Improving Maternal Mental Health by Building The Capacity of Frontline Medical Providers
Objectives

Describe development, implementation, and outcomes of the MCPAP for Moms perinatal psychiatry access program

Outline how the MCPAP for Moms model is being implemented throughout the US

Share experiences from two states (Washington and Wisconsin) that have implemented the model

Provide insights useful to California stakeholders contemplating such a model in the state
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Speakers

Nancy Byatt, DO, MS, MBA, FACLP
MCPAP for Moms
Lifeline4Moms

Tiffany Moore Simas, MD, MPH, MEd
MCPAP for Moms
Lifeline4Moms

Deborah Cowley, MD
PAL for Moms

Christina Wichman, DO
The Periscope Project
Nancy Byatt, DO, MS, MBA, FACLP
Executive Director, Lifeline4Moms
Medical Director, MCPAP for Moms
Associate Professor of Psychiatry, Obstetrics & Gynecology and Population & Quantitative Health Sciences
Director, Women’s Mental Health Division, Department of Psychiatry
UMass Memorial Medical Center/UMass Medical School
Mental health conditions are the most common complication of pregnancy

1 in 5

women around the world will suffer from a maternal mental health complication

#MaternalMHMatters
Maternal mental health affects mom, child, and family

Preterm delivery
Low birth weight
NICU admissions

Cognitive delays
Motor & Growth issues
Behavioral problems
Mental health disorders

Less engagement in medical care
Smoking & substance use

Lactation challenges
Bonding issues
Adverse partner relationships
The vast majority of perinatal depression is unrecognized and untreated

Mental health conditions are a leading underlying cause of pregnancy-related deaths

Mental Health Conditions:
Any deaths where the MMRC identified mental health conditions, depression, or other psychiatric conditions as an underlying cause of death; including suicide (69%), and unintentional overdose (19%) or injury of unknown intent where substance use disorder or mental health conditions were documented (22%).

Mental health conditions and infection are the leading causes among preventable deaths.

- Mental Health Conditions
- Infection
  - Hemorrhage
  - Cardiovascular and coronary conditions
  - Embolism
  - Preeclampsia/Eclampsia

Percent of preventable deaths

0  2  4  6  8  10  12  14  16
100% of pregnancy-related mental health deaths were determined to be preventable
Perinatal mental health is recognized as a major public health problem.
The perinatal period is ideal for the detection and treatment of mental health conditions.

- Regular opportunities to screen and engage women in treatment
- Ob/Gyn providers have a pivotal role
- Most mental health conditions are treated by primary care providers
Building front line provider capacity to provide mental health care can provide a solution.
In response, Massachusetts passed a PPD Act and created a PPD commission.
Massachusetts Child Psychiatry Access Program

For Moms

- Education
- Consultation
- Resources and Referrals

Training and toolkits help educate and engage providers in addressing mental health

MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

Provider Resources

- Trainings and toolkits for providers and their staff on evidence-based guidelines for depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.
- Real-time psychiatric consultation and care coordination for providers serving pregnant and postpartum women including obstetricians, pediatrics, adult primary care physicians, and psychiatrists.
- Linkages with community-based resources including mental health care, support groups and other resources to support the wellness and mental health of pregnant and postpartum women.

Improving access to and engagement of pregnant and postpartum women in mental health and substance use treatment leads to improved outcomes for mothers and their babies.

Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment

If no/minimal clinical improvements after 4-8 weeks:
1. If patient has no or minimal side effects, increase dose.
   2. If patient has side effects, switch to a different med.
   If you have any questions or need consultation, contact MCPAP for Moms at 855-MOMS-MCPAP (855-666-6272)

If clinical improvement and no/minimal side effects:
Reevaluate every month, and at postpartum visit
Refer back to patient’s provider and/or clinical support staff for psychiatric care once OBG care is complete. Contact MCPAP for Moms if it is difficult to coordinate ongoing psychiatric care. Continue to engage woman in psychotherapy, support groups and other non-medication treatments.
Telephone consultation is the primary currency of this relationship and the “engine” of Access Programs.
Discuss potential management strategies

Recommend a Face to Face Evaluation

Refer to the community

MCPAP for Moms ≠ telepsychiatry
We serve all providers for pregnant and postpartum women

| Obstetric providers/Midwives | Family Medicine/Primary Care providers | SUD providers | Psychiatric providers | Pediatric providers |
Obstetric providers are our highest utilizers

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Utilization Rate</th>
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<td>Obstetric providers/Midwives</td>
<td>60%</td>
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<td>Family Medicine/Primary Care providers</td>
<td>9%</td>
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<tr>
<td>SUD providers</td>
<td>&lt;1%</td>
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<tr>
<td>Psychiatric providers</td>
<td>14%</td>
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<td>Pediatric providers</td>
<td>5%</td>
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Resources and referrals to link with therapy, support groups, and community resources

Support the wellness and mental health of perinatal women
MCPAP for Moms is a scalable model that leverages limited resources

1.0 FTE Perinatal Psychiatrists
2.5 FTE Resource and Referral Specialists
Tiffany A. Moore Simas, MD, MPH, MEd, FACOG
Medical Director, Lifeline4Moms
Engagement Director, MCPAP for Moms
Professor of Obstetrics & Gynecology, Pediatrics, Psychiatry and Population & Quantitative Health Sciences
Vice Chair, Dept Ob/Gyn
Director, Research Division, Dept Ob/Gyn
Co-Director, Maternity Center
University of Massachusetts Medical School/UMass Memorial Health Care
Since our launch in July 2014, MCPAP for Moms has served many providers and parents

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<td>156 (75%)</td>
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<td>Women Served</td>
<td>7,041</td>
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“It looks like you may be driving a transformation in the practice of obstetrics with a much needed service that should add value to the continuity of care offered by general OBs.”

