

Professions and Public Health Subcommittee

Wednesday, October 13, 2021
11:00 AM - 12:30 PM
Webster Hall (212 Knott)

Meeting Packet

Chris Sprowls
Speaker

Will Robinson
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Professions & Public Health Subcommittee

Start Date and Time:	Wednesday, October 13, 2021 11:00 am
End Date and Time:	Wednesday, October 13, 2021 12:30 pm
Location:	Webster Hall (212 Knott)
Duration:	1.50 hrs

Presentations on Infant Mortality Prevention Efforts

- Fetal and Infant Mortality Review Projects - Cathy Timuta, Chief Executive Officer, Florida Association of Healthy Start Coalitions, Inc. and Faye Johnson, Chief Executive Officer, Northeast Florida Healthy Start Coalition

- Maternal Opioid Recovery Effort (MORE) Project - William Sappenfield, MD, MPH, CPH, Director, Florida Perinatal Quality Collaborative, University of South Florida

For information about attending or testifying at a committee meeting, please see the "Visiting the House" tab at www.myfloridahouse.gov.

NOTICE FINALIZED on 10/06/2021 4:05PM by Osborne.Erin

FAHSC

Bio: Cathy Timuta, MBA

(rev. 2-1-21)



Cathy Timuta is the Chief Executive Officer for the Florida Association of Healthy Start Coalitions (FAHSC) and the Healthy Start MomCare Network, Inc. which is the administrative services organization for FAHSC. She has been in these roles since October 2018. Prior to working at the state level, Cathy was the Executive Director for the Healthy Start Coalition of Southwest Florida for 19 years. She was a former Board President for FAHSC as well as former co-chairs for several committees including Legislative, Data, Contracts, and Managed Care Organizations committees. Cathy started her career in Minnesota where she received her MBA in health care administration. She was the Project Manager for the Minnesota Health Partnership, which was a collaboration of the state of Minnesota, the Buyer's Healthcare Action Group (Minnesota's largest employers), hospital systems, and health plans. Her passion is to ensure that families have access to needed healthcare and services to empower parents to give their every baby a healthy start in life.

Faye Johnson
Chief Executive Officer
Northeast Florida Healthy Start Coalition, Inc.
FAHSC Board Immediate Past President



Faye Johnson received her Bachelor's degree in Social Science and minor in Sociology from Jacksonville University. Faye has an extensive background that ensures a level of competency in Preconception Care, Maternal and Child Health, Life Course Model, the Social Determinant of Health, Adverse Childhood Experiences, Healthy Equity and Equality, Administration and Quality Assurance.

Faye has 25 years' experience working with low-income populations and 23 years' experience in program administration and management. Prior to becoming the Chief Executive Officer, Faye served as the Project Director of the Magnolia Project, an initiative of the Coalition located in Jacksonville. The Magnolia Project is a special federally-funded Healthy Start preconception initiative to improve the health and well-being of women during their childbearing years (15–44 years old) living in underserved zip codes with the highest rate of infant mortality. Faye oversees multiple programs within the organization such as but not limited to Northeast Florida State Healthy Start, Fetal and Infant Mortality Review program, Fatherhood PRIDE and two evidence-based models, the MIECHV Nurse-Family Partnership and Healthy Families Jacksonville. She is also the past President of the Florida Association of Healthy Start Coalitions.

Faye has exhibited at numerous federal and state Conferences throughout the country and coauthored Integrating the Life Course into Maternal and Child Health (MCH) Service Delivery: From Theory to Practice, Maternal and Child Health Journal. Faye received several awards such as a finalist of the 2017 Florida Times Union Eve Award, the 2019 Faye Jacksonville Business Journal 2019 Women of Influence Award and the Child Florida Department of Children and Families Child Welfare Excellence Award. Faye is President of the statewide Florida Association of Health Start Coalitions.

Faye views her service opportunities as an experience that she values and is humbled everyday by the opportunity to serve others!



FETAL AND INFANT MORTALITY REVIEW (FIMR)

Cathy Timuta, CEO, *Florida Association of Healthy Start Coalitions, Inc.*

Faye Johnson, CEO, *Northeast Florida Healthy Start Coalition, Inc.*

Florida Healthy Start
Florida Association of Healthy Start Coalitions

HEALTHY START COALITIONS ARE DEDICATED TO REDUCING FLORIDA'S INFANT MORTALITY RATE

Infant mortality rate is often used as an indicator to measure the health and well-being of a community.



Infant mortality is the death of an infant during the **first year** of life and is calculated as the number of infant deaths per 1,000 live births.

Fetal mortality is a stillbirth that is **at least 20 weeks** gestation but dies beforeit is born.





WHAT IS FIMR?

Fetal and Infant Mortality Review (FIMR)

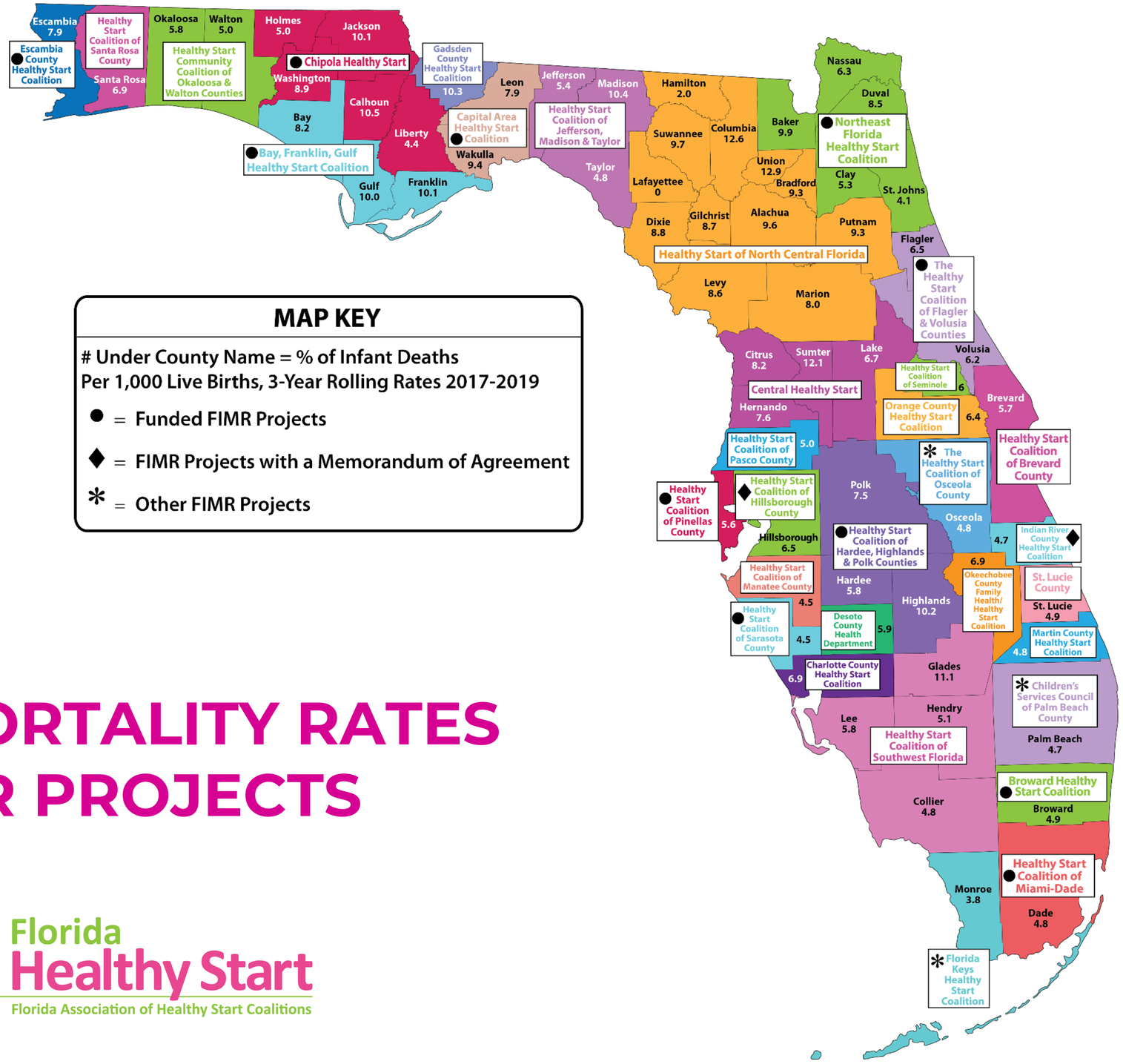
Brings together key members of the community to review information from individual cases of fetal and infant deaths to identify ways to improve community resources and service delivery systems available to families.

Community Members include

- **Case Review Team** – obstetricians, pediatricians, social workers, nurse-midwifes, hospital and community nurses, coroners or medical examiners, interviewers, abstractors, community outreach workers, mental health counselors, public health nutritionists, home visiting programs.

- **Community Action Group** – community leaders representing government, consumers, key institutions, and health & human service organizations.

The **Florida FIMR Toolkit** serves as a resource that can be accessed in the development, evaluation and execution of FIMR throughout Florida.



