Members in ACTION

CASE STUDY

MATERNAL OPIATE MEDICAL SUPPORT PROJECT

MetroHealth Medical Center | Cleveland

Overview

In May 2014, the Ohio Governor's Office of Health Transformation awarded MetroHealth Medical Center in Cleveland $395,170 in grant funding to reduce lengthy hospital stays and promote improved health outcomes for opiate-dependent mothers and their newborn babies. The funding was a part of a joint partnership between the Ohio Departments of Medicaid and Mental Health and Addiction Services called the Maternal Opiate Medical Support (MOMS) Project. The MOMS funding bolstered MetroHealth's existing program to help mitigate the effects of neonatal abstinence syndrome (NAS). NAS can occur when babies are exposed to opiates in utero and commonly results in lengthy neonatal intensive care unit (NICU) stays, respiratory complications, low birth weight, feeding difficulties and, in extreme cases, seizures. The MOMS grant allowed MetroHealth to partner with health care, opiate recovery, literacy and job training, as well as social services agencies and the justice system throughout Northeast Ohio.

Studies have shown that it is unsafe for women to taper off opiates entirely during pregnancies, due to concerns over potential complications and recidivism. Buprenorphine, packaged under the brand name Subutex, has been associated with less severe neonatal dependency than methadone and has shortened the extended hospital stays of exposed newborns by more than one-third. The MOMS program, which improved the ability to get women onto Buprenorphine rather than methadone, was expected to lead to fewer admissions to the NICU for up to125 women and babies enrolled over the course of the grant May 2014 to June 2016.

The goal of MOMS funding was to improve maternal and fetal health outcomes, improve family stability, and reduce costs of NAS to Ohio's Medicaid program by providing treatment to pregnant mothers with opiate issues during and after pregnancy through a Maternity Care Home (MCH) model of care. The MCH model is a team-based health care delivery model that emphasizes care coordination and wrap-around services engaging expecting mothers in a combination of counseling, medication-assisted treatment, and case management.

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Even before the MOMS grant, MetroHealth had established a multidisciplinary clinic that included high-risk obstetrics, addiction psychiatry, liver and infectious disease specialists focused on Hepatitis C, neonatology, behavioral pediatrics as well as a care coordinator and assistance from hospital social work. High-risk obstetrics, addiction psychiatry and neonatology are physically co-located on the day when most of the opiate-dependent pregnant women attend clinic.

MetroHealth partners with many community resources to help provide comprehensive care. The strength of this program is that it assembles resources

that currently exist in the community and stitches them together into a "quilt" designed to wrap around opiate-dependent pregnant women to facilitate the pregnant woman having the best possible outcome for herself and her baby. These services are coordinated by licensed independent social workers who are dedicated to the program. Participants are asked to sign waivers so that each of the agencies providing care can speak with one another.

Each of the MetroHealth MOMS grant partners is well established and dedicated to opiate-addicted women. The $395,170 from the MOMS grant paid for services that were not usually covered by insurance: a care coordinator, housing, childcare, and support services (food and transportation) for parents of infants in the NICU. Additionally, the grant paid for addiction psychiatry support.

Impact

The program saw 290 women over the course of the grant, of whom 53 were on the grant. Many women did not qualify to be on the grant either because they came in late in pregnancy for care or because methadone was a better medical choice for them. Approximately 44 percent of the women seen in the special clinic had Hepatitis C. The prematurity rate was approximately 34 percent, and 14.9 percent of the women had intra uterine growth restriction (IUGR). Of the women on Buprenorphine, the rate of IUGR was 13.9 percent. Length of stay for all babies in the program during the years of the grant was 23.5 percent. Length of stay for babies whose mothers were on Buprenorphine was 19.4 percent. This length of stay percentage includes babies who went through withdrawal and needed pharmacologic treatment as well as babies who had only the standard seven-day observation for signs or symptoms of withdrawal. Importantly, most babies were treated in the normal nursery and not the NICU. The NICU was reserved for babies with prematurity, respiratory difficulties, or treatment for NAS requiring more than one medicine. Approximately 75 percent of babies went home with their mothers after Children's Services evaluation.

Lessons Learned

Existing resources in the community can be more effective when they are coordinated to help care for opiate-dependent pregnant women and their babies. Services do not all need to be provided by the same entity, but taking the time to gather the relevant community together to assess needs and plan improvements led to a robust program that was supported by the community. Referral came from outside drug treatment centers as well as through word of mouth from the patients themselves. When patients and families heard that the care was respectful and that there was expertise in the area of opiate addiction in pregnancy, they sought out care with the MOMS program.

Future Goals

Program leaders would like to find a primary care provider to help care for these women in between pregnancies to help keep the population engaged in treatment for general health, drug treatment, and treatment for Hepatitis C.

CONTACT

Jennifer Bailit, M.D., M.P.H.
Physician Executive, Practice Management and Provider Integration
Medical Director, Women and Children's Service Line
216-778-2558
jbailit@metrohealth.org