

# **Neonatal Abstinence Syndrome (NAS) in Florida**

**External Quality Review Organization  
Quarterly Meeting**

**November 8, 2017**



# Objectives

- Discuss opioids and their impact on Medicaid moms and babies
- Understand the crisis in Florida: data
- Discuss Social Determinants and their impact on Substance Abuse
- Review State and Federal Legislation
- Share Resources



# What is NAS?

group of problems that occur in a newborn\* who was exposed to addictive opiate drugs while in the mother's womb

- Heroin
- Codeine
- Oxycodone  
(OxyContin)
- Methadone
- Buprenorphine

\*Newborn=0-28 days of life



# Impact on the Newborn

- High-pitched crying
- Sleep problems
- Irritability
- Rapid breathing
- Seizures
- Tremors
- Feeding difficulty



# National & State Stakeholder Recognition of NAS

*May 3, 2017: Governor Rick Scott directs statewide public health emergency for opioid epidemic*

Launching a project to focus on NAS  
*According to a recent analysis of Census Bureau data for 2012, Florida has a rate of approximately 7 NAS cases per 1,000 live births which is higher than the rate of 5.8 cases per 1,000 live births for the United States.*

*"Every hour, one infant is diagnosed with neonatal abstinence syndrome. There could not be a more critical time to help families affected by substance use and abuse give their babies the healthiest possible start in life."*

**-The American Academy of Pediatrics President, Sandra G. Hassink**

*2017 ACOG Committee Opinion Response:  
Recommendations and Conclusions for Opioid Use and Opioid Use Disorder in  
Pregnancy*

[ACOG Recommendations](#)

*"The alarming increase in cases of infants born exposed to opioids and other drugs represents a public health crisis. We must act urgently to reduce the terrible toll of neonatal abstinence syndrome"*

**-March of Dimes President, Jennifer L. Howse**



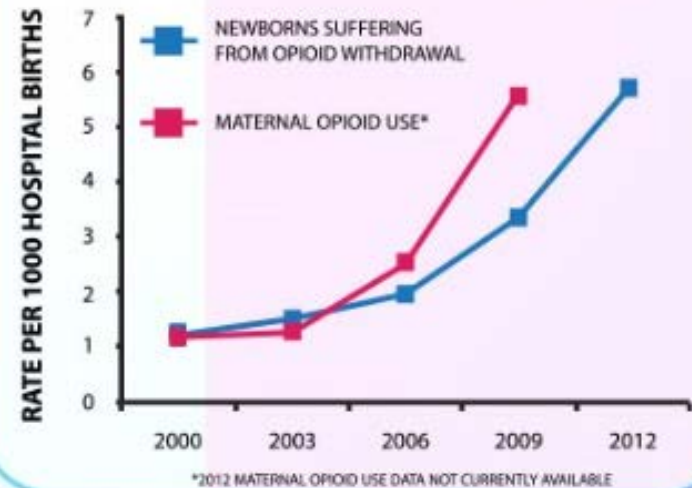


# EVERY 25 MINUTES, A BABY IS BORN SUFFERING FROM OPIOID WITHDRAWAL.

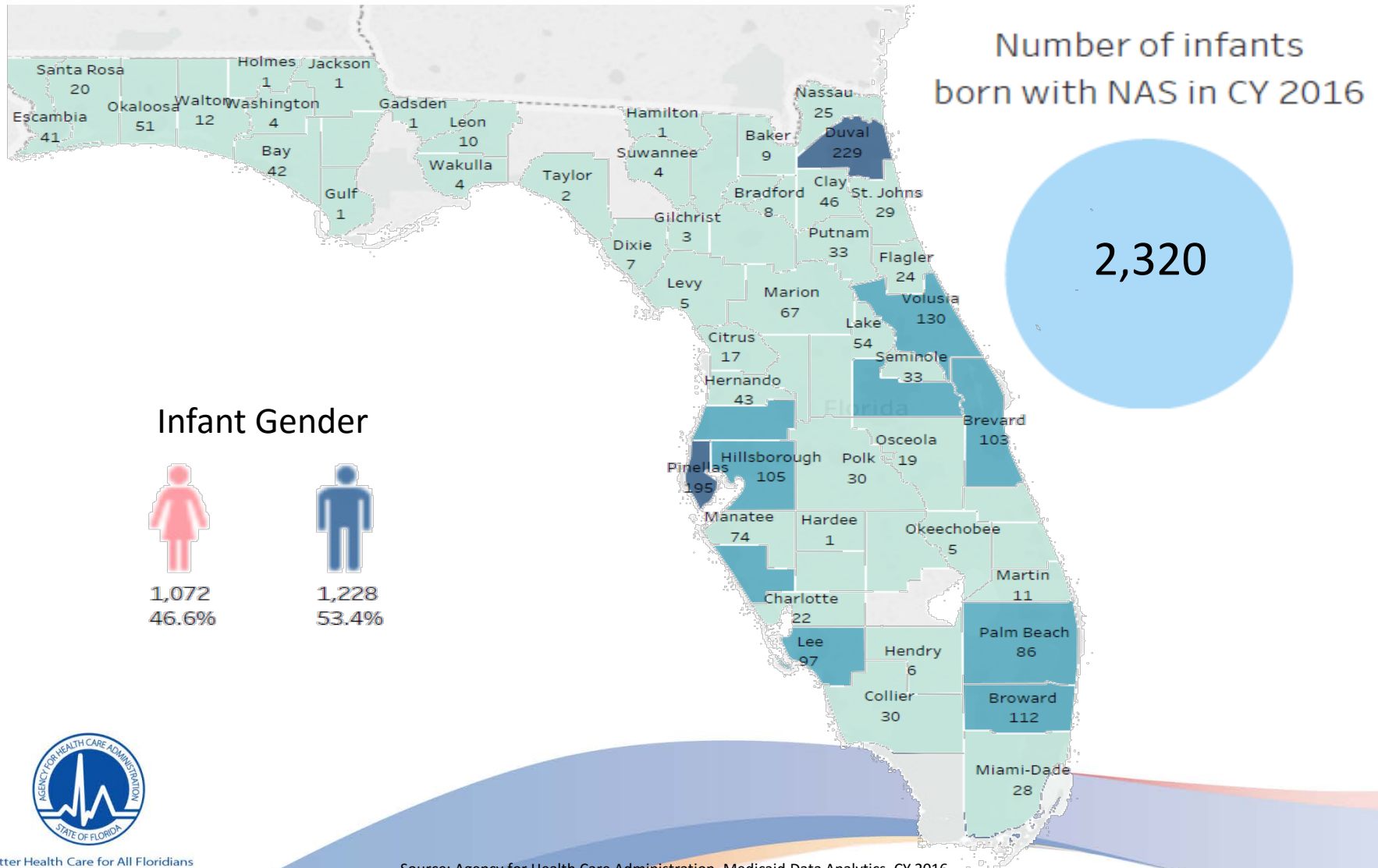
## AVERAGE LENGTH OR COST OF HOSPITAL STAY



