2019 RX SUMMIT VISION SESSION

REAL PEOPLE, REAL PROGRESS

INNOVATIVE APPROACHES TO BREAKING THE OPIOID CYCLE AND ACHIEVING INTERGENERATIONAL IMPACT

DEVELOPED BY
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Learning Objectives

• Identify the crucial components of an effective community-system response to intergenerational substance use disorder (SUD)

• Identify local barriers and levers for change

• Identify the best ways to support local community collaboration on opioid solutions
Presentation Overview

Part I:
Opioid Use Disorder (OUD) Among Pregnant and Parenting Women – New Directions

Part II:
Leveraging Technology to Improve Clinical Care

Part III:
How JBS Is Addressing the Intergenerational Impact of the Opioid Epidemic

Summary Points
Calls to Action
Questions
PART I: OUD AMONG PREGNANT AND PARENTING WOMEN – NEW DIRECTIONS
Breaking the Cycle

Child Level Influences

Family Level Influences

Community Level/Environmental Influences
State of the Evidence – Women

Substance misuse and OUD in pregnant and parenting women is a major public health concern because it poses risks to both the mother and the fetus or child.

- OUD has increased among pregnant women in all states.
- Pregnant women who took opioids for non-medical uses were more likely than non-pregnant women to obtain their opioids from doctors.¹

- National OUD rates at delivery more than quadrupled during 1999–2014.
- In all 28 states with 3 years of data, rates significantly increased.

Risk and Protective Factors

• There is evidence to support the role of protective factors into adolescence.

• Focus has been on infants, but the environmental factors are critical.

Fear, Discrimination, and Barriers to Care

- Fear of being incarcerated for illicit drug use or for exposing the fetus to illicit drugs
- Fear of losing custody of children
- Shame and fear of being judged
- Limited resources
- Lack of funds to pay for services
- Transportation
- Child care

“I was one of the people that was scared to seek treatment. That’s why I stopped going to my OB appointments.” – Veronica Robinson, UNC Horizons Patient
State of the Evidence – Infants

- Infants with neonatal abstinence syndrome (NAS) are born dependent on, *NOT ADDICTED* to, opioids.
- NAS is an expected and treatable drug withdrawal syndrome that occurs among many opioid-exposed infants shortly after birth.
- Treatment of mothers during pregnancy – with methadone or buprenorphine – seems to make a positive difference. Those toddlers performed the same as children of mothers without SUDs.
NAS Impact and Costs

- Opioid-exposed infants who develop NAS: Between 50% and 80%
- Mean length of hospital stay: 16 days
- Mean hospital charge: $93,400 per infant
- Total cost: $1.5 billion

While your baby is in the NICU, answers, tools, support, and peace of mind are in the palm of your hand with the My NICU Baby™ App from March of Dimes.

Use My NICU Baby to do things like:
- Get tips and helpful videos to care for your baby in the NICU and at home
- Track breastfeeding sessions and baby’s weight
- Track breast pumping and kangaroo care
- Take photos and add filters
- Connect with other families with similar experiences
- Create a customizable checklist to prepare to take your baby home

March of Dimes is with you through every stage of the pregnancy journey, even when everything doesn’t go according to plan, providing support to all moms and babies when they need it.

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**Factsheets in Clinical Guidance**

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FACTSHEET #9: Screening and Assessment for Neonatal Abstinence Syndrome Factsheet

CLINICAL SCENARIO: An opioid-exposed infant at risk for NAS is delivered.

- Screening for NAS
- Maternal and infant toxicology
- Informed consent for screening
- NAS onset time varies
- Opportunities for positive change
- Standardized NAS assessment and treatment can improve outcomes
FACTSHEET #10: Management of Neonatal Abstinence Syndrome

CLINICAL SCENARIO: An infant begins to exhibit signs of NAS shortly after birth.

- Managing mild NAS
- Managing moderate-to-severe NAS
- Adjuvant pharmacotherapy for severe NAS
- Minimizing hospital stays using standardized protocols
- Nonpharmacological interventions to reduce NAS severity
- Recommended medications and medications under study
- Not-recommended medications for NAS
- Infant observation period variation and type of opioid
CLINICAL SCENARIO: An opioid-exposed infant is ready for discharge home.

- Effects of NAS on development
- Investigating maternal and infant eligibility for early intervention services
- Discussing developmental screens and assessments
Transforming the Guide

Interactive Support ~ In process.
- Mobile application for providers
- Tweets for healthcare providers and patients
- Healthcare provider consultation and training through virtual communities of practice

- Healthcare checklists, factsheets, and infographics for pregnant and parenting women
- Practice guides for community providers (e.g., child welfare) working with pregnant and parenting women and their children
PART II: LEVERAGING TECHNOLOGY TO IMPROVE CLINICAL CARE
Mom and Baby Together: A Virtual Clinical Guide

- Mobile devices and wireless service are ubiquitous.
- Smartphones and mobile electronics are valued tools in a clinical setting, but traditional interaction can decrease the practitioner's presence in a patient-care situation.
- Providing relevant information quickly makes the technology more transparent, less burdensome.

