



ANNUAL

RESEARCH MEETING

TODAY'S RESEARCH DRIVING TOMORROW'S OUTCOMES

Addressing Stigma in a Hospital Setting

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Massachusetts Health Policy Commission

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Disclosures

The following individuals have a relevant financial relationship with a commercial interest(s):

| Role | Name | Proprietary Entity | Nature of Financial Relationship |
|------|------|--------------------|----------------------------------|
| | None | | |

The following individuals have no relevant financial relationship to report in the last 12 months with a commercial interest:

| | |
|----------------------|--|
| Name: Hannah Kloomok | |
|----------------------|--|

The Massachusetts Health Policy Commission (HPC)

Who we are

The Massachusetts Health Policy Commission (HPC) is an independent state agency that develops policy to reduce health care cost growth and improve the quality of patient care. The agency's main responsibilities are led by HPC staff and overseen by an 11-member board of commissioners with diverse experience in health care.

Mission

The HPC's mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and innovative investment programs.

Vision

The HPC's goal is better health and better care – at a lower cost – across the Commonwealth.

The HPC employs four core strategies to advance its mission

RESEARCH AND REPORT
INVESTIGATE, ANALYZE, AND REPORT
TRENDS AND INSIGHTS



WATCHDOG
MONITOR AND INTERVENE WHEN
NECESSARY TO ASSURE MARKET
PERFORMANCE



CONVENE

BRING TOGETHER STAKEHOLDER
COMMUNITY TO INFLUENCE THEIR
ACTIONS ON A TOPIC OR PROBLEM



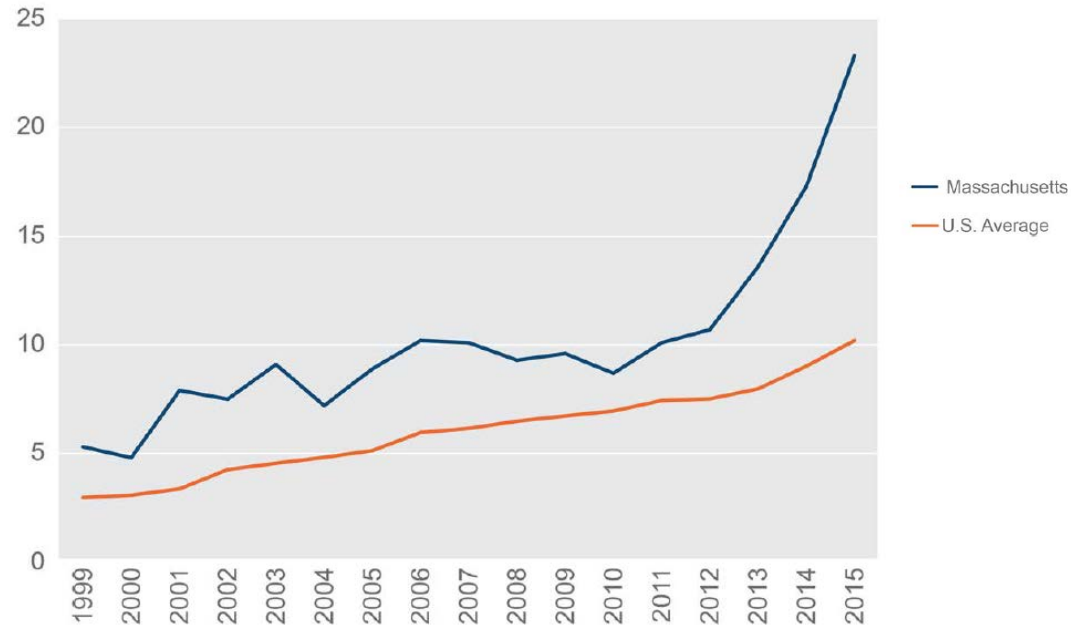
PARTNER

ENGAGE WITH INDIVIDUALS, GROUPS,
AND ORGANIZATIONS TO ACHIEVE
MUTUAL GOALS



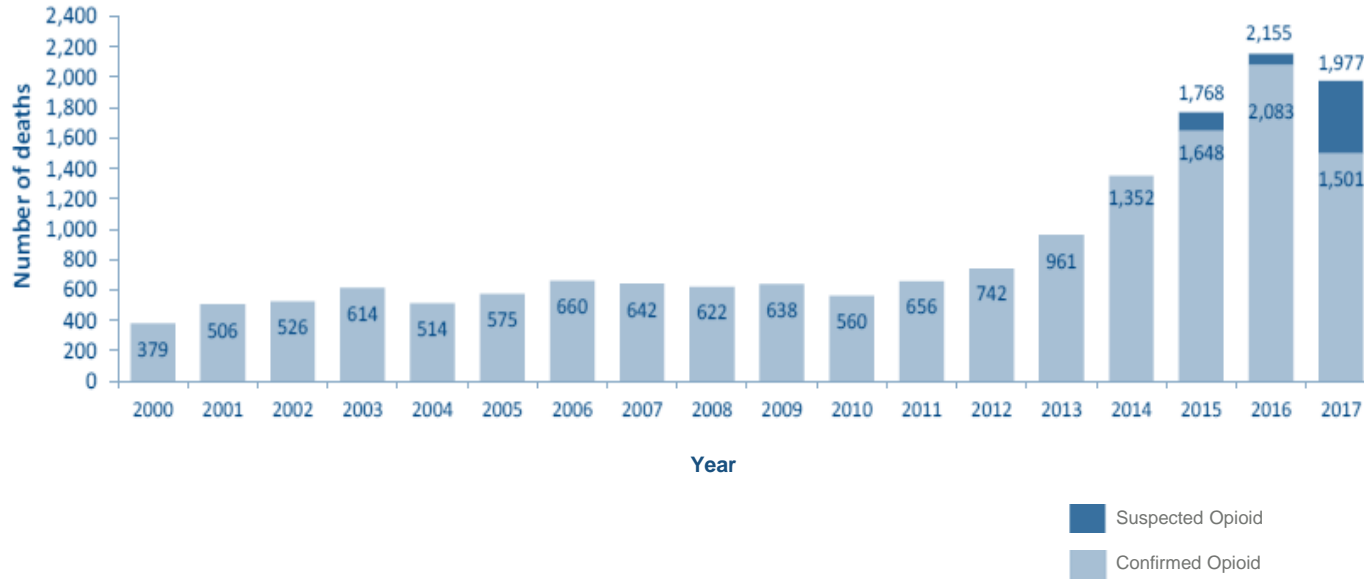
MA has a significant opioid burden, which precipitated a dramatic rise in deaths in the early 2010s

Opioid-Related Overdose Deaths per 100,000, Massachusetts and U.S.,
1999 – 2015



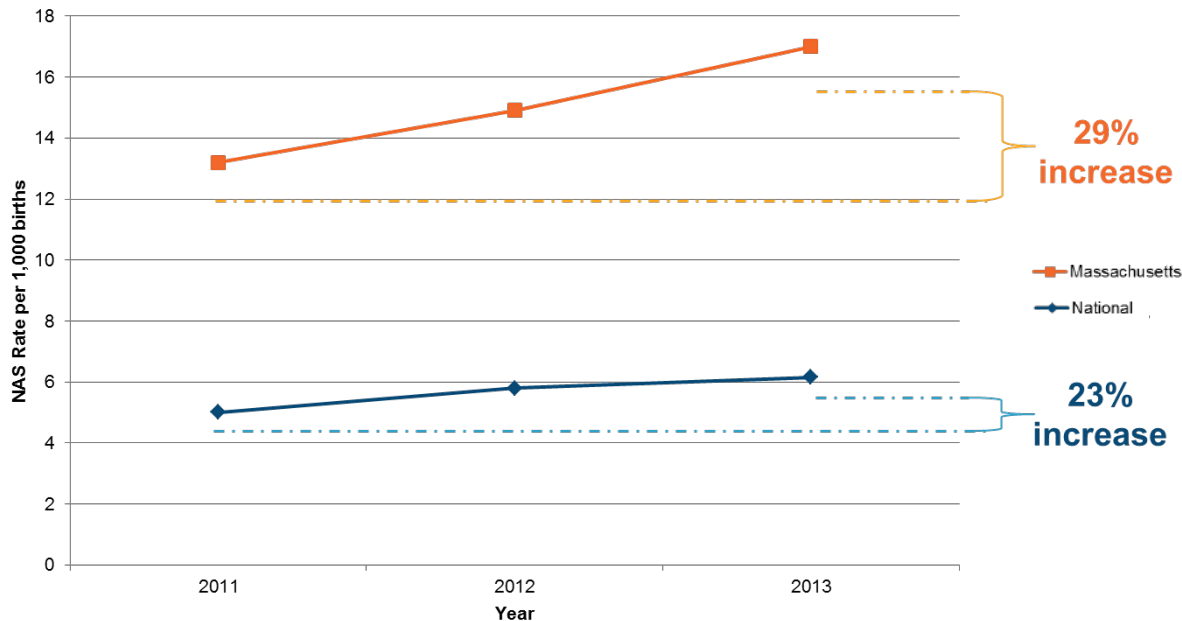
Between 2016 and 2017, the opioid-related death rate in Massachusetts declined for the first time in seven years

