



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

Speakers



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**MCPAP for Moms
Lifeline4Moms**



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MD**

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



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

100%

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



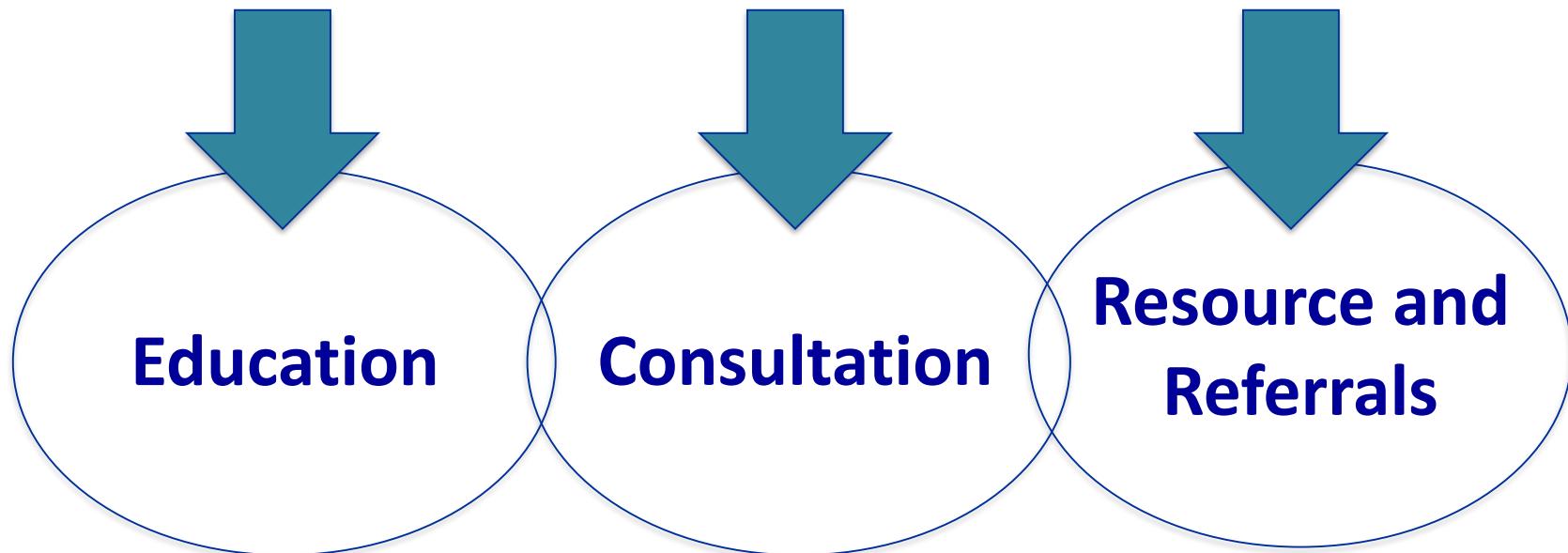
Perinatal mental health is recognized as a major public health problem



MA passed legislation related to PPD

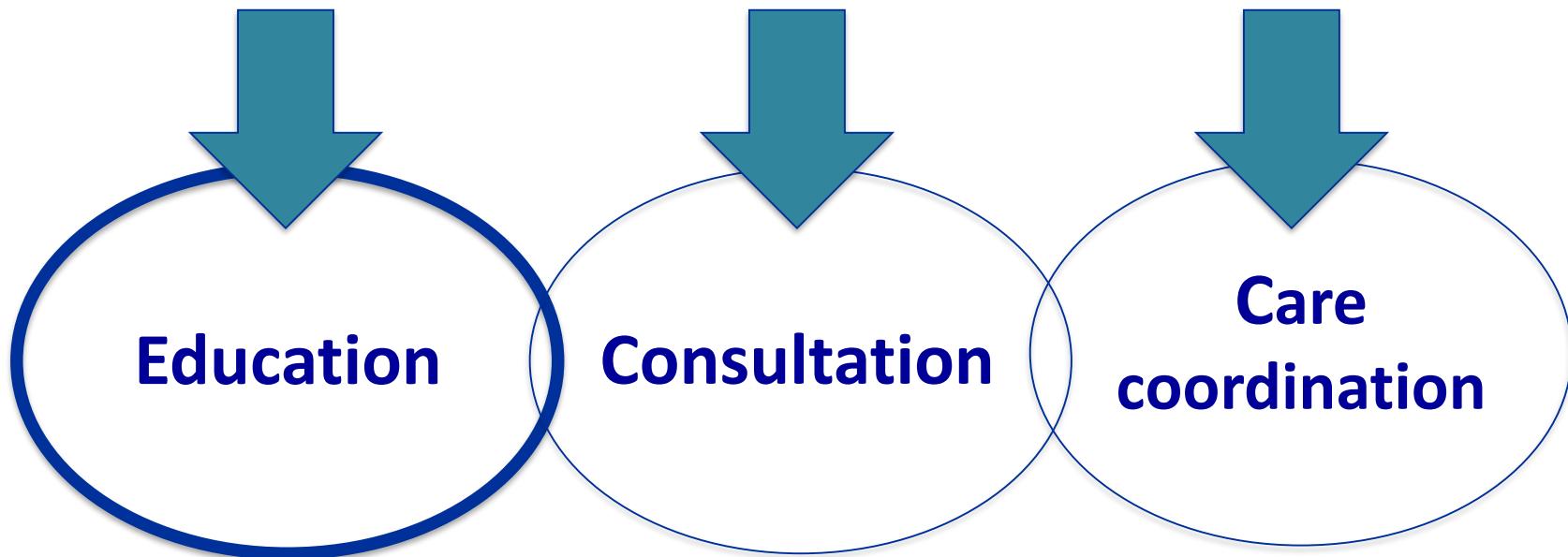


Massachusetts Child Psychiatry Access Project



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

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Education occurs through trainings, toolkits, and website resources

MCPAP For Moms

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.

Provider Resources

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.

In the News »

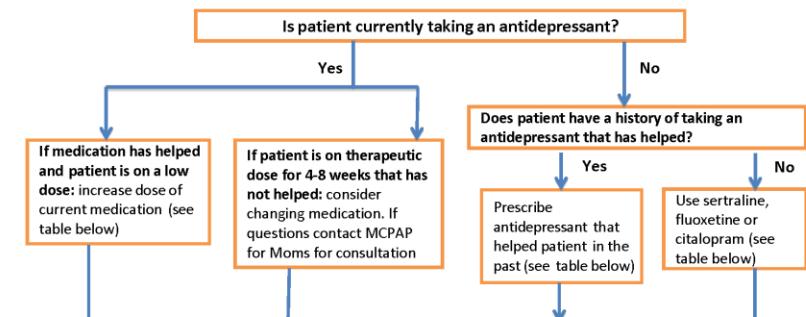
FOR PROVIDERS ONLY
Enroll in MCPAP for Moms



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.