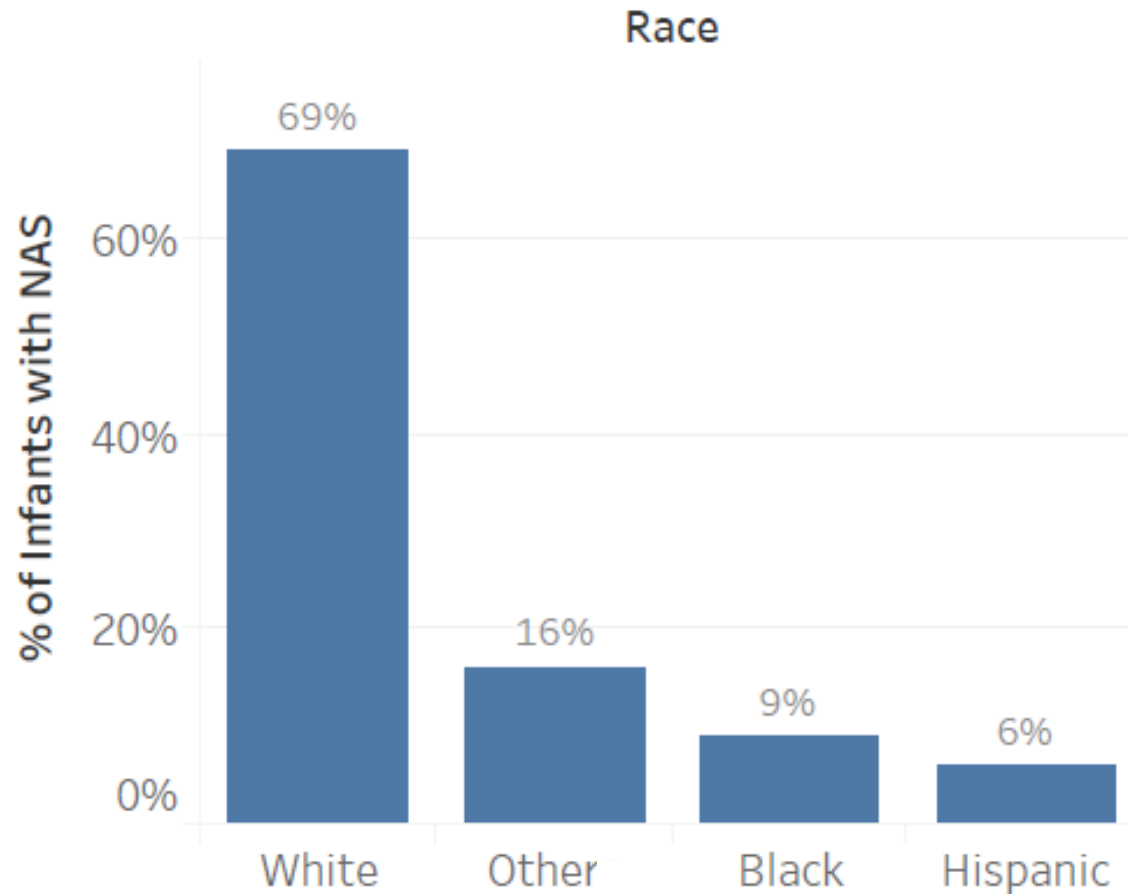
## NAS AND MATERNAL OPIOID USE ON THE RISE



# Newborns with NAS in FL Medicaid, CY 2016



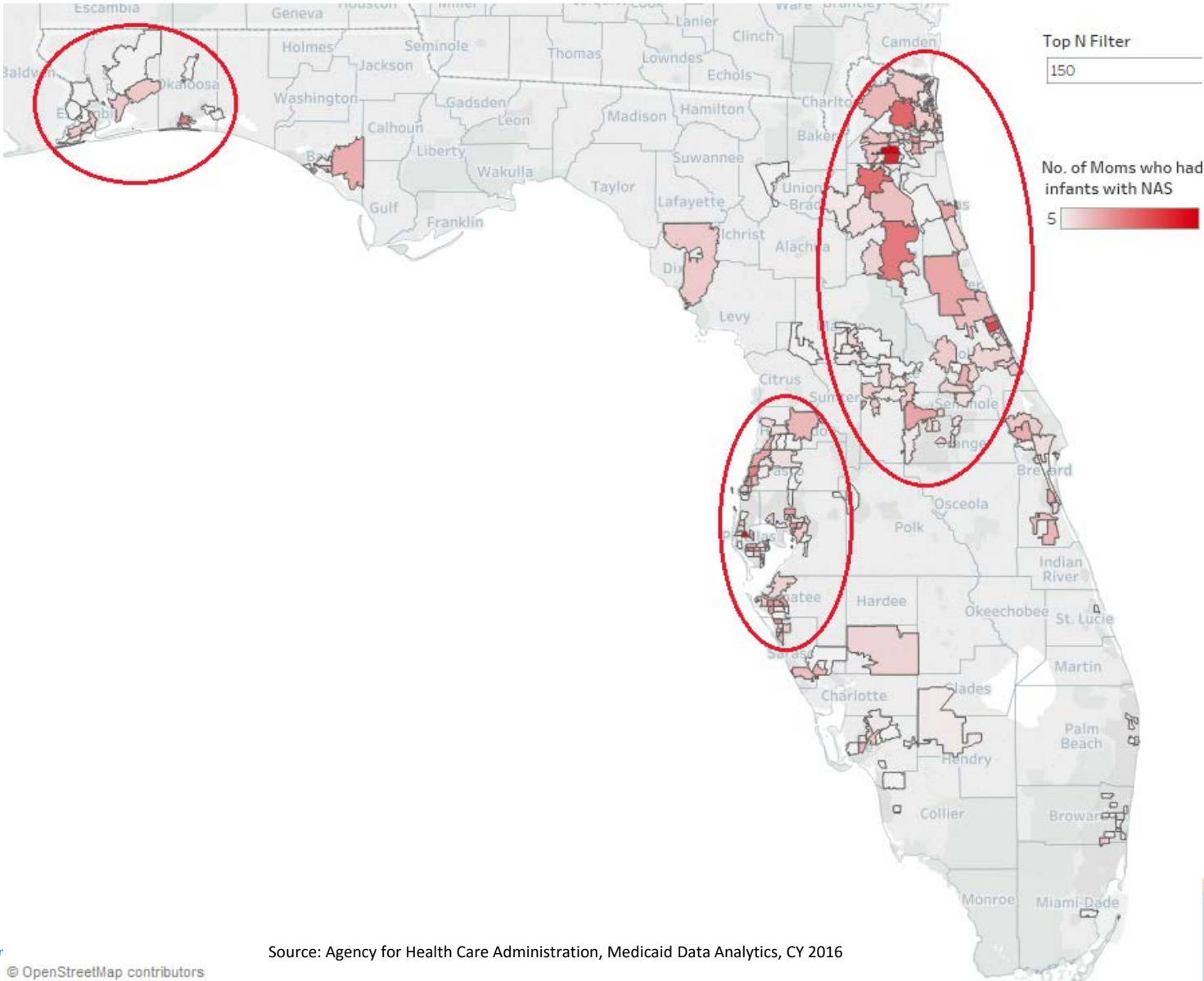
# Newborn Demographics: NAS in FL Medicaid, CY 2016





# Newborns with NAS in FL Medicaid, CY 2016

Top 150 Zip codes for Mothers with infants with NAS



# Newborns with NAS in FL Medicaid, CY 2016

Region	No of Medicaid Live Births in calendar year 2016	No of Florida Medicaid Babies diagnosed with NAS	Total Medicaid Enrollees	NAS per 1,000 Medicaid enrollees	NAS per 1,000 Medicaid live births
1	4,332	125	130,554	1.0	28.9
2	4,314	75	139,683	0.5	17.4
3	9,932	305	330,439	0.9	30.7
4	11,917	504	390,452	1.3	42.3
5	6,983	308	239,805	1.3	44.1
6	17,220	232	517,486	0.4	13.5
7	15,846	269	509,609	0.5	17.0
8	9,290	252	256,565	1.0	27.1
9	11,576	149	344,997	0.4	12.9
10	10,772	112	344,370	0.3	10.4
11	18,238	29	727,335	0.0	1.6

