

Columbia Pacific CCO SUD 2023 Summit Chelsea Barbour, LCSW & Diana Smith, CNM, MPH

Disclosures



Objectives

- 1. Describe the Project Nurture model
- 2. Discuss the value of team-based and collaborative care
- 3. Summarize program outcomes
- 4. Discuss sustainability
- 5. Inspire people and systems to improve care for pregnant and parenting people with SUD

What is Project Nurture?

- 2014 pilot funded by HealthShare of Oregon
- A "Center of Excellence" model that integrates maternity care and substance use disorder (SUD) treatment during pregnancy and for the first year postpartum
- Four Portland area health systems:
 - Legacy/Lifeworks NW, Providence Family Medicine, OHSU Family Medicine/CODA

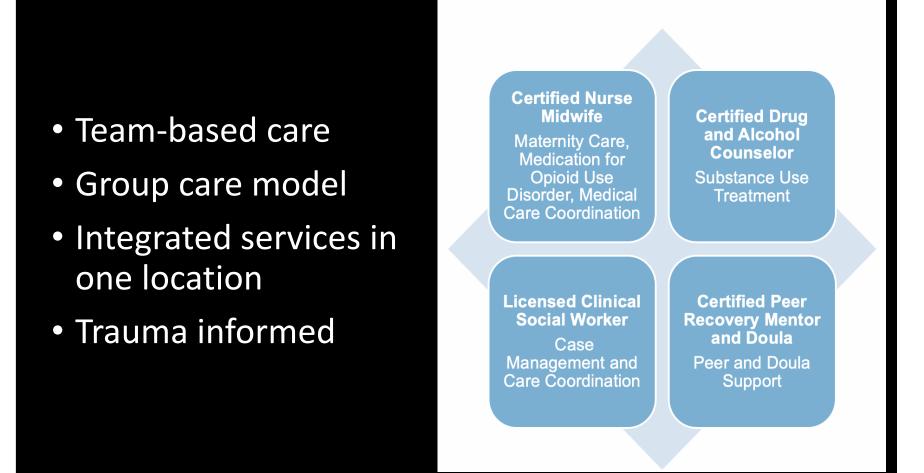
What is Project Nurture?



Legacy Project Nurture

- Embedded in the Legacy Midwifery Clinic at Emanuel
- Services for all pregnant people with SUD receiving care through Legacy
 - Maternal Fetal Medicine
 - People with no prenatal care who present to give birth
 - Six Legacy hospitals in the region

Legacy Project Nurture



10/23/2023

Legacy Project Nurture



Project Nurture Services

Referrals are received during pregnancy or after delivery

SUD assessment and level of care recommendations

Comprehensive reproductive healthcare, care coordination with other medical specialties

Medication for opioid use disorder, if indicated

Transparent conversations about DHS risk factors and planning to mitigate risks

Project Nurture Groups

Education on NOWS and what to expect at the hospital

Doula support during labor and birth, if desired

Support for meetings with DHS at the hospital and in the community

Support for one year postpartum in group and individually

Community Partners

Treatment Programs -	Level 3: Letty Owings, Project Network, VOA, CODA, NARA
	Intensive out-patient, detox and stabilization
Department of Human Services	Child wellfare FIT team, liasons, case workers, navigators, attorneys
Family Defense Program	Legal aid
Opioid Treatment Programs	Methadone
Community Housing Programs	Sober living
Nurture Oregon	

Project Nurture believes...

- Stigma is a primary driver of poor health outcomes. Project Nurture provides a health care experience founded on respect, choice, nonjudgmental care, and harm reduction.
- Women need and deserve support in their efforts at recovery and safe and healthy parenting. Project Nurture aims to provide the support to get there.

Project Nurture believes...

- Health care providers and support staff must actively work to end the bias that leads to poor quality care.
- Transparency with DHS/Child Welfare is essential and possible. By engaging in treatment and prenatal care, safe housing, supportive relationships, and viable childcare options, our participants demonstrate their commitment to parenting.

