

# The Earlier the Better: Developing a system of integrated care for childbearing families with substance use disorders

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Daisy Goodman, CNM, DNP, MPH

Steven Chapman, MD

Julia Frew, MD



# Disclosures

**Daisy Goodman, CNM, DNP, MPH** (Ob/Gyn) has no disclosures and no conflicts of interest.

She receives salary support from the March of Dimes for work on a regional project to improve safety and quality in the care of pregnant women with opioid use disorders.

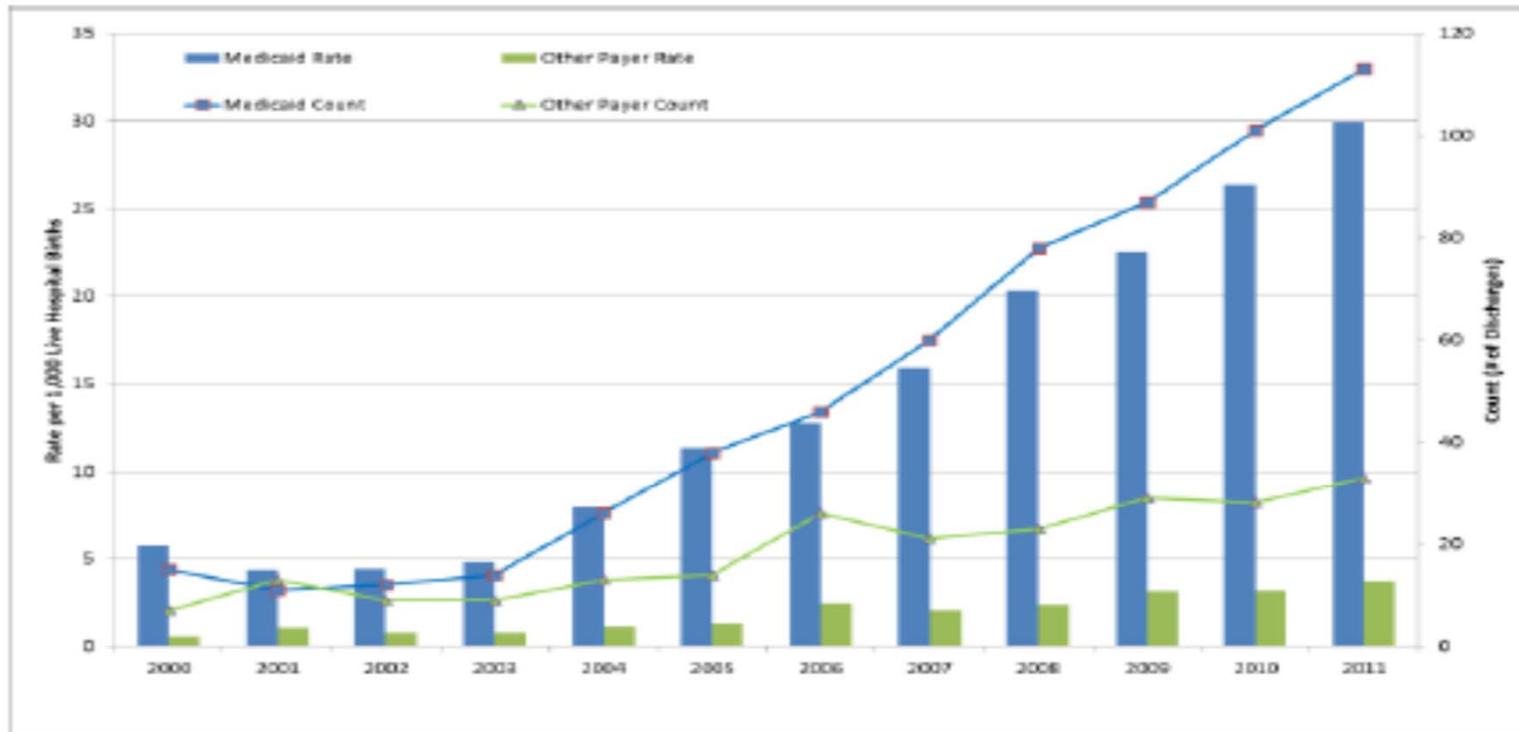
**Steven Chapman, MD** (Pediatrics) has no disclosures and no conflicts of interest.