MAP KEY

Under County Name = % of Infant Deaths
Per 1,000 Live Births, 3-Year Rolling Rates 2017-2019

● = Funded FIMR Projects

♦ = FIMR Projects with a Memorandum of Agreement

✻ = Other FIMR Projects

INFANT MORTALITY RATES & FIMR PROJECTS

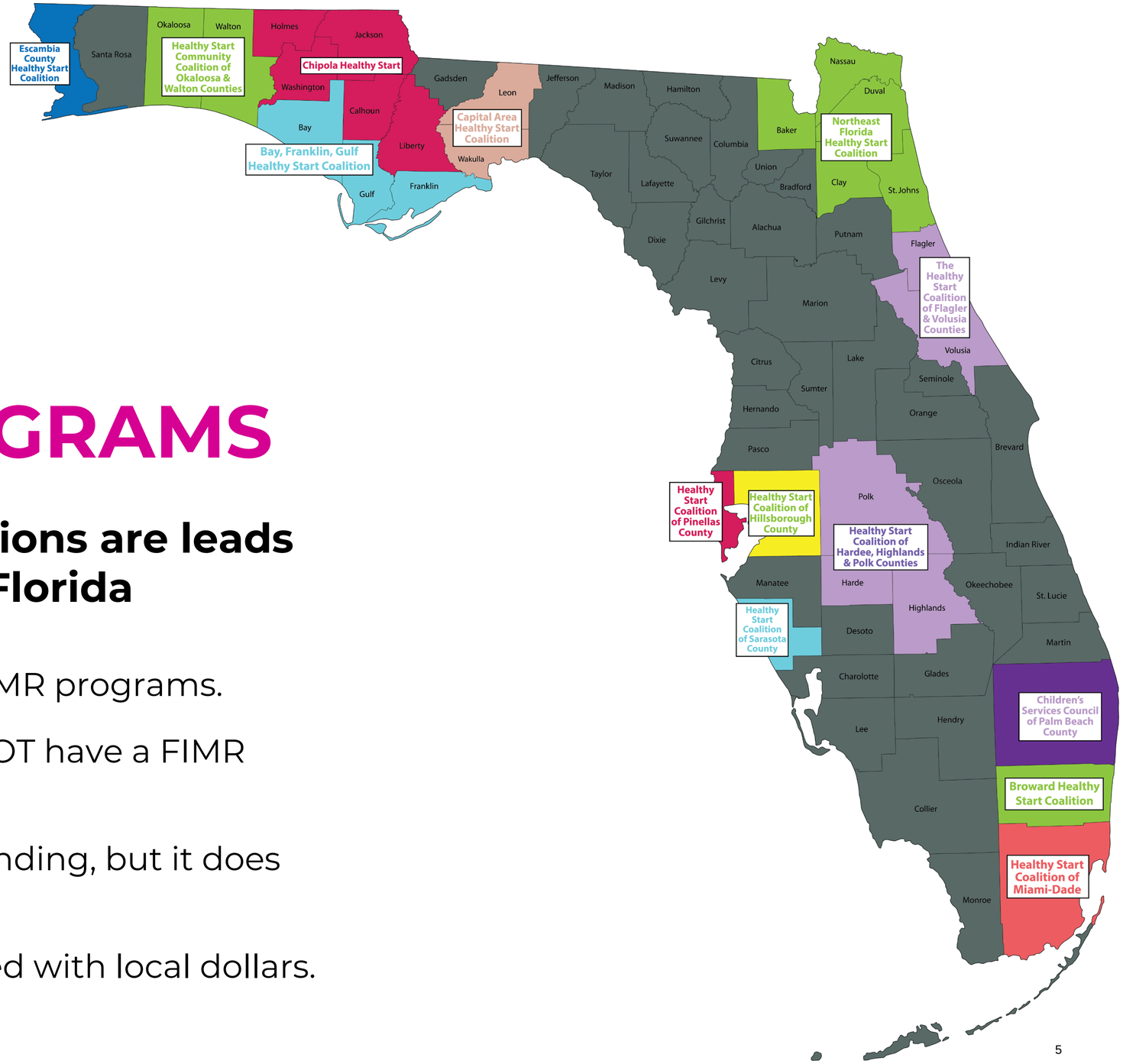
Florida Healthy Start
Florida Association of Healthy Start Coalitions

FIMR PROGRAMS

Healthy Start Coalitions are leads for FIMR in Florida

There are 11 state funded FIMR programs.

- 19 Coalition areas do NOT have a FIMR program.
- 1 Coalition has other funding, but it does not cover their costs.
- 1 Coalition is fully funded with local dollars.



FIMR BENEFITS

- Provides a **systematic approach** to identify what is driving infant and fetal deaths in a community.
- Is an evidence-based model endorsed by American College of Obstetricians and Gynecologists which facilitates **medical community participation.**
- Includes the **family's perspective**.
- Identifies issues **unique** to a community.
- Allows for **targeted initiatives**.
- **Engages community leaders** to identify and implement solutions.





FIMR PROCESS

DEATHS OCCUR

DATA ANALYZED

CASES SELECTED

RECORDS ABSTRACTED

MOTHERS INTERVIEWED

CASE REVIEW TEAM: REVIEWS & RECOMMENDS

COMMUNITY ACTION TEAM: PROPOSES ACTION

IMPROVED HEALTH

A Johns Hopkins Women's and Children's Health Policy Center study shows that FIMR programs contribute significantly to improvements in systems of health care for pregnant women and infants through enhanced public health activities in communities.

FIMR IMPACT

BEREAVEMENT SUPPORT

BLACK INFANT HEALTH PRACTICE INITIATIVE

COMMUNITY EDUCATION

EDUCATION OF INCARCERATED PREGNANT WOMEN

INTERCONCEPTIONAL CARE SERVICES

MEMORY BOXES AND WALKS

SAFE BABY AND OTHER SAFETY INITIATIVES

DOULA PROGRAM

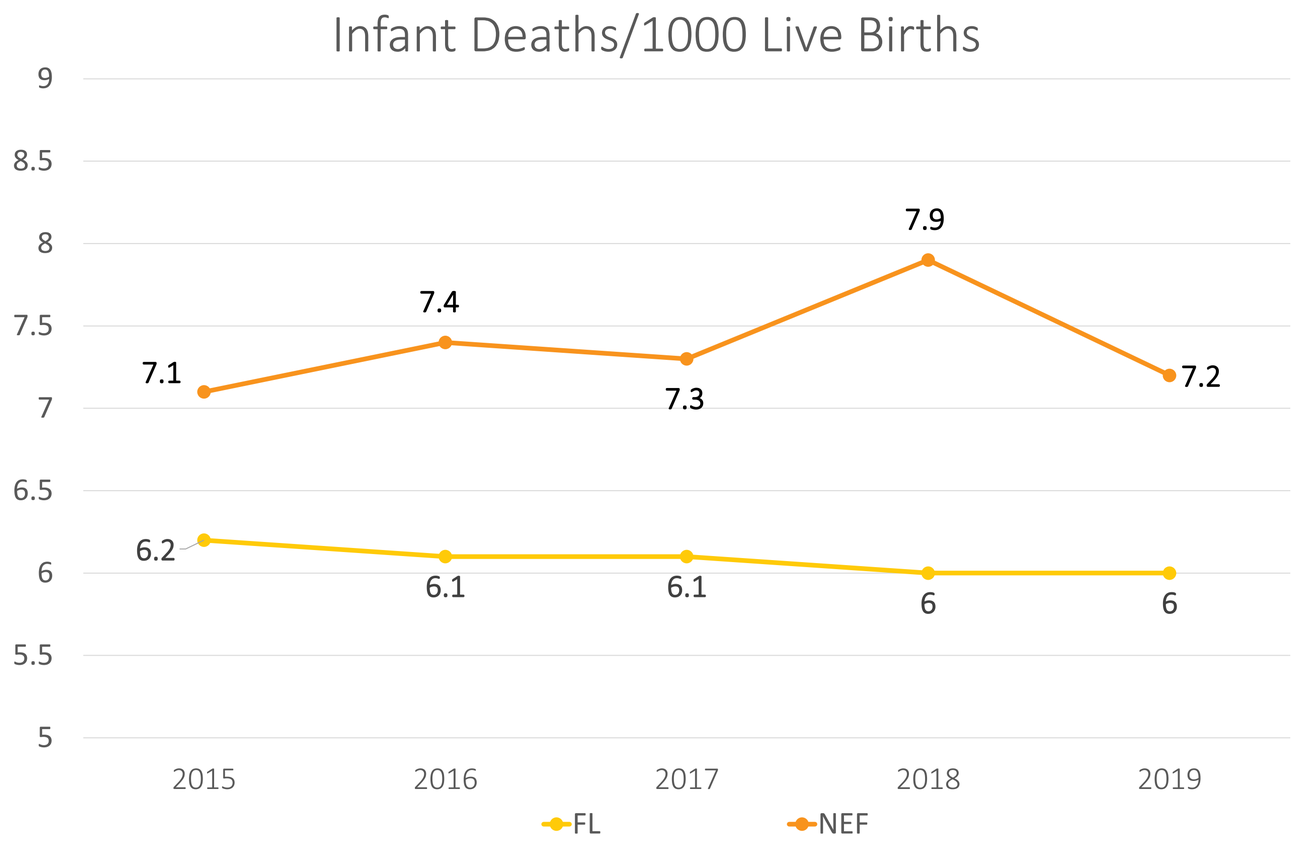


From Data to Action: Improving Birth Outcomes in Northeast Florida

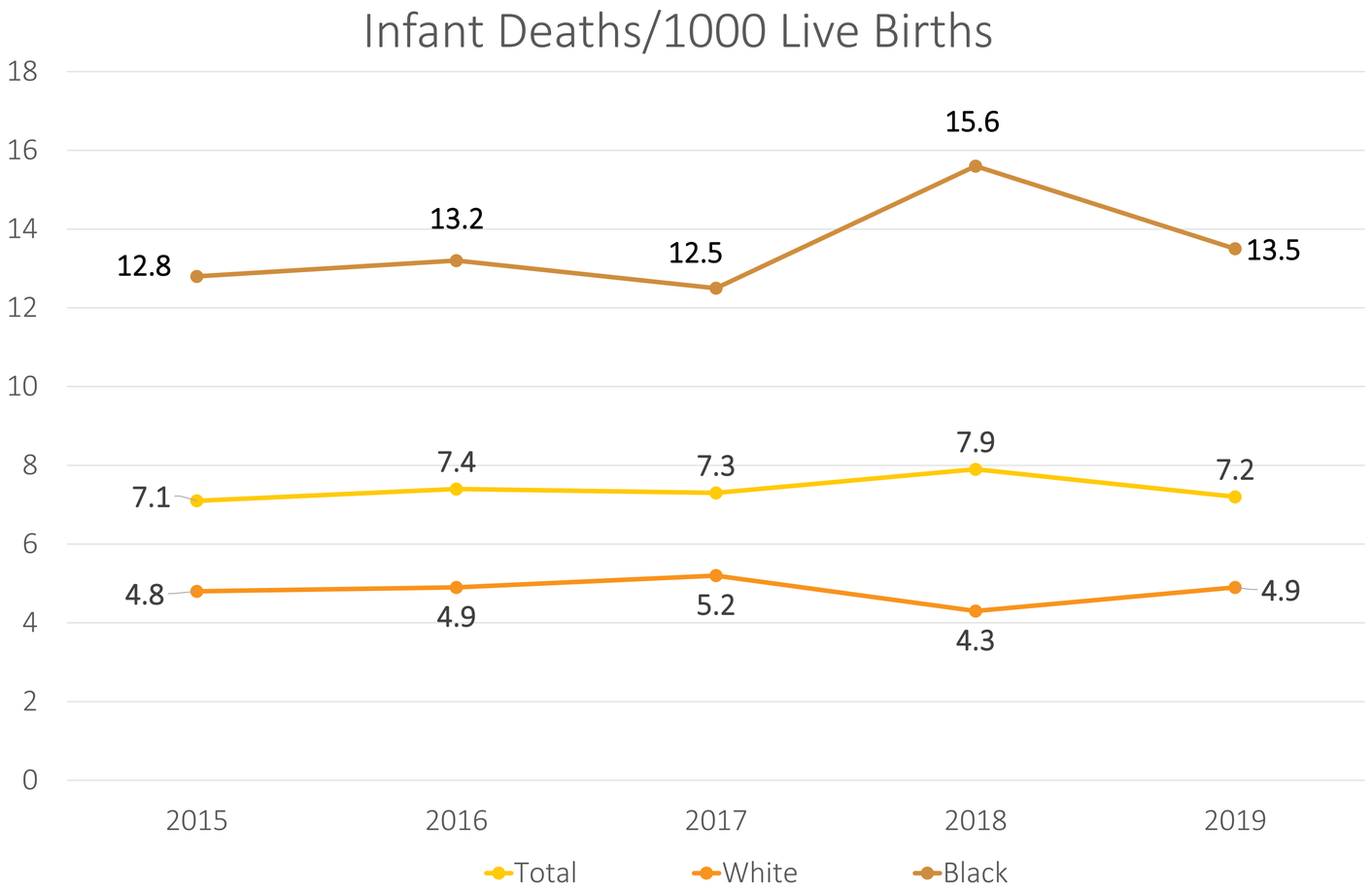
Northeast Florida Healthy Start Coalition



