



Improving Perinatal Depression Care in Obstetric Settings: PProgram In Support of Moms (PRISM)

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Disclosure Statement: Nancy Byatt, DO, MSCI, MBA



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- Advisory Boards, consultant and speaker honoraria, Sage Therapeutics or their agents

GLG

- Council Member, Gerson Lehman Group



- Perinatal Depression Advisory Board, Janssen / Johnson and Johnson

Medscape

- Steering Committee on Clinical Advances in Postpartum Depression, Medscape

oviahealth™

- Consultant, Ovia Health

The perinatal period is ideal for the detection and treatment of depression

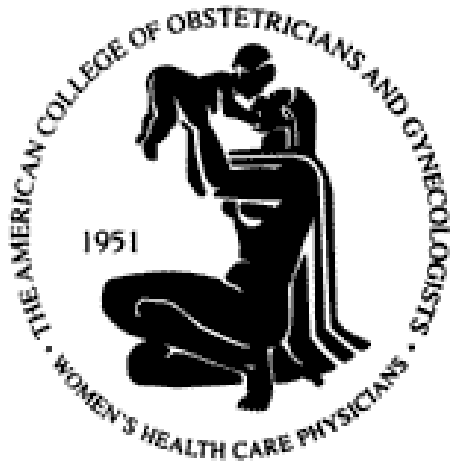
Regular opportunities to screen and engage women in treatment

Ob/Gyn providers have a pivotal role

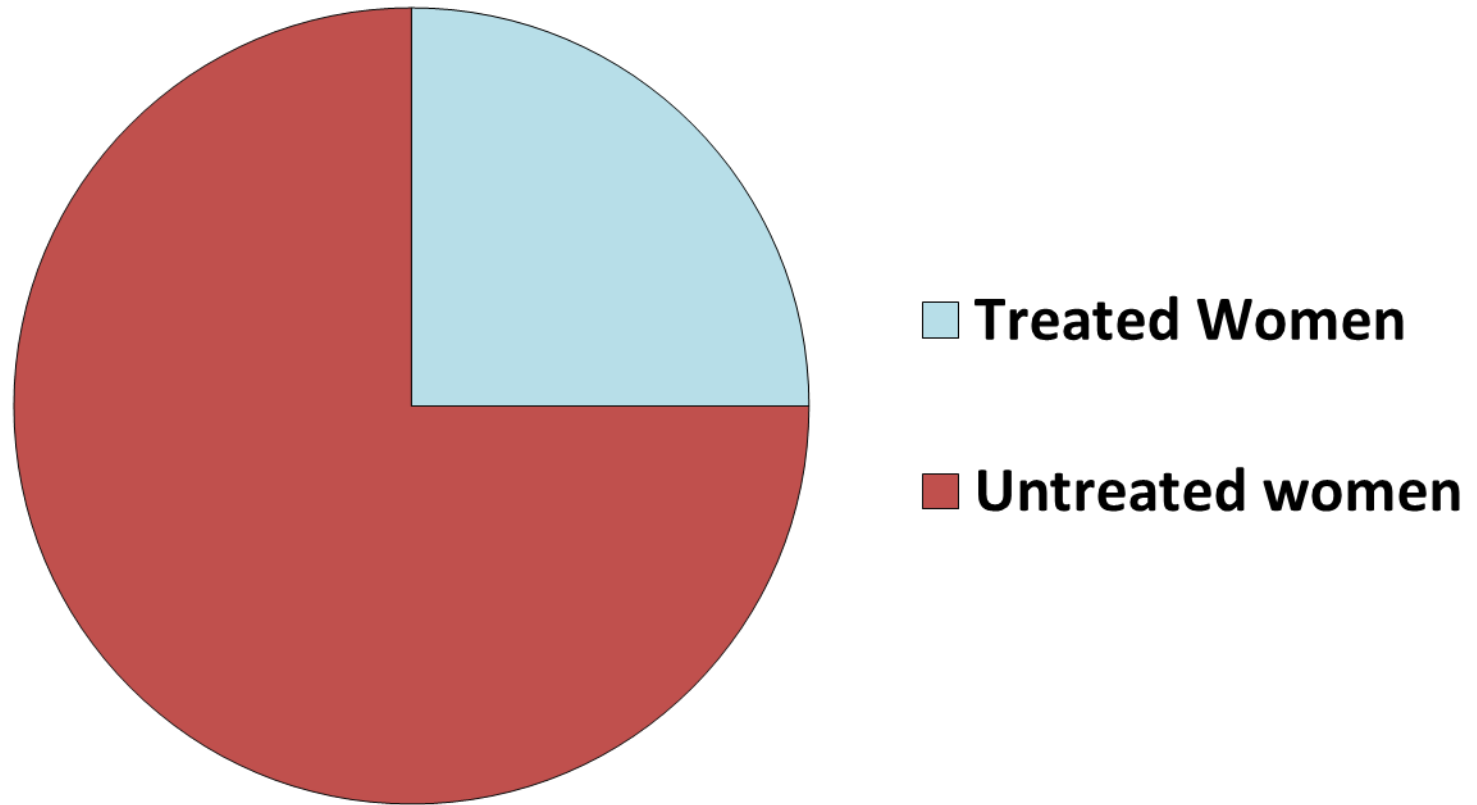
Most depression is treated by primary care providers



