Project Nurture

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PROJECTNURTURE

What is Project Nurture?

A new model for caring for pregnant women with SUD

Integrated substance use treatment with maternity care

Emphasis on system change to build trust, respect and support

Built on confidence in the woman's ability to become a safe and healthy parent if that is what she wants

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Maternal outcomes	SUD N=1,401	No SUD N=20,438	AOR	p-value
Prenatal care (7 or more visits)*	10.6%	14.7%	0.6	**<0.001**
Preterm birth*	9.9%	5.8%	1.6	**<0.001**
C-Section*	34.5%	26.2%	1.4	**<0.001**
Placental abruption*	4.8%	2.6%	1.7	**<0.001**
Hemorrhage	9.8%	9.3%	1.0	0.846
Hypertension*	20.4%	16.5%	1.2	**0.007**

Women with SUD during pregnancy have worse obstetrical outcomes than women without SUD

Infant outcomes	SUD exposure N=954	No SUD exposure N=17,013	AOR	p-value
Premature*	10.9%	5.9%	1.9	**<0.001**
Extremely premature	0.5%	0.2%	2.2	0.137
Low birth weight*	6.8%	3.4%	2.1	**<0.001**
Extremely low birth weight	0.4%	0.3%	1.4	0.537
Small for gestational age*	8.5%	4.1%	2.2	**<0.001**
Neonatal abstinence syndrome	23.2%	--	--	--
Intrauterine growth restriction*	1.6%	0.4%	3.8	<**0.001**
Respiratory distress syndrome*	14.2%	9.5%	1.6	**<0.001**

Infants born to women with SUD have worse outcomes than infants born to women without SUD