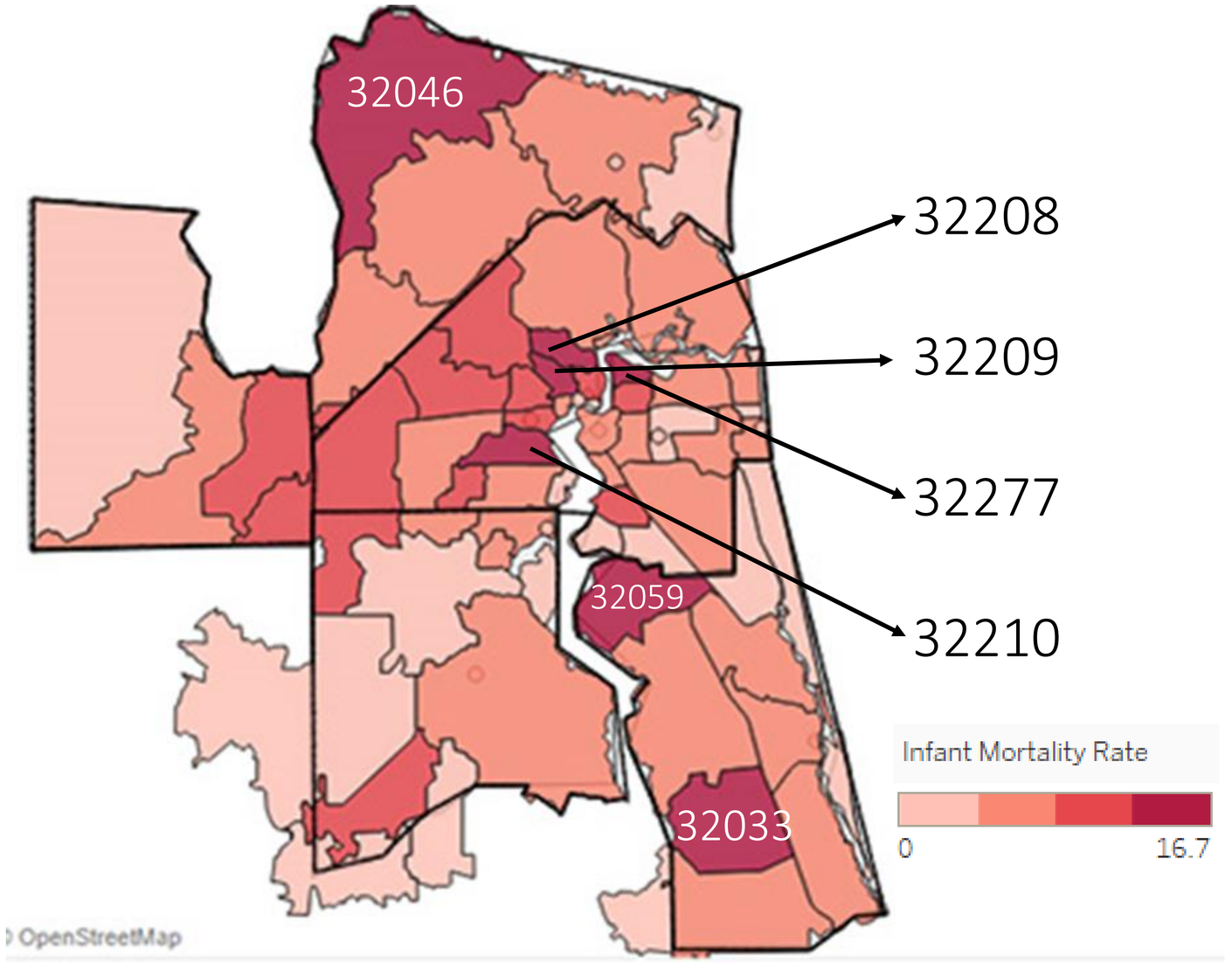
FL & NEF
Infant Mortality
2015-2019



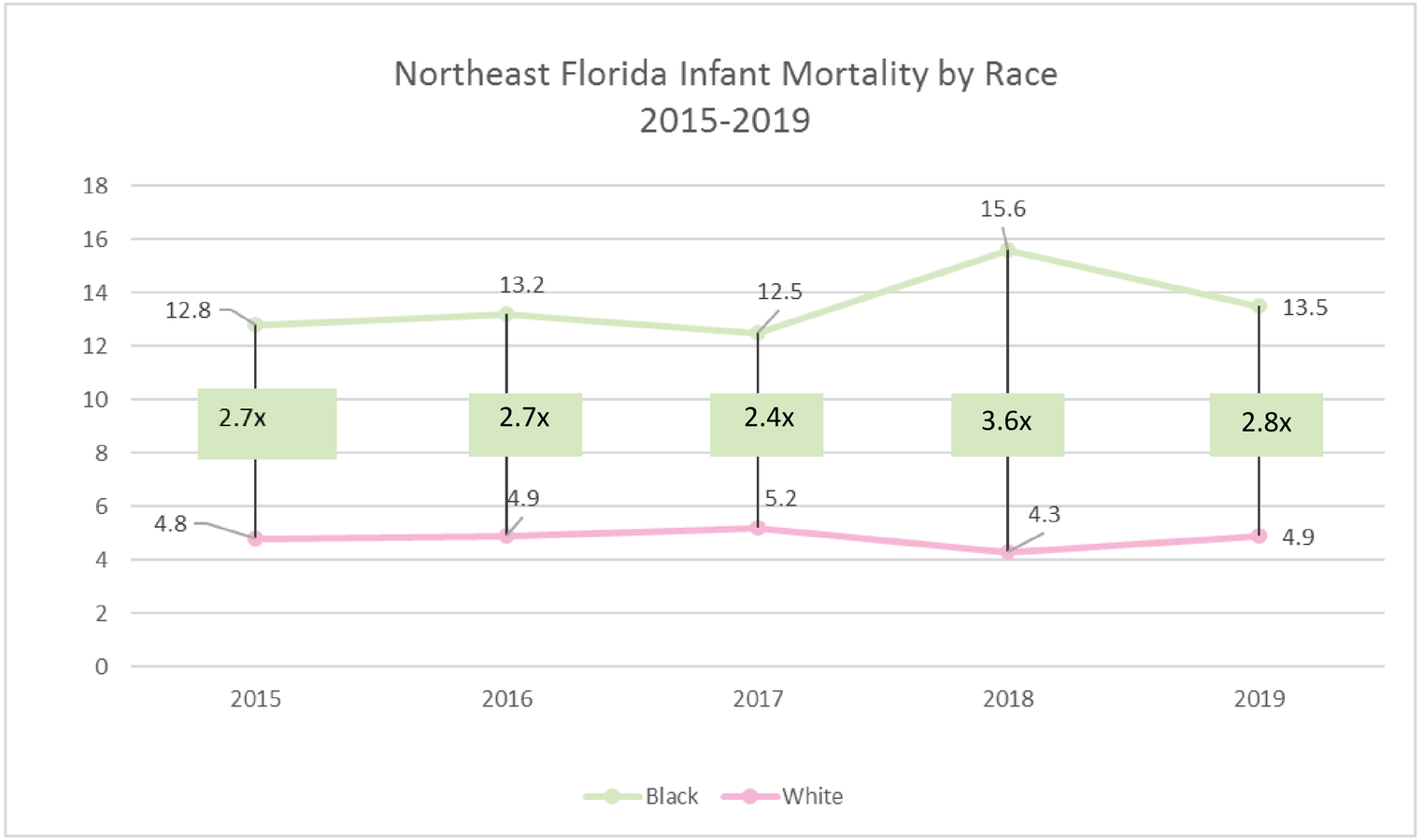
NEF Infant Mortality by Race 2015-2019



NEFL
Zip codes with Highest Infant Mortality Rates 2015-2019



NEFL Disparities 2015-2019



- Project IMPACT is a fetal and infant mortality review (FIMR) project for Baker, Clay, Duval, Nassau and St. Johns counties.

- In 2019 the Coalition FIMR Project received funding from local partners to review and complete an analysis of all 147 babies that did not live to see their first birthday in Northeast Florida in 2018.