Screening is encouraged to increase detection



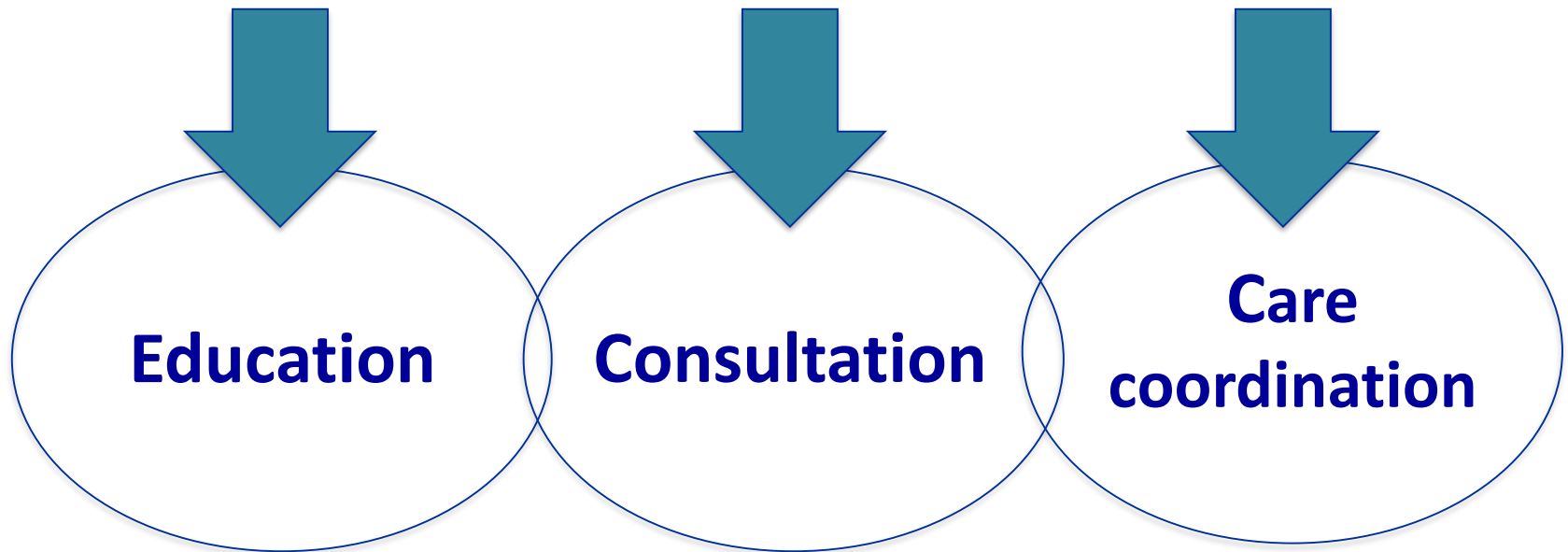
Perinatal depression is under-diagnosed and under-treated



Massachusetts Child Psychiatry Access Program

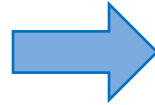


For Moms



Massachusetts Child Psychiatry Access Project

MCPAP
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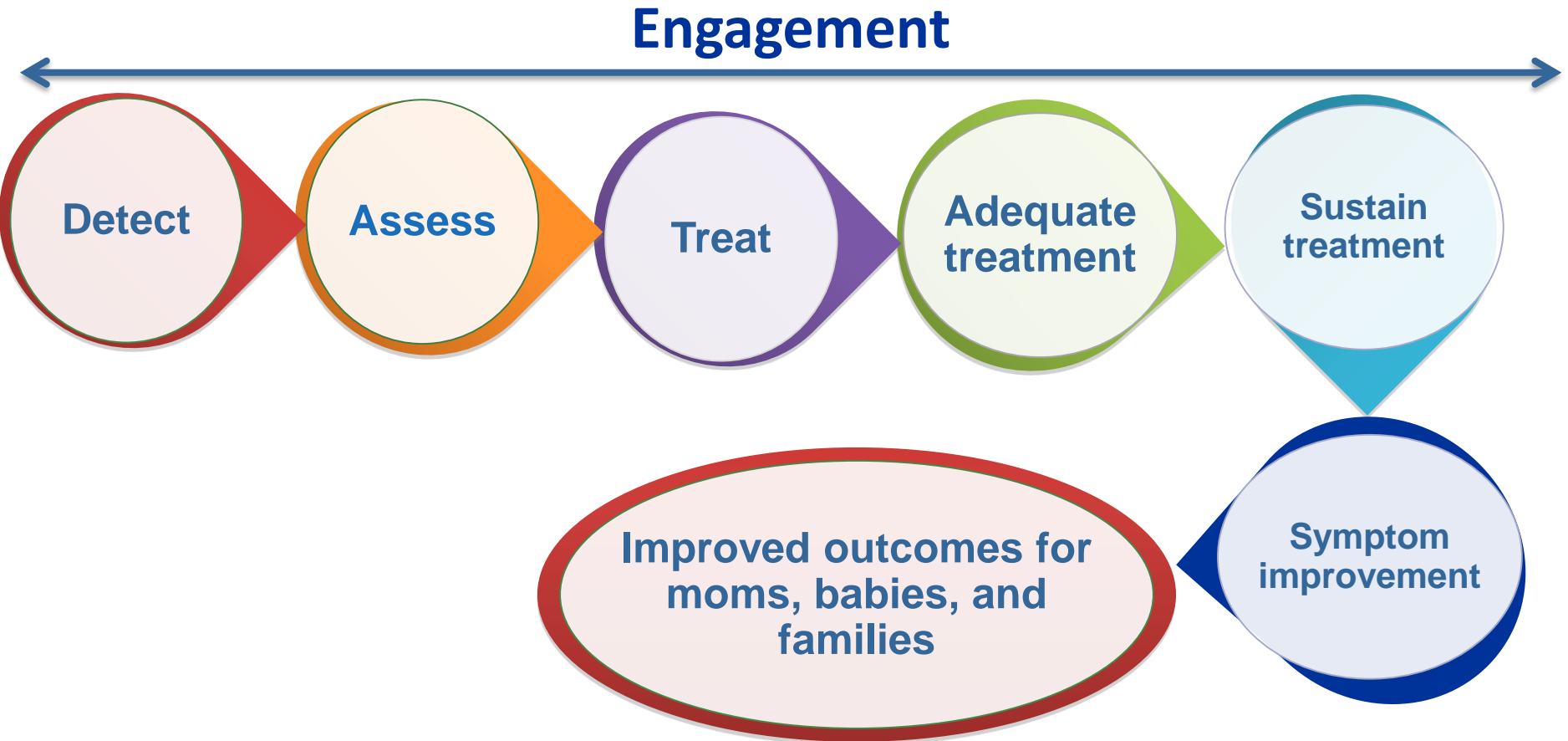


PRogram in Support of Moms

PRISM



We added components to MCPAP For Moms to promote treatment engagement and follow-up



CDC-funded PRISM Group RCT

Refine PRISM and the large group RCT protocol;
Conduct run-in phase (Phase 1)



Conduct Group RCT (Phase 2)

