



**mercy maricopa**  
integrated care

# Mercy Care and Mercy Maricopa Coordination for NAS Prevention and Treatment Efforts

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# NAS-Neonatal Abstinence Syndrome Objectives

- **Identify pregnant woman with Substance Use Disorder (SUD) and refer for treatment (for opiates, replacement therapy is recommended and has been shown to reduce NAS symptoms)**
- **Promote successful outcomes for those individuals affected by Substance Exposed Newborn (SEN) in Arizona.**



# SEN and NAS Terminology

**SEN -Substance Exposed Newborn**

**NAS is Neonatal Abstinence Syndrome (withdrawal syndrome in the neonate after exposure in utero)**

**Not all substances cause NAS**

**Opioids (prescription or illicit drugs) can cause NAS**

# NAS in Arizona



**The significant increase in Neonatal Abstinence Syndrome (NAS) nationally and in Arizona has caused concern about the use of opioids during pregnancy. An analysis conducted by the Arizona Department of Health Services demonstrated a 205% increase in the rate of infants born exposed to narcotics between 2008 and 2013.**

Source: Arizona Opioid Prescribing Guidelines November 2014  
[www.azdhs.gov/clinicians/cinical-guidelines-recommendations/](http://www.azdhs.gov/clinicians/cinical-guidelines-recommendations/)

# Use of opioids during pregnancy

The significant increase in NAS nationally and Arizona has caused concern about the use of opioids during pregnancy.

An analysis conducted by ADHS demonstrated a 205% increase in the rate of infants born exposed to narcotics between 2008 and 2013.

In 2013, 645 newborns were identified with the presence of narcotics.

This same analysis found that newborns in AZ with NAS were

- 3 times more likely to be low birth weight
- 3 times more likely to have respiratory symptoms
- 17 more likely to have seizures
- 5 times more likely to have feeding difficulties compared to those with out NAS



**AZ newborn with NAS has a median length of stay of 13 days in the hospital compared to non-NAS with a median length of stay of 2 days**

Source: Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs Strategic Plan 2015-2010

# NAS Impact

**Newborns with NAS require specialized care—often in a neonatal intensive care unit—which results in longer hospital stays and increased costs. The same recent study found that treatment costs for newborns with NAS are, on average, more than five times the costs of treating other newborns at birth. Newborns with NAS stayed in the hospital an average of 16 days and incurred average hospital charges of about \$53,000, compared with an average of 3 days and \$9,500 for all other hospital births, according to data from 2009. 2 More than three-quarters of the NAS cases identified in the study were paid for by Medicaid, the federal-state program that provides health insurance coverage for certain low-income individuals.**

Stephen W. Patrick et al., “Neonatal Abstinence Syndrome and Associated Health Care Expenditures: United States, 2000-2009,” *JAMA*, vol. 307, no. 18 (2012).