Rate of Opioid-Related Deaths, Massachusetts Residents,
2000 – 2017



Neonatal Abstinence Syndrome (NAS) has increased rapidly in Massachusetts, compared to national trends

National vs. Massachusetts trends in NAS births,
2011-2013

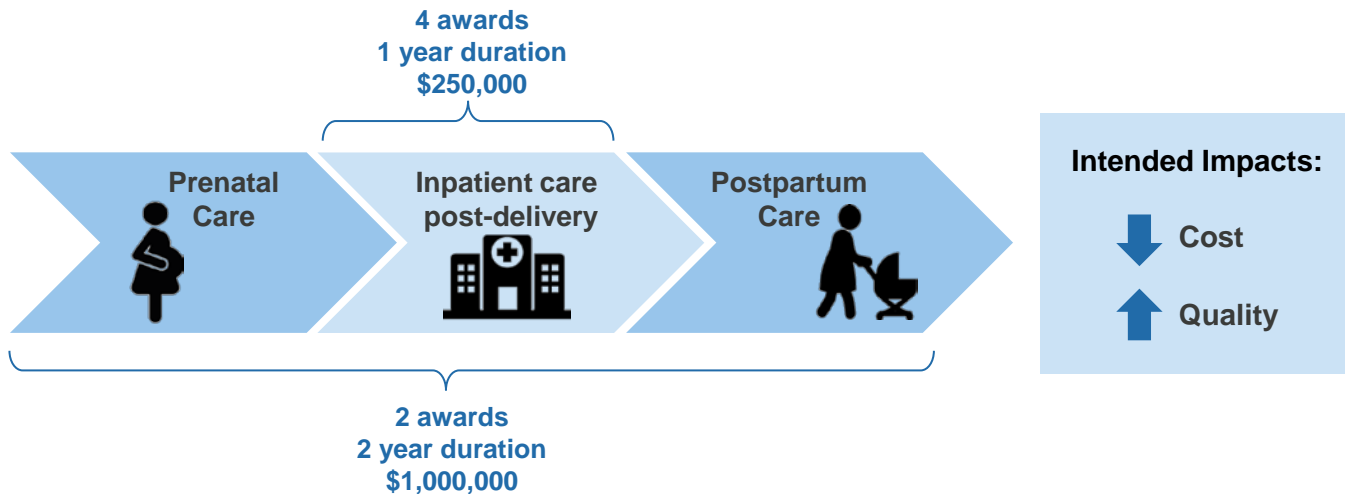


The MA legislature directed the HPC to develop a competitive grant opportunity to improve the quality of care for opioid-exposed infants

The legislature appropriated funding to the HPC to implement a program to improve the quality of care for opioid-exposed infants who may develop NAS, and for women in treatment for opioid-use disorder during and after pregnancy.

The HPC committed additional funding to ultimately award grants totaling \$3 million to 6 hospitals across the Commonwealth.

