



Increasing Access to Perinatal Mental Health Care Across the US: Policy, Programs & Peer Networks

Speakers



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**MCPAP for Moms
Lifeline4Moms**



**Mary Kimmel,
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NC MATTERS



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**MCPAP for
Moms
Lifeline4Moms**

Addressing Perinatal Mental Health and Substance Use Disorders through Legislative Advocacy and Governmental Programming

Tiffany Moore Simas, MD, MPH, MEd

**MCPAP for Moms
Lifeline4Moms**



Disclosure Statement:

Tiffany A. Moore Simas, MD, MPH, MEd, FACOG

- Engagement Director, MCPAP for Moms, MA Department of Mental Health
- Participant Ad Hoc Advisory Boards and Research Consultant, Sage Therapeutics
- Consultant, Ovia Health
- McGraw Hill, Reviewer, Perinatal Depression Case Chapter

PMAD & SUDs are one of the most common complications of pregnancy and preventable causes of maternal morbidity and mortality

1 in 5

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



14%

CARDIOVASCULAR AND
CORONARY CONDITIONS

13%

HEMORRHAGE

11%

INFECTION

10%

EMBOLISM

9%

CARDIOMYOPATHY

9%

MENTAL HEALTH
CONDITIONS*

8%

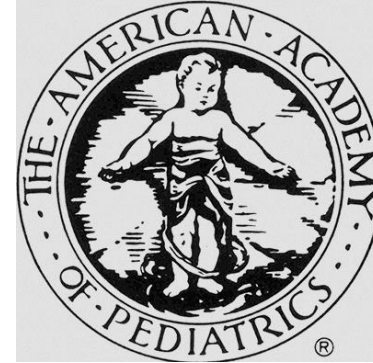
PREECLAMPSIA
AND ECLAMPSIA

*Examples of mental health conditions include suicides and select overdoses.

100%

of pregnancy-related mental
health deaths were
determined to be
preventable

Perinatal mental health is recognized as a major public health problem



AMERICAN
PSYCHIATRIC
ASSOCIATION



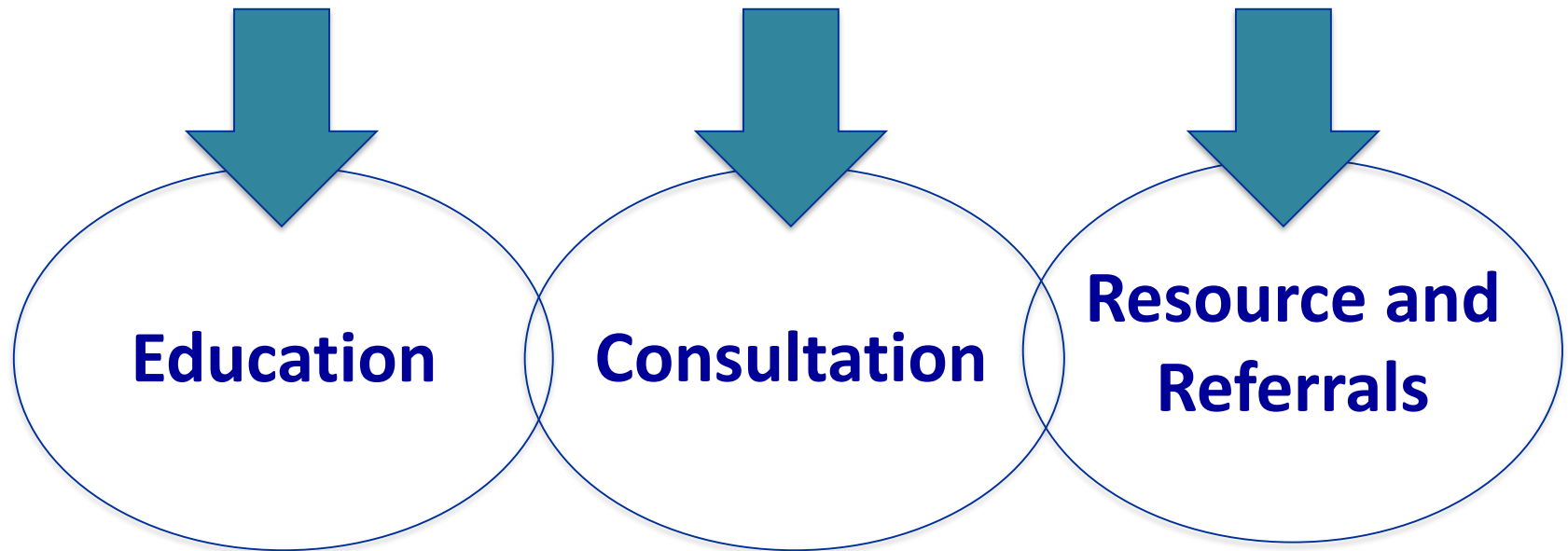
MA passed legislation related to PPD



Massachusetts Child Psychiatry Access Project



For Moms

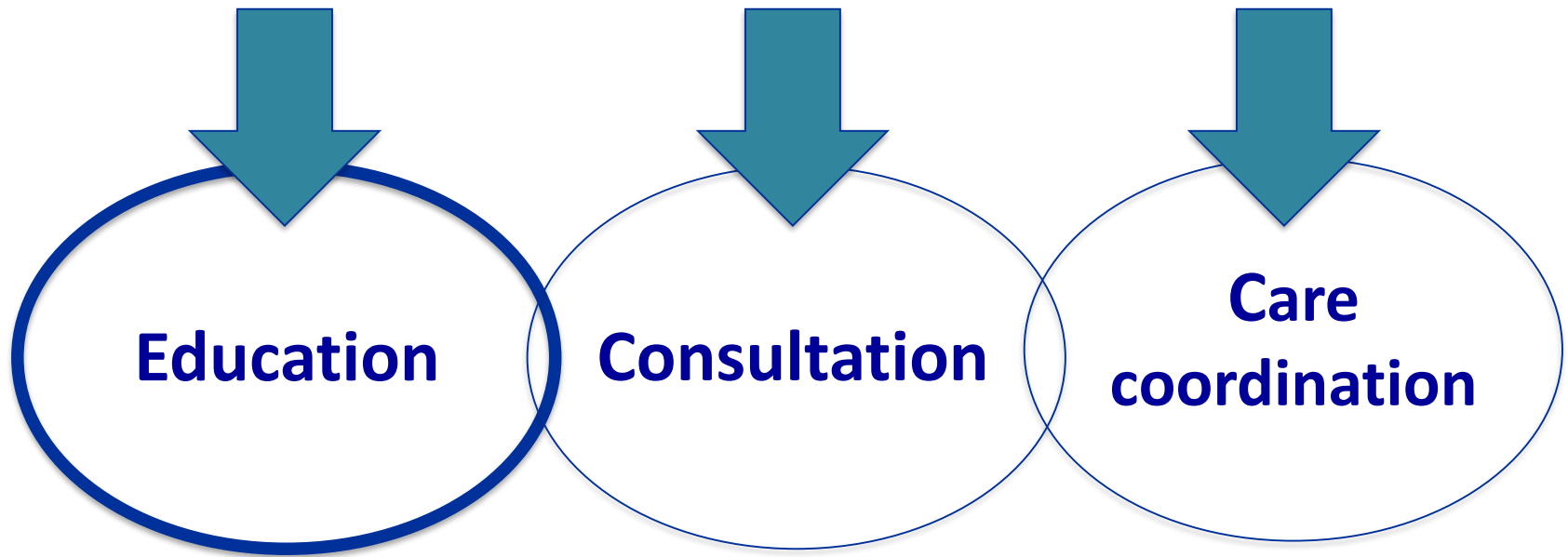


The goal of MCPAP for Moms is to increase the capacity of frontline providers to address perinatal depression

Massachusetts Child Psychiatry Access Project



For Moms



The goal of MCPAP for Moms is to increase the capacity of frontline providers to address perinatal depression

Education occurs through trainings, toolkits, and website resources



Massachusetts Child Psychiatry Access Program
Contact number for providers:
855-Mom-MCPAP (855-666-6272)

Promoting Maternal Mental Health During and After Pregnancy

[About MCPAP for Moms](#) |
 [How We Help Providers](#) |
 [Toolkits and Resources](#) |
 [Our Team](#) |
 [For Mothers and Families](#)



Click Below For Video



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.