Data Source and Notes: FMMIS

(1) Region code of 99 was excluded

(2) Data is as of October 1, 2017 and is subject to change

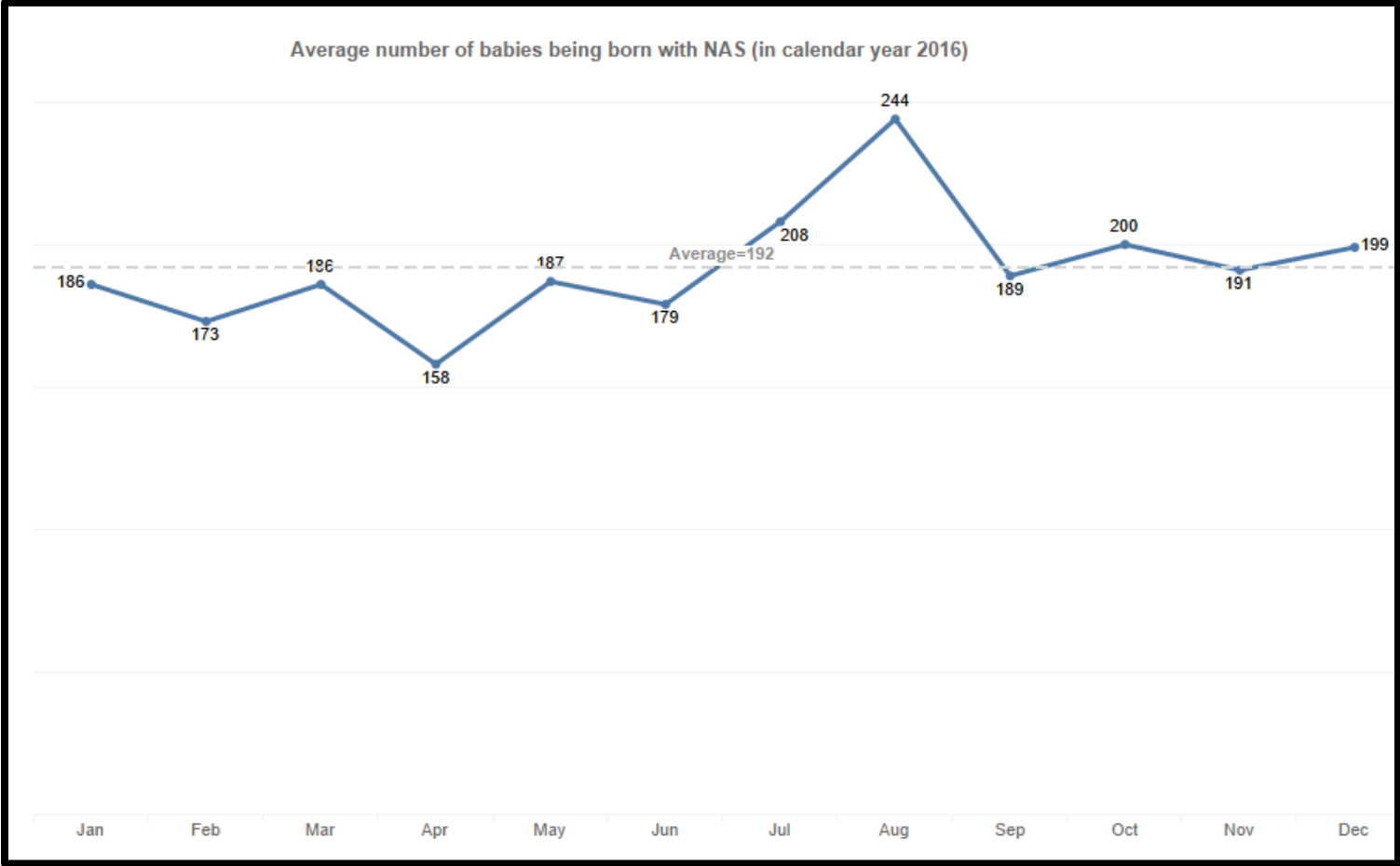
(4) Live Births were identified with a presence of ICD-10 code of Z3800,Z3801,Z381,Z382,Z3830,Z3831,Z384,Z385,Z3861,Z3862,Z3863,Z3864,Z3865,Z3866,Z3868,Z3869,Z387,Z388 in diagnosis codes 1 through 4 listed on a claim or encounter

(5) Cohort was restricted to births in calendar year 2016 only

(6) Babies with Neonatal Abstinence Syndrome (NAS) were identified using the presence of ICD-10 diagnosis codes of P961 or P962 in diagnosis codes 1 through diagnosis codes 4 on an inpatient or professional claim or encounter