MCPAP For Moms

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



```
graph TD
    A[Is patient currently taking an antidepressant?] -- Yes --> B[If medication has helped and patient is on a low dose: increase dose of current medication (see table below)]
    A -- Yes --> C[If patient is on therapeutic dose for 4-8 weeks that has not helped: consider changing medication. If questions contact MCPAP for Moms for consultation]
    A -- No --> D[Does patient have a history of taking an antidepressant that has helped?]
    D -- Yes --> E[Prescribe antidepressant that helped patient in the past (see table below)]
    D -- No --> F[Use sertraline, fluoxetine or citalopram (see table below)]
    B --> G[To minimize side effects, half the recommended dose is used initially for 2 days, then increase in small increments as tolerated.]
    C --> G
    E --> G
    F --> G
```

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
*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	Strongly consider using first or second line medicine that has worked in past
*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:

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-Mom-MCPAP (855-666-6272)

If clinical improvement and no/minimal side effects

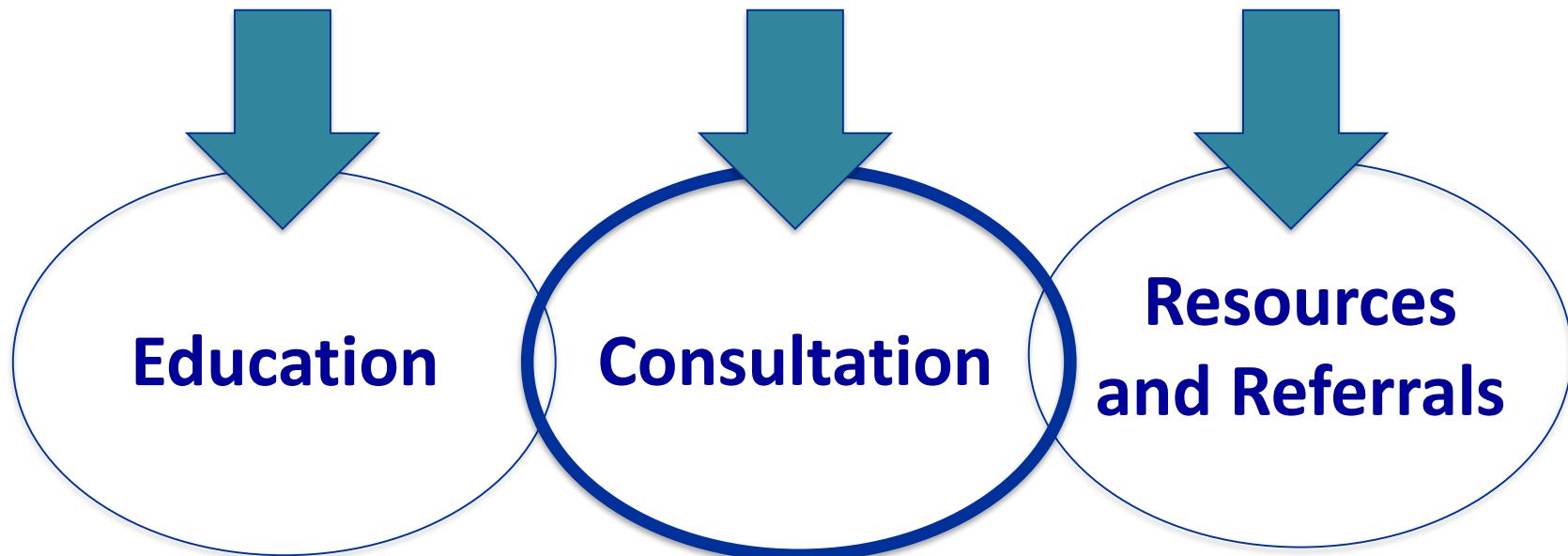
Reevaluate every month and at postpartum visit. Refer back to patient's provider and/or clinical support staff for psychiatric care once OB care is complete. Contact MCPAP for Moms if it is difficult to coordinate ongoing psychiatric care. Continue to engage woman in psychotherapy, support groups and 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.mcpapformoms.org
Tel: 855-Mom-MCPAP (855-666-6272)

Massachusetts Child Psychiatry Access Project



The goal of MCPAP for Moms is the 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

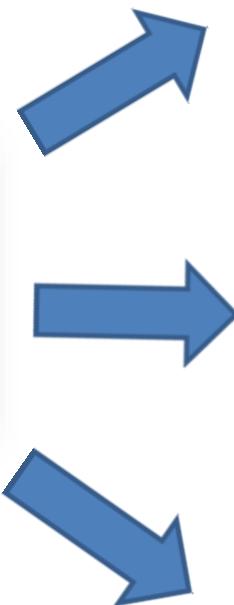
SUD
providers

Psychiatric
providers

Pediatric
providers
5%



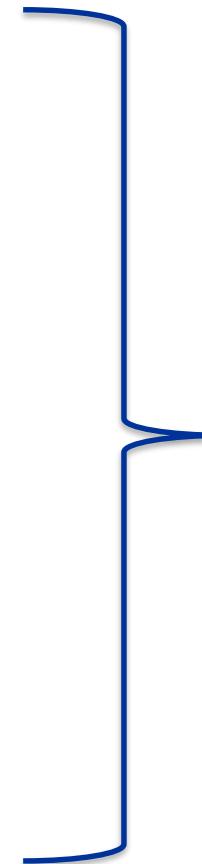
Telephone
Consultation



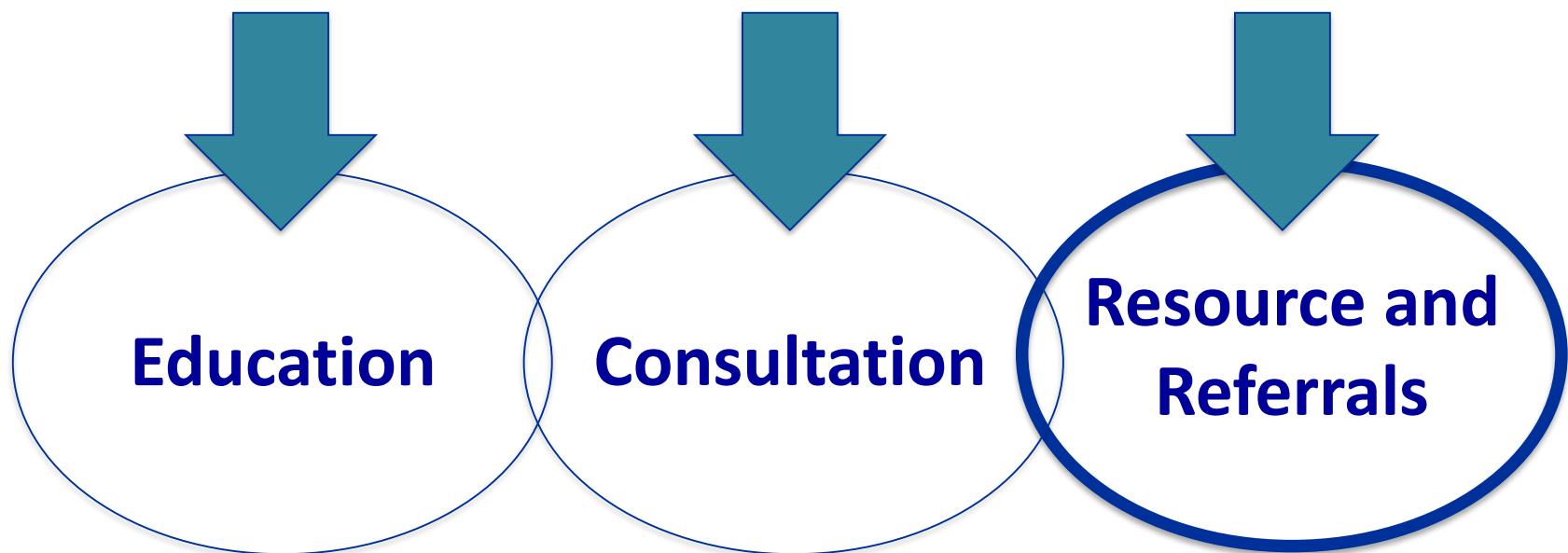
**Discuss potential
management
strategies**

