



## Free2BMom

### Caring for those most vulnerable to the opioid crisis

#### **A new care model for helping mothers-in-recovery and their infants thrive and succeed physically, psychologically and socially**

According to the National Institute on Drug Abuse, an infant struggling with the symptoms of opioid addiction enters the world every 25 minutes. Other large studies show numbers that are even more dire.

When these babies are born, they can experience neonatal abstinence syndrome, or NAS, which occurs because of a mother's opioid use during pregnancy. The physical symptoms (vomiting, irritability, inability to eat, inconsolability, light sensitivity, etc.) can be similar to withdrawal in adults and can adversely affect the baby's ability to thrive. Connections to problems in older children, such as attention deficit disorder and learning disabilities, are also being studied.

Though no one, regardless of age, socioeconomic standing or other factors, is safe from addiction, mothers with a substance abuse disorder and their infants face particularly difficult neonatal and post-partum challenges.

#### **Challenge compounded by challenge**

According to one study, the national incidence of NAS increased from 7 admissions per 1,000 in the year 2000 to almost 30 per 1,000 in 2012.<sup>1</sup> The Pennsylvania Health Care Cost Containment Council reported that the rate of Pennsylvania infants hospitalized for reasons related to substance abuse grew by 250 percent from 2000 through 2015.



There is no question that infants are the most innocent victims of this crisis. Excellent healthcare, to help them overcome the physical effects of NAS, is a must. However, Geisinger believes that treating the family as a unit — addressing the underlying reasons for substance abuse — is the most promising method for helping both mother and child.

The mothers we seek to help face all the normal challenges of being parent to an infant, but often struggles with many other obstacles, including access to; healthcare, effective and comprehensive addiction treatment, social services, counseling, adequate housing, and good nutrition for her and her baby. While caseworkers often take steps to keep mom and baby together if treatment is sought, the cultural stigma and feelings of guilt can be enough to stop a woman from getting the proper clinical care.

Today, the reality is that many babies with NAS are treated in neonatal ICUs — away from their mothers. This is just one more reason why being the parent of one of these infants can seem like an insurmountable challenge.

### **Free2BMom to launch in Scranton**

To address this complex, multilayered issue, Geisinger is proposing a pilot program that will deliver a new care model to mothers-in-recovery and their babies. Free2BMom is an outgrowth of the Springboard Health initiative launched by Geisinger in Scranton, Pennsylvania in 2016.

Springboard Health was designed to develop, test and improve various innovative and disruptive population health programs in Geisinger's service area and then scale and disseminate those programs nationally in a repeatable, consistent, measurable fashion. (Information about the program can be found at [www.springboardhealthy.org](http://www.springboardhealthy.org))

Approximately 118 babies were born with NAS in Scranton in 2017. That number is approximately twice the state average.<sup>ii</sup>

### **A new approach to treating substance abuse**

Geisinger has brought together a clinical team to develop Free2BMom. The program will address substance abuse disorder in pregnant women in much the same way that other chronic illnesses are treated.

**Phase one** of the program includes providing a multidisciplinary team approach to supporting the new mom and her family. Interventions will begin prenatally and extend for two years post-partum. The care team will include a registered nurse, OB/GYN physician, pediatrician, social worker, addiction medicine specialist, peer counselor, behavioral health specialist, dietician, and an exercise specialist.

**Phase two** will include the opening of a physical location for moms and babies to live during their recovery. Currently, 87.5 percent of the pregnant mothers with substance abuse disorder in Scranton report that they are living within domestic abuse situations or are without stable housing. Not all the moms will need relocation, but we do anticipate a large percentage of them will require this additional level of support.

Following the tenets of the national Nurse-Family Partnership® program, services will be delivered to mom and her baby in their own home or by providing all they will need - such as medically-assisted treatment (MAT), social work consultations, pediatric checkups, etc. — under one roof.

Free2BMom will be designed and implemented in collaboration with community agencies that provide healthcare, addiction treatment, housing, job training and childcare/social services.

Geisinger proposes a 2-year period of funding to test this care model from both clinical and payment perspectives, so that it will be sustainable and replicable. The proposed budget is \$2.5 million. Year 2 costs will be adjusted based on implementation in Year 1 and will reflect the number of patients to be served, as well as clinical and housing needs.

The expectation is to serve 100 mothers and newborns (200 individuals total) under the pilot program. At the end of the 2-year period, Geisinger will have created and tested a model that reflects the minimum intervention necessary for the best outcomes. The goal is to design a model that would potentially be reimbursed by Medicaid.