Goals of Project Nurture

Engage and build trust

Improve health and reduce costs

Break intergen-erational cycle of trauma

Build the work-force

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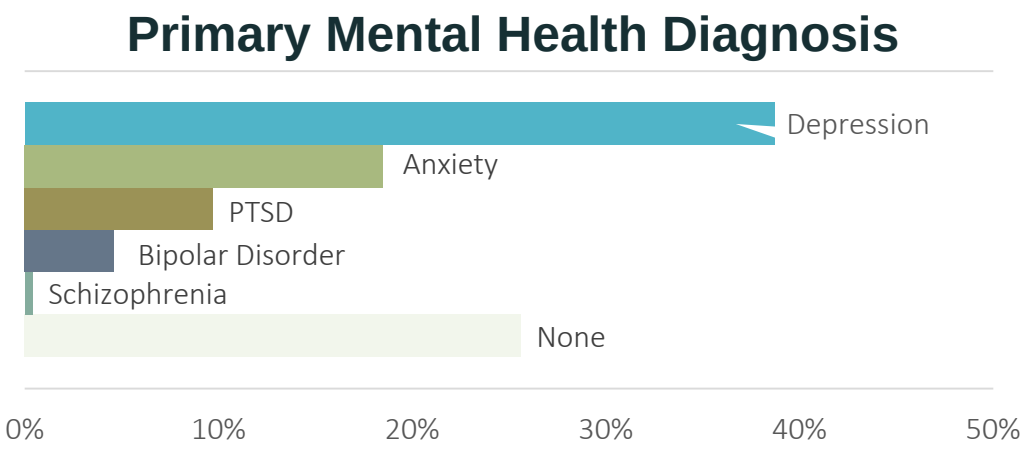
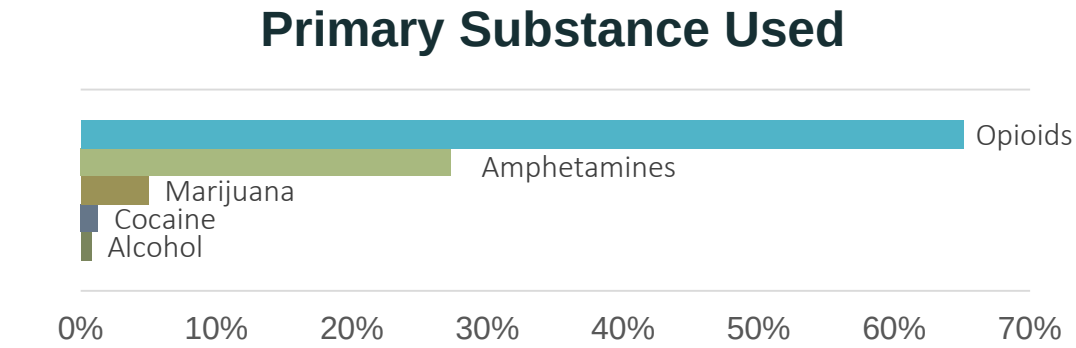
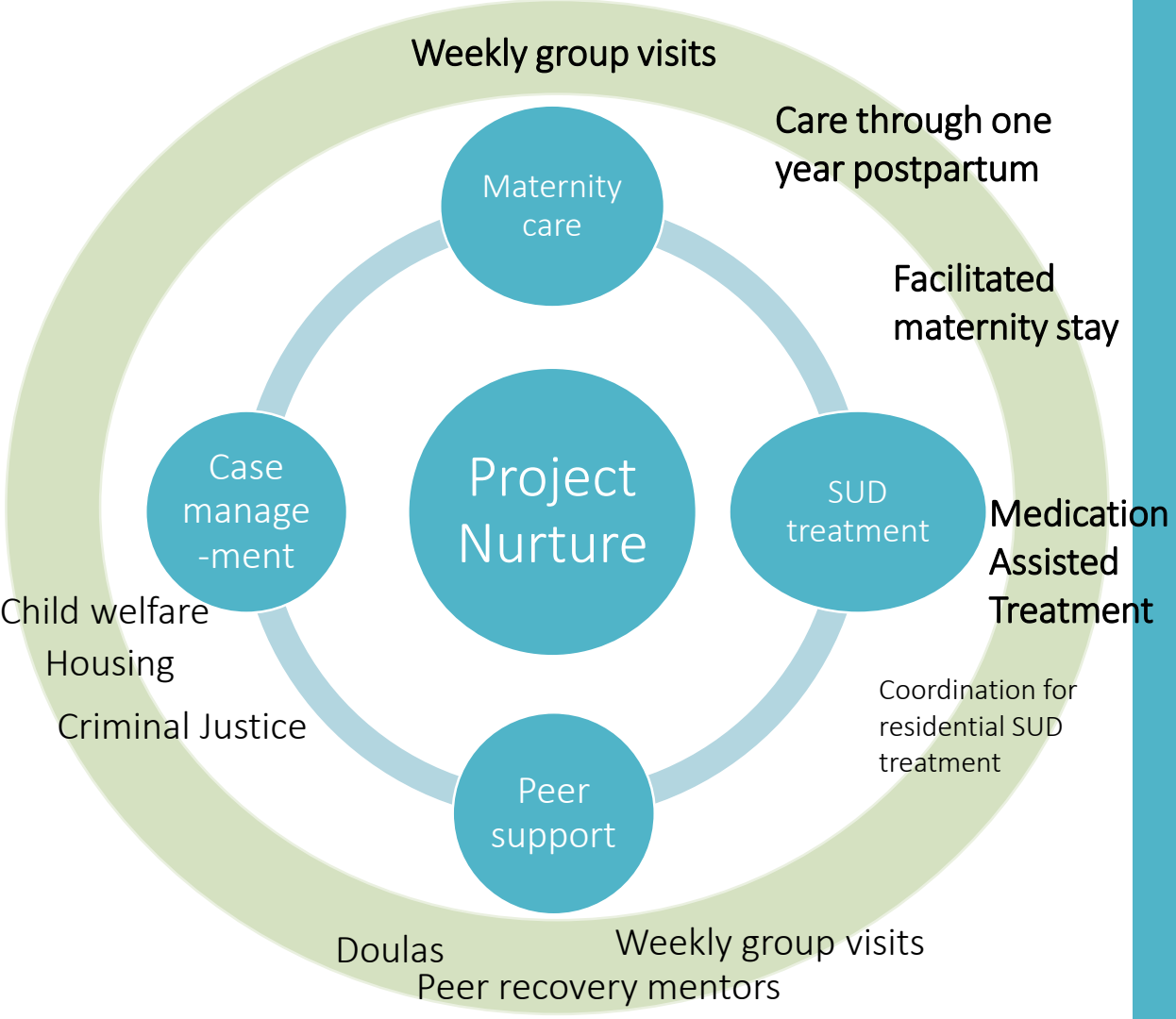




Project Nurture participants

74% have an active mental health diagnosis

Primary substance of abuse is opioids, followed by amphetamines



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Project Nurture Visit Snapshot: Per Person Per Month

(Using Program data contact logs, n=138)

- 1.5 Case Management visits
- 1.2 Group visits
- 1.1 Prenatal/Postpartum visits
- 0.7 Substance Use Treatment visits
- 0.3 Peer Recovery Mentor/Doula visit offsite
- 0.2 Peer Recovery Mentor/Doula visit in clinic
- 0.8 Phone/Text hours (not in person)

Total average monthly contacts = 5.0 in-person visits + 0.8 hours phone/text

Partnerships

Legacy Midwifery Clinic and Lifeworks NW behavioral health

CODA, Inc. Opioid treatment program and Oregon Health and Science University Family Medicine clinic

