



A Family Approach to Services and Transitions for Opioid Use & Exposure

Process Measures and Specifications

Metric	Numerator (among the denominator)	Denominator	Data Source	Guidance and FAQs	Reference
1. OB Provider and Nursing Education – Respectful and Equitable Care	At the end of this reporting period, what cumulative proportion of OB clinicians has received in the last 2 years education on respectful and equitable care?			Report quarterly. The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.	This measure is from the AIM SUD Patient Safety Bundle Data Collection Plan
2. Pediatric or Neonatal Provider and Nursing Education – Respectful	At the end of this reporting period, what cumulative proportion of OB clinicians has received in the last 2 years education on respectful and equitable care?			Report quarterly. The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB	This measure is from the AIM SUD Patient Safety Bundle

				<p>service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.</p>	<p>Data Collection Plan</p>
<p>3. Percentage of pregnant individuals screened for substance use with a validated screen</p>	<p>Number of individuals screened for substance use with a validated screen at any time during the pregnancy (prenatal visits or hospital/delivery admission)</p>	<p>Number of individuals with a delivery in the quarter</p>	<p>EHR Data and/or ONAF Form</p>	<p>Report on a quarterly basis</p> <p>Disaggregate by race and ethnicity, payor annually.</p> <p>AIM Demographics and Payor Categories</p> <p><i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i></p> <p>“At any time during the pregnancy” means during prenatal and hospital/delivery visits. In other words, substance use screens during prenatal and/or hospital/delivery visits count in this measure.</p> <p>For the purposes of counting who is included in the numerator, at least one substance use screening per</p>	

			<p>person “at any time during the pregnancy” would count for the numerator.</p> <p>Each person screened “at any time during the pregnancy” should only be counted once in the numerator even if the person was screened more than once at any time during the pregnancy (i.e., do not double count someone in the numerator for the PA PQC measures)</p> <p>To keep track of who has met the criteria to be included in the numerator or denominator, PQC sites have found it helpful to develop a yes/no tracking sheet when reviewing records.</p> <p><u>SUD Domains Include:</u> Alcohol, tobacco, marijuana/cannabis, opioids, and other drugs (e.g., sedatives and stimulants)</p> <p><u>Validated SUD screening tools:</u> 4Ps, 4Ps Plus®, 5Ps*, NIDA Quick Screen (and if positive, the NIDA-Modified ASSIST)**, Substance Use Risk Profile Pregnancy (SURP-P) Scale, CRAFFT (for adolescents),</p>	
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				<p>Wayne IDUS, DAST-10, or Prenatal Risk Overview-Drug Use (PRO), T-ACE (specific to alcohol), TWEAK (specific to alcohol), CRAFFT (specific to alcohol)</p> <p><i>*If sites use the Institute for Health and Recovery Integrated Screening Tool (i.e., the Integrated 5Ps Screening Tool), this includes the 5Ps.</i></p> <p><i>**NIDA Quick Screen leads into the NIDA-Modified ASSIST (i.e., it is designed as a 2-step screen).</i></p>	
<p>4. Percentage of pregnant individuals with an at-risk substance use screen who received an appropriate follow-up action for alcohol or other drug use</p>	<p>Deliveries in which patients received brief intervention(s) and follow-up care on or up to 30 days after the date of the first at-risk screen (31 days total)</p>	<p>Deliveries during the measurement period that had an at-risk finding for substance use at any time during pregnancy (using an age-appropriate standardized screening tool)</p>	<p>EHR Data</p>	<p>Report on a quarterly basis</p> <p>Disaggregate by race and ethnicity, payor annually.</p> <p>AIM Demographics and Payor Categories</p> <p>Source: <i>AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i></p> <p>“Follow-up care” is defined as receipt of any of the following on or 30 days after the date of the first at-risk screen.</p> <ul style="list-style-type: none"> • Feedback on substance use and risk. 	

