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

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- Medical Director, MCPAP for Moms, MA Department of Mental Health, Executive Director, Lifeline4Moms
- Advisory Boards, consultant and speaker honoraria, Sage Therapeutics or their agents
- Council Member, Gerson Lehman Group
- Perinatal Depression Advisory Board, Janssen / Johnson and Johnson
- Steering Committee on Clinical Advances in Postpartum Depression, Medscape
- 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

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

**Engagement**

- **Detect**
- **Assess**
- **Treat**
- **Adequate treatment**
- **Sustain treatment**

**Improved outcomes for moms, babies, and families**

**Symptom improvement**
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

- Pregnancy: 26-28 weeks
- Initial Ob visit
- Before pregnancy
- Postpartum: 6 weeks post-partum

Wisner et al. JAMA Psychiatry. 2013
Screen with MDQ for bipolar disorder at initial visit

- Pregnancy: 33%
- Postpartum: 40%
- Before pregnancy: 27%

Initial Ob visit

26-28 weeks

6 wks postpartum

Wisner et al. JAMA Psychiatry. 2013
Care is stepped up as needed

- **EPDS <10**
  - Education and monitoring

- **EPDS >10; MDQ –**
  - Manage in Ob setting with help from MCPAP for Moms

- **EPDS >10; MDQ +**
  - Refer to Psychiatrist; Call MCPAP for Moms
Navigator helps ensure women get in treatment and stay in treatment

- **Navigator**
  - Therapy and Support groups

- **Ob Provider**
  - 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

1st prenatal visit 26-28 weeks Birth 6 wks post-partum

Identify whether patient has a PCP

Communicate with PCP about transfer of mental health care

If no PCP, connect patient to PCP

Contact MCPAP for Moms as needed
Implementation protocol tailors every intervention component for each practice setting.

- Baseline assessment
- Refine goals
- Establish workflow for depression care
- Refine workflow and action steps
- Sustainment
- Review baseline assessment and establish goals
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

<table>
<thead>
<tr>
<th></th>
<th>Pre-implementation (n=10)</th>
<th>Post-implementation (n=5)</th>
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<tbody>
<tr>
<td>Depression screening first half pregnancy</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Depression screening second half pregnancy</td>
<td>27.4%</td>
<td>100%</td>
</tr>
<tr>
<td>Depression screening postpartum</td>
<td>93.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Bipolar disorder screening (MDQ)</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Monitoring patients using depression registry</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Number of patients entered in registry, mean (range)</td>
<td>0</td>
<td>117 (95-148)</td>
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PRISM is a feasible approach that may be able to optimize perinatal depression care in obstetric settings.
Thank you!

Jeroan Allison, MD, MS
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Participating Obstetric Practices

Quantitative Health Sciences, UMMS
Psychiatry, UMMS
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

Participating Obstetric Practices

CDC
UMMS CTSA
MCPAP for Moms
MA PPD Commission
National Coalition for Maternal Mental Health

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DMH
Please contact me with questions

www.mcpapformoms.org
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Thank you!
QUESTIONS?

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Thank you!