**Recommend a Face
to Face Evaluation**

**Refer to the
community**



Massachusetts Child Psychiatry Access Project



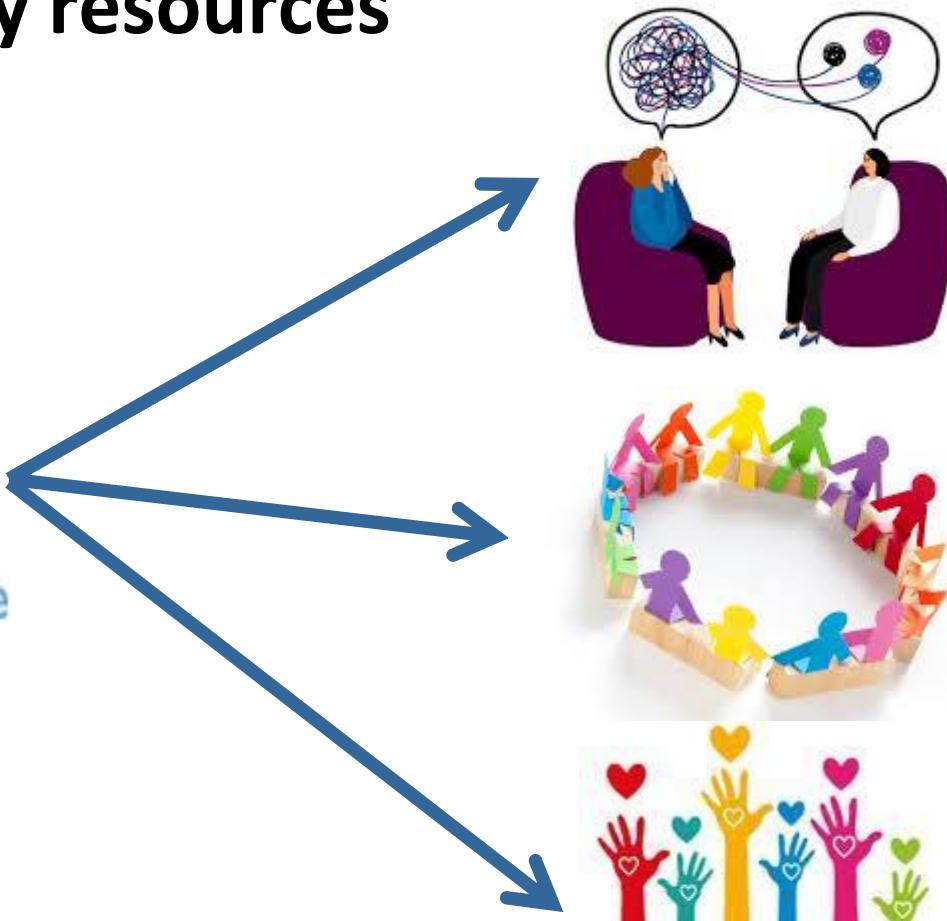
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Resources and referrals to link with therapy, support groups, and community resources



WILLIAM JAMES
COLLEGE
INTERFACE Referral Service

**Support the wellness and mental
health of perinatal women**



Community
Resources

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



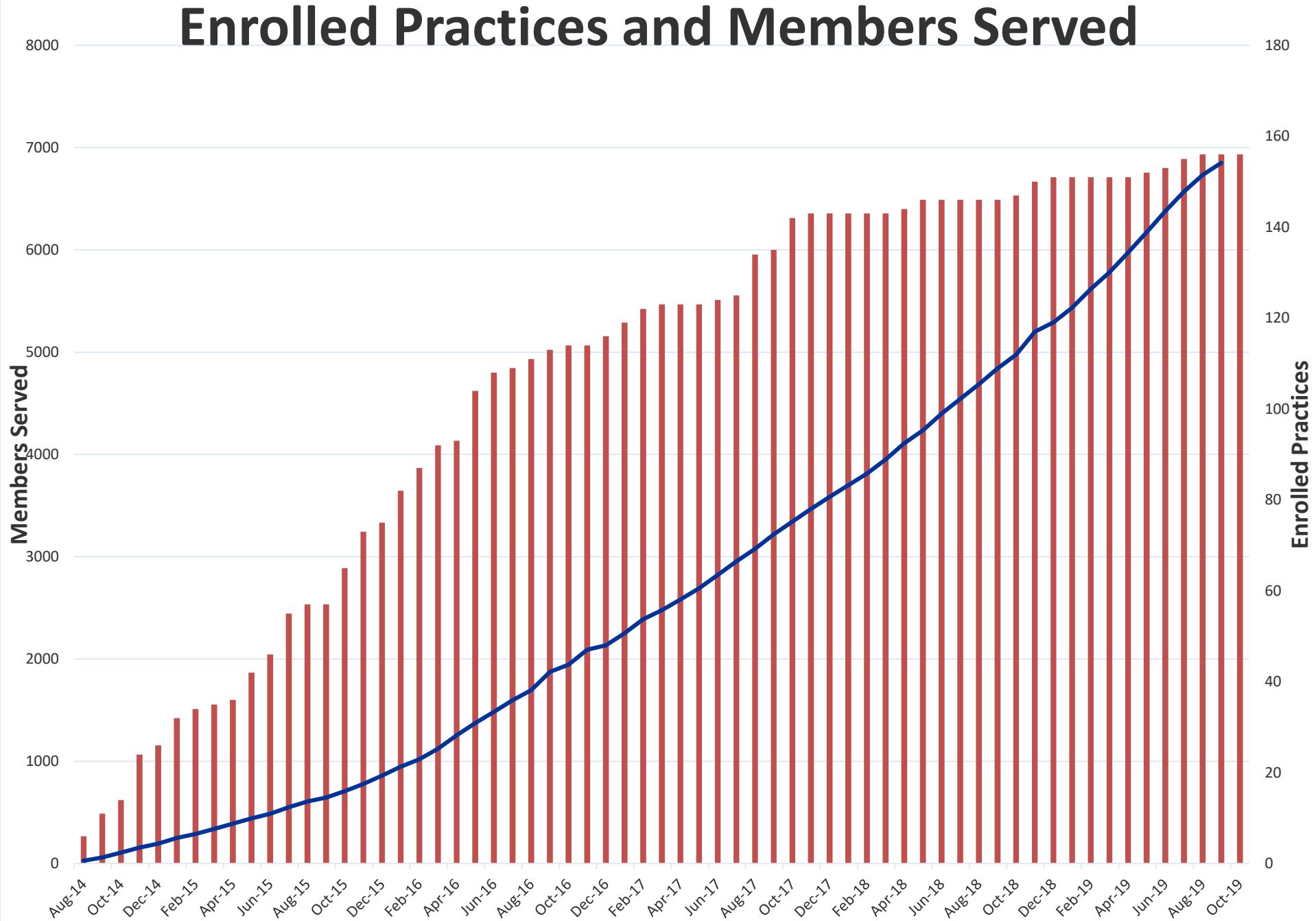
Since our launch in July 2014, MCPAP for Moms has served many providers and parents

