

## CARE MODEL

Lawrence General Hospital's (LGH) inpatient quality improvement initiative deploys a multidisciplinary care coordination team to bridge gaps in treatment for pregnant women with opioid use disorder both within the hospital, and between the hospital and outpatient providers of medication assisted treatment, social services, and prenatal care. A dedicated social worker coordinates outreach efforts in the community to pregnant women planning to deliver their infants at LGH to prepare them for the experience of infant opioid withdrawal. The model emphasizes clinician training, with quarterly education modules on topics such as clinical diagnosis of NAS, guidelines and policies for best treatment practices

for NAS symptoms, stigma around substance use disorders and treatment, and the importance of trauma-informed care. LGH has developed protocols to encourage non-pharmacologic treatment for NAS symptoms, including an emphasis on breastfeeding, skin-to-skin contact between infants and their families, parental contact and time spent at the infant's bedside, and on decreasing environmental stimuli in the infant's room. LGH also has developed a volunteer "cuddler" program to ensure that infants are provided non-pharmacologic care, even during times when a parent is not able to be present.



## IMPACT

**\$250K**  
HPC AWARD

TARGET POPULATION  
**All opioid-exposed infants  
monitored for NAS**

TECHNICAL ASSISTANCE  
PARTNERS  
**NeoQIC**

PRIMARY AND SECONDARY AIMS:

**↓ 10%**  
cost of an NAS  
episode



**↓ 20%**  
inpatient length of  
stay



**↑ 20%**  
breastfeeding rate for eligible  
infants going home in the  
custody of birth parent



## 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](http://Mass.gov/HPC). Tweet us @Mass\_HPC.