Randomize 10 Ob/Gyn clinics



5 clinics



PRISM



5 clinics



MCPAP for Moms alone



Random selection of perinatal patient study participants from clinic patient roster

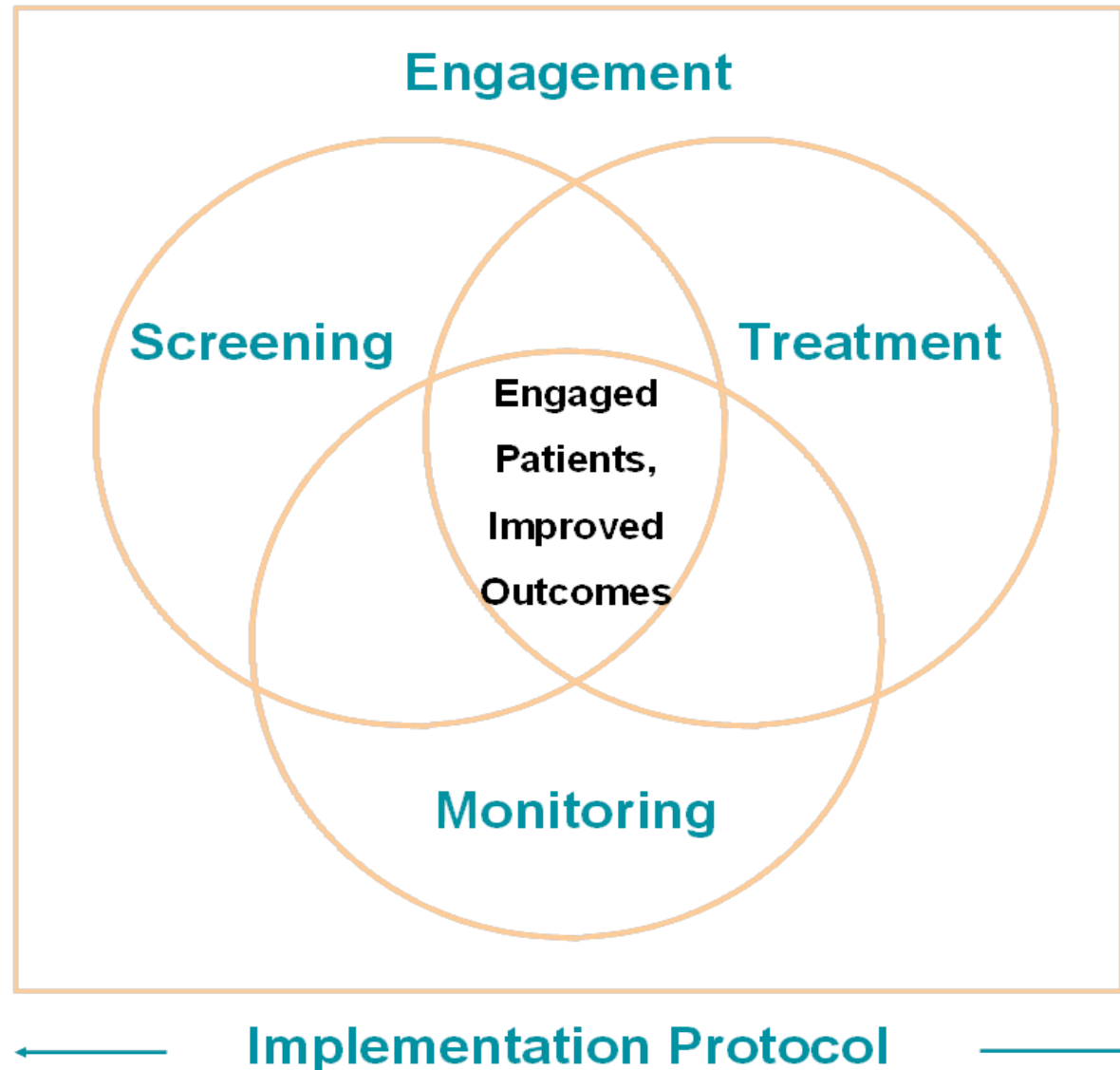


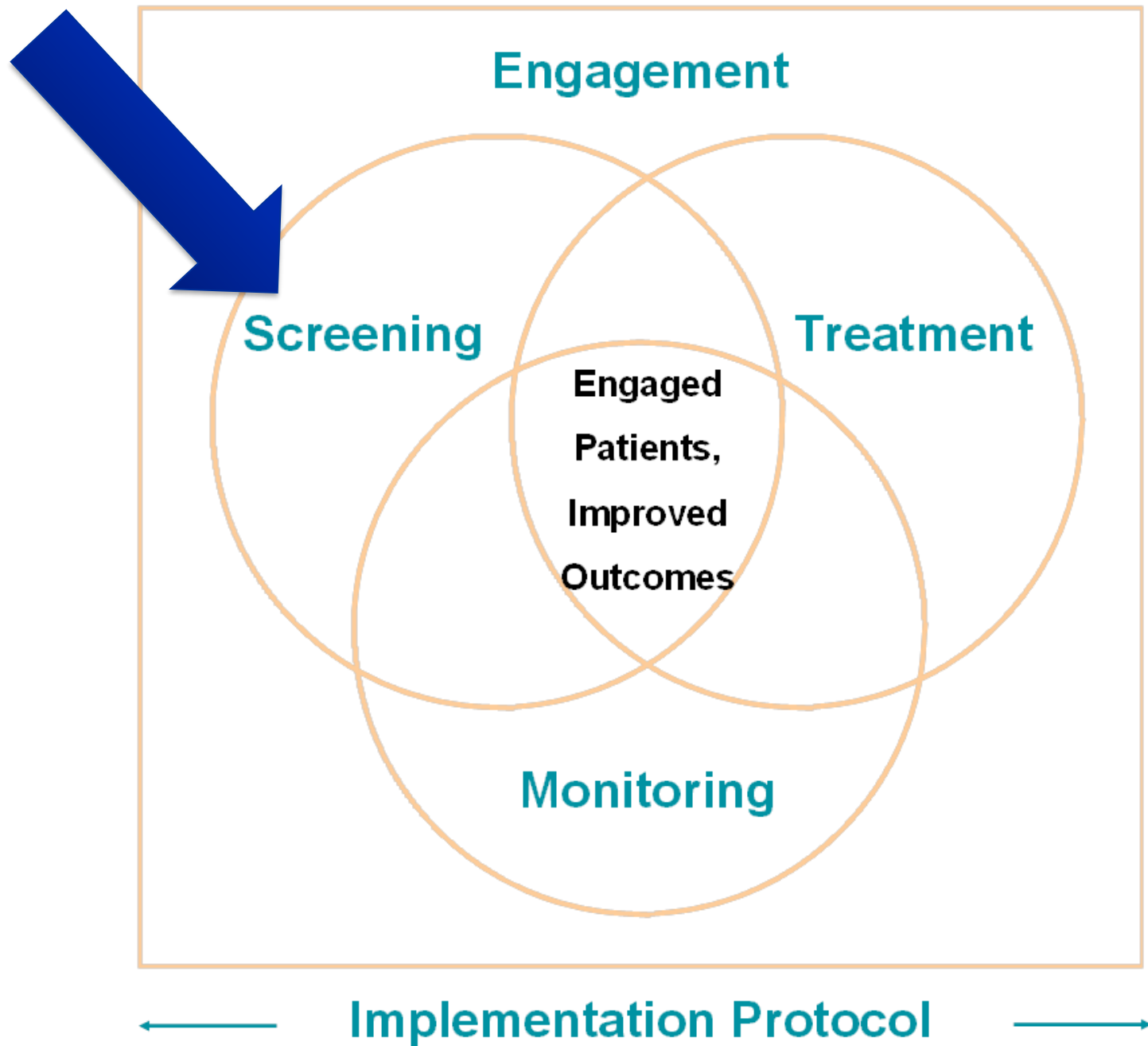
Follow patients longitudinally until 12 months postpartum and assess depression and
treatment participation



