Maternal Opioid Misuse (MOM) Model
Evaluation of Implementation Year 2 (July 2022–June 2023)

Overview

The MOM Model is a patient-centered service delivery model that aims to improve the quality of care for pregnant and postpartum Medicaid patients with opioid use disorder (OUD) and their infants. The CMS Innovation Center supported awardees in seven States (Colorado, Indiana, Maine, New Hampshire, Tennessee, Texas, and West Virginia) to implement the MOM Model with one or more care delivery partners during the second year of implementation.

Participants

Indiana ❷
Service area: Statewide
Type of care delivery partner: MCO
Cumulative year 2 enrollment: 543
Intervention focus: Enhanced care coordination within standardMCO system

West Virginia ❷
Service area: Nearly statewide
Type of care delivery partner: Hospital
Cumulative year 2 enrollment: 88
Intervention focus: Integrated, not co-located care

Maine ❷
Service area: Nearly statewide
Type of care delivery partner: Health systems
Cumulative year 2 enrollment: 164
Intervention focus: Integrated, notco-located care
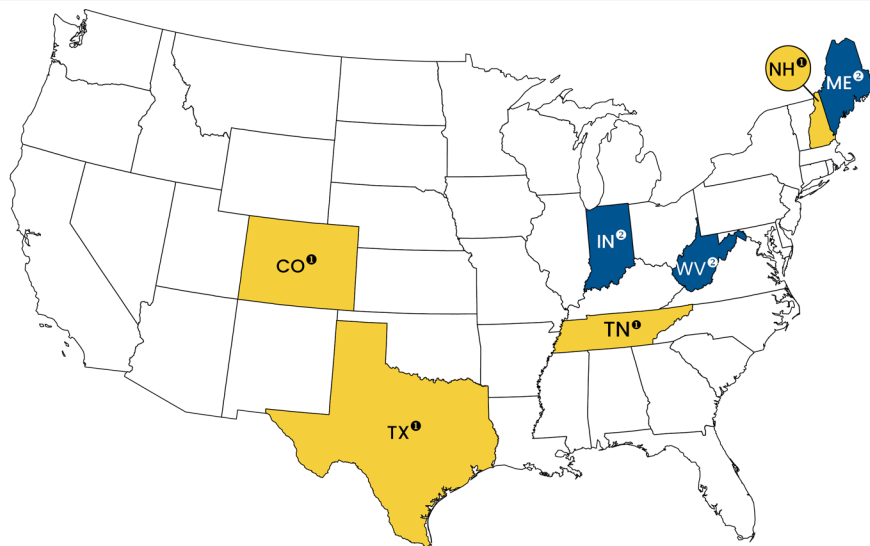
1 Partial state
2 Statewide/nearly statewide

Colorado ❶
Service area: Partial State
Type of care delivery partner: Health systems
Cumulative year 2 enrollment: 8
Intervention focus: Integrated, single-site care delivery

Texas ❶
Service area: Partial State
Type of care delivery partner: Health system
Cumulative year 2 enrollment: 50
Intervention focus: Integrated, single-site care delivery

Tennessee ❶
Service area: Partial State
Type of care delivery partner: Health system
Cumulative year 2 enrollment: 249
Intervention focus: Integrated, single-site care delivery

New Hampshire ❶
Service area: Partial State
Type of care delivery partner: Health system
Cumulative year 2 enrollment: 65
Intervention focus: Integrated, not co-located care

MOM Model Patient Characteristics

Key demographics

82% of patients were cisgender, White, non-Hispanic women

70% of patients were between 25 and 34 years old

70% of patients were enrolled in Medicaid prior to their pregnancy

Key maternal health risk factors

80% of patients reported a mental health or behavioral health diagnosis

71% of patients reported substance use before age 18

53% of patients screened at enrollment reported at least one health-related social need

Implementation Year 2 Findings

Awardees established different approaches to care integration that influenced case management activities and the adoption of best practices

- Fully-integrated models more consistently drove the adoption of clinical best practices.
- Information sharing between providers was strongest amongst integrated

Model enrollment increased but remains lower than expected, partially due to system-level factors

- Model enrollment almost doubled in Implementation Year 2, from 593 ever-enrolled patients in June 2022 to 1,173 patients in June 2023, but enrollment remains below anticipated levels.
- System-level factors such as stigma, fear of child welfare involvement, health related social needs (HRSNs), and provider capacity limitations negatively impacted enrollment.
- More than half of patients screened for HRSNs reported having at least one need, with the most common needs being transportation (32.2%), food (31.5%), and housing (29.5%).

Peer recovery services are emerging as a promising practice

- Care delivery partners unanimously cited the benefits of peer recovery services in supporting patient recovery.
- Low Medicaid reimbursement rates and the emotional intensity of the peer recovery coach role has contributed to peer recovery coaches staffing shortages and frequent turnover

Care delivery partners developed capacity to support and sustain MOM Model services.

- MOM Model staff connected with community partners, increased visibility, and developed data sharing capacity to institutionalize MOM Model practices within their organization and communities.
- MOM Models still face challenges identifying long-term funding, establishing data interoperability, and encouraging best practice adoption across all providers.

Key Takeaways

- Model enrollment nearly doubled, yet barriers experienced by patients and providers impact model accessibility and expected enrollment.
- Model providers adopted clinical best practices to treat pregnant people with OUD; peer recovery services is emerging as a promising practice based on 158 interviews and 47 patient perspectives.
- Care delivery partners developed service capacity to care for Model patients, although have made limited progress establishing sustainable service payment mechanisms following the demonstration.
- Next year's (July 2023-June 2024) evaluation will emphasize impacts of the Model on patient outcomes and costs to the extent possible.

Photovoice Entry
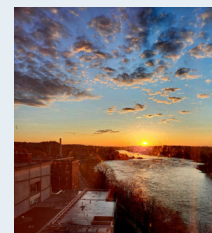
"Through my recovery journey, I constantly had to tell myself that this too shall pass. The sun will always rise, and tomorrow is a chance to start again."