



# PERINATAL SUBSTANCE EXPOSURE TASK FORCE

Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

*Task Force Chair: Monica Edgar*

Wednesday July 25, 2018

2:30PM-4:30PM

*Meeting Minutes*

**In-Person Participants:** David Laflamme, Anna Ghosh, Courtney Gray Tanner, Daisy Goodman, Deborah Schachter, Maggie Minnock, Rekha Sreedhara, Monica Edgar, Rebecca Ewing, Kate Frey, Lucy Hodder, Allison Wyman, Ann Collins, Kali Giovanditto, Louise Brassard, Erin Collins, Cheri Bryer, Brittany Smith, Adelaide Murray

**Phone Participants:** Renee Maloney, Whitney Parsons, Linda Parker

## I. May Meeting Minutes

- The May minutes were approved.

## II. Plan of Safe Care Updates & Discussion

- Kali Giovanditto will represent DCYF on the Task Force.
- David Laflamme presented the Temporary (July – September) Birth Certificate Surveillance Questions that the task force previously had the opportunity to provide input on. These questions were also pilot tested in three hospitals, birth data quality committee review, a telephone interview with a key informant who has implemented similar questions in another state, documentation provided to each hospital prior to implementation, and clinician review.
  - o Q1. Was there documented opioid exposure at any time during pregnancy? (Yes/No/Unknown)
  - o Q2. Was the infant monitored for signs of opioid withdrawal or neonatal abstinence syndrome? (Yes/No/Unknown)
  - o Data collected show approximately 5% positive response for each question.
  - o Initial plans and pilot testing for the second question were focused on inclusion criteria limiting responses to monitoring related to opioids. However, a federal (aggregate data) reporting requirement with a July 1 implementation deadline necessitated a last-minute change to the use of broader inclusion criteria that expanded responses to include monitoring for “substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder”.
  - o Several concerns were raised about the current questions, including:
    - Does all opioid use need to be reported or is this specific to the misuse of opioids?
      - All hospitals received standardized guidance in how to respond to the temporary surveillance questions. Any

documented opioid exposure should result in a response of “Yes” to the first question. An example was shared regarding a short course of opioids for pain early in pregnancy for non-pregnancy-related surgery. This would result in a “Yes” response since our intention is to capture all opioid use. In this example, the second question might appropriately be answered “No” if the clinician involved did not have concerns regarding withdrawal symptoms.

- What is the difference between *exposed to* and *affected by*?
  - Not all infants exposed to opioids exhibit signs and symptoms (affected by). This question is intentionally asking about any documented exposure.
- How is alcohol use reported? Is there an opportunity to add a question to the birth certificate?
  - There is an existing nationally standardized question about alcohol use on the maternal worksheet of the birth certificate; however, the data are not reliable or valid. Only 0.4% of New Hampshire birth records in 2017 had a “Yes” response to the question about alcohol use during pregnancy.
- David Laflamme will notify the task force regarding opportunities to provide input on the development of permanent questions.
- There is currently not a universal template for NH’s Plan of Safe Care.
  - A subgroup will propose a template for DPHS and DCYF. The plan will be outward facing and strengths based.
  - The group will reference templates from VT, NC, and RI. Allison will share these templates with Rekha.
  - Rekha will convene a meeting of this group.
- Questions were raised related to the confidentiality of the Plan.
  - Who can see the plan? How does the plan go home? Is the plan included in the discharge summary? Does it stay with the child as part of the medical record? Does it stay in the mother’s medical record?
- Additional comments relative to the Plan:
  - Currently it is difficult to follow and manage patients with a Plan of Safe Care if they get readmitted or go to another facility.
  - Training is needed for the court system on how to determine if the baby is safe. This may have nothing to do with the baby’s level of exposure.
  - DCYF has provided the following guidance: If abuse or neglect is suspected, report to DCYF for a screening and assessment process.
    - Lucy shared that other states provide flow charts that provide guidance for “if that, then this” – Lucy will share these examples with Kali.

- DPHS will provide a training in September to hospital social workers, family resource centers, and maybe SUD treatment providers. This will focus on referrals of the Plan. **Task Force members interested in helping to plan this event can email Patricia Tilley at [patricia.tilley@dhhs.nh.gov](mailto:patricia.tilley@dhhs.nh.gov).**
- NNEPQIN will provide an overview of the law and how it relates to OB providers at their conference on November 11 and 12.

