

# MaineMOM

## Model of Care for Perinatal Patients with Opioid Use Disorder

August 28, 2020  
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1

## Disclosure

*I do not have any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of this continuing education program.*

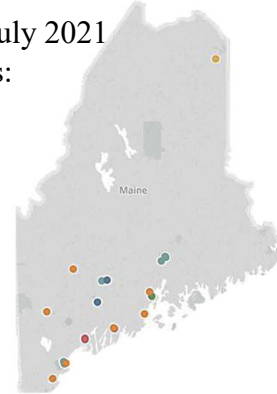
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2

2

## MaineMOM Overview

- Five year funded initiative with Center Medicare and Medicaid Innovation (CMMI) from January 2020 - December 2024
- Designing a MaineCare care-delivery system for pregnant and post-partum patients with OUD with the aim to increase care integration, improve outcomes, and reduce costs
- MaineMOM integrated services to be tested in July 2021 at sites across Maine with the following partners:
  - MaineGeneral
  - MaineHealth
  - MidCoast Hospital
  - Northern Light
  - Penobscot Community Health Center
  - Pines Health Services



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3

3

## MaineMOM Timeline

- January 2020 – June 2021 (Year 1): Plan and Design Services
  - Implement advisory structure to garner input and feedback from healthcare providers, community programs, and women in recovery
  - Launch educational support and public outreach and awareness campaign
- July 2021 – June 2022 (Year 2): Test and Implement MaineCare Policy
  - Implement MaineMOM Services with six partner organizations to test and improve services
  - Incorporate MaineMOM services into the MaineCare Benefits Manual
- July 2022 – June 2023 (Year 3): Expand Services
  - Open expansion to other healthcare sites to deliver MaineMOM services
- July 2023 – July 2024 (Year 4): Improve Services
- July 2024 – June 2025 (Year 5): Evaluate Outcomes

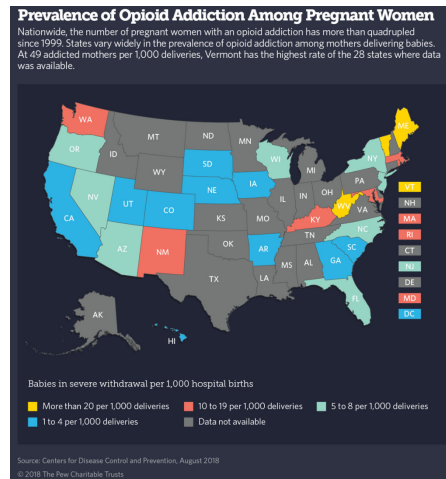
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4

4

## Why Maine?

- Maine is one of the states hardest hit by the opioid epidemic, averaging almost one opioid related death per day over 2017 and 2018<sup>1</sup>
- In 2019, 7% of Maine's births were substance exposed<sup>2</sup>



1. <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/maine-opioid-involved-deaths-related-harms>
2. Office of Child and Family Services, Maine DHHS. (2020) Drug Affected Baby/Substance Exposed Newborn Referrals Calendar Year 2019 Summary.

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5

5

## MaineMOM Objectives

- “No wrong door” screening, welcoming, and engaging women in care
- Supporting treatment and recovery of mothers with group-based Medication Assisted Treatment (MAT)
- Increasing the capacity of integrated teams to deliver evidence-based care, including through telehealth
- Coordinating care across the system and within the community
- Conducting a public outreach campaign aimed at increasing awareness of treatment and reducing stigma

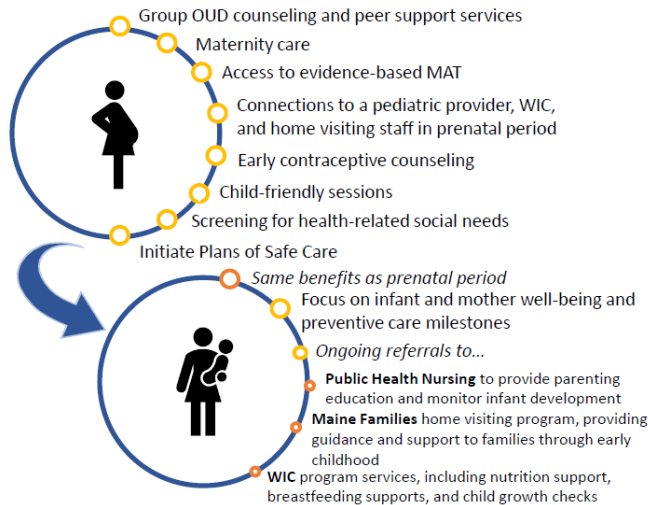
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6