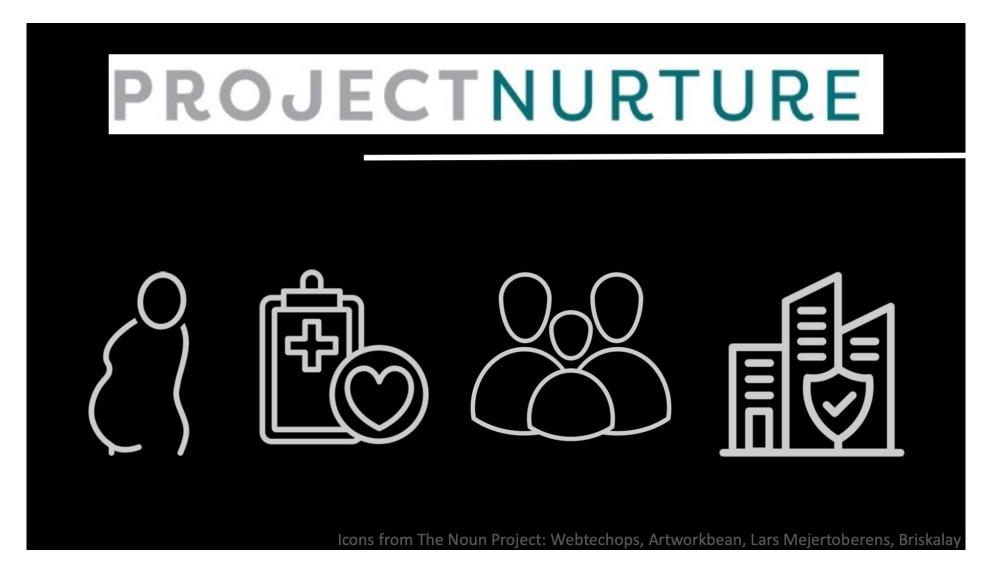
Culture and System Change

- Relationship building
 - Among staff/providers across and within systems
 - With the people we care for
 - Between OB and treatment systems
- Integration of peers/doulas
- Citywide Steering Committee
- Community of Practice
 - Learning Collaboratives
 - Mutual support between sites

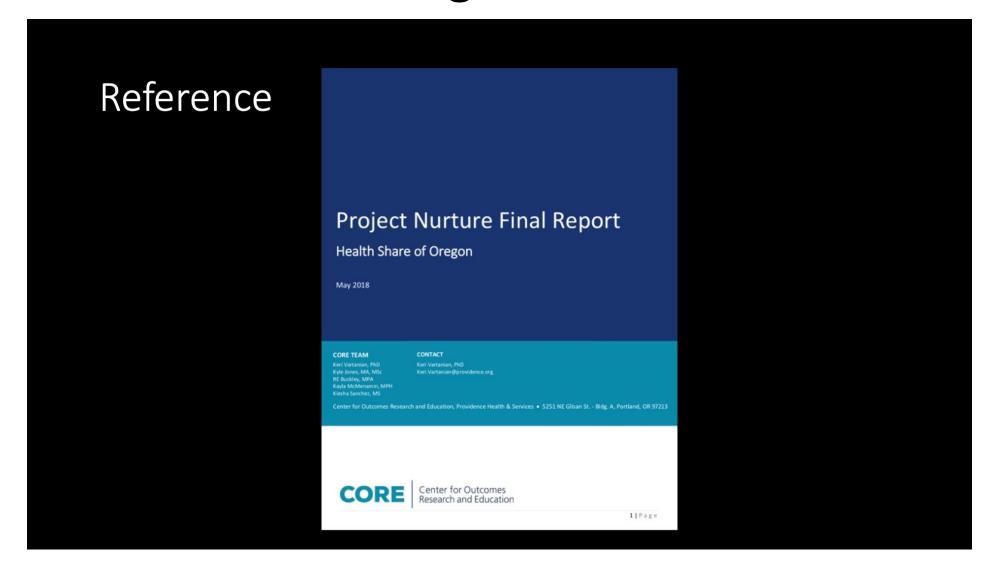
Culture and System Change

- Education and Trainings
 - Knowledge sharing between reproductive health and treatment providers/organizations
 - Trauma informed care
 - Medication for opioid use disorder
 - Stigma
 - Harm reduction