Providence Family Medicine clinic and Providence Behavioral Health

Health Share of Oregon (coordination, evaluation, funding)

Oregon DHS Child Welfare

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Results to date

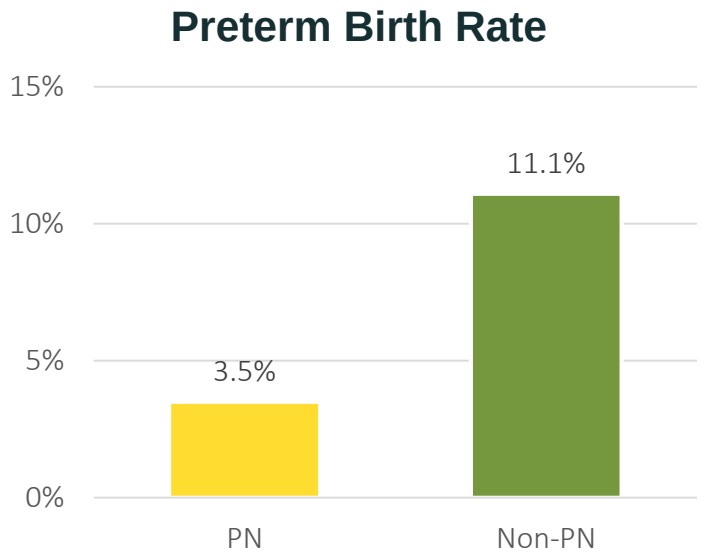
More than 300 women have participated in Project Nurture across 3 sites since 2014.

We contracted with a third-party evaluator, who conducted a three-part evaluation:

1. A claims analysis of obstetrical and neonatal outcomes and associated costs, comparing women with SUD who were likely exposed to PN to women with SUD not exposed to PN, all in Medicaid
2. A review of clinical data collected by the sites on women they served
3. A qualitative study on the experience of care before and after Project Nurture, including participants, staff and stakeholders

Project Nurture Clinical Outcomes

Comparing women with SUD exposed to PN (n=114) to women with SUD not exposed to PN (n=507) using claims data

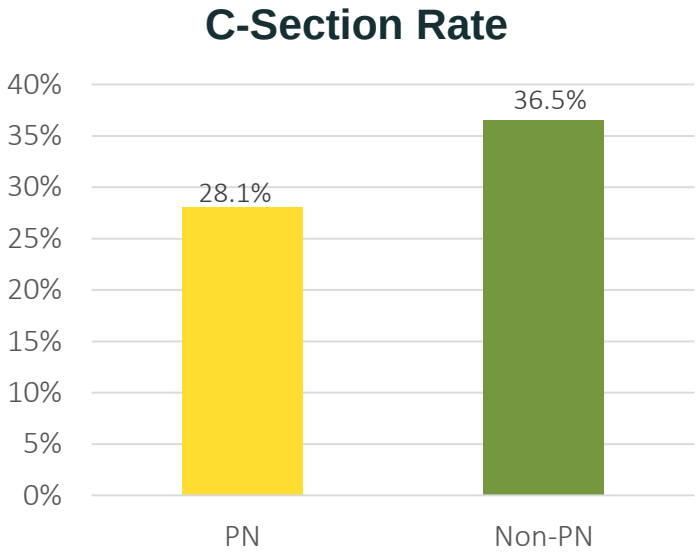


70% reduction in the odds of preterm birth compared to women with SUD not in Project Nurture (p=0.01).

The rate of preterm birth in our Medicaid population without SUD is 5.8%.

Project Nurture Clinical Outcomes

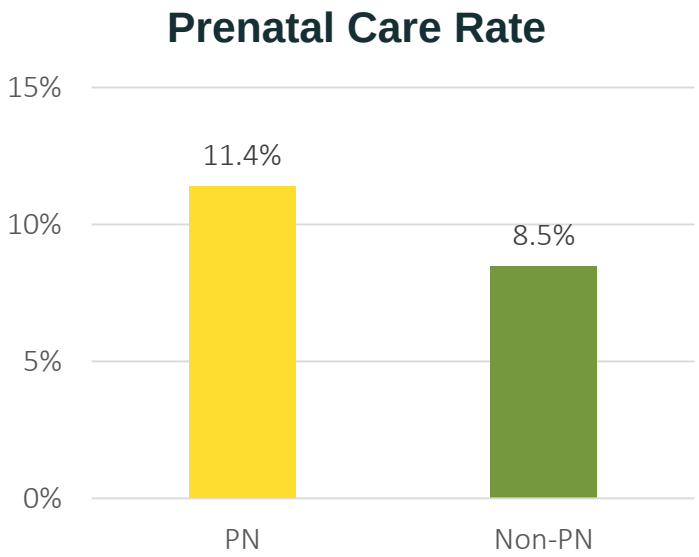
Comparing women with SUD exposed to PN (n=114) to women with SUD not exposed to PN (n=507) using claims data



C-section rates in Project Nurture are 28%, compared to 36.5% in women with SUD not in Project Nurture (p=0.01).

