MACPAC

Panel Discussion: Pregnant Women with Substance Use Disorder and Infants with Neonatal Abstinence Syndrome

Medicaid and CHIP Payment and Access Commission
Erin K. McMullen & Tamara Huson

Improving Outcomes for Families Affected by the Opioid Crisis

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MACPAC
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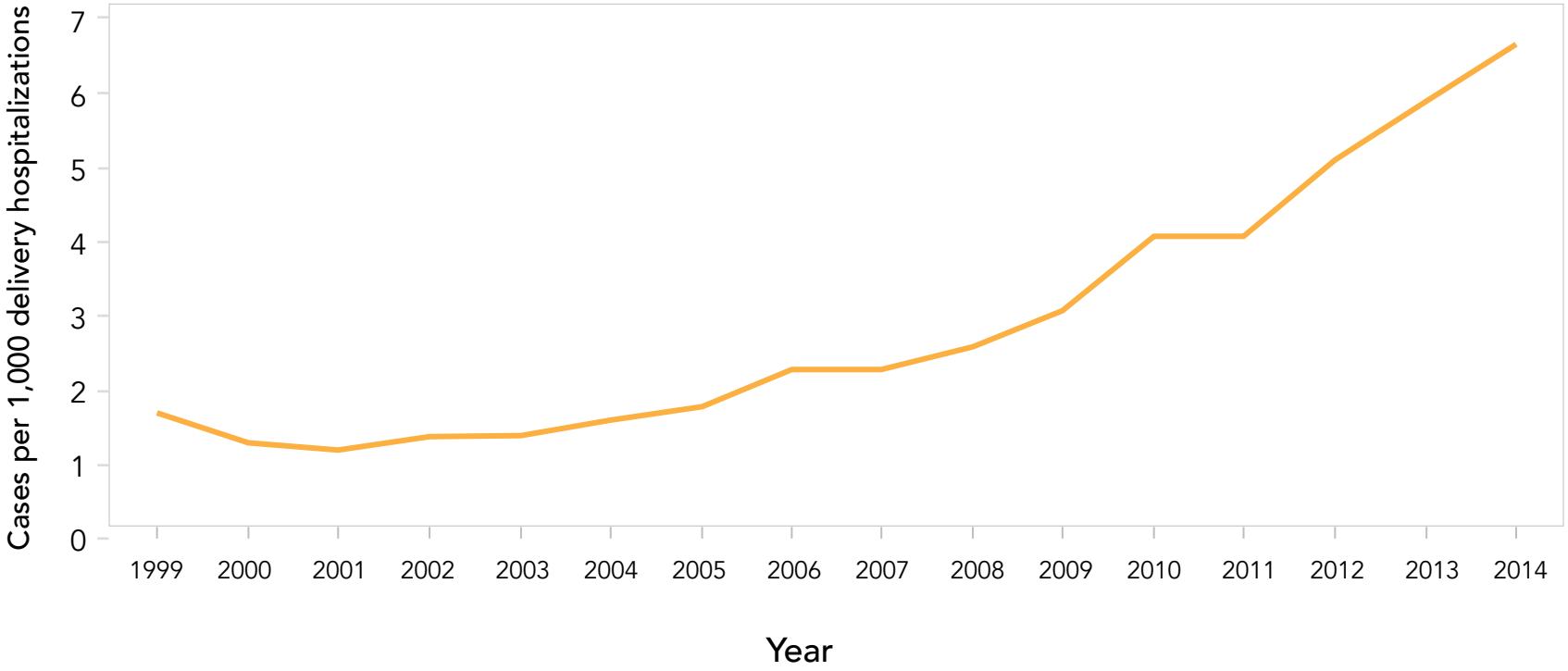
More Pregnant Women Have Opioid Use Disorder



Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014. MMWR Morb Mortal Wkly Rep 2018;67:845–849.
DOI: http://dx.doi.org/10.15585/mmwr.mm6731a1

IT'S NOT A SIMPLE STORY

Trauma common among women in treatment

- 74% report sexual abuse
- 72% report emotional abuse
- 52% report physical abuse

Adverse childhood experiences also common

Adults with >5 ACEs compared to 0:

- 8x as likely to have lifetime substance dependence
- 10x as likely to have ever injected drugs

Community health plays an important role

- Rates of NAS are higher in counties with a shortage of mental health providers
- High long-term unemployment in rural counties associated with higher rates of NAS

Covington SS. Women and addiction: a trauma-informed approach. Journal of psychoactive drugs. 2008;Suppl 5:377-385.
Dube, S. R., et al. (2003). "Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study." Pediatrics 111(3): 564-572
Patrick SW, Faherty LJ, Dick AW, Scott TA, Dudley J, Stein BD. Association Among County-Level Economic Factors, Clinician Supply, Metropolitan or Rural Location, and Neonatal Abstinence Syndrome. JAMA. 2019;321(4):385–393. doi:10.1001/jama.2018.20851

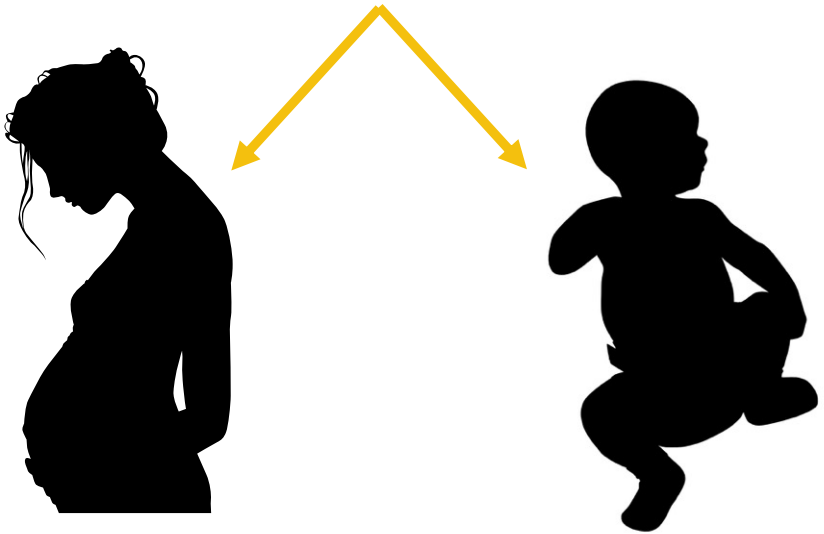
Getting into Treatment is Difficult

OPIOID AGONIST THERAPIES IMPROVE OUTCOMES

Buprenorphine and methadone

Recommended to treat opioid use disorder in pregnancy

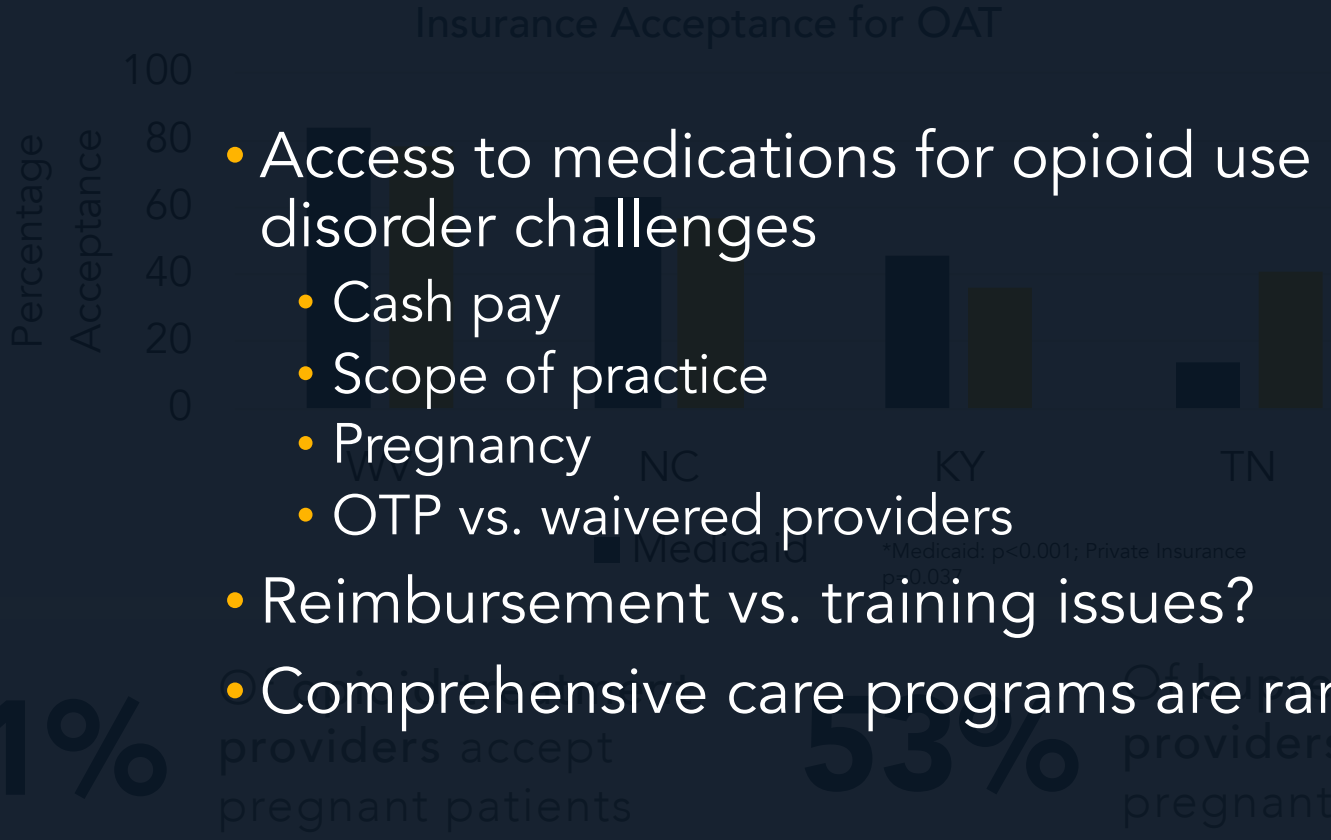
Decreased risk of overdose death, relapse, HCV, HIV



More likely to go to term, higher birthweights

Risk of newborn drug withdrawal

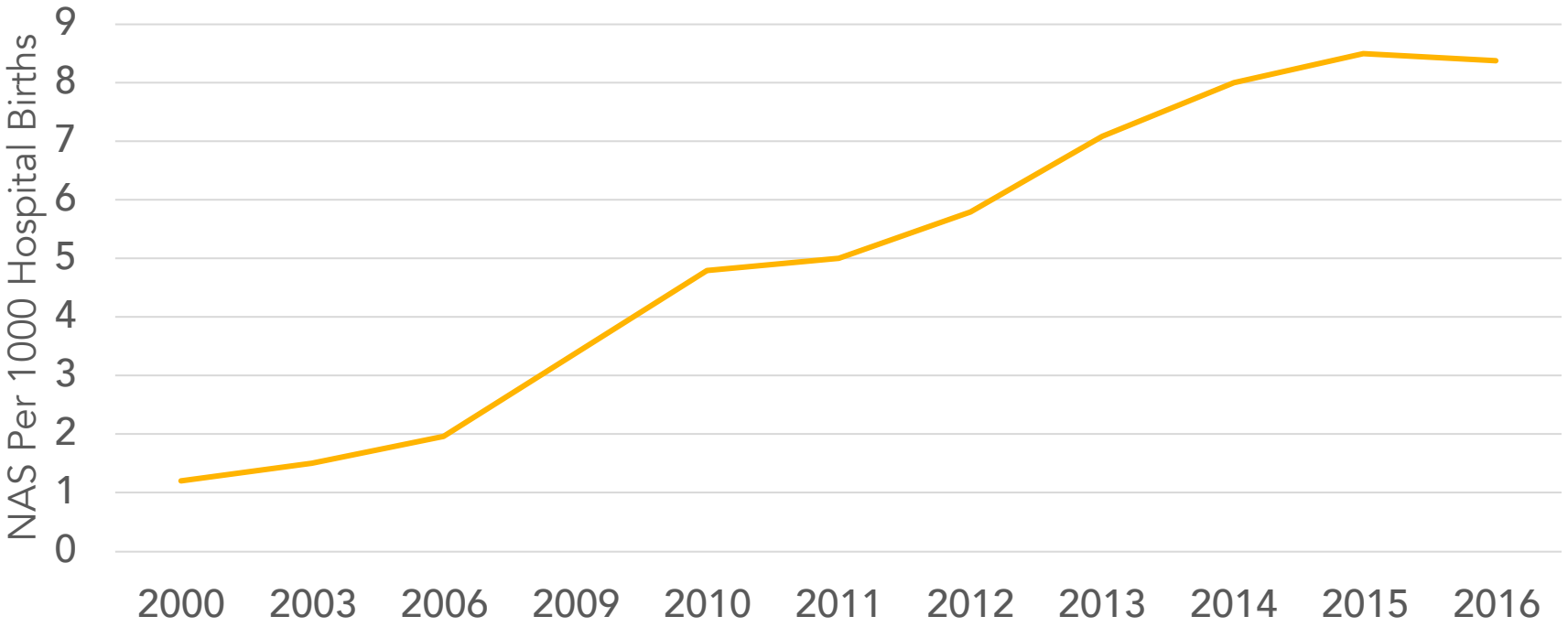
PREGNANT WOMEN FACE BARRIERS IN ACCESSING TREATMENT