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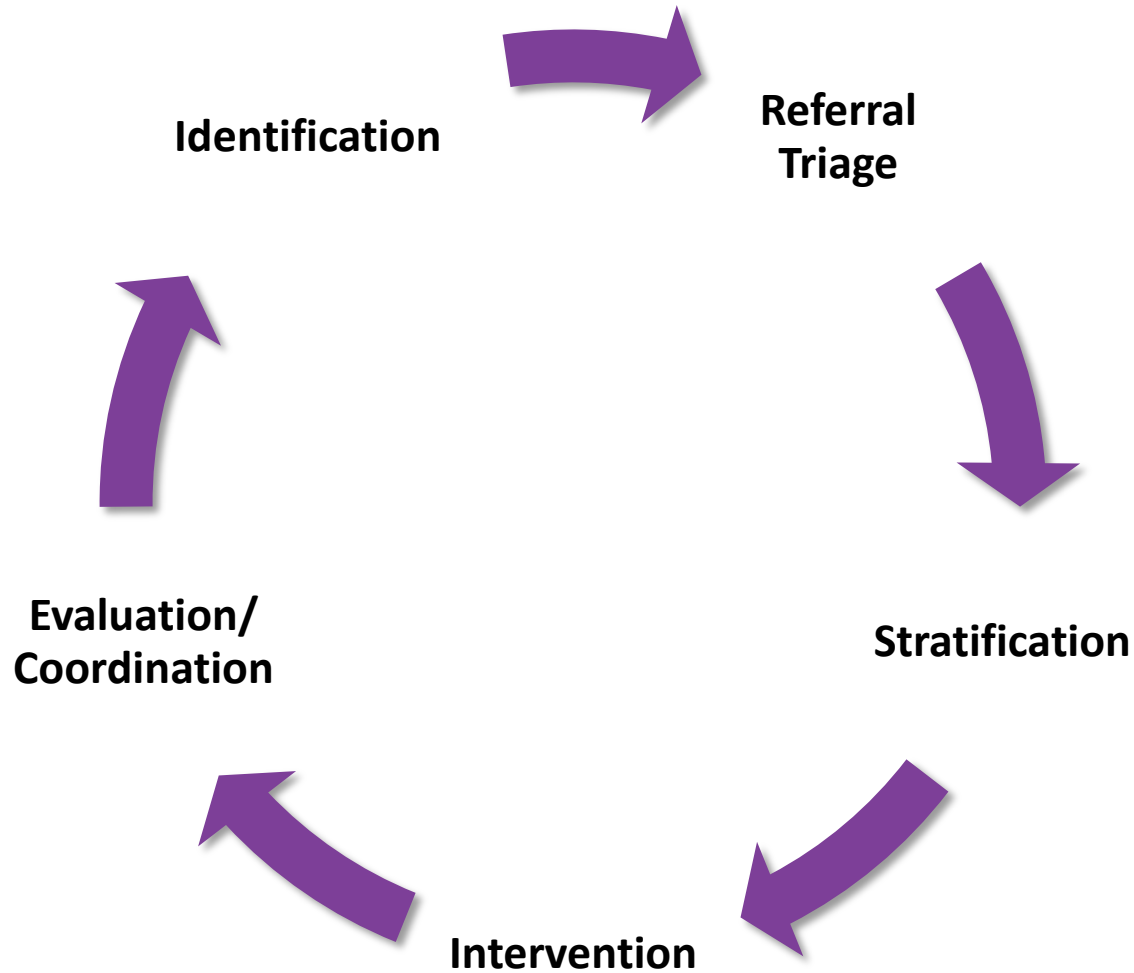
# Arizona NAS Prevention and Treatment Efforts

## GOALS of the Arizona Statewide Task Force

- **Work with providers and stakeholders to appropriately identify substance exposed newborns in an effort to obtain a more accurate baseline of the identification of SEN**
- **Raise awareness and understanding of the risks and effects of prenatal exposure to alcohol and other drugs for families and communities.**
- **Create optimal opportunity for engagement in effective interventions and services for all women of reproductive age in Arizona.**
- **Promote successful outcomes for those individuals affected by SEN in Arizona**