Project Nurture Clinical Outcomes

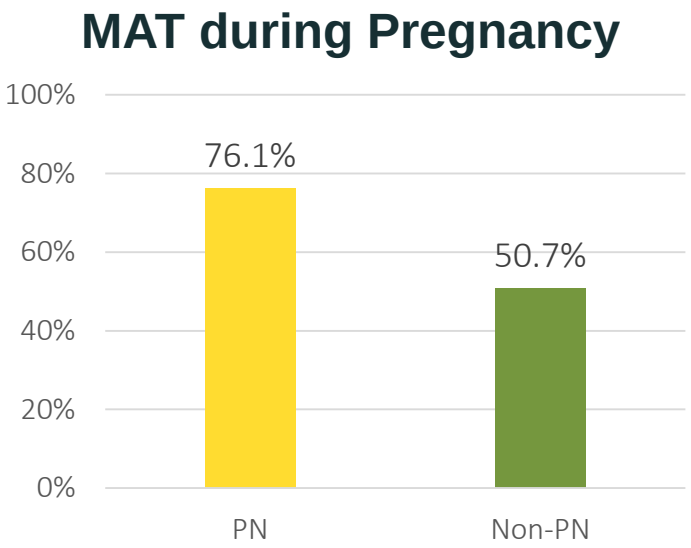
Comparing women with SUD exposed to PN (n=114) to women with SUD not exposed to PN (n=507) using claims data



Women in Project Nurture are significantly more likely to have 7+ prenatal care visits (p=0.03).

Project Nurture Clinical Outcomes

Comparing women with OUD exposed to PN (n=92) to women with OUD not exposed to PN (n=217) using claims data.



Significantly higher rates of engagement with Medication Assisted Treatment during pregnancy among women with an opioid use disorder (AOR 3.1, $p<0.001$).

Project Nurture Clinical Outcomes

Comparing infants of women with SUD exposed to PN (n=81) to infants of women with SUD not exposed to PN (n=378) using claims data

Infants born to women in the Project Nurture group were half as likely to need additional care after birth (AOR 0.46, p=0.01).

	No SUD	SUD exposed	SUD-exposed non-PN	SUD-exposed with PN
Routine newborn care	90%	68%	61% 42% OUD	62% 56% OUD
Higher level newborn care	11%	33%	39% 58% OUD	38% 44% OUD

Project Nurture Projected Cost Savings

$103,710

PRETERM DELIVERIES
7.6 preterm births prevented for every 100 births
$13,646 saved per preterm birth prevented

$24,360

C-SECTIONS
8.4 C-sections prevented for every 100 births
$2,900 saved per C-section prevented

$6,269

HIGH NEEDS CARE
0.9 cases of high needs care prevented for every 100 births
$16,200 saved per high needs care averted (removed duplication for pre-term deliveries)

Total saved= $161,339 per 100 births
$1613 per participant

health share

Project Nurture Projected Cost Savings: Project Nurture Participants with OUD

$89,819

PRETERM DELIVERIES

7.3 preterm births prevented for every 100 births.

$13,646 saved per preterm birth prevented.

$32,770

C-SECTIONS

11.3 C-sections prevented for every 100 births

$2,900 saved per C-section prevented.

$96,827

HIGH NEEDS CARE

13.9 cases of high needs care prevented for every 100 births.