One in Seven

One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.

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, pediatricians, 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.

In the News »

FOR PROVIDERS ONLY
Enroll in MCPAP for Moms



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.



Antidepressant Treatment Algorithm
(use in conjunction with Depression Screening Algorithm for Obstetric Providers)

```

graph TD
    Q1[Is patient currently taking an antidepressant?] -- Yes --> B1[If medication has helped and patient is on a low dose: increase dose of current medication (see table below)]
    Q1 -- No --> Q2[Does patient have a history of taking an antidepressant that has helped?]
    Q2 -- Yes --> B2[Prescribe antidepressant that helped patient in the past (see table below)]
    Q2 -- No --> B3[Use sertraline, fluoxetine or citalopram (see table below)]
    B1 --> R[Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment]
    B2 --> R
    B3 --> R
    
```

To minimize side effects, half the recommended dose is used initially for 2 days, then increase in small increments as tolerated.

First line treatment (SSRIs)			
*sertraline (Zoloft) 50-200 mg Increase in 50 mg increments	fluoxetine (Prozac) 20-60 mg Increase in 10 mg increments	citalopram (Celexa) 20-40 mg Increase in 10 mg increments	escitalopram (Lexapro) 10-20mg Increase in 10 mg increments

Second line treatment			
SSRIs	SNRIs	Other	If a first or second line medicine is currently helping, continue it Strongly consider using first or second line medicine that has worked in past
*paroxetine (Paxil) 20-60mg Increase in 10 mg increments	venlafaxine (Effexor) 75-300mg Increase in 75 mg increments	bupropion (Wellbutrin) 300-450mg Increase in 75 mg increments	
*fluvoxamine (Luvox) 50-200mg Increase in 50 mg increments	duloxetine (Cymbalta) 30-60mg Increase in 20 mg increments	mirtazapine (Remeron) 15-45mg Increase in 15 mg increments	

*Considered a safer alternative in lactation because they have the lowest degree of transplacental passage and fewest reported adverse effects compared to other antidepressants. In general, if an antidepressant has helped it is best to continue it during lactation.

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

If no/minimal clinical improvements after 4-8 weeks

- If patient has no or minimal side effects, increase dose.
- If patient has side effects, switch to a different med.

If you have any questions or need consultation, contact MCPAP for Moms at 855-Mom-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 OB 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.

CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272

MCPAP for Moms: Promoting maternal mental health during and after pregnancy
 Revision 04.28.14
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www.mcmapformoms.org
 Tel: 855-Mom-MCPAP (855-666-6272)

Massachusetts Child Psychiatry Access Project



For Moms



The goal of MCPAP for Moms is to increase the capacity of frontline providers to address perinatal depression

We serve all providers for pregnant and postpartum women



**Obstetric
providers/
Midwives**

**Family
Medicine**

**Primary
Care
providers**

**Psychiatric
providers**

**Pediatric
providers**

We serve all providers for pregnant and postpartum women



**Obstetric
providers/
Midwives**

**Family
Medicine/
Primary Care
providers**

**SUD
providers**

**Psychiatric
providers**

**Pediatric
providers
5%**



**Telephone
Consultation**



**Discuss potential
management
strategies**

**Recommend a Face
to Face Evaluation**

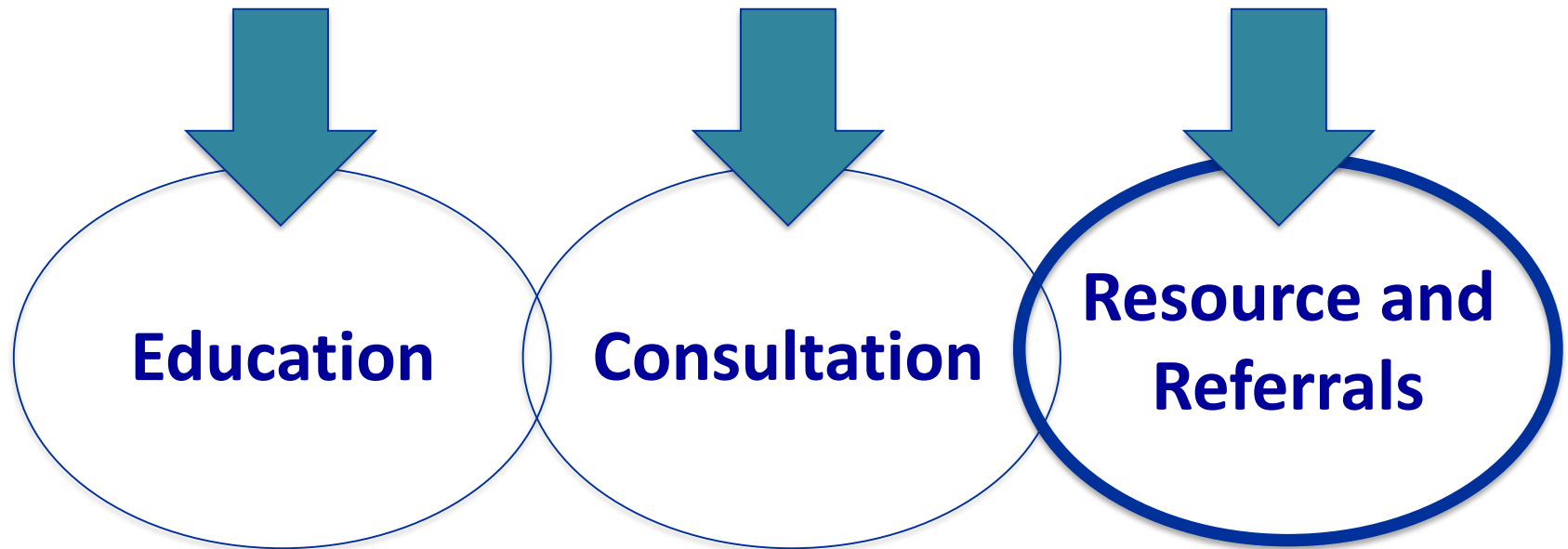
**Refer to the
community**



Massachusetts Child Psychiatry Access Project

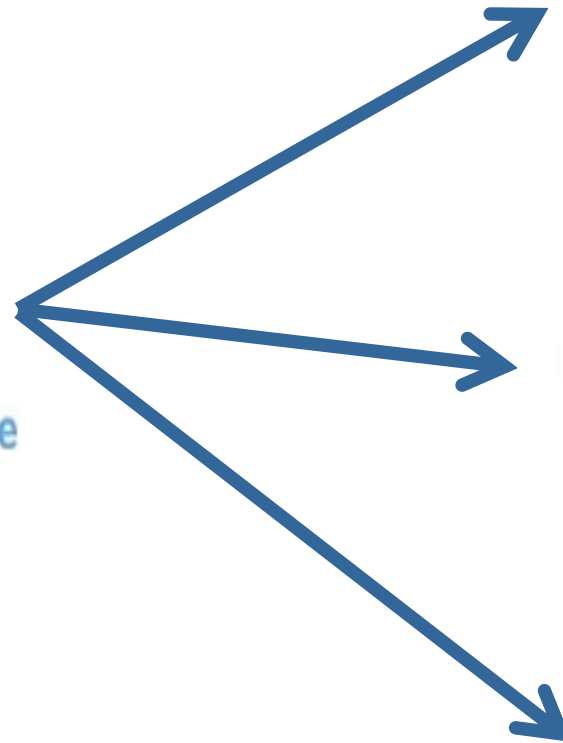


For Moms



The goal of MCPAP for Moms is to increase the capacity of frontline providers to address perinatal depression

Resources and referrals to link with therapy, support groups, and community resources