- Access to medications for opioid use disorder challenges
  - Cash pay
  - Scope of practice
  - Pregnancy
  - OTP vs. waivered providers
- Reimbursement vs. training issues?
- Comprehensive care programs are rare

Patrick, SW, Buntin, MB, Martin, PR, Scott, TA, Dupont, W, Richards, M, & Cooper, SO. (2018) Barriers to Accessing Treatment for Pregnant Women with Opioid Use Disorder in Appalachian States. Substance Abuse. DOI: 10.1080/08897077.2018.1488336. Funded by NIDA K23DA038720

Incidence of NAS in the US, 2000-2016



Patrick SW, et. al. Neonatal Abstinence Syndrome and Associated Healthcare Expenditures – United States, 2000-2009. JAMA. 2012 May 9;307(18):1934-40.
Patrick SW, Davis MM, Lehman CU, Cooper WO. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. J Perinatol. Apr 30 2015.
Winkelman TNA, Villapiano N, Kozhimannil KB, Davis MM, Patrick SW. Neonatal Abstinence Syndrome - Incidence and Costs Among Infants Enrolled in Medicaid, 2004-2014. Pediatrics. 2018 Apr;141(4).

MEDICAID COSTS

Mean hospital costs for an infant with NAS covered by Medicaid are often **5-fold higher** than for an infant without NAS.

NAS resulted in approximately ~~$2 billion in excess costs~~ among Medicaid-financed deliveries between 2004 and 2014.

Winkelman TNA, Villapiano N, Kozhimannil KB, Davis MM, Patrick SW. Neonatal Abstinence Syndrome - Incidence and Costs Among Infants Enrolled in Medicaid, 2004-2014. Pediatrics. 2018 Apr;141(4).

Hospital Care is Changing

THERE ARE NO GOLD STANDARDS

Clinical definition

- Current tools developed in the 70s, have not been validated
- Current tools developed on term, heroin-exposed infants
- No agreement on threshold for diagnosis

Treatment protocol

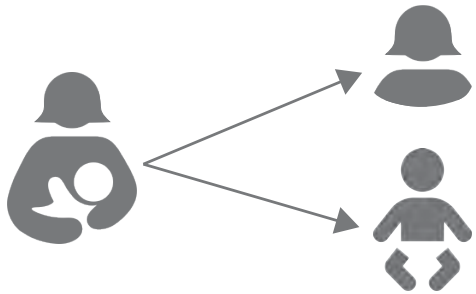
Surveillance definition

- States currently using definitions

Hospital billing coding definition

- May represent exposure, may represent severe NAS

SHIFTING MODELS OF CARE



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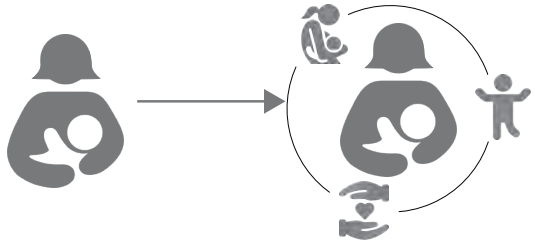