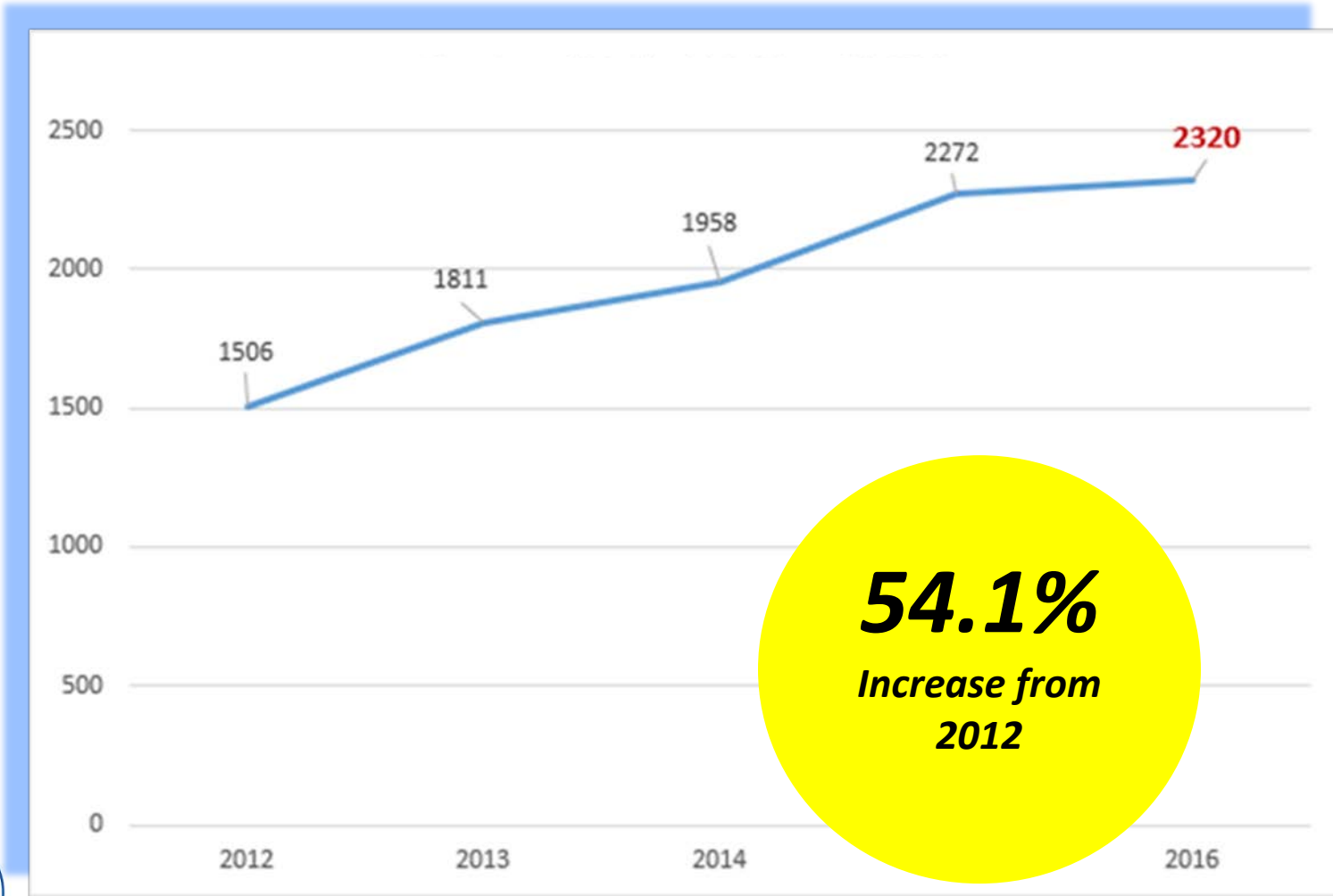


# Newborns with NAS in FL Medicaid, CY 2016



Source: Agency for Health Care Administration, Medicaid Data Analytics, CY 2016

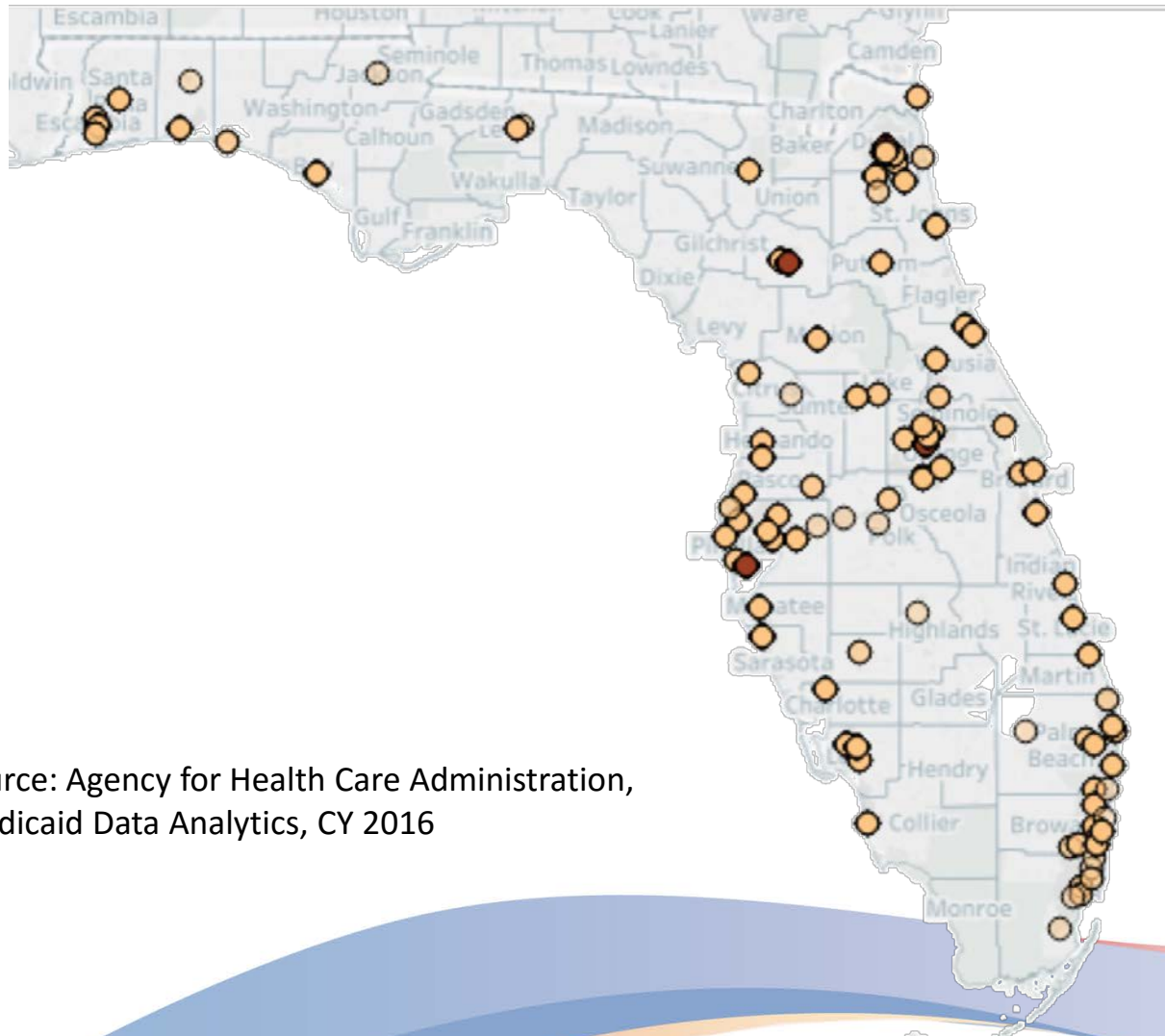
# Newborns with NAS in FL Medicaid, CY 2012-2016



**54.1%**  
*Increase from  
2012*



# Geo-map of treating hospital for newborns with NAS, CY 2016



Source: Agency for Health Care Administration,  
Medicaid Data Analytics, CY 2016



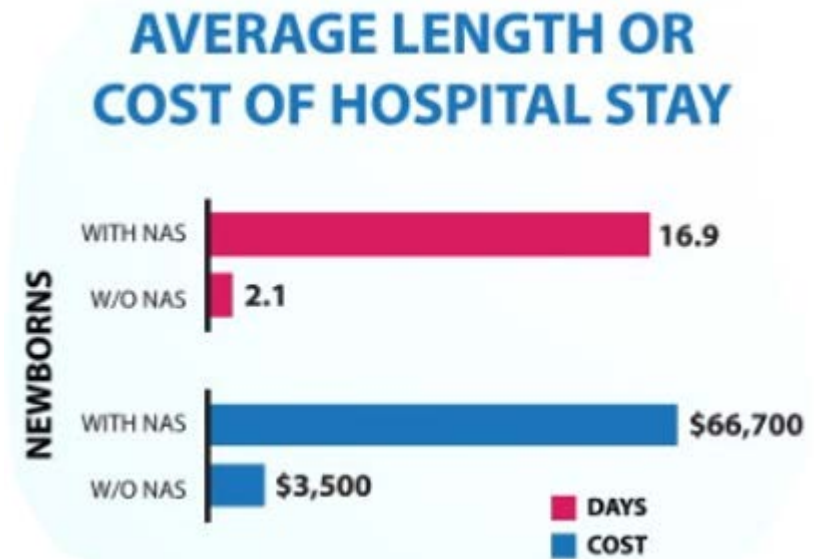
# Length of Stay (LOS) for newborns with NAS

## Florida Medicaid

15.52  
days

Source: Agency for Health Care Administration, Medicaid Data Analytics, CY 2016

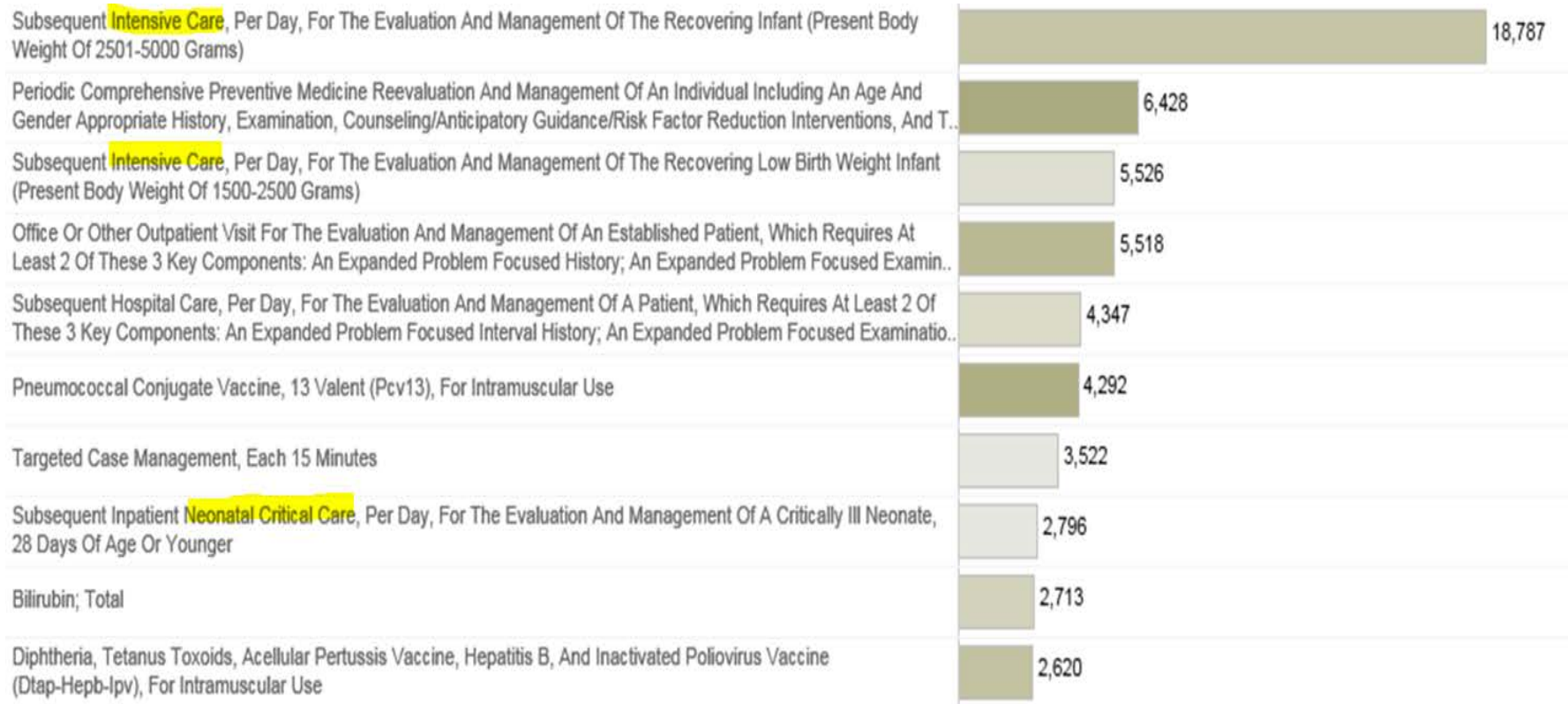
## National



Source: National Institute on Drug Abuse [Patrick et. Al., Journal of Perinatology 2015](#)



# Services Rendered to newborns with NAs: Top 10 Services





# Average Hospital Billed Charge for Inpatient Admission for NAS

Florida Medicaid

\$70,566

National



Source: Agency for Health Care Administration, Medicaid Data Analytics, CY 2016

Source: National Institute on Drug Abuse [Patrick et. Al., Journal of Perinatology 2015](#)

*Typically, the paid amount is significantly lower than the billed amount.*





# Unintended Pregnancy

86%

Pregnant opioid-abusing women do not intend on getting pregnant

Source: Journal of Substance Abuse Treatment

[http://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(10\)00193-5/abstract](http://www.journalofsubstanceabusetreatment.com/article/S0740-5472(10)00193-5/abstract)