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**



Untreated depression comes at a high cost

\$32,000/yr



~\$250 Million/yr



MCPAP for Moms costs are low

\$32,000/yr

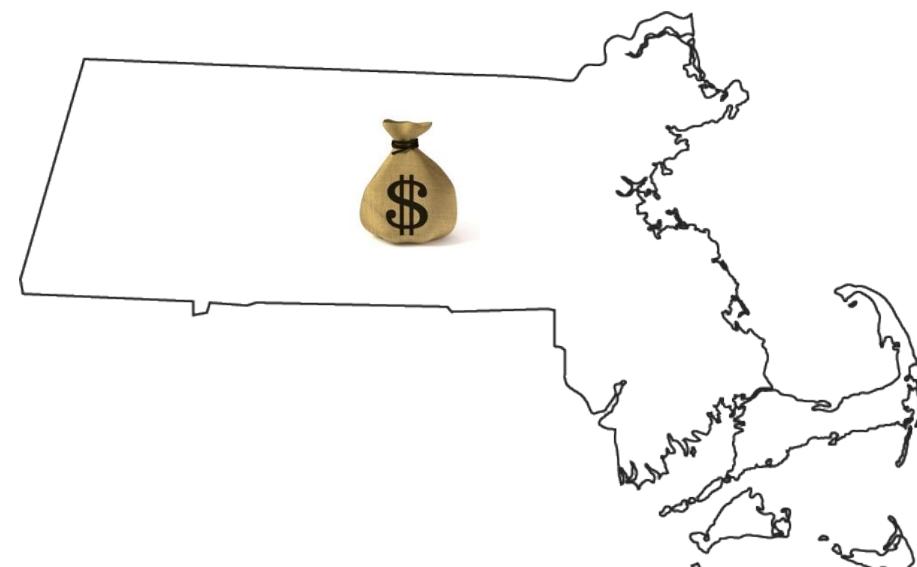


**\$11.81/yr
\$0.98/month**

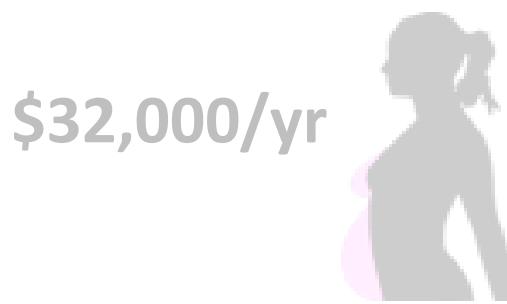


~\$250 Million/yr

\$850,000/yr



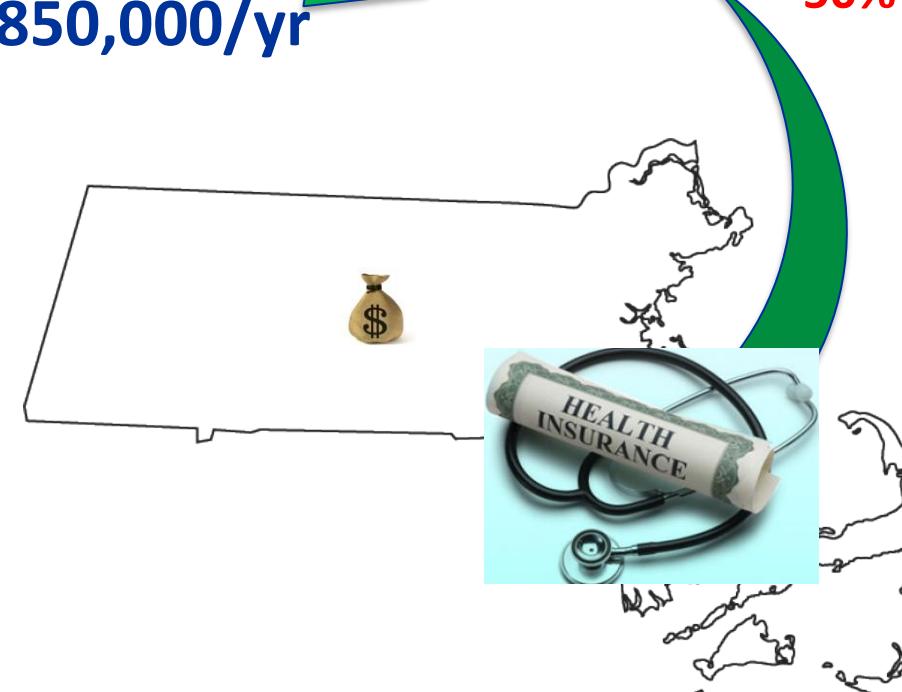
50% is recuperated through legislated surcharge to commercial insurers