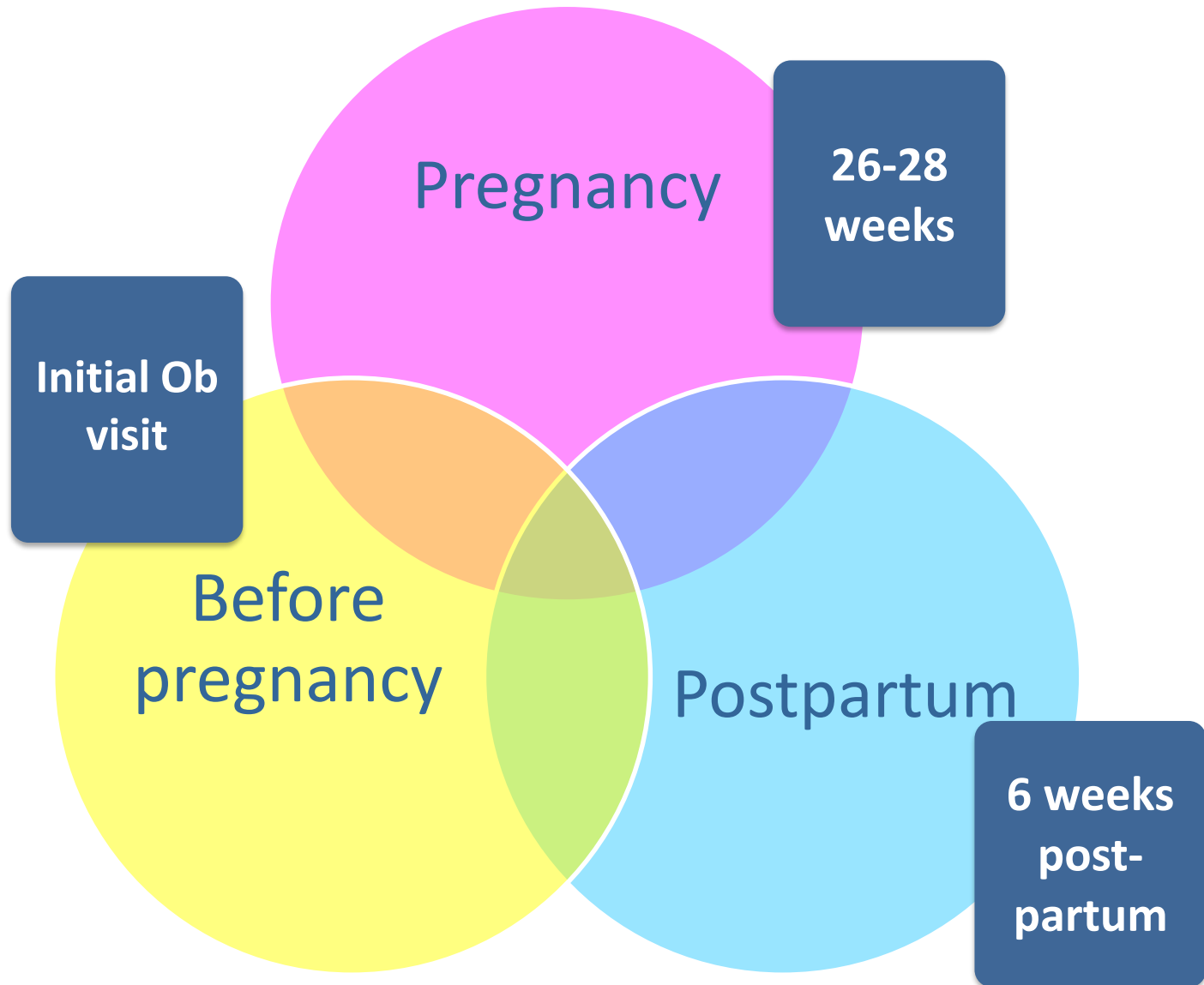
Dissemination to facilitate national uptake
(Phase 3)

PRISM leverages existing resources to help practices integrate depression into obstetric care