# Long Acting Reversible Contraceptives (LARC)

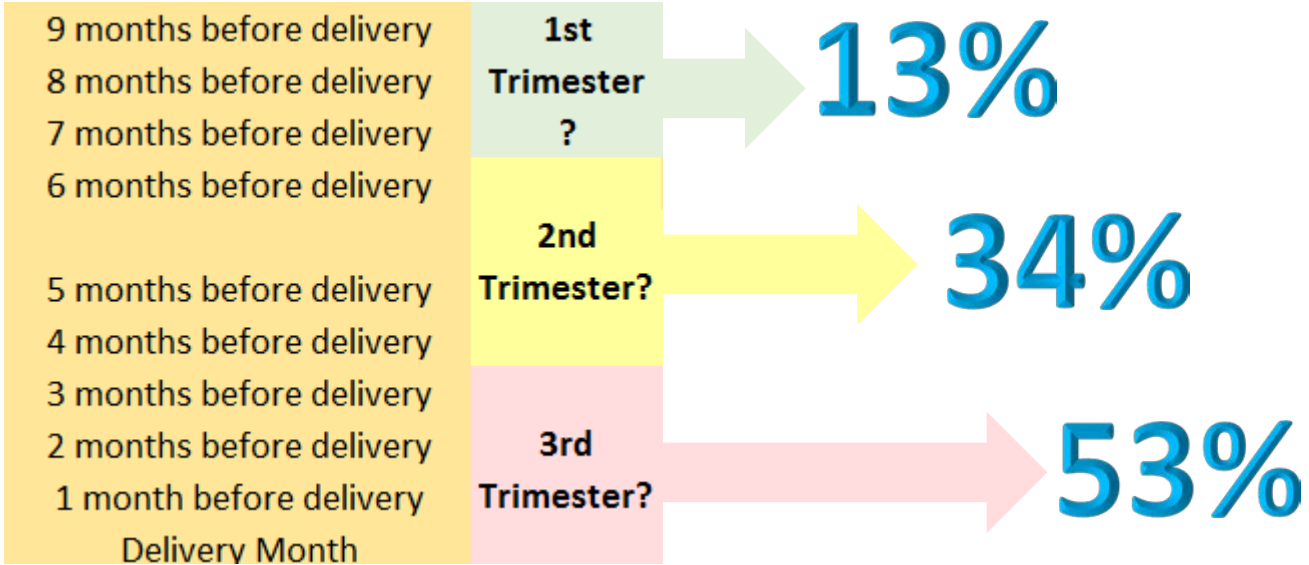
- Long-acting reversible contraceptive is a birth control method that includes the *intrauterine device (IUD)* and the *birth control implant*.
  - **Types:**
    1. Copper IUD
    2. Hormonal IUD
    3. Contraceptive implant
- Most effective forms of reversible birth control available; removable; highest continuation rate
- During the first year of typical use, fewer than 1 in 100 women using an IUD or an implant will become pregnant.
- LARC methods are 20 times more effective than birth control pills, the patch, or the ring.



# Diagnosis of Opioid Abuse/Dependence/Overdose: Opportunity for Prevention

24%

Identified more than 10 months prior to delivery



- Early identification and intervention can reduce newborn length of stay in the hospital and give health care professionals time to address social determinants, if necessary.
- Challenge: Women who are actively abusing opioids may not seek care until much later in their pregnancy, or until it is time to deliver.



# What can health plans do?

- Educate members
- Educate providers (PDMP, motivational interviewing, screen early & often, prescribing guidelines, non-opioid pain management strategies)
- Identify women at risk
- Ensure confidentiality
- Fight stigma--treat SUD just as you would any other chronic disease
- Refer to treatment
- Case management
- Identify NAS babies in your plan
- Collaboration with Healthy Start in the development of plans of safe care



# What is the Agency doing?

- Implementation of all CDC Recommendations:

## *Preventing Overdose*

### *(what we have already done)*

- Since long-acting opioids are more likely to cause overdoses, we require use of immediate release prior to authorizing long-acting opioids
- Since use of both benzodiazepines and opioids can cause respiratory depression, coma and/or death, we implemented a notification to the pharmacist if a person has prescriptions for both.
  - There are some cases where both would be appropriate (e.g., seizures and pain)
  - We are monitoring to see if it's effective or if more aggressive measures needed



# What is the Agency doing?

- Implementation of all CDC Recommendations:

## *Preventing Addiction (what's in progress)*

- Limit new prescriptions to the CDC-recommended dose of no more than 90 morphine milligram equivalents per day
  - This converts all opioids to standard units so the total dosage can be compared and limited to appropriate levels
  - People are less likely to overdose if they stay under this level
  - We are finalizing the specific criteria for how this will be implemented



# What is the Agency doing?

- Implementation of all CDC Recommendations:

## *Preventing Addiction (what's in progress)*

- Prevention: Limit new prescriptions for acute pain to a maximum of 7 days
- Prior Authorization (PA) Protocol (form) will require the following to get an opioid:
  - For chronic pain: Has the patient signed a prescriber/patient agreement setting goals for the treatment and an acknowledgement that opioid treatment will end if goals are not met?
  - Attest that the patient understands the potential benefits vs. risks
  - Did the prescriber review the Prescribed Drug Monitoring Program system?
  - Trial and failure on non-opioid pain meds
  - Require a drug screen within 7 days of the PA to ensure the drug is being taken and not diverted
- We have committed to eliminating PA requirement for initiation of Medication Assisted Therapy (MAT)



# Social Determinants of Health

- ✓ Housing
- ✓ Family & Social Support
- ✓ Education and/or Literacy
- ✓ Food Security
- ✓ Employment
- ✓ Transportation
- ✓ Criminal Justice Involvement
- ✓ Intimate Partner Violence

“create social and physical environments that promote good health for all”

Healthy People 2020





# Scenario

- 21 year old female
- Aged out of foster care
- Had a child at 19, but lost custody
- Highest level of education=GED
- Unemployed
- Moves house to house
- Dual diagnosis (SMI & SUD)
- Criminal record (theft)
- Boyfriend is emotionally abusive and threatens violence

- ✗ Housing
- ✗ Family & Social Support
- ✗ Education and/or Literacy
- ✗ Food Security
- ✗ Employment
- ✗ Transportation
- ✗ Criminal Justice Involvement
- ✗ Intimate Partner Violence