He is part of the Northeast CTN Node as a core investigator.

**Julia Frew, MD** (Psychiatry) has no disclosures and no conflicts of interest.



# NH Infant Discharges by Payer: 2000-2011

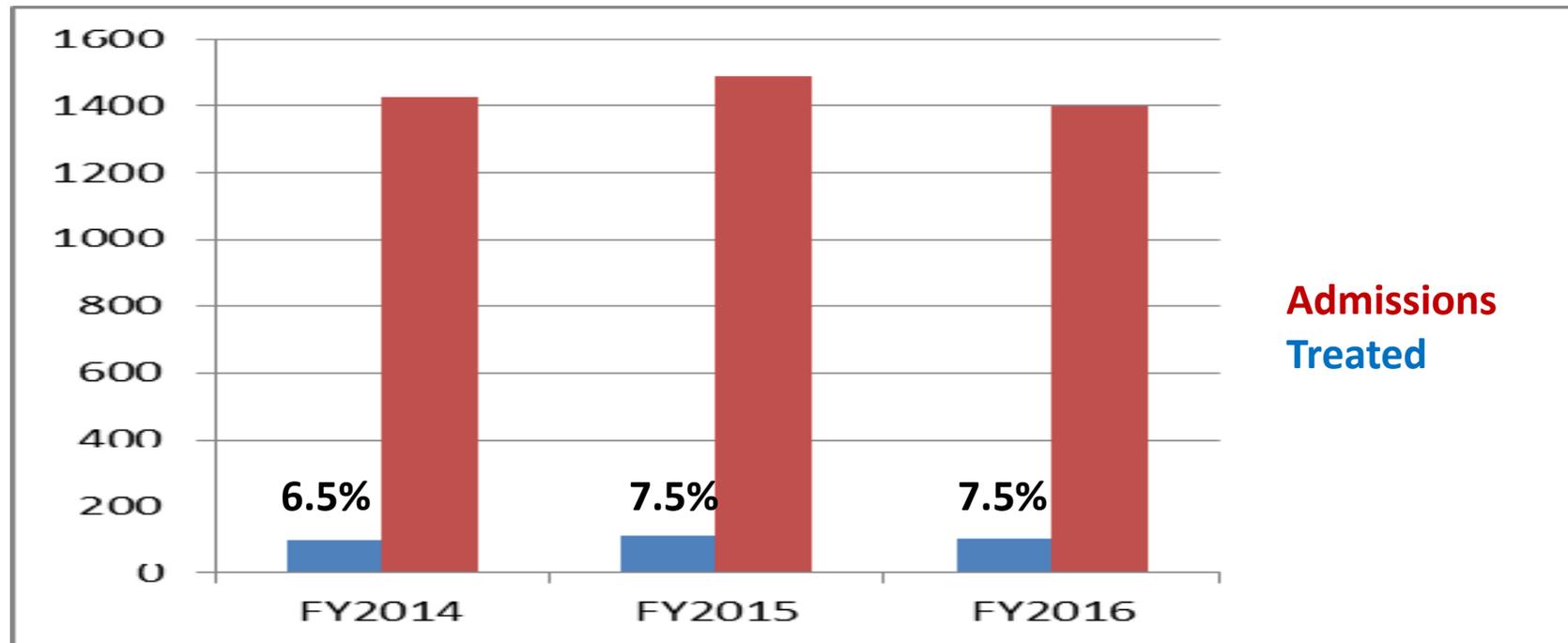


*Data Source: Inpatient Hospital Discharge Data*

Source: <http://www.dhhs.nh.gov/dphs/bchs/mch/documents/nas-data-brief.pdf>



## Proportion of Pregnant Women Admitted To DHMC-Lebanon Reporting Current Treatment with Methadone or Buprenorphine: 2014-2016