Findings

Too many babies born too soon and too small (90% of “excess deaths”)

- Social determinants of health

10% due to medical/health care

- Access, service delivery, quality improvement opportunities

Leading Causes of Infant Death

More than half: prematurity/LBW & other perinatal conditions

Cause	Number	Percent
Prematurity/Low Birthweight	29	21
Other Perinatal Conditions	44	32
Congenital Anomalies	18	13
Sudden Unexpected Infant Deaths	23	17
Infections	6	4
Injuries	4	3
Other Causes	12	9
TOTAL	147	100

Key issues: Pre-pregnancy

Social determinants of health

- 61% unmarried (single, divorced, separated)
- 12% < 18 years old at first pregnancy
- 77% high school or less education
- 55% low income
- 41% employed
- Dads had similar profiles (although lots of missing info)
- Lack of insurance prior to pregnancy
- Disproportionate impact on black moms

Prior poor outcome

- 27% previous pre-term of LBW birth
- More likely among black moms

Key issues: Pre-pregnancy

Lack of family planning

- 40% had < 18 months between pregnancies
- About 30% not using birth control
- 50% of these moms report pregnancy as unintended or mis-timed

Substance use (prescription & illegal)

- 43% self-report
- 20% used tobacco during pregnancy (white moms at higher rates)
- 10% documented MAT

Poor pre-pregnancy health

- 59% overweight or obese
- Chronic hypertension, diabetes
- One-third with STIs

2019 Update
- Significant number of co-morbidities
- Not connected to care

Key issues: Prenatal

Prenatal care

- 82% received some prenatal care
- One third entered care late or not at all
- 50% covered by Medicaid
- 45% received < 5 visits prior to delivery
- Access or compliance issues were documented in nearly half of the cases
- Transportation
- Medicaid, other insurance problems

Pregnancy complications

- Most common: gestational hypertension, diabetes, pre-eclampsia
- Multiple births in 11 cases

Key issues: Prenatal

Stressors during pregnancy

- One-third of cases with documented stressors
- Financial problems, IPV, depression

Use of services, support

- Most cases (72%) documented receipt of social services
- About half received referral to case management
- Lack of follow-up by mom
- Lack of engagement, follow-up by provider
- 40% of cases had documented home visit, BUT
- Low intensity, short duration of services across programs

Key issues: Delivery

Medical complications

- One-third documented pre-term labor
- One in five cases experienced PROM, PPROM
- Chorioamnionitis, placental abruption
- Cord problems
- UTI, HELLP syndrome

Key issues: Baby, Postpartum

Prematurity & very low birthweight

- 36% of babies lived < 1 day
- 59% of babies born VLBW lived < 1 day
- 52% of babies lived < 1 week
- Disproportionate impact on Black babies

Nursery & NICU

- 40% with documented morbidity during nursery stay
- RDS, neonatal sepsis, jaundice, other - most common
- 40% with NICU stay > 1 day

Substance use

- 11% documented with substance exposure

Preventable post-discharge deaths

- Sleep-related, accidents

Postpartum visit

- Only 23 of 147 cases included some documentation of a postpartum visit by mom

What we learned



Pre-pregnancy health of mother is a key factor contributing to poor outcomes

Lack of insurance coverage (before & after pregnancy)

Chronic health conditions, especially among black moms

Severe co-morbidities, but not in care



Lack of family planning

Non-use

Birth intervals <18 months

Postpartum visit?



Social determinants of health

Poverty, lack of education, transportation, violence = STRESS

Screening, documentation by providers?

Culturally sensitive/trauma informed care?

Lack of awareness among policymakers, at-risk families



Siloed, fragmented care

Disconnect between clinical/medical/ hospital and community support services

Lack of follow-through, engagement, retention in home visiting, other care coordination

From Data to Action

Increase Provider Screening Rates

Develop Medical Home Model

Medical and Social Needs Model

Centering Pregnancy Group Care Models -Chronic Disease and Stress Model

Universal Home Visitation

Improve Quality of Care

Examples of the Benefits of FIMR

Northeast Florida FIMR 2019 & 2020 Recommended Strategies and Initiatives

- **Integrate at least three specific policies into local government** to address social determinants of health that impact infant mortality and other health disparities. *Infant Mortality Prevention Leadership Council*
- Develop and implement a **social marketing campaign to increase public awareness about infant mortality and disparities at birth**. *Make a Noise Make a Difference Social Marketing Campaign*
- **Engage and equip grassroots leaders to address factors contributing to high infant death rates** and disparities at birth. *MANMAD Lay Health Advocates/ Community Health Workers*
- **Develop and operate a Maternal & Infant Medical Home pilot.**
- Improve health provider quality of care. **Provide cultural humility provider training.** Implement an effective approach to addressing bias.



Examples of the Benefits of FIMR

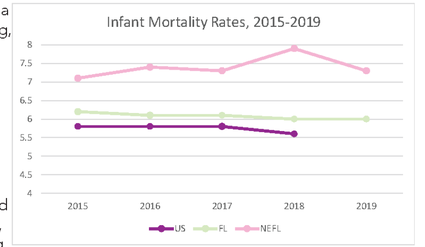
Northeast Florida FIMR 2019 & 2020 Recommended Strategies and Initiatives

- Co-locate outreach staff in at least four prenatal care provider offices or hospitals
- Partner with Medicaid Managed Care Plans to emphasize preconception health
- Invest in medical provider offices/hubs/clinics and hospitals that offer a Medical One Stop Shop.
- Implement a community outreach strategy to educate women about the importance of prenatal care. *MANMAD Lay Health Advocates/ Community Health Workers*
- Develop an initiative to provide recognition to Obstetric offices who exceed expectations in prenatal screening and patient satisfaction.

System of Care Pilot

Giving every baby in Northeast Florida a Healthy Start

Infant mortality is a sentinel indicator of the health of a community. It is linked to poverty, education, housing, community and family violence, as well as access to basic health care. In Jacksonville, infant death rates have increased significantly and exceed those of the state, nation and other urban areas in Florida.



In 2018, 123 Jacksonville babies died before reaching their first birthday (9.5 deaths for every 1,000 live births). An in-depth examination of these deaths revealed opportunities for improving infant health and well-being through strategies focusing on individuals, the community, and the health care system. Reducing the city's alarmingly high infant mortality rate will require a commitment to concerted, sustained action on each of these levels. Jacksonville babies deserve no less.

With support from Florida Blue, Baptist Health and UF Health Jacksonville, the Northeast Florida Healthy Start Coalition examined records of all infant deaths in Northeast Florida in 2018. Eighty-four percent (84%) of these deaths were Duval County babies. The review examined key medical, system, social and environmental risk factors contributing to these deaths and linked them to actionable strategies.
Key Finding: Health and social services are fragmented and uncoordinated, along with the funding that supports them. There is a disconnect between clinical/medical/hospital and community support services that are needed to effectively address health behaviors and ensure compliance with medical care during pregnancy. Thereby creating a siloed, fragmented system of care.

Key Links:
- Project Impact 2019 Report
- System of Care Model

Therefore, the Northeast Florida Healthy Start Coalition is proposing a pilot model that promotes the colocation of care coordinators/home visitors within the medical setting to address the Social Determinants of Health and connect the medical provider and community health resources is identified as a best practice. Care coordination includes ensuring participants include prenatal, interconception, and pediatric care, as well as other services available in the community to mitigate identified risk as well as the social determinates that contribute to adverse birth outcomes and developmental delay. This position will serve as an integral part of the provider's team. Services may include screening, healthy start services, home visitation (post COVID19), identify areas of need to address the social determinates of health and assist participants in maintaining their medical appointments.



In 2019, 103 Jacksonville babies died before reaching their first birthday (7.9 deaths for every 1,000 live births). The state and national rates for this period were 6.0 and 5.69 deaths per 1,000 live births respectively. While the regional infant mortality declined in 2019 in Northeast Florida, it continues to be a major health issue affecting families – particularly black families. The rate decreased from 7.9 to 7.3 deaths per 1000 live births, according to data recently released from the Florida Department of Health, but black babies are still dying at nearly three times the rate of white babies.

Northeast Florida Healthy Start Coalition, Inc.

Keys to a Successful FIMR Program

- **Community Partnership Commitments**
- **Physician Champions**
- **Adequate Funding**
- **No blame, only solutions**









THANK YOU

Cathy Timuta, CEO, *Florida Association of Healthy Start Coalitions, Inc.*

Faye Johnson, CEO, *Northeast Florida Healthy Start Coalition, Inc.*

Florida Healthy Start
Florida Association of Healthy Start Coalitions

Dr. Sappenfield
USF

William Sappenfield, MD, MPH, CPH
Professor, Director of Chiles Center, University of South Florida

William M. Sappenfield, MD, MPH is professor and chair of the Department of Community and Family Health and Director of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the College of Public Health, University of South Florida. He just started this new career opportunity at USF to teach and develop new professionals in December 2011. His vision is to make the Chiles Center one of the leading national centers in maternal and child health practice and research.

As both a pediatrician and an epidemiologist, Dr. Bill Sappenfield has more than 27 years of experience in epidemiological teaching, research and practice in maternal and child health at a local, state and national level. Dr. Sappenfield received his medical degree from Louisiana State University Health Sciences Center in New Orleans in 1980 and his masters of public health with a concentration on epidemiology from Harvard University in 1984. He completed his pediatric residency training at Vanderbilt University Medical Center in 1983 and his preventive medicine residency training at the Centers for Disease Control and Prevention (CDC) in 1987. He also received applied epidemiology training through CDC's Epidemic Intelligence Service (EIS) program from 1984 to 1986.

As a nationally recognized leader in the field of maternal and child health epidemiology, Dr. Sappenfield spent the first 21 years of his career as a CDC epidemiologist working with state and local public health agencies to enhance their capacity to use epidemiology to improve the health of the women and children. This included being assigned to state public health agencies in Massachusetts, Mississippi and South Carolina. He was also assigned to work at CityMatCH—a national public health organization working with MCH Leaders in urban public health agencies, at the University of Nebraska Medical Center. He completed his CDC career serving four years as Team Leader of their MCH Epidemiology Program directly responsible for the national MCH EPI effort including mentoring senior MCH epidemiologists assigned around the nation.

For the next six years, Dr. Sappenfield served at the Florida Department of Health as the State MCH Epidemiologist and as Unit Director for the MCH Practice and Analysis Unit. His responsibilities include leading the Department's MCH epidemiology and evaluation efforts including directing a unit of six epidemiologists; working with MCH programs in Family Health and other divisions; collaborating with state agencies, organizations, and universities; and assisting County Health Departments and community partners.

Dr. Sappenfield's major contributions to the MCH field include early efforts to develop community-based fetal and infant mortality reviews, to adapt the perinatal periods of risk approach to assess infant mortality in U.S. communities, to propose state preconception health indicators and to shape best practices in applied MCH epidemiology. His current research projects include: maternal and infant mortality, chronic diseases during pregnancy, assistive reproductive technology, unintended pregnancy and contraceptive use, non-medically indicated deliveries prior to 39 weeks, population-based perinatal quality improvement efforts, access to childhood preventive dental care, and use of data file linkages in maternal and child health. He continues to mentor both young and senior MCH epidemiologist in public health practice around the nation.

Dr. Sappenfield has received several national and state awards. In 2003, he received the National MCH Epidemiology Award for Outstanding Leadership sponsored by 16 national health organizations.



