Request for Information

Neonatal Opioid Withdrawal Syndrome Pilot Project

Louisiana Department of Health

Office of Public Health

Contents

1 Introduction

The incidence of neonates affected by substance exposure during pregnancy is rising quickly in Louisiana, with a doubling of these numbers between 2013 and 2018 in Baton Rouge and Alexandria. More specifically, diagnosis of Neonatal Opioid Withdrawal Syndrome (NOWS), or the treatable, transient presence of opioid-related withdrawal symptoms in newborns, is rising quickly in Louisiana. This poses challenges to families, communities and providers, as well as significant opportunities for strengthening state systems of maternal and infant care.

Based on hospital discharge data, there were 360 cases of NOWS in Louisiana in 2017, representing an almost 50% rise from 2012 numbers (for state and region specific data, please see: https://lodss.ldh.la.gov/).

Improvement and attention to hospital-based management of neonates, access to maternal medication-assisted treatment for opioid use disorder known to improve neonatal outcomes, and prevention of opioid use disorders (OUD) in people of reproductive age are all key levers for change, based on national literature. Strategies that prioritize sharing of data across systems, integration of trauma-informed care, co-location of necessary services for parents and children, and care coordination to support family-centered approaches have been shown to be effective in other settings.

2 Charge

Act 174 of the 2018 regular legislative session charges the Louisiana Department of Health (LDH) with creating a pilot demonstration project that optimizes outcomes associated with NOWS. The legislation calls on LDH to establish an evidence-based pilot project conducted by a multi-disciplinary team, to implement and evaluate care options that are safe alternatives to the neonatal intensive care unit in existing community or hospital settings. The pilot project must prioritize co-location of the mother-infant dyad, optimize maternal access to evidence-based treatment of OUD, and promote practices that minimize neonatal harm and improve infant health outcomes.

LDH issues this Request for Information (RFI) with the intent to identify birth facilities and affiliated improvement teams interested in designing and implementing a quality improvement pilot demonstration that will improve health, appropriate utilization of care, cost, and patient-centered outcomes associated with NOWS. Selected facility-based team(s) will partner with LDH and the Louisiana State University Health Sciences Center for Healthcare Value and Equity, to implement and undergo rapid evaluation of this pilot demonstration, including a study of comparative outcomes, risks, benefits, and costs to inform statewide programming and policy approaches.

LDH is committed to supporting inpatient quality improvement initiatives to address treatment of infants with NOWS. We will prioritize efforts that are well-integrated with outpatient and community-based service providers and support adherence to pharmacologic treatment among pregnant and post-partum women with opioid use disorder.

In order to support the pilot project, LDH in coordination with the Department of Children and Family Services, shall convene stakeholders including but not limited to the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality and the Louisiana Perinatal Quality Collaborative. Stakeholder engagement will support spread of learning from this pilot program and scale best practices supporting evidence-based care of infants with neonatal opioid withdrawal syndrome in Louisiana.

Interested facility-based teams should consider approaches that involve three known stages of intervention relevant to NOWS: 1) prenatal care/pregnancy; 2) post-delivery/inpatient care; and 3) the post-discharge/postpartum/neonatal period. In accordance with literature on improved outcomes associated with NOWS (review key references below), team aims may include attention to:

Prenatal care/pregnancy:

- Screening of pregnant women using evidence-based screening tools for OUD, starting at first prenatal appointment
- Timely, effective referral of impacted women and families to medication-assisted treatment and behavioral health care during pregnancy, with continuing support of adherence and integrated mental health services
- Provision of same-day, co-located behavioral health and prenatal care
- Provision of social support to facilitate access to treatment (e.g., peer recovery coaches, childcare, transportation)

Post-childbirth/inpatient care:

- Implementation of evidence-based protocols for identification and management of neonatal opioid withdrawal outside of the neonatal intensive care unit when safe
- Facilitation of "rooming-in" for eligible women and infants
- Practices and protocols that improve breastfeeding rates in eligible affected populations
- Facilitation of early initiation of skin-to-skin contact after birth
- Provision of bedside psychotherapy/mental health services to women after birth
- Management of infants in need of pharmacologic intervention with specific medications and consistent protocols in accordance with up-to-date literature

Postpartum/neonatal period:

- Optimizing number of infants discharged to biological family when safe
- Provision of early intervention referral prior to hospital discharge
- Support of interdisciplinary post-discharge follow up and support with early intervention services, tailored outpatient pediatric care, and maternal primary care/ continuing treatment of opioid use disorders

2.1 Key References

http://www.legis.la.gov/legis/ViewDocument.aspx?d=1097992

https://www.mass.gov/service-details/neonatal-abstinence-syndrome-investment-opportunity

Asti L, Magers JS, Keels E, et al. A quality improvement project to reduce length of stay for neonatal abstinence syndrome. Pediatrics. 2015; 135(6): e1494-e1500.

Erwin PC, Meschke LL, Ehrlich SF, et al. A Population Health Driver Diagram to Address Neonatal Abstinence Syndrome. Journal Pub Health Management Practice. 2017; 23(6):e21-24.

Grossman MR, Berkwitt AK, Osborn RR, et al. An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome. *Pediatrics.* 2017;139(6):e20163360.

MacMillian KDL, Rendon CP, Verma K, et al. Association of Rooming-in With Outcomes for Neonatal Abstinence Syndrome: A Systematic Review and Meta-analysis. JAMA Peds. 2018; 172(4) 345-351.

Patrick SW, Schumacher RE, Horbar JD, et al. Improving Care for Neonatal Abstinence Syndrome. Pediatrics. 2016;137(5):1-8.

Wachman EM, Grossman M, Schiff DM et al. Quality improvement initiative to improve inpatient outcomes for Neonatal Abstinence Syndrome. J Perinatol. 2018; 38 (8):1114-1122.

Walsh MC, Crowley M, Wexelblatt S, et al. Ohio Perinatal Quality Collaborative Improves Care of Neonatal Narcotic Abstinence Syndrome. Pediatrics. 2018;141(4):e20170900.

3 Request for Information

Teams with interest in supporting a birth facility-based quality improvement program of this nature are asked to submit responses to the questions below. Responses should be no longer than 10 pages in size 12pt font, 1”margins.

1. What are the characteristics of maternal opioid use disorder and neonatal opioid withdrawal syndrome in your facility and context? Please describe the specific scope of this problem in your community and population, such as prevalence, length of stay, and key clinical outcomes.
2. What has your facility/team done to improve outcomes associated with neonatal opioid withdrawal? Please describe current protocols and workflows.
3. What are barriers to improving outcomes associated with neonatal opioid withdrawal in your setting?
4. What are barriers to improving access to/quality of care for maternal opioid use disorders in your setting?
5. What quality improvement activities would you prioritize to address neonatal opioid withdrawal if given support for implementation and evaluation from the Louisiana Department of Health? Please include program objectives, methods, timelines, and estimated budget/cost. Describe the following key elements of your quality improvement proposal, derived from the Institute for Healthcare Improvement’s *Five Core Components for Learning from QI Programs*. A more detailed description of these elements can be found here.
    a. Aim statement (measureable goals)
    b. Theory of change (driver diagram and change package)
    c. Execution theory (logic model)
    d. Measurement plan (data, results, learning)
    e. Dissemination plan (publication and communication)
6. What makes your birth facility/team a strong candidate for participation in a pilot quality improvement program partnered with the Louisiana Department of Health? Please include:
    a. Qualifications of key personnel
    b. Description and role(s) of key community partners (may include community-based providers, legislators, community-based organizations, patient advisors, managed care plans)
    c. Plan for scaling and sustaining improvement beyond pilot period

