State and Local Efforts to Address Perinatal Substance Use
What are we doing in Indiana?

- When substance use becomes personal
- What efforts have been put in place at the state level
- How a hospital network has addressed this issue
- How a community develops a response.
Deborah Evert, RN
Performance Improvement/Clinical Informatics
Family Beginnings/Acuity Adaptable
Eskenazi Health
Indiana Efforts to Address Perinatal Substance Use

Perinatal Substance Use Conference

August 27, 2019
Indiana Legislation to Address Drug Exposed Newborns

The 2014 Indiana General Assembly charged ISDH with:

- The development of the appropriate standard clinical definition of Neonatal Abstinence Syndrome (NAS)
- The development of a uniform process of identifying NAS
- Determine the estimated time and resources needed to educate hospital personnel in implementing an appropriate and uniform process for identifying NAS
- The identification of standard reporting and trending NAS diagnoses and related data including the identification of whether payment methodologies for identifying NAS and the reporting of NAS data are currently available or needed
- Permissive language for the ISDH to conduct hospital pilots to determine the prevalence of perinatal drug exposure
PSU Task Force
Established - 2014

Co-Chairs:
• Dr. Maria Del Rio Hoover
• Dr. John Ellis

Sixty Member Task Force representing:
• Professional Organizations
• Medicaid Managed Care Entities
• State Agencies
• Private Providers
• Consumers
Neonatal Abstinence Syndrome and In-Utero Drug Exposure Algorithm

**UNIVERSAL MATERNAL TESTING:** verbal screening and toxicology testing for maternal use of illicit drugs, opiates or alcohol at the first prenatal visit and again at presentation for delivery.

**INFANT SCREENING AND TESTING:** all newborns will have umbilical cord samples saved for two weeks.

- **Permission granted** for toxicology test: Send original urine sample for toxicology testing.
  - Verbal screening and toxicologic tests are positive: Refer for Behavioral Health Consult and/or additional screening if appropriate.
  - Upon delivery, send umbilical cord for testing.
  - Observe infant for signs.
  - If no signs, continue observation and provide routine newborn care.
  - If signs, or at risk for opiate or benzo withdrawal, initiate Finnegan scoring.
- **Permission refused** for toxicology test and verbal screening positive: Follow Discharge Readiness Protocol.
- **Permission refused** for toxicology test and verbal screening negative: Verbal screening is conducted and permission requested for toxicology test.
  - Verbal screening and toxicologic tests are negative: Refer for Behavioral Health Consult and/or additional screening if appropriate.
  - Upon delivery, provide routine Newborn Care.
  - Routine Newborn Discharge.
  - Follow Discharge Readiness Protocol.
- **Permission refused** for toxicology test and verbal screening positive: Follow Discharge Readiness Protocol.

**INFANT SCREENING AND TESTING:** all newborns will have umbilical cord samples saved for two weeks.

- Upon delivery, observe infant for signs for 48 hours.
- If signs, send cord for testing and initiate Finnegan scoring.
- If no signs, continue observation and provide routine newborn care.
- Infant has a confirmed NAS Diagnosis with or without pharmacologic treatment: Follow Discharge Readiness Protocol.

**DISCHARGE:**
- If no signs, continue observation and provide routine newborn care.
- Infant has a confirmed NAS Diagnosis with or without pharmacologic treatment: Follow Discharge Readiness Protocol.
5P Screening Tool

Institute for Health and Recovery
Integrated Screening Tool

Women’s health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women’s health is also affected when those same problems are present in people close to us. By “alcohol,” we mean beer, wine, wine coolers, or liquor.

Parents
Did any of your parents have a problem with alcohol or other drug use?

YES
NO

Peers
Do any of your friends have a problem with alcohol or other drug use?

YES
NO

Partner
Do your partner have a problem with alcohol or other drug use?

YES
NO

Violence
Are you feeling at all unsafe in any way in your relationship with your current partner?

YES
NO

Emotional Health
Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?

YES
NO

Past
In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?

YES
NO

Present
In the past month, have you drunk any alcohol or used other drugs?

YES
NO

1. How many days per week do you drink?

2. How many drinks do you have on any given day?

3. How often do you have 4 or more drinks per day in the last month?

Smoking
Have you smoked any cigarettes in the past three months?

