

Management of Substance Use in the Pregnancy Medical Home Setting

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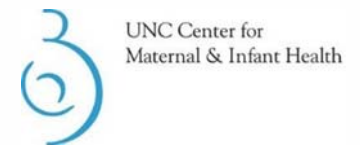
UNC Center for
Maternal & Infant Health

Community Care
of North Carolina

Webinar Objectives



- Describe SBIRT approach to manage substance use in pregnancy
- Components of SBIRT (Substance Use Screening, Brief Intervention, and Referral to Treatment)
- Why SBIRT?
- Clinical tools and other resources



PMH Care Pathway: Management of Substance Use in Pregnancy

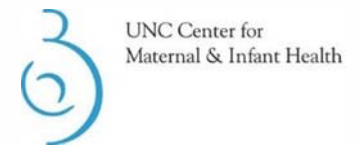


- Promotes SBIRT model in the OB setting

ACOG Committee Opinion No. 422, December 2008:

“Physicians have an ethical obligation to learn and use techniques for universal **screening** questions, **brief intervention**, and **referral to treatment** in order to provide patients and their families with medical care that is state-of-the-art, comprehensive, and effective.”

- Includes separate “Appendix A” to address opioid dependence in pregnancy
- One-page Summary Recommendations outlines key points on Management of Substance Use in Pregnancy available on PMH webpage
- Separate Summary Recommendations document on Management of Opioid Dependence in Pregnancy



What is SBIRT?



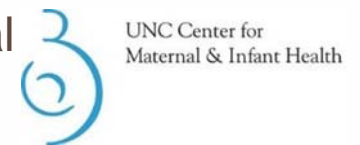
Systematized way to assess use and risk that's being implemented across healthcare

Components of SBIRT

- Screening
- Brief Intervention
- Referral to Treatment

Currently:

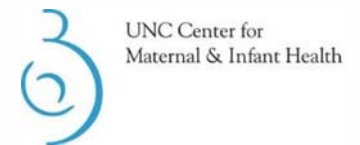
- Screening often inconsistent
- Lack of knowledge and comfort with substance use disorders among health care providers
- Real or perceived lack of community specialty care for referral



Why SBIRT?



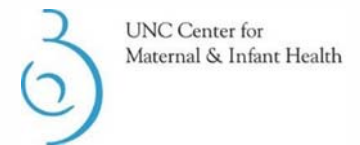
- Alcohol and drug use common during pregnancy
 - Stillbirth, FASD, Neonatal Abstinence Syndrome, Intrauterine Growth Restriction, etc.
- No safe levels; no exact dose-response relationship
- Screening allows for early identification and effective treatment
- SBIRT cost effective (\$4-\$7 saved for every \$ spent)
- Universal screening widens the net: SUD screening part of general non-pregnancy health visit



Screening Guidelines



- Universal screening recommended
- Define standard drink; include misuse of prescription medications in illicit drug category
- Assess quantity and frequency
- Note binge patterns
- Score from screening tool: many tools, CCNC uses modified 4 Ps



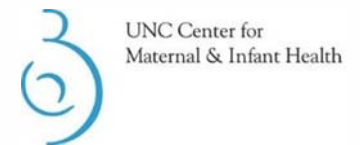
Important to Define Standard Drink



Management of Substance Use in Pregnancy: screening



- There is no single best screening instrument to identify pregnancy women with SUD problems
- Several short questionnaires developed or validated for pregnant women include:
 - Alcohol: T-ACE, TWEAK, AUDIT-C
 - Alcohol and Drugs: DAST, MAST, 4 P's, CRAFFT
(CAGE not validated for women)



Management of Substance Use in Pregnancy: screening

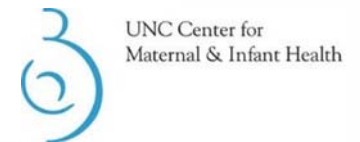


- Pregnancy Medical Home risk screening form
 - Standardized screening tool used by all PMH providers to screen all pregnant Medicaid patients
 - Includes substance abuse screening questions adapted from the Modified 4 P's

CCNC Pregnancy Home Risk Screening Form

Complete this side of the form and give it to the nurse or doctor. Please answer as honestly as possible so we can provide the best care for you and your baby. The care team will keep this information private.