Support the wellness and mental health of perinatal women

**Phone lines and other resources went live
July 1, 2014**



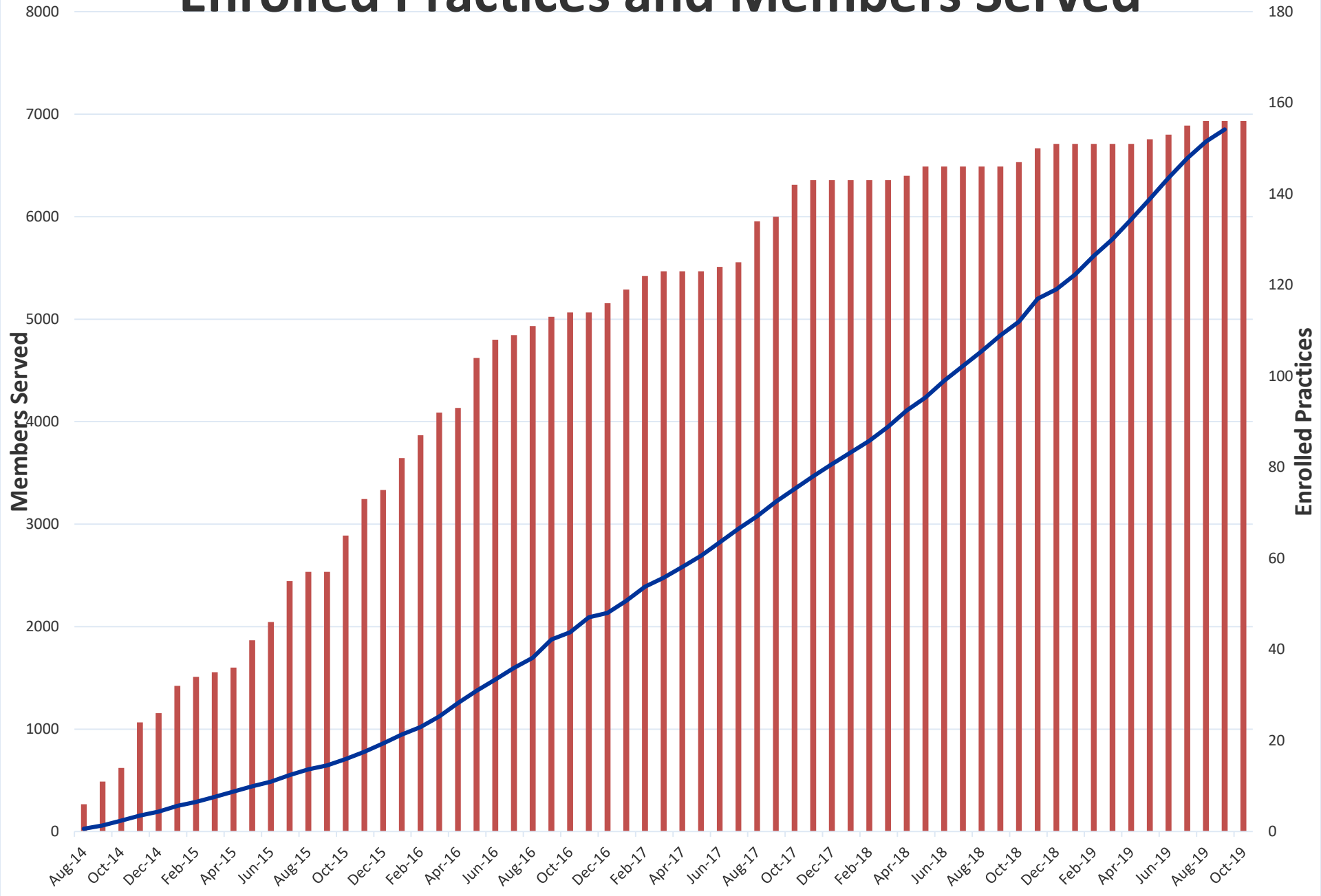
Since our launch in July 2014, MCPAP for Moms has served many providers and parents

OB Practices Enrolled	156 (75%)
Women Served	7,041
Doc-doc Telephone Encounters	4,211
Face to Face Evaluations	654
Resource and Referral Encounters	8,224

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Enrolled Practices and Members Served





**2013-2014
Depression**



**2016
Depression
Anxiety**



**2017
Bipolar
Disorder**



**2018
Substance
Use
Disorder**



**2019
Inequities,
Disparities,
TIC, ACEs,
SDoH**



U.S. Preventive Services Task Force

Untreated depression comes at a high cost

\$32,000/yr



~\$250 Million/yr



MCPAP for Moms costs are low

\$32,000/yr



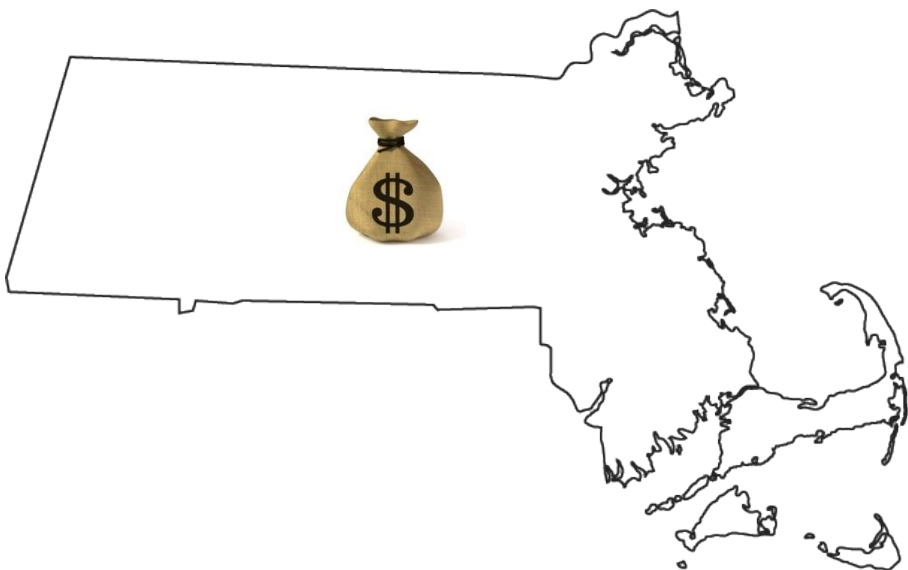
\$11.81/yr
\$0.98/month



~\$250 Million/yr



\$850,000/yr



50% is recuperated through legislated surcharge to commercial insurers

\$32,000/yr



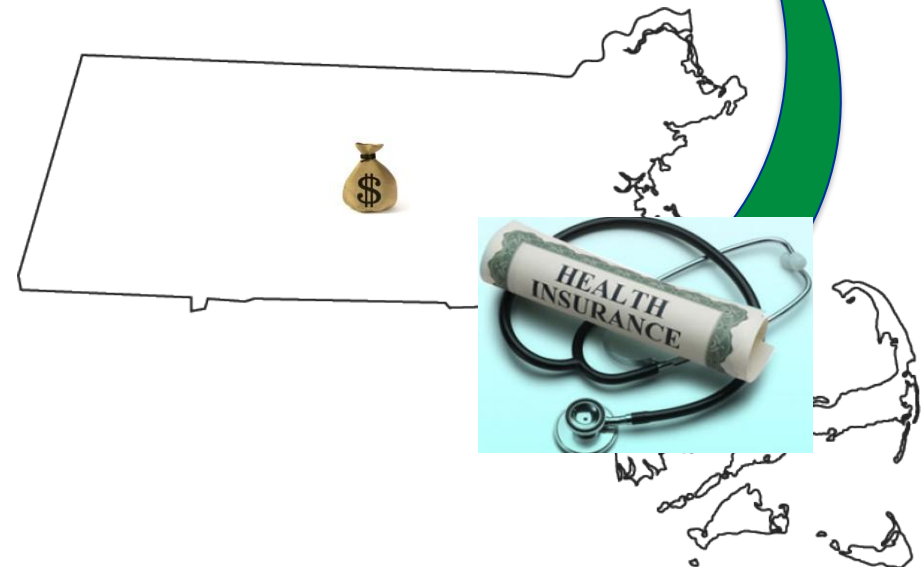
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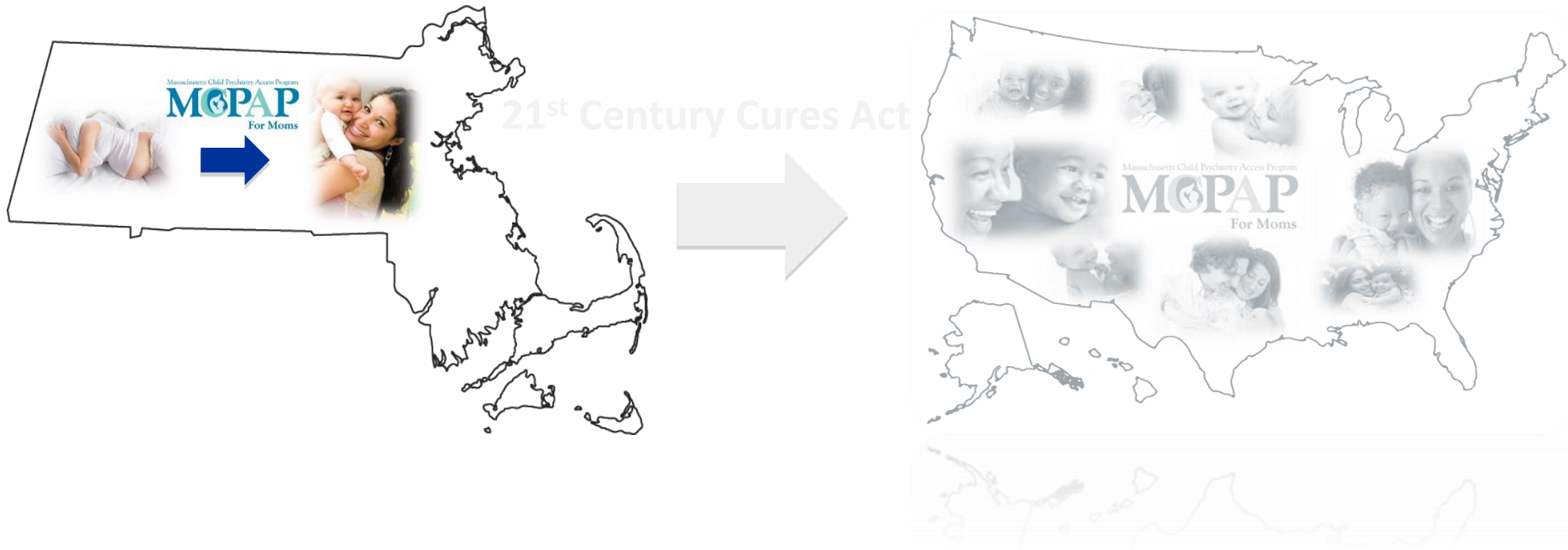
~\$250 Million/yr



