



MEDTAPP Maternal Opiate Medical Supports Plus (MOMS+) Project



The following is the SFY2019 Final Annual Report for the MEDTAPP Project

A. Key Summary (1/2 page)

Significant Project Outcomes

SFY19 achievements include completing recruitment and onboarding of 29 teams, developing and finalizing the data registry, executing legal agreements, engaging sites in Plan-Do-Study-Act (PDSA) planning and testing, data collection and analysis, and completion of ten action period (AP) calls, one state-wide learning session, and six regional meetings.

Progress to Achieving SMART AIMS

SMART Aim: By June 30, 2019 we will optimize maternity medical home to improve outcomes for pregnant women with opioid use disorder (OUD) as measured by: increased identification of pregnant women with OUD, increased % of women with OUD who receive prenatal care (PNC), medication assisted treatment (MAT) and behavioral health (BH) counseling each month, decreased % of full-term infants with Neonatal Abstinence Syndrome (NAS) requiring pharmacological treatment, and increased % of babies who go home with their mother.

Because of delays in executing data use agreements, and resultant delays in data submission by teams, we do not yet have sufficient data to monitor progress towards outcomes and address progress on the SMART Aim.

Early in SFY19, Action Period (AP) calls focused on collaboration with local partners who care for the pregnant patient with OUD, including PNC, MAT, BH, and other local support resources. The keynote speaker at the November Learning Session shared strategies supporting a collaborative approach to the care of both mother with OUD and infant. Throughout the year, AP calls and PDSAs targeted various aspects of key drivers for the SMART aim (*additional detail in Project Accomplishments*). The Spring regional meetings focused on increased identification and treatment of women with OUD through the SBIRT (Screening, Brief Intervention, Referral to Treatment) model. During the regional meeting, teams also benefited from time to network and establish crucial connections with local partners in areas such as MAT, BH, drug court, MCP, and social services.

Data collection and submission progressed in Q3-Q4 of SFY19 but experienced a delayed start due to the added complexity of executing legal agreements for shared PHI and site responsibility for obtaining patient consent for registry participation (42 CFR.) A detailed outline of data collection progression is in the data section below.

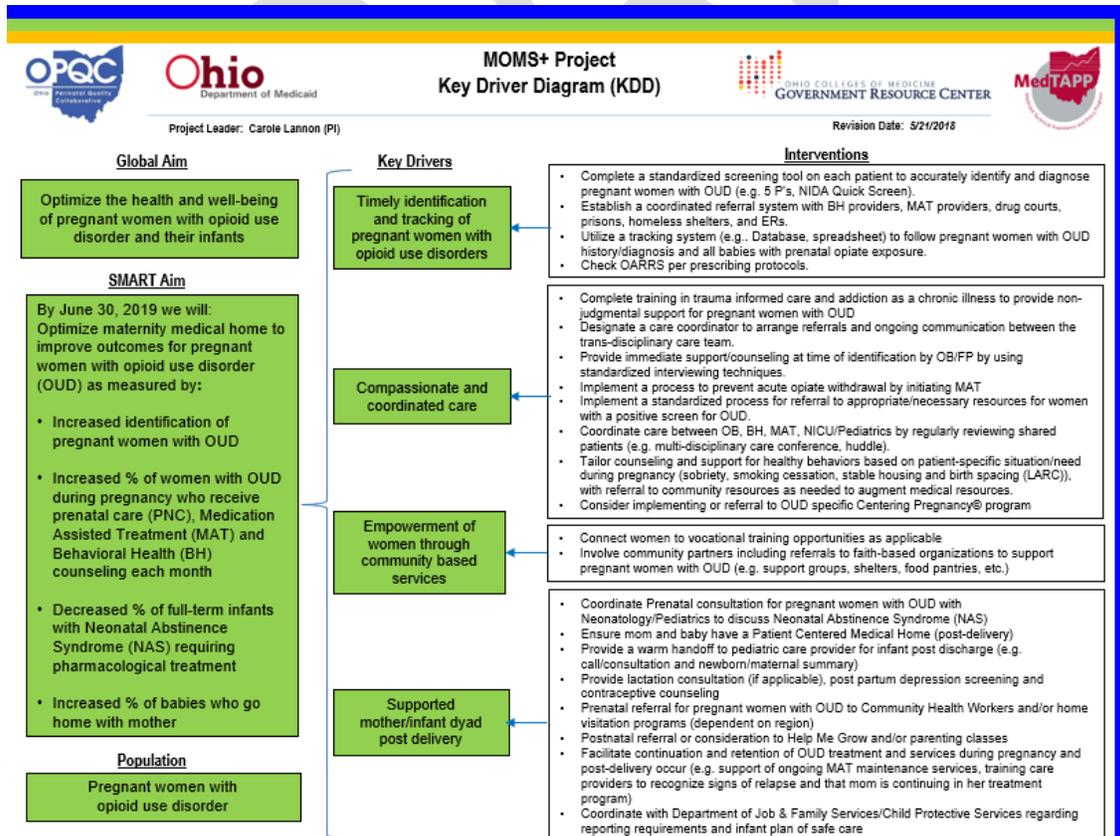
B. Project Overview

Background: Ohio tested models of care for pregnant women with OUD in a project known as Maternal Opiate Medical Supports (MOMS or MOMS 1.0). OPQC successfully implemented an NAS care bundle in 54 Level II and III NICUs across the state. OPQC built on these previous efforts to test and spread a “Mentor-Partner” model to improve care and outcomes for pregnant women with OUD and their infants in the Maternal Opiate Medical Supports Plus (MOMS+) initiative. OPQC works in collaboration with the, the Ohio Department of Medicaid (ODM), Ohio Department of Mental Health and Addiction Services (OMHAS), and the Ohio Department of Health (ODH) to optimize the maternity medical home and improve outcomes for pregnant women with OUD and their infants.

The goal of MOMS+ is to improve care and outcomes for pregnant women with OUD and their infants by supporting maternity care providers to coordinate care with MAT and BH therapy providers. OPQC recognizes that the need for MAT, BH, and social services for OUD, a chronic disease, is not going to end at the time of delivery. A reliable plan for coordination of care and continued support for the mother-infant dyad is needed in the postpartum period.

The “Mentor-Partner” model in the MOMS + initiative will build on the expertise of faculty who provide successful maternity medical homes for pregnant women with OUD prototypes and those who developed and implemented neonatal abstinence syndrome care bundles. These faculty will serve as Mentors to build the capacity and capability of Partner maternity care practices.

MOMS Plus KDD



The OPQC MOMS Plus project uses an adapted Institute for Healthcare Improvement (IHI) Breakthrough Series model (BTS) for engaging and working with teams. OPQC supports a collaborative learning environment for maternity care teams to review individual and aggregate data, learn from successful changes and efforts to address barriers. Teams are supported with periodic webinars to review and interpret hospital-specific and aggregate control charts along with group and individual coaching. The OPQC website allows each team access to multiple useful tools and materials.

C. Project Achievements

Recruitment

Sites were identified and received initial outreach in FY18, and sites were recruited in SFY19 with individual outreach to each organization to gain commitments to the project. For some sites, recruitment included 1:1 meetings with faculty and QIC; examples include Blanchard Valley, Mercy St. Vincent, Christ Hospital, etc.. With a goal of 17 sites, OPQC successfully recruited a total of 29 sites listed in Appendix 1 (Licking Memorial Hospital added in May 2019). Implementation of legal agreements spanned from September 2018 to June 2019, with a total of 12 fully executed sites as of 6/1/19. An additional 7 sites are expected to be fully executed by June 30, 2019. The execution of agreements was complicated by the changes federally managed by the 42 CFR Part 2 regulations.

QI

Teams participated in quality improvement efforts through training received during 1:1 calls with Quality Improvement Consultant (QIC), teaching during AP calls, and faculty guidance. Examples of PDSAs conducted throughout the year include testing face-to-face meetings with regional Managed Care Plan (MCP) contacts to develop relationships, testing the MOMS Plus data collection tool, and testing the OPQC checklist for care of the pregnant patient with OUD. Additional quality improvement testing by teams included topics of Buprenorphine waiver training for NPs, referrals to neonatal crisis nurseries at the time of screening, scripts for consenting the patient for 42 CFR Part 2, and the inclusion of MCP representatives at monthly group meetings with patients.

In Q1, teams learned about the Pregnancy Risk Assessment Form (PRAF) 2.0 to identify moms with OUD and communicate with the MCPs. Teams unfamiliar with PRAF 2.0 completed PDSAs around PRAF 2.0 submission. Due to 42CFR, in Q3 the SUD/OUD/alcohol questions were removed from the PRAF 2.0. OPQC is working with ODM to identify alternative methods for teams to identify and communicate with the MCPs regarding potential patients with needs for support related to an OUD diagnosis.

Site Engagement

OPQC engaged with teams through monthly AP calls by reviewing data, best practices, PDSA opportunities, and facilitating sharing and collaboration amongst teams. The table below outlines the AP calls held in SFY19.

Date & Time	AP Call Topic	Total # of Attendees	Total # of OB Teams
July 18, 2018 from 12:00 pm – 1:00 pm	Is Your Team Complete? MCP & BH Care Coordination and Regional Connections and Collaboration for Patient Care	56	16/25 or 64%

MEDTAPP Maternal Opiate Medical Supports Plus (MOMS+) Project

Date & Time	AP Call Topic	Total # of Attendees	Total # of OB Teams
August 15, 2018 from 12:00 pm – 1:00 pm	PRAF 2.0 Overview and Building Successful Relationships with Managed Care Plans	83	22/25 or 85%
September 19, 2018 from 12:00 pm – 1:00 pm	Initial Encounter Management for the Pregnant Patient with Opioid Use Disorder	77	18/25 or 72%
October 19, 2018 from 12:00 pm – 1:00 pm	Screening Tools to Identify the Pregnant Patient with Opioid Use Disorder	73	20/25 or 80%
December 7, 2018 from 12:00 pm – 1:00 pm	Postpartum Pain Management in the Patient with Opioid Use Disorder	100	22/28 or 79%
January 18, 2019 from 12:00 pm – 1:00 pm	Hepatitis C in the Pregnant Patient with Opioid Use Disorder	92	22/28 or 79%
February 8, 2019 from 12:00 pm – 1:00 pm	Medication Assisted Treatment for the Pregnant Patient	90	20/28 or 71%
March 15, 2019 from 12:00 pm – 1:00 pm	Monitoring tools to support care of the pregnant patient with OUD	73	20/28 or 71%
April 19, 2019 from 12:00 pm – 1:00 pm	Testing of the OPQC Checklist for the Pregnant Patient with OUD	64	16/28 or 57%
June 21, 2019 from 12:00 pm – 1:00 pm	The “BI” of S-BI-RT—Motivational Interviewing	64	16/29 or 55%

Sites engaged in a face-to-face learning session in November 2018 and 6 regional face-to-face meetings with sites and community partners in May and June of 2019. The table below outlines the learning session and regional meeting details. Evaluation/feedback summaries for the learning session are in Appendix 2, and evaluation/feedback summaries for the regional meetings are in Appendix 3.