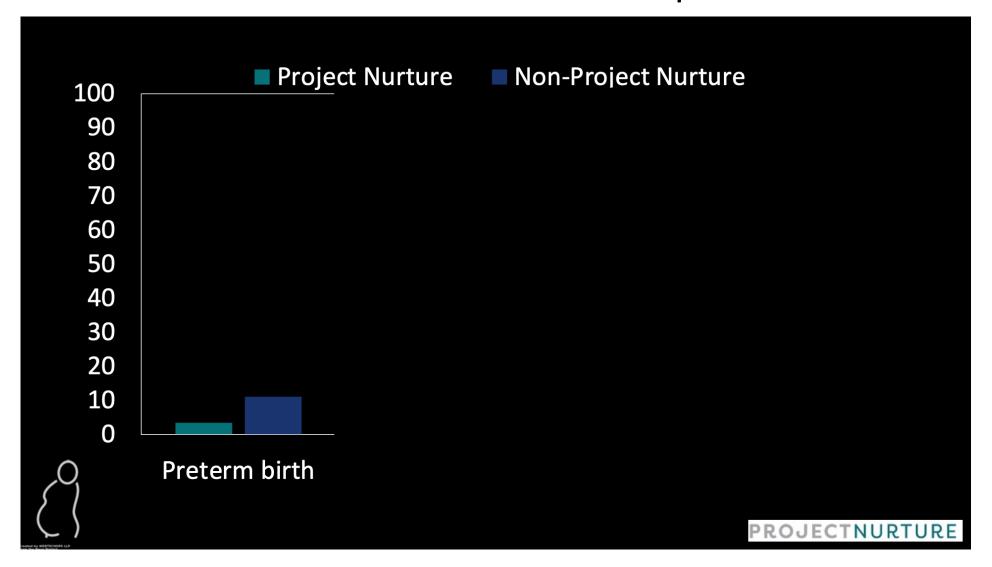
Quadruple Aim: Birth, Treatment, Family, System Outcomes



Outcomes: CORE Program Evaluation



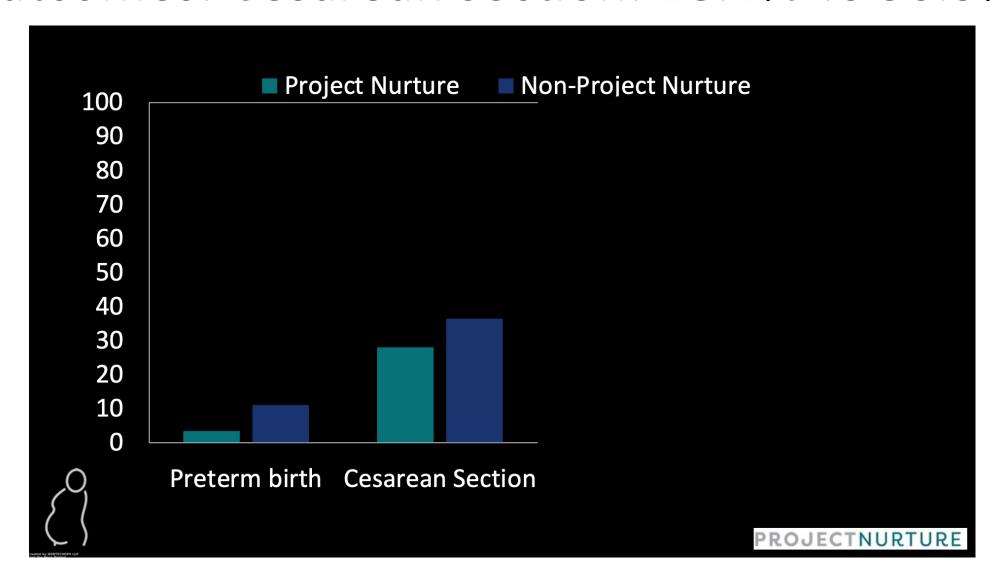
Outcomes: 70% lower odds of preterm birth