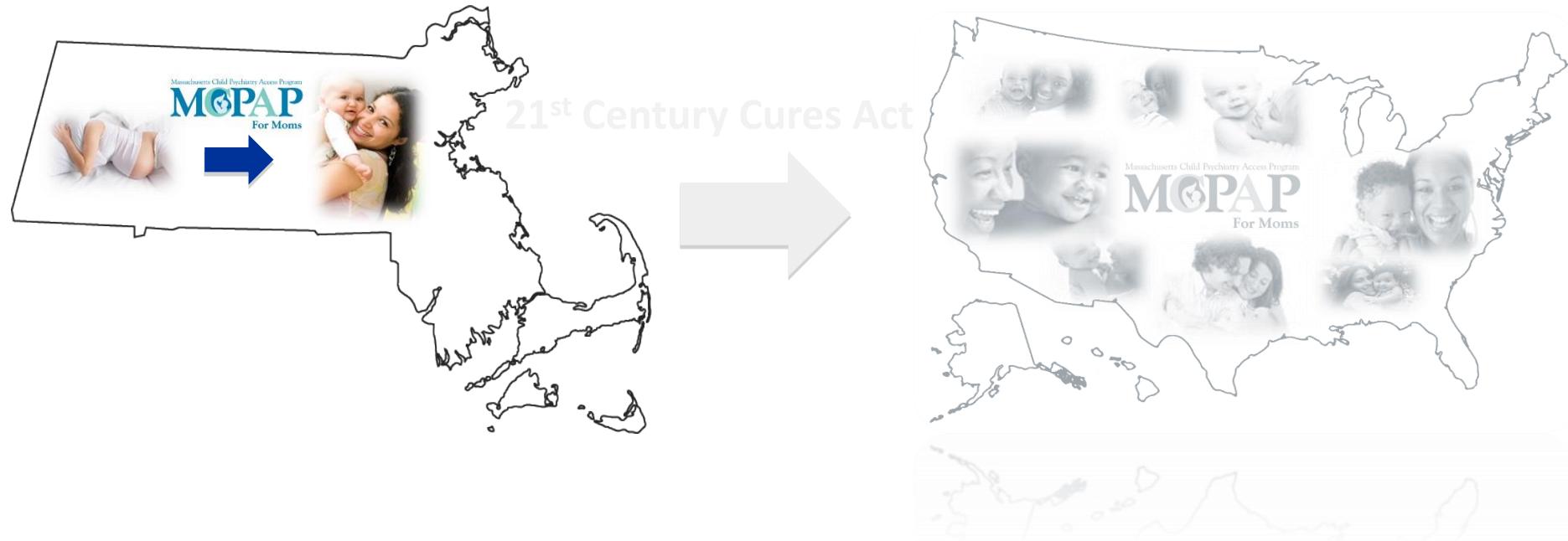
~\$250 Million/yr



\$850,000/yr

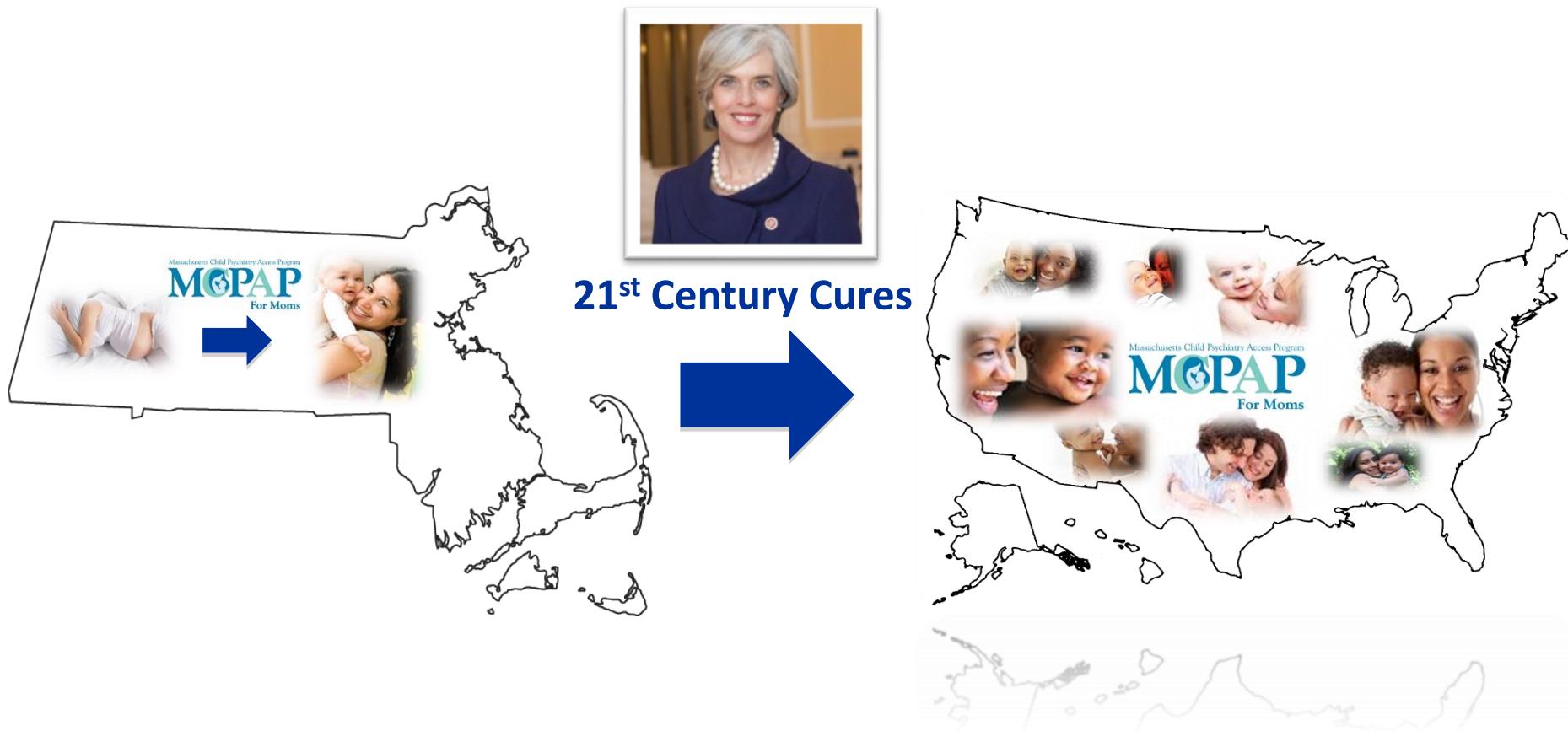


With MCPAP for Moms, all women across MA have access to evidence-based mental health & SUD tx



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!](#)