				<ul style="list-style-type: none">• Identification of high-risk situations for drinking and coping strategies.• Increase the individual’s self-motivation to reduce drinking.• Development of a personal plan to reduce risky/hazardous substance use.• Documentation of receiving SUD (including OUD) treatment <p>Due to challenges with documenting these follow-up actions in a discrete data field in the EHR, it is recommended to establish a standardized coding process to track the completion of the follow-up actions (e.g., 99408, 99409, G0396, G0397, G0443, G2011, H0022, H0050). For SUD treatment from other providers, it is recommended to obtain patient consent to share dates of completed treatment sessions from the SUD provider to the OB/GYN provider team.</p> <p><u>Validated SUD screening tools:</u> 4Ps, 4Ps Plus®, 5Ps*, NIDA Quick Screen (and if positive, the NIDA-Modified ASSIST)**, Substance Use Risk Profile Pregnancy (SURP-P)</p>	
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				<p>Scale, CRAFFT (for adolescents), Wayne IDUS, DAST-10, or Prenatal Risk Overview-Drug Use (PRO), T-ACE (specific to alcohol), TWEAK (specific to alcohol), CRAFFT (specific to alcohol)</p> <p><i>*If sites use the Institute for Health and Recovery Integrated Screening Tool (i.e., the Integrated 5Ps Screening Tool), this includes the 5Ps.</i></p> <p><i>**NIDA Quick Screen leads into the NIDA-Modified ASSIST (i.e., it is designed as a 2-step screen).</i></p>	
<p>5. Percentage of pregnant individuals diagnosed with OUD who self-reported receiving Medication for Opioid Use Disorders (MOUD)</p>	<p>Number who self-reported receiving an MOUD (buprenorphine or methadone) for OUD at any time during pregnancy</p>	<p>Number of individuals with a delivery and OUD diagnosis in the quarter</p>	<p>EHR Data</p>	<p>Report on a quarterly basis</p> <p>Disaggregate by race and ethnicity, payor annually.</p> <p>AIM Demographics and Payor Categories</p> <p><i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i></p> <p><i>As an alternative to the clinical criteria: ICD-10 codes for OUD: F11 diagnosis codes.</i></p> <p>Opioids</p>	

				<p>F11.10, F11.11, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99</p> <p>The OUD diagnosis should be counted if it is active between pregnancy start date and the end of the data reporting quarter.</p>	
<p>6. Percentage of individuals diagnosed with OUD receiving postpartum care</p>	<p>Cumulative number who received a postpartum visit with a provider on or between 1 and 84 days after delivery</p>	<p>Cumulative number of individuals with a delivery at least 84 days ago who are diagnosed with OUD</p>	<p>Claims Data / EHR data</p>	<p>Report on a quarterly basis</p> <p>Disaggregate by race and ethnicity, payor annually.</p> <p>AIM Demographics and Payor Categories</p> <p><i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i></p> <p><i>Example:</i> For the denominator reported for the July-September 2026 quarter, pull 365 days worth of data for deliveries through July 14, 2026</p>	

				<p>(July 14, 2026 is 84 days before September 30, 2026).</p> <p>A provider may include a MD/DO, CRNP, Physician Assistant, or Midwife.</p> <p><i>As an alternative to the clinical criteria:</i> ICD-10 codes for OUD: F11 diagnosis codes.</p> <p>Opioids F11.10, F11.11, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99</p> <p>The OUD diagnosis should be counted if it is active between pregnancy start date and the end of the data reporting quarter.</p>	
<p>7. Percent of individuals with SUD who received or were prescribed</p>	<p>Those with documentation of having received</p>	<p>Number of individuals with an SUD</p>		<p>Report on a quarterly basis</p>	

