Perinatal Substance Use Care Coordination: The Need for One Care Plan

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To the Editor—According to the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration, comprehensive, integrated care is the evidence-based gold standard for perinatal substance use disorder (PSUD) treatment [1]. This model, ideally based in one clinic, includes obstetrical care, mental health care, substance use treatment, and a variety of wraparound services including legal and housing support. Many dedicated providers strive tirelessly to provide this multifaceted care. Unfortunately, there are still barriers that prevent the seamless collaboration between health, judicial, and social systems that is necessary to fully implement comprehensive models of treatment. These barriers were evident in the development of our perinatal substance exposure clinic, Project CARA, located in Western North Carolina. To strengthen comprehensive care for PSUD patients, we developed the complex care navigator (CCN) role.

Even when evidence-based recommendations for practice integration are upheld, other systems remain siloed [2]. Furthermore, the health care system does not currently incentivize—financially or otherwise—collaboration across separate systems. This lack of formalized collaboration and communication is a primary barrier to full comprehensive care implementation. Patients face discordant treatment plans, inconsistent insurance coverage, and separate postpartum maternal and infant care systems (e.g., fragmented obstetrics, pediatrics, and family medicine systems) [2]. Providers must often go beyond their established roles and work as quasi-case managers, facilitating patient handoffs themselves. Although the comprehensive care management paradigm is the gold standard, the reality is often this disjointed and inefficient system that places an undue burden on both patient and provider [3]. In the absence of truly comprehensive care, the CCN position provides an opportunity to help providers and patients achieve optimal health outcomes.

The CCN encourages the development of a centralized care plan across the traditionally siloed systems of PSUD care. The CCN role has flexibility; it is not tied to pregnancy status or payer source (or lack thereof) and can work across county lines, enabling smoother transitions for patients. The goal of the CCN is to improve patient- and system-level outcomes by increasing access and cross-system collaboration. At Project CARA, the CCN role has been instrumental in improving patient access and communication among our collaborators. Particularly in the context of the upcoming launch of NC Medicaid tailored plans, North Carolina PSUD clinics must prioritize collaboration to provide more comprehensive treatment. We have an opportunity to re-evaluate the landscape of PSUD care and create a more sustainable system for the future. NCMJ

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