# Dartmouth-Hitchcock Perinatal Addiction Treatment Program

## Context

- Regional referral center
- Affiliated network cares for >30% of births in NH
- Prior to this program, no pregnancy-specific outpatient substance use treatment existed in the D-H service area
- Collaborative program launched by Ob/Gyn and Psychiatry in 2013
- Moving towards system-level integration through expanding post-natal, parenting, and pediatric supports in Lebanon and core services regionally

## Perinatal Program

- Launched in 2013 to address an urgent need for access to treatment
- Expanded rapidly to meet community demand
- Integrated care model provides
  - Substance use treatment
  - Maternity care
  - Behavioral health care
  - Case management





# DHMC Program Goals

- Provide universal prenatal screening for drug and alcohol use consistent with national standards
- Increase access to substance use treatment and comprehensive behavioral health care for pregnant women
- Improve outcomes for mothers with substance use disorders and their babies
- Increase the number of parents in sustained recovery by providing access to needed supports, including early childhood intervention, housing, and vocational training
- Decrease burden on the foster care system through early intervention and decreasing risk for adverse childhood events



# Taking a Population Health Approach: Universal screening for drug and alcohol use

“Obstetrician-Gynecologists have an ethical obligation to learn and use techniques for universal screening questions, brief intervention, and referral to treatment.”

(American Congress of Obstetricians and Gynecologists, 2012)

## Screening, **B**rief **I**ntervention and **R**eferral for **T**reatment (SBIRT)

- SBIRT introduced to Ob/Gyn in late 2013
- Step-wise implementation of electronic SBIRT completed: 12/2015
- Results populate in electronic health record [EPIC]
- Best practice advisory fires for + screen
- Provider templates & decision aids utilized to standardize care



# Improving Access to Substance Use Treatment, Prenatal Care, and Comprehensive Behavioral Health in an Integrated Care Model

## Treatment program participants

- Primarily insured by NH/VT Medicaid
- Mean age of 26
- 43% in unstable housing or homeless during early treatment
- Mean parity > 2
- High prevalence of hepatitis C exposure
- 65% have co-occurring psychiatric diagnoses
  - Depression
  - PTSD
  - > 90% use tobacco

# A Typical Program Day

Time	Program Activities
8:30-9:30	Program development meeting
9:30-10:00	Women begin to arrive for 10:00 group -urine drug screens performed at every visit
10:00-11:00	Group treatment for pregnant women -addiction treatment, psychoeducation, guest speakers
11:00-12:30	Individual visits -medication visits, individual therapy, case management, and prenatal care before and after groups
12:30-1:30	Group treatment for postpartum women -focus on parenting education, relapse prevention
1:30-2:30	Individual visits -buprenorphine prescriptions provided at exit from the clinic
2:30-3:15	Treatment team meeting -critical to meet regularly to share info and reduce splitting



# Treatment Program Outcomes

## Maternal

- Robust screening and intervention program in OB setting
- Group care increases treatment engagement and retention
- Participants receive recommended number of prenatal visits
- Maternal weight gain in desired range
- Prenatal education prepares women for extended hospital stay
- Average EGA at delivery: > 38 weeks
- > 80% remain in program at 6 weeks postpartum

