NEW YORK STATE OF OPPORTUNITY. Department of Health

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Dear Colleagues:

Let me begin by reminding you that we have passed the mid-point of winter. That means our fellow New Yorkers longing for spring can start seeing the glass as half-full. The nation's groundhog, Punxsutawney Phil, spread some optimism earlier this month by not seeing his shadow. But given that Phil and his predecessors have a 39% accuracy rate, I would advise against packing away the Nordic sweaters just yet.

This month I want to discuss some important steps that the New York State Department of Health (Department) is taking to fight two serious threats to public health: opioid use disorder and maternal morbidity and mortality.

Opioid Use Disorder: Opioid Use Disorder (OUD) and opioid-related overdose morbidity and mortality continue to be a public health crisis. In 2017, there were more than 3,200 overdose deaths associated with opioids statewide. Buprenorphine and methadone are the first-line treatments for OUD and are associated with significant decreases in both fatal and non-fatal opioid overdoses. Long-acting naltrexone also shows some promise and may be considered as a treatment option. New York State is committed to making these medications available to all who need them.

The Office of Alcoholism and Substance Abuse Services (OASAS) has worked to improve access to all three medications within the drug treatment system. The Department is augmenting these efforts by focusing on increased access to buprenorphine in clinical and non-clinical community settings. To assist healthcare providers in staying abreast of the rapidly evolving standards of care in response to the epidemic and research defining evidence-based practices, the Department collaborated with OASAS to issue a best-practices document for Implementing Transmucosal Buprenorphine for Treatment of Opioid Use Disorder. This document is designed to fill information gaps and provide guidance in response to misconceptions regarding buprenorphine implementation, particularly regarding counseling, polysubstance use, assessment, and diversion.

As of January 2019, 5,402 medical professionals had become waivered buprenorphine prescribers in New York State. In 2017, more than 66,000 New Yorkers were prescribed buprenorphine to treat OUD. Still, more outpatient healthcare providers are needed to prescribe this effective medication in many settings where people receive care. Contact the Department for more information about trainings to obtain a waiver to prescribe buprenorphine.

Maternal Mortality and Morbidity: The rates of maternal mortality and morbidity are one of the best indicators of a society's overall health. We would expect these rates to be low in the United States, but severe maternal morbidity (SMM) has been steadily increasing in recent

years and currently affects more than 50,000 American women[1]. New York's maternal mortalities rose from 15.4 deaths per 100,000 live births in 2001-2003 to 19.6 deaths per 100,000 live births in 2014-2016, making New York State 30th in the nation for maternal mortality in 2016. Cesarean deliveries carry overall higher rates of maternal mortality and morbidity than vaginal deliveries. From 2012-2014, 64% of pregnancy-related deaths in the State involved a cesarean section.

Racial and ethnic disparities are a significant factor in these higher maternal mortality rates. The maternal mortality rate for black women in New York State was 51.6 deaths per 100,000 live births in 2014-2016, compared to 15.9 deaths per 100,000 live births for the State's white women. Black women are over three times more likely to die during childbirth than white women. It is important to recognize the role of racism in maternal physical and mental health. Studies find that stress caused by racial discrimination plays a significant role in maternal mortality. The impacts of individual and structural racism can compromise health over time leading to poorer outcomes for black women.

This year, the Department will be focused on implementing the initial recommendations of the Taskforce on Maternal Mortality and Disparate Racial Outcomes, which included: expanding Community Health Worker programs, creating a data warehouse to provide near real-time information on maternal mortality and morbidity, convening an Expert Workgroup on Postpartum Care, and establishing a statewide Maternal Mortality Review Board. The New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes proposed ten recommendations, to be implemented in the short and long term, as State resources are available, to reduce maternal deaths and improve outcomes of women and families of color in New York.

On a patient level, quality care and improving health outcomes starts before pregnancy and is the responsibility of all healthcare providers. The Department's initiatives will help providers and healthcare systems recognize implicit racial bias and the institutional barriers to providing equitable, high-quality healthcare services. The next Commissioner's Medical Grand Round Series—*Reversing the Trend in Maternal Mortality: What Every Provider Should Know*—will address this important issue in more detail. Please join me March 6th, from 7:30 a.m. to 9:30 a.m., at Albany Medical Center. Registration for both in-person and live webcast attendance can be found here.

New York State is committed to making quality healthcare available to all residents regardless of the color of their skin, the health conditions with which they struggle, or their socio-economic status. Through the above-mentioned initiatives, the Department is helping healthcare providers reach more racially and economically diverse communities to improve health outcomes. I look forward to reporting back on our progress in the months ahead. Wishing you all the very best.

Sincerely,

Howard A. Zucker, M.D., J.D.

[1] Callaghan WM, Creanga A, Kuklina E. Severe Maternal Morbidity Among Delivery and Postpartum Hospitalizations in the United States. Obstet Gynecol 2012;120:1029–36.