Meeting	Date, Time & Location	Total # of Attendees	Total # of OB Teams
Learning Session	November 1, 2018, 9:00a-4:00p Hyatt Regency Columbus, OH	103	22/28 or 79%
Regional Meeting: Southeast	May 14, 2019, 12:30p-4:30p Ohio University Inn Athens, OH	27	3/3 or 100%
Regional Meeting: West Central	May 22, 2019, 12:30p-4:30p Aullwood Audubon Center Dayton, OH	29	3/5 or 60%
Regional Meeting: Northwest	May 23, 2019, 12:30p-4:30p ProMedica Health & Wellness Center Sylvania, OH	20	3/3 or 100%
Regional Meeting: Southwest	May 30, 2019, 12:30p-4:30p Xavier University Cincinnati, OH	36	4/4 or 100%
Regional Meeting: Northeast	June 3, 2019, 12:30p-4:30p Tri-C Corporate College East	39	6/8 or 75%

MEDTAPP Maternal Opiate Medical Supports Plus (MOMS+) Project

Meeting	Date, Time & Location	Total # of Attendees	Total # of OB Teams
	Warrensville Heights, OH		
Regional Meeting: Central	June 4, 2019, 12:30p-4:30p OSU Eye & Ear Institute Columbus, OH	43	4/5 or 80%

Data

In SFY19, the data team built and implemented the data registry and dashboard, and there are 45 unique patients in the registry from 6 different sites as of 6/25/19. Outreach and support for data entry included three data office hours, where sites could ask questions about data entry, and multiple 1:1 coaching calls between the OPQC data team and sites. Data submissions were slow to start in SFY19 due to the added complexity of executing legal agreements sharing PHI and the burden of 42 CFR compliance; however, data volume has been increasing through Q4. Reports and analyses for data began in May 2019, and initial results will be shared with sponsors and sites on the June 21st AP call.

Data entry into the MOMS+ Registry (*Tuesday, June 25, 2019*)

Site Name	FEB19	MAR19	APR19	MAY19	JUN19	Total
Adena Health Systems	0	2	10	4	0	16
Atrium Medical Center	0	1	0	2	0	3
Mercy Health St. Vincent	1	0	0	0	0	1
Miami Valley Hospital - Promise to Hope	0	1	1	4	2	5
Summa Health Akron Campus	0	0	5	8	2	13
University Hospitals Rainbow Center	0	0	0	2	0	2
Total	1	4	16	20	4	45

A Systems Inventory survey was distributed to sites to help teams and OPQC compare the current state of characteristics and processes of each practice regarding coordination of care for the pregnant woman with opioid use disorder to their status in these areas in SFY18. The information submitted was shared at the Regional Meetings to guide the team planning discussions. Results of the Systems Inventory will help monitor changes over time. The Systems Inventory highlighted areas for improvement which varied by region, e.g. access to the Ohio Automated Rx Reporting System (OARRS) and ability to provide acute opioid withdrawal treatment in the Northwest, regularly reviewing and coordinating care between OB and NICU and access to community resource in the Southeast. A detailed report is in Appendix 4.

D. Lessons Learned and Next Steps:

Lessons Learned

The added complexity of executing legal agreements for shared PHI and the increased burden on sites to obtain consent to share information consistent with 42 CFR Part 2 created a delay in data collection. Feedback from sites with access to the registry has been positive. Through both user testing and 1:1 calls, sites expressed that the registry is intuitive and straight forward.

In SFY19, direct feedback from participating sites revealed significant barriers for providers and patients with OUD in accessing resources and services from the Managed Care Plans. A few examples of such barriers include:

- limiting Subutex prescriptions to 3 pills per day which presents challenges for split doses and can trigger Substance Use Disorder (SUD) behavior for patients and/or relapse,
- required 48 hour notice for transportation which can be an unmanageable request for patients in early recovery due to executive function deficit, and
- challenging navigation of phone systems of MCPs, including response time to voicemails when often times the request from providers is highly time-sensitive due to complex and high-risk patients.

The identification of barriers will inform efforts by OPQC, MCPs and ODM to escalate identified barriers to resources, creating solutions, and sharing resolutions with participating sites.

Sites identified internal barriers to program development due to lack of administrative buy-in. Mentor faculty conducted outreach to lead physicians at sites experiencing such issues to provide coaching and discuss ways to increase administrative support. Future efforts to increase administrative buy-in may include creating a letter of support from ODM, ODH, OHA, and OMHAS.

Next Steps

Going forward, the MOMS Plus project will complete legal agreements with any outstanding sites and will increase data collection and reporting capabilities. Monthly AP calls will continue to be utilized for collaboration and engagement between sites. Sites will continue to access their data through the registry dashboard, and aggregate data reports will be shared on monthly AP calls. OPQC will build on learnings from SFY19 to improve the support and guidance provided through direct coaching with each team, which is tailored and site-specific based on program development and regional needs. The availability of data to monitor progress will be useful to further quality improvement efforts. Consideration may also be given to hosting two regional meetings as well as a statewide session during the year. Draft project timeline located in Appendix 5.

E. Appendix:
Appendix 1: MOMS Plus Sites

Adena Regional OB/GYN
Akron General AxessPointe
Atrium Medical Center
Bethesda North
Blanchard Valley Health System
Fairview Hospital/CCF
Genesis HealthCare
Good Samaritan Hospital-HOPE Site
Hillcrest Hospital/CCF
Licking Memorial Hospital
Lower Lights FQHC
Mercy St. Vincent
MetroHealth Medical Center
Miami Valley Hospital- Promise to Hope
Ohio Health Grant
OhioHealth O'Bleness Physician Group
OhioHealth Riverside OB-GYN
OSU STEPP Clinic
ProMedica Toledo Hospital
Southern Ohio Medical Center
Southview Medical Center
Springfield Regional Hospital
St. Elizabeth Boardman
St. Joseph Warren
St. Rita's
Summa Health
The Christ Hospital
UC Medical Center
University Hospitals Rainbow Center for Women and Children

Appendix 2: Learning Session Evaluation/Feedback

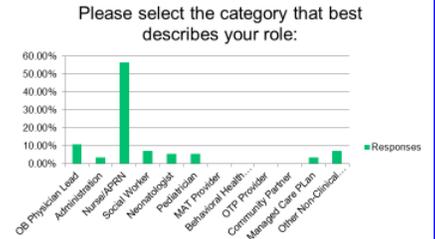
OPQC Fall 2018 MOMS Plus Learning Session

Evaluation Feedback



Response Rates

	# of Responses	% of total responses
OB Physician Lead	6	11%
Administration	2	4%
Nurse/APRN	31	56%
Social Worker	4	7%
Neonatologist	3	5%
Pediatrician	4	5%
MAT Provider	0	0%
Behavioral Health Provider	0	0%
OTP Provider	0	0%
Community Partner	0	0%
Managed Care Plan	2	4%
Other (see below)	5	7%
	55	



- Other:
- CDCA counseling assistant
 - MOMS Program Coordinator/Behavioral Health
 - Collaborative Science Lead
 - IBCLC
 - Perinatal Care Coordinator



I will test at least one idea at my clinic that I learned from this activity.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
0	1	10	15	29	4.31
0%	2%	18%	27%	53%	

I have a clear understanding of what activities my care center/hospital needs to do over the next one month.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
0	1	12	22	20	4.11
0%	2%	22%	40%	36%	



The learning activity was a valuable use of my time.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
0	2	1	25	27	4.4
0%	4%	2%	45%	49%	



The topics were applicable to our improvement efforts.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
0	0	2	25	28	4.47
0%	0%	4%	45%	51%	



There was adequate time for information exchange between teams.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
0	1	6	22	26	4.33
0%	2%	11%	40%	47%	



Time allotted during this Learning Session for team planning activities is critical to progressing our improvement efforts.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
1	0	8	20	26	4.27
2%	0%	15%	36%	47%	



Overall this Learning Session met our team's expectations.

Strongly Disagree- 1	2	3 - Neutral	4	Strongly Agree- 5	Average
0	0	5	21	29	4.44
0%	0%	9%	38%	53%	



Our team has the leadership and support necessary to implement some ideas gleaned from this Learning Session.

Strongly Disagree- 1	2	3 - Neutral	4	Strongly Agree- 5	Average
0	1	12	18	24	4.18
0%	2%	22%	33%	44%	



Our team will try something new at our site based on what we learned at the Learning Session.

Strongly Disagree- 1	2	3 - Neutral	4	Strongly Agree- 5	Average
0	1	9	22	23	4.22
0%	2%	16%	40%	42%	



This activity will positively impact the clinical skills of my healthcare team.

Strongly Disagree- 1	2	3 - Neutral	4	Strongly Agree- 5	Average
0	0	8	24	23	4.27
0%	0%	15%	44%	42%	



This activity will positively impact the performance of my healthcare team.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
0	0	7	25	23	4.29
0%	0%	13%	45%	42%	



I will be able to use what I gained from this learning experience to improve my clinical skills.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
0	3	9	21	22	4.13
0%	5%	16%	38%	40%	



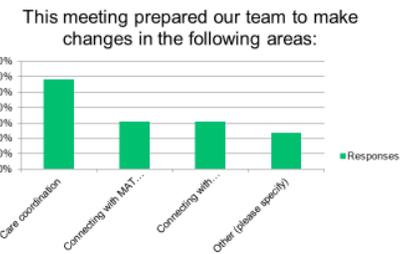
I will be able to use what I gained from this learning experience to improve my patients' medical and/or quality of life outcomes.

Strongly Disagree-1	2	3 - Neutral	4	Strongly Agree-5	Average
0	1	9	25	20	4.16
0%	2%	16%	45%	36%	



This meeting prepared our team to make changes in the following areas:

	# of Responses	% of total responses
Care Coordination	32	58%
Connecting with MAT and BH providers	17	31%
Connecting with pediatric/neonatology/CPS	17	31%
Other	13	24%



- Other:**
- Most of team was not present
 - Coordinating more with managed care plan providers (2)
 - Identification of Moms who need services and help
 - Connecting with patient where she is at
 - Funding assistance
 - Getting program started
 - Identifying how to assess Hospital Administration's interest/support. How to discuss funding to move forward with this project.

