

2014 Gage Awards

Reference #	7491909
Status	Complete
Name of hospital or health system	University of New Mexico Hospital
Name of project	Milagro Program
CEO name	Steve McKernan
CEO approval	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
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Within which of the two categories does your application best align?	Population Health

<p>1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)</p>	<p>Milagro Clinic's focus on treatment and advocacy is instrumental in improving access to care for a particularly vulnerable group of pregnant women in New Mexico. Nearly 25 years after its conception in 1989, Milagro is fulfilling its mission for "Healthy Moms, Healthy Babies, Healthy Families and Communities" in new and innovative ways.</p> <p>New Mexicans suffer from exceptionally high rates of substance abuse and chemical dependency. At 2010 national study ranked New Mexico 2nd in drug overdoses, citing a 59% increase in the decade prior (Trust for America's Health, 2013). The epidemic of prescription narcotics sees an even greater rise with deaths tripling from 2000-2009. Women are particular vulnerable to prescription drug abuse and are more likely to die from an overdose of prescribed opiates than from illegal substances (ABQ Journal Online, Aug 14, 2012)</p> <p>Pregnant women struggling with addiction are at increased risk for unplanned pregnancies, inadequate prenatal care, and multiple adverse outcomes related to ongoing substance use, including infection, pre-term labor, fetal distress, newborn withdrawal, psychosocial hardships, and loss of child custody (U.S. Department of Health and Human Services, 2009).</p> <p>The Milagro Clinic offers a comprehensive approach to prenatal care for substance abusing women with an emphasis on combining medical and behavioral health treatments, case management, and integration into community support systems. In the summer of 2011, Milagro underwent rapid change in order to better serve the growing and high risk population of drug addicted mothers. Integration into a Family Medicine Center, the availability of buprenorphine as an option for Medication Assisted Therapy (MAT), and a refocus on nursing case management to engage and advocate for Milagro patients resulted in an increase in patient visits by 366% over two years.</p>
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2. Describe the methods use in this project. Include where, why, and how the project was accomplished.

The overwhelming rates of opiate addiction and overdose in New Mexico demonstrate a need for treatment and intervention in our community. Unfortunately, very few clinics offer specialized prenatal care for substance abusing women. Milagro fills this void by becoming the only clinic in the state that provides prenatal care, counseling services, case management, and MAT in one centralized location, and women throughout the state travel to Albuquerque for these services.

In July, 2011, Milagro Clinic collaborated with the attending physicians, fellows, and residents of the Maternal and Child Health (MCH) division in the Family Medicine Department to bring medical care for Milagro patients to a Family Medicine Clinic site. This represented a shift in the model of care as prenatal services were previously offered through the hospital's Alcohol and Substance Abuse Program in a methadone clinic setting. The integration into Family Medicine allows patients to access care in a medical home that can serve the needs of the extended family and provide primary care services to the mother after delivery.

Prior to 2011, methadone was the primary MAT used for opiate addicted patients in Milagro Clinic, with a few patients receiving daily buprenorphine therapy. The Family Medicine physicians offer the additional option of office-based buprenorphine therapy, a sustainable option for opiate addicted women, particularly those who abuse prescription opiates.

At the time of the 2011 transition, the clinic was staffed with one registered nurse (RN) and two half day clinics each week. In 2012 the growth of the clinic was undeniable, now capturing many women who were previously uncomfortable receiving prenatal care in the methadone clinic and refocusing on intensive patient follow up. The clinic grew to a second site in Albuquerque clinic in order to increase accessibility and added Medical Assistants (MA) to help care for the women.

The demand continued with referrals from clinics within the University of New Mexico Hospital (UNMH), prenatal providers in the community, and word of mouth from current patients. Within the last year, additional clinic time was added, along with an additional RN and MA, and, of critical importance, a full-time counselor. Milagro is now able to offer behavioral health services inside the medical clinic, with appointments coordinated along with prenatal care. Milagro's long standing relationship with partner early intervention program, FOCUS, grew alongside the clinic growth, and includes a new contract to offer case management services during clinic hours and home-based case management for women during pregnancy.