\$850,000/yr

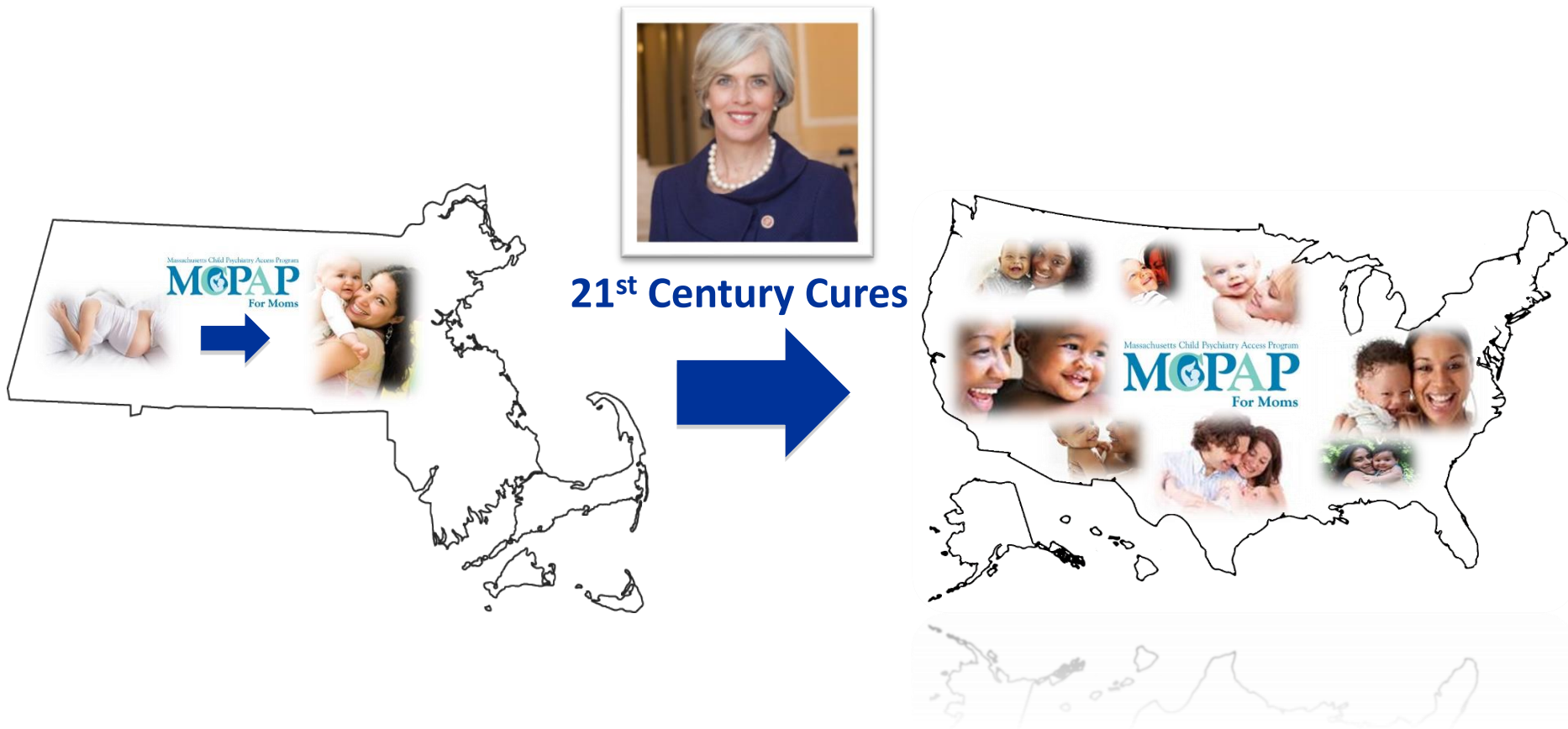


With MCPAP for Moms, all women across MA have access to evidence-based mental health & SUD tx



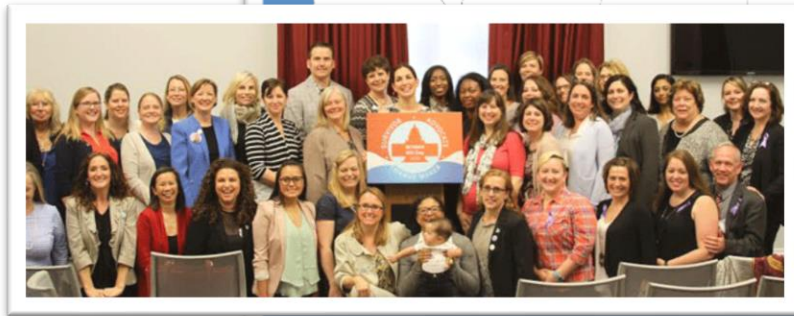
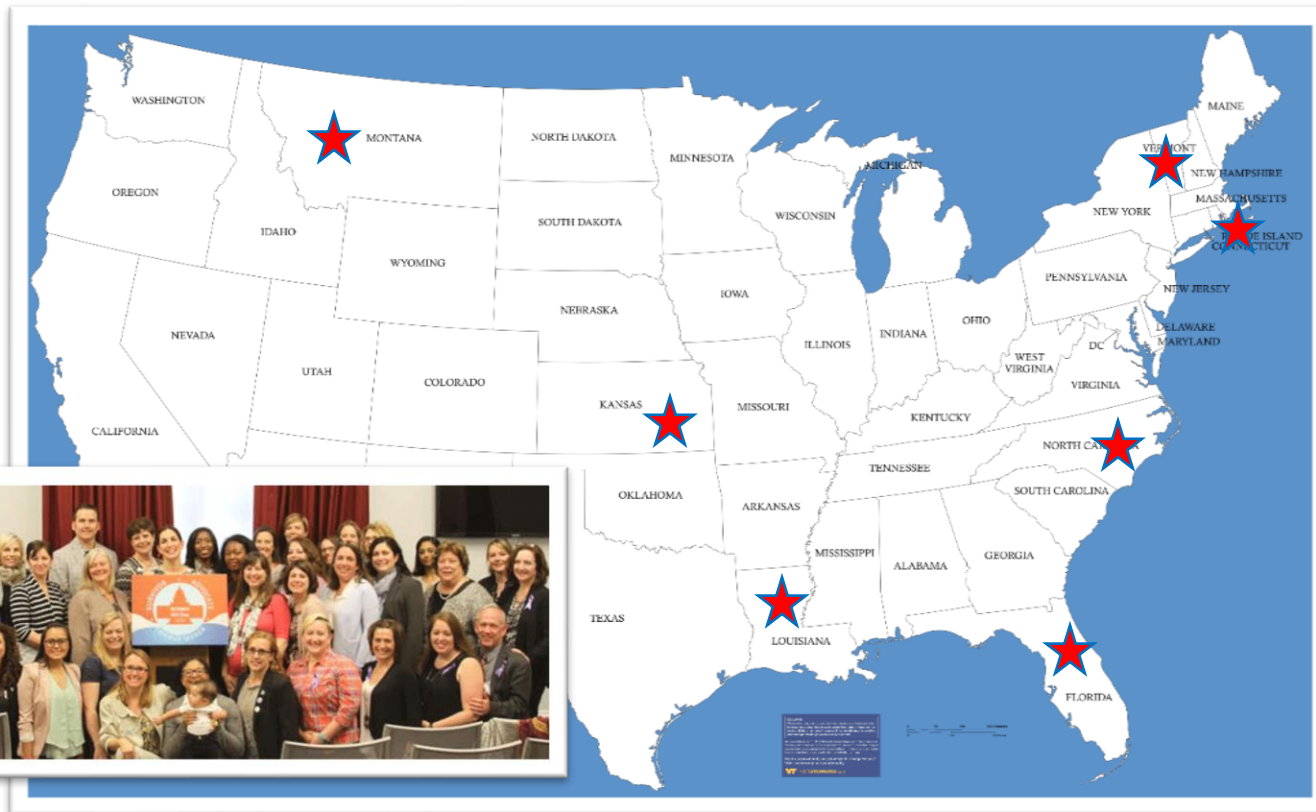
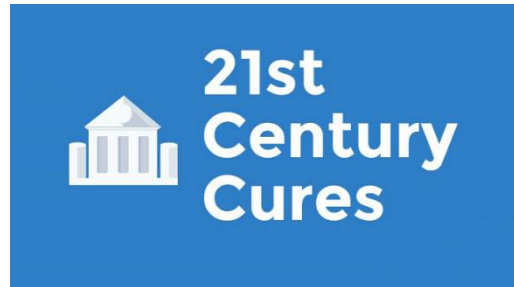
MCPAP for Moms can serve as model for other states in the US