**Source: Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs Strategic Plan 2015-2010**

# MCP and MMIC NAS Project CM Schematic





# MCP and MMIC project components

**Provider outreach and collaboration**

**Community partner outreach and collaboration**

**Enhanced Case Management (CM)-Pregnancy and Infant**

**Collaboration between MCP and MMIC**

**Internal MCP and MMIC education**

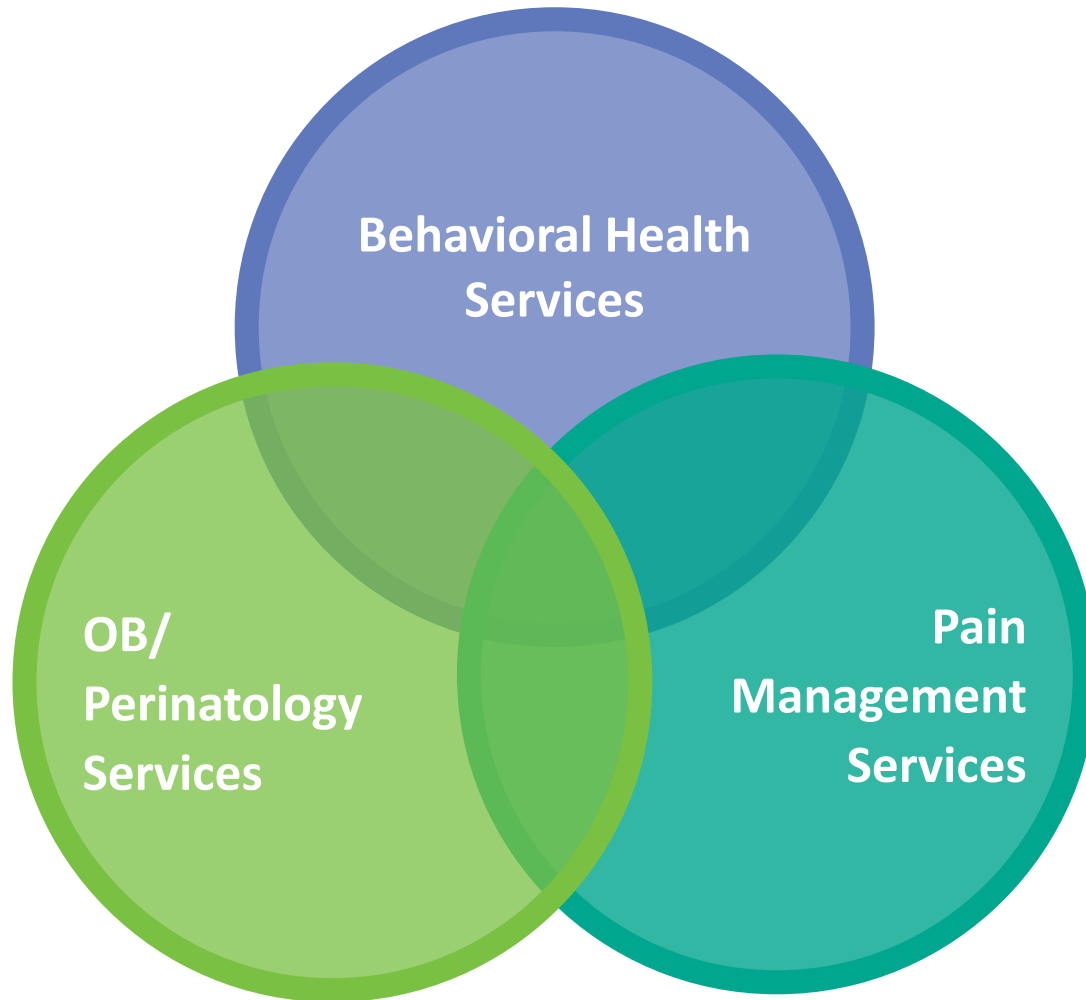
**UM (including CRNs, MDRs, hospital discharge staff)**

**Provider Relations**

**Case Management**

**Maternal and Child Health Staff**

# Providers treating pregnant women using substances/opioids



# NAS Case Management (CM) Process

## Enhanced Identification

**Ensure optimum identification of pregnant women using substances/opioids and identification of infants with NAS from various referral sources, internal and external**

**Prioritize focus on opioid use/dependence and NAS in CM referral**

# NAS CM Process

## Referral/Triage

**Ensure all pregnant women identified as using substances/opioids are referred to CM triage**

**Ensure all infants with NAS are referred to CM triage**

# NAS CM Process

## Stratification

**All pregnant members identified as having substance use/opioid use will be stratified as high risk**

**All infants with NAS will be stratified as high risk**

# NAS Provider Collaboration

- **OB/Perinatologists**
- **Behavioral Health Providers- Emergency and Inpatient Setting**
- **Addiction treatment providers**
- **Pain management providers**
- **Hospitals/NICUs**
- **Neonatologists/Pediatricians**

