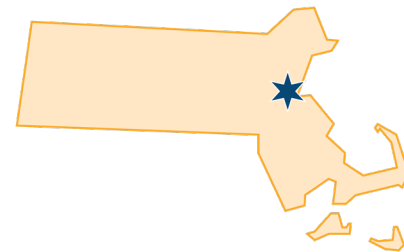
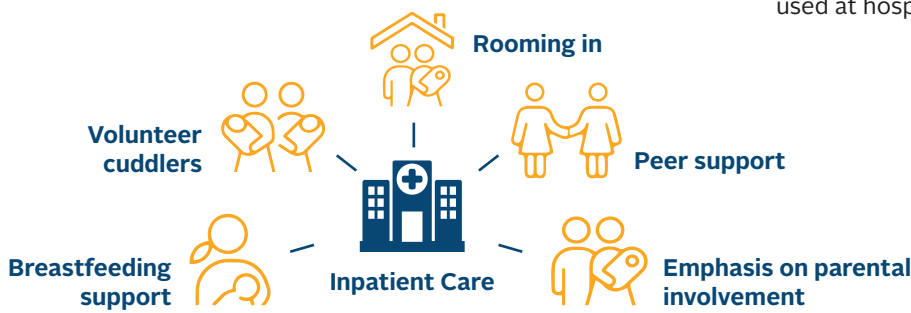


Boston Medical Center

CARE MODEL

Boston Medical Center's (BMC) inpatient quality improvement initiative utilizes non-pharmacologic care provided by both medical staff and the infant's parents as the first-line treatment for withdrawal symptoms. The initiative emphasizes rooming-in for the maternal-infant dyad, and encourages breastfeeding initiation and continuity, increased skin-to-skin contact between infants and their families, and increased parental presence at the infant's bedside. BMC developed and utilizes a volunteer "cuddler" program to ensure that infants are provided comfort and consolation, even during times when a parent is not able to be present. BMC also employs a peer recovery coach as a lactation counselor to educate new mothers about breastfeeding,

and provide ongoing support – both for breastfeeding, and with other complexities encountered as a parent with opioid use disorder. BMC has adjusted their pharmacologic treatment protocol to use doses of methadone on an as-needed basis to combat withdrawal symptoms, rather than a standard two-week taper of morphine. They have also introduced a new protocol for cardiac monitoring, allowing for infants receiving pharmacologic treatment to room-in with the mother, rather than being held in the neonatal intensive care unit for observation. BMC has collaborated on the development of a strengthened methodology for scoring infants' NAS symptoms, called "Eat, Sleep, Console." The team has created and disseminated training materials for this technique that are used at hospitals across New England.



IMPACT

\$249K
HPC AWARD

TARGET POPULATION
All opioid-exposed infants
monitored for NAS

TECHNICAL ASSISTANCE
PARTNERS
NeoQIC

PRIMARY AND SECONDARY AIMS:



↓ 40%
inpatient length of stay

↓ 30%
use of pharmacologic
treatment



↑ 20%
parental time spent at
the infant's bedside

↑ 15%
breastfeeding
initiation rate

HCII PATHWAY SUMMARY & HPC BACKGROUND

In 2016, the Massachusetts Health Policy Commission (HPC) launched its \$3 million Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions, a pathway of the HPC's Health Care Innovation Investment (HCII) Program. The NAS Interventions aim to contribute to the Commonwealth's nation-leading efforts to address the opioid epidemic by supporting enhanced care and treatment for mothers and infants impacted by opioid use. The six NAS initiatives develop or enhance programs for opioid-exposed infants at risk of developing NAS and pregnant and postpartum women with opioid use disorder through a dyadic care model, providing rooming-in care for the mother and infant for the duration of the infant's inpatient stay. Many initiatives also offer integrated pre- and postnatal supports, including coordinated

access to behavioral health care, medication assisted treatment, education and support for breastfeeding, and early intervention programming for full family care both in the hospital and in the community after discharge.

The Massachusetts Health Policy Commission (HPC), established in 2012, is an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC's mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and investment programs. Visit us at Mass.gov/HPC. Tweet us @Mass_HPC.