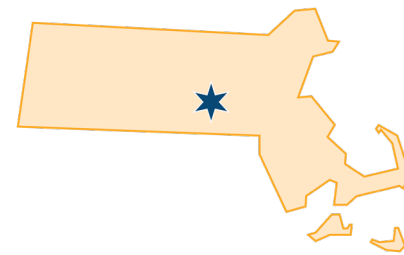
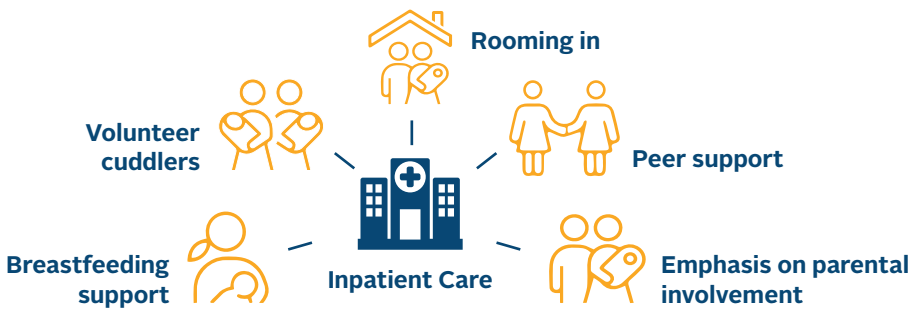


CARE MODEL

UMass Memorial Medical Center’s (UMass) inpatient quality improvement initiative focuses on providing appropriate pharmacologic and non-pharmacologic treatment to infants experiencing withdrawal in the neonatal intensive care unit (NICU). UMass designated a number of rooms in the NICU for maternal-infant rooming-in, so that mothers can provide non-pharmacologic treatment to infants for the duration of the infant’s inpatient stay. UMass promoted breastfeeding for mothers with opioid use disorder, and hired a peer recovery coach to work as a lactation counselor. The lactation counselor supports pregnant women prenatally who receive treatment at the Green Clinic on the UMass campus

to educate them about breastfeeding, and to provide support throughout pregnancy and during the post-partum period. The UMass program encourages skin-to-skin contact between infants and their families, and increased parental presence at the infant’s bedside. UMass has developed a 24/7/365 volunteer “cuddler” program, to ensure that infants are provided non-pharmacologic care, even during times when a parent is not able to be present. UMass has also placed a strong emphasis on monitoring and analyzing provider adherence to protocols, to adapt and amend procedures for NAS treatment, as necessary and appropriate.



IMPACT

\$250K
HPC AWARD

TARGET POPULATION
All opioid-exposed infants monitored for NAS

TECHNICAL ASSISTANCE PARTNERS
NeoQIC

PRIMARY AND SECONDARY AIMS:

↓ 30%
inpatient length of stay



↓ 25%
30-day readmission rates



↑ 30%
breastfeeding rate at discharge



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.