1) Introduction:

- Good morning and thank you for your invitation. I am here today as part of the health care team from UPMC. We were invited here at Senator Yaw's request to address the issue of SUD.

2) PRC (Pregnancy Recovery Center)
   - Pregnant women are often the forgotten group in the demographics of SUD.
   - Very important demographic because of the fetus, their role as mother and the central care giver of each family unit.
   - Statistics: We all have numbers that we can quote about the epidemic that we are in with opioid addiction in this country
   - ~ 23 million people in addiction treatment
   - ~ 300 million opioid prescriptions written in 2012
   - 41,000 deaths from drug overdoses in 2011. 74% of these overdoses were opioid related. As an Obstetrician and Gynecologist, I have 1-2 patients per week ask questions about Breast cancer and death from breast cancer (~ 40,000 per year). I have never had anyone ask me about the death rate of opioid addiction.

3) PRC (Pregnancy Recovery Center) history:
   - SUD has always been an issue in Western Pennsylvania but not to the extent that we see currently.
   - Prior to the closing of St. Francis hospital of Pittsburgh in 2002 the vast majority of pregnant women with SUD were treated at this facility.
   - In 2002, within weeks of the closure of St. Francis hospital these patients were presenting themselves to Magee-Womens hospital for care. At the time there was no program at Magee to provide adequate care to these patients.
   - In 2002, Bawn Maguire RN. At Magee-Womens hospital recognized this problem and was instrumental in developing the current Methadone program. She still leads this program. Magee there are ~ 300 to 350 Methadone conversions per year and ~ 250 to 300 methadone patients deliver at Magee each year.
   - In 2009, Dr. David Kelley, CMO of the Office of Medical Assistance Programs approached the Western Pennsylvania Medicaid providers regarding the establishment of a pregnancy addiction program in Western Pennsylvania.
   - In 2010, a NEJM article was published on the Medical Home Model approach to the use of Buprenorphine for the treatment of opioid addiction in pregnancy.
   - In 2012, a CMMI grant was proposed by the University of Pittsburgh, Magee-Womens hospital, Western Psychiatric Institute and Clinic and West Penn hospital. The proposal was to establish a behavior health and addiction in pregnancy program. This proposal was not funded.
   - In 2014, Magee-Womens hospital, UMPC for you, Gateway Health, United Healthcare and Community Care Behavior Health developed a shared savings approach to establish the PRC.
   - July 15, 2014, the PRC opens.

4) PRC (Pregnancy Recovery Center) program:
   - Medical Home Model approach is developed and utilized for pregnant women with SUD.
   - Four integrated disciplines provide comprehensive care: Buprenorphine providers (MD), obstetrical providers, addiction behavior health therapists and the social service providers.
   - All services reside in one location, except for the Behavior Health provider.
   - Buprenorphine is used in the program instead of Methadone for medication maintenance.
   - Comprehensive patient reviews with the team are performed every 2 weeks to make sure the patient is current with her requirements to stay in the program.
   - All women voluntarily schedule a consultation and two-day outpatient conversion from opiates to buprenorphine.
   - Buprenorphine maintenance is provided throughout pregnancy, delivery and up to 6 weeks postpartum.
   - Further treatment and requirements include obstetrical care, social work visits, and behavioral counseling.
   - Appointments with all disciplines are necessary.
   - Women also receive postpartum pain management plans and transfer to community Suboxone providers in the postpartum period to continue their recovery plans.
   - Methadone maintenance remains an appropriate option for some women.
   - Buprenorphine maintenance is not appropriate for all women with substance use disorders.

5) PRC (Pregnancy Recovery Center) statistics:
   - The PRC has treated over 150 women in this program with an average of 25-30 women active each week.
   - Sixty percent of women are successful in the PRC program- Success being defined as remaining in recovery through her pregnancy
   - Compared to methadone maintenance, fewer newborns exposed to buprenorphine require medication for the treatment for neonatal abstinence syndrome.
   - The newborns also have a higher birth weight and longer gestational periods before delivery (average of 39 weeks gestation at delivery).
   - Buprenorphine dose range for the patients in the PRC: 2 to 32 mg daily.
   - Research opportunities: novel research is being performed in the PRC by Dr. Krans and Dr. Caritis including, but not limited to, Hepatitis C treatment in pregnancy, contraceptive methods and use, serum buprenorphine testing, alternative dosing intervals, and dosing changes in each trimester.
   - Best Practice Act: Put in place for patient safety. Across the UPMC system, physicians receive an immediate notification if an opiate is ordered to a pregnant patient, including potential risks of prescribing opiates in pregnancy.

6) Future Goals of the PRC (Pregnancy recovery Center):
   - Acceptability of the program: by the patients.
     - There is no current system is in place for anonymous feedback from our patients in the PRC. Options are being discussed.
     - Direct patient feedback is positive.
     - Multiple women have returned with subsequent pregnancies.
     - Women are often referred by friends or acquaintances that have participated in the PRC program.
     - Many women return to the PRC in the postpartum period for visits and updates with the PRC staff.
   - Expansion:
     - Internal expansion includes the addition of Womancare patients into the program.
     - Local expansion includes satellite offices within 25 mile radius of the Magee site.
     - Regional expansion sites include the use of telemedicine and a nurse manager model. This could include UPMC hospitals such as Northwest, Altoona, and Jameson.