Improving the Quality of Care for Mothers with Opioids: *The Florida Experience*

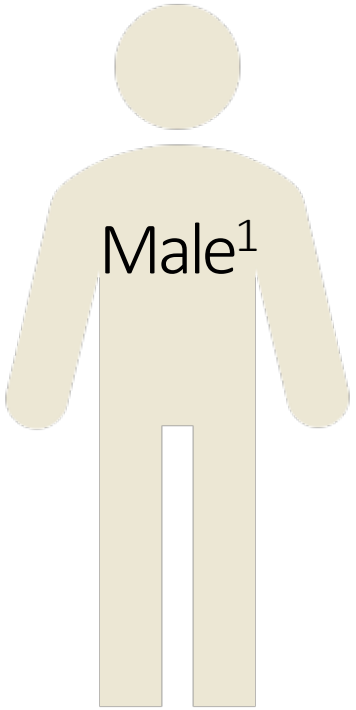
FPQC



Neonatal Opioid Withdrawal Syndrome (NOWS) matters…

to infants w/prenatal substance exposures

Characteristics of NOWS infants



Male[1]

55-94%
have NOWS signs[2]

50-80%
have NOWS requiring meds[3]

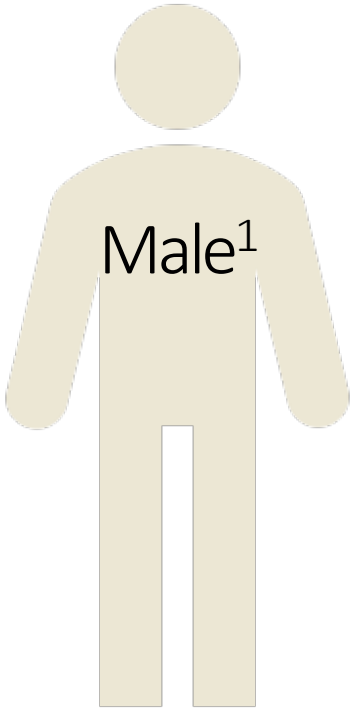


Low birth weight[1]

[1]Patrick SW, Davis MM, Lehman CU, Cooper WO. Increasing incidence & geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *J Perinatol*. 2015;35(8):667 ; 2. Devlin LA, Lau T, Radmacher PG. Decreasing Total Medication Exposure and Length of Stay While Completing Withdrawal for Neonatal Abstinence Syndrome during the Neonatal Hospital Stay. Front Pediatr 2017;5:216; 3. Raffaeli G, Cavallaro G, Allegaert K, et al. Neonatal Abstinence Syndrome: Update on Diagnostic and Therapeutic Strategies. Pharmacotherapy 2017;37:814-23

FPQC

Characteristics of NAS infants



Male[1]

55-94%
have NAS symptoms[2]

50-80%
have NAS requiring meds[3]



Low birth weight[1]

COMMON DIAGNOSES[1]

- Jaundice ~33%
- Respiratory complications ~19%
- Sepsis ~15%
- Feeding problems ~17%

[1]Patrick SW, Davis MM, Lehman CU, Cooper WO. Increasing incidence & geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *J Perinatol*. 2015;35(8):667 ; 2. Devlin LA, Lau T, Radmacher PG. Decreasing Total Medication Exposure and Length of Stay While Completing Withdrawal for Neonatal Abstinence Syndrome during the Neonatal Hospital Stay. Front Pediatr 2017;5:216; 3. Raffaeli G, Cavallaro G, Allegaert K, et al. Neonatal Abstinence Syndrome: Update on Diagnostic and Therapeutic Strategies. Pharmacotherapy 2017;37:814-23

FPQC

Consequences of substance exposure



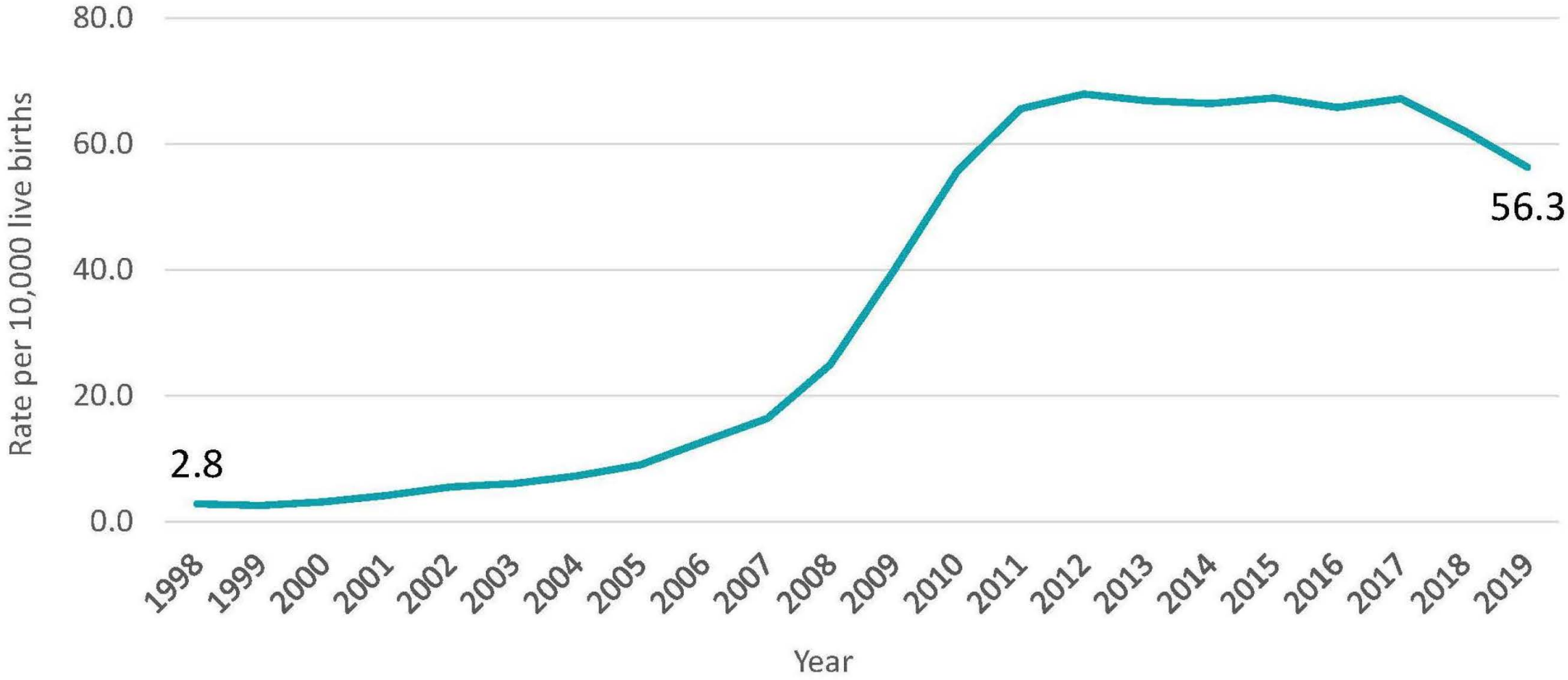
Drug misuse is a common reason for child removal

More likely to experience

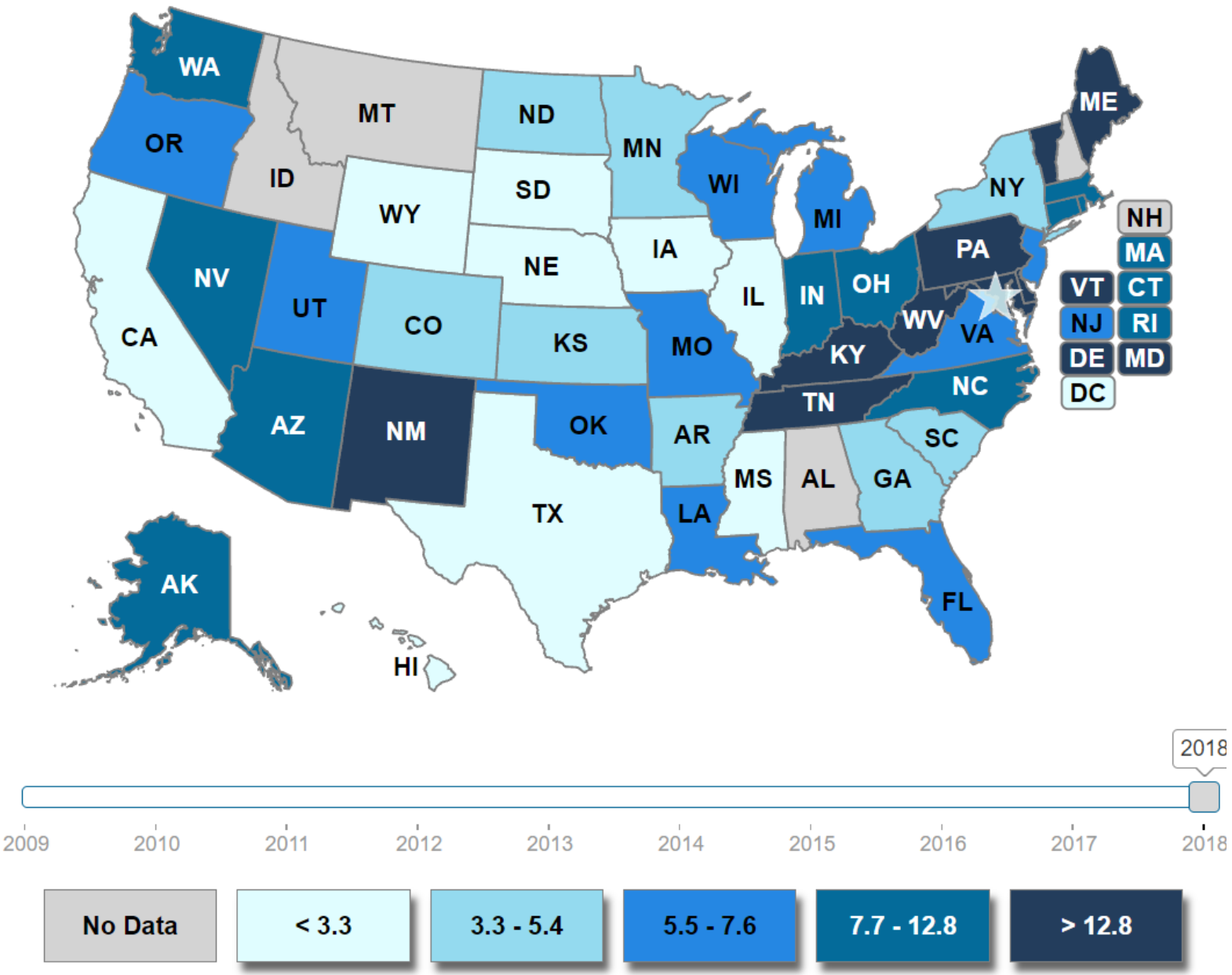
- Abuse or neglect
- Sudden infant death, shaken baby syndrome
- Adverse neurodevelopmental outcomes
- Re-hospitalization after birth hospitalization
- Child removals

Patrick SW, Schiff DM, PREVENTION COSUA. A Public Health Response to Opioid Use in Pregnancy. Pediatrics 2017;139

Prevalence of NOWS/NAS, Florida, 1998-2019



Where is the NOWS problem in 2018?