- Other:**
- Testing screening in the entire population
 - I didn't have a team there but I did feel that it was very informative and helpful information
 - Improve collaboration with obstetricians
 - Prepared our OPQC project team to focus on the next steps re: data
 - Looking at OUD centering preg program

Thinking about the knowledge and skills you learned at this conference, please describe the most important thing you plan to apply once you return to practice:

Try to sign up addicted mothers for MAT earlier in pregnancy.
Better communication on the collaboration of care for patients with an opioid addiction.
Care coordination and follow up at the appropriate levels of care, whether it is prenatally or postpartum
Managed care
Getting expectant mom's with substance use issues on treatment early in pregnancy.
Coordination
Teaching other employees the about the disease of addiction so that we can better maintain a non-judgemental and caring environment for all patients. Connection is key to having patients feel more comfortable and trusting in the hands of our staff in order to better serve the patient and her needs.
Substance abuse assessment to screen all moms.
More communication with CPS
We would like to add having a pre-visit with child protective services to help the patient be prepared for what will happen after the baby.
Connection with Pediatric providers
Making connections for support is so important to these moms. We need them to know they are supported and help keep them that way.
Collaboration onsite with service providers
Recognizing and looking for the confounding variables that make dealing with opioid use so challenging
Working closer with the MAT team.
Look at better ways to engage the mother/infant dyad

Thinking about the knowledge and skills you learned at this conference, please describe the most important thing you plan to apply once you return to practice:

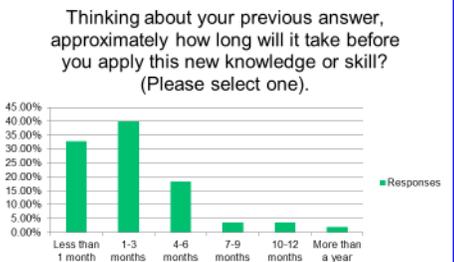
Making appropriate connections
All teams working together to accomplish goals
Getting a team together
Communication is important with partners
Getting more of the mom's access to the MAT needed
Working with CPS to support client maintaining custody of their children earlier in their pregnancy.
Empathetic treatment of patients by all who come in contact with that patient
Furthering relationships with Peds with hopes to coordinate postpartum
New ideas to reach out to patients
More collaboration between providers
Screening population for OUD
Working to use managed care more frequently and more indepthly
Contact 1 or 2 pediatricians regarding follow-up for these infants
Will discuss what I have learned with the rest of our team at our monthly meeting 11/6/18.
Improving collaboration with obstetricians
Personal stories, various models, and (future) data

Thinking about the knowledge and skills you learned at this conference, please describe the most important thing you plan to apply once you return to practice:

Start meeting monthly with the Centering group.
Use ideas to implement a plan
Learn where we at Bethesda North with the continuation of the HOPE program here.
Enhance Centering Program
Planning a care coordinator and using a standard survey to help identify patients with use disorders during their initial encounters
Meeting as a team to discuss need for better neo collaboration and need for pediatrician/family practice hand off follow up.
Improve Care management communication
Becoming more efficient with getting the patients into treatment.
We are looking at consent forms after attending this education.
Collaboration with providers
Improve coordination of care after discharge home
Planning for better postpartum care and transitions
I have a clearer idea of how to approach our Hospital Administration to assess their interest/support of implementing a MOMS + program at our facility.
The need for follow-up with this fragile group of mothers. Also parenting and ways to prevent relapse
Nurse Navigator
Education to our staff on empathy in caring for these women

Thinking about your previous answer, approximately how long will it take before you apply this new knowledge or skill? (Please select one).

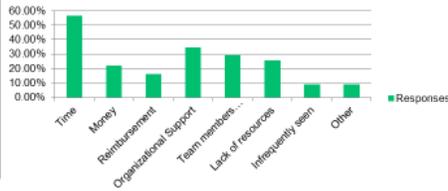
	# of Responses	% of total responses
Less than 1 month	18	33%
1-3 months	22	40%
4-6 months	10	18%
7-9 months	2	4%
10-12 months	2	4%
More than a year	1	2%



What barriers might prevent you from applying the knowledge and skills learned at this conference? (select all that apply)

	# of Responses	% of total responses
Time	31	56%
Money	12	22%
Reimbursement	9	16%
Organizational Support	19	35%
Team members reluctance to change	16	29%
Lack of resources	14	25%
Infrequently seen	5	9%
Other	5	9%

What barriers might prevent you from applying the knowledge and skills learned at this conference? (select all that apply)



Overall, how satisfied are you with the Learning Session?

Strongly Disagree- 1	2	3 - Neutral	4	Strongly Agree- 5	Average
0	1	4	22	29	4.45
0%	2%	7%	40%	53%	



What's one strategy you heard at the Learning Session that will you want to test or implement at your site?

Connecting addicted mothers with MAT provides early in pregnancy.
Care coordination on following the treatment plan and appropriate follow up.
PRAF 2.0 Implementation
Try to get pregnant women involved with MAT when they come to the ob floor for issues unrelated to their pregnancy
Assisting significant others in connecting to Substance abuse treatment
Centering
Finding ways to engage in prenatal care as early as possible to get the patient in the right direction and provide any therapy as needed.
The 4 Ps
Adding CPS one on one with patients.
Pre-delivery education (what to expect after the birth of baby).
Routine check in meetings with the regional sites.
I would love for us to continue to expand our centering group with pediatric and mother's care in one place.
Increase trauma informed care principles
Rather than expecting my providers to do MAT making connections and looking for resources to facilitate
Care Coordination
Shared post partum/well newborn visits.
Neonatology connecting with mom prenatally



What's one strategy you heard at the Learning Session that will you want to test or implement at your site?

Keeping NAS babies on floor and treating them with Morphine
If consulting with the mom before the baby was born helped to decrease the LOS and the need for treatment of the baby by utilizing the non pharm bundles
Communication with all partners.
Networking with different managed care plans and who to contact at those plans
More utilization of enhanced transport program by MCO's
working more collaborative with our community teams resources.
I really enjoyed seeing the different models used in the approach to care. Centering pregnancy would benefit our moms and would love to see it implemented in our practices.
Improving access for mothers to reach their appointments
I would like to see parts from different sites practices implemented into our practice.
Improving collaboration with obstetricians by mailing out cover letters, enclosing referral forms and labels containing contact information to increase referrals to MOMS program.
Balance of data and stories across collaborative
Being involved in the centering groups
Getting the teams started here.
One stop shopping for whole centered care
Centering (2)
Using the surveys, setting up referrals based on other programs we met while at the session, attempting to find behavior therapy providers. we will try to implement a lot of the strategies that will work at our facility.



Appendix 3: Regional Meeting Evaluations/Feedback

OPQC Spring 2019 MOMS Plus Regional Meeting

Evaluation Feedback



Attendees by Title

	# of Responses	% of total responses
OB Physician Lead	5	4%
Social Worker	20	17%
OB Nurse	20	17%
Pediatrician	2	2%
Community Partner	8	7%
Managed Care Plan	19	16%
BH Provider	4	3%
MAT Provider	7	6%
Other	31	27%
	116	

- Types of "Other":**
- OB Manager
 - Case Manger
 - Drug Court Representative
 - JFS Representative
 - Outcomes Manager
 - Administrative Contact
 - CNS
 - Opiate Centering Program
 - Nurse Navigator
 - NNP
 - Neonatologist
 - Community Health Worker



*Some attendees failed to self-identify their title

Meeting Feedback

	Strongly Disagree 1	2	3	4	Strongly agree 5
Topics were applicable to our improvement efforts	4%	1%	7%	23%	64%
There was adequate time for information exchange between teams	3%	1%	5%	24%	66%
Time allotted during this for team planning activities is critical to progressing our improvement efforts	4%	3%	7%	25%	60%
Overall, this meeting met my expectations	4%	2%	5%	27%	61%
Our team has the leadership and support necessary to implement some ideas gleaned from this meeting	3%	3%	6%	36%	51%
I have a clear understanding of what activities my site needs to do over the next month.	2%	2%	9%	31%	56%
The learning activity was a valuable use of my time.	3%	2%	5%	22%	67%



The meeting prepared our team to make changes in the following areas:

	Strongly Disagree 1	2	3	4	Strongly agree 5
Screening of Pregnant Patients for OUD	5%	1%	10%	27%	57%
Brief Intervention	3%	0%	9%	28%	60%
Referral to Treatment	5%	2%	9%	30%	55%



Please rate how difficult you feel it will be for you and your team to make necessary changes in the following areas:

	Strongly Disagree 1	2	3	4	Strongly agree 5
Screening of Pregnant Patients for OUD	0%	5%	21%	28%	47%
Brief Intervention	0%	3%	19%	28%	60%
Referral to Treatment	0%	2%	16%	26%	55%



Central Meeting: What suggestions or additional comments do you have for improving the meeting?

I am new to working with Project DAWN. Very interesting. Will use SBIRT and interviewing techniques in other areas of public health also (such as HIV testing).

Great presentation.

Being able to share information with courts.

Include a list of participants so there's a better understanding of who is involved for possible collaboration at a later date. Speed dating doesn't allow for everyone to meet and talk.

Very informative session – I especially appreciated the ability to network and meet others and gain their perspectives and learn about them – so useful!

No members of my team stayed



Northeast Meeting: What suggestions or additional comments do you have for improving the meeting?

I got a few ideas from other groups but a lot of this content was not new to my center

Start early – end by 3:30 for traffic

Start meeting earlier. Hard getting to and from with traffic at this time of day (10a-2p for example).

Thank you (2)



Northwest Meeting: What suggestions or additional comments do you have for improving the meeting?

Loved the speed dating – needed more time!

Not sure if MCP's should be screening tools that we learned

Great learning opportunity

I would suggest more assistance in building and implementing new ideas of providing informational resources on putting ideas into action. Meetings are useful and research is good for background purposes but we need more tools to help reduce NAS rates

Really enjoyed the speed dating

I didn't like the wording of "speed dating." It was anxiety provoking. The idea and time was of great value.

Slightly longer time for speed dating so we can meet more people
LOVED the speed dating format



Southeast Meeting: What suggestions or additional comments do you have for improving the meeting?

Speed "dating" was extremely helpful. I came prepared with contacts that I wanted to meet which was helpful.
Would like to talk about Appalachia Culture and stigma around dependence and how we can work with community to overcome.
Great meeting!!
Loved the speed dating!
I really like the speed dating but would like to see as a three in a group for better coverage of groups.

Southwest Meeting: What suggestions or additional comments do you have for improving the meeting?

Liked the speed dating – would have liked more time
Liked the speed dating – no pressure to mingle with others



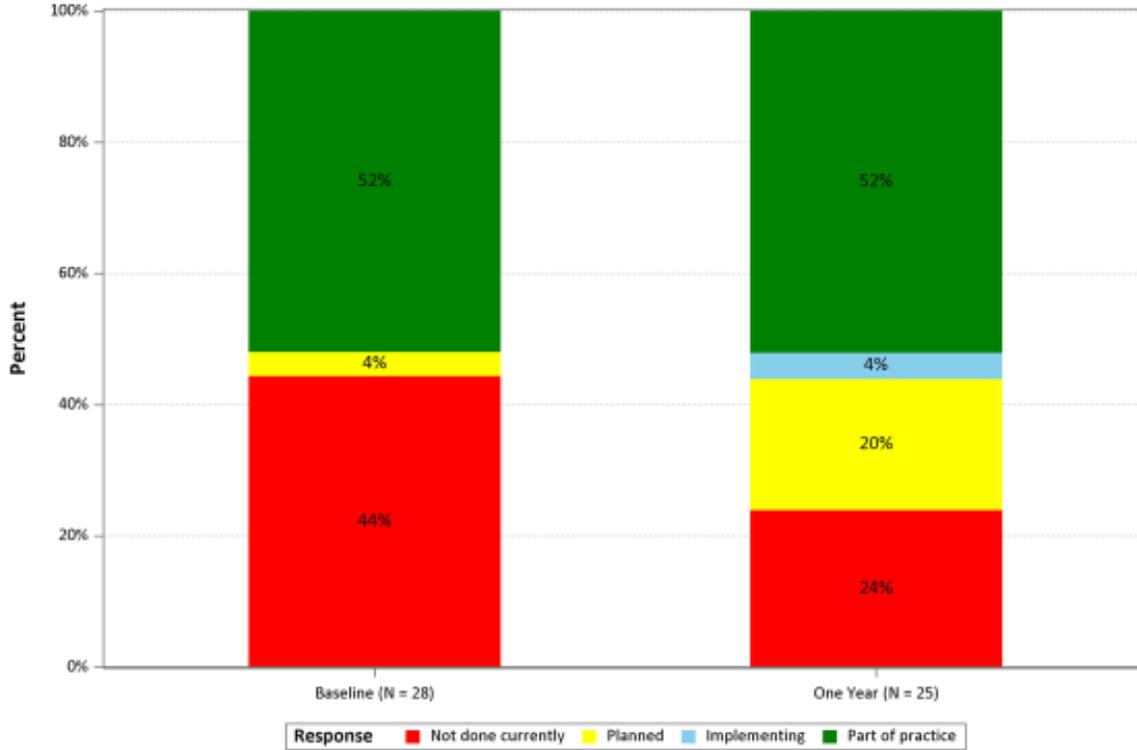
West Central Meeting: What suggestions or additional comments do you have for improving the meeting?