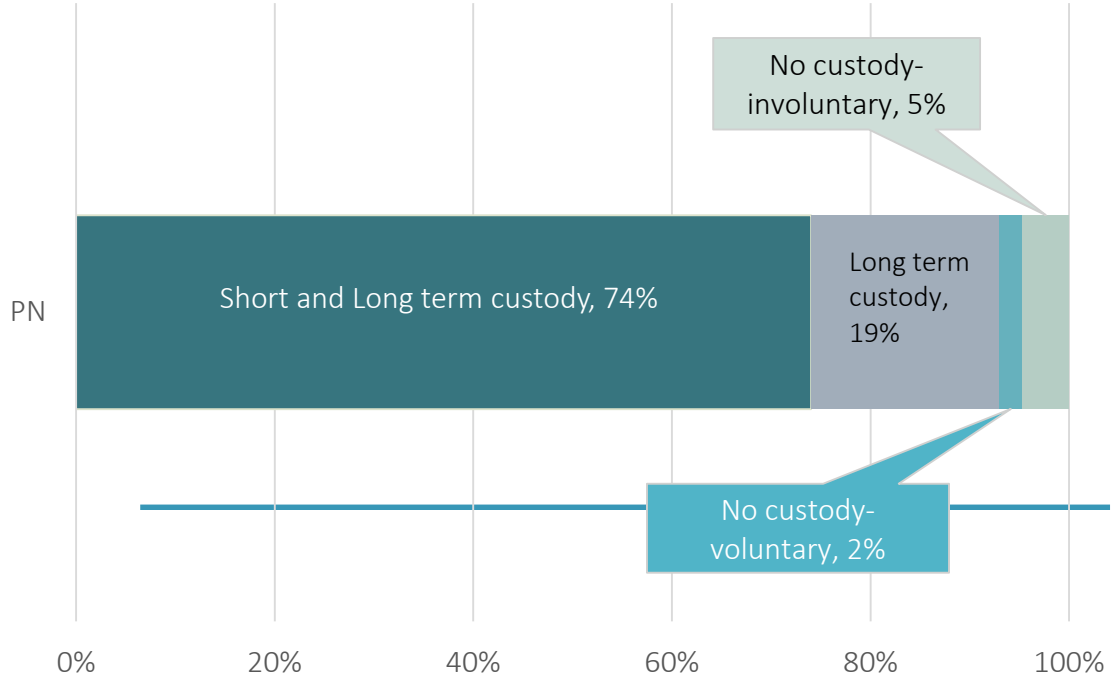
$16,200 saved per high needs care averted (removed duplication for pre-term deliveries)

Total saved= $219,416 per 100 births
$2194 per participant

health share

93% of PN participants have long-term custody of their infant at program exit.

Project Nurture Parenting Outcomes



Using program data at time of program exit (n=127)

Who is on the team?

Maternity clinician (family physician or midwife)