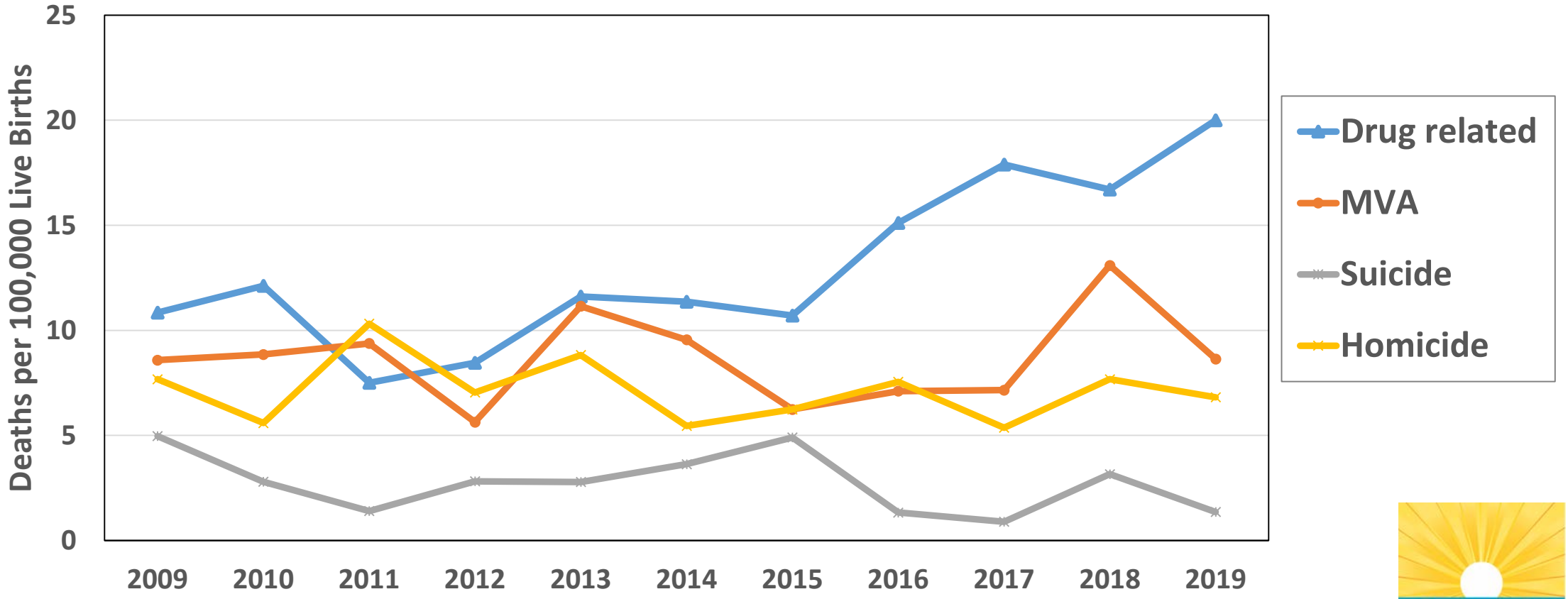
https://www.hcup-us.ahrq.gov/faststats/NASMap