With MCPAP for Moms, all women across MA have access to evidence-based mental health & SUD tx



MCPAP for Moms has served as model for others states in the US

7 states have HRSA-funded programs



Supporting Frontline Providers: Development of a Consultation Line and Telepsychiatry Clinic to Support Rural Medical Homes in Identification and Treatment of Perinatal Behavioral Health Disorders

Mary Kimmel, MD

NC Maternal Mental Health MATTERS



The Rhode Island MomsPRN Program: A partnership designed to ensure state-wide perinatal behavioral and substance use disorders detection and referral

Margaret Howard, PhD

MomsPRN



The Lifeline4Moms Network: Unifying Perinatal Psychiatry Access Programs to Enhance Quality and Impact

Nancy Byatt, DO, MS, MBA

MCPAP for Moms
Lifeline4Moms



Disclosure: Nancy Byatt, DO, MS, MBA

	Employment	Management	Independent Contractor	Consulting	Speaking and Teaching	Board, Panel or Committee Membership
Miller Medical Communications					D	
Mathmatica						D
Ovia Health			D	D		
Sage Therapeutics				D	D	D
UMass Memorial Medical Center/UMass Medical School	D	D				
WebMD					D	

Perinatal Psychiatry Access Programs need to be tailored for each state or health care system



Perinatal Psychiatry Access Programs are being implemented and funded in various ways



Partnership Access
Line (PAL) For
Moms
206-268-2924
[Click to learn more!](#)



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THE
PERISCOPE
PROJECT
PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

MC3M

Michigan Child Collaborative Care Program for Moms

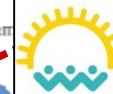
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MomsPRN
MATERNAL Psychiatry
Resource Network

nc
pal

Perinatal
Psychiatry

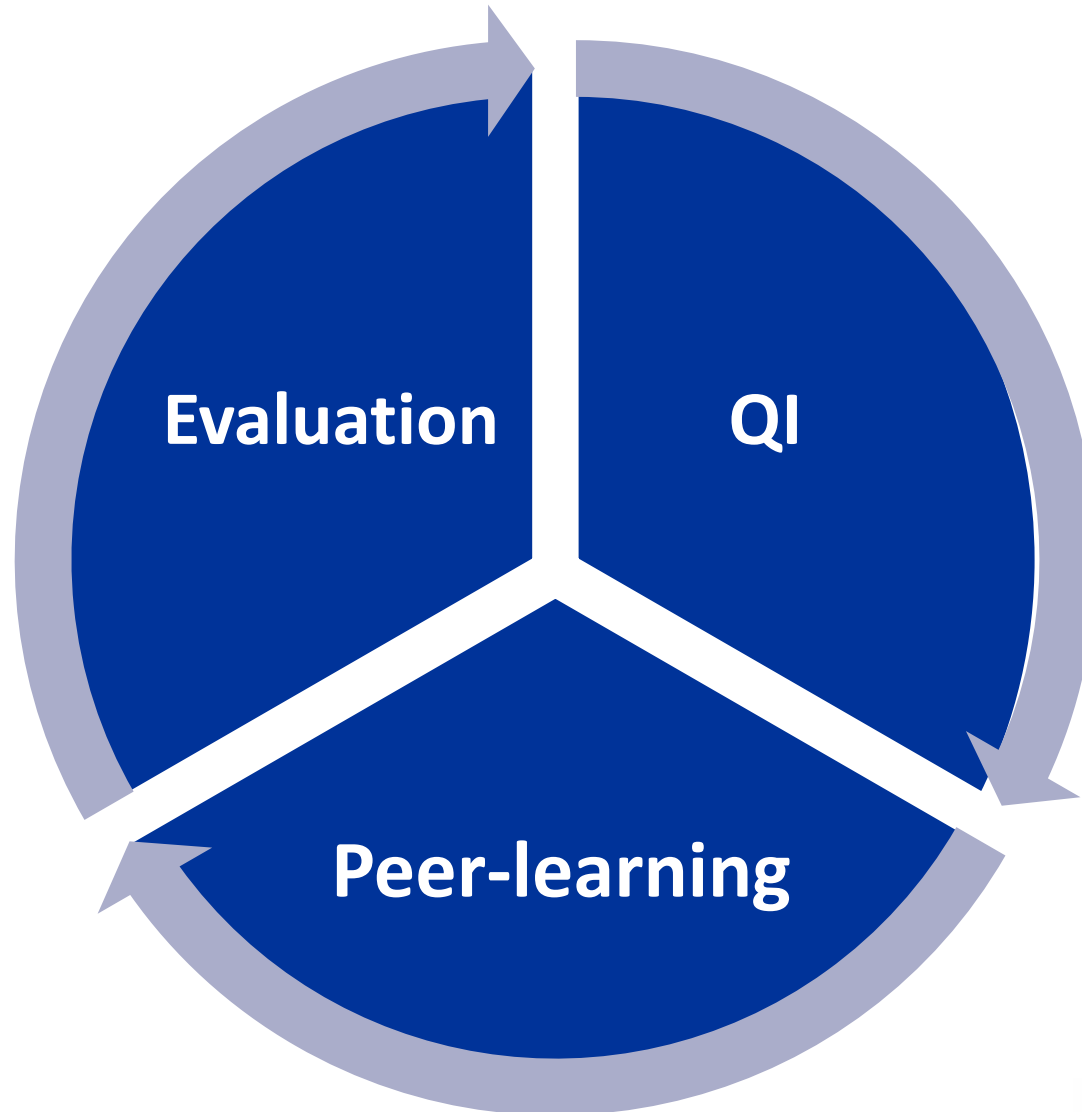


Florida BH IMPACT
Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health

The Lifeline4Moms Network aims to improve maternal & child health through Access Programs



**The Network aims to unify programs across the US
in the pursuit of a common mission**



Our members are from across the US and beyond



Partnership Access
Line (PAL) For
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206-268-2924
[Click to learn more!](#)