<p>3. Describe the results of the project. What data was used to support improvement results?</p>	<p>Improvements in clinic accessibility resulted in a substantial increase in patient visits. In fiscal year 2011, prior to the integration with Family Medicine, Milagro saw 494 patient visits. The following year, fiscal year 2012, patient visits more than doubled to 1,080. Last year, fiscal year 2013, the number of visits grew again by two thirds, resulting in 1,808 patients seen during the year. In the current fiscal year clinic visits are again increasing, with an average 170 per month.</p> <p>Over two years ago, buprenorphine therapy was not offered as an office based treatment option. Now, over 50% of our patient population receives this form of MAT, allowing the growing number of prescription opiate users a second medication option. Significantly, the increase in buprenorphine treatment coincides with the creation of inpatient and outpatient buprenorphine induction protocols. UNMH is the only hospital in New Mexico offering MAT inductions for women with viable pregnancies, greatly increasing access to MAT and treatment services for pregnant substance abusing women. Accordingly, comprehensive educational services are provided to staff to ensure that high quality, evidence-based care is provided to the Milagro patients. Nurses receive training through a high-risk obstetrical class that focuses on the substance abusing patient and care for her newborn after delivery.</p> <p>The increase in patient demand allowed for double the number of originally offered clinic sessions and an increased number of FTEs to staff the clinic. Two years ago, the clinic began with a 1.0 FTE RN, and to date Milagro is staffed with a total of 5.5 FTEs, specifically: 1.0 RN Supervisor, a 0.75 RN, 1.75 MAs, 1.0 Counselor, 0.75 Community Support Worker, 0.25 Office Supervisor, and the support of a Unit Director with Women's Health Services.</p>
<p>3A. Attachment, if applicable (Only graphically displayed data such as charts will be accepted. Data should include baseline and improvement data)</p>	<p>Milagrostatsbymonth.xls (55k)</p>

4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?

Hospital administration responded to Milagro's growth by fiscally supporting the increase in budget and clinic staffing. Milagro was moved from under a Behavioral Health umbrella and into Women's Health to allow for greater access to medical providers and clinic space. This change resulted in an increase in the number of clinic sessions offered and a corresponding increase in the number of patient visits provided. The shift to Women's Health and the support of Family Medicine clinics allowed the medical team to grow, and MCH fellows and residents now have opportunities to provide care to substance abusing women in inpatient and outpatient settings. By educating these providers, Milagro hopes to expand the quality care given to substance abusing women in their future practice settings.

Milagro aims to teach healthcare providers and institutions throughout the state to better care for pregnant women and their babies. Institutions must be able to provide antenatal, intrapartum, postpartum, and newborn care in inpatient and outpatient settings to truly meet the needs of this population. By implementing protocols and guidelines related to buprenorphine and methadone inductions, assessing and medicating newborn opiate withdrawal, and supporting breastfeeding in substance abusing mothers, UNMH serves as a model of this kind of full spectrum care. Milagro provides guidance and education to clinics and medical centers interested in providing similar care with the goal of increasing accessibility of substance abuse treatment and prenatal care throughout the state.

The rates of substance abuse in New Mexico's women and the high prevalence of substance abusing women who become pregnant signal a need for treatment services that address both the medical and behavioral health needs of this population. However, substance abusing women have many barriers to care related to frequently chaotic lifestyles, mental health disorders, financial hardships, and fragile support systems. By focusing on intensive follow up to patient care via nursing case management, frequent prenatal visits, integrating counseling and case management services into clinic, and providing a medical home to patients and their families, Milagro mitigates these barriers. The rapid increase in patient visits reflects an improvement in the prenatal care delivery system. The additional offering of buprenorphine therapy engages women in treatment services, targeting the rises numbers of prescription opiate abusers.

<p>5. Describe how patients, families, and if appropriate, community was included in the work.</p>	<p>Milagro's relationship with the community is integral to its success. Building on a model of care in which patients are treated holistically, Milagro relies on community partners to provide additional treatment for the patients.</p> <p>Milagro partners with a residential treatment facility specifically designed for substance abusing pregnant or parenting women. Through monthly multidisciplinary staffings, treatment plans and the approach to care are discussed. This partnership ensures that the most vulnerable Milagro patients attend prenatal and counseling services, bettering their chances for sobriety and healthy fetal outcomes. Similarly, input from the FOCUS team during staffing is essential to a community approach to wellness. Changes, such as how Milagro transitions patients to aftercare services and the types of case management provided in clinic come from FOCUS feedback.</p> <p>Milagro's dynamic relationship with UNM's College of Nursing evolved during the last two years. Milagro serves as a clinical site for Community Health, Maternal and Child Health, and Capstone intensive courses. In this way, Milagro teaches future healthcare providers how to provide compassionate care for a vulnerable population. Through this partnership, a group of undergraduate students created a research study assessing the barriers to treatment for subsets of patient populations at Milagro (Skibyak et al., 2013). The results provide instrumental base line data for continued efforts to use patient input to improve the quality of care at Milagro. Issues such as wait times, lack of transportation, and the frequency of visits are moved to the forefront of improvement priorities due to the survey results.</p>
<p>5A. Attachment, if applicable (Applicable attachments include documents created for patients, families, or community members or by them as a result of the project)</p>	<p>MilagroBrochure2013.pdf (688k)</p>
<p>Last Update</p>	<p>2013-12-15 16:07:14</p>
<p>Start Time</p>	<p>2013-12-15 15:56:07</p>
<p>Finish Time</p>	<p>2013-12-15 16:07:14</p>