JBS is a proud phase 1 winner of the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau Addressing Opioid Use Disorder in Pregnant Women and New Moms Challenge

Acknowledgement: Mentor provided by HRSA Challenge Grant: Dr. Rahul Gupta, MD, MPH, MBA, FACP, CMO & Sr VP, March of Dimes


Innovation and Efficiency

• Applies low-cost, democratized, cloud technology
• Focuses on ease of use: conversational user interface, decision tree logic
• Potential to grow to accommodate new clinical situations, changing best practices, and changing clinician behaviors and requirements
• Besides improving clinical outcomes, can improve care cost efficiency (reduce the need for specialized care, transportation, etc.)
Sample Questions for Mom and Baby Together Mobile Application

- “The newborn I’m seeing was exposed to opioids in utero. How do I know if I need to treat it for NAS?”
- “What assessments and tests do I need to diagnose NAS?”
- “How do I start treating a newborn with NAS?”
- “When is it okay for a newborn at risk for NAS to room in with the mother?”
- “When is it okay for a newborn at risk for NAS to breastfeed?”
- “When does a newborn with NAS have to go to the NICU?”
- “What do I need to think about to safely discharge a newborn with NAS?”
- “What kind of follow-up does a newborn with NAS need?”
- “What do I tell the mother about any long-term consequences of NAS on the baby’s development?”
- “What reporting requirements are there to state or local authorities on babies with NAS?”
Goals

• Short Term
  – Provide the proven insights of the Clinical Guide to practitioners in rural and underserved areas
  – Prove the efficacy of the smartphone platform for decision support

• Long Term
  – Explore training techniques to expand the knowledge base of the virtual expert system
  – Investigate patient-facing content and interactions
PART III: ADDRESSING THE INTERGENERATIONAL IMPACT OF THE OPIOID EPIDEMIC
Complexity Contributing to the Opioid Cycle

- Risk and Protective Factors
- Adverse Childhood Experiences (ACEs)
- Historical and Intergenerational Trauma
- Inconsistent Adoption of Best Practices
Driving Intergenerational Impact

HRSA: Rural Community Opioid Response Program
- Leveraging rural strengths to bridge prevention, treatment, and recovery services gaps
- Breaking the cycle by promoting multidisciplinary community consortium needs assessment and strategic planning

Dept. of Justice: Office for Victims of Crime: Youngest Victims of the Opioid Crisis
- Breaking the cycle through focused identification and trauma-informed and trauma-focused treatment for children, youth, and their caregivers
- Developing a comprehensive, multidisciplinary response to better understand and address the needs of child and youth victims

Administration for Children and Families: Children’s Bureau: Center for Native Child and Family Resilience
- Organizing and disseminating knowledge for preventing child maltreatment in tribal communities
- Breaking the cycle by collaborating with tribal communities to explore resilience-building features and interventions using non-Western, indigenous ways of knowing
Deeper Dive: OVC’s Serving Youngest Crime Victims

- Developing strategies for breaking the opioid cycle
  - Enhancement and expansion of services specific to child victims of opioid crisis
  - Early identification, screening and assessment, and treatment to reduce immediate and long-term consequences of trauma and victimization
OVC Strategies for Breaking the Cycle

• Diversifying child and family serving organizations focused on meeting the needs of young victims of the opioid crisis
  – Involves the courts, child welfare, behavioral health, tribal communities, etc.
  – Ensures the dissemination of knowledge and adoption of best practices across systems serving children and families

• Directing attention to the unique needs of these secondary victims of the opioid crisis
  – Without healing for this generation, the cycle will continue.
In Closing...

- We are working with a special population with critical needs that have long-term impacts.
- Leveraging technology is essential to advance patient outcomes – and it must be grounded in both provider and patient needs.
- Optimizing success requires better integration across professions and fields – specifically between medical, technology, and child welfare.
Policy Implications

Standards and Training

- Use standardized protocols in all labor, delivery, and nursery units to screen for, assess, and treat infants with NAS and associated training
- Advance mother/parent education to monitor infant for NAS symptoms
- Conduct standardized developmental assessments for all babies exposed to opioids in utero and/or at birth
- Develop an NAS baby-tracking system through childhood and adolescence that could be part of states’ birth defects registries
- Leverage technology for optimizing integrated clinical and child welfare services
Stop by our booth #801 to meet with some of our content experts, and pick up materials and giveaways!

2019 Rx Summit Vision Session

Real People, Real Progress

Innovative Approaches to Breaking the Opioid Cycle and Achieving Intergenerational Impact

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