# ICD 10 Codes

Social Determinants	Opioid Overdose	Opioid Abuse
<p>Z55-Z65 – Persons with potential health hazards related to socioeconomic and psychosocial circumstance</p> <p>Z55 – Problems related to education and literacy</p> <p>Z56 – Problems related to employment and unemployment</p> <p>Z57 – Occupational exposure to risk factors</p> <p>Z59 – Problems related to housing and economic circumstances</p> <p>Z60 – Problems related to social environment</p> <p>Z62 – Problems related to upbringing</p> <p>Z63 – Other problems related to primary support group, including family circumstances</p> <p>Z64 – Problems related to certain psychosocial circumstances</p> <p>Z65 – Problems related to other psychosocial circumstances</p> <p>Z59 – Problems related to housing and economic circumstances</p> <p>Z59.0 – Homelessness</p> <p>Z59.1 – Inadequate housing</p> <p>Z59.4 – Lack of adequate food and safe drinking water</p> <p>Z59.5 – Extreme poverty</p> <p>Z59.6 – Low income</p> <p>Z59.7 – Insufficient social insurance and welfare support</p> <p>Z60.2 – Problems related to living alone</p> <p>Z60.3 – Acculturation difficulty</p> <p>Z60.5 – Target of (perceived) adverse discrimination and persecution</p> <p>Z63.1 – Problems in relationship with in-laws</p> <p>Z62.1 – Parental overprotection</p>	<p>T40.0 Poisoning by, adverse effect of and underdosing of opium</p> <p>T40.0X Poisoning by, adverse effect of and underdosing of opium</p> <p>T40.0X1 Poisoning by opium, accidental (unintentional)</p> <p>T40.0X2 Poisoning by opium, intentional self-harm</p> <p>T40.0X3 Poisoning by opium, assault</p> <p>T40.0X4 Poisoning by opium, undetermined</p> <p>T40.0X5 Adverse effect of opium</p> <p>T40.0X6 Underdosing of opium</p> <p>T40.1 Poisoning by and adverse effect of heroin</p> <p>T40.1X Poisoning by and adverse effect of heroin</p> <p>T40.1X1 Poisoning by heroin, accidental (unintentional)</p> <p>T40.1X2 Poisoning by heroin, intentional self-harm</p> <p>T40.1X3 Poisoning by heroin, assault</p> <p>T40.1X4 Poisoning by heroin, undetermined</p> <p>T40.2 Poisoning by, adverse effect of and underdosing of other opioids</p> <p>T40.2X Poisoning by, adverse effect of and underdosing of other opioids</p> <p>T40.2X1 Poisoning by other opioids, accidental (unintentional)</p> <p>T40.2X2 Poisoning by other opioids, intentional self-harm</p> <p>T40.2X3 Poisoning by other opioids, assault</p> <p>T40.2X4 Poisoning by other opioids, undetermined</p> <p>T40.2X5 Adverse effect of other opioids</p> <p>T40.2X6 Underdosing of other opioids</p> <p>T40.3 Poisoning by, adverse effect of and underdosing of methadone</p> <p>T40.3X Poisoning by, adverse effect of and underdosing of methadone</p> <p>T40.3X1 Poisoning by methadone, accidental (unintentional)</p> <p>T40.3X2 Poisoning by methadone, intentional self-harm</p> <p>T40.3X3 Poisoning by methadone, assault</p> <p>T40.3X4 Poisoning by methadone, undetermined</p> <p>T40.3X5 Adverse effect of methadone</p> <p>T40.3X6 Underdosing of methadone</p> <p>T40.4 Poisoning by, adverse effect of and underdosing of other synthetic narcotics</p> <p>T40.4X Poisoning by, adverse effect of and underdosing of other synthetic narcotics</p> <p>T40.4X1 Poisoning by other synthetic narcotics, accidental (unintentional)</p>	<p>F1110 Opioid abuse, uncomplicated</p> <p>F11120 Opioid abuse with intoxication, uncomplicated</p> <p>F11121 Opioid abuse with intoxication delirium</p> <p>F11122 Opioid abuse with intoxication with perceptual disturbance</p> <p>F11129 Opioid abuse with intoxication, unspecified</p> <p>F1114 Opioid abuse with opioid-induced mood disorder</p> <p>F11150 Opioid abuse with opioid-induced psychotic disorder with delusions</p> <p>F11151 Opioid abuse with opioid-induced psychotic disorder with hallucinations</p> <p>F11159 Opioid abuse with opioid-induced psychotic disorder, unspecified</p> <p>F11181 Opioid abuse with opioid-induced sexual dysfunction</p> <p>F11182 Opioid abuse with opioid-induced sleep disorder</p> <p>F11188 Opioid abuse with other opioid-induced disorder</p> <p>F1119 Opioid abuse with unspecified opioid-induced disorder</p> <p>F1120 Opioid dependence, uncomplicated</p> <p>F1121 Opioid dependence, in remission</p> <p>F11220 Opioid dependence with intoxication, uncomplicated</p> <p>F11221 Opioid dependence with intoxication delirium</p> <p>F11222 Opioid dependence with intoxication with perceptual disturbance</p> <p>F11229 Opioid dependence with intoxication, unspecified</p> <p>F1123 Opioid dependence with withdrawal</p> <p>F1124 Opioid dependence with opioid-induced mood disorder</p> <p>F11250 Opioid dependence with opioid-induced psychotic disorder with delusions</p> <p>F11251 Opioid dependence with opioid-induced psychotic disorder with hallucinations</p> <p>F11259 Opioid dependence with opioid-induced psychotic disorder, unspecified</p> <p>F11281 Opioid dependence with opioid-induced sexual dysfunction</p> <p>F11282 Opioid dependence with opioid-induced sleep disorder</p> <p>F11288 Opioid dependence with other opioid-induced disorder</p> <p>F1129 Opioid dependence with unspecified opioid-induced disorder</p> <p>F1190 Opioid use, unspecified, uncomplicated</p> <p>F11920 Opioid use, unspecified with intoxication, uncomplicated</p> <p>F11921 Opioid use, unspecified with intoxication delirium</p> <p>F11922 Opioid use, unspecified with intoxication with perceptual disturbance</p> <p>F11929 Opioid use, unspecified with intoxication, unspecified</p> <p>F1193 Opioid use, unspecified with withdrawal</p> <p>F1194 Opioid use, unspecified with opioid-induced mood disorder</p> <p>F11950 Opioid use, unspecified with opioid-induced psychotic disorder with delusions</p> <p>F11951</p>
<p style="text-align: center;"><b>NAS</b></p> <p>P961 Neonatal withdrawal symptoms from maternal use of drugs of addiction</p> <p>P962 Withdrawal symptoms from therapeutic use of drugs in newborn</p>		

## Top ICD-10, Z-codes: Medicaid Recipients with Claims/Encounters from Z-codes (July 1, 2016 to June 30, 2017)

Z59.0	2,790	Homelessness
Z55.9	2,389	Problems related to education and literacy, unspecified
Z59.9	1,766	Problem related to housing and economic circumstances, unsp
Z60.9	658	Problem related to social environment, unspecified
Z55.8	651	Other problems related to education and literacy
Z56.0	409	Unemployment, unspecified
Z60.8	231	Other problems related to social environment
Z59.8	148	Other problems related to housing and economic circumstances
Z59.4	138	Lack of adequate food and safe drinking water
Z55.4	126	Educational maladjustment & discord w teachers & classmates
Z65.1	113	Imprisonment and other incarceration
Z55.2	111	Failed school examinations
Z59.6	96	Low income
Z59.1	63	Inadequate housing
Z55.0	62	Illiteracy and low-level literacy
Z60.4	60	Social exclusion and rejection
Z60.2	55	Problems related to living alone
Z59.7	45	Insufficient social insurance and welfare support
Z56.9	38	Unspecified problems related to employment
Z59.5	25	Extreme poverty
Z55.1	22	Schooling unavailable and unattainable
Z65.2	15	Problems related to release from prison
Z56.89	13	Other problems related to employment
Z75.3	10	Unavailability and inaccessibility of health-care facilities
Z65.0	8	Conviction in civil & criminal proceedings w/o imprisonment
Z59.2	4	Discord with neighbors, lodgers and landlord
Z56.4	2	Discord with boss and workmates
Z56.2	1	Threat of job loss

# 2018 Florida Legislative Session

Bills Filed	Bill Highlights
SB 458	<ul style="list-style-type: none"> <li>• Limit prescriptions for temporary pain</li> <li>• 30-day renewal of prescription after the initial 7-day prescription</li> <li>• Doctors to consult the PDMP</li> <li>• Doctors to complete a 2-hour course on prescribing opioids</li> <li>• Doctors to complete an extensive medical history and physical exam</li> </ul>
SB 450	<ul style="list-style-type: none"> <li>• Defines role of peer specialist</li> <li>• DCF to train peer specialists</li> <li>• Peer specialist assist in getting a job, finding housing, education &amp; life skills</li> <li>• Peer specialist services eligible for reimbursement by DCF &amp; Medicaid</li> </ul>
SB 434	<ul style="list-style-type: none"> <li>• Create 2-year pilot program to treat babies born with NAS</li> <li>• Program located at a non-profit in SW Florida that accepts Medicaid</li> <li>• Facility to offer “residential-type accommodations” to the mother</li> </ul>
HB 253	<ul style="list-style-type: none"> <li>• \$10 fee to bail set for certain drug/alcohol offenses</li> <li>• Funds used for grants to small counties to combat drug abuse</li> </ul>
SB 202	<ul style="list-style-type: none"> <li>• Revise criteria for involuntary treatment for drug abuse</li> <li>• Addicts revived using naloxone could be involuntarily committed to a hospital or detox for up to 72 hours</li> </ul>



# Federal Legislation: CARA/CAPTA

## Comprehensive Addiction and Recovery Act /Child Abuse Prevention and Treatment Act

- **S.524 — 114th Congress (07/22/2016)**
- Removes the term “illegal”
- Requires that a **Plan of Safe Care** address the needs of both the infant & family or caregiver
- **Data** to be reported by States (FL Dept. of Children and Families):
  - Number of infants identified as being affected
  - Number of infants for whom a plan of safe care was developed
  - Number of infants for whom referrals were made for appropriate services—including services for the affected family or caregiver



# Plans of Safe Care: Process



# Plan of Safe Care Components

## Infant's Medical Care

- Prenatal exposure history
- Hospital care (NICU, length of stay, diagnosis)
- Other medical or developmental concerns
- Pediatric care and follow-up
- Referral to early intervention and other services
- Other