YES
NO

Advise for Brief Intervention

Review Risk
Review Domestic Violence Resources
Review Substance Use, Set Healthy Goals
Consider Mental Health Evaluation

At Risk Drinking

Pregnant/Planning
Pregnancy

Non-Pregnant

>7 drinks/week
>3 drinks/day

Any Use is Risky Drinking

For the best health of mothers and babies, we strongly recommend that pregnant women, or those planning to become pregnant, do not use alcohol, illegal drugs or tobacco. Safe levels of usage have not been determined.
<table>
<thead>
<tr>
<th>Mother’s status</th>
<th>Level of Risk for infant</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative verbal and toxicology screens</td>
<td>Newborn with <strong>no identifiable risk</strong></td>
<td>No testing recommended at birth</td>
</tr>
</tbody>
</table>
| Positive verbal screen and/or positive toxicology screen | Newborn **at risk** for NAS        | • Perform urine and cord tissue toxicology screening at birth  
• Perform Modified Finnegan scoring  
• Evaluate maternal support resources |
| No known verbal or toxicology screen during pregnancy | Newborns with **unknown risk**     | Observe infant for signs  
• If signs: Send cord for testing and Perform Modified Finnegan scoring |
Symptomatic (tremor/jitteriness, difficult to console, poor feeding, or abnormal sleep); and

Have one of the following:

- A positive toxicology test, or
- A maternal history with a positive verbal screen or toxicology test.
• In 2016, statutory language was added that prohibited the release to law enforcement agencies:
  • “the results of: (1) a verbal screening or questioning concerning drug or alcohol use; (2) a urine test; or (3) a blood test; provided to a pregnant woman without the pregnant woman’s consent.”

• In 2019, statutory language was added to require health providers to:
  • use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant women who are seen by the health care provider; and
  • If the health care provider identifies a pregnant woman who has a substance use disorder and is not currently receiving treatment, provide treatment or refer for treatment.
  • Adds DCS to the list of agencies to which a health care provider may not release the results of certain tests given to a pregnant woman.
Perinatal Substance Use Hospitals

1. *Columbus Regional Hospital
2. Community Howard Regional Health
3. Community East- Indianapolis
4. Community North
5. Community Hospital of Anderson
6. Community South
7. Community Munster
8. Deaconess Women’s Hospital
9. Eskenazi Health
10. Franciscan Health- Indianapolis
11. Franciscan Health- Crown Point
12. Franciscan Health- Lafayette East
13. Franciscan Health- Hammond
14. Franciscan Health- Michigan City
15. Franciscan Health- Mooresville
16. Good Samaritan Hospital
17. Hendricks Regional Hospital
18. *IU Health Ball Memorial Hospital
19. *IU Health Methodist Hospital
20. *IU Health North Hospital
21. Margaret Mary Hospital
22. Marion General Hospital
23. Parkview Hospital- Fort Wayne
24. Parkview Hospital Randallia
25. Schneck Medical Center
26. St. Catherine East Chicago
27. St. Joseph Regional Medical Center- Mishawaka
28. St. Mary Hobart
29. St. Vincent- Evansville
30. St. Vincent Carmel Hospital
31. St. Vincent Fishers Hospital
32. St. Vincent Women’s Hospital
33. St. Vincent Dunn
34. St. Vincent Kokomo

*These hospitals do not use USDTL for cord tissue testing. Their data is included in the screening reports but not in the positivity reports.

Source: Indiana State Department of Health, Division of Maternal and Child Health [Updated July, 2019]
## Perinatal Substance Use Practice Bundle

<table>
<thead>
<tr>
<th>Section</th>
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</thead>
<tbody>
<tr>
<td>Non-Pharmacologic Care</td>
</tr>
<tr>
<td>Pharmacologic Care</td>
</tr>
<tr>
<td>Transfer</td>
</tr>
<tr>
<td>Discharge Planning for Women</td>
</tr>
<tr>
<td>Discharge Planning for Infant</td>
</tr>
</tbody>
</table>

[https://www.in.gov/laboroflove/208.htm](https://www.in.gov/laboroflove/208.htm)
Substance Use and Breastfeeding Guidance Document

Goals

To promote a standard policy for all health care providers for best practices in breastfeeding when moms are using prescribed and illicit substances for the health and safety of Indiana’s infants.

To establish guidelines for providers regarding methods for counseling families on how to breastfeed successfully when safe, and for promoting attachment for all babies even when breastfeeding is determined unsafe with using substances.

To evaluate the social and emotional factors as they relate to breastfeeding and perinatal substance use populations to determine appropriate patient-centered care plans.