# NAS CM Process

## Interventions

**Pregnant women with substance use/opioid use will be offered CM and helpful resources to address substance use and educate about NAS.**

**CM during pregnancy will help coordinate care, if needed, between OB and BH or Pain Management Providers.**

**CM for Infants with NAS, coordinated discharge planning, resources and referrals to agencies and programs.**

**Infants with NAS and mothers will be case managed simultaneously when both are our members.**

# NAS CM Process

## **Interventions / Coordination**

**ICM will notify the Behavioral Health Provider of any known substance use and/or controlled substance prescriber(s) and the OB provider of any known substance use and/or controlled substance prescriber(s).**

**If a patient is treated by a pain management clinic, staff is notified of the member's pregnancy, OB provider and BH provider.**

**Privacy is of the utmost concern and this information is provided in the interest of safety for the member and fetus.**



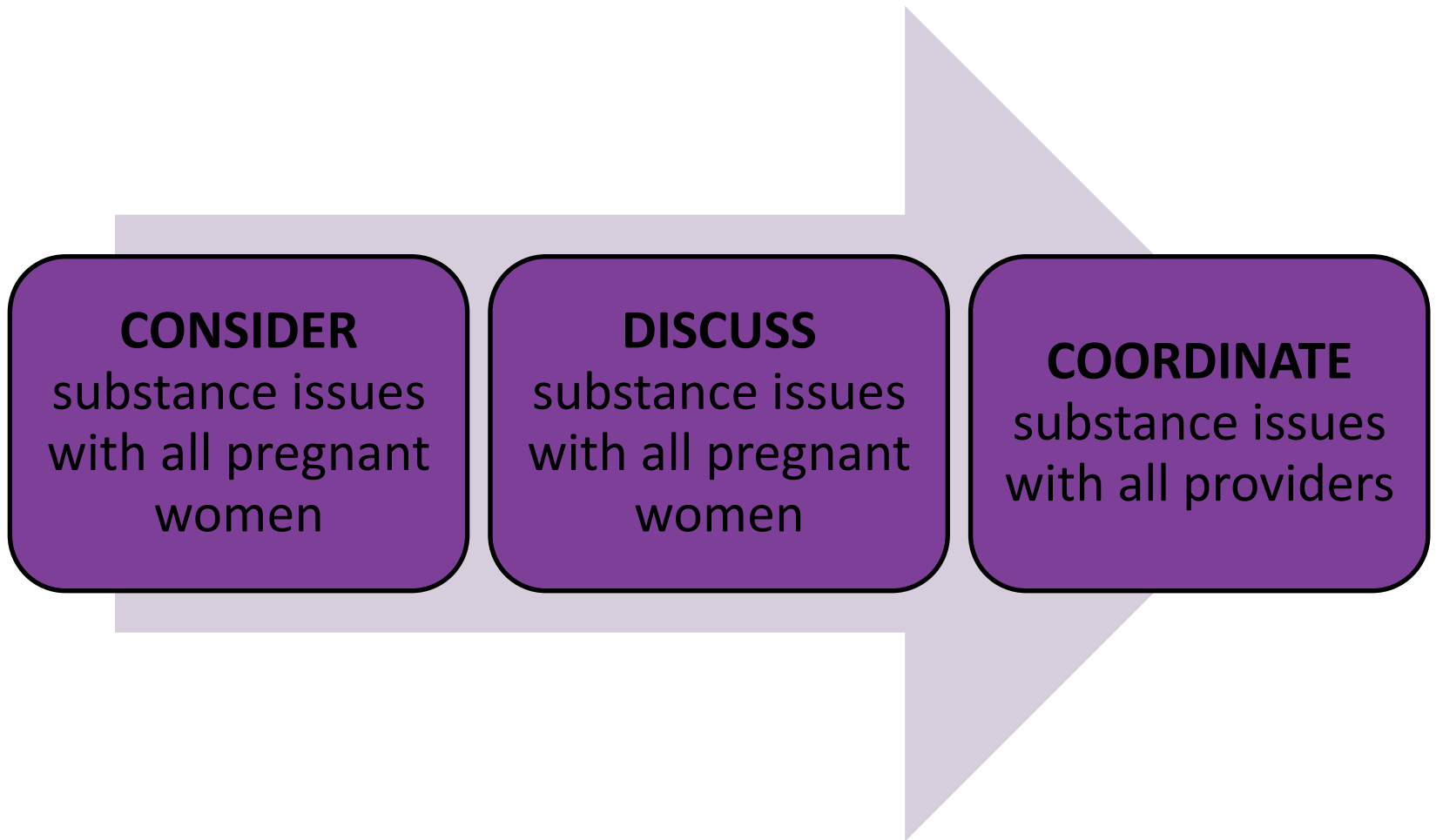
# MMIC SMI Intensive Care Management

**This specific process is set to action as soon as the member is identified and confirmed as pregnant SMI members.**

**ICM searches for substance use on those members identified as pregnant.**

**ICM makes an attempt to contact every member identified as pregnant.**

# NAS Program



# NAS Resource Development

## Development of Resources/educational packet

- **Program overview**
- **NAS parent brochure**
- **Provider fact sheets including contact information of key project staff**
- **Enhancement of materials to provide key messages about substance abuse and addiction to pregnant women**

# Program Evaluation Key Points

**Evaluate if the program improved identification of pregnant women with substance use**

**Evaluate if the program improved identification of infants with NAS**

**Evaluate effectiveness of Interventions and enhanced case management**

**Track and document Barriers encountered**

**Highlight “what works” along the way and success stories**

# Provider Best Practices

## OB

- OB providers should assess all pregnant women for use of substances **INCLUDING** prescription opiates