NOWS matters…

to pregnant women

Pregnancy-Associated Death Ratios for Select Causes, Florida, 2009–2019



Source: PAMR Quarterly Demographic Data on Non-Selected Cases



MORE

Maternal Opioid Recovery Effort

- ✓ Attention
- ✓ Support
- ✓ Services
- ✓ Follow up
- ✓ Compassion

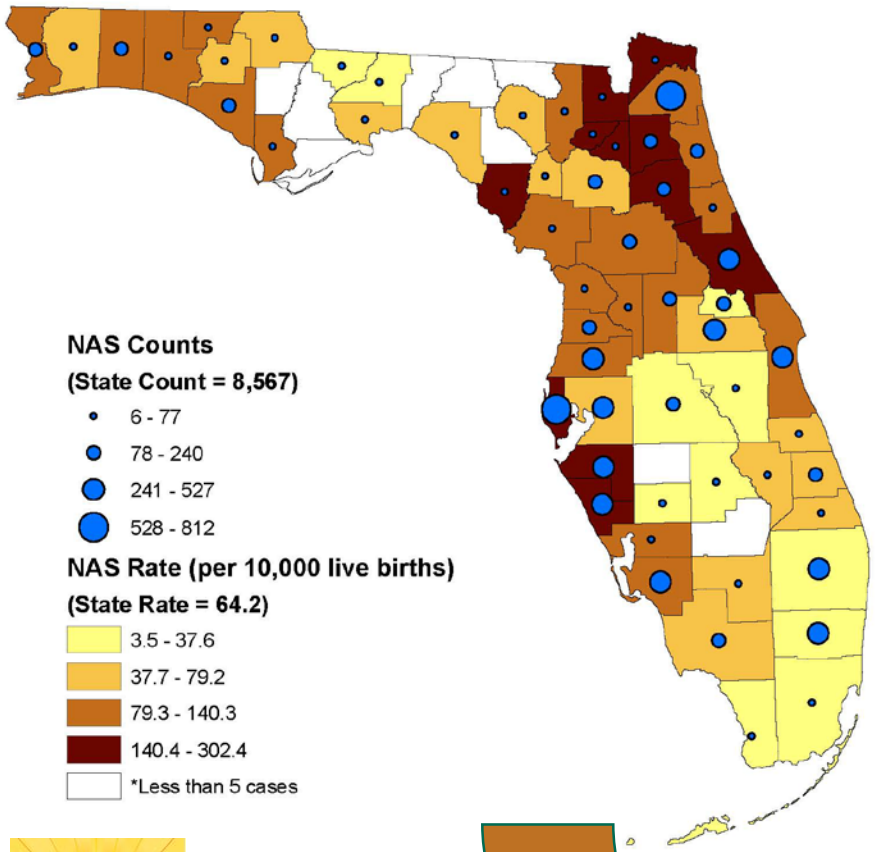
Florida HEALTH

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

FPQC

FL NAS Prevalence
2014-2019



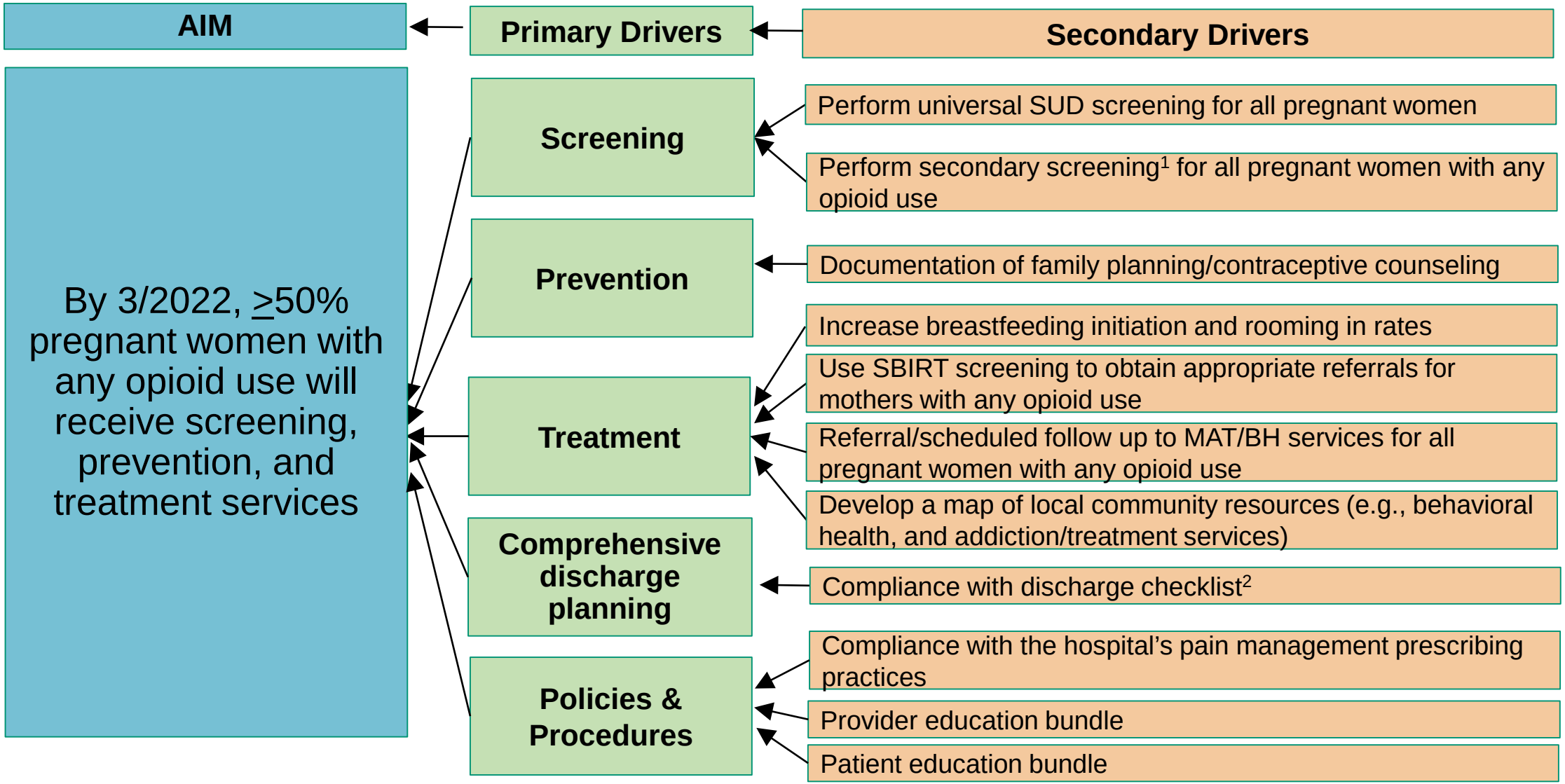
21 + 12 MORE Hospitals



FPQC

Florida HEALTH

Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

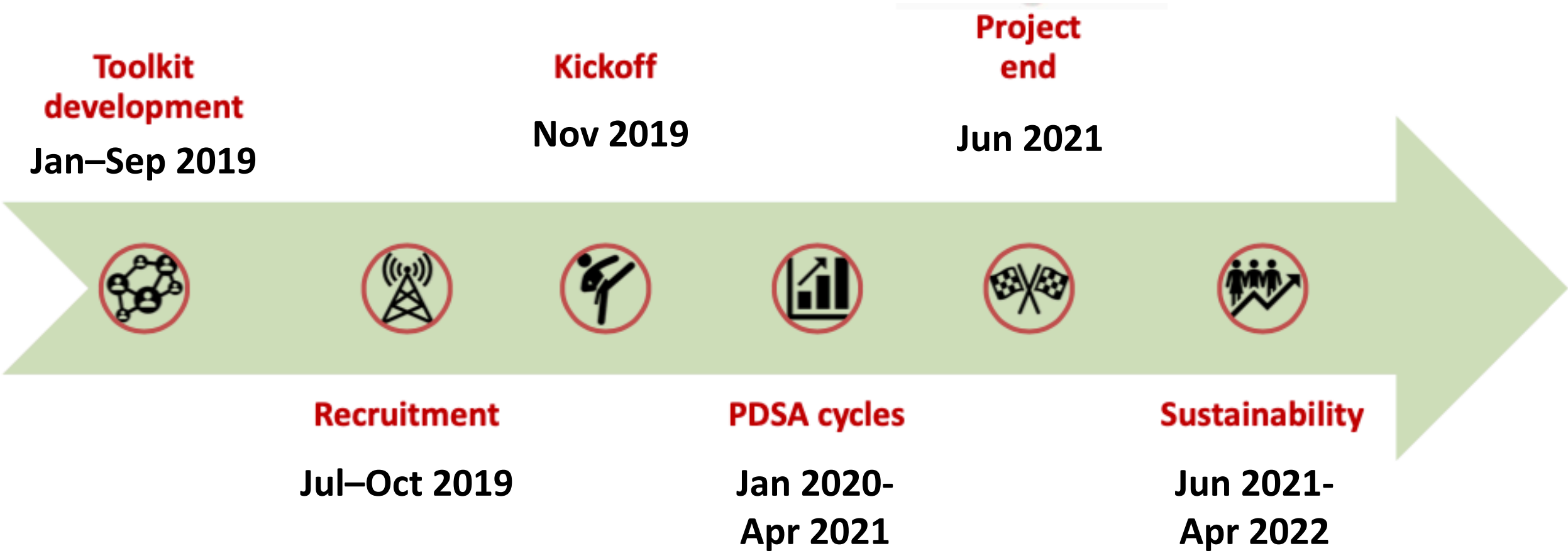


[1]Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence

[2] Discharge checklist: 1) Peer counselor visit 2) Postpartum depression screening, 3) Social work consult, 4) Pediatric consult, 5) Contraceptive plan, 6) Scheduled OB postpartum visit, 7) Scheduled Behavioral Health and/or MAT visit or referral, 8) Healthy Start/Home visiting program referral, and 9) patient education bundle (MAT & SUD treatment, infectious/mental health comorbidities, safe sleep, NAS including non-pharmacological management, family planning and Narcan ® (naloxone) use)

v.11/7/2019

FPQC


Toolkit development
Jan–Sep 2019
Recruitment
Jul–Oct 2019
Kickoff
Nov 2019
PDSA cycles
Jan 2020-
Apr 2021
Project end
Jun 2021
Sustainability
Jun 2021-
Apr 2022

Toolkit development

Jan–Sep 2019

Recruitment

Jul–Oct 2019

Kickoff

Nov 2019

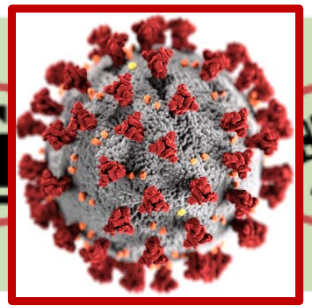
PDSA cycles

Jan 2020-Apr 2022

Project end

Jun 2022

Sustainability

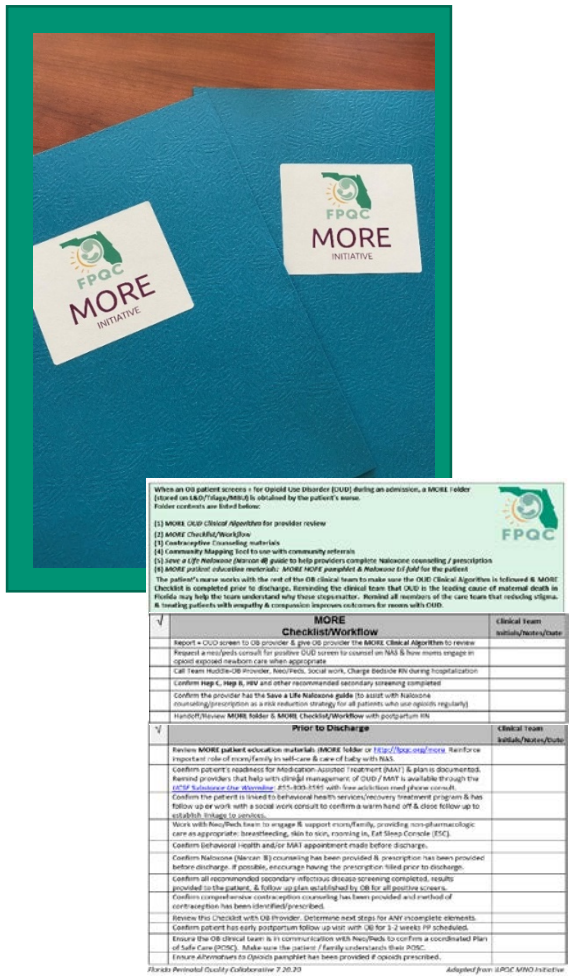


MORE Folder

Patient Ed

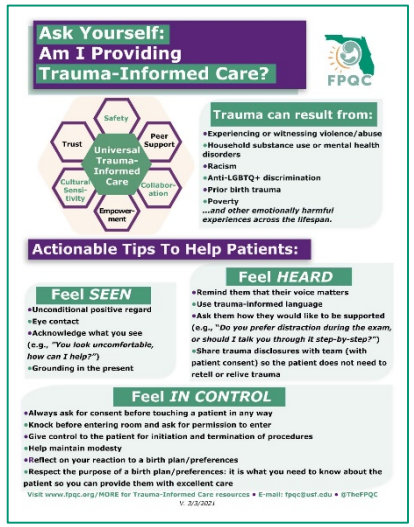


Care Plan



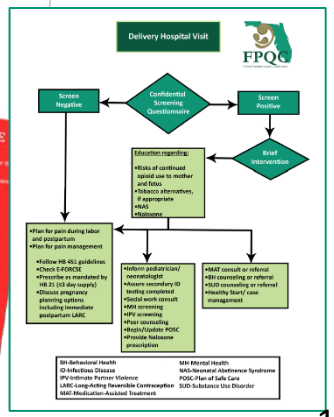
Provider Ed











MORE Video Series



From Judgment to Healing: *The Impact of Stigma*



Getting Real: *Taking the First Steps Toward Recovery*



Screening, Brief Intervention, and Referral to Treatment



Mothers & Babies to Services: *Plans of Safe Care*

Find these on FPQC.org/MORE

MORE Initiative Resources

Monthly Coaching Calls with hospitals state-wide

Project-wide collaboration meetings

Educational sessions, videos & resources

Monthly & Quarterly QI Data Reports

Technical Assistance

From FPQC team, State Clinical Advisors & National Experts

Regular E-mail Updates

Custom, Personalized Consultations & Grand Rounds Education

Webcam, Phone or On-site

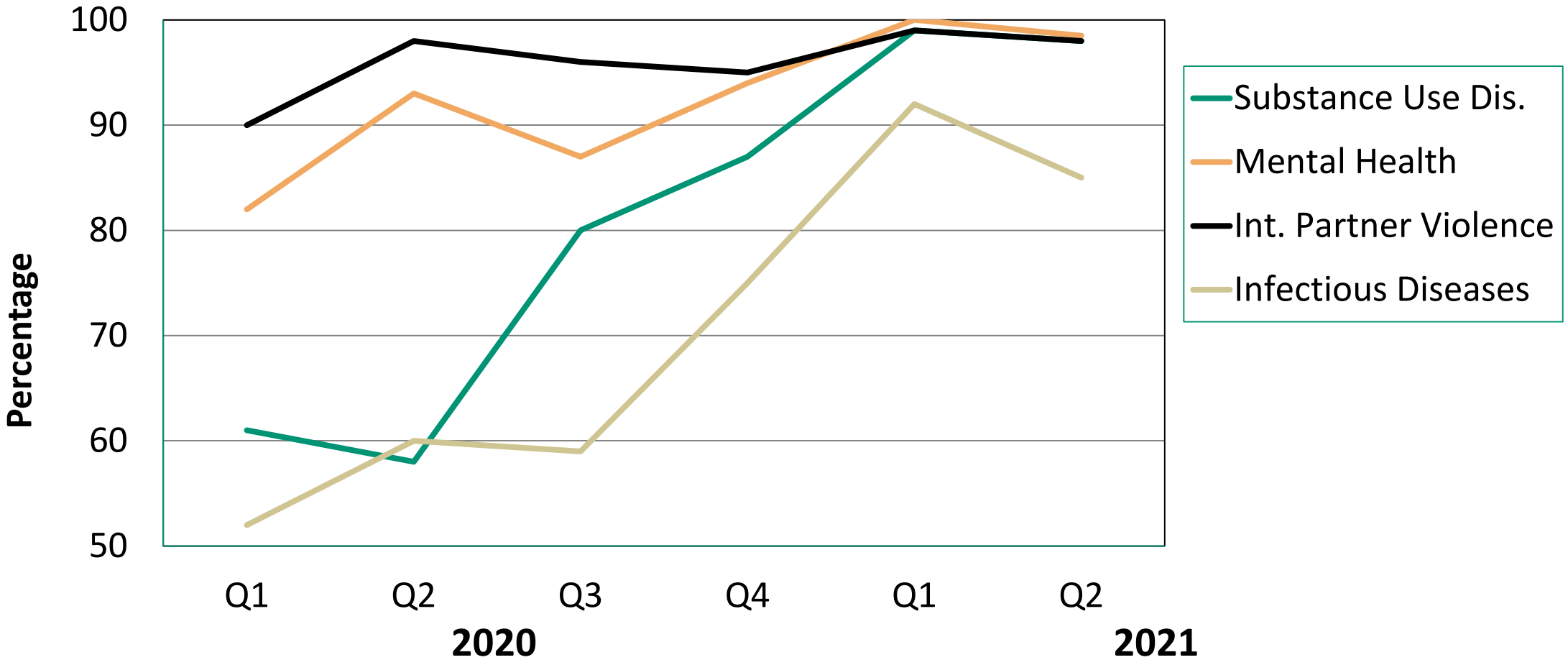
Online Toolbox

Algorithms, Sample protocols, Education tools, Competencies, Slide sets, etc.