6

## MaineMOM Key Services

### MaineMOM One-Stop Visits



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### Labor & Delivery Goals

The **Eat Sleep Console** approach will be used in all hospitals statewide, emphasizing nonpharmacologic methods and increasing family involvement in treatment of their infant.

Hospitals will utilize **evidence-based pain management protocols** sensitive to the unique needs of women with OUD.

**Offering Long Acting Reversible Contraceptive (LARC)** will be the prenatal standard of care and hospitals will develop post partum LARC protocols.

7

7

## Enrolling in MaineMOM Services

- Services will begin July 2021 with a “No wrong door” approach
  - Media campaign to direct women to Maine’s CradleME referral system. Campaign will also focus on reducing stigma around substance use during pregnancy.
  - CradleME Referral System will be enhanced – additional staff to provide warm handoff to MaineMOM providers.
  - MaineMOM encourages “medication first” approach. Critical to collaborate with EDs as patients might first present there for induction onto buprenorphine.
  - Collaboration and coordination with services across Maine DHHS
    - Public Health Nursing, Maine Families, WIC, Recovery Residences, Opioid Treatment Providers

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8

8

## MaineMOM Educational Support

- Focus on clinical education through:
  - Clinical office hours for collaboration and consultation
  - MaineMOM Statewide ECHO
    - A virtual learning structure
    - Utilize expert faculty to provide focused case consultation and support for implementation of quality care practices



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9

9

## CradleME Referral System



### CradleME

A Referral System  
for All Birthing Families  
in Maine

**Call: 1-888-644-1130**

**Fax: 207-287-4577**

If you are pregnant or have a new baby, CradleME services are available for free. CradleME helps connect you with the right home-based services for you and your baby. CradleME is a partnership between two programs: Public Health Nursing and Maine Families.

<http://cradleme.org/>

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10

10

## MaineMOM Contacts

### Program Manager

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### Clinical Advisor

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### Program Coordinator

Rachel McLean, [Rachel.mclean@maine.gov](mailto:Rachel.mclean@maine.gov)

### MaineMOM Webpage

<https://www.maine.gov/dhhs/oms/about-us/projects-initiatives/maine-maternal-opioid-model>

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11

11

## Infant Plan of Safe Care

- Collaborative effort between Maine CDC, DHHS, clinician experts and others. ME CDC recently hired plan of safe care nurse.
- Coming short term – likely October 2020 – a version that will be completed by OCFS in collaboration with care providers for substance exposed infants.
- Coming long term – a version that will be initiated by prenatal providers that will follow the infant through birth and beyond. For ALL infants, not just those substance exposed.
- Questions: [dara.fruchter@maine.gov](mailto:dara.fruchter@maine.gov)

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12

12



13

## Substance exposed pregnancies

- Pregnant women with substance use disorder are likely to have:
  - an unplanned pregnancy;
  - many adverse childhood experiences, ACE's (a "dose response" relationship);
  - a co-occurring mental health disorder;
  - more than one substance use disorder (opioid, nicotine, alcohol, stimulants, cannabis);
  - experienced (past and/or present) intimate partner violence;
  - difficulty developing healthy attachments in relationships (fear, low self-esteem, and unstable, volatile and unpredictable relationships).

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14

14

## Substance exposed infants

- Infants exposed to opioids during pregnancy are at risk of neonatal abstinence syndrome (e.g., irritability, tremor, poor feeding, crying, difficulty being consoled). Mom often feels shame, “this is my fault.”
- May experience disruptions in care (1/2 of all child removals in Maine are related to substance use).
- For successful attachments to occur, mom and infant need to learn to read and respond to each other’s cues.