State or national-level speakers who have more experience than we do
Great training (x4)
Enjoyed the speed dating session. Connected to agencies and providers that I didn't know existed.
Great use of time. Excellent networking opportunity.

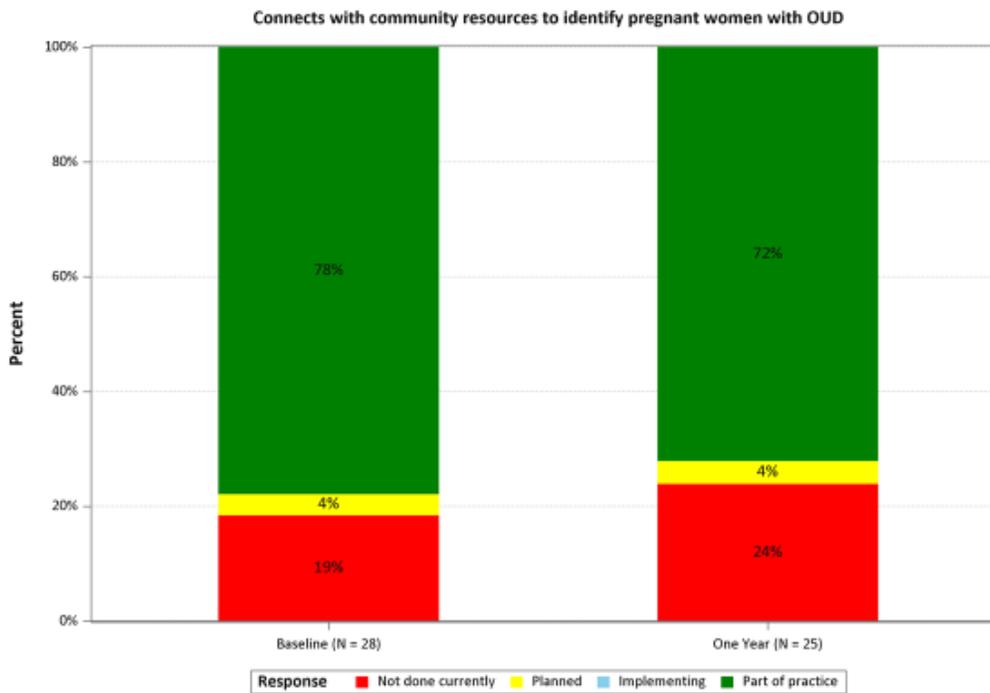
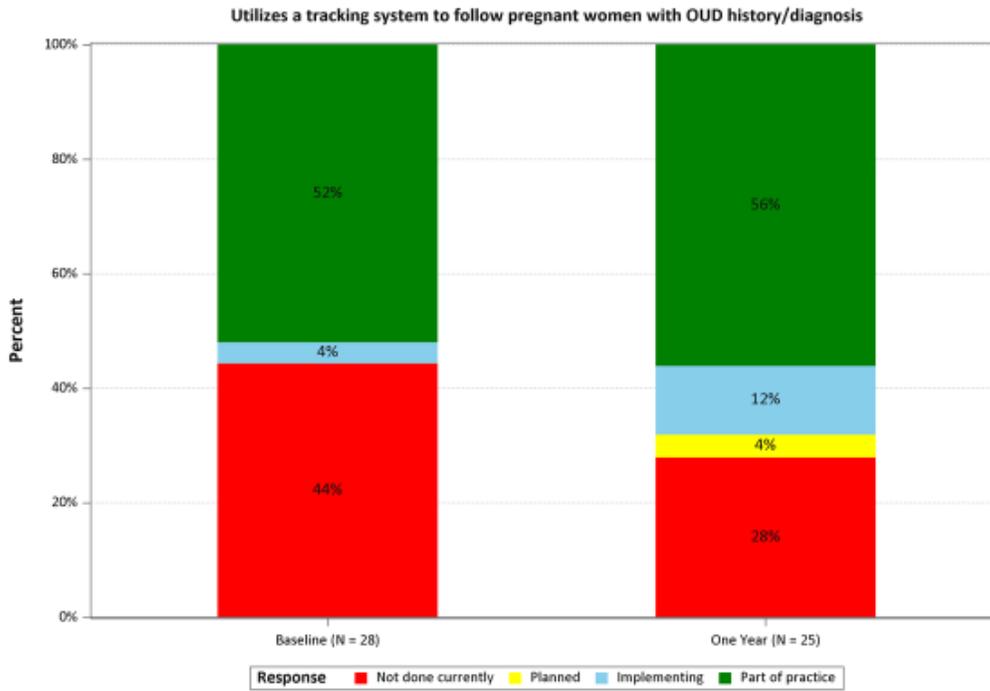


Appendix 4: Systems Inventory Report

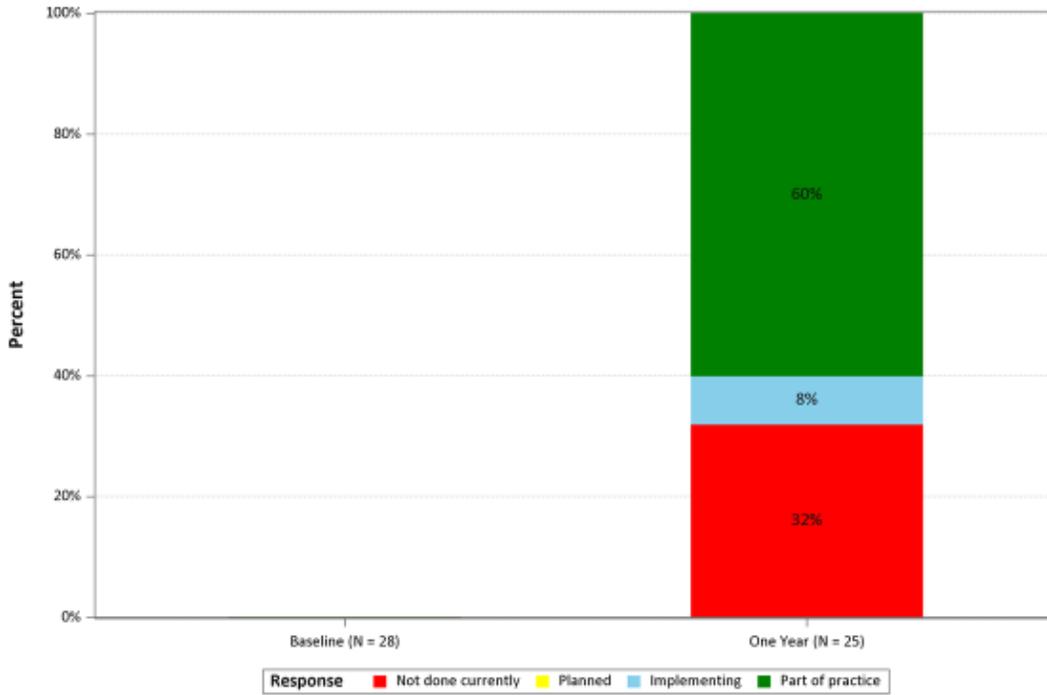
Completes a standardized screening tool on each patient to accurately identify and diagnose pregnant women with OUD



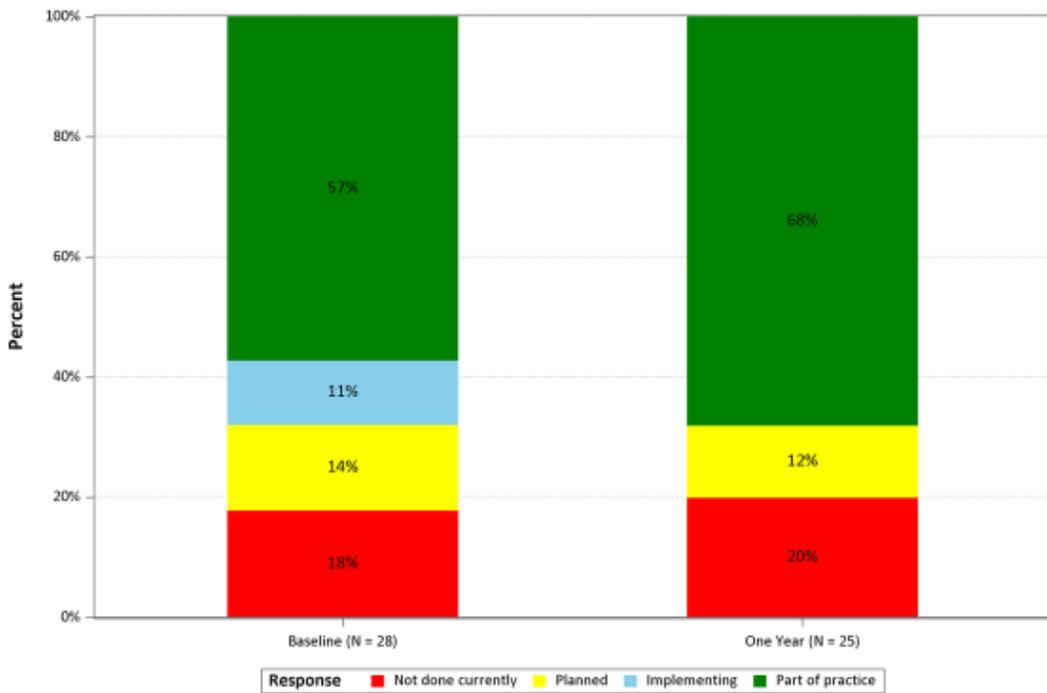
MEDTAPP Maternal Opiate Medical Supports Plus (MOMS+) Project