- OB providers should follow best practices for management pregnancy, including coordination with BH providers
- OB providers should educate pregnant women about NAS
- With the increased use of prescription controlled substance medications, it is importance to consider all substance use with all pregnant members.



# Provider Best Practices

## Behavioral Health (BH)/pain management

- **BH providers should identify any pregnant women using substances/prescription opiates**
- **BH providers should follow best practices for management pregnancy, including coordination with OB providers**
- **BH providers should educate women about NAS**



# Provider Best Practices

## Neonatal Providers/Birthing facilities

- **Birthing facilities should develop and utilize an evidence-based NAS assessment and treatment protocol**
- **Staff and providers should be trained in the protocol and encouraged to CONSIDER NAS when there are signs/symptoms of withdrawal**
- **Providers should utilize ICD-9 Code 779.5 for infants with NAS**

**Arizona Revised Statutes § 13-3620 requires a health care professional, who reasonably believes that a newborn infant may be affected by the presence of alcohol or a drug, to immediately report this information, or cause a report to be made, to Child Protective Services. For reporting purposes, "newborn infant" means a newborn infant who is under thirty days of age.**

# Resources

**Clinical Report: Neonatal Drug Withdrawal, American Academy of Pediatrics**

<http://pediatrics.aappublications.org/content/129/2/e540.full.html>

**Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care**

<http://www.astho.org/Prevention/NAS-Neonatal-Abstinence-Report>

**MMIC Guidance on drug and alcohol treatment programs**

<http://www.mercymaricopa.org/members/resources/substance> provides members with information on the dangers of drug and alcohol abuse, hotline information, and the government health links *Drugabuse.gov* : *Department of Health Services*



