

2023 Medicaid Quality Incentive Measure

Measure 13	Jenica Sandall, (206) 216-2508
Contact Person	
Measure Name:	Safe Deliveries Roadmap – Medication for Opioid Use Disorder (MOUD) Protocol, Perinatal Substance Use Disorder (SUD)
Measure eligibility:	All acute care hospitals that participate in MQI are eligible to complete this metric
Why?	Washington Maternal Mortality Review Panel Reports have shown that SUD was a key factor in a majority of pregnancy-associated deaths in Washington State. In response, WSHA, in partnership with the WA DOH, began a perinatal SUD learning collaborative in 2022. The 2022 MQI measure encouraged hospitals to adopt the recommendation to implement universal SUD screening using a validated tool. Of 45 reporting hospitals, 60% implemented universal screening and 33% created plans to implement universal screening in 2022. The 2023 MQI measure is a continuation of work aimed at improving quality and safety across the state for all pregnant and postpartum people who are affected by substance use disorder.
Clinical Rationale:	<p>Pregnancy is a unique time to address the complex and challenging health needs of people with a substance use disorder. It’s an opportunity to provide interventions that can improve maternal and child health well beyond the perinatal period. Hospitals play a critical role in providing evidence-informed services and linkages to treatment. In their most recent legislative report, the WA State Maternal Mortality Review Panel found, again, that the leading underlying cause of pregnancy-related deaths was behavioral health conditions, including suicide and overdose, and opioids were involved in most of the pregnancy-associated deaths involving accidental overdose.¹ According to WSHA’s inpatient/outpatient discharge data, patients with SUD are 178% more likely to leave the hospital Against Medical Advice. Readiness to provide coordinated clinical pathways for pregnant and postpartum people with SUD is necessary for all hospitals.²</p> <p>Please visit http://www.wsha.org/wp-content/uploads/Medication-for-Opioid-Use-Disorder-MOUD-toolkit.pdf for resources, including provider remote consultation options.</p> <p>Selected References:</p> <ol style="list-style-type: none"> 1. Washington State Department of Health. (2023). <i>Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020</i>. https://doh.wa.gov/sites/default/files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf?uid=63fe81ba7cb9b 2. Alliance for Innovation on Maternal Health. (2021). <i>Care for Pregnant and Postpartum People with Substance Use Disorder</i>. https://saferbirth.org/psbs/care-for-pregnant-and-postpartum-people-with-substance-use-disorder/ 3. <i>Perinatal substance use disorder learning collaborative</i>. Washington State Hospital Association. (2023, February 8). Retrieved March 6, 2023, from https://www.wsha.org/perinatal-substance-use-disorder-learning-collaborative/

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Definition:	<p>Hospitals with birthing services will utilize a multidisciplinary team to create a facility-specific Medication for Opioid Use Disorder (MOUD) protocol. The protocol shall include:</p> <p>PART 1</p> <p style="padding-left: 40px;">A. A written process to consult a provider on-site or on-call that has the skills and scope to begin maintenance medications that treat opioid use disorder and/or adjust (titrate) maintenance medications that treat opioid use disorder during pregnancy, labor and delivery, and postpartum.</p> <p style="text-align: center;">OR</p> <p style="padding-left: 40px;">B. If the hospital does not have an on-site/on-call provider that has the skills and scope to manage medications, there is a written procedure in place to consult with a provider to initiate or adjust maintenance medications during pregnancy, labor and delivery, and postpartum.</p> <p style="text-align: center;">AND</p> <p>PART 2</p> <p style="padding-left: 40px;">C. <i>At minimum</i>, a treatment algorithm (or guideline, etc.) for inpatient MOUD initiation for both buprenorphine and methadone and which includes adjunctive therapies to optimize MOUD induction (see the resource under Treatment in the WSHA Perinatal SUD Toolkit).³</p>
Included Populations:	All pregnant or postpartum patients being evaluated within the hospital obstetrical departments (including antepartum, intrapartum, or postpartum units)
Exclusions:	Excluded populations: Pregnant or postpartum patients treated exclusively outside of a non-obstetrical unit.
Fields to be reported:	Hospitals will submit the relevant written protocol
Data Collection period:	July 1, 2023 - December 31, 2023
Reporting deadline:	30 days after the close of the performance period or by January 31, 2024.
Audits and validation: Do not change	Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.
Submission Frequency:	Once during the performance period from July 1, 2023, to December 31, 2023.
Data collection system:	Washington State Hospital Association Quality Benchmarking System, QBS.

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Data Scoring:	This measure is worth 10 points				
	Thresholds	Does not meet criteria	Meets only Part 1	Meets only Part 2	Meets Part 1 AND Part 2
	2023 Point Awards	0 points	3 points	7 points	10 points