

## MATERNAL OPIATE MEDICAL SUPPORTS (MOMS) PROJECT

Under the leadership of the Office of Health Transformation (OHT), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), and the Ohio Department of Medicaid (ODM), the Maternal Opiate Medical Supports (MOMS) project is a two-year quality improvement initiative that seeks to improve maternal and fetal health outcomes, improve family stability and reduce costs of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program by providing treatment to pregnant mothers with opiate issues during and after pregnancy.

The Substance Abuse and Mental Health Services Administration (SAMHSA) 2010 National Survey on Drug Use and Health reported that 4.4% of pregnant women used illicit drugs<sup>1</sup>. Studies show that pregnant women who are dependent on or addicted to opioids suffer adverse birth outcomes including fetal growth restriction, placental abruption, preterm labor, fetal distress and fetal death<sup>2</sup>. The majority of Ohio's opioid-dependent pregnant women are not engaged in prenatal treatment, though evidence-based treatment practices are known. With 44% of the approximately 145,000 infants born in Ohio every year covered by Medicaid, the costs and impact on Ohio are significant<sup>3</sup>. Promising interventions to increase prenatal treatment have the potential to improve maternal and infant health outcomes and reduce the cost to Ohio's Medicaid program.

This initiative employs the Maternal Care Home (MCH) model which is a team based healthcare delivery model that emphasizes care coordination and wrap-around services; specifically, the engagement of expecting mothers in a combination of counseling, Medication-Assisted Treatment (MAT), and case management. In addition to clinical services, some funds will be used for recovery support and non-clinical services such as housing, transportation, and childcare. These services have been found to greatly assist in recovery.

Four pilot sites were selected by OhioMHAS through a competitive application process and include Health Recovery Services, Inc. (HRS), MetroHealth Medical Center, CompDrug Inc., and First Step Home, Inc. Among the four sites, a minimum of 300 pregnant women eligible for or enrolled in Medicaid who are dependent or addicted to opioids will be engaged to participate in the MCH model of care.

The Ohio Colleges of Medicine Government Resource Center (GRC) and the Health Services Advisory Group (HSAG) will coordinate and manage the development and implementation of MOMS model of care toolkits, quality improvement efforts, and evaluation. The toolkit will be developed with clinical leaders in obstetrics and maternal health, behavioral health, and opiate addiction recovery from a panel of clinical advisors. Performance measures related to early identification and engagement, use of clinical best practices, and treatment retention will be collected throughout the implementation process and used to guide and promote improvement activities in monthly action period calls with the pilot sites. An evaluation will be conducted to identify promising treatment practices with the ultimate goal of reducing Neonatal Intensive Care Units (NICUs) stays by 30%.

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<sup>1</sup> Ohio Medicaid, (2009). *2009 Report on Mothers, Infants and Children Perinatal Experience*. <http://medicaid.ohio.gov/Portals/0/Resources/Research/mic2009.pdf>.

<sup>2</sup> Committee on Health Care for Underserved Women and the American Society of Addiction Medicine. Opioid abuse, dependence, and addiction in pregnancy. Washington, DC: The American College of Obstetricians and Gynecologists (ACOG); May 2012. Committee Opinion No. 524; 119: 1070-6.

<sup>3</sup> Ohio Medicaid, (2009). *2009 Report on Mothers, Infants and Children Perinatal Experience*. <http://medicaid.ohio.gov/Portals/0/Resources/Research/mic2009.pdf>.