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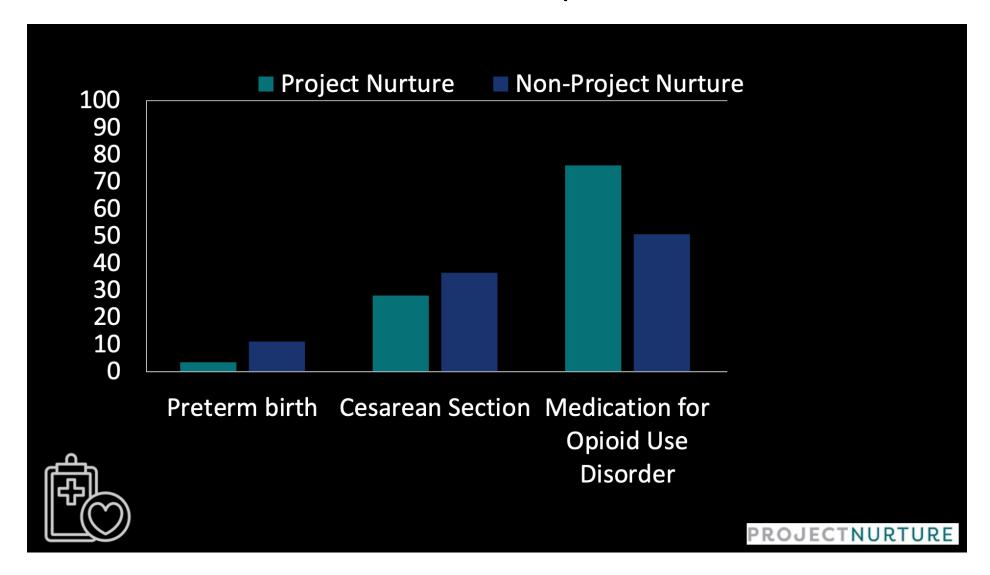
Outcomes: Cesarean section: 28.1% vs 36.5%



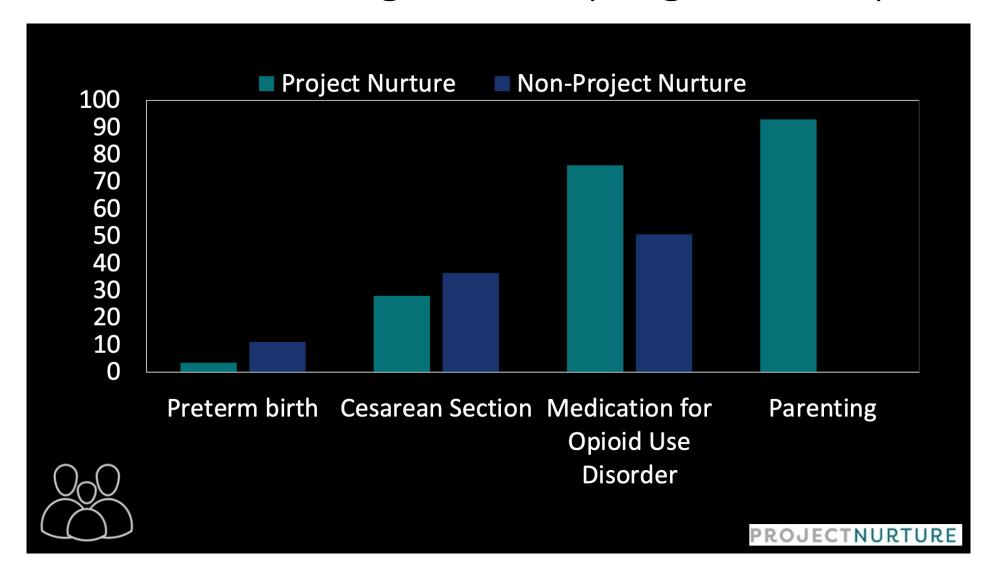
Outcomes: Cesarean section: 28.1% vs 36.5%