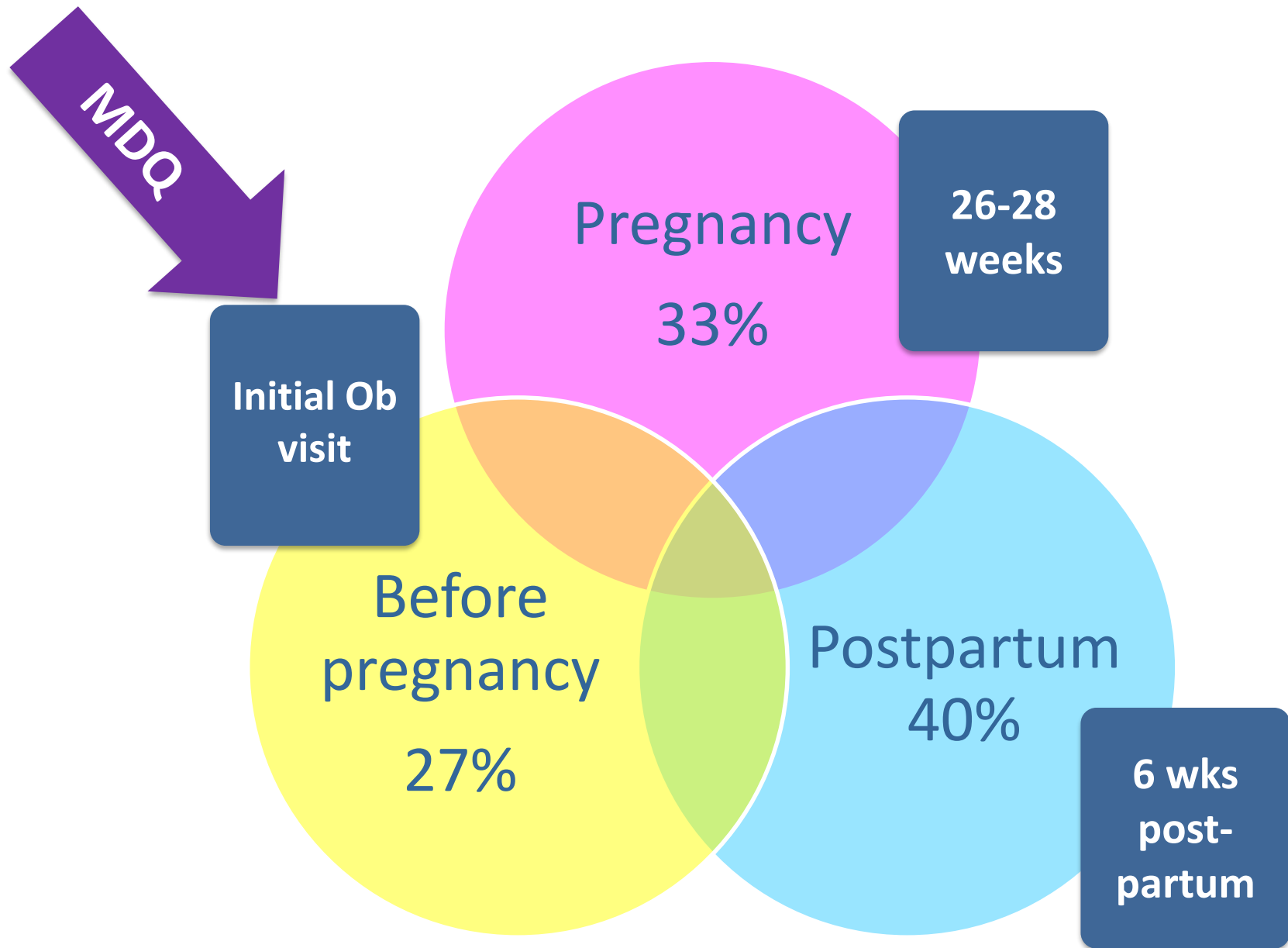


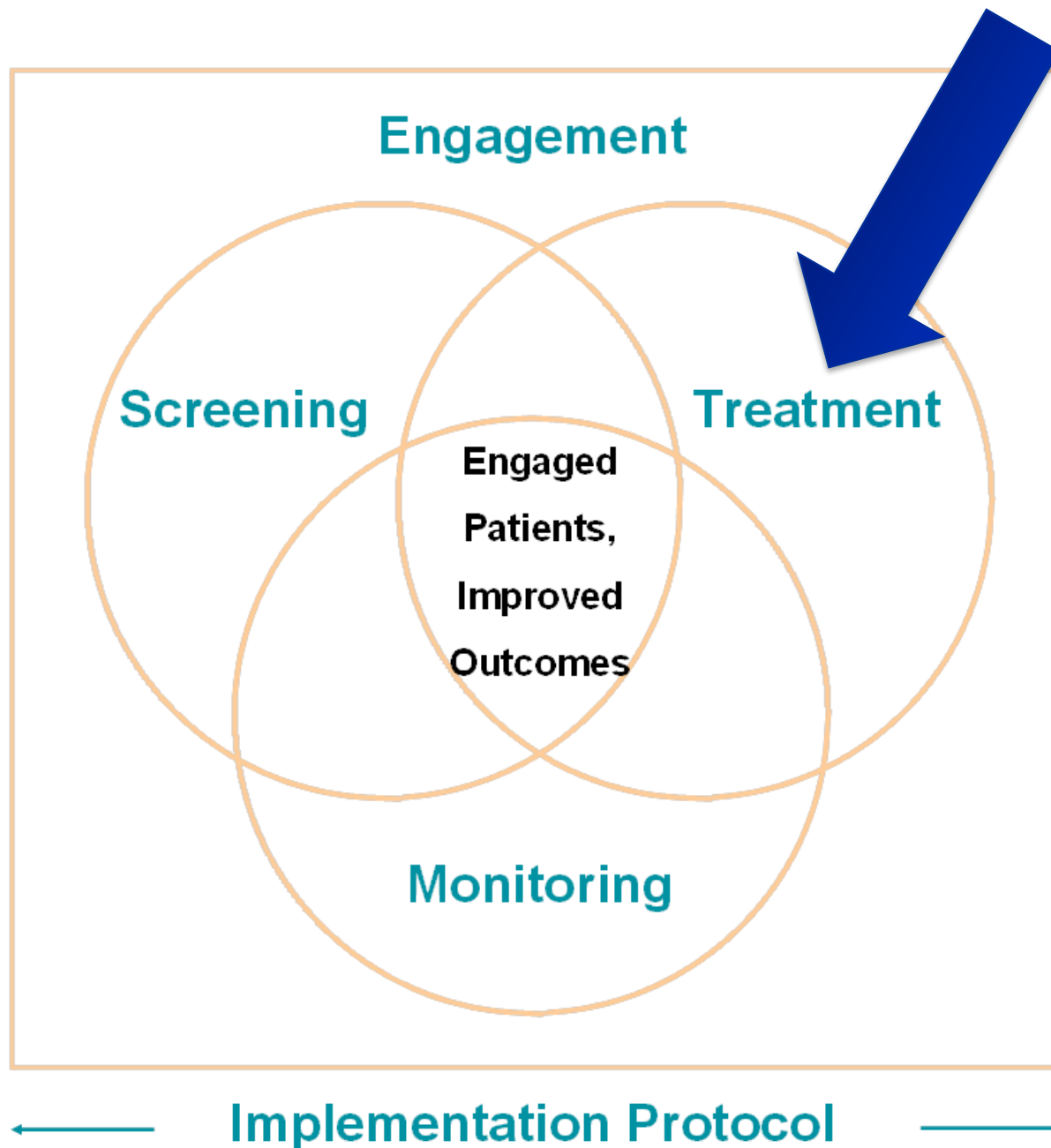


Screen with EPDS during pregnancy and postpartum

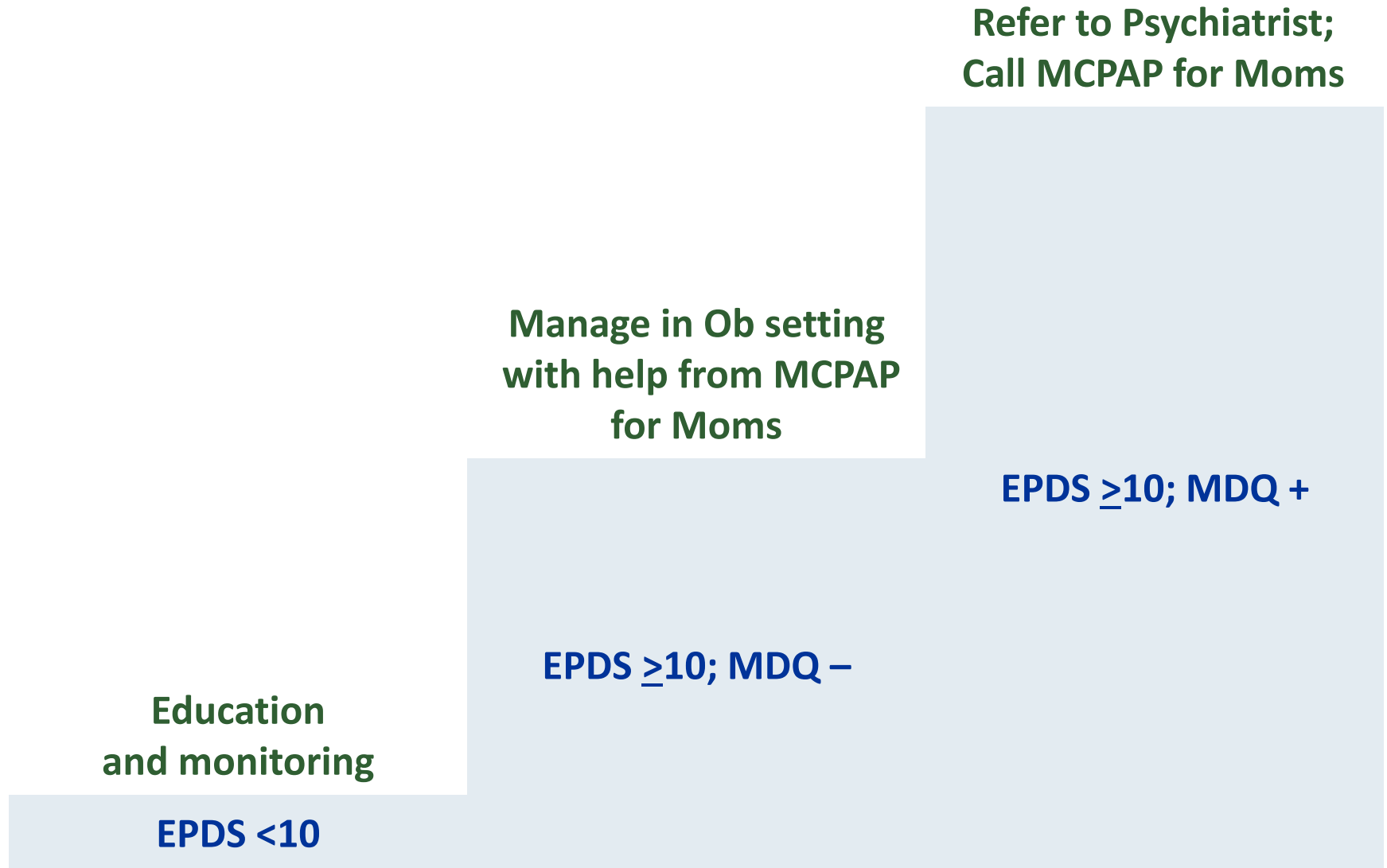