## Mother's Medical Care

- Prenatal care history
- Pregnancy history
- Other medical conditions
- Screening and education
- Follow-up care with OB-GYN
- Referral to other health care services



# Plan of Safe Care Components

## Mother's Substance Use and Mental Health

- Substance use history
- Mental health history
- Treatment history
- Medication-assisted treatment history
- Referrals for services

## Family/Caregiver History and Needs

- Family history
- Living arrangements
- Parent-child relationships
- Prior involvement with Child Welfare
- Current services
- Other needed services
- Child safety and risk concerns





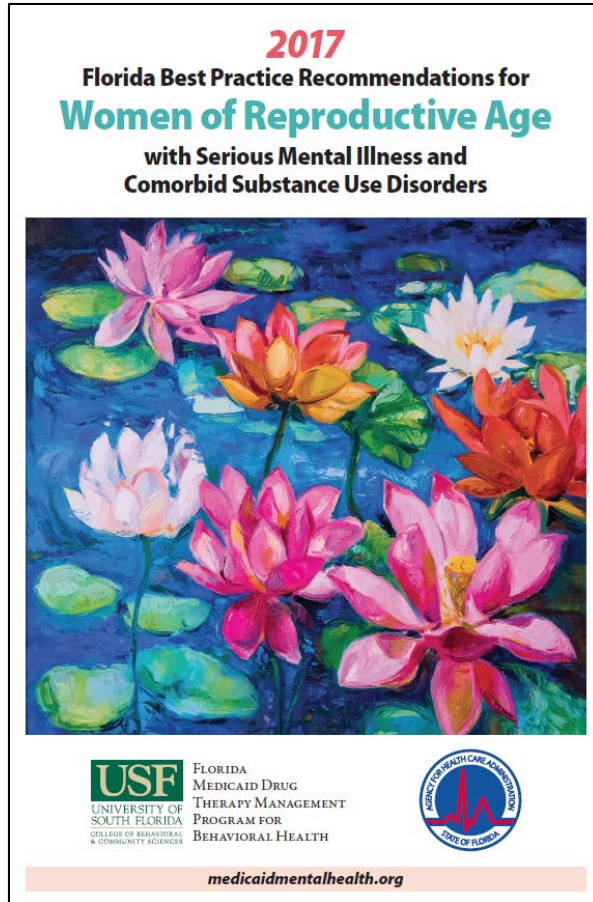
# Resource

FBI Documentary: Chasing The Dragon

<https://www.fbi.gov/video-repository/newss-chasing-the-dragon-the-life-of-an-opiate-addict/view>



# Resource




[MedicaidMentalHealth.org](http://MedicaidMentalHealth.org)



# Resource



AGENCY FOR HEALTH CARE ADMINISTRATION

Search 

HOME

ABOUT US

MEDICAID

LICENSURE & REGULATION

FIND A FACILITY

REPORT FRAUD

 SAMHSA SBIRT Website

 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services, January 2013 [575KB PDF]

 Resource Guide: Screening for Drug Use in General Medical Settings

 CAGE Substance Abuse Screening Tool [73KB PDF]

 The Alcohol Use Disorders Identification Test [171KB PDF]

 Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment [4.04MB PDF]

 Substance-Exposed Infants: State Responses to the Problem [1.50MB PDF]



<http://ahca.myflorida.com/Medicaid/SBIRT/index.shtml>

# Resource

Counties

It's a New Day in Public Health.  
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Florida HEALTH

Programs & Services | Licensing & Regulation | Statistics & Data | Certificates | Diseases & Conditions | Environmental Health

Infant, Child & Adolescent Health | Home > Programs & Services > Infant, Child & Adolescent Health > Healthy Start

**Healthy Start**

The Healthy Start Program includes targeted support services that address identified risks. The range of Healthy Start services available to pregnant women, infants and children up to age three include:

- Information, referral and ongoing care coordination and support to assure access to needed services
- Psychosocial, nutritional and smoking cessation counseling
- Childbirth, breastfeeding and parenting support and education
- Home visiting

\*Note: This page contains materials in the Portable Document Format (PDF). The free [Adobe Reader](#) may be required to view these files.

Healthy Start Coalition  
History  
Healthy Start Facts  
Healthy Start Waiver transition to Agency for Health Care Administration  
Health Management System: Enrolling Medicaid Insurance Information User Guide  
**Healthy Start Standards and Guidelines**  
Appendix for Healthy Start Standards and Guidelines  
Revised and Approved Healthy Start Care Coordination Record Review Forms and Initial Contact Forms (ready for use - PDF)  
Healthy Start Screening Forms and Brochures

Contact the Maternal and Child Health Section  
1-850-245-4465  
Fax: 850-245-4047  
Mailing Address  
Maternal and Child Health Section  
4052 Bald Cypress Way, Bin A13  
Tallahassee, FL 32399-1721

[http://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/index.html#heading\\_6](http://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/index.html#heading_6)

## Chapter 12: Substance Abusing Pregnant Women, Substance Exposed Children and Their Families

### Introduction

Substance abuse includes the abuse of alcohol, tobacco and other drugs. Prenatal substance abuse has a clear impact on the health of the pregnant woman. Prenatal drug abuse and the woman's lifestyle that often accompanies drug abuse may affect fetal development, the infant's birth weight, mortality and the child's future development.

Based on combined responses to the 2004 and 2005 National Surveys on Drug Use and Health: National Findings 3.9 percent of pregnant women acknowledge that they used an illegal drug during pregnancy. Ten percent of women aged 15 to 44 who were not pregnant used illegal drugs.

For more information on the impact of various drugs, go to <http://www.samhsa.gov/>.

Tobacco use is addressed in Chapter 10 of this document. This chapter (Chapter 12) addresses Healthy Start care coordination for pregnant women who use alcohol, or abuse other drugs, substance exposed children and their families.

### Definition of Service

Healthy Start care coordination is initiated for substance abusing pregnant women and substance exposed children and their families. All of these families are expected to be referred for Healthy Start care coordination.

Identification of use/abuse of alcohol and/or illegal substances is determined as follows: EITHER a woman who has abused schedule I or II drugs during pregnancy or postpartum, as documented by

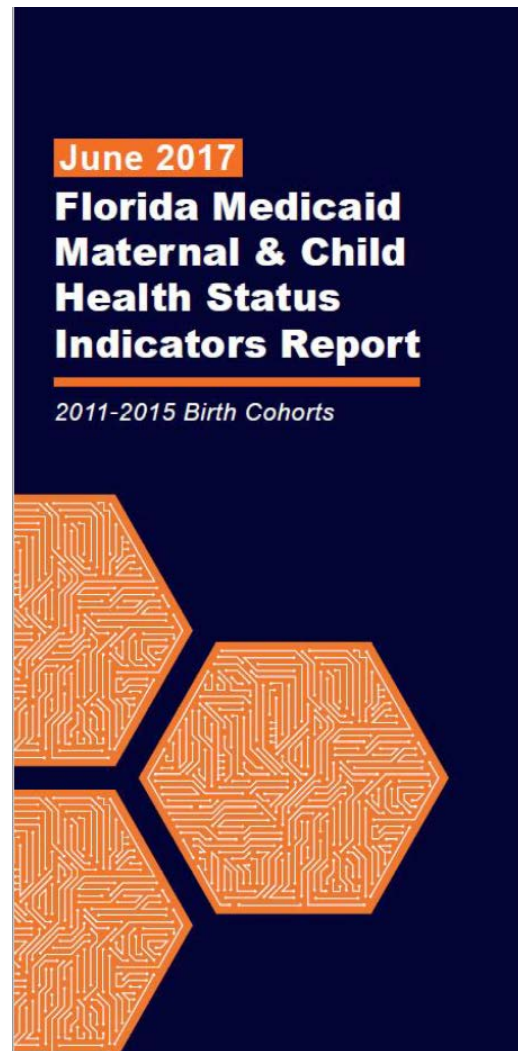
- Her own admission
- A positive drug screen
- A staff member witnessing the use
- A report from a reliable source such as a trusted family member or professional.
- Response to screening questions indicating use or abuse
- Further observations or assessment of substance abuse history and patterns of use

OR an infant who was prenatally exposed to schedule I or II drugs, as documented by the above criteria.



# Resource:

## FL Medicaid Maternal and Child Health Status Indicators Report



# Florida's Prescription Drug Monitoring Program



<http://www.floridahealth.gov/statistics-and-data/e-forcse/>

Florida PDMP Foundation, Inc.

