Do the Next Right Thing
A Family Centered & Multidisciplinary Approach to Substance Use Disorder Treatment Among Perinatal Women

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Disclosures

- Laura Fanucchi, MD, MPH; Seth S. Himelhoch, MD, MPH; Michael G. Kindred, MD; Alice Thornton, MD; Nancy Jennings, BSN, RN; Holly Dye, MRC; and Mark D. Birdwhistell, MPA, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.
Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Outcomes

- Describe how a family-centered approach to substance use disorder treatment can be operationalized across the continuum of care.
- Outline the key components of substance use disorder treatment as it pertains to pregnant and parenting women.
- Identify opportunities for family and stakeholder advocacy in the context of family-centered care.
Introduction:
What it Means to “Do the Next Right Thing” in Kentucky

Seth Himelhoch, MD, MPH
Chair, Department of Psychiatry
College of Medicine
Introduction

- The Next Right Thing
  - Change occurs at the “speed of trust.”
  - Pregnancy—an opportunity for change?
  - Family centered care can make difference…
Beyond Birth Program: An Evidence-Based & Comprehensive Approach to Opioid Use Disorder

Michael Kindred, MD
Assistant Professor, Department of Psychiatry
College of Medicine
Learning Outcome

- Enumerate the key components of substance use disorder treatment as it pertains to pregnant and parenting women
Perceived Need for Treatment

18.4 million did not perceive a need for treatment (95%)

19.3 million people aged 12 or older needed but did not receive substance use treatment at a specialty facility

880,000 perceived a need for treatment (5%)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015.
Population Health – Hepatitis C

Reported cases of acute hepatitis C, 2012 (1,778 nationwide)

Rate per 100,000

- No data
- Less than 0.5
- 0.5 to 1.0
- More than 1.0

Source: Centers for Disease Control and Prevention / The Wall Street Journal
A majority of those entering treatment for substance use disorders are of childbearing age.

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. of admissions</th>
<th>Total admissions aged 12 and older</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>10,346</td>
<td>18,016</td>
</tr>
<tr>
<td>Female</td>
<td>7,667</td>
<td>18,013</td>
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<table>
<thead>
<tr>
<th>Age at admission</th>
<th>No. of admissions</th>
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<tbody>
<tr>
<td>12 to 19 years</td>
<td>692</td>
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<tr>
<td>20 to 24 years</td>
<td>2,725</td>
</tr>
<tr>
<td>25 to 29 years</td>
<td>3,780</td>
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<tr>
<td>30 to 34 years</td>
<td>3,550</td>
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<tr>
<td>35 to 39 years</td>
<td>2,368</td>
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<tr>
<td>40 to 44 years</td>
<td>1,076</td>
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<tr>
<td>45 to 49 years</td>
<td>1,328</td>
</tr>
<tr>
<td>50 to 54 years</td>
<td>999</td>
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<tr>
<td>55 to 59 years</td>
<td>604</td>
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<tr>
<td>60 years and older</td>
<td>294</td>
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</table>

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>No. of admissions</th>
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</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>15,543</td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>1,798</td>
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<tr>
<td>Hispanic origin</td>
<td>180</td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>18</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>443</td>
</tr>
</tbody>
</table>
Definition – Neonatal Abstinence Syndrome

- Neonatal abstinence syndrome (NAS) is a clinical diagnosis of a constellation of signs and symptoms that involve multiple organ systems.
- Signs of significant withdrawal include diarrhea, sleeplessness, inconsolability, and/or disorganized feeding.
Neonatal Abstinence Syndrome Hospitalizations in Kentucky

Year of admission

Issues Facing Women with Substance Use Disorders

- Intergenerational drug-related child abuse & neglect

- Biopsychosocial factors affecting families
  - Lack of positive & supportive relationships
  - Lack of formal education & job skills
  - Legal issues
PATHways Program: Empowerment & Sustained Recovery

Nancy Jennings, BSN, RN
Beyond Birth Nurse Navigator
Learning Outcomes

- Enumerate the key components of substance use disorder treatment as it pertains to pregnant and parenting women
- Describe how a family-centered approach to substance use disorder treatment can be operationalized along the continuum of care
PATHways Program

- Perinatal Case Management
- Trauma Informed Care
- Individualized and Group Peer Support
- Addiction Counseling
- Tobacco Treatment
- Targeted Community Referrals

Empowerment and Sustained Recovery

Beyond Birth
Family-Centered Care

Multidisciplinary Team

PATHways Program

PATHways Program

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Beyond Birth: Currently Serving Women from These Highlighted Counties
“Rooming In” is Better for Babies - Need for Medication

32 Babies Received Care by Parents*

32 Babies Received Traditional Care*

Two Required Medication for Neonatal Abstinence Syndrome

Twelve Required Medication for Neonatal Abstinence Syndrome

*The mothers of the 64 infants were matched according to gestational age, smoking, and breastfeeding status
“Rooming In” is Better for Babies – Length of Stay

32 Babies Received Care by Parents*

Their average length of stay at the hospital was six days.

32 Babies Received Traditional Care*

Their average length of stay at the hospital was thirteen days.

*The mothers of the 64 infants were matched according to gestational age, smoking, and breastfeeding status.
Neonatal Abstinence Care Unit (NACU): The Latest “Next Right Thing”
NACU – “Care by Parent” Initiative

- Encourage skin-skin and breastfeeding
- Infant massage
- Jin Shin Jytsu
- Pacifiers
- Swaddling
- “Happiest Baby on the Block,” Dr. Harvey Karp

Providing this combination of services has resulted in a 40% reduction in babies requiring medication for treatment of NAS.
PATHways Program: Empowerment & Sustained Recovery

Holly Dye, MRC
Beyond Birth Program Director
Learning Outcome

- Identify opportunities for family & stakeholder advocacy in the context of family centered care
Why Beyond Birth?