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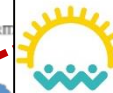
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MomsPRN
MATERNAL Psychiatry
Resource Network

**nc
pal**

Perinatal
Psychiatry



Florida BH IMPACT
Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health

International members



We facilitate peer-learning across programs

Resource sharing

- MCPAP for Moms toolkits and trainings
- Lifeline4Moms Tracker as template for program databases
- Provider self-efficacy and practices tool
- Lifeline4Moms Toolkit for Perinatal Mood and Anxiety Disorders

In-person summits

- June, October

Webinars

- Monthly

Inaugural summit in June 2019



Key steps for developing a Perinatal Psychiatry Access Program

TRAINING MATERIALS

Develop and refine training and toolkits

Pediatric materials

INFRASTRUCTURE

Develop and populate resource and tracking databases

Website and marketing

PROVIDER EDUCATION

Grand Rounds and Practice Training and Enrollment

WORKFORCE DEVELOPMENT

Program
Leadership

Community
Partners

Resource
and Referrals

Perinatal
Psychiatrists

Obstetric
partners

We facilitate program evaluation and QI

Basic Program Evaluation

- **Enrollment**
- **Utilization**

HRSA/DPH/other requirements

- **Screening rates**
- **Provider self-efficacy**

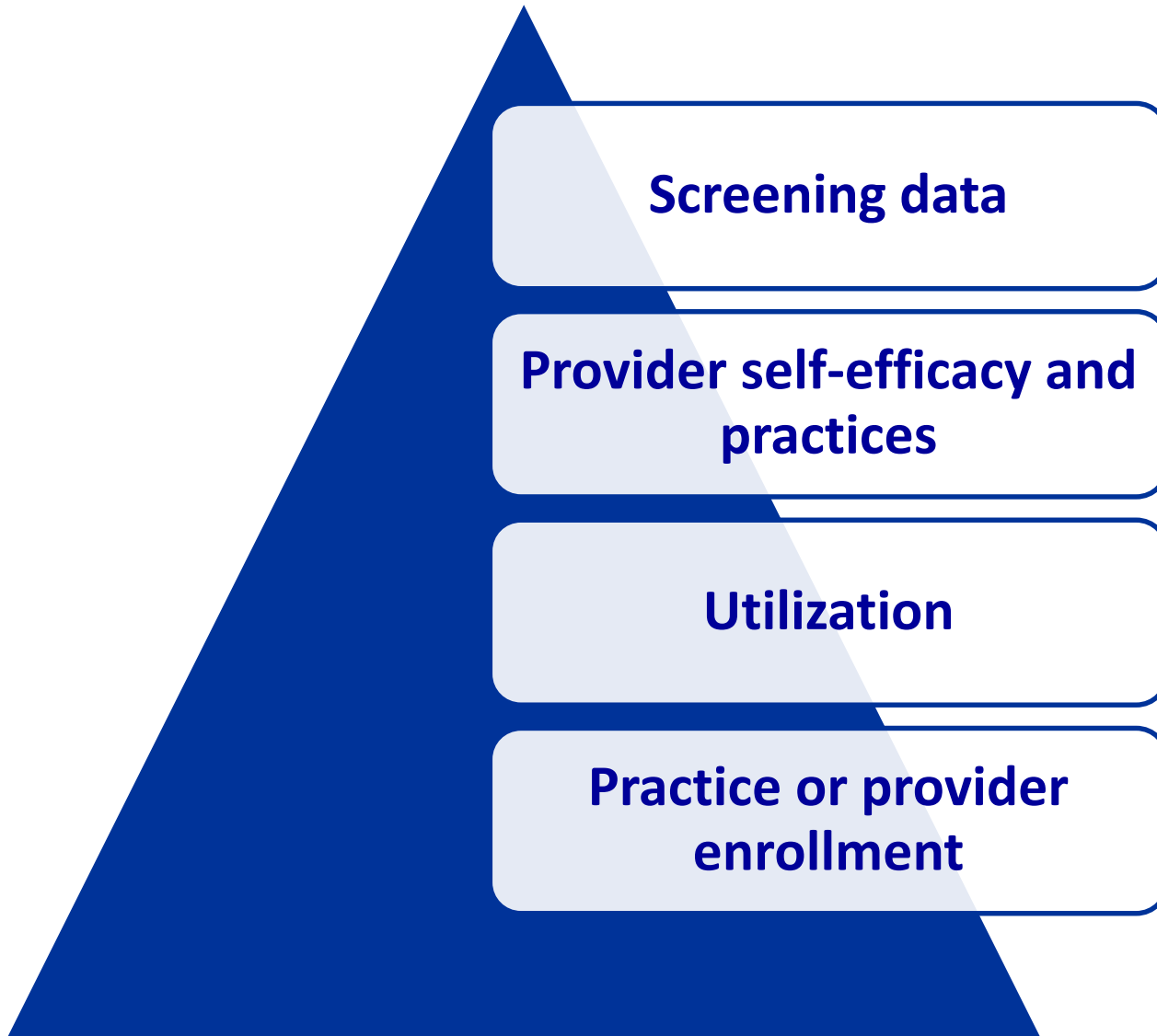
Quality Improvement

- **Which program components increase provider utilization?**

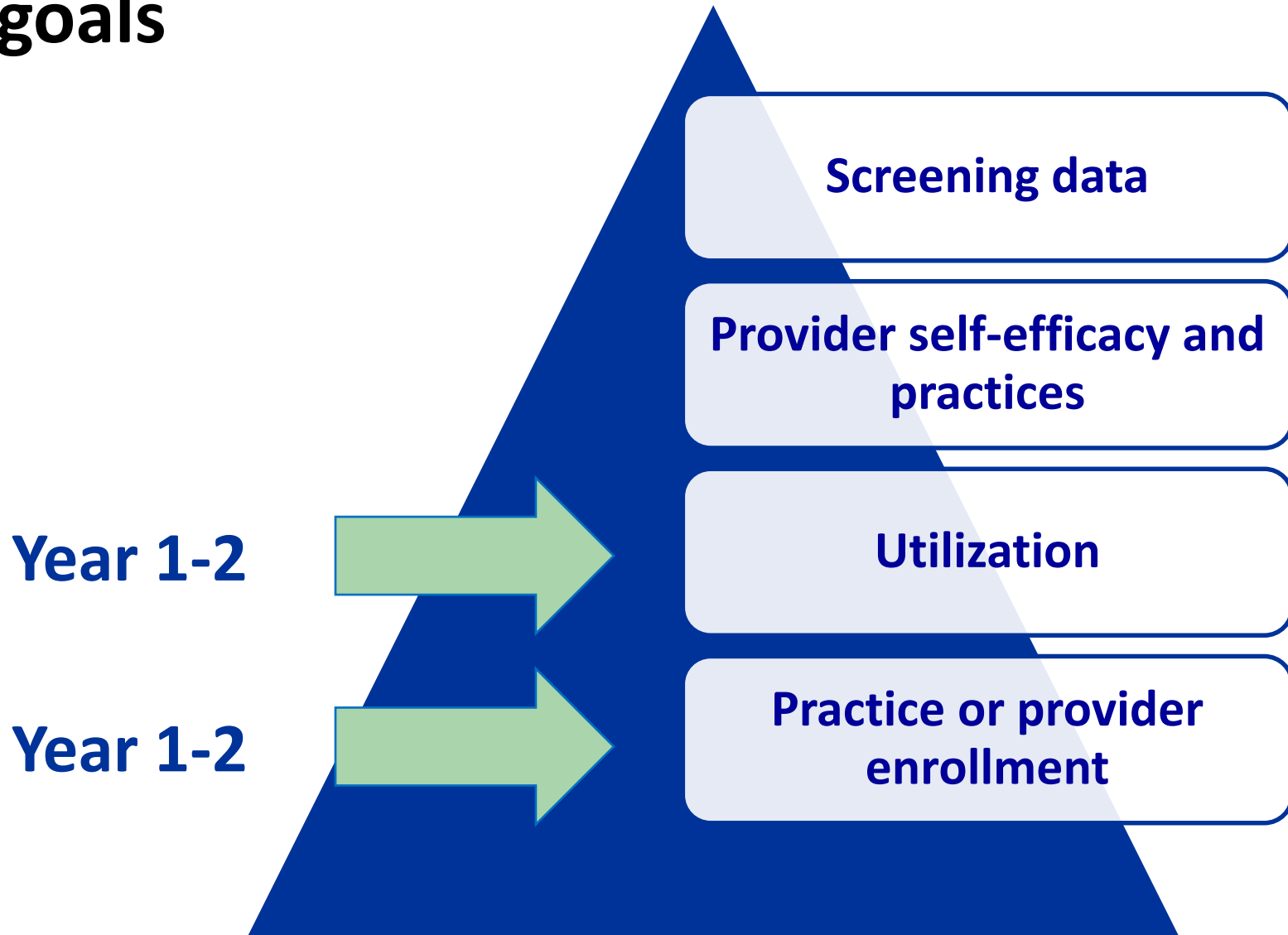
Sustainability

- **Data needed for continued funding**

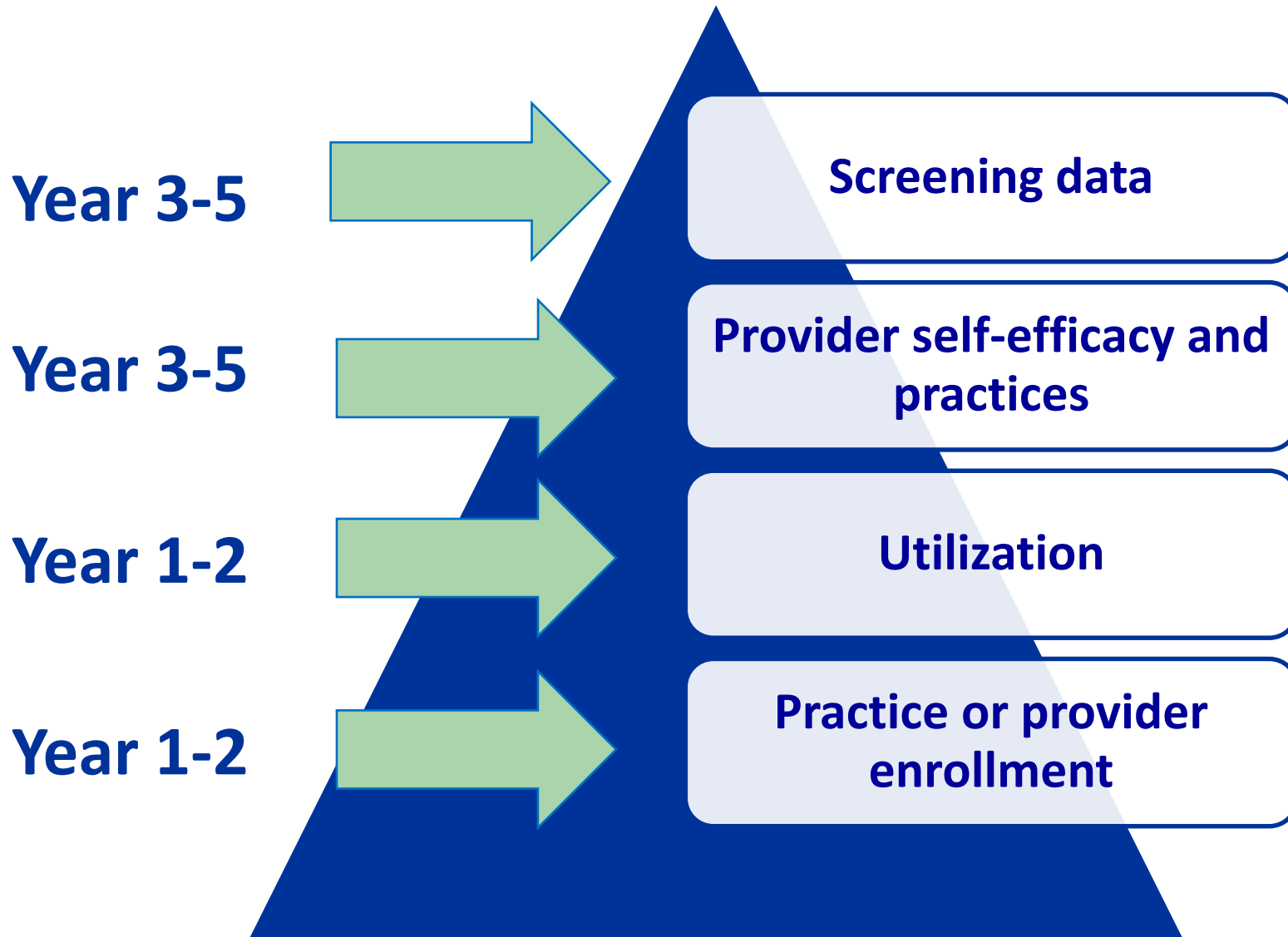
There are several data sources



Year 1 and 2 goals may differ from year 3-5 goals



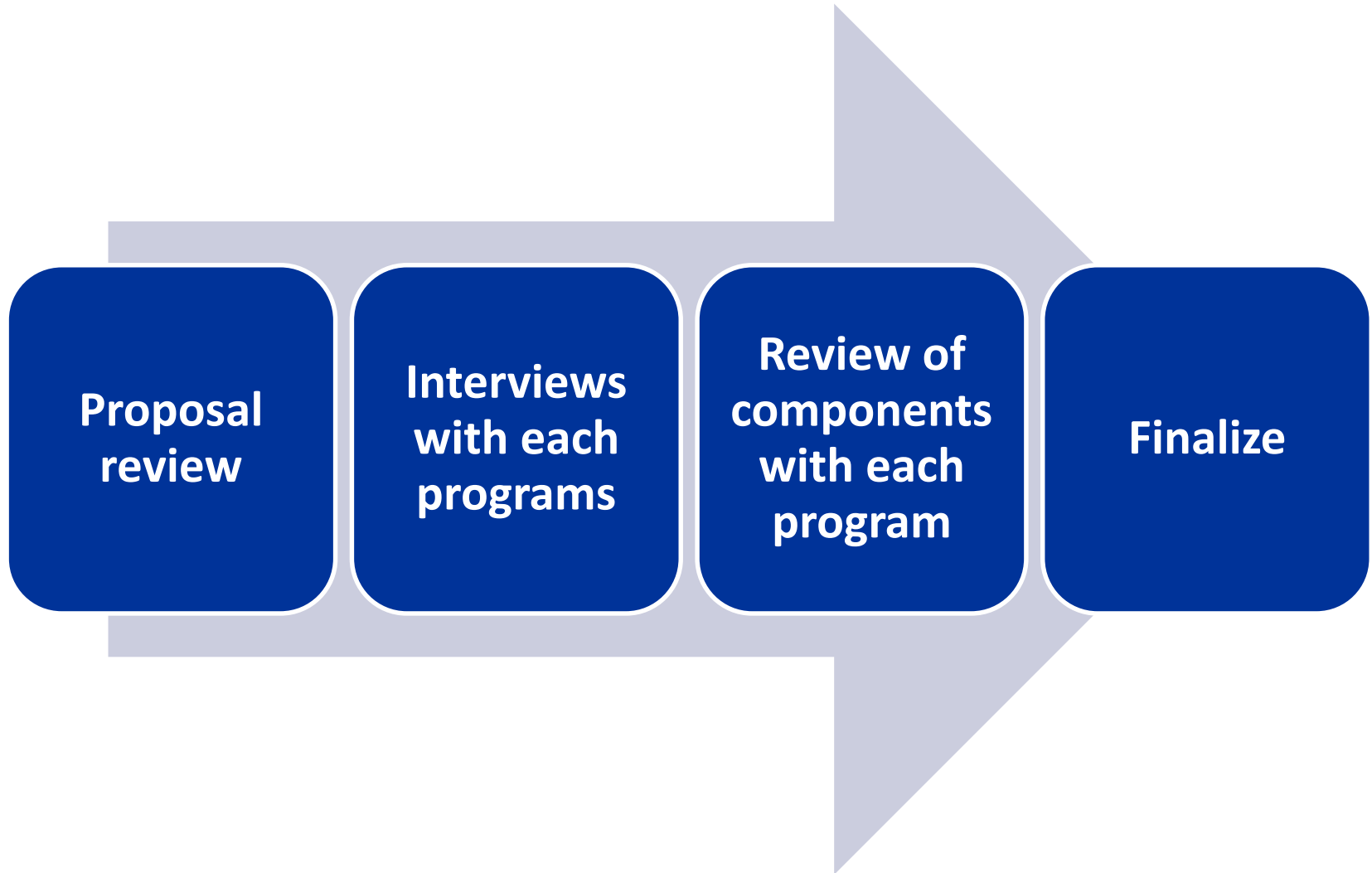
Year 3-5 goals may be more ambitious



The Network is operationalizing and tracking program components for evaluation



Operationalization of program components and subcomponents



Sample evaluation question

Evaluation Question	Exposure	Outcome	Data Source
To what extent does provider utilization of a Perinatal Psychiatry Access Program improve provider practices regarding perinatal mental health and substance use disorders?	Provider utilization	Provider practices	Number of provider encounters Survey questions