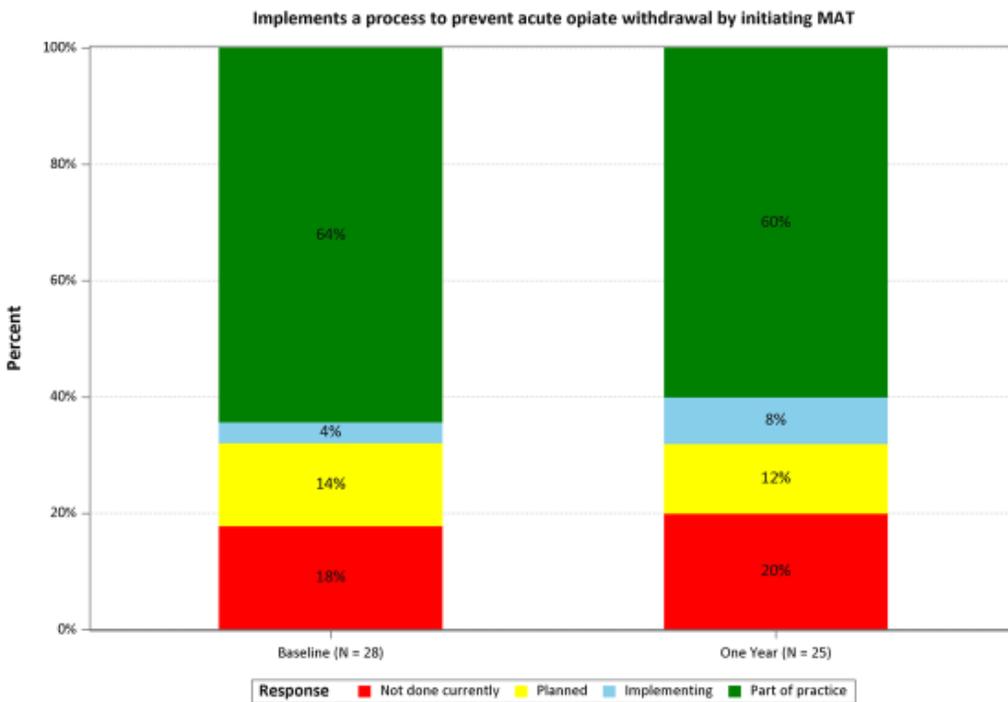
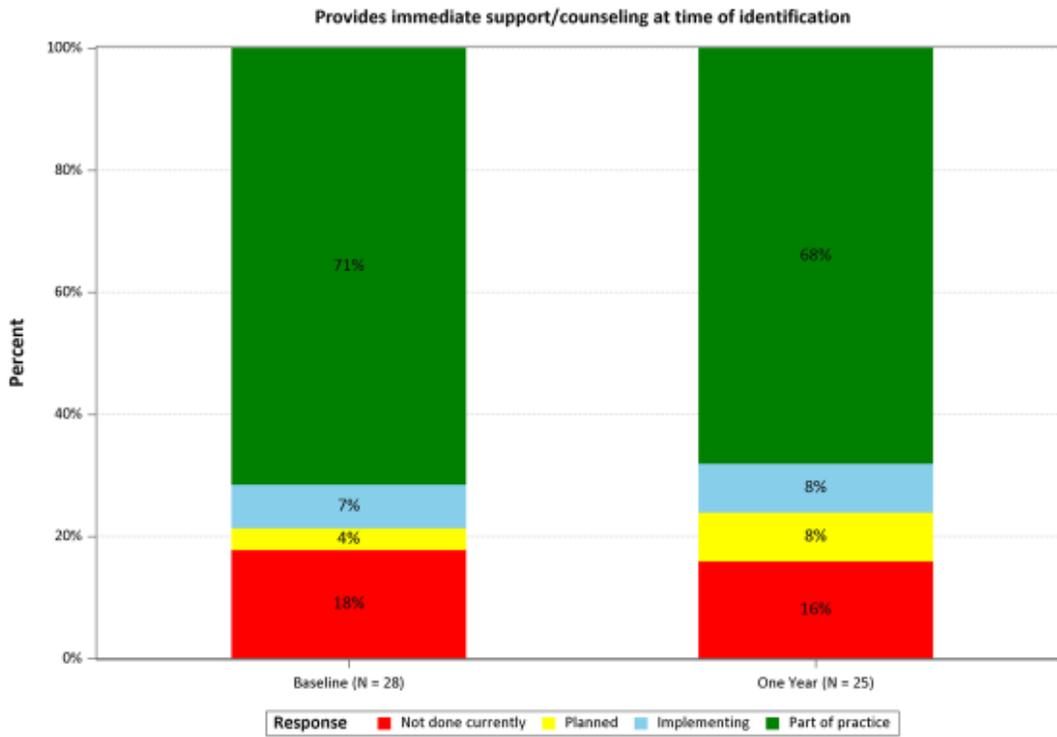


Our practices checks OARRS reports on all pregnant patients with OUD

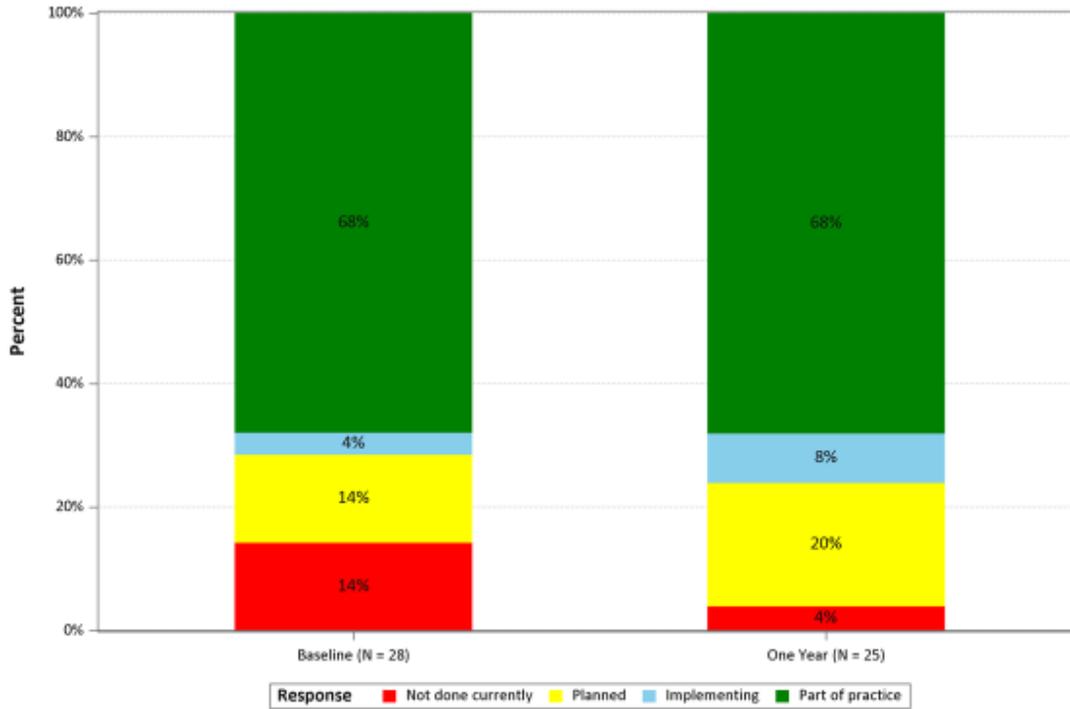


Has an identified care coordinator whom refers patients to providers, community resources and organizations.