- Prevent repeat NAS birth & unplanned pregnancy
- Increase number of Kentucky children living in safe homes
- Increase motivation to engage in treatment after delivery
Beyond Birth: A Sustained Recovery Model

- Trauma-informed care
- Nurse navigation
- Medication assisted treatment
  - Buprenorphine/naloxone
- Peer support
Risk of Abuse & Neglect

Children with parents who abuse substances are 3 times more likely to be abused, and more than 4 times as likely to be neglected, than those who grow up without an addicted parent.

Source: https://www.childwelfare.gov/pubs/factsheets/parentalsubabuse/#1
Youngest Children at Highest Risk

Age of Child Victims - Fatalities & Near Fatalities Caused by Abuse & Neglect in Kentucky, 2016

- < 1 Year: 53%
- 1-4 Years: 32%
- 5-9 Years: 9%
- 10-14 Years: 3%
- 15-17 Years: 3%

Data Source: KENTUCKY Child Fatality and Near Fatality External Review Panel

n=150
A Snapshot of a Substance Using Home
One Patient’s Story

After two valve replacements and four months in ICU, Beyond Birth saved two lives and millions of dollars by preventing reinfection.

This patient has provided written legal consent to the use of her name, images and related health information.
A Comprehensive Treatment Model

“I know there will not be judgment if I mess up. I am able to talk to my provider. I felt safe talking about it and asking for help”.
Bluegrass Care Clinic: HIV & Co-Morbidities

Laura Fanucchi, MD, MPH
Assistant Professor
College of Medicine

Alice Thornton, MD
Professor of Medicine
Medical Director
Bluegrass Care Clinic
Learning Outcomes

- Describe how a family-centered approach to substance use disorder treatment can be operationalized along the continuum of care.
- Enumerate the key components of substance use disorder treatment as it pertains to pregnant and parenting women.
Bluegrass Care Clinic (BCC)

The mission of the BCC is to provide a continuum of high quality, state-of-the-art, multi-disciplinary HIV primary care in a compassionate, culturally sensitive manner.
Hepatitis B in Kentucky

Map 3.1 2015 State Acute Hepatitis B Incidence Compared to Healthy People 2020 National Goal*

- At or below national goal
- Above national goal
- More than twice national goal
- Data unavailable

Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

*National goal: 1.5 cases/100,000 population
Number of Acute Hepatitis C Cases in 2014

- California
- Florida
- Kentucky
- New York

CDC DVH Viral Hepatitis Statistics & Surveillance
Proportion of Infants Born to Hepatitis C-Infected Women

Kentucky

United States

MMWR 2016: 65(28)
"Most Vulnerable" Counties

54 of 120 Kentucky Counties “Most Vulnerable”

Counties at Risk for HIV Outbreak As a Result of HIV Drug Use

- Bluegrass Care Clinic Service Area
- Location of the Bluegrass Care Clinic
- PWID Diagnosed with endocarditis
- Counties vulnerable to rapid spread of HIV
Ashley’s Story

- Young couple – exposed Austin, Scott County, Indiana
- Pregnant – treatment offered; screening for all
- Follow up: 5 month old & mom
- Challenges
- Resolutions
Patients with HIV & Substance Use Disorders

Are more likely to:
- Experience HIV-related symptoms
- Have higher hospitalization rates
- Have decreased quality of life
- Experience lower quality of care
- Die

Are less likely to:
- Engage and stay in HIV care
- Receive treatment for HIV
- Have viral load testing
- Adhere to treatment for HIV
- Receive lipid screening

Source: Korthuis

Mortality Risk During & After Methadone Treatment

Mortality rates/1000 person years (95% CI)

Source: Korthuis

Mortality Risk During & After Buprenorphine Treatment

Mortality rates/1000 person years (95% CI)

Source: Korthuis
BHIVES –
A Multisite Study on Integrated Treatment

- Question: How did integrated treatment (HIV clinic-based buprenorphine/naloxone) impact patient outcomes?
- Answer: After one year, patients who had received integrated treatment demonstrated:
  - Decreased heroin/opioid use$^1$
  - Increased antiretroviral treatment uptake$^2$
  - Improved quality of care$^3$ & quality of life$^4$

Source: Korthuis

$^1$ Fiellin JAIDS 2011; $^2$ Altice JAIDS 2011; $^3$ Korthuis JAIDS 2011; $^4$ Korthuis JAIDS 2011
Meta-Analysis – Opiate Agonist Treatment & HIV Transmission

- Question: Does opiate agonist treatment (methadone & buprenorphine) impact HIV incidence in people who inject drugs (PWID)?
- Answer: Opioid agonist treatment decreased new HIV infections in PWID by 54%.

42 – MacArthur, G. BMJ 2012;345:e5945
Bluegrass Care Clinic (BCC)

- Integrating buprenorphine treatment for opioid use disorder in HIV primary care
- AIDS United / Boston University / HRSA SPNS
- Patients receiving HIV primary care at BCC and diagnosed with opioid use disorder
Preliminary Results – HIV Suppression After Six Months

- Patients with HIV in treatment for opioid use disorder showed a 20% improvement in HIV viral suppression rate
Clinic Elements

- Supportive team
- Mental health support
- Treatment agreement
- Patient instructions
- Harm reduction / naloxone
- Point-of-care urine drug tests
- Mechanism to follow KBML regulations
Conclusion:
A Vision for the Future and A Call to Action

Seth Himelhoch, MD, MPH
Chair, Department of Psychiatry
College of Medicine
Conclusion

PATHways Program
Empowerment and Sustained Recovery
Questions?
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THANK YOU

#RxSummit

www.NationalRxDrugAbuseSummit.org