Sample evaluation question

Evaluation Question	Exposure	Outcomes	Data Source
Which Perinatal Psychiatry Access Program components improve enrollment and utilization?	Program components	Enrollment Utilization	Number of provider encounters Number of enrolled practices

Sample evaluation question

Evaluation Question	Exposure	Outcomes	Data Source
To what extent does provider utilization of a Perinatal Psychiatry Access Program improve screening for PMADs and SUDs?	Provider utilization	Screening rates	Number of provider encounters Survey questions Chart abstraction

We are documenting and tracking program components



Program features	Program Name
Training	
Toolkits	X
In-person	X
Webinars	
Implementation assistance & support	
Onsite assistance	
Consultation	
Telephone consult line	X
Face-to-face consults/one-time evaluation	
Telepsychiatry consults	X
Email/e-consults	X
Resource & referral	
Referral database	X
Coordinator personnel/direct referral assistance	
Direct referral to patient	

Program Component	Massachusetts	Washington	Wisconsin
Training and toolkits	✓	✓	✓
Consultation	✓	✓	✓
Resource and referral	✓	✓	

Program Component	Massachusetts	Washington	Wisconsin
Training and toolkits	✓	✓	✓
Consultation	✓	✓	✓
Resource and referral	✓	✓	
Context (e.g., legislation, funding, complementary programs)			

The Network is facilitating and tracking use of common data fields

Total encounters

Telephone encounters

Face-to-face encounters

Total R&Rs made

R&Rs made - pt contact

R&Rs made - provider contact

Total trainings

Total providers trained

Types of providers trained

Type/discipline of person calling

Reason for Access Program
contact

Illnesses discussed in encounter

Treatments/recommendations
discussed

Calling provider willing to
prescribe

Outcome of encounter

Next steps after encounter

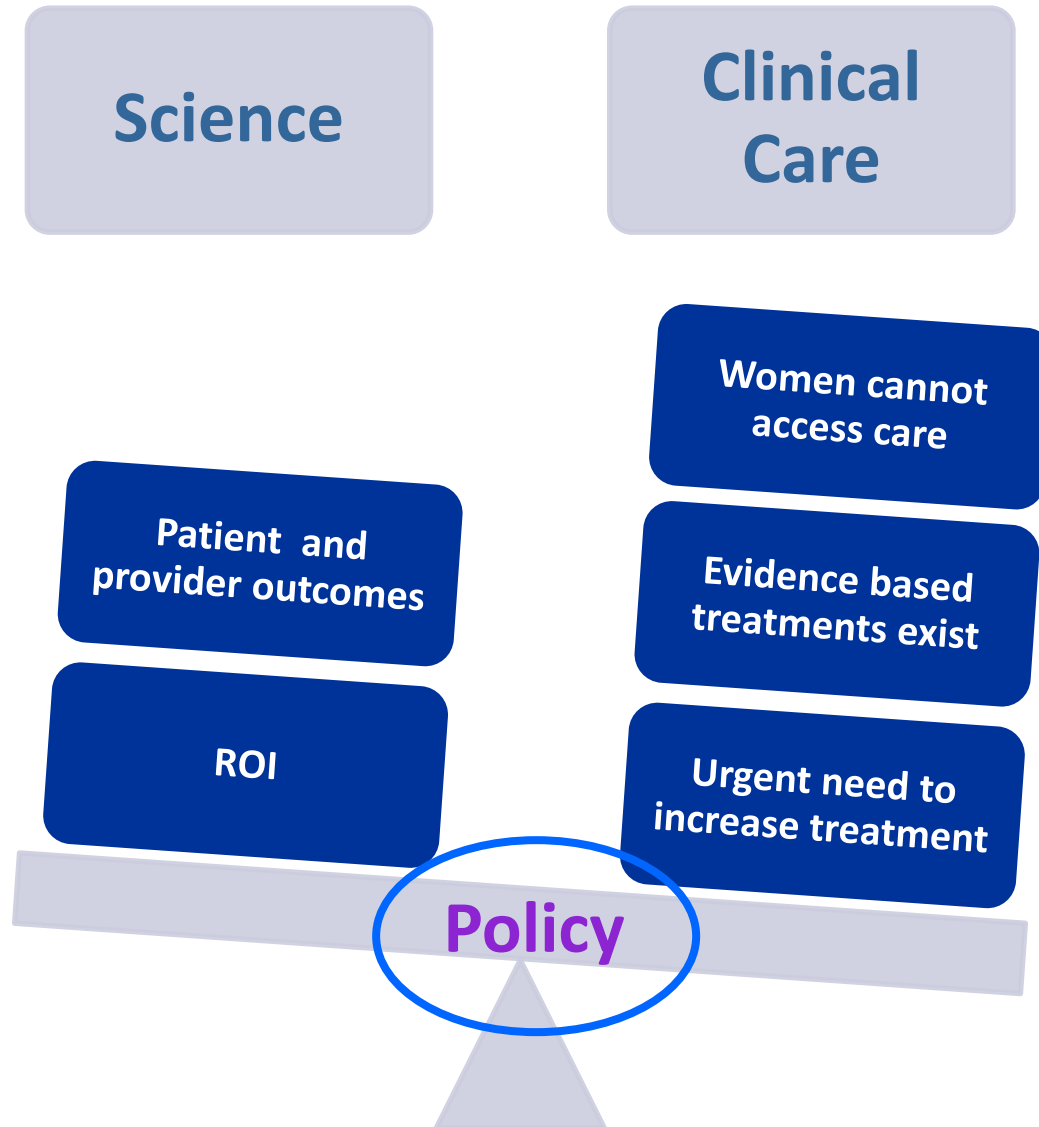
Types of referrals made

Party to whom resources should
be sent

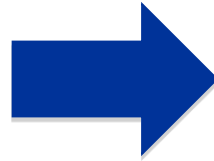
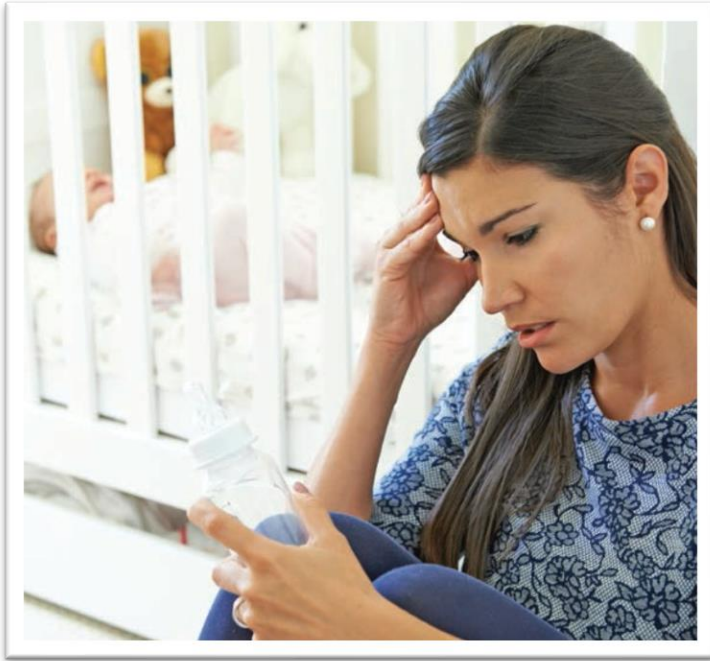
Screening tools used

Gestational status

We are laying the foundation to develop an evidence base and to answer remaining questions



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 maternal and child care providers are changing

Panel discussion



Please contact us with additional questions
www.lifeline4moms.org



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Thank you!

QUESTIONS?



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Thank you!