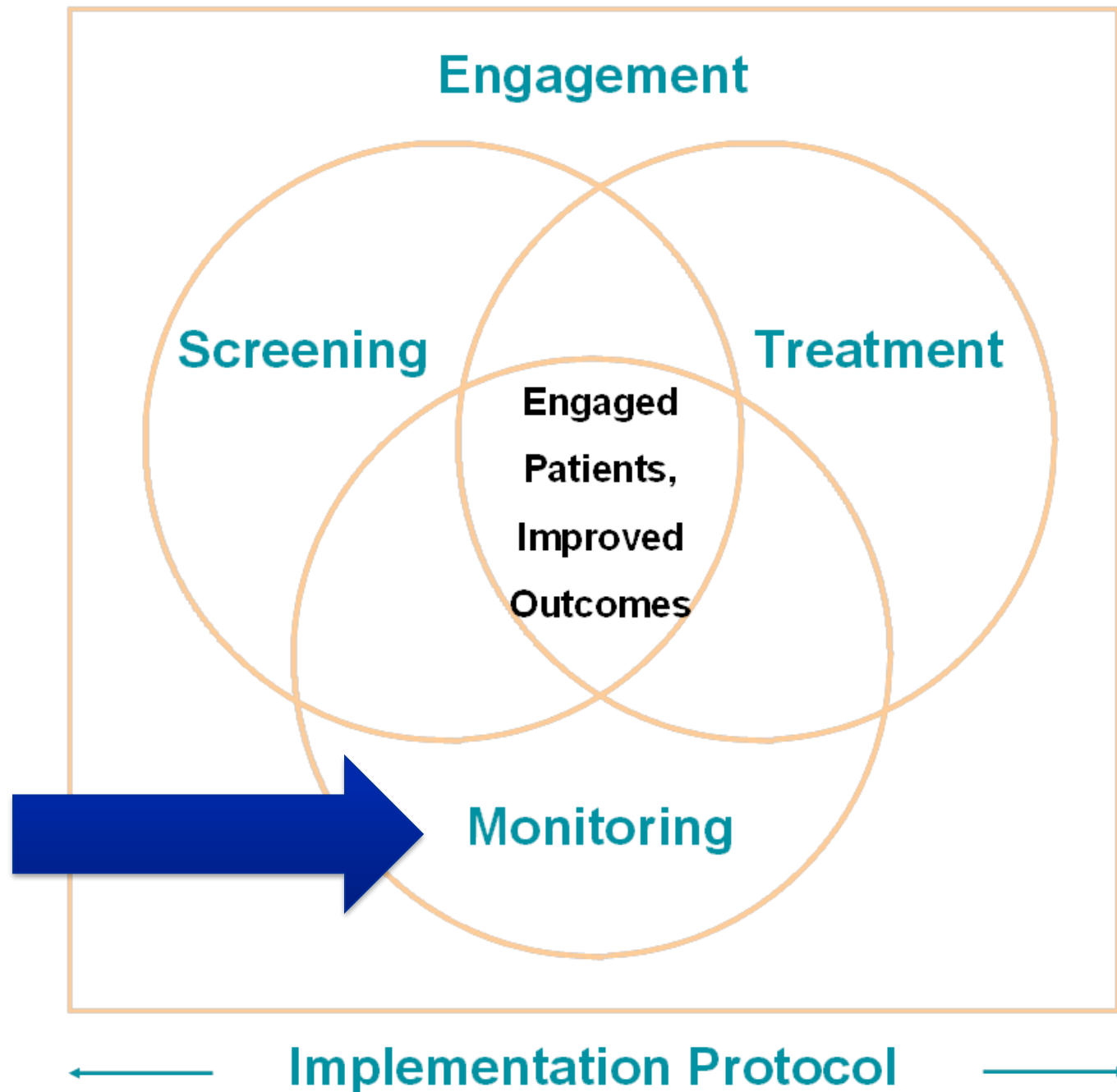
Screen with MDQ for bipolar disorder at initial visit





Care is stepped up as needed





Navigator helps ensure women get in treatment and stay in treatment

Navigator

Ob Provider

Therapy
and
Support
groups

Medication



EPDS ≥ 10

Navigator follow-up with patients at multiple time points using depression registry