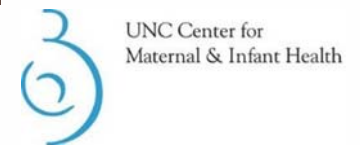
8. Did any of your parents have a problem with alcohol or other drug use? Yes No
9. Do any of your friends have a problem with alcohol or other drug use? Yes No
10. Does your partner have a problem with alcohol or other drug use? Yes No
11. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? Yes No
12. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs? Not at all Rarely Sometimes Frequently
13. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs? Not at all Rarely Sometimes Frequently



Management of Substance Use in Pregnancy: screening



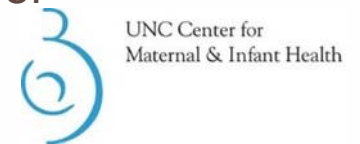
- ACOG supports universal verbal screening for substance use in the prenatal care setting
- Universal urine drug screening is not recommended for prenatal care providers
 - Cost
 - False positives
 - Capacity for follow up of positive screens
- Urine drug screening has utility in the prenatal setting for patients who report substance use issues or who are receiving prescribed opioids or medication-assisted treatment



Management of substance use in pregnancy: screening



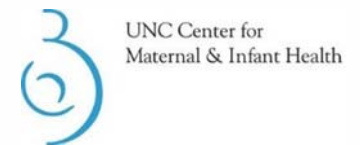
- For patients with positive screens, assess:
 - What substances (including misuse of prescription meds)
 - Frequency of use
 - Days/week
 - Quantity/use
 - Last use of each substance
 - For patients who report past problems only:
 - Ask about past difficulties with substance use
 - Ask about experiences during previous pregnancies
 - Offer support and referral for further assessment and/or treatment as needed



Management of substance use in pregnancy: brief intervention



- Effective, low-cost option for SUDs
- Non-dependent user
- Time-limited
- Performed in non-treatment clinical settings
- Based on motivational interviewing (MI) and cognitive behavioral treatment (CBT)



Management of substance use in pregnancy: brief intervention



- Offer a brief intervention to all patients:
 - Raise awareness of risks of drug/alcohol use in pregnancy
 - Increase patient's motivation to acknowledge and address problems related to substance use
- Include a clear recommendation to discontinue use of drugs/alcohol immediately* if there is current use
 - *Patients with opioid dependence should not be advised to discontinue medication-assisted treatment or pain management regimen; refer patients with illicit opioid use to medication-assisted treatment
- Provide clear, accurate, non-sensationalized information
- Use a non-judgmental, caring, respectful manner

Management of substance use in pregnancy: brief intervention

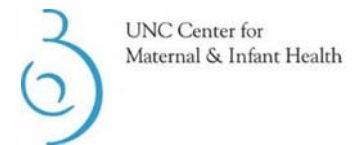


FRAMES

- Feedback of personal risk
- Responsibility for personal control
- Advice to change
- Menu of choices
- Empathic counseling style
- Self efficacy

STAGES of CHANGE

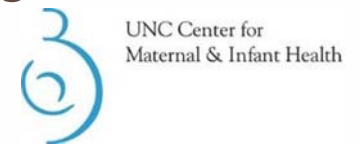
- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance



Management of substance use in pregnancy: brief intervention



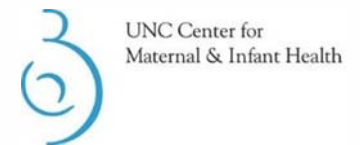
- For patients without current/recent substance use and without a history of significant problems with drugs/alcohol:
 - Reinforce positive behavior of abstaining from alcohol and drug use during pregnancy
 - Reinforce benefits of avoiding drug/alcohol use during pregnancy and for women's health generally at subsequent visits
 - Reassess drug/alcohol use once per trimester and at postpartum visit or if potential warning signs are noted



Management of substance use in pregnancy: brief intervention



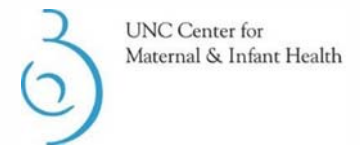
- For patients with current/recent substance use or who have had significant problems with drugs/alcohol:
 - If no current use, provide support for continued non-use and consider referral for further assessment or treatment
 - Assess patient's perception of problem and readiness to change behavior
 - Ensure patient has been referred to a pregnancy care manager
 - Schedule more frequent prenatal visits
 - Consider the use of urine drug screening
 - Discuss referral options with the patient



Management of substance use in pregnancy: referral to treatment



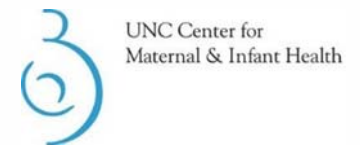
- **Patients who may benefit from a referral to a behavioral health provider for a substance abuse assessment include those who:**
 - Have tried to stop using alcohol or drugs in the past without success
 - Are currently using alcohol or drugs during pregnancy and are not confident in their ability to stop
 - Are not ready to stop but who are willing to meet with a behavioral health provider for assessment



Management of substance use in pregnancy: brief intervention



- For patients who do not agree to abstain from use and who do not want a referral for substance abuse assessment and/or treatment:
 - Utilize motivational interviewing techniques (FRAMES)
 - Focus on strategies to reduce risk
 - Regularly reassess patient's readiness to change