## Neonatal

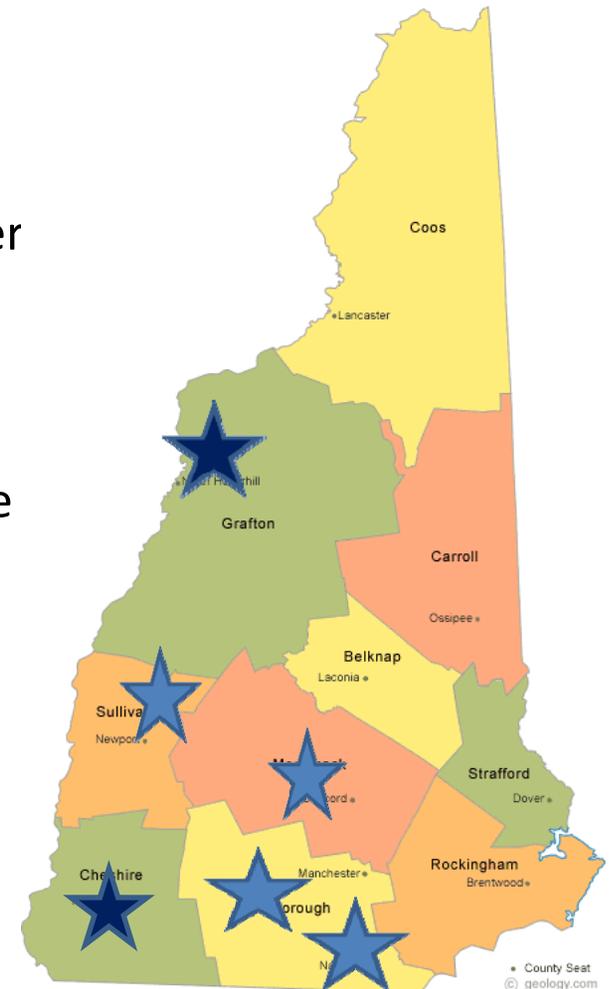
- Mean birth weight >2,500 gm
- < 25% require treatment for Neonatal Abstinence Syndrome
- 3 d reduction in length of stay for neonates requiring treatment
- > 50% initiated breastfeeding
- Transitioned from nursery-based care to “rooming in” with parents



# Future Goals

## Expand model to improve quality and outcomes regionally

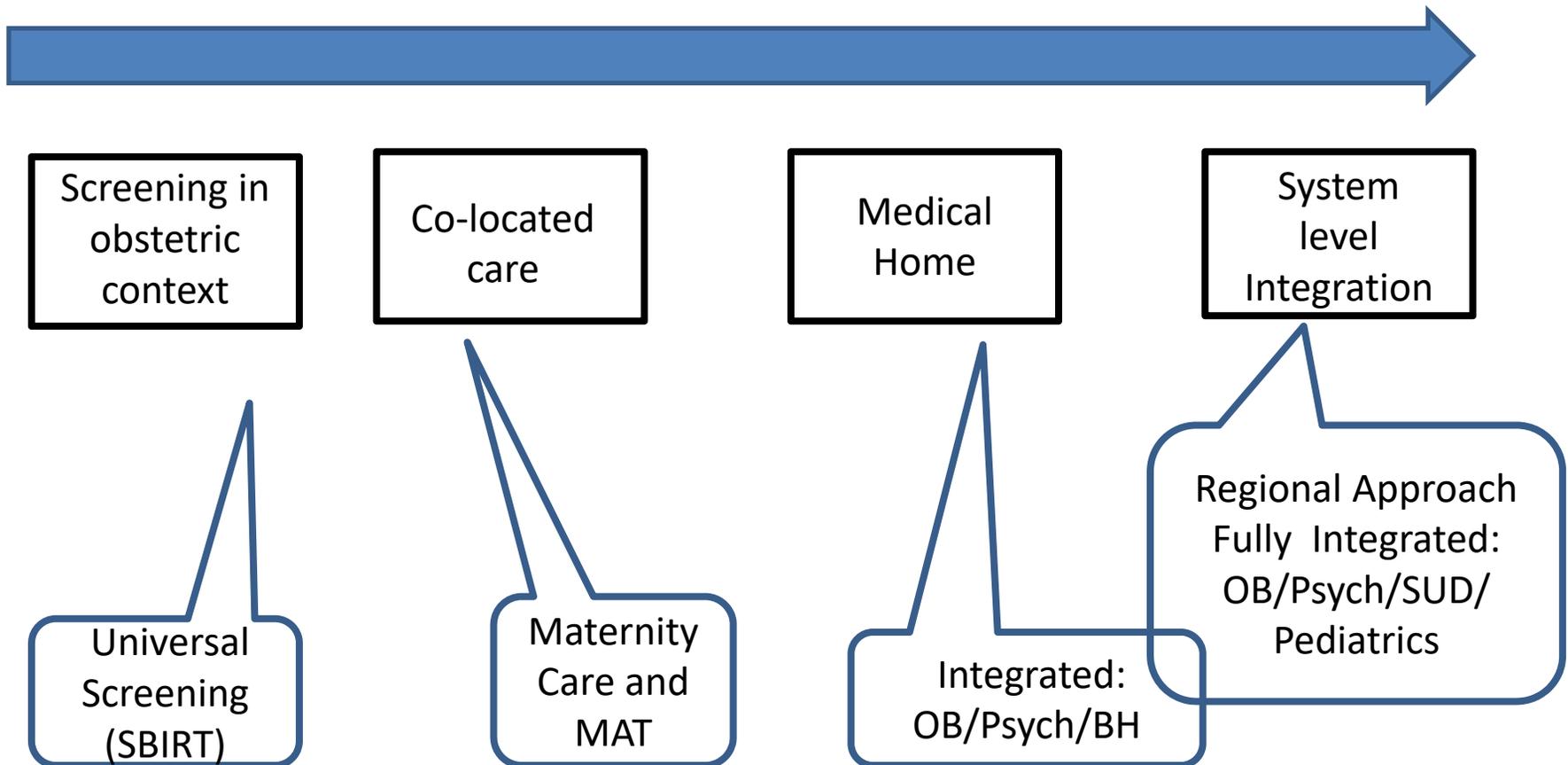
- Enhance services at Program Hub as a regional center for the comprehensive treatment of perinatal addiction
- Improve access at remote sites by integrating substance use treatment in affiliated maternity care practices
- Expand parenting program to offer treatment for partners
- Build services across continuum of care through stronger community partnerships
- Develop IOP and residential treatment program



