

Maternal Opioid Misuse (MOM) Model

Evaluation of Pre-implementation Period(January 2020–July 2021)

Model Overview

The Maternal Opioid Misuse (MOM) Model is a patient-centered service delivery model that aims to improve the quality of care and reduce costs for pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) and their infants. The CMS Innovation Center is supporting awardees in eight States (Colorado, Indiana, Maine, Maryland, New Hampshire, Tennessee, Texas, and West Virginia) to implement the MOM Model with one or more care delivery partners.

Participants

West Virginia

Coverage: rural, suburban, urban

Type of CDP: hospital

Projected enrollment: 800–1,000 Intervention focus: case management

Indiana

Coverage: rural, urban
Type of CDP: MCO
Projected enrollment: 725

Intervention focus: case management

Colorado

Coverage: rural, suburban, urban

Type of CDP: MCO

Projected enrollment: 700–1,500 Intervention focus: service integration

Maine

Coverage:

rural, suburban, urban

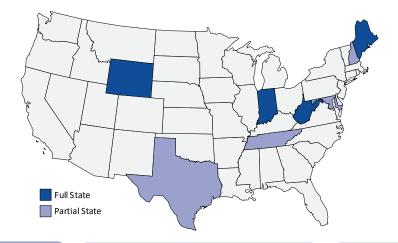
Type of CDP:

institution and FQHCs

Projected enrollment:

330-950

Intervention focus: service integration



Tennessee

Coverage:

rural, suburban, urban

Type of CDP:

hospital

Projected enrollment:

300+

Intervention focus:

service integration and coordination

l

Maryland

Coverage: rural
Type of CDP: MCO
Projected enrollment: 30

Intervention focus: case management

Texas

Coverage: urban
Type of CDP: hospital
Projected enrollment: 200

Intervention focus: service integration

New Hampshire

Coverage: rural, urban

Type of CDP: institution and FQHCs Projected enrollment: 250–300 Intervention focus: information sharing

CDP = Care delivery partner; FQHC = Federally Qualified Health Center; MCO = Managed Care Organization

Anticipated MOM Model Beneficiary Characteristics

- Beneficiaries are primarily between the ages of 20 and 30 and White
- Polysubstance use is almost universal
- Most have children and are already in treatment when they become pregnant or seek treatment because they became pregnant

"Mothers in rural
Appalachia struggle
with transportation
and who will watch
their kids....
This [is] a barrier to
receiving services..."
- Provider





Maternal Opioid Misuse (MOM) Model

Evaluation of Pre-implementation Period(January 2020–July 2021)

Pre-implementation Period Findings

Pre-implementation Evaluation Design

7

awardees received virtual site visits

69

in-depth interviews

8

Photovoice sessions with providers

11

structured observations



Integrating and Coordinating Care Are Cornerstones of the MOM Model

Care coordination

- Intensive case management services will be available to beneficiaries
- Peer recovery staff will help coordinate OUD treatment and obstetric care

Data systems integration

- Integration of data systems to facilitate care coordination is a primary goal of the MOM Model
- Model partners developed new data systems to support data sharing, collection, and reporting
- Despite CMS funding and contractor technical assistance, integration of data systems has been a major challenge



Beneficiaries Experience Challenges Accessing OUD Care

- · Beneficiaries face co-occurring mental health challenges and have limited access to behavioral health treatment
- Some beneficiaries lack reliable family or partner support and have experienced intimate partner violence
- Food and housing insecurity and unstable employment may hinder beneficiary access to OUD care
- Rural beneficiaries may have particularly limited access to transportation and childcare support



Awardees Are Addressing Stigma

- Pregnant and parenting people with OUD face stigma from healthcare providers, family, and community members
- Model partners are identifying strategies to reduce stigma among providers, but plans lack detail



COVID-19 Required Adaptations to Design and Schedule

- The COVID-19 pandemic significantly affected the MOM Model implementation timeline and evaluation design
- Providers reduced in-person and group care service offerings and increased virtual care services

Key Takeaways

- MOM Model awardees and their partners hope to relieve physical and psychosocial barriers to OUD treatment for pregnant and postpartum people
- Barriers to treatment include transportation, childcare issues, and stigma
- → MOM Model enrollment began in July 2021 for six of eight awardees

Providers liken the
various barriers
pregnant and
postpartum people
with OUD face to
small pebbles that
can affect their
journey to recovery



Nobody trips over mountains. It is the small pebble that causes you to stumble. Pass all the pebbles in your path and you will find you have crossed the mountain."