Screening:
EPDS ≥ 10

1 week

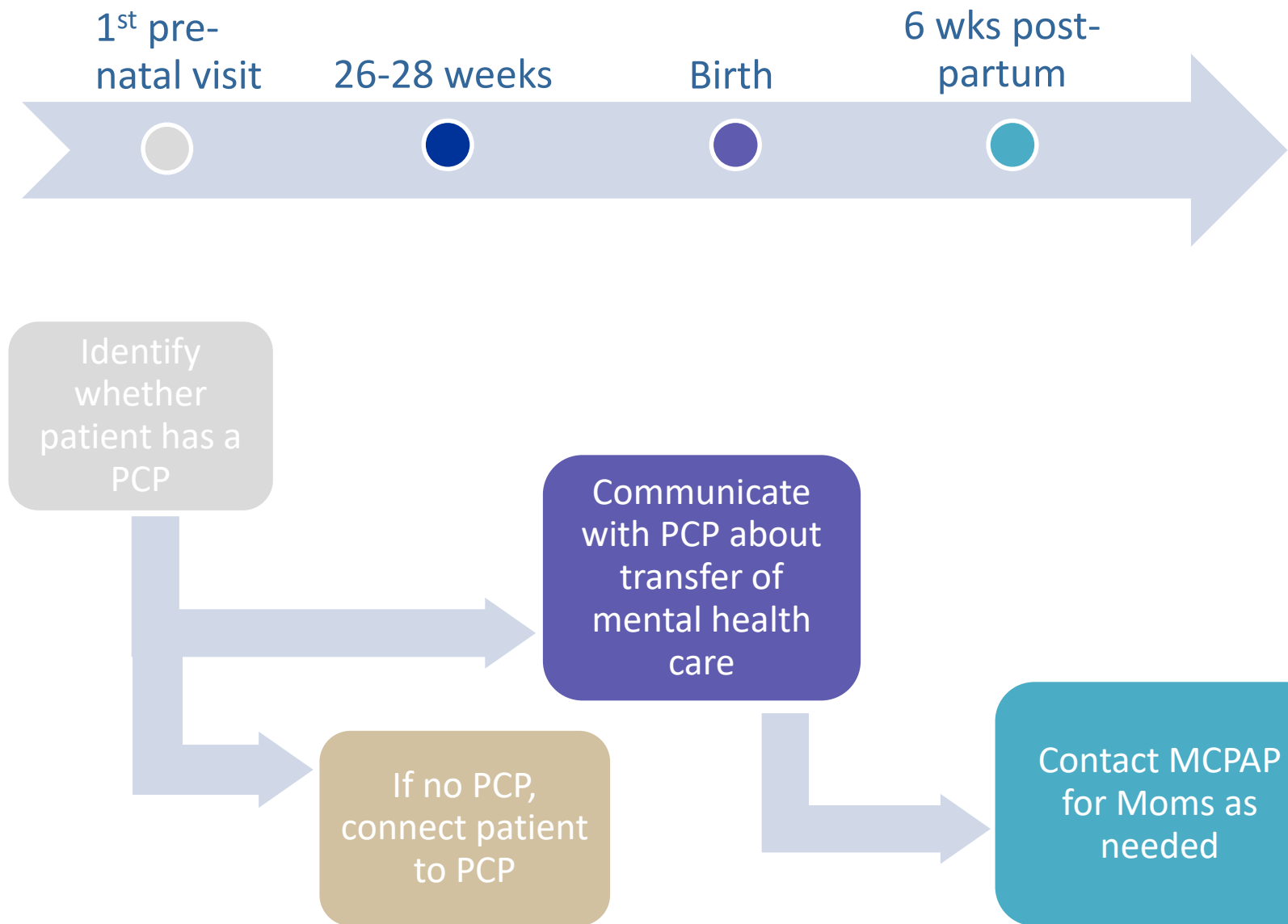
2 weeks

2 weeks

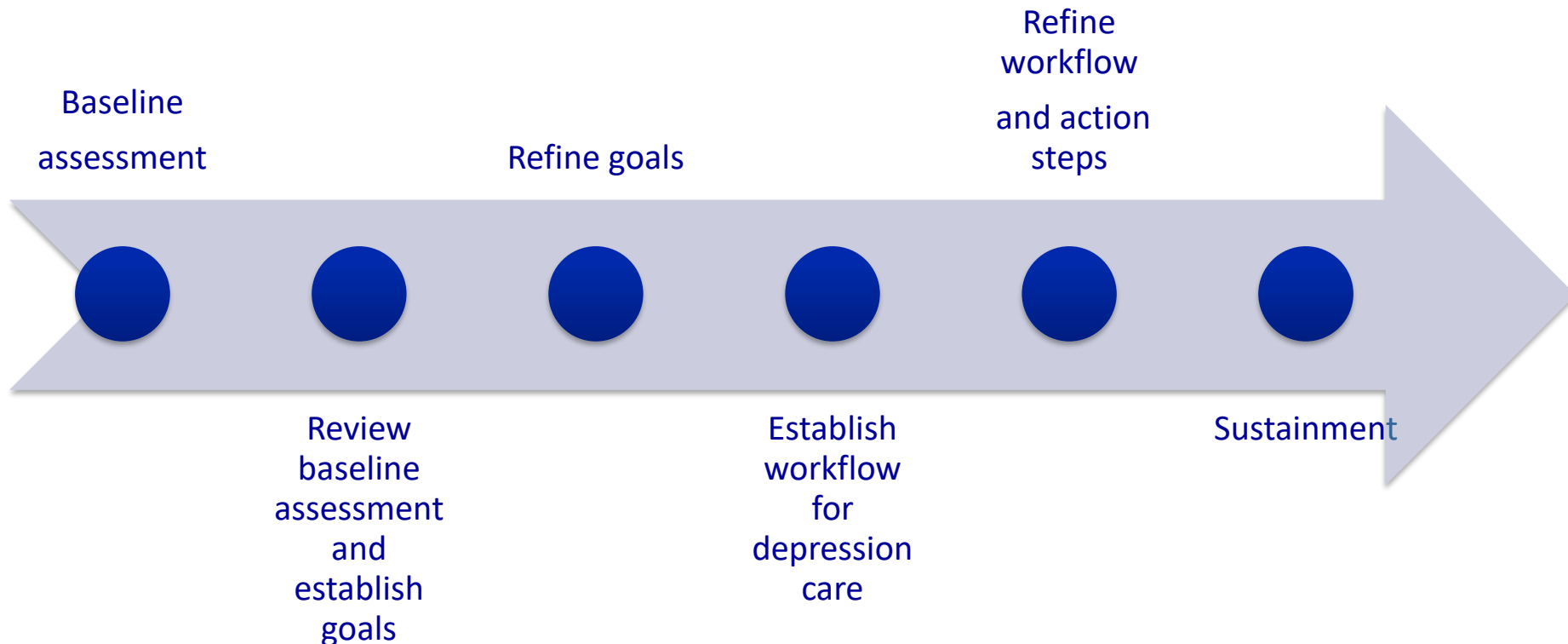
8 weeks

4 weeks
after 6 wk
pp visit

Navigator arranges for transfer of care



Implementation protocol tailors every intervention component for each practice setting



Facilitators to the implementation

Relationships with practice leadership and committed champions

Structure provided by meetings and implementation protocol

Engaging all practice stakeholders

Tailoring intervention to each practice

Baseline assessment

Minimizing time burden and accommodating needs of the practice

Consistent and rapid response to questions and concerns

Sustainment meetings

Challenges encountered during implementation

Competing demands

Organizational changes and turnover within practices

Carving out time for the Navigator

Depression registry not integrated with the medical record

Using EHR for monitoring (e.g. tracking EPDS and MDQ)

Limitations of community mental health resources

Ensuring practices follow through on goals

Communication between Navigators and Consultant Psychiatrists

Responses to challenges

Establishing and maintaining strong relationships with the implementation team

Compensating practices for intervention implementation

Flexibility (e.g. goals, timeline, Navigator time and calls with Psychiatrist)

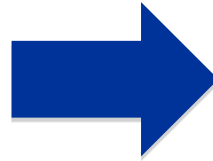
Practices expanding per diem staff time to free up

Trouble-shooting challenges in sustainment meetings

Depression practices pre and post implementation

	Pre- implementation (n=10)	Post- implementation (n=5)
Depression screening first half pregnancy	60%	100%
Depression screening second half pregnancy	27.4%	100%
Depression screening postpartum	93.3%	100%
Bipolar disorder screening (MDQ)	0%	100%
Monitoring patients using depression registry	0%	100%
Number of patients entered in registry, mean (range)	0	117 (95-148)

PRISM is a feasible approach that may be able to optimize perinatal depression care in obstetric settings



Thank you!

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Participating Obstetric Practices
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MA PPD Commission
National Coalition for Maternal Mental Health

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Psychiatry, MGH/Harvard Medical School
UMass Medical School (UMMS)
Behavioral Medicine, UMMS
Quantitative Health Sciences, UMMS
Psychiatry, UMMS
Psychiatry, UMMS
Family Medicine & Comm Health, UMMS
Psychiatry, UMMS
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DMH

Please contact me with questions

www.mcpapformoms.org

www.lifeline4moms.org

Massachusetts Child Psychiatry Access Program

MCPAP

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Thank you!

QUESTIONS?



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Thank you!