EXPANDING ACCESS

TO MEDICATION FOR OPIOID USE DISORDER FOR PREGNANT AND POSTPARTUM WOMEN

OVERVIEW

The ASTHO Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI) is a learning community to help states address the public health challenges stemming from the opioid overdose epidemic. In collaboration with the Centers for Disease Control and Prevention (CDC), OMNI shares community-based strategies and supports state teams to implement policies and programs to address opioid use among pregnant and postpartum women, and infants prenatally exposed to opioids. An ASTHO priority is to focus on health equity and culturally competent systems and training, including adapting healthcare delivery to meet a person's social, cultural, and linguistic needs and using person-centered language to reduce barriers to recovery.

Medication for Opioid Use Disorder (MOUD) is an evidence-based treatment protocol for people experiencing opioid use disorder (OUD). Methadone and buprenorphine are **first-line therapy options** for pregnant women along with behavioral therapy and medical services. MOUD has been **shown** to improve patient survival, increase treatment retention, decrease illicit opioid use and criminal justice involvement, increase patients' ability to gain and maintain employment, and improve birth outcomes among pregnant women with substance use disorder (SUD).

STIGMA

There is **misconception** among the public and even the medical community that MOUD is substituting one drug for another. For pregnant and postpartum women, there may be an additional level of fear or self-stigma in accessing MOUD, including fear of repercussions with child protective services and the possibility of **losing** custody of their infant after birth as a result of substance use.

EDUCATION

There is a reluctance among medical providers to prescribe MOUD, a lack of experience among providers in identifying women with OUD, and a lack of experience prescribing MOUD to pregnant and postpartum women. Pregnant women may also lack awareness on the benefits of MOUD, especially if they do not have providers willing to talk to them about it. Increasing awareness for both groups is critical and can reduce stigma.

GEOGRAPHIC ACCESS

Many counties with the greatest need for MOUD services may have little to no access to these critical services. In rural areas that do have MOUD services, services tend to be **congregated** in one area. Long travel times and physical distance are barriers to access. Work and/or caregiving responsibilities also contribute to these access issues.

02 STATE APPROACHES TO
INCREASING ACCESS TO MOUD

States have adopted policies to train providers on evidence-based treatment standards for pregnant and postpartum women, improve access to MOUD providers, and share information on best practices.

ACCESS TO COORDINATED CARE AND QUALITY CARE

Ohio's Maternal Opiate Medical Support (MOMS)* project is a two-year quality improvement initiative to improve maternal and infant outcomes. The purpose of the initiative is to provide treatment to pregnant and postpartum women experiencing opioid use disorder during and after pregnancy through a Maternal Care Home (MCH) model. The model leverages team-based care delivery recognizing the importance of care coordination and wrap-around services. The MCH model includes access to MOUD, behavioral health, primary care, pediatrics, and third-party case management.

ADDRESSING FINANCIAL AND ADMINISTRATIVE BARRIERS

Recognizing financial and administrative barriers to accessing MOUD, Florida Medicaid implemented several strategies to increase access to treatment and ensure safe prescribing of opioids based on CDC guidelines. In February 2020, Florida Medicaid released a Provider Health Alert highlighting these efforts, which included automatic approval of MOUD for pregnant women with OUD diagnoses in the Florida Medicaid database.

STRENGTHENING TELEHEALTH SERVICES

Internet-based learning networks, such as Project ECHO and telemedicine programs, provide opportunities for consultation with experts in rural areas. Under Project ECHO, providers use a videoconferencing platform to learn how to treat pregnant women dealing with opioid use disorder, attend online classes held by subject matter experts, and hold consultations on complex cases. States also use the model to recruit physicians for buprenorphine waiver training and to deliver continuing medical education in SUD treatment.

MAT → MOUD

The field is shifting terminology from "Medication-Assisted Treatment (MAT)" to "Medication for Opioid Use Disorder (MOUD)". The term MOUD is non-stigmatizing and suggests that medication is a primary form of treatment. Person-centered language creates an equitable experience for people with substance use disorder seeking treatment.

CONVENE AND PARTNER

Bring together stakeholders—including the state's rural health association, primary care association, perinatal quality collaborative, and academic institutions— to identify MOUD resources, discuss barriers and challenges, and determine whether enhanced distance education could fill those gaps.

IDENTIFY AND INFORM

Collect data on provider prescribing patterns to recognize gaps, barriers, and opportunities to expand treatment.

RECRUIT AND SUPPORT

Many states have joined Project ECHO to address other public health needs. Consider whether ECHO could be used to recruit and support MOUD providers in rural communities and meet workforce needs. Explore state funding and resource options to support this effort.