- Dale Magee, MD, MS, ObGyn, Public Health Leader, MA
“Thank you thank you for hooking me up with these services. It is such a relief for my whole family that I finally have the support system I need to deal with my issues in a safe and healthy way! Thank you!”

- Grateful Postpartum Patient
“Just wanted to give a shout out to MCPAP. I received a call from a new mom today who had expressed concern about postpartum depression with her OB after delivery. She had experienced postpartum emotional complications after first baby but did not get support at that time. Her OB this time was validating and responsive, providing her with contact for MCPAP. They were able to pre-screen her so she knew when she contacted me that I took her insurance and office is just a few miles from her home. She only had to make one phone call and I am able to see her Friday. Thank you MCPAP, this feels like progress, one less mom falling through the cracks.”

- Carrie Powers, LICSW, MA
Untreated perinatal mood and anxiety disorders come at a high cost

$32,000/yr

$345.6 Million/yr

MCPAP for Moms costs are low

$32,000/yr

$345.6 Million/yr

$13.89/yr
$1.16/month

$1 Million/yr

50% is recuperated through legislated surcharge to commercial insurers

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$345.6 Million/yr

$13.89/yr
$1.16/month

$1 Million/yr

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment.

MCPAP for Moms can serve as a model for other states in the US.
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MCPAP for Moms can serve as a model for other states in the US.
HRSA is funding 7 Perinatal Psychiatry Access Programs
14 programs are now available across the US.
Deborah Cowley, MD
Director, Partnership Access Line for Moms
Professor
Vice Chair for Education
Vice Chair for Faculty Development
Department of Psychiatry & Behavioral Sciences
University of Washington
WA – PAL for Moms

• Partnership Access Line (PAL) for Moms
  – Free telephone consultation for any health care provider in Washington State caring for someone with perinatal mental health problems
  – Staffed by perinatal psychiatrists, navigator
  – M-F 9-5
  – Perinatal psychiatric consultation – diagnosis, medications, other treatments
  – Referrals
Funding

• Initial funding by anonymous donor

• Now funded by State of Washington Health Care Authority
  – Has allowed expansion of hours, hiring navigator
Utilization and Impact

- 25-30 calls per month
- Physicians (primary care, OB, psychiatry, pediatrics), nurse practitioners, midwives, nurses

Respondent is “in a rural area five hours from the city with limited psych providers, so [they are] very grateful for this service.”

Respondent noted that they would not “see pregnant or breastfeeding women if this service wasn't available. It feels so high risk and I had very little training. It makes me feel so much more confident to know that I have an expert available for tricky questions, and then I can apply that knowledge to my next patient in a similar circumstance.”
Christina Wichman, DO
Project Director, The Periscope Project
Professor of Psychiatry and Ob/Gyn
Vice Chair of Education, Department of Psychiatry, Medical College of Wisconsin
A **free resource** for health care providers caring for **perinatal women** who are struggling with **mental health** or **substance use disorders**

**Key Differences:**

- No face to face component
- Individual provider level enrollment
- No care coordination component
- Focus on ease of use for providers

**Data from July 2017 through September 2019**

- **1058** Total service related inquiries to The Periscope Project
- **865** Provider to perinatal psychiatrist teleconsultations
- **359** Received community resource information
- **163** Educational presentations online and in person
Funding

Pre-development funding provided by State of Wisconsin --- Department of Health Services, Title V Block grant.
- $50,000. Allowed bringing stakeholders together for thoughtful planning
- “Shovel ready” when funding did become available

Initial pilot funding
- United Health Foundation: 1.275 million dollar grant: January 2017 – December 2019
- State of Wisconsin --- Department of Health Services, Title V Block grant: $100,000 per year

Ongoing sustainability
- 2020 funded by combination of private grants and State of Wisconsin --- Department of Health Services, Title V Block grant.
- Working with government relations to enact legislature for creation of a comprehensive psychiatric teleconsultation program – to include child and perinatal services
Impact

Based on a three question post-encounter survey with a 69% (510/743) response rate:

- Agreed or strongly agreed they were satisfied with the service they received
- Indicate their most recent encounter helped them to more effectively manage their patient's care
- Indicate they will incorporate the information they learned in the future care of patients

Perinatal Psychiatry Access Programs need to be tailored for each state or health care system.
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**Context (e.g., legislation, funding, complementary programs)**
Engaging multi-level stakeholders is critical when developing a Perinatal Psychiatry Access Program.
Perinatal Psychiatry Access Programs are being implemented and funded in various ways
The Lifeline4Moms Network aims to improve maternal and child health through Access Programs.
California

3rd largest state in US

471,658 births in 2017
1/8 of all births in U.S.

LA County: 2x the number of births of MA

Perinatal Psychiatry Access Program in California

6 perinatal psychiatrists

12 resource and referral specialists

Increasing front line provider capacity to provide mental health care can promote maternal and child health.

Led by professional societies and governmental organizations, expectations of obstetric care providers are changing.
Thank you!

This webinar was funded by the California Health Care Foundation.
QUESTIONS?

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Thank you!
Please contact us with questions

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Thank you!