### III. Update on Summit

- The Summit will focus on Plans of Safe Care.
- A subgroup had its first meeting in July to discuss focus and agenda and other event logistics.
- The Summit will be held on January 29, 2019 at the Grappone Conference Center in Concord.
- Target audience: Healthcare providers, treatment providers, family resource centers, family planning practitioners, early supports and service providers (home visiting, DCYF, early head start), pediatric providers, and other professionals
  - o It was suggested to invite attorneys and family court judges as well.
    - The group is working to determine if this event, or a different event will be most appropriate for this audience.
- The agenda will include background on processes, reporting, and attendant considerations of patient confidentiality, record keeping, child protection, referral to services, and more. Opportunities to explore gaps and challenges, and identify areas needing further clarification, through case studies facilitated by an expert panel and multidisciplinary group discussions will also be integrated.
- The group suggested to add a person in stable recovery to the planning group.
- **If you have additional ideas for the Summit please send to Rekha ASAP.**

### IV. Update on Anti-Drinking Communication Materials for Liquor Outlets

- A subgroup convened in early July to discuss plans to comply with RSA 177:8-b which requires NH liquor stores to include information on the risks of drinking alcohol while pregnant.
- The group decided to design a poster and info card to increase public awareness of the risks of drinking alcohol during pregnancy.
- Messages will be tested via focus groups and an online survey.
- A media advisory will be released on September 4th, followed by an event at a liquor store on September 5th. On September 8<sup>th</sup> or 9<sup>th</sup> there will be a media release with photos.
  - o **Louise will be gathering information for a resource table at the event.**
  - o Wallet cards were suggested as a way for people to take the information.
- The group expressed concerns related to the sustainability of the posters.
- **Deborah will provide an update at the next meeting about the Maternal Health Campaign.**

**V. Legislative and Policy Updates**

- Current and prospective Managed Care Organizations (MCOs) are being asked to submit how they would meet expectations through RFPs. The goal is to have three MCOs in place by July 1, 2019.
- NAS is very heavily reflected in these documents.
- There are three buckets about NAS and the re-procurement documents:

Payment	Services	Reporting
<ul style="list-style-type: none"> <li>• Includes alternative payment method for NAS births. Some alternative payments will have consequences and incentives in 3 categories               <ul style="list-style-type: none"> <li>○ Behavioral health</li> <li>○ Quality improvement</li> <li>○ Care management for NAS births and moms.                   <ul style="list-style-type: none"> <li>▪ This should happen by the providers not the MCO, but that would be difficult.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Have to establish a screening and treatment protocol</li> <li>• Have to have a healthy behavior incentive program to encourage prenatal care for those mothers at risk of NAS</li> <li>• Provide training for families of infants with NAS</li> </ul>	<ul style="list-style-type: none"> <li>• The number and the percentage of newborns with NAS who are referred to a case manager within 30 days of being diagnosed</li> <li>• Number and percentage of newborns and family who are enrolled in the MCO case management within 30 days of referral</li> </ul>

- **The TF will submit a comment stating that reimbursement should be required for care management by director providers. Monica will discuss submitting this comment with Patrick.**
- A work group was suggested to discuss multiple issues related to this content.

**VI. Recommendations for proposed spending of the \$23M Funding**

- Task Force will submit its top five recommendations to the Governor’s Commission.

**VII. Other Business**

- Outline of Perinatal SUD Efforts in NH
  - A spreadsheet of perinatal initiatives in NH was prepared. This chart will be updated and shared on an ongoing basis.
  - All listed initiatives are Dartmouth projects/programs. Daisy provided an overview/update about the different efforts.
  - Alliance for Innovation and Maternal Health developed a toolkit.
- [HRSA Grant for Screening and Treatment for Maternal Depression and Related BH Disorders](#)
  - DPHS is applying for this funding based on an MA model with Dartmouth and UNH Citizens Health Initiative as partners.
- Kate Frey shared article, [Perinatal Marijuana Use and the Developing Child](#), AMA 2018. **New Futures would like feedback.**

- Becky Ewing would like to review research base.
- Billing/Reimbursement Issues
  - Rekha will share a few questions related to challenges in billing, reimbursement and access to treatment. If you are experiencing issues, please send comments to Rekha. These issues will be discussed at the next meeting.
  - Grant funded care has resulted in not interacting with MCOs very much, which will not translate well in term of sustainability of a system of care.
- The presentation on modules related to tobacco prevention & cessation for OB providers will be deferred to September.
- [SB 477](#): SB 477 was passed authorizing a medical oversight board to monitor and provide guidance on issues related to medical marijuana. The board needs to identify an OB/GYN or ARNP Midwife who is familiar with the therapeutic cannabis program or has a special interest in cannabis use among perinatal women. The commitment would be a minimum of 2 meetings per year.
  - If you or someone you know meets these qualifications and is interested, please contact Tricia Tilley at [patricia.tilley@dhhs.nh.gov](mailto:patricia.tilley@dhhs.nh.gov).
- A webinar was held on July 30 related to non-pharma interventions with Dr. Grossman.