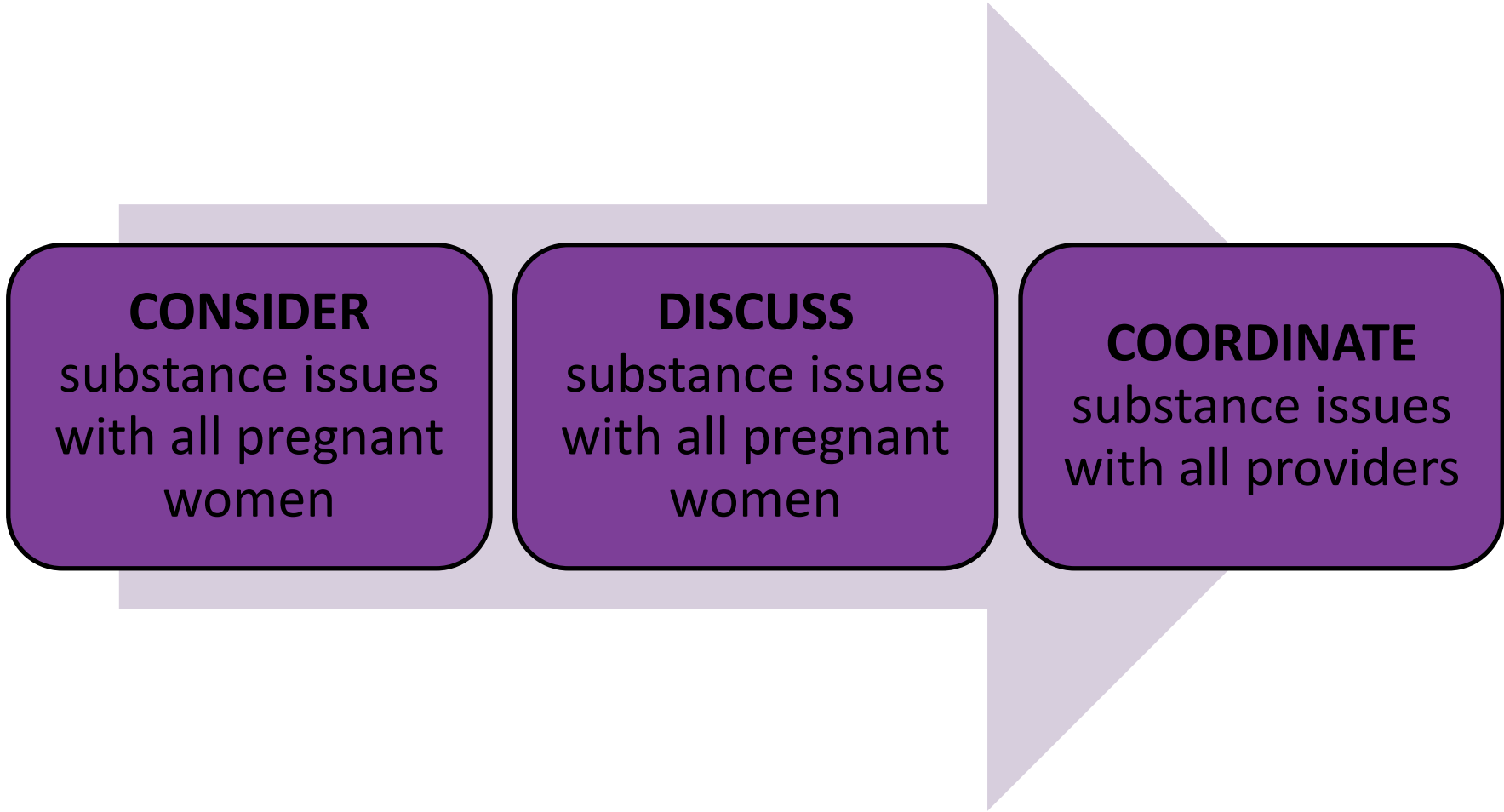
**Controlled Substance Prescription Monitoring Program (CSPMP)**

<https://pharmacypmp.az.gov/>

**March of Dimes NAS information**

[http://www.marchofdimes.org/baby/neonatal-abstinence-syndrome-\(nas\).aspx](http://www.marchofdimes.org/baby/neonatal-abstinence-syndrome-(nas).aspx)





# Thank you

# Questions?