4 Submission Instructions

Responses are due by **5:00 PM CT on March 8, 2019**. Responses should be in PDF format and delivered via email with "NOWS RFI Response" in the subject line. Responses should be no longer than 10 pages in size 12pt font, 1"margins. Proposers interested in participating in this RFI should send an electronic copy of their response to the email address below:

Marci Brewer, MPH
New Initiatives Program Manager
marci.brewer@la.gov

Responders are encouraged to propose efficient options for providing solutions that enable the Department of Health to reach its goals as described in sections 1 and 2 of this RFI, including recommending what resources will be required. Responders are encouraged to be as detailed as possible and to suggest and comment on any other related issues not specifically outlined herein. Total available funds will approximate up to $300,000 annually to be apportioned to up to 2 birth facility teams to be used to support local quality improvement activities only. Further support may be available to support evaluation and dissemination in partnership with LDH and the LSUHSC Center for Healthcare Value and Equity.

Responses should include a cover page including:

- Date of submission
- Chief team contact person's
    - Name
    - Organization
    - Mailing address
    - Phone number
    - Email address
- Proposal team members and qualifications of each, including CVs (not counted towards page limit)
- Answers to "Questions for Respondents"
- Additional materials such as local supporting data on population of focus are strongly encouraged, may be included as attachments, and must be clearly labeled

Whenever possible, respondents are asked to draw their responses from objective, empirical, and actionable evidence and to cite this evidence within their responses.

Questions pertaining to this RFI should be submitted to Marci Brewer (marci.brewer@la.gov) by February 20, 2019. A list of FAQs will be made available on the LaPQC webpage by February 25, 2019.

Key dates:

- Responses to the RFI are due by **5:00 PM CT on March 8, 2019**
- Submit questions to Marci Brewer (marci.brewer@la.gov) by **February 20, 2019.**
- Potential hospital teams will be notified by **March 15, 2019** and asked to complete a brief quality improvement capacity assessment tool by **March 22, 2019**.
- Project start date: **Spring 2019** with the project period not to exceed 24 months

5 Additional Information

This RFI is issued as a means of technical discovery and information gathering. It is for planning purposes only, and should not be construed as a solicitation for services or a request for proposals (RFP), nor should it be construed as an obligation on the part of the state to purchase services. This RFI is not a means of pre-qualifying vendors for any subsequently issued RFP related to this RFI. RFI responses are non-binding on the state or respondent.

5.1 Liabilities of Agency

This RFI is only a request for information about potential products/services and no contractual obligation on behalf of LDH whatsoever shall arise from the RFI process.

This RFI does not commit LDH to pay any cost incurred in the preparation or submission of any response to the RFI.

5.2 Confidentiality

The designation of certain information as trade secrets and/or privileged, confidential, or proprietary information shall only apply to the technical portions of this Request for Information. *Any response to this request marked as copyrighted or marked as privileged, confidential, or proprietary **in its entirety** is subject to rejection without further consideration or recourse*.

Respondents should bear in mind that while trade secrets and other proprietary information submitted in conjunction with this RFI may not be subject to public disclosure, the Louisiana Public Records Act governs whether information submitted by respondents will be released pursuant to a public records request.

The respondent must clearly designate the part of the response that contains information the respondent believes to be a trade secret and/or privileged or confidential proprietary information as “confidential”.

Respondents must be prepared to defend the reasons why material should be held as confidential. If another respondent or entity seeks to review copies of a respondent’s confidential data, LDH will notify the owner of the requested data of the request. If the owner of the asserted data does not want the information disclosed, it must take legal action as necessary to restrain LDH from releasing information LDH believes to be public record.

If the response contains confidential information, the respondent should submit a redacted copy of the response. Without the submission of a redacted copy, LDH may consider the entire response to be public record. When submitting the redacted copy, it should be clearly marked on the cover as a “REDACTED COPY.” The redacted copy should also state which sections or information have been removed.”