Certified Alcohol and Drug Counselor

Case Manager

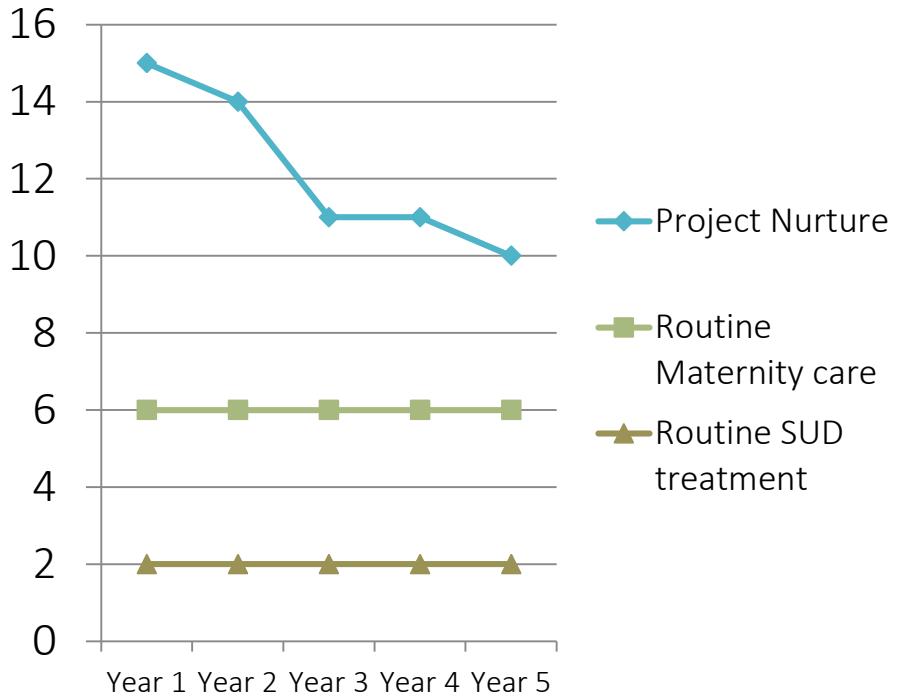
Peer Recovery Mentor/ Doula

Someone is **team lead**, someone responsible for **data**

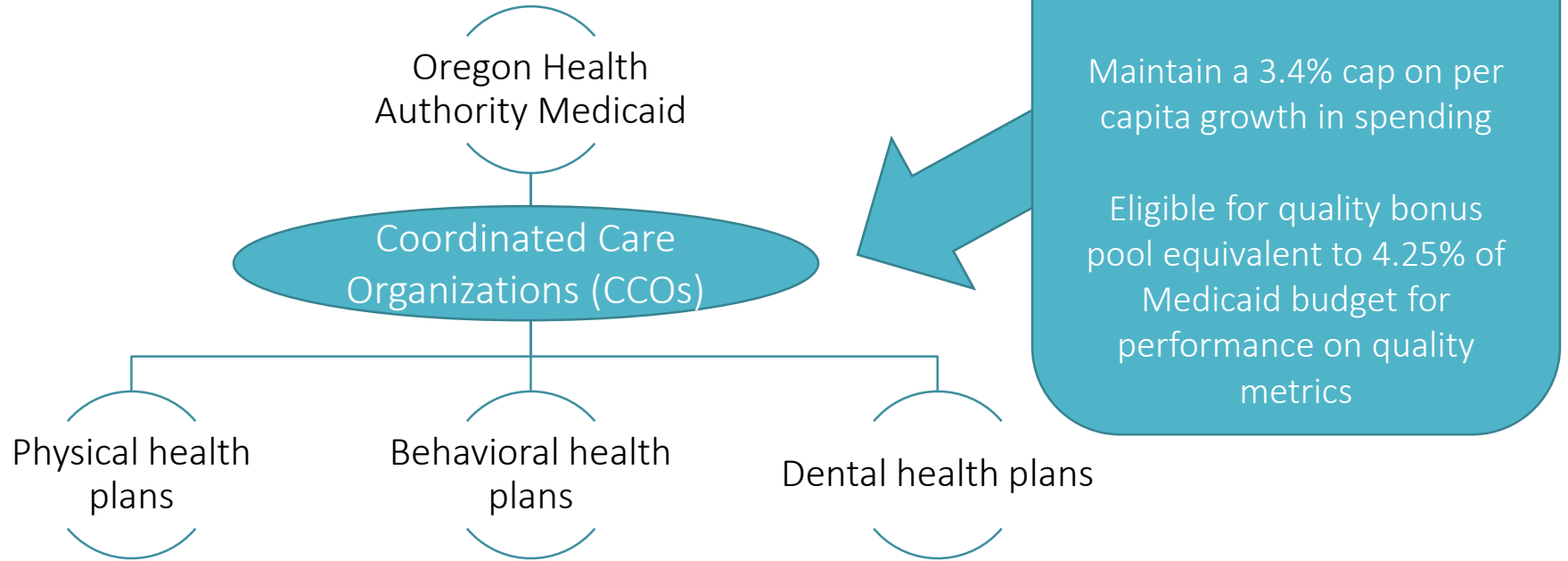
Organizational administrators
Clinic and hospital support staff (RNs, Mas, Social work)
Perinatologists/Neonatologists
Mental health counselors
DHS child welfare case workers and supervisors

What does it cost?

- Salaries of Peer Recovery Mentors/Doulas
- Clinician time (lost productivity, team coordination, changing organizational workflows and policies)
- Care coordination and case management time
- SUD treatment coordination and accommodation of 42cfr part b



How do you pay for it?