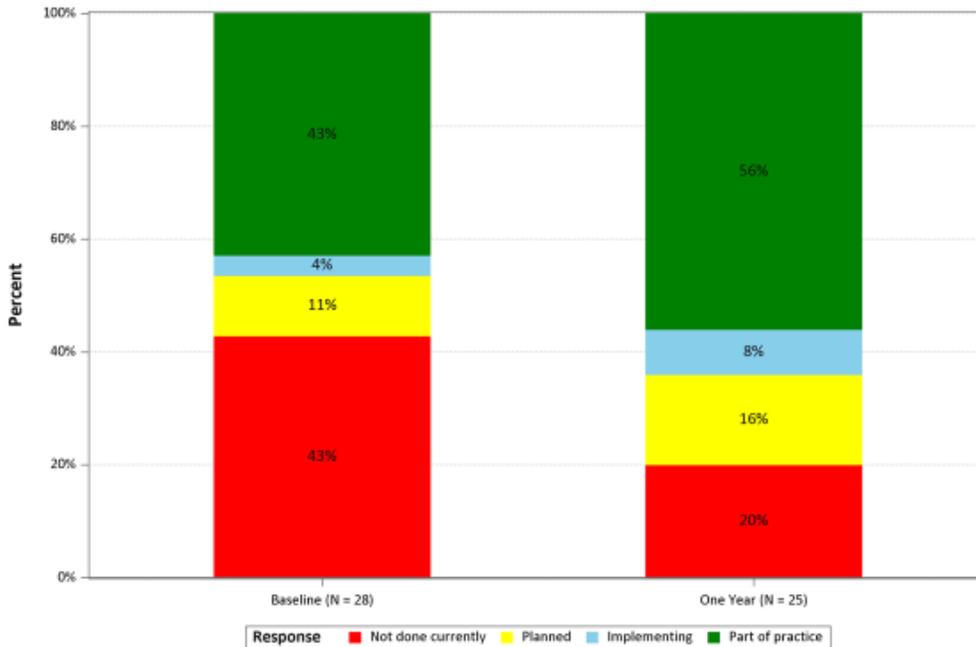


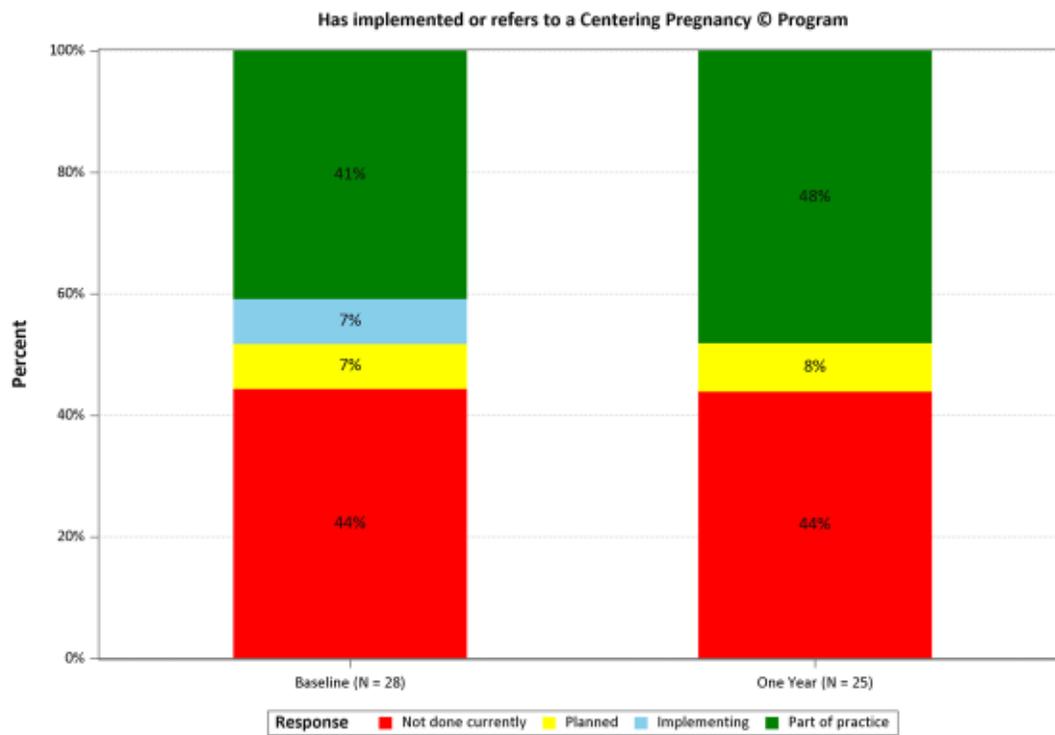
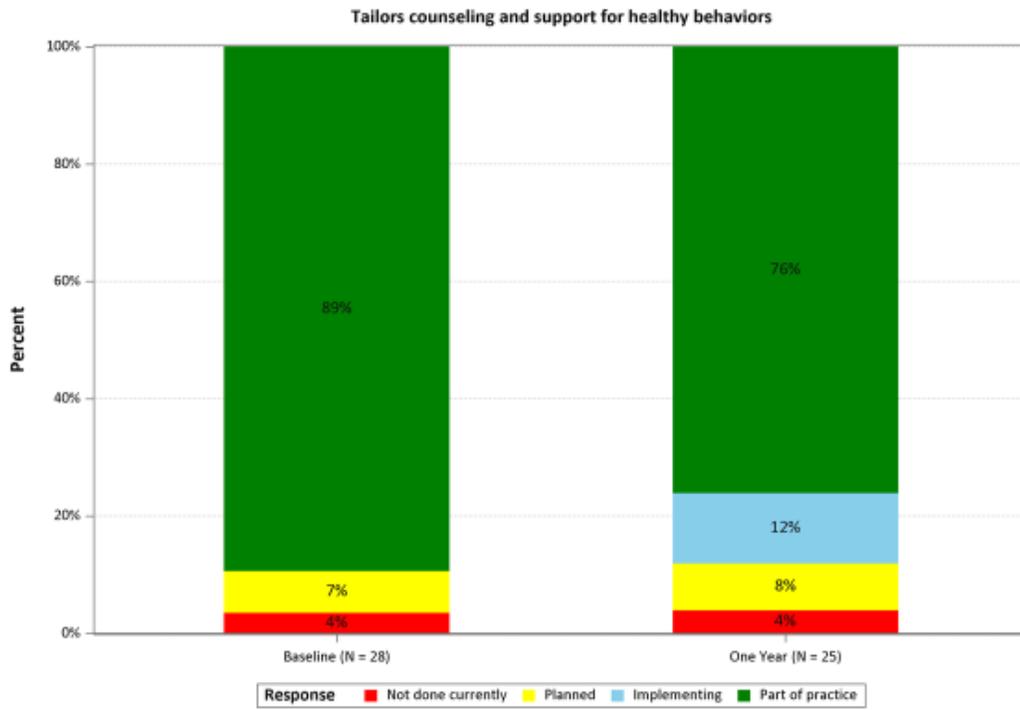


Implements a standardized process for referral to appropriate/necessary resources for women with a positive screen for OUD

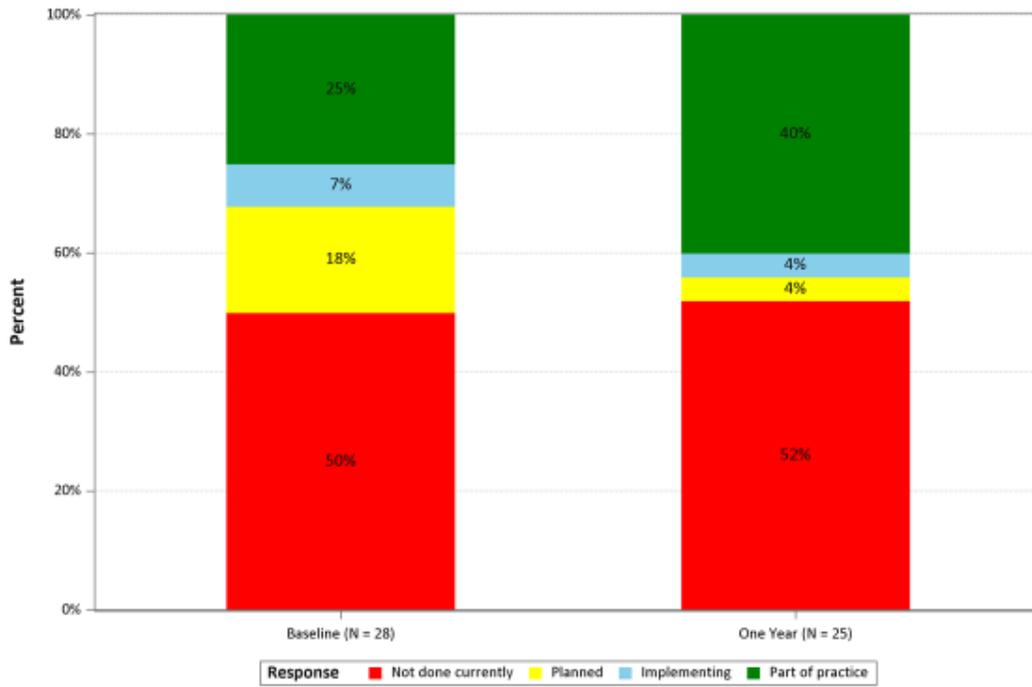


Coordinates care between OB, BH, MAT, NICU/Pediatrics by regularly reviewing shared patients

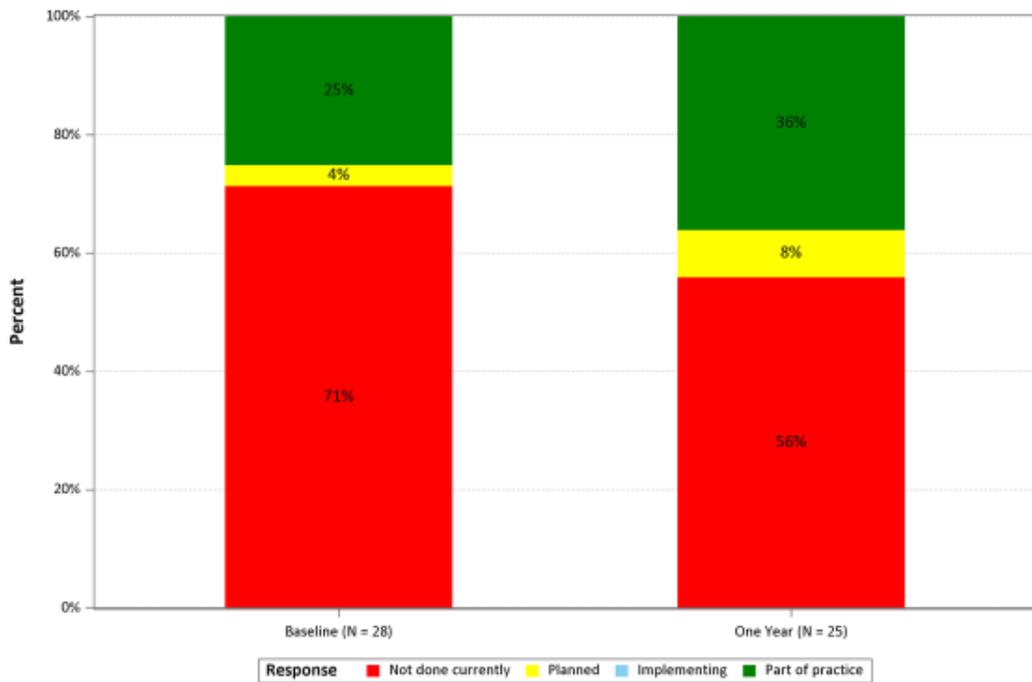




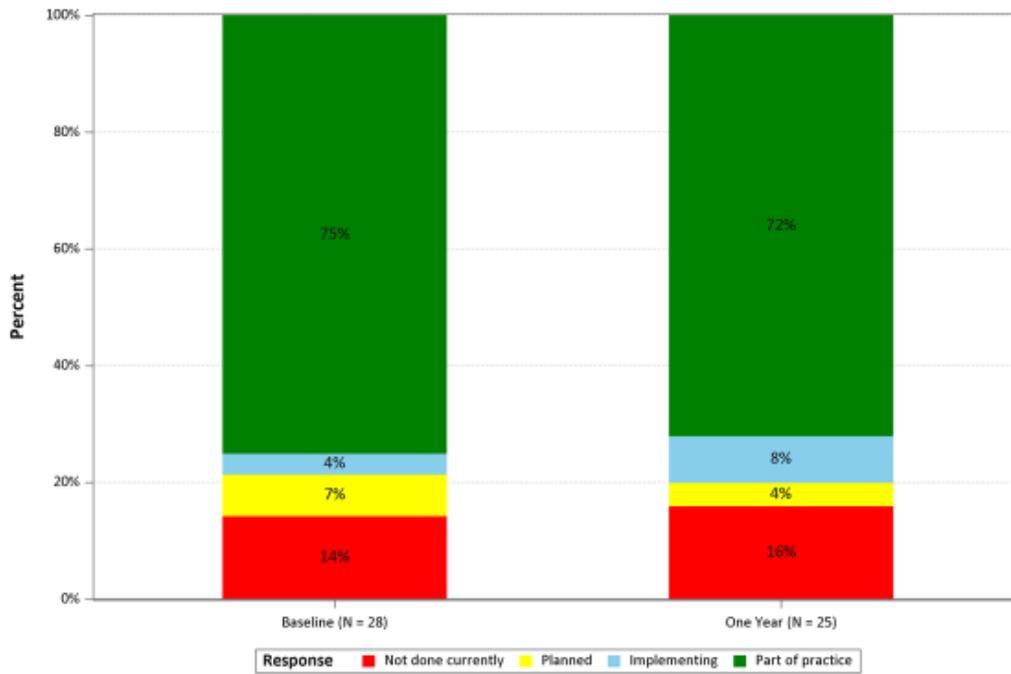
Has completed training in trauma informed care and addiction as a chronic illness to provide non-judgmental support



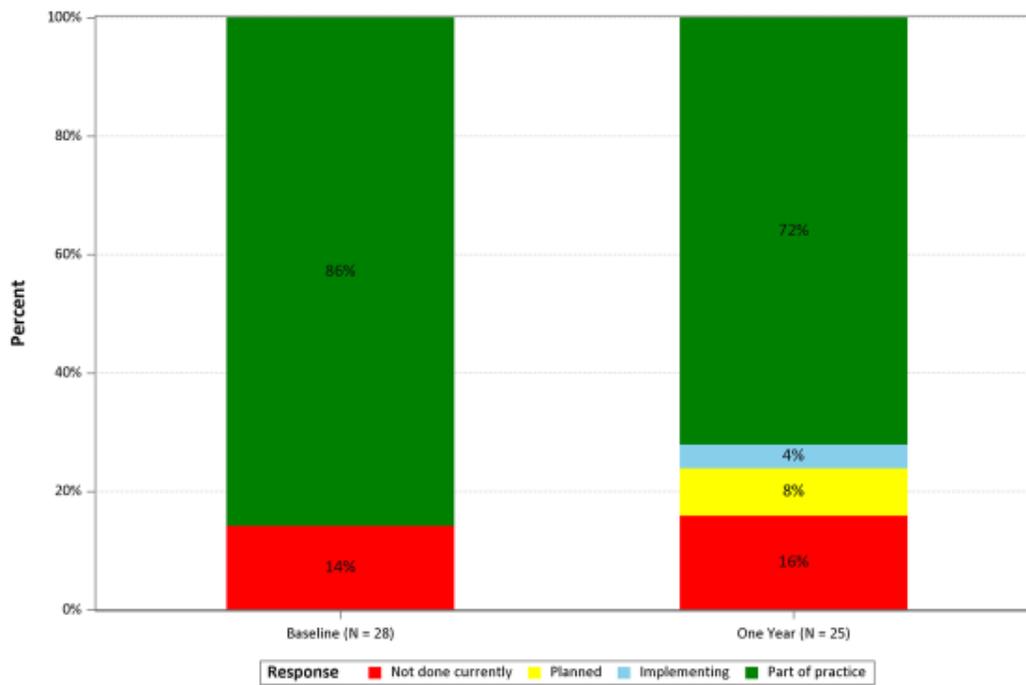
Connects women to vocation training opportunities as applicable