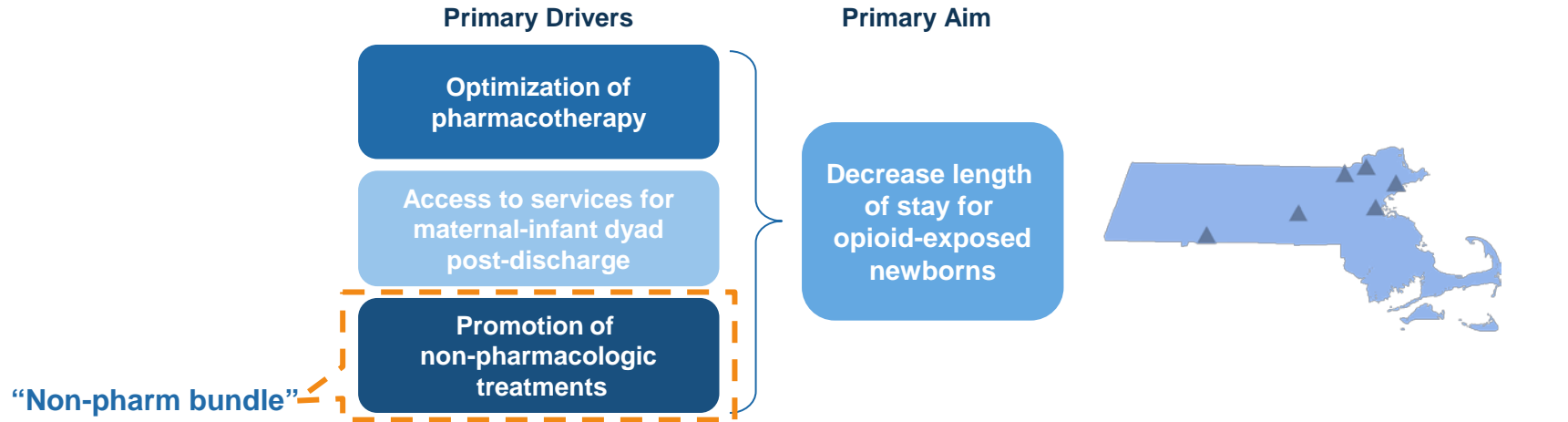
The HPC's Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions



Logic model of the NAS Interventions

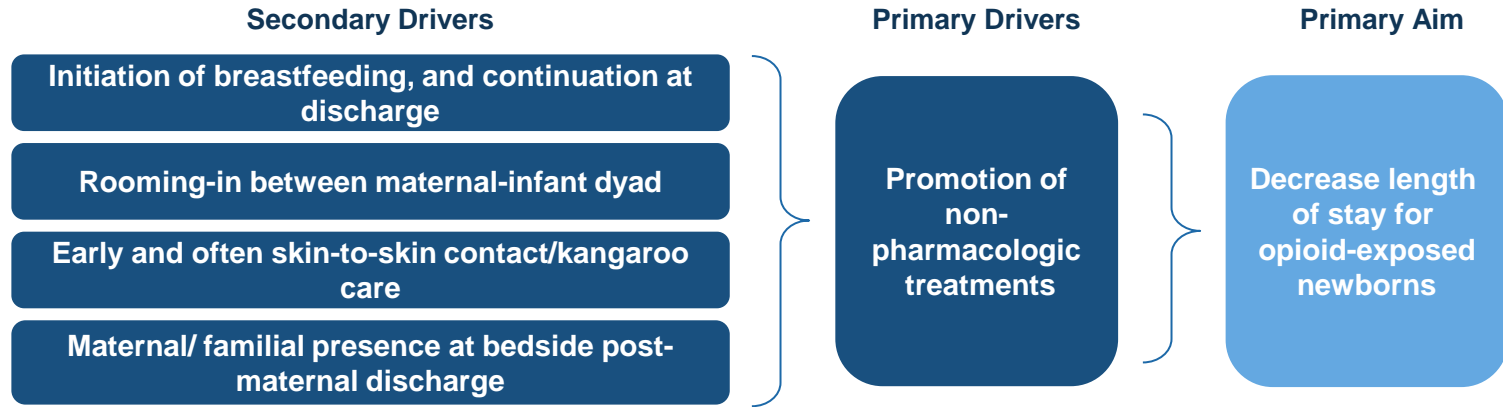
The HPC's NAS Interventions deploy evidence-based protocols and quality-improvement initiatives to test and spread best practices in care for opioid-exposed infants.