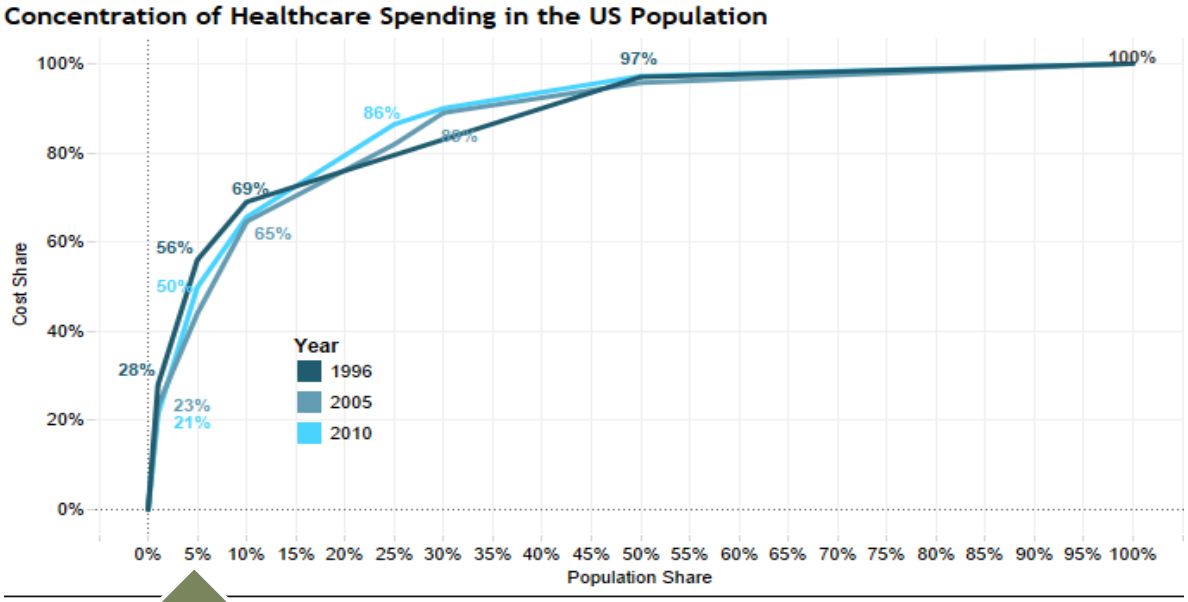


Why should Medicaid pay for extra supports for pregnant women with SUD?

- Integrating SUD treatment and pregnancy care is more expensive, but dramatically increases the likelihood that women will get both services
- The both immediate and lifelong health of the infant is heavily influenced by what occurs during pregnancy and birth, particularly preterm birth and low birth weight. Investing in mother's health creates cost savings in infant health
- When children enter foster care, the state incurs multiple levels of costs

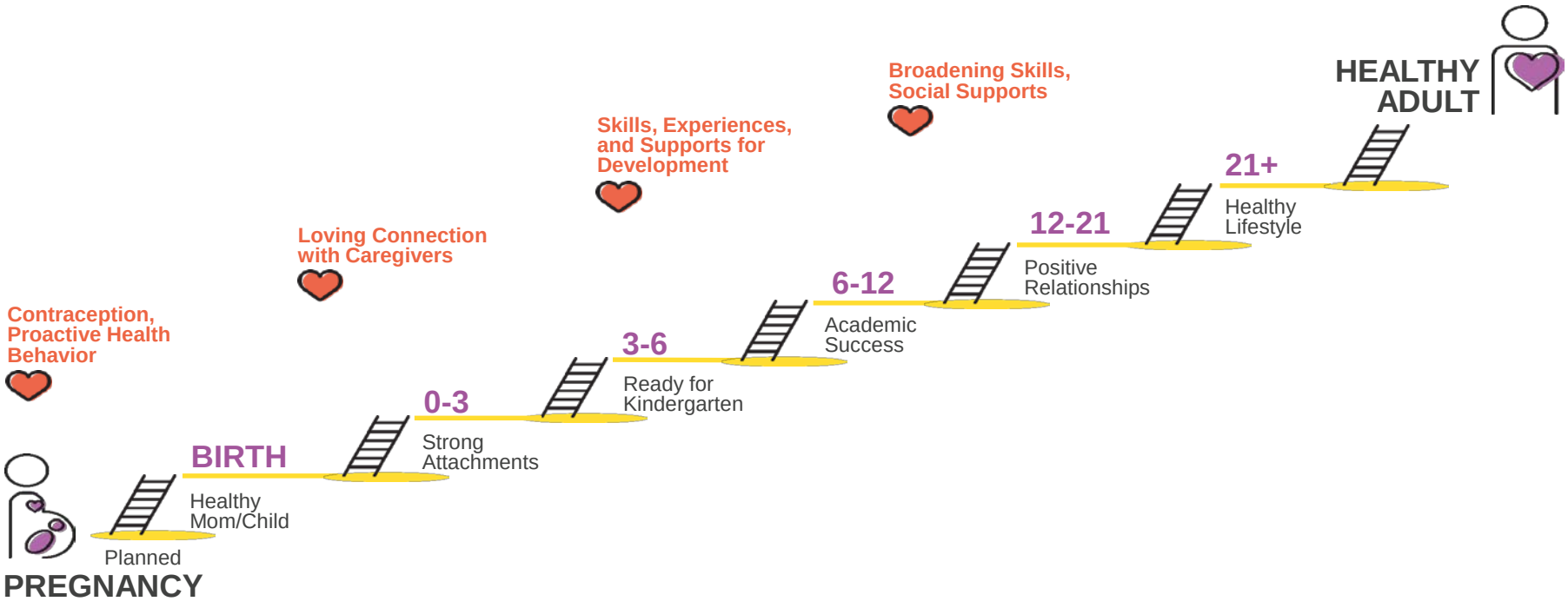
  - Administrative costs of custody
  - Higher physical health costs (chronic disease, psychotropic medications)
  - Higher behavioral health costs (mental illness, SUD in child)
  - More academic failure, criminal justice, social support costs