Outcomes: Medication for Opioid Use Disorder



Outcomes: Parenting: 93% at program completion



Outcomes: Cost Savings

PROJECTNURTURE

Total savings per 100 births: at least \$219,416



Outcomes: Qualitative Evaluation

PROJECTNURTURE

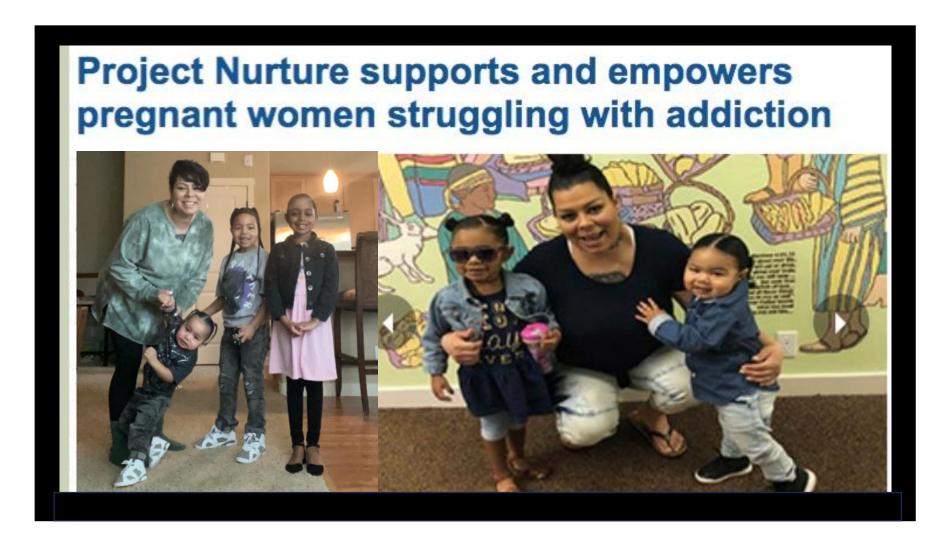
I honestly love Project Nurture. I feel like it saved my life. I just feel like I belong there."

--Anonymous Participant

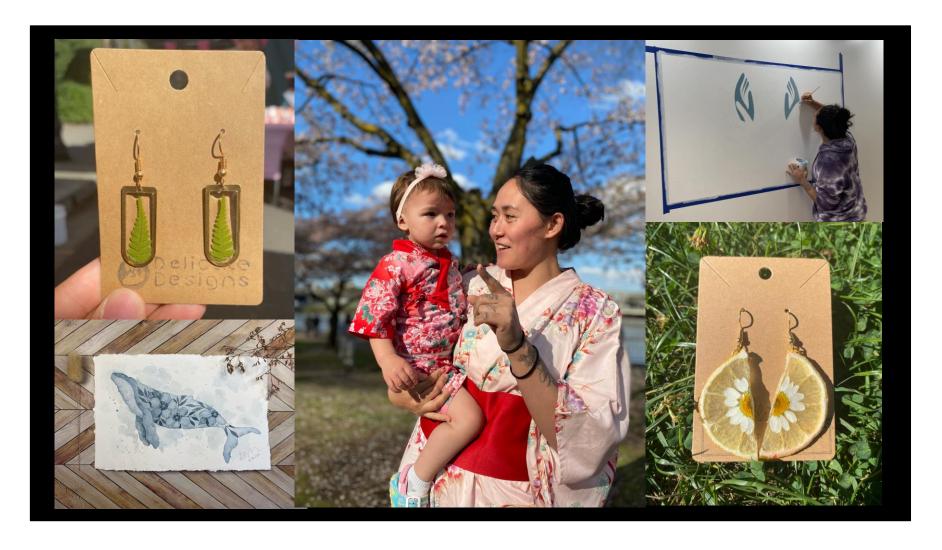
Financial Sustainability

- Care Oregon Community of Practice: VBP for MOUD in Primary and Perinatal Care
 - ~15 participants of 45 active participants
 - Per member per month payment
- Creative contractual partnerships between "medical service providers" and "behavioral health service providers"
- Needs a sustainable payment model >> inability to expand and grow >> increasing need >> burn out

Yudi's Story



Alycia's Story



Thank you!

Questions? Comments?

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