*Supporting the State of Florida Prescription Drug Monitoring Program*

*One Pill CAN KILL. Stop Prescription Drug Overdose. Help Fund the Florida PDMP.*

<http://www.flpdmpfoundation.com/>





# Born Drug-Free Florida

<http://borndrugfreefl.com/#home>

Sites Studies Articles & Reports Print Video

### Sites

- NCSACW Highlighting Online Resource Inventory on Treatment for Opioid Use Disorders
- [Toolsfortreatment](#) - Family-Centered Behavioral Health Support | For Pregnant & Postpartum Women | ATTC/Center of Excellence
- [Moms' Mental Health Matters](#) - The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health (NIH), has launched Moms' Mental Health Matters, a new initiative to raise awareness among pregnant and postpartum mothers, their families, and health care providers about depression and anxiety during pregnancy and after the baby is born.
- [Office of Substance Abuse and Mental Health](#), Florida Department of Children and Families
- [Street Drugs and Pregnancy](#), March of Dimes
- [Prescription Opioids during Pregnancy](#), March of Dimes
- [National Institute on Drug Abuse](#)
- [Ob/Gyn Resources FSU Center for Prevention and Early Intervention Policy](#) Early Childhood Health Optimization
- [Postpartum Society Of Florida](#), Postpartum Resources
- [Healthy Families Florida](#)
- [Parents as Teachers](#)
- [Center for Prevention & Early Intervention Policy](#), Florida State University
- [Florida Project LAUNCH Initiative](#)
- [Prescription Drug Abuse & Newborn Task Force](#)
- [Zero Exposure Project](#), Healthy Start Coalition of Hillsborough County
- [MotherToBaby](#), Medications and More During Pregnancy and Breastfeeding, Ask the Experts
- [American Congress of Obstetricians and Gynecologists \(quick guides\): Drug Information | Teratology/Toxicology | Pregnancy](#)

## Your baby's health depends on you

Talk to a medical professional about all medications you are taking, including prescription pain pills, to protect your baby from Neonatal Abstinence Syndrome.

[www.BornDrugFreeFL.com](http://www.BornDrugFreeFL.com)  
1-800-945-1355



# Resources



BRIEF | OCTOBER 2014

## Measuring Social Determinants of Health among Medicaid Beneficiaries: Early State Lessons

By Anna Sparrow, Bianca Frenn, and Tricia McInnis, Center for Health Care Strategies, and Laura Denton, MD, University of California, San Francisco

### IN BRIEF

Newer payment and care models aimed at improving health outcomes and lowering costs of Medicaid beneficiaries are leading providers and health plans to address the root causes of poor health and high health care costs, some of which relate back to underlying social needs, such as housing and nutrition. Collecting and using data to understand the health-related social needs of patients can help guide state Medicaid agencies in supporting such innovative interventions.<sup>1</sup> Little is known, however, about state-based efforts to collect and use social determinants of health (SDOH) data, including what data health plans and providers are required to collect. This brief, made possible by the Commonwealth Fund, explores strategies states are using to capture SDOH information on Medicaid beneficiaries. The insights gleaned from interviews with early state innovators can help guide providers, state agencies, and more consistent collection of individual-level SDOH information, which can inform patient-level interventions, population health management, research and evaluation, and broader delivery system reform. As federal and state policymakers determine how to structure publicly financed health care for low-income Americans, they should be armed with information about how to measure the social determinants of health and facilitate stronger linkages between health and social service agencies.

Social determinants of health (SDOH) are conditions in the environment in which people are born, live, work, play, worship, and age that affect health outcomes and risks, functioning, and quality of life.<sup>2</sup> These social, economic, and environmental conditions, in addition to health behaviors, relate to an estimated 80 percent of health outcomes in the United States.<sup>3</sup> Moreover, behavior patterns/health risk behaviors (HKB), social circumstances (SC), and environmental exposures (E) play a significant role in premature death in this country (Exhibit 1).<sup>4</sup> These determinants of health disproportionately affect those in low-income brackets.<sup>5</sup>

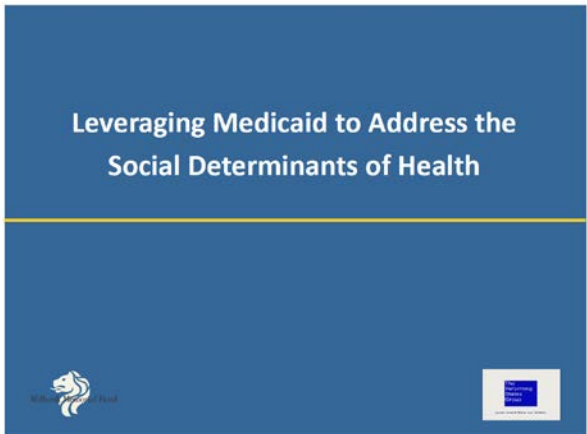
Given Medicaid's role in serving people with complex clinical, behavioral health, and social needs, state Medicaid agencies are uniquely positioned to identify and help address these diverse social challenges. In recent years, many of these agencies have developed strategies to support providers in addressing patient SDOH that complement more traditional medical care delivery programs. Some state Medicaid agencies have started to integrate coverage for interventions focused on SDOH into new value-based payment models.<sup>6,7</sup> Many Medicaid managed care organizations (MCOs) are also developing interventions that address SDOH by bringing clinical and non-clinical services delivery to improve health outcomes and cost effectiveness.<sup>8</sup> At the federal level, the Center for Medicare and Medicaid Innovation (CMMI) is piloting to test whether Accountable Health Communities (AHCs) are a cost-effective approach to identifying and addressing select unmet social needs of Medicare and Medicaid beneficiaries across the country.<sup>9</sup>

Exhibit 1: Determinants of Health and Their Contribution to Premature Death



SOURCE: Adapted from J.M. McInnis, et al.<sup>4</sup>

Made possible through support from The Commonwealth Fund.



## Leveraging Medicaid to Address the Social Determinants of Health



Filling the need for trusted information on national health issues...

November 2015 | Issue Brief

## Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity

Harry J. Heiman and Samantha Ariga

### Introduction

Efforts to improve health in the United States have traditionally looked to the health care system as the key driver of health and health outcomes. The Affordable Care Act (ACA) increased opportunities to improve health by expanding access to health coverage and supporting reforms to the health care delivery system. While increasing access to health care and transforming the health care delivery system are important, research demonstrates that improving population health and achieving health equity also will require broader approaches that address social, economic, and environmental factors that influence health.

Recently there has been increased recognition of the importance of these factors to health. Moreover, the ACA includes provisions to help bridge health care and community health. It provides for enhanced focus on prevention and primary care, including the creation of the National Prevention Council and a National Prevention Strategy; support for testing and spreading of new delivery and payment arrangements; initiatives to better increase workforce diversity, and a new requirement for not-for-profit hospitals to conduct community health needs assessments. Reflecting the increased focus and new opportunities provided under the ACA, a growing number of initiatives are emerging at the national, state, and local level to address broader determinants of health. Given Medicaid's longstanding role serving a diverse population with complex health, behavioral, and social needs, efforts to address social determinants of health are emerging through many Medicaid delivery and payment initiatives. This brief provides an overview of the broad factors that influence health and describes emerging efforts to address them, including initiatives within Medicaid.

### Determinants of Health

Many factors combine to affect the health of individuals and communities. Despite annual health care expenditures projected to exceed \$3 trillion, health outcomes in the United States continue to fall behind other developed countries.<sup>1</sup> Recent analysis shows that, although overall spending on social services and health care in the United States is comparable to other Western countries, the United States disproportionately spends less on social services and more on health care.<sup>2</sup> Though health care is essential to health, research demonstrates that it is a relatively weak health determinant.<sup>3</sup> Health behaviors, such as smoking and diet and exercise, are the most important determinants of premature death (Figure 1).<sup>4</sup> Moreover, there is growing recognition that a broad range of social, economic, and environmental factors shape individuals' opportunities and barriers to engage in healthy behaviors.

## Measuring Social Determinants of Health among Medicaid Beneficiaries: Early State Lessons

<https://www.chcs.org/resource/measuring-social-determinants-health-among-medicaid-beneficiaries-early-state-lessons/>  
<https://www.chcs.org/topics/social-determinants-of-health/>

## Leveraging Medicaid for the Social Determinants of Health

<https://www.milbank.org/leveraging-medicaid-social-determinants-health/>

## Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity (Kaiser Issue Brief)

<http://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>





# Questions/Discussion

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*Thank you!*