To ensure families across Indiana have information and necessary resources to achieve success in both breastfeeding and medication assisted therapy follow-up care during pregnancy and after hospital discharge.
• Areas of focus included:
  • Prenatal Care
  • Breastfeeding and Perinatal Substance Use Chart
  • Psychosocial aspects in decisions regarding breastfeeding with NAS
  • Discharge Planning
PSU Data
Positivity Report
January 2017 - June 2019

Indiana (11,351 cords tested)

- Amphetamines: 2.3%
- Cocaine: 1.6%
- Opiates: 11.1%
- Cannabinoids: 31.3%
- Barbiturates: 2.7%
- Methadone: 1.8%
- Benzodiazepines: 1.4%
- Buprenorphine: 3.1%

USDTL (138,989 cords tested)

- Amphetamines: 7.7%
- Cocaine: 3.1%
- Opiates: 14.1%
- Cannabinoids: 16.9%
- Barbiturates: 2.6%
- Methadone: 3.4%
- Benzodiazepines: 2.2%
- Buprenorphine: 10.5%
Monthly Reports by the 15th of the following month

- Number of Births each month
- Number of NAS Diagnosis

USDTL Users

Other Labs

- Number of Births each month
- Number of Cords Tested
- Number of Positive Cords
- Number of NAS Diagnosis
Screening Data (January 2017 – June 2019)
Number of Births: 79,343

- Cords Tested: 18.8%
- Positive Cords: 36.6%
- NAS Diagnosis: 6.6%
Screening Rates (January 2017 – June 2019)

Rate of positive cords per 1,000 live births: 68.7
Rate of positive cords per 1,000 cords tested: 365.7
Rate of NAS diagnosis per 1,000 live births: 12.3
Rate of NAS diagnosis per 1,000 cords tested: 65.6

These data reflect all pilot hospitals regardless of laboratory used.
## Screening Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate of Positive Cords per 1,000 cords tested</th>
<th>Rate of Positive Cords per 1,000 live births</th>
<th>Rate of NAS diagnosis per 1,000 cords tested</th>
<th>Rate of NAS diagnosis per 1,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>405.1</td>
<td>64.2</td>
<td>50.4</td>
<td>8.0</td>
</tr>
<tr>
<td>2018</td>
<td>367.1</td>
<td>67.7</td>
<td>71.3</td>
<td>13.1</td>
</tr>
<tr>
<td>2019 (6 mos)</td>
<td>334.3</td>
<td>74.0</td>
<td>68.0</td>
<td>15.1</td>
</tr>
</tbody>
</table>
What Next?

Call to Action!
Phase 3

Goal: All remaining hospitals participating by the end of 2019

Readiness Checklist:

- Commitment from hospital administrators for universal screening, considering implications of cost, including payer denials, and possible patient complaints
- Provider engagement (OB and Peds)
- Access to/partnership/collaboration with social services
- Access to/partnership/collaboration with behavioral health services

Initial focus on verbal and urine screening at delivery

Provide data on monthly basis

Participate in VON Educational Modules and Audit Days
Cord Tissue Testing - USDTL

Indiana Perinatal Quality Improvement Collaborative Pricing

As a participant of the Indiana Perinatal Quality Improvement Collaborative, you are eligible to receive this special price. Alcohol testing is optional.

<table>
<thead>
<tr>
<th>Name</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custom Panel</td>
<td>$137.00</td>
</tr>
<tr>
<td>Amphetamine, Cocaine, Opiates, Cannabinoids, Barbiturates, Methadone, Benzodiazepine, Oxycodone, Buprenorphine, Fentanyl</td>
<td>$137.00</td>
</tr>
</tbody>
</table>
Next Steps

• Notify perinatalcollab@att.net of your intent by August 31.
• Establish agreement with USDTL or alternative
• Next VON group will be implemented at the end of September for those ready to go.
C.H.O.I.C.E.
Change, Hope, Overcome, Inspire, Compassion, Educate

Brooke Schaefer MSN, FNP-C, RN
Christina Graham, BA, RN, MSN, CNM, CSSBB
The “Why”

Network Mission
• Deeply committed to the communities we serve, we enhance health and well-being

Need To Respond
• Substance use epidemic requires all healthcare organizations to work together

Need To Take Action
• True outcome improvement requires action
The “What”

What do we need to provide to care for perinatal substance use patients?

- Compassionate & Empathetic Care
- Wrap Around Services
- Analytic Capabilities
The “How”

- Engage community partners
- Behavioral health access
- Services embedded in the OB office
- Inpatient detox & initiation

C.H.O.I.C.E.