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



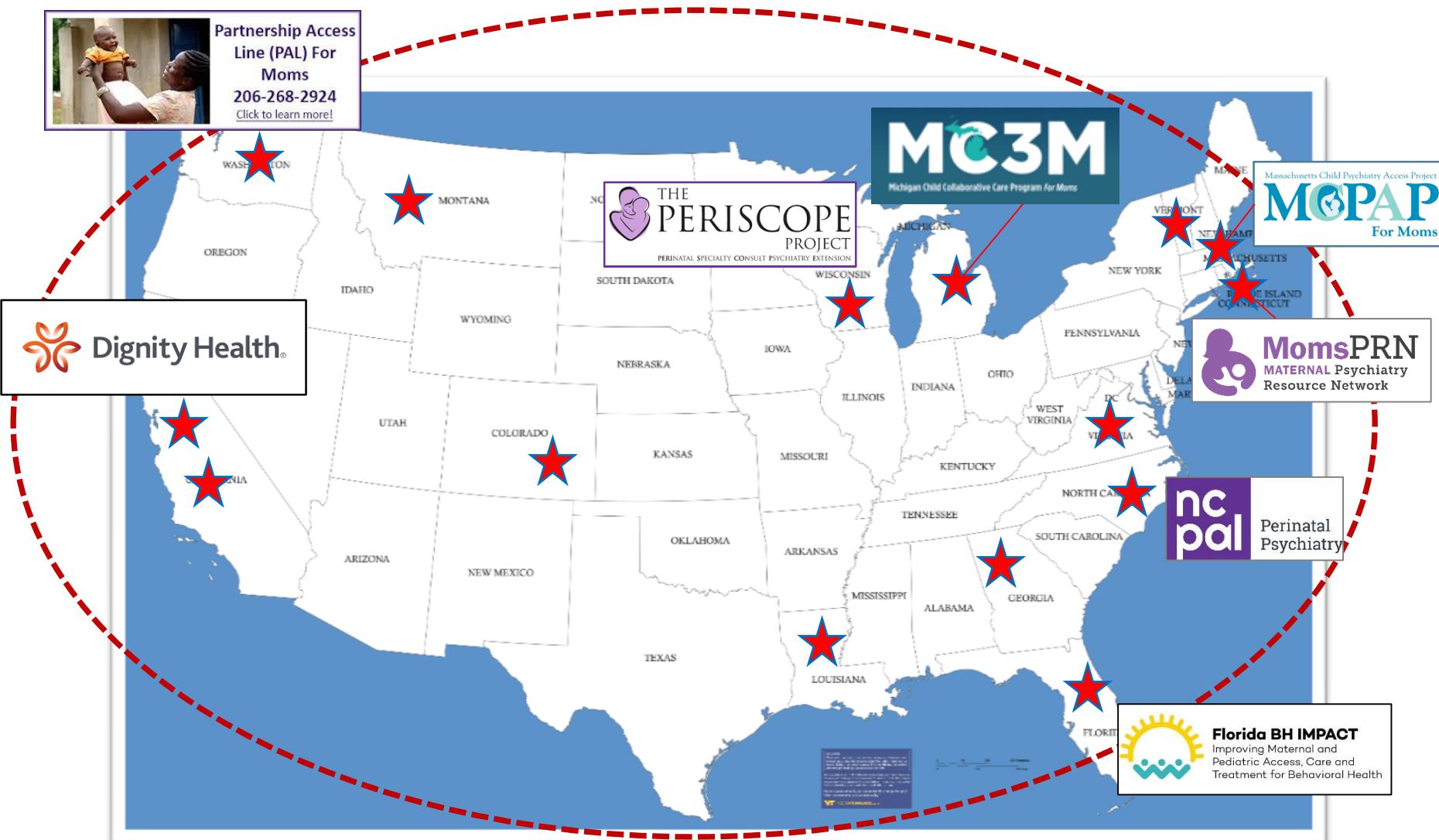
The Network aims to unify programs across the US in the pursuit of a common mission



Our members are from across the US and beyond



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



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

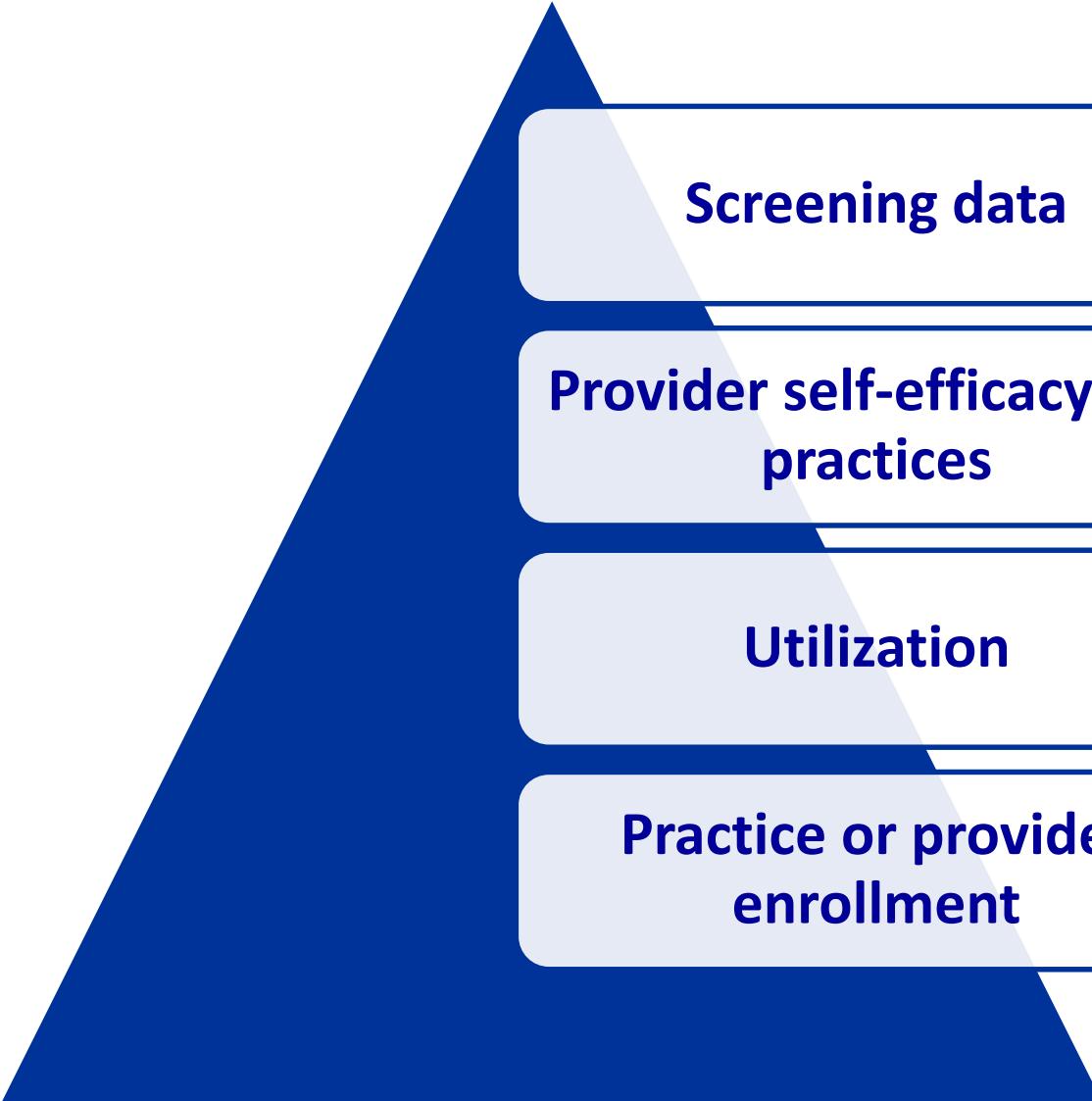
Quality Improvement

- Which program components increase provider utilization?