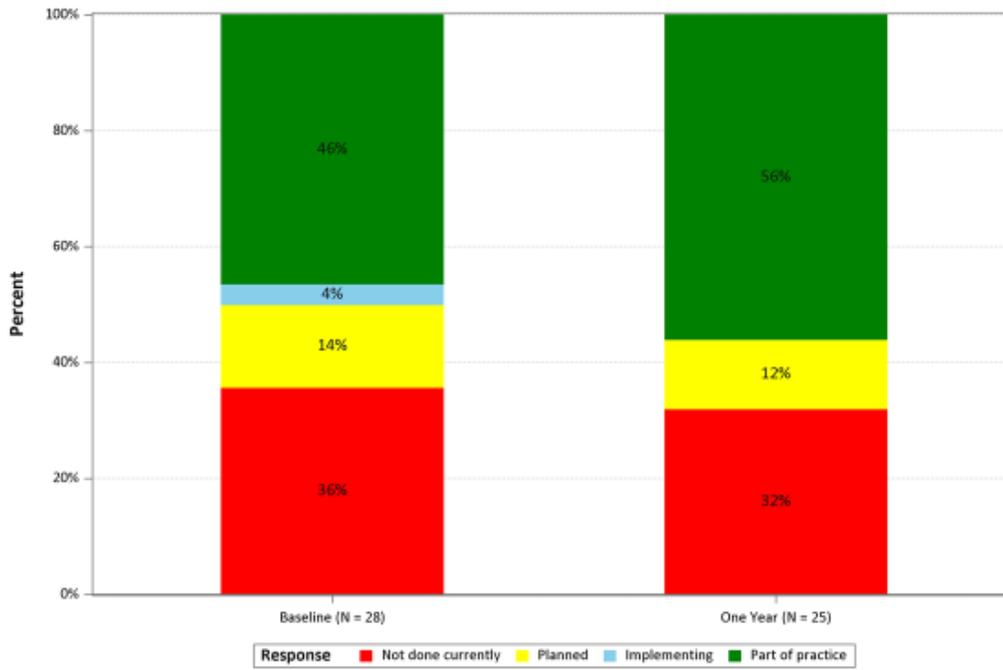
Involves community partners including faith-based organizations to support pregnant women with OUD



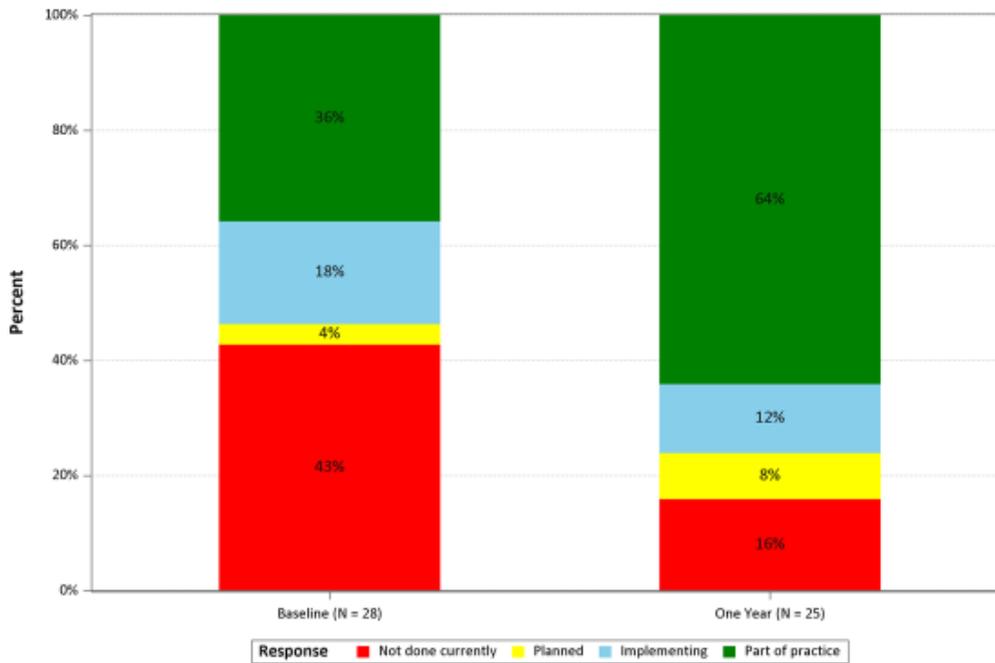
Utilizes shared decision making and motivational interviewing to encourage healthy behaviors



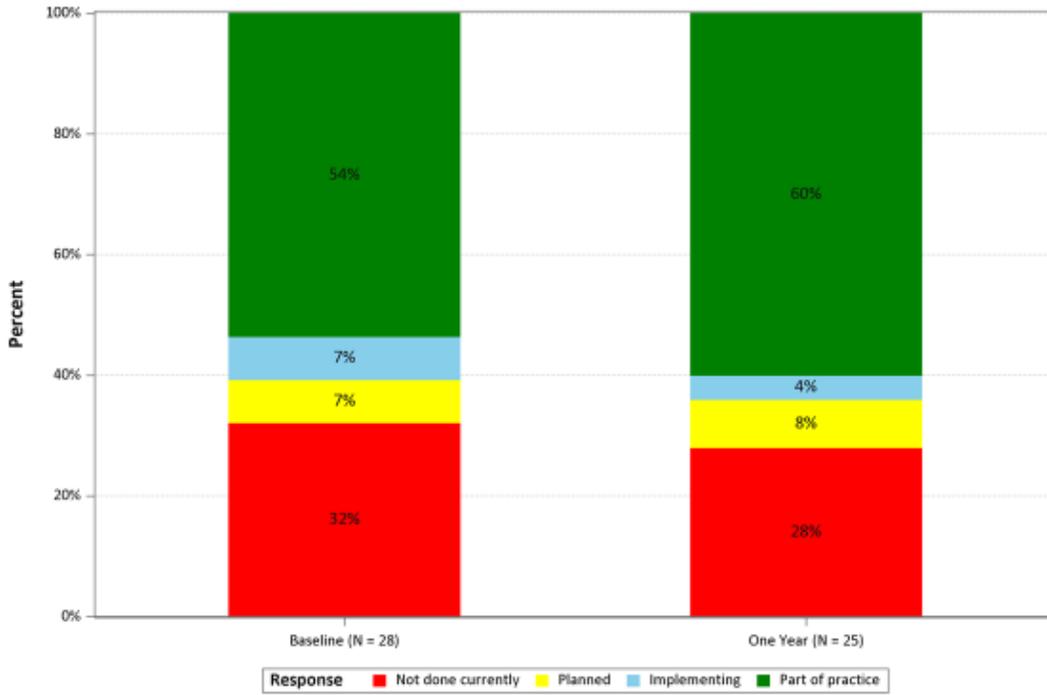
Coordinates Prenatal consultation for pregnant women with OUD with neonatology/pediatrics to discuss NAS



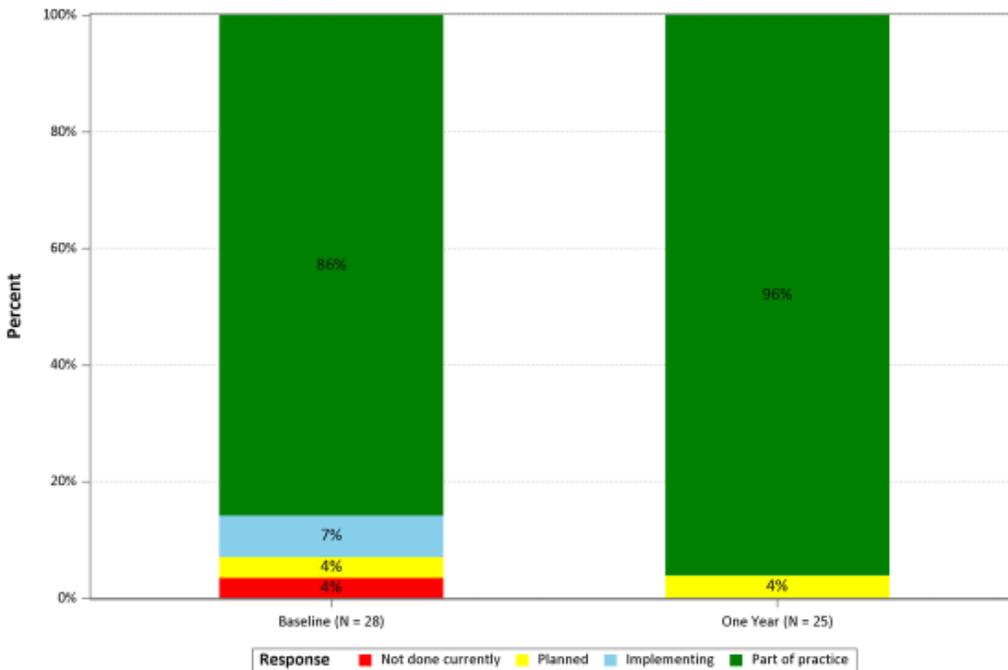
Ensures mom and baby have a PCMH (post-delivery)



