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

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

Mary Kimmel, MD
NC MATTERS

Margaret Howard, PhD
MomsPRN

Nancy Byatt, DO, MS, MBA, FACLP
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%** Preeclampsia and Eclampsia
- **8%** Mental Health Conditions* (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

- 2004: MCPAP
- 2010: PPD Act & Commission
- Nov 2013: MCPAP for Moms funded
- July 2014: MCPAP for Moms launched
- 2015: Legislated surcharge
The goal of MCPAP for Moms is the increase the capacity of frontline providers to address perinatal depression.
The goal of MCPAP for Moms is the increase the capacity of frontline providers to address perinatal depression.
Education occurs through trainings, toolkits, and website resources

Provider Resources
Training 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.

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
Email us at MCPAP for Moms

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.

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

Is patient currently taking an antidepressant?
Yes

Does patient have a history of taking an antidepressant that has helped?
Yes
Prescribe antidepressant that helped patient in the past (see table below)
No
Use sertraline, fluoxetine or citalopram (see table below)

If medication has helped and patient is on a low dose: increase dose of current medication (see table below)

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

To minimize side effects, 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) 10-20 mg increase in 10 mg increments

Second line treatment
- Paroxetine (Paxil) 20-60 mg increase in 10 mg increments
- Venlafaxine (Effexor) 75-300 mg increase in 75 mg increments
- Fluvoxamine (Luvox) 50-200 mg increase in 50 mg increments
- Duloxetine (Cymbalta) 30-60 mg increase in 10 mg increments
- Mirtazapine (Remeron) 15-45 mg increase in 15 mg increments

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
855-Mom-MCPAP (855-666-6272)
Revision 04.24.14
Copyright © MCPAP for Moms 2014 all rights reserved. Authors: Byatt N., Biebel K., Hoezin S., Laddapdet R., Freeman M., & Cohen L.
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% |
Discuss potential management strategies

Recommend a Face to Face Evaluation

Refer to the community
The goal of MCPAP for Moms is the 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

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Practices Enrolled</td>
<td>156 (75%)</td>
</tr>
<tr>
<td>Women Served</td>
<td>7,041</td>
</tr>
<tr>
<td>Doc-doc Telephone Encounters</td>
<td>4,211</td>
</tr>
<tr>
<td>Face to Face Evaluations</td>
<td>654</td>
</tr>
<tr>
<td>Resource and Referral Encounters</td>
<td>8,224</td>
</tr>
</tbody>
</table>
Since our launch in July 2014, MCPAP for Moms has served many providers and parents

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Practices Enrolled</td>
<td>156 (75%)</td>
</tr>
<tr>
<td>Women Served</td>
<td>7,041</td>
</tr>
<tr>
<td>Doc-doc Telephone Encounters</td>
<td>4,211</td>
</tr>
<tr>
<td>Face to Face Evaluations</td>
<td>654</td>
</tr>
<tr>
<td>Resource and Referral Encounters</td>
<td>8,224</td>
</tr>
</tbody>
</table>
Enrolled Practices and Members Served
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  
$11.81/yr  
$0.98/month

~$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

<table>
<thead>
<tr>
<th></th>
<th>Employment</th>
<th>Management</th>
<th>Independent Contractor</th>
<th>Consulting</th>
<th>Speaking and Teaching</th>
<th>Board, Panel or Committee Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miller Medical Communications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Mathematica</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>D</td>
</tr>
<tr>
<td>Ovia Health</td>
<td></td>
<td>D</td>
<td></td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sage Therapeutics</td>
<td></td>
<td></td>
<td></td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>UMass Memorial Medical Center/UMass Medical School</td>
<td>D</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WebMD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>D</td>
</tr>
</tbody>
</table>
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.
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.
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

- Screening data
- Provider self-efficacy and practices
- Utilization
- Practice or provider enrollment
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

- Proposal review
- Interviews with each program
- Review of components with each program
- Finalize
Sample evaluation question

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Exposure</th>
<th>Outcome</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent does provider utilization of a Perinatal Psychiatry Access Program improve provider practices regarding perinatal mental health and substance use disorders?</td>
<td>Provider utilization</td>
<td>Provider practices</td>
<td>Number of provider encounters</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Survey questions</td>
</tr>
</tbody>
</table>
## Sample evaluation question

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Exposure</th>
<th>Outcomes</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