<p>Naloxone prior to delivery discharge</p>	<p>or been prescribed Naloxone prior to delivery discharge</p>	<p>diagnosis and a delivery in the quarter</p>		<p>Disaggregate by race and ethnicity, payor annually.</p> <p>AIM Demographics and Payor Categories</p> <p><i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i></p> <p><i>Those with an SUD diagnosis includes the following codes:</i></p> <p>Opioids F11.10, F11.11, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99</p> <p>Sedatives F13.10, F13.11, F13.120, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.21, F13.220, F13.221, F13.229, F13.230,</p>	
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<p>8. Percent of newborns with NAS who were referred to appropriate follow-up at discharge</p>	<p>Number referred to follow-up services at discharge</p>	<p>Number of NAS cases during the measurement quarter</p>	<p>EHR Data, Hospital data form, and/or PADOH NAS Notification Form</p>	<p>Report on a quarterly basis</p> <p>Disaggregate by race and ethnicity, payor annually.</p> <p>AIM Demographics and Payor Categories</p> <p><i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i></p> <p>This measure is among those who have been discharged during the reporting quarter. The data should be pulled based on discharge date (for example, for July through September, data should be pulled for all patients who were discharged in July, August, September).</p>	

				<p>The PA PQC is using the same definition of the NAS cases reported to PA DOH’s Division of Newborn Screening and Genetics via the Internet Case Management System (iCMS). These cases include “confirmed” and “probable” cases identified using clinical and laboratory criteria as defined in the Council of State and Territorial Epidemiologists’ (CSTE) NAS Standardized Case Definition. This does not include “suspect cases.” Please note that maternal clinical evidence is defined as use in the four weeks prior to delivery, and maternal laboratory evidence is defined as detection from a screening or laboratory test performed in the four weeks prior to delivery. <i>Please see DOH’s FAQs about the PA iCMS implementation.</i> PA DOH NAS PA iCMS Implementation FAQ</p> <p>One of the data fields in the DOH NAS Notification Form under “Infant’s Discharge Plan” is “Who was the baby referred to post-discharge?” The numerator can include those with the following referrals selected: early intervention, home visiting services,</p>	
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				pediatricians experienced in working with NAS, high-risk infant follow-up clinic, or developmental assessment clinic.	
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Structure Measures and Specifications

Survey questions to assess whether the following are in place at each participating hospital:

9. Within the past two years, has your hospital trained **OB** leadership and staff on providing non-stigmatizing, trauma-informed OUD care based on specific individualized needs and backgrounds?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

10. Within the past two years, has your hospital trained **Nursery and NICU** leadership and staff on providing non-stigmatizing, trauma-informed NAS care based on specific individualized needs and backgrounds?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

11. Has your **maternal care team** (providers, nurses, and social workers) been educated on the criteria for Plans of Safe Care, their role in establishing and initiating the Plans of Safe Care, and how to explain it to families in accordance with your hospital's, county's, and state's guidelines and policies?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

12. Has your **newborn care team** (providers, nurses, and social workers) been educated on the criteria for Plans of Safe Care, their role in establishing and initiating the Plans of Safe Care, and how to explain it to families in accordance with your hospital's, county's, and state's guidelines and policies?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

13. Does your hospital have a system in place to provide pregnant and postpartum people naloxone, including education, prior to discharge?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

14. Has your hospital established a protocol to refer recently pregnant people with OUD and newborns with NAS to medical, behavioral, and support services upon discharge?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

15. Has your hospital established a process that resulted in receiving input and feedback from people with lived experience in maternal OUD on the discharge and transition process and materials?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

16. Does your hospital have a process and materials to educate families on substance use harm reduction strategies?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

17. Has your hospital established evidence-based guidelines on breastmilk feeding, medication advice, and treatment options for parents with SUD (including OUD) and caregivers? *(An example of a national guideline can be obtained here [ABM Clinical Protocol Guidelines for Breastfeeding and SUD](#), and an example of a visual “Traffic Light” guideline can be obtained here [Breastfeeding Traffic Light Revised](#))*

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

18. Has your hospital established a process to receive maternal OUD consultation from provider-to-provider consultation programs, such as Perinatal TiPS, prior to discharge?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

19. Does your hospital have a process to follow up with families experiencing substance use and exposure after discharge to ensure connections to referred services have been made?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

20. Has your newborn care team been educated on the criteria, protocols, and best practices for referring substance-exposed newborns and families to post-discharge services and supports?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

21. Has your neonatal care team (providers, nurses, and social workers) created a protocol for closing the loop on the referral status with the post-discharge services and supports?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place