Traditional (and common):

Transfer to a tertiary care facility
Separate mom & baby, place baby in NICU
Treatment separate from mother
Breastfeeding not allowed, or inconsistent
Focus on correct medicine, instead of care process
Burn-out common, lack of trauma-informed processes
Care not standardized
Long lengths of treatment & stay

Newer care models:

Transfer to a tertiary care facility not necessary
Keep dyad intact, out of NICU when possible
Treatment inclusive of mother
Breastfeeding encouraged & supported
Focus on care process, not just medications
Engage staff in trauma-informed care
Use of standardized protocols
Greater provider/patient satisfaction, reduced stay

Wachman EM, Schiff DM, Silverstein M. Neonatal Abstinence Syndrome: Advances in Diagnosis and Treatment. JAMA. 2018. 219(13): 1362-1374.


IMPROVING
TRANSITIONS HOME

WHAT DOES OPTIMAL DISCHARGE LOOK LIKE?

Starts with training/bonding during the birth hospitalization

- Breastfeeding
- Engaging family
- Assessing family needs/follow-up
- Assessing other risks, including HCV

Considers post-discharge needs

- Home Visitation
- Child Welfare
- IDEA Part C (Early Intervention)
- More frequent pediatrician follow-up
- Coordinate with maternal treatment

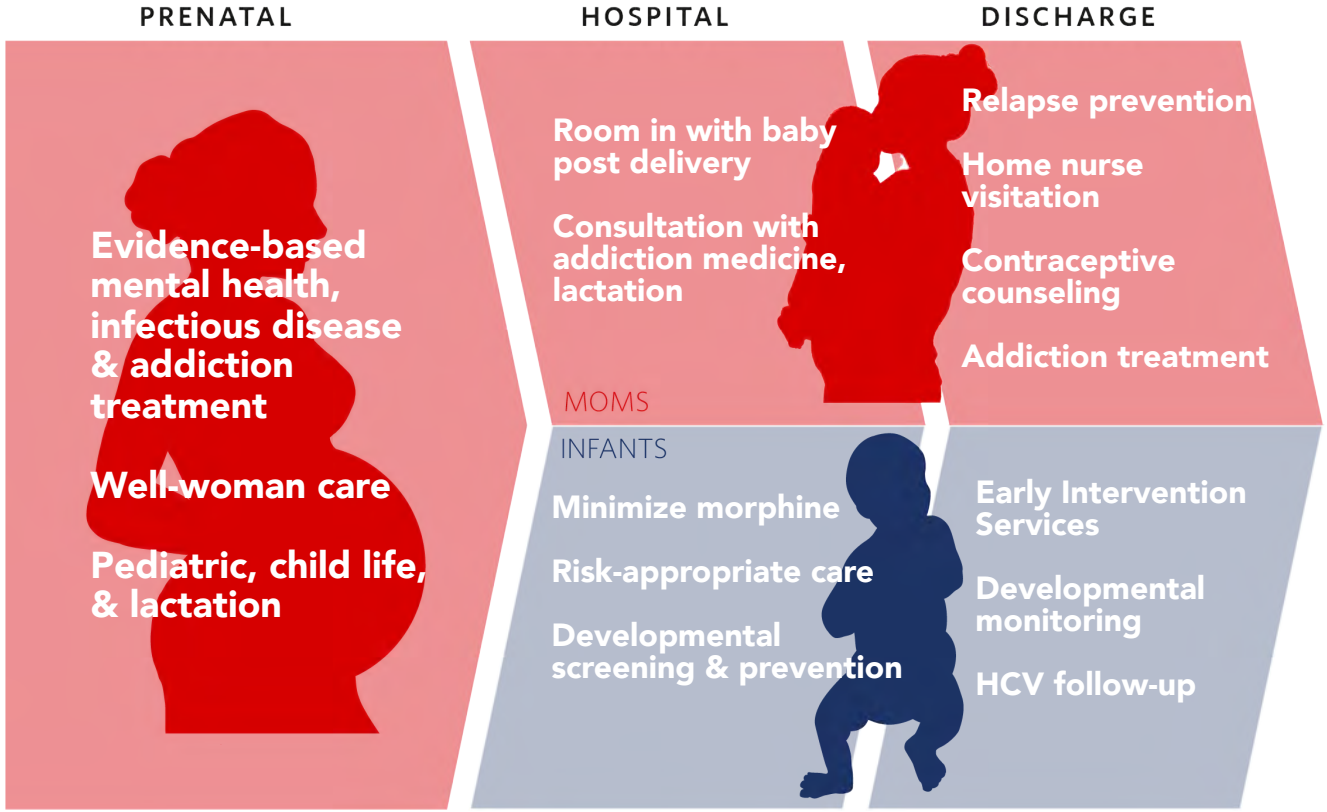
Federal Law Changes to Child Welfare

- "Plans of Safe Care"
  - The result of modifications of the Child Abuse Prevention and Treatment Act
  - Idea is to 1) keep infant safe, 2) keep family intact where possible by connecting mothers to treatment
  - SUPPORT Act -> Role of Medicaid
- Families First Prevention Services Act
  - Allows states to use Title V-E funds for prevention, including connecting to treatment.
  - ACF Regulations Title V-E payer of last resort

PYRAMID

Providing a S**y**stemic **R**esponse to **A**ddiction and recovery for the **M**aternal **I**nfant **D**yad

A Maternal Opioid Misuse (MOM) model supported by the Centers for Medicare & Medicaid Services



Patient Navigators coordinating
Plans of Safe Care
Mom engaged with Maternal Addiction Recovery Program

VANDERBILT
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West Virginia Department of Health and Human Resources Bureau for Medical Services

Substance Use Disorder (SUD) Programs

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West Virginia Medicaid

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