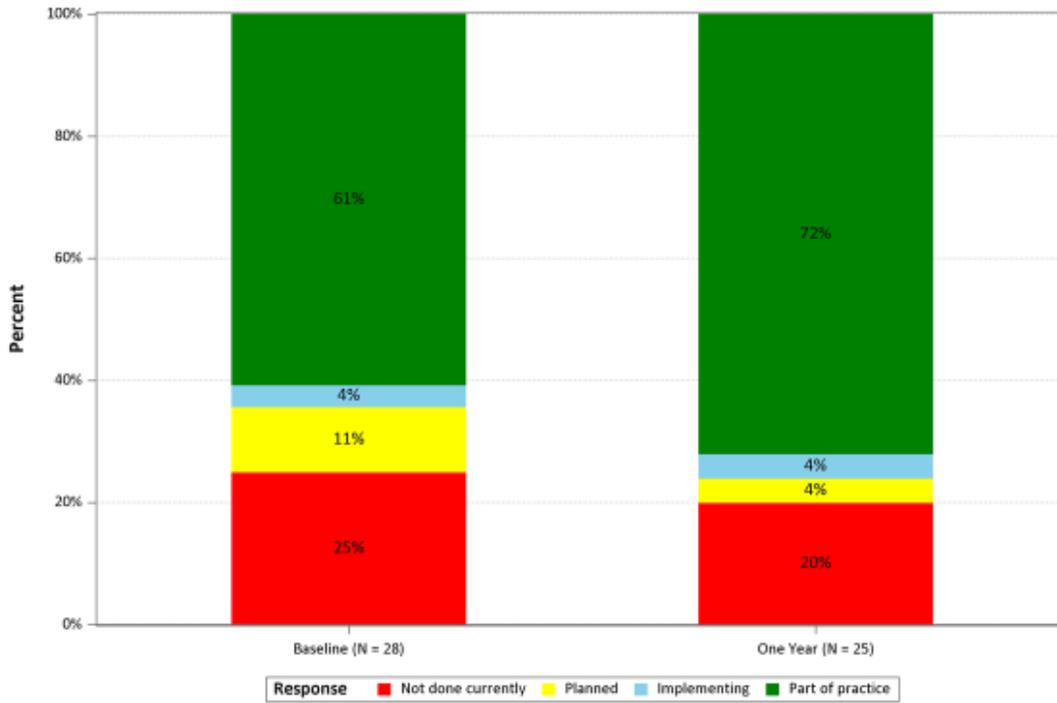
Provides a warm handoff to pediatric care provider for infant post discharge



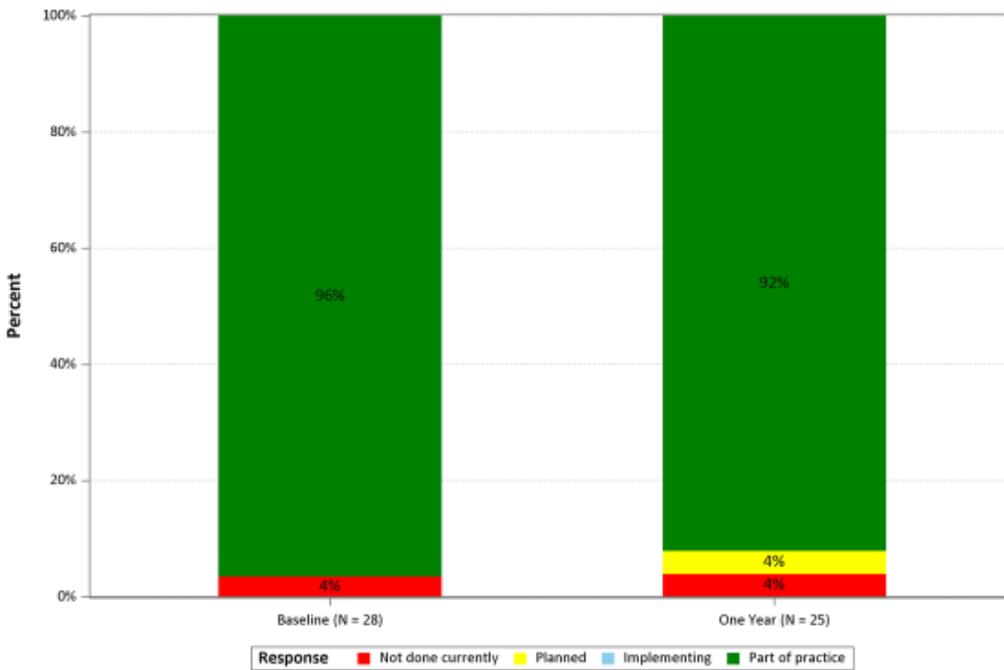
Provides lactation consultation (if applicable), post-partum depression screening and contraceptive counseling



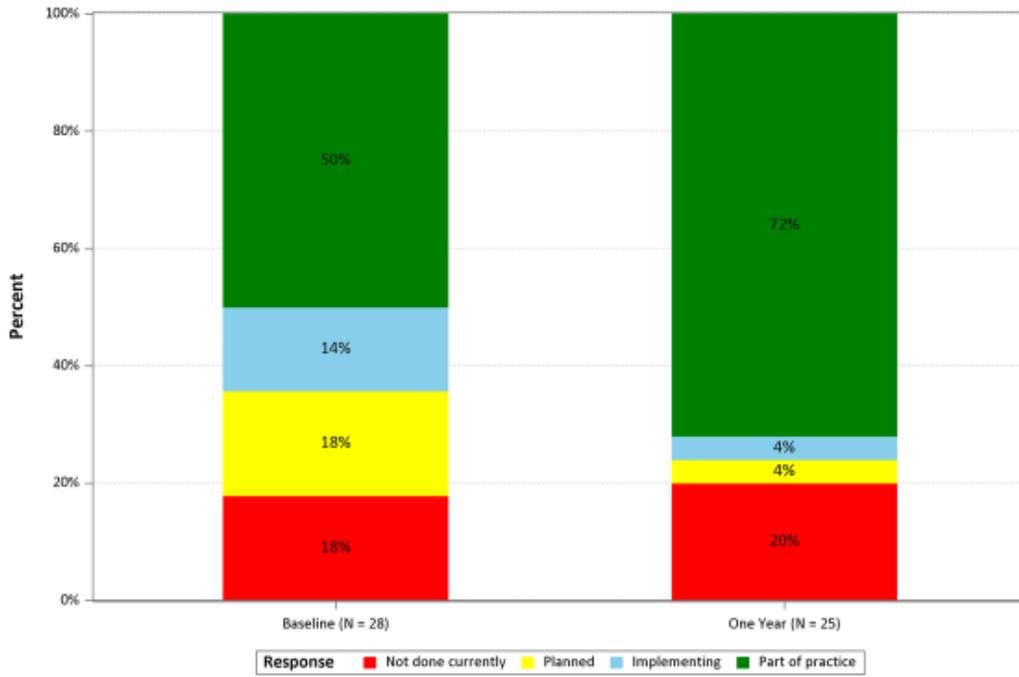
Refers pregnant women with OUD to Community Health Workers and/or home visitation programs (dependent on region)



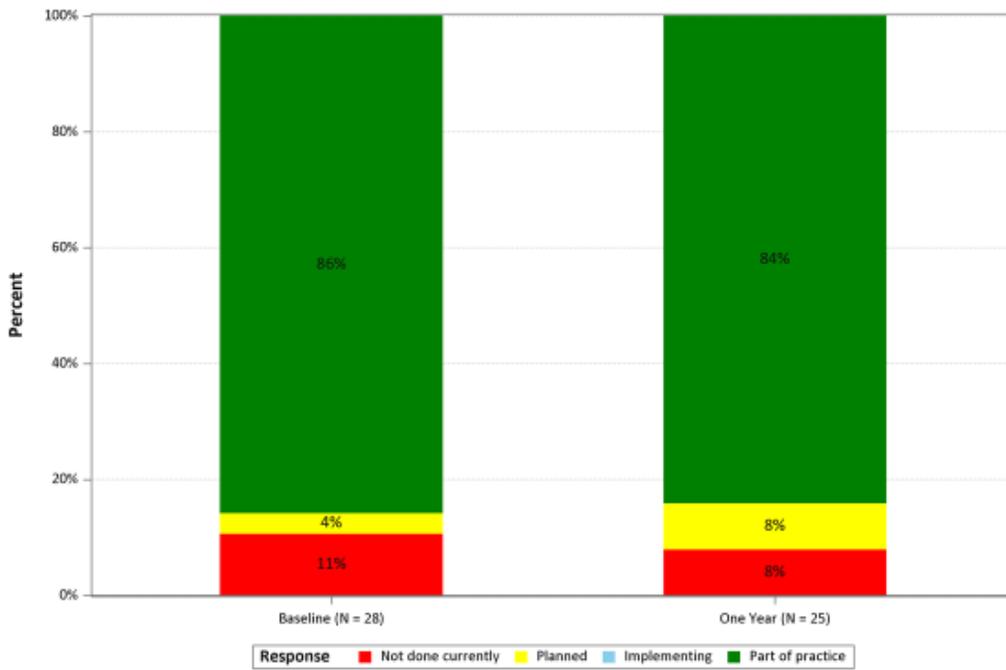
Refers to or considers Help Me Grow and/or parenting classes



Ensures that continuation and retention of services during pregnancy and post-delivery occur

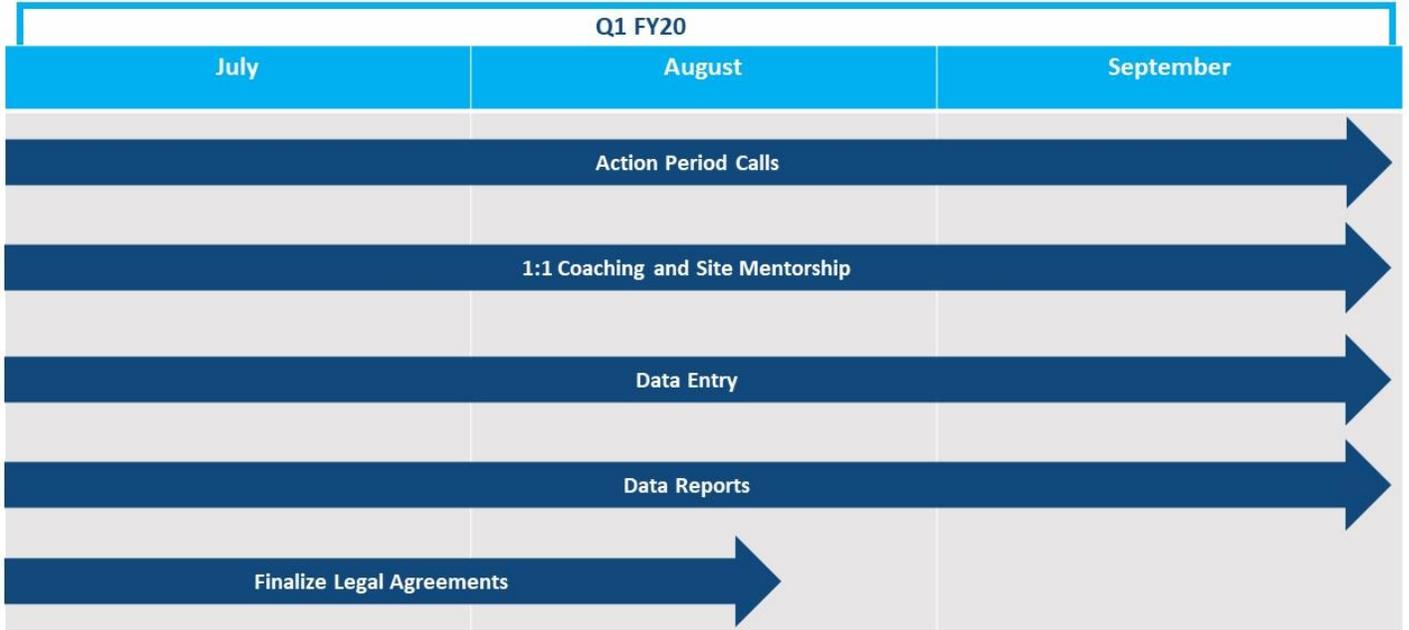


Coordinates with the Department of Job & Family Services/Child Protective Services regarding need for infant safety plan



Appendix 5: Draft Project Schedule

MOMS Plus Project Schedule



DRAFT