



# Maternal Opioid Misuse Model Quarter 4 Redesign Collaborative

Medicaid Office of Innovation, Research and Development

December 9, 2020



*Laura Goodman*

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# Agenda and Housekeeping

# Agenda

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- Review of Agenda and Webinar Housekeeping
- Welcome and Opening Remarks
- MOM Model Pivot and Core Principles
- Data Requirements Overview
- Discussion
- Wrap-up and Next Steps

# Housekeeping

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- Please be sure to enter your audio PIN to allow your participation during discussion portions of the agenda.
- We will keep lines muted during the meeting.
- Please send any questions you have through the webinar's question function.
- If we do not directly answer your question during the meeting, we will be keeping a list of 'parking lot' items for follow-up.

*Tricia Roddy*

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**Welcome**

*Laura Goodman*

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# **MOM Model Pivot and Core Principles**

# MOM Model Pivot

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- MOM Model Data Dictionary: Misaligned understanding of health care-related data elements (administrative vs. clinical)
- Multi-state MOM Model awardee response
- Result:
  - CMMI's mandate to demonstrate and test determined prioritization of collecting all elements in the Data Dictionary
  - CMMI allowing Maryland to scale back our statewide model into a limited pilot approach

# Core Principles for Site Selection

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Ability to meet requirements

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Maternal OUD prevalence

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MCO presence

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Contextual Factors



# MOM Model Objective

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- Triple Aim\*
  - Improve the experience of care
  - Improving the health of populations
  - Reducing health care cost
- Performance Milestones
  - Maternal engagement in OUD treatment
  - Continuity of pharmacotherapy at end of pregnancy
  - Health-related social needs screening
  - Gains in Patient Activation Measure® scores
  - Postpartum care and family planning

\* Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, health, and cost. Health Affairs. 2008 May/June;27(3):759-769.

*Amy Woodrum*

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# Data Requirements Overview

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## MOM Model Data Dictionary

1. **Model Enrollee File** – DOB, Race, Intake, Treatment Plan, Outreach, Clinical Data
2. **Encounter File** – Start Date, End Date, Service Type, Provider Type, Clinical Data
3. **HRSN Screen File** – Tool Name, Screening Result, Six Domains Asked, Needs ID
4. **Depression Screen File** – Screening Date, Screening Result, Follow-up Plan
5. **Tobacco Screen File** – Screening Date, Response Code, Screening Result, Cessation
6. **Delivery-Pregnancy File** – Pregnancy Outcome, Birth Complications, Infant info
7. **Mom-Point in Time** – Relationship Status, Prior Birth Info, OUD Treatment Type
8. **Infant-Point in Time** – Infant ID, Pharmacotherapy for NAS, Feeding Method
9. **Evaluation Ongoing** – Alcohol Use, Cigarettes Per Day, Depression, Anxiety

# Data Requirements Breakdown

No.	Data Element	MOM CCM	Screenings	Clinical Data	Hilltop
<b>Model Enrollee File</b>					
192	Awardee Model ID	X			
136	Model ID	X			
183	Medicaid ID				X
133	DOB	X			X
174	Gender Code	X			
176	Race Code	X			
175	Ethnicity Code	X			
90	Model Enroll Date	X			
330	Intake Complete Date	X			
331	Assessment Complete Date	X			
332	Initial Treatment Plan Date	X			
184	Multi-fetal Gestation Indicator			X	
171	Prior OUD Indicator			X	
172	Prior OUD Inpatient Indicator			X	
98	Pharmacotherapy initiation date			X	
99	Pharmacotherapy type at initiation			X	
339	Pharmacotherapy type at initiation OTHER			X	
216	Prenatal Condition Types			X	

MOM model Data  
Dictionary breakdown  
by data flows

# Barriers to Data Collection

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- Clinical Data requirements are burdensome and will require chart reviews or progress note reviews.
  - Birth complications; Prenatal Conditions; Chronic Conditions
  - NICU LOS; NAS indicator
  - OUD Treatment Type; Practitioner Type; Referrals
- Several elements refer to sensitive questions
  - Past experience with abuse and type
  - Prior out-of-home placement for a child
  - Recurrence of OUD symptoms indicator

# Data Requirements Next Steps

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- Determine if additional elements need to be built into the CRISP-hosted MOM CCM or supplemented through chart reviews
- Verify data dictionary breakdown by responsible entity and finalize
- Flesh out data flows between MCOs, providers, and MOM model subawardees with updated pilot approach

*Laura Goodman*

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# Facilitated Discussion

# Discussion

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- What are the most important factors for MCOs to be successful in this pilot?
- In which region and in what type of health system would you do a pilot?
- What is your current level of access to clinical data from your provider network?
- What considerations need to be addressed for multiple MCO participation in the pilot? How should changes to eligibility and churn be addressed?
- How do you envision leveraging your existing working relationships to allow for creating strong networks and cross collaborations with local health departments?
- Do you have any advice on engaging health systems, i.e. potential pilot sites?
- Have you partnered with any of the HSCRC's hospital-led Regional Partnerships to date?



# Wrap-up and Next Steps

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- Presentation slides, MOM Pivot FAQs and Model updates will be posted on the [MOM model Website](#) (Link on the following page)
- MCOs: Please send feedback on Data Dictionary elements (as specific as possible)
- Ongoing communication re: site selection process
- Continued engagement with stakeholders including the ASO in the interim
- Maryland Addiction Consultation Services (MACS) will begin their work with the MOM model January 2021

# MOM Model Contact Information

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**General:** [mdh.mommodel@maryland.gov](mailto:mdh.mommodel@maryland.gov)

**For resources and updates, check out our website:**  
<https://mmcp.health.maryland.gov/Pages/MOM-Model.aspx>

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