SUD Waiver Overview

- The West Virginia Medicaid Section 1115 Substance Use Disorder (SUD) Waiver was approved by the Centers for Medicare and Medicaid Services (CMS) in October 2017.
- West Virginia was one of the first five states to have been approved by CMS to administer an 1115 SUD Waiver demonstration.
- West Virginia has used the SUD Waiver to develop and implement a continuum of SUD treatment benefits to address the immediate physical, mental, and social needs of substance-using individuals and to promote and sustain long-term recovery.

SUD Waiver Implementation

The West Virginia Medicaid SUD Waiver was implemented in two phases:

Phase One began January 14, 2018:

- SBIRT (Screening, Brief Intervention and Referral to Treatment)
- Opioid Treatment Programs (OTP)
- Naloxone Initiative (including administration of medication and a referral “warm handoff” to SUD treatment)

Phase Two began July 1, 2018:

- Residential Adult Services (RAS)
- Withdrawal Management (WM)
- Peer Recovery Support Specialist (PRSS) Services

Billing Overview

- As of July 1st, 2019 SUD billing was transitioned to the MCOs with the exception of OTP (Methadone) services which will remain under Fee For Service.
- Chapter 504, *Substance Use Disorder Services* (the SUD Waiver Manual) can be found on the Bureau for Medical Services (BMS) website: dhhr.wv.gov/bms/Pages/Manuals.aspx

NAS Epidemiology (West Virginia)

- Sharp increase in Neonatal Abstinence Syndrome (NAS) incidence over past decade. Almost one in five babies born has evidence of drug or EtOH (ethyl or ethanol alcohol) exposure.
- NAS incidence highest in Cabell, Raleigh, Berkley.
- Nearly all NAS births covered by Medicaid.
- Average cost $36,931 (compared to $6,893 for all live births).
- Average length of stay = 16.4 days (American Society of Addiction Medicine (ASAM)).
- NAS infants over-represented in West Virginia Department of Health and Human Resources (DHHR) custody.

NAS Efforts in West Virginia

- Following Centers for Disease Control and Prevention (CDC) guidelines for primary care physicians prescribing opioids in 2016, West Virginia formed an Opioid workgroup with the DHHR and health plans to set up state standards.
- West Virginia Perinatal Partnership efforts on NAS identification and treatment standards.
- Harm reduction programs in many counties.
- Drug Summits to inform communities.

