

ASTHO & NIHCM Webinar

Neonatal Abstinence Syndrome

Office of National Drug Control Policy



July 16, 2014

Cecelia M. Spitznas, Ph.D.

cspitznas@ondcp.eop.gov

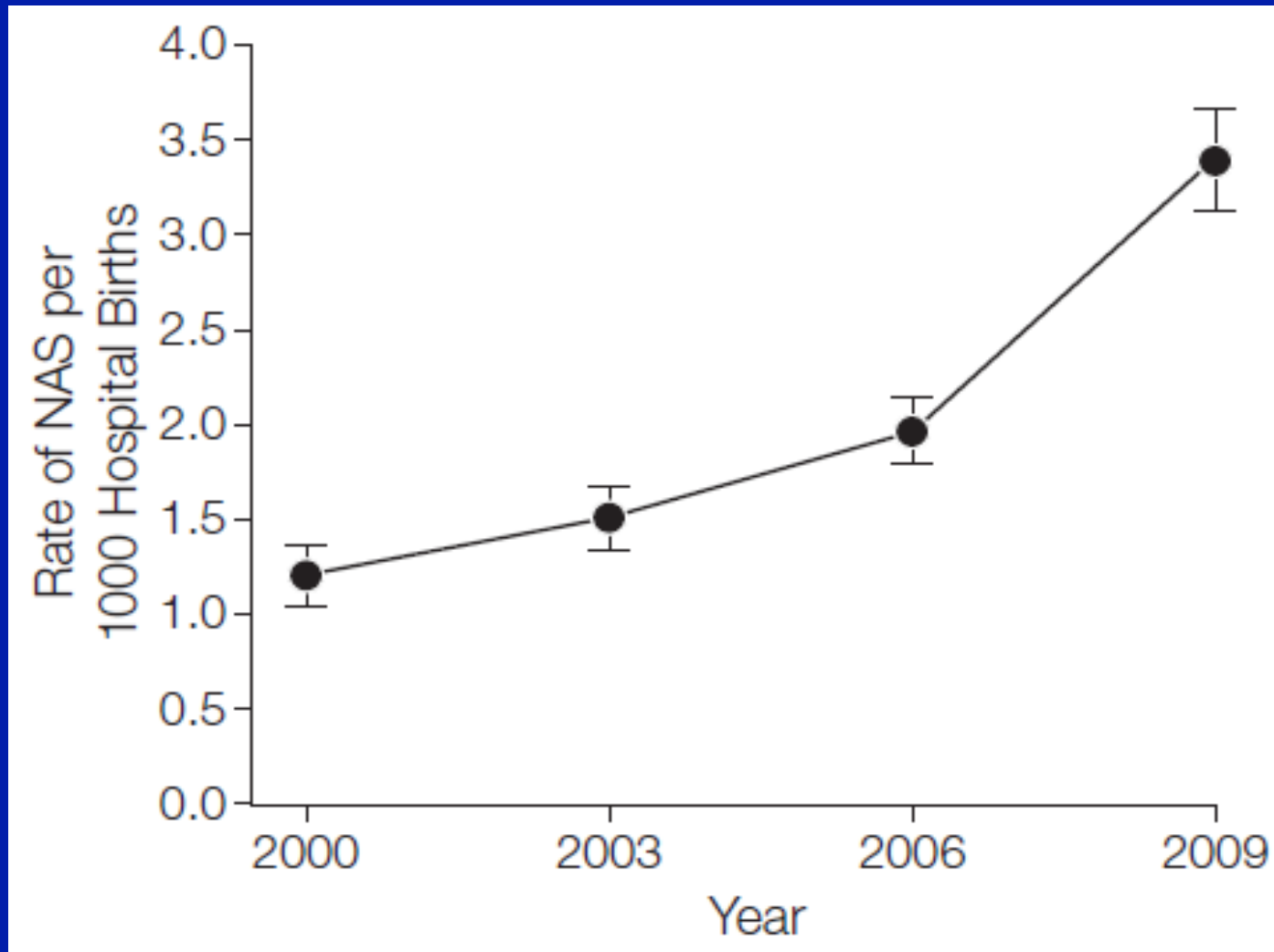
With special thanks to Stephen Patrick, M.D.

ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences.

2012 Neonatal Abstinence Syndrome Leadership Meeting Link



Change in NAS, 2000-2009



Source: Patrick SW, et al. Neonatal Abstinence Syndrome and Associated Healthcare Expenditures – United States, 2000-2009. *JAMA*. 2012 May 9;307(18):1934-40.

Mean Length of Stay (LOS) and Hospital Charges for NAS, 2000-2009

| | 2000 | 2003 | 2006 | 2009 | p-for-trend |
|---------------------------------|----------|----------|----------|----------|-------------|
| Mean LOS (day) | 15.8 | 15.9 | 15.3 | 16.4 | 0.21 |
| Mean Charges (2009 US\$) | \$39,400 | \$48,000 | \$44,600 | \$53,400 | <0.001 |

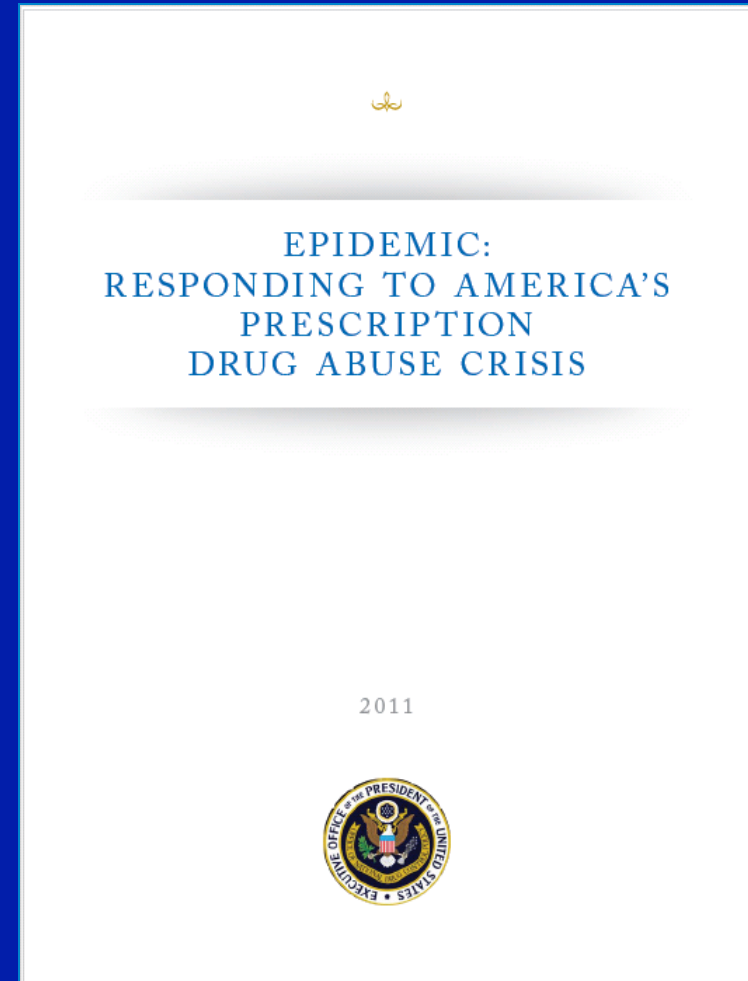
Source: Patrick SW, et. al. Neonatal Abstinence Syndrome and Associated Healthcare Expenditures – United States, 2000-2009. *JAMA*. 2012 May 9;307(18):1934-40.