Sustainability

- Data needed for continued funding

There are several data sources



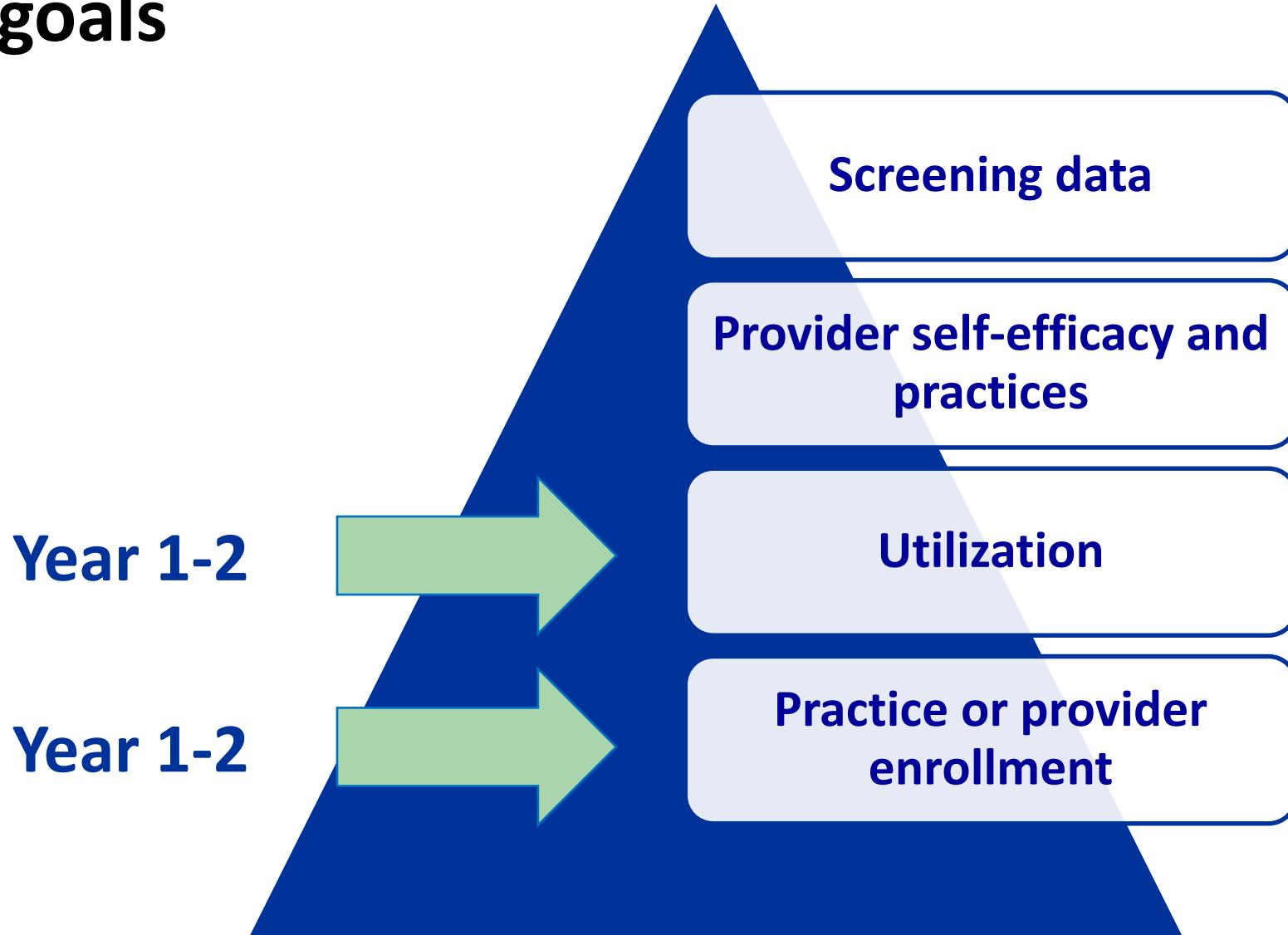
Screening data

Provider self-efficacy and practices

Utilization

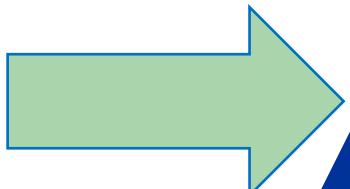
Practice or provider enrollment

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



Year 3-5 goals may be more ambitious

Year 3-5



Screening data

Year 3-5



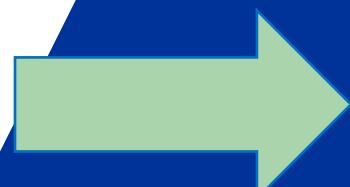
Provider self-efficacy and practices

Year 1-2



Utilization

Year 1-2

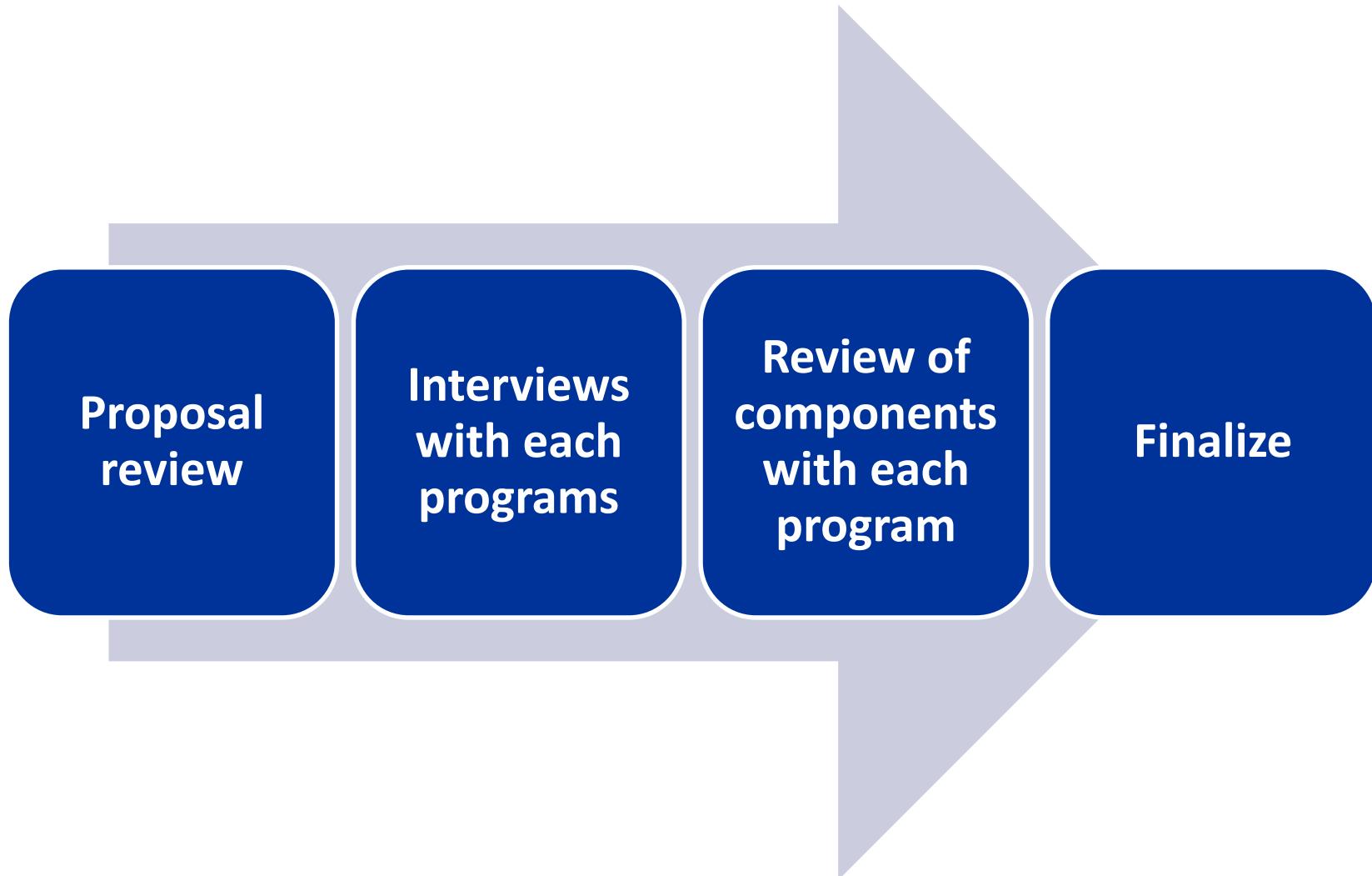


Practice or provider enrollment

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
<p>To what extent does provider utilization of a Perinatal Psychiatry Access Program improve provider practices regarding perinatal mental health and substance use disorders?