Lily's Place

- Community-based residential treatment for infants with NAS
- Medication management of withdrawal
- Focus on mother/child dyad and family supports
- The State Plan Amendment (SPA) defines the services and was approved by CMS on February 8, 2018 with an effective date of October 1, 2017.

NAS Subcabinet Working Group

Departments:

- Public Health
- Children's Services
- DHHR
- Medicaid/Managed Care Organization (MCO)
- Committed to meeting every 3-4 weeks

NAS Subcabinet Working Group (Cont.)

Working principles:

- Multi-pronged approach
- Best strategy is primary prevention but clearly must address secondary and tertiary prevention
- Each department progresses independently, keep group informed of efforts
- Supportive rather than punitive approach

NAS - Reportable Disease

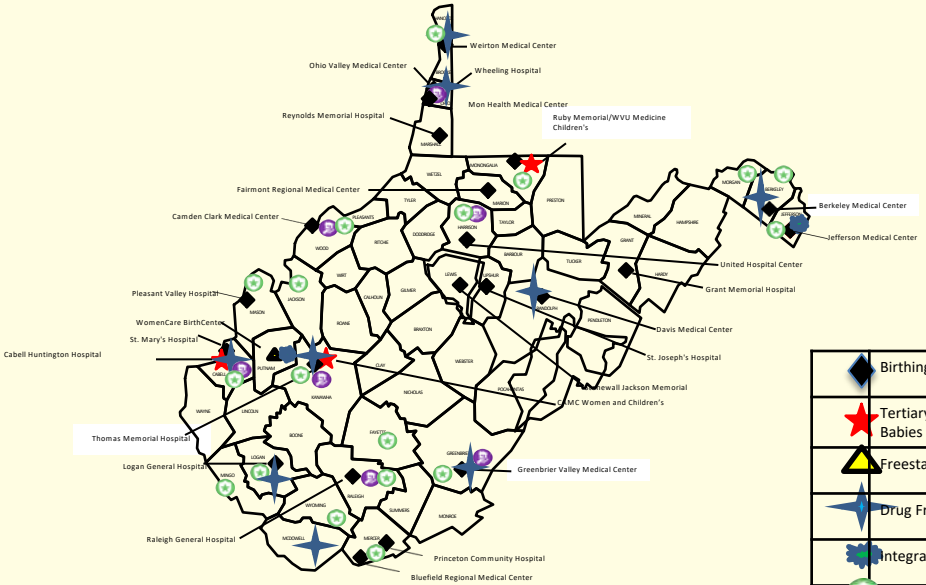
Current estimates of NAS incidence come from the following:

- Hospital discharge data (not complete due to lack of diagnosis)
- Medicaid claims data (lag and incomplete)
- Need more real-time estimation of incidence in order to drive policy and program efforts

Important caveat:

- Reporting is for surveillance purposes only.
- Does not constitute a referral to any agency other than the WV Department of Health.
- Does not replace requirement to report suspected abuse/neglect.

West Virginia Birthing Facilities, Drug Free Moms and Babies Sites, and Treatment Services for Pregnant and Postpartum Women



- Birthing Facility
- Tertiary Center W/ Drug-Free Moms and Babies
- Freestanding Birthing Center
- Drug Free Moms and Babies Site
- Integrated Services for Pregnant Women
- Outpatient Facility that offers MAT to PPW
- Residential Facility for PPW

25 birthing hospitals, 12 DFMB programs, 7 residential facilities for PPW, 48 MAT for PPW

MOM Grant

The West Virginia Maternal Opioid Misuse Grant (MOM) project will normalize treatment and expand accessibility to services by:

- Developing comprehensive care for the mother-baby dyad
- Increase care coordination
- Recognize specialized community in the treatment and recovery of SUD, healthy pregnancy, childbirth, lactation, infant bonding and child development
- Continued support to rural counties by health workers engagement in the local communities.
- Address social determinants of health that cannot be as effectively address in a health care setting

MOM Grant (Cont.)

- Based on the success of the Drug Free Moms and Babies (DFMB) program
- Build services around the Health Home Care Coordination model

Addresses gaps by:

- Funding the extended care for one year postpartum,
- Transitioning postpartum women to well-woman care
- Fully integrating the model into West Virginia's maternity care system

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