Management of substance use in pregnancy: referral to treatment



- Referral for substance abuse assessment:
 - If a behavioral health provider is known to the OB provider, make a direct referral with the patient present
 - Request an appointment for assessment and service recommendations
 - If a behavioral health provider is not known to the OB provider, call the local LME/MCO Screening, Triage and Referral (STR) line with the patient present
 - Explain to the patient that a substance use assessment is a consultation with a specialist, as would be recommended for any type of comorbidity (e.g., cardiology, GI)
 - OB providers should establish pathways for referral and for coordination of care with local substance treatment providers

Management of substance use in pregnancy: referral to treatment

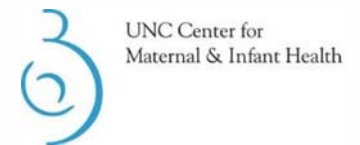


- For patients who request substance abuse treatment:
 - Contact the NC Perinatal Substance Use Coordinator for assistance identifying a program/managing referral process
 - 1-800-688-4232
 - The NC Perinatal and Maternal Substance Abuse Program has residential, outpatient and transitional gender-specific programs for women who are pregnant or parenting children up to age 11
 - If a community-based substance abuse treatment program that can meet the patient's needs is known to the OB provider, make a direct referral with the patient present

Management of substance use in pregnancy: referral to treatment



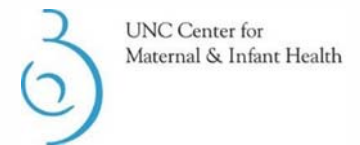
- For patients in need of acute stabilization prior to entry into a community-based and/or residential treatment program, utilize available inpatient options
 - Consider referral to one of the three state-operated Alcohol and Drug Abuse Treatment Center, all of which accept pregnant women from their catchment areas
 - Walter B. Jones in Greenville offers medication-assisted therapy for opioid use disorder on site and accepts pregnant patients statewide
 - Admit to a tertiary center that can manage pregnant patients with substance use treatment needs



Management of substance use in pregnancy: referral to treatment



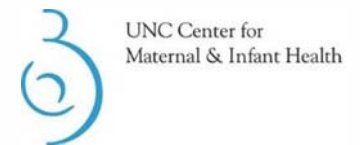
- For all referrals:
 - Have the patient sign consent/release of information forms in order to coordinate care with the behavioral health provider
 - Identify potential barriers to the patient keeping the referral, such as transportation, childcare, fears about stigma or concerns about how she will be treated in the behavioral health setting
 - Ensure the patient's pregnancy care manager is aware of the referral and any scheduled appointments
- Ensure ongoing collaboration between prenatal care and behavioral health provider



Medicaid coverage/ reimbursement key points



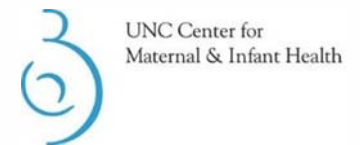
- Behavioral health services, including substance abuse treatment, are covered for women in the Medicaid for Pregnant Women category (about one-half to two-thirds of all Medicaid pregnancies)
- Pregnant women are exempt from co-pays for medical and behavioral health services, as well as pharmacy co-pays
- SBIRT counseling codes are payable on top of the OB package codes that are routinely used to bill for maternity services for Medicaid patients



Substance Use Pathway Appendices



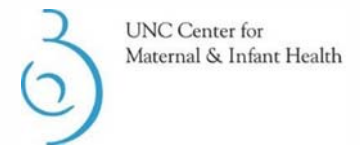
- 12 appendices offer prenatal care providers resources to assist in the management of pregnant patients with substance use. These include:
 - Management of Opioid Dependence in Pregnancy
 - Urine Drug Screening
 - Use of NC Controlled Substances Reporting System
 - Reimbursement guidance for SBIRT counseling
 - Becoming a buprenorphine prescriber
 - Structure of brief intervention (FRAMES and BNI)
- Each appendix is available on the Substance Use Pathway webpage on CCNC's website as a standalone document



Next steps...



- Management of Substance Use pathway is available on CCNC website
- Two “Summary Recommendations” documents are also available (one page each):
 - Management of Substance Use in Pregnancy
 - Management of Opioid Dependence in Pregnancy
- Practices interested in hands-on technical assistance from a team of consultants with expertise in SBIRT and managing substance use in pregnancy should contact the local CCNC OB team for more information



Questions?

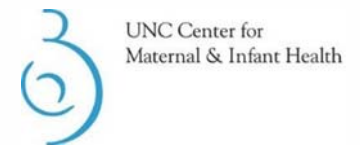


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