Background: High Utilizers

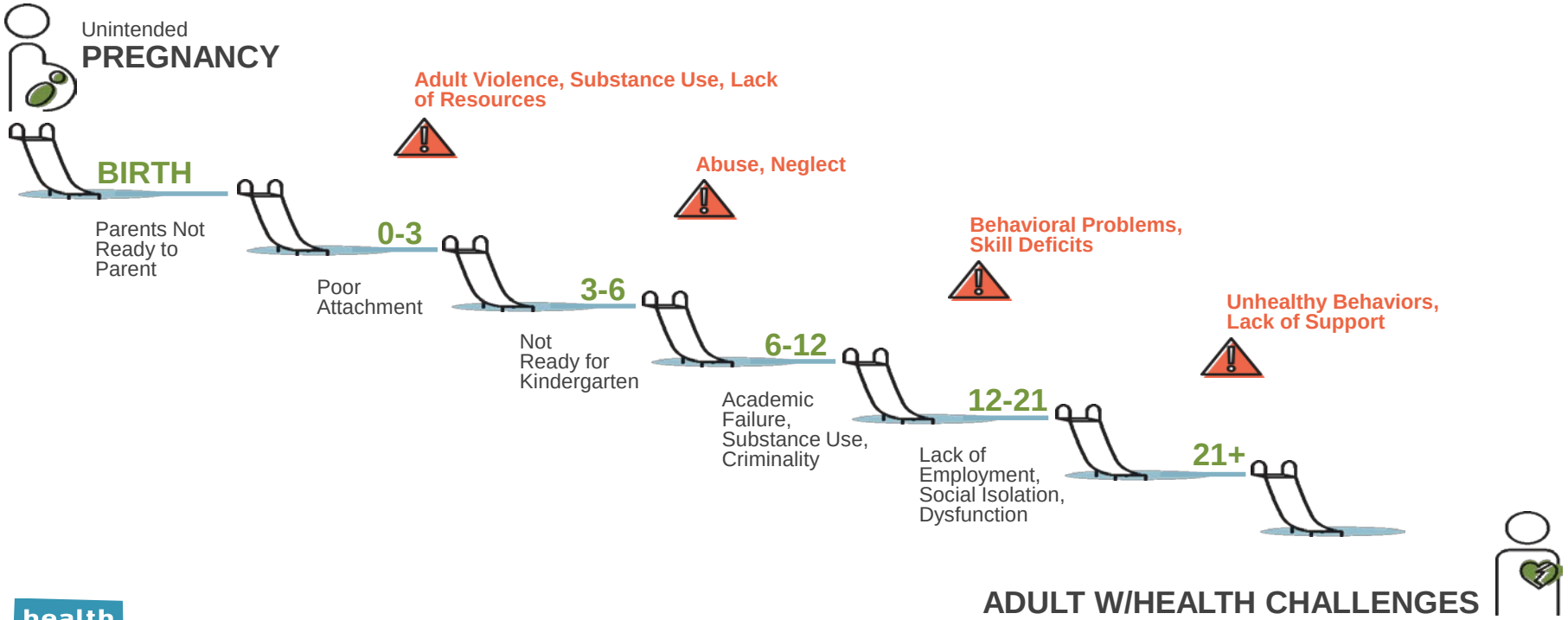


5% of the population uses 50% of the dollars

Our Goal: A healthy + productive next generation



Factors that Derail a Healthy Life Course



Preventing high utilizers means investing in early life health

Adults with serious physical and mental health problems and substance use disorders often have childhoods that are marked by trauma, insecure attachment with caregivers, and poor coping skills.

If we want to *prevent the next generation of high utilizers*, we need to invest in healthy pregnancies, nurturing in childhood, and supports and services that families need.

Project Nurture reaches only the most extreme examples of that need. About 30-40% of women on Medicaid need more support services than they are getting.

PROJECT NURTURE PARENTING OUTCOMES

"Just from other moms that know addiction too and have just been through the same thing. It's nice to have other moms too who have older kids, and so they have already been through….like if my daughter gets sick or something…I can talk to them. And it's nice to be able to help other women too, and not just take, but give as well."

"I don't feel like I'm coming to a therapy session. I DO feel like I'm coming to a group, I'm uniting with other people- like I'm part of something, not that I AM the something."

PROJECT NURTURE RIPPLE EFFECTS

"I've decided, after this whole program, after I'm clean for two years, [PN CADC] is going to help me get into the drug counselor program, so I think that's the way that I'm going to go is to try to be a drug counselor, too, just to be able to give back everything that's been given to me."

-Project Nurture participant

PROJECTNURTURE

PROVIDENCE Health & Services

LEGACY HEALTH

LIFEWORKS NORTHWEST

CODA™ health - recovery - community

OREGON HEALTH & SCIENCE UNIVERSITY

DHS Oregon Department of Human Services

health share Health Share of Oregon

Thank you

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