Total Hospital Charges for NAS, 2000-2009

| | 2000 | 2003 | 2006 | 2009 | p-for-trend |
|----------------------|---------------|---------------|---------------|---------------|------------------|
| Medicaid | \$130M | \$200M | \$260M | \$560M | <0.001 |
| Private Payer | \$36M | \$57M | \$69M | \$130M | <0.001 |
| Self Pay | \$17M | \$18M | \$20M | \$20M | 0.5 |
| Other Payer | \$8M | \$11M | \$7M | \$14M | 0.44 |
| Total Charges | \$190M | \$280M | \$360M | \$720M | <0.001 |

Within the National Drug Control Strategy: Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal Government
- Four main focus areas:
 - 1) Education
 - 2) Prescription Drug Monitoring Programs
 - 3) Proper Medication Disposal
 - 4) Enforcement
- Emerging Issues/
Consequences:
 - NAS
 - Overdose
 - Heroin
 - Injection Related Infection



Categories of Maternal Drug Use that Can Contribute to NAS

- Health care provider prescribed or dispensed controlled substances for treatment of
 - Chronic pain (opioids)
 - Psychiatric disorders (sedatives)
 - Behavioral health problems (e.g., methadone or suboxone maintenance for serious opioid use disorders)
- Misuse of these same medicines from own or other's prescribed medicines
- Certain Schedule I drug use (heroin/fentanyl)
- Research suggests 80 percent of heroin initiates were prescription opioid users before using heroin

ONDCP's Role

Maternal Drug Use/Drug-Exposed Infants

- Coordinate Federal effort through interagency processes with Federal Partners & *National Drug Control Strategy*
- Identify pertinent science and policy issues – 2012 Leadership Meeting/Ongoing
- Opportunities for ONDCP principals to raise awareness via consistent messaging
- Interface with and act as a resource for other partners and stakeholders: advocates and professional organizations at the national/state/local level (e.g., events like this webinar)

Select Action Items from the Rx Drug Abuse Prevention Plan

- Explore the feasibility of providing reimbursement to prescribers who check PDMPs before writing controlled substance prescriptions for patients covered under insurance plans. (ONDCP)
- Evaluate existing programs that require doctor shoppers and people abusing prescription drugs to use only one doctor and one pharmacy. The PMP Center of Excellence at Brandeis University will convene a meeting in 2011 with private insurance payers to begin discussions on these topics. (ONDCP/DOJ/HHS/SAMHSA)
- Work with HHS and CMS to evaluate the utility of state PDMPs for reducing Medicare and Medicaid fraud, as suggested in the 2009 GAO report Medicaid: Fraud and Abuse Related to Controlled Substances Identified in Selected States. (HHS/CMS/DEA/ONDCP)

Additional Action Items and Agencies

- Tools to facilitate appropriate opioid prescribing, including development of patient-provider agreements and guidelines. (HHS/FDA/SAMHSA/NIDA)
- Increase the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs to help health care providers identify and prevent prescription drug abuse problems in primary health care settings by working with health care providers to increase awareness and training for these programs and incorporating the use of Health Information Technologies (HIT) such as Electronic Health Records to enhance SBIRT Programs. (HHS/SAMHSA/HRSA/CMS/ONC)

NAS Relevant Agency Activities in 2014

- **Technical Assistance to Congress, Executive Agencies, Stakeholders**
 - Women’s Treatment Forum Senators Whitehouse & Portman
 - SAMHSA Policy Academy
 - ONDCP Internet Resource Center FAQ/Best Practices (under development)
- **Meetings**
 - 2014 Rx Prevention Summit
 - NAS Vision Session
 - Tennessee and Appalachian Regional Commission Experts Meeting
- **Bully Pulpit/Press**
 - Vanderbilt NICU visit
- **Convenings**
 - White House Opioid/Heroin Summit

Challenges/Opportunities

- Addressing consequences without contributing to stigma or making problems worse for infants/families
- Research gaps (more data needed)
- 4/5 newborns with NAS enrolled in Medicaid: implications for state budgets
- Education of prescribers, pharmacists, and patients re appropriate use of opioids and tools to monitor therapies
- Build treatment capacity for families, especially medication-assisted treatment
- Evidence-based practice incentives in Medicaid

NAS Advocacy, Policy, & Media Coverage

- Florida Attorney General Pam Bondi's Office
- ASTHO for their NAS Guide
- Tennessee Department of Health's NAS Surveillance Program
- CDC and Perinatal Collaboratives, including the Vermont Oxford Network
- National Advocates for Pregnant Women
- Operation Unite
- All of the media outlets (newspapers, websites, television networks, etc.) that have covered this issue extensively.