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15

15

## What is ABC?



- Developed by University of Delaware, Mary Dozier, Ph.D.
- For infants and young children (6-24 months) who have experienced early adversity and may push caregivers away.
- Three targets:
  - Nurturance when a child is distressed;
  - Following the lead with delight (responsive, predictable, warm environment);
  - Avoiding frightening/intrusive behavior
- All of these targets are thought to improve attachment quality and develop early self-regulation.
- Our ABC program only one north of NYC; only one in the world focusing exclusively on moms with opioid use disorder.

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16

16



## What are the outcomes associated with ABC?

- Children:
  - are more likely to be securely attached to their caregivers;
  - develop more normative stress hormone patterns;
  - develop better impulse control;
  - are less likely to show anger during a challenging task;
  - have an easier time switching between complex tasks (executive functioning);
  - have more advanced receptive language abilities.
- Parents respond to their young children with more sensitivity.

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17

17

## Overview of ABC

- 10-session intervention
- Delivered in the home
- Primary caregiver(s) and child involved
  - Other caregivers, siblings welcome too
- Manualized intervention: 2 components
  - In the moment (ITM) commenting
    - “Real-time” feedback delivered by providers (i.e., parent coaches)
    - Goal: frequent, descriptive, on-target feedback
  - Session-by-session content



18

18

## Example of ITM comments (Nurturance)

- “When she fell down you went right over to her and picked her up.” (*describing the behavior*)
- “That’s a great example of you nurturing her.” (*labeling the ABC target*)
- “She will not only develop trust in you, but also in others.” (*providing a research-backed outcome*)

19

19

## Manualized content: session overview

<b>1-2</b>	<b>Providing nurturance</b>
<b>3-4</b>	<b>Following the lead with delight</b>
<b>5-6</b>	<b>Avoiding intrusive and frightening behavior</b>
<b>7-8</b>	<b>Recognizing own issues (“Voices from the Past”)</b>
<b>9-10</b>	<b>Consolidating gains and celebrating change</b>

20

20

## What are we tracking?

- ABC developers tracking outcomes around maternal/infant attachment.
- We are also recording maternal self-efficacy and depression scores pre and post ABC intervention.
- Mom's status in substance use recovery throughout enrollment in the program.



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21

21

## What do our patients say?

- “ABC has been beneficial for me because I’ve been learning to take quality time with my child.”
- “I’m able to really have a positive impact on my baby’s development that will stay with him into his future.”
- “I’ve also been able to use ABC to better connect with my 6 year old daughter, delighting in her to make it so she knows how much she is loved and the impact she has on me.”

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22

22

## What do our patients say?

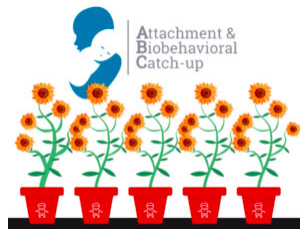
- “Both of my children will grow up knowing that they have our support forever no matter what and this will hopefully help them to make more healthy relationships with others, while also teaching them proper coping mechanisms and self-confidence.”
- “ABC has benefitted me by showing me different techniques to interact with my child as well as gave me confidence I was using the right tools to ensure my son has his brightest future possible.”

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23

23

## What do our patients say?



- “ABC has showed me that I shouldn’t be second guessing myself, instead focusing my energy on my faith that my I’m doing everything possible to ensure my child has the best opportunity to live a happy life.”

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24

24

## Implementation experience

- Successes:
  - Anecdotal information to date suggests mom's self-confidence and self-esteem enhanced.
  - A committed and collaborative team.
  - Once mom tries it, she's very likely to keep going.
- Challenges:
  - COVID!!
  - Mom's (and/or partner's) discomfort having parent coach in the home and/or video-taping requirement.
  - Coordinating, scheduling, contacting high risk families.

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25

25

## More information?

- Visit the ABC Website
  - [www.ABCintervention.org](http://www.ABCintervention.org)
- Contact the ABC Team at the University of Delaware
  - Caroline Roben, PhD.
  - [croben@psych.udel.edu](mailto:croben@psych.udel.edu)
  - (302) 319-1229
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- Thank you to the John T. Gorman Foundation for supporting our project.

26

26