</p>	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
<p>To what extent does provider utilization of a Perinatal Psychiatry Access Program improve screening for PMADs and SUDs?</p>	<p>Provider utilization</p>	<p>Screening rates</p>	<p>Number of provider encounters</p> <p>Survey questions</p> <p>Chart abstraction</p>

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 consult/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

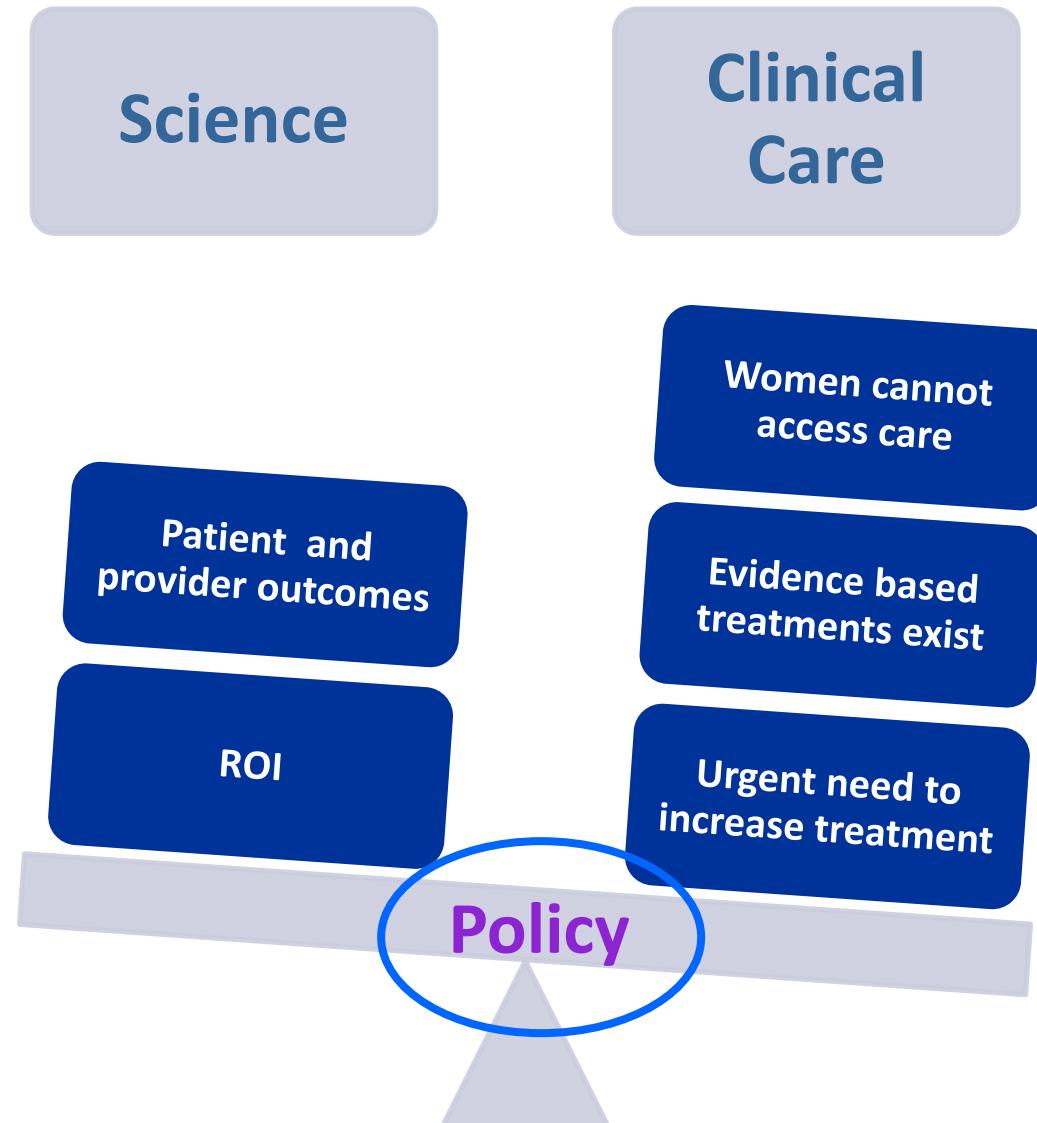
Types of referrals made

Party to whom resources should be sent

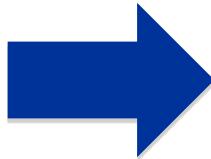
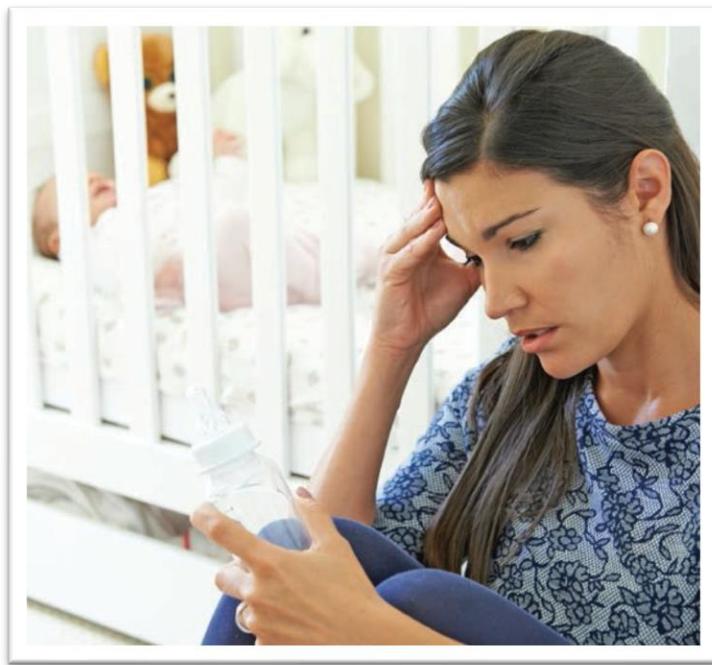
Screening tools used

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!