Current best practices for NAS care emphasize three primary drivers for improving quality and decreasing unnecessary acute care utilization.



Family participation is essential to non-pharmacologic treatment for opioid exposure

Each of the four elements comprising the “non-pharm bundle” are opportunities to incorporate family into the intervention:



Key Performance Indicators (KPI) used to measure process and intermediate outcomes:

- **Breastfeeding**
- **Rooming-in**
- **Skin-to-skin**

Barrier to family engagement: stigma



Hospital teams reported that they were struggling to get families into the hospital and engaged in providing non-pharmacologic treatment. Complaints from staff arose:

- Mothers were not coming into the hospital to visit enough
- Mothers were present but careless, falling asleep with the baby in their arms
- Too many friends and family members came to visit, smelling like cigarettes

When HPC staff spoke with patient advocates on the project, they offered a different perspective:

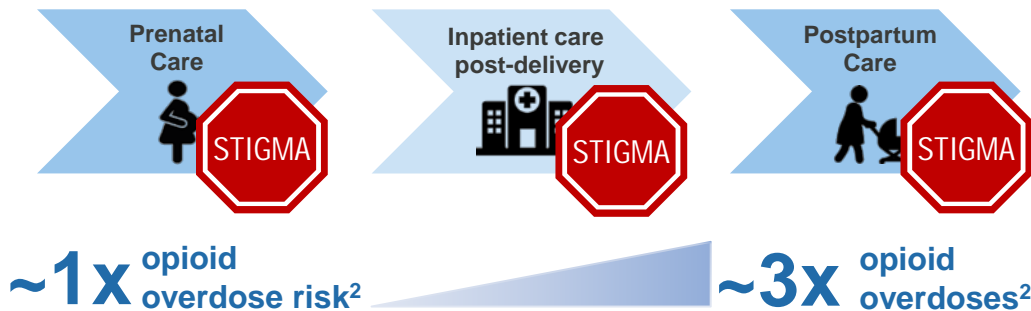
- Mothers were talked ‘around’ at the infant’s bedside, like they weren’t there
- Prejudicial language was used – terms like “junkie,” “drug abuser” instead of “a person with substance use disorder”



The **stigma around opioid use** was identified as a significant barrier preventing care.

Stigma around OUD for pregnant and parenting mothers is significant, with negative health implications for moms and infants

- Pregnant and parenting women with opioid-use disorder face unique and particularly severe prejudice and stigma¹
- Types of stigma:
 - Internalized stigma
 - Social or public stigma
 - Structural, institutionalized stigma
- Stigma reduces the likelihood of families to engage, and remain engaged, with the health care system for themselves and their infant at every stage.



The HPC identified an opportunity for a learning collaborative call

Barrier: All initiative teams reported stigma presented a significant barrier to patient care

Opportunity: Wide variation in approaches to addressing the challenge of stigma

Methodology: HPC staff engaged in interviews, conducted research on existing stigma, and ultimately convened a learning collaborative

Result: HPC facilitated a 90-minute conference call discussion of common strategies to address stigma

- 40 attendees from 6 hospital sites and 2 statewide agencies

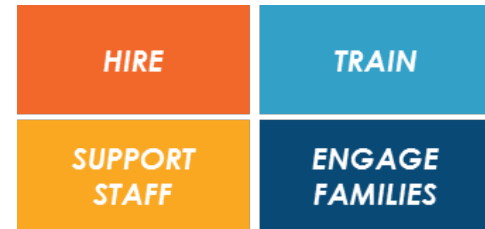
| Roles participating | # |
|---|----|
| Physicians | 9 |
| Nursing staff (NICU, Pediatrics, Labor & Delivery, and Post-Partum depts.) | 13 |
| Social Services Providers | 10 |
| Research/ Evaluation | 7 |
| Hospital Administration | 1 |

Synthesis of fact finding discussion

Four themes emerged as successful methods to reduce stigma and impact cultural change in a hospital setting:

- **Hire and integrate** peer recovery coaches across continuum of care
- **Train** the workforce and partners, and lay the foundation to build a trauma-informed organization
- **Support** staff and engage the workforce – highlighting the work of champions
- **Engage families** in the care of their newborn

Stigma Reduction Strategies:



HPC staff accumulated and began curating tools and resources that teams had found or created to address this need, which fit within the framework.