Community Engagement Support

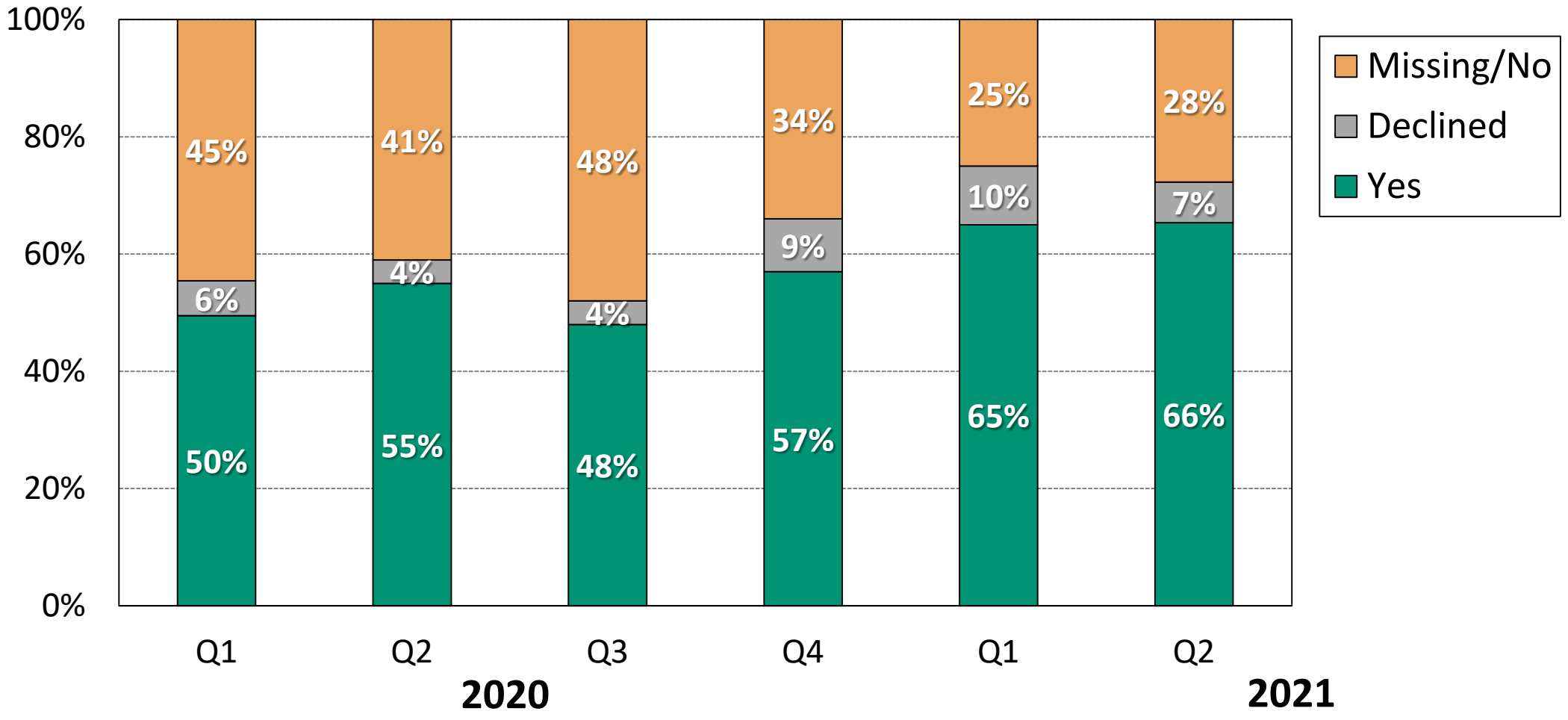
Maternal Screening in Hospital MORE, 14 Hospitals Reporting

1) Screening



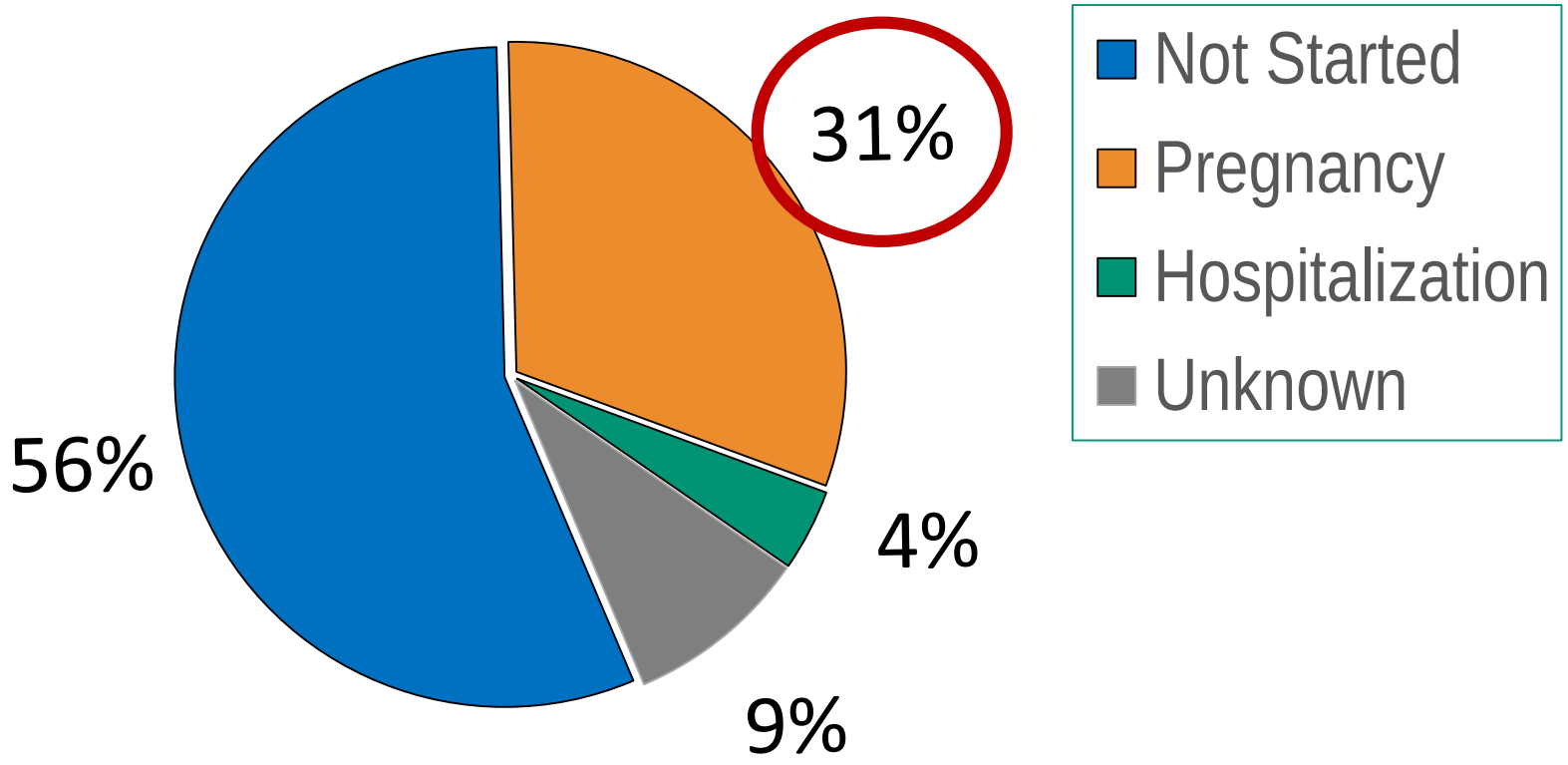
2) Prevention

% Mothers with Opioid Use with Contraception Counseling & Plan Documented, MORE, 14 Hospitals Reporting



3) Treatment

Behavioral Health / Medication-Assisted Treatment MORE, Q2 of 2021, 14 Hospital Reporting



4) Comprehensive Discharge

Comprehensive Discharge Planning MORE, 14 Reporting Hospitals

	Q1	Q2	Q3	Q4	Q1	Q2
Narcan education	15%	1%	5%	10%	13%	16%
Social work consultation	97%	94%	95%	94%	96%	98%
Contraceptive plan	55%	59%	52%	66%	75%	72%
OB postpartum visit	14%	23%	21%	14%	22%	16%
Pediatric consult	72%	78%	72%	89%	99%	95%
Behavioral/MAT referral	66%	63%	50%	38%	49%	45%
Healthy Start referral	85%	77%	75%	76%	85%	84%

Three Physician "Listening Sessions"

"What are your greatest barriers/challenges to screening or treating pregnant women with OUD"

- Reimbursement issues
- These mothers are complex to care for
- Not trained to care for these mothers
- Need multiple referrals
- Cannot find specialists / getting approvals
- Too much time to coordinate care
- Stigmatize their practice

Putting Pieces Together for Opioid Exposed Mothers



Working Together—Coordinate enhancing system & problem solving

AHCA/Medicaid—
- Automatic approvals
- Training & reimburse for SBIRT
- Direct Case Manager Referrals

DCF—
- Provide Naloxone free at discharge
- Case manager referrals for uninsured
- Resource guide for uninsured
- Priority access to care

Department of Health—
- Data monitoring & reporting
- Promoting education
- Promoting Behavioral Health Impact

Florida Hospital Association—
- Recruit participating hospitals
- Share materials with others

FPQC—
Opioid training for OB & FP practitioners

Florida Healthy Start—
- Community resource directories
- Assist with referrals

Questions?

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Florida Perinatal Quality Collaborative

YouTube Florida Perinatal Quality Collaborative

@TheFPQC

FPQC

"To improve the health and health care of all Florida mothers & babies"