions
PRENATAL DRUG USE AND NEWBORN HEALTH

Federal Efforts Need Better Planning and Coordination
GAO (2015): Highlights

• NIH Funding from 2008-2013
  • $21.6 million

• Substantial research gaps exist
  • Challenges in conducting research, funding, population

• 14 federal programs provide direct services

• Need coordination, suggest one HHS contact
  • “there is a risk that federal efforts may be duplicated, overlapping, or fragmented”
Mar 19 2015

Rep Clark, Sen McConnell, Sen Casey, Rep Stivers introduce bill to help newborns suffering from opiate dependency
Protecting Our Infants Act, 2015

- Requests that HHS:
  - Review and improve coordination in HHS
  - Develop a strategy to address gaps in research and federal programs
  - Study and develop recommendations for preventing and treating prenatal opioid use and NAS
  - Improve data and public health response by supporting states and tribes
- Signed by President Obama in November 2015

HHS: U.S. Department of Health and Human Services
Public Law No: 114-91
Protecting Our Infants Report (2017)

- SAMHSA released its final strategy focused on three domains:
  - Prevention
    - SBIRT, LARC access
  - Treatment
    - Standardize terminology, treatment of NAS/NOWS, improve treatment access
  - Services
    - Developmental services, etc.

- While these recommendations are important, it remains unclear how they will be implemented, funded and coordinated.
Comprehensive Addiction and Recovery Act of 2016

• **Highlights:**
  - Broad approach to prevention, expansion of treatment inclusive of pregnant women and children
  - Improving Treatment for Pregnant and Postpartum Women
  - GAO report on NAS
  - Infant Plan of Safe Care
• **Signed by President Obama in July 2016; however, to date, not fully funded ($1B in treatment funds in 21st Century Cures Act)**

GAO: Government Accountability Office
Public Law No: 114-198
NEWBORN HEALTH

Federal Action Needed to Address Neonatal Abstinence Syndrome
GAO Highlights (2017)

• In large part, supports the final language of the Protecting Our Infants Act Final Report
  • Notes federal action needed to fund
• Discusses care innovations for NAS, focuses on non-pharmacologic care and stand alone treatment centers.
• Again, focused on gaps in research, coordinating, funding

** Bottom line, despite much attention, it remains unclear how or if HHS is coordinating work in this area
Non-pharmacologic treatment may include:

- Swaddling
- Promoting skin-to-skin contact
- Frequent, small feedings
- Rocking
- Breastfeeding, unless a behavior or condition prevents the mother from doing so
- Allowing the mother and infant to stay in the same room

Pharmacologic treatment may include:

- Dripping tiny doses of morphine into the mouth with a syringe.
What is a safe plan of care? CARA Language

- Modifies the Child Abuse Prevention and Treatment Act (CAPTA) state plan requirement to address the needs of infants born with and identified as being affected by all substance abuse (not just illegal substance abuse as was the requirement prior to this change)

- Add requirements for the state to:
  - Address the health and substance use disorder treatment needs of the infant and affected family or caregiver
  - Monitoring these plans to determine whether and how local entities are making referrals and delivering appropriate services to the infant and affected family or caregiver (in accordance with state requirements)

Substance-Affected Infants

Additional Guidance Would Help States Better Implement Protections for Children

• 49 states report having a plan in place
• While states reported plans that were inclusive of mother’s needs, site visits revealed challenges
• States suggested that additional training and resources would be helpful
• GAO Recommends HHS provide additional guidance to states
  • HHS, in response, generally disagreed
CARA 2.0 (Whitehouse, Portman)

- Limits to prescribing, 3 days for opioid naïve
- Mandates use of PDMPs
- Adds midwives to PAs, NPs able to prescribe buprenorphine
- Removes cap on number of providers
- Improving Treatment for Pregnant and Postpartum Women
  - Promotes residential treatment with children.
  - $100 million
- Funds to implement safe plans of care
  - $60M, likely not enough by many estimates
Family First Prevention Services Act (2018)

The division modifies various provisions related to foster care and adoption. Specifically, the division:

• Limits federal funding for placements that are not in foster-family homes
• Provides for grants to support the recruitment and retention of high-quality foster families
• Modifies provisions related to foster-care maintenance payments, evidence-based kinship navigator programs, family-reunification services, interstate case processing, regional-partnership grants, qualified residential-treatment programs, records checks, adoption assistance, child-support enforcement, and prison-data reporting.
State Policy
Tennessee: Criminal Justice vs. Public Health

- **Safe Harbor Act of 2013**
  - “ensure that family-oriented drug abuse or drug dependence treatment is available”
  - Treatment by 20th week -> No prosecution, no child removal just for history of drug misuse

- **Public Chapter 820**
  - A woman can be charged with a misdemeanor if she illegally uses narcotics during pregnancy and if the baby is harmed as a result (ex. Neonatal Abstinence Syndrome)
A Public Health Response to Opioid Use in Pregnancy

AAP Policy Statement

• Public Health vs. Punitive Response
  • Focus on prevention (improving access to contraception)
  • Universal screening for alcohol and drug use in women of childbearing age
  • Informed consent for drug testing
  • Improve access to comprehensive addiction and prenatal access
  • Improved funding for child welfare systems
West Virginia House Bill 4623

• “If a pregnant person exposes a fetus to a nonprescribed controlled substance, and the person refuses to enter treatment, the person may be found guilty of a misdemeanor and, upon conviction thereof, may be fined no more than $500 and shall be referred to the Department of Health and Human Resources to be assessed for appropriate services or treatment.”
Questions?

• Stephen.Patrick@Vanderbilt.edu
Resources


Budget deal – 2/8/18
https://www.appropriations.senate.gov/imo/media/doc/Bipartisan%20Budget%20Act%20of%202018.pdf

Patrick Testimony Senate HELP – 2/8/18
https://www.help.senate.gov/imo/media/doc/Patrick.pdf
Resources

Protecting Our Infants Act Final Strategy
• [https://www.samhsa.gov/sites/default/files/topics/specific_populations/final-strategy-protect-our-infants.pdf](https://www.samhsa.gov/sites/default/files/topics/specific_populations/final-strategy-protect-our-infants.pdf)

CARA 2.0 Summary
Questions/Discussion

Got a Question or Comment?

REMEMBER: You can use 60# to come off of GROUP MUTE
Next Steps

2018 Neonatal/Perinatal Conference Poster Abstract Submission Form

Deadline for Poster Submission has been extended to March 15th

Abstract/Brief Title:

Abstract Category:
___ Original Research
___ Completed Research
___ Research in progress
___ Quality Improvement Initiatives
___ Patient Safety Projects
___ Innovations in Clinical Practice
___ Patient/Family/Staff Education

Statement of Problem:

Methodology: (Please include any barriers to implementation and how they have been overcome)

Results:

Implications for Practice:

Neonatal/Perinatal Conference
Improving Safety and Quality of Neonatal and Perinatal Care: Current Concepts and Challenges
May 15-17, 2018

Nationwide Children's
When your child needs a hospital, everything matters™
Next Steps

• Data submission:
  • December 2017: **1 site** has not yet submitted monthly data
  • January 2018: **15 sites** have not yet submitted monthly data

• “MOMS + NAS” starting 2018
  – Some OPQC NAS teams will be partnering with OB sites who have chosen to participate in a project working upstream

• Next NAS Quarterly Sustain Phase Call will be
  – Tuesday, June 19, 2018
It takes a village...