- Over 50 items were submitted to the HPC (e.g. job postings, staff newsletters, promotional materials, etc.)
- HPC staff compiled summary of lessons learned and useful resources into a toolkit

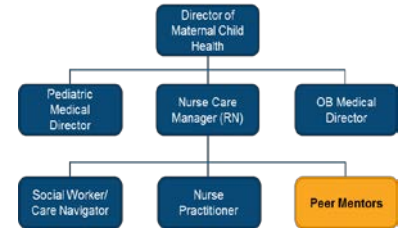
Hiring and Integrating Peer Recovery Coaches

The Challenge: Peer recovery coaches are a relatively new workforce; many organizations still do not know how to advertise for these roles, or prepare for their integration into the health care system.

Strategies for Success:

- Ensure that staff is familiar with the role and responsibilities of peer recovery coaches
- Establish a clear supervisory structure for peer recovery coaches, and provide guidance and training on ethics and boundaries

Example Organizational Chart Integrating Peer Mentors



Training Staff about Stigma and Sensitivity

The Challenge: Many providers have not received adequate training to work with patients with opioid-use disorder, and feel ill-equipped to navigate the needs of this population, which can result in care decisions and spoken or body language that displays implicit bias.

Strategies for Success:

- Provide training in trauma-informed care for all staff members
- Recruit and train clinical champions who understand the medical, behavioral, and social needs of a patient

Staff Recommendations for Program Design

| Staff Survey Responses | Percent Agree |
|---|---------------|
| Conduct outreach to OB offices | 40% |
| Conduct outreach to local methadone and buprenorphine providers | 40% |
| Provide mothers with prenatal education packets | 34% |
| Offer inpatient psychiatric counseling for mothers | 34% |
| Update hospital policy on toxicology | 29% |
| Expand the volunteer cuddler program | 29% |
| Offer inpatient methadone or buprenorphine | 26% |
| Nurse education: Non-pharmacologic interventions | 23% |

Source: Lawrence General Hospital, NAS Program Staff Survey, 2017.
n=35

Supporting and Engaging Staff

The Challenge: Lack of communication between hospital leadership and frontline staff can lead to disenfranchisement from the initiative, and lead to increased compassion fatigue and provider burnout.

Strategies for Success:

- Encourage staff to partake in self-care activities, and build infrastructure to support those activities
- Solicit staff early and often throughout design and implementation
- Share positive recovery stories from patients they have worked with



Supporting and Engaging Families

The Challenge: Many patients with opioid-use disorder have had negative experiences with the healthcare system, and may not trust providers. They therefore avoid and/or have misperceptions about prenatal care, or care for their opioid use.

Strategies for Success:

- Ensure there are patient advocates included in care conversations, and discussions about broader hospital policy
- Make an effort to welcome parents to the hospital, providing education, and soliciting their participation and feedback in their infant's care

The HPC's NAS Interventions are showing emerging positive impacts

Hospital teams are reporting progress against their cost and quality aims...



...and early signs of improvement in metrics related to family engagement.



The HPC continues to take steps to address stigma

Practical:

- Continue to improve anti-stigma toolkit for HPC-funded NAS learning collaborative teams
- Disseminate the NAS toolkit compiled by the Massachusetts Neonatal Quality Improvement Collaborative (NeoQIC)
- Support and expand the education and training of hospital teams in non-pharmacologic family-friendly care

Systemic:

- Advocate for expansion of trauma-informed care training across the Commonwealth
- Identify better strategies for measurement of family experience with care for opioid-exposed infants
- Better understand barriers to implementing the strategies found to address stigma (e.g. corporate hiring and integration practices for Peer Recovery Coaches)

Questions?

For more information about the Health Policy Commission:

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Follow us: [@Mass_HPC](#)

E-mail us: HPC-Info@mass.gov