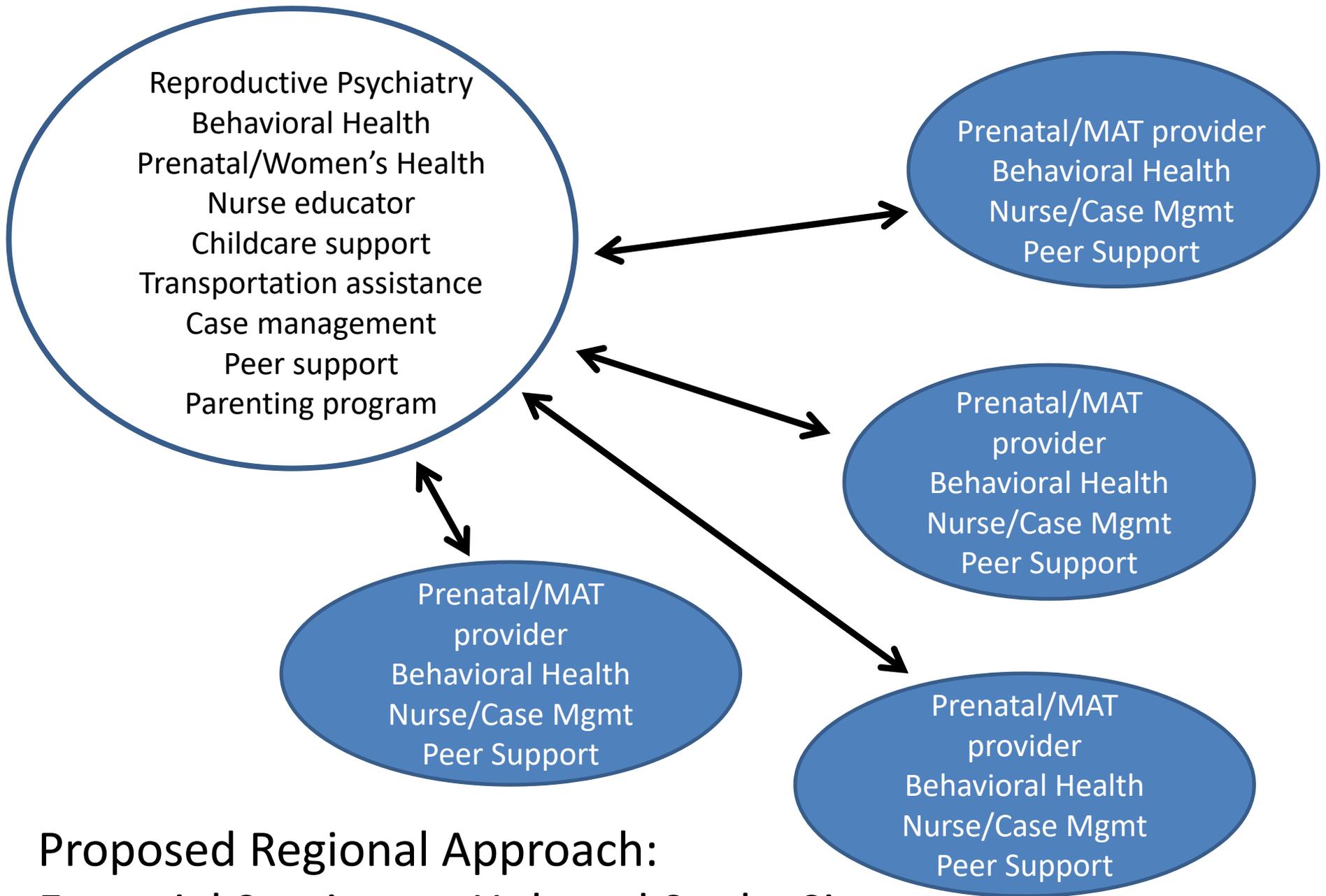


# Working Towards System-level Integration:

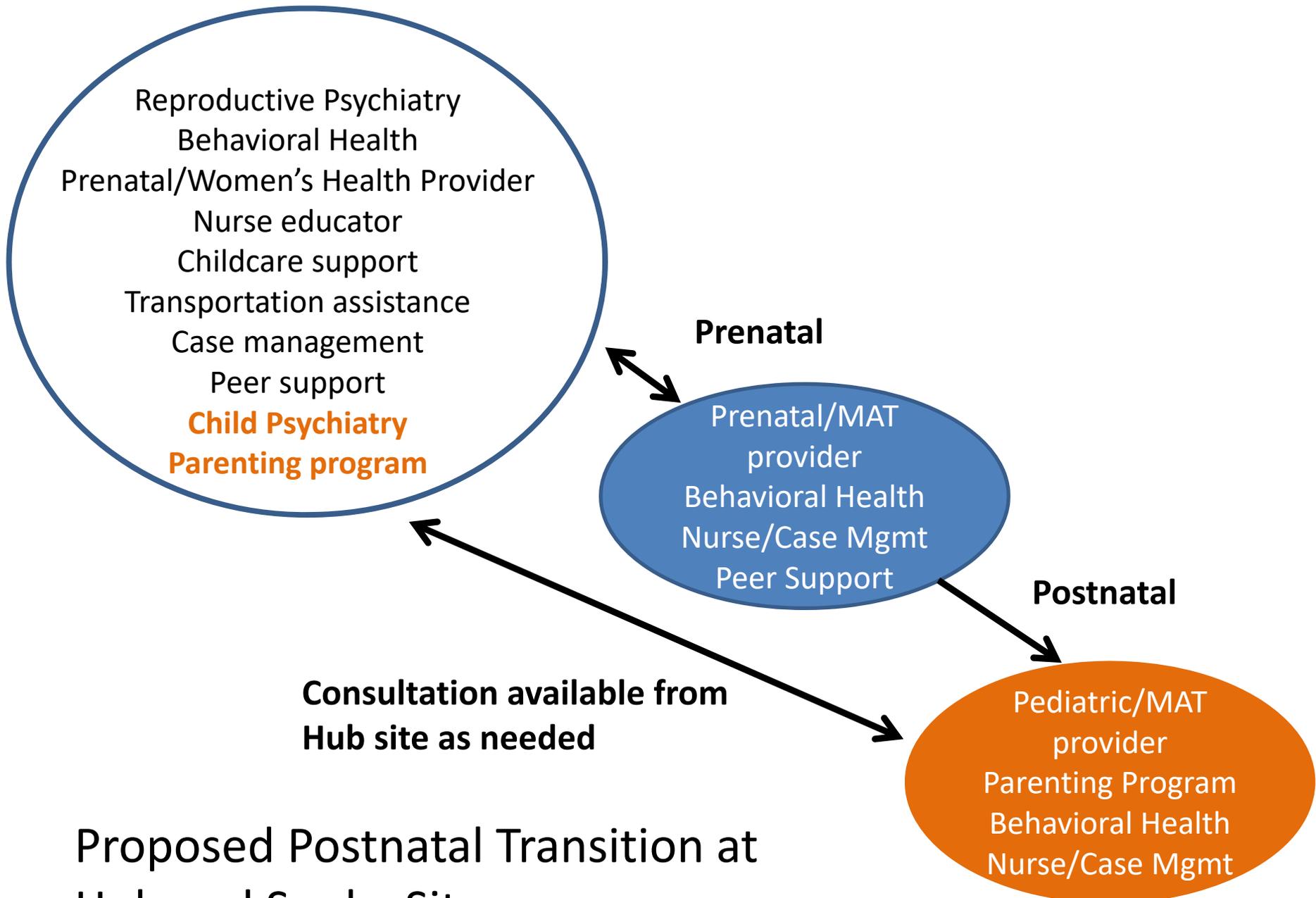
## Perinatal Care for Women with Substance Use Disorders



(Modified from Kaiser Permanente, 2014)



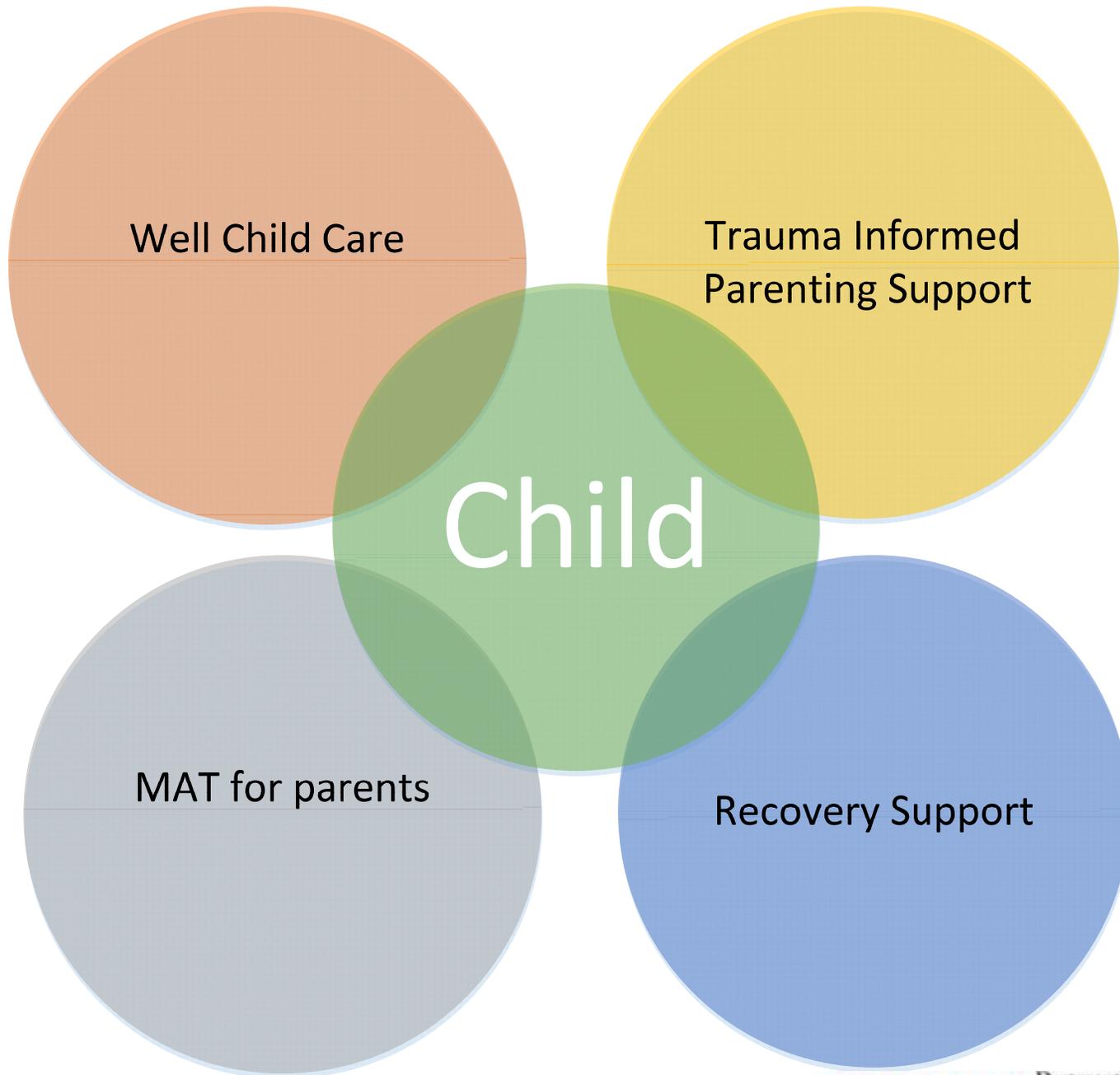
**Proposed Regional Approach:  
Essential Services at Hub and Spoke Sites**



Proposed Postnatal Transition at Hub and Spoke Sites:

# The View from Pediatrics

- Child and Family Centered Approach
- Recent Neuroscience Research
  - Importance of First Few Months/Years in Development
- Adverse Childhood Experiences
  - Major Determinant of Health over Lifespan



This parenting class and recovery support group is for parents and their partners who are in treatment or recovery for substance abuse and are parenting young children. No charge for the program, funding provided by Boyle Community Pediatrics.  
[Email us for more information.](#)



## Parents Together

A collaboration between  
The Family Place, Second Growth  
and Vermont Recovery Network.

# List things you hope this group will help with

## **Week 1**

- I want to hear other people's opinions
- Meet new people (x2)
- Parenting skills (x3)
- Learn about resources for help
- Help with DCF

## **Week 12**

- Learn to be a better parent
- Learn Communication skills
- Learn to love myself
- Learn to handle stress in a better way
- Help with DCF (x2)
- Learn how to discipline appropriately

# Outcomes

- Parents in Recovery, child custody
- Parenting Attachment/Skills (AAPA-2)
- Developmental Screening
  - 9 Months, 18 Months, 24 months, 30 Months
- WCC Measures
  - Immunizations, Lead Screening

# Addressing Barriers

- Childcare
  - “Playtime” program in development to provide supported play for children on-site while parents attend treatment
- Food
  - Upper Valley Haven satellite food shelf opened on site November 2016
- Transportation
  - Case manager helping women access available resources
  - Still a barrier to attendance at times
- Housing insecurity
  - Partnership with Twin Pines Housing for two supported housing units; critical needs remains

# Opportunities

- Becoming a parent is potentially a time of great motivation for recovery
- From a patient and family perspective, can we develop seamless support for mothers in recovery from early pregnancy through early childhood?
- Inter-generational focus on prevention of Adverse Childhood Experiences



## Current Partnerships

- NH Governors Task force on Perinatal Substance Use
- NH Center for Excellence
- March of Dimes
- NH Charitable Foundation
- Horizons for Women (University of North Carolina)
- NIDA Clinical Trial Network- NE Node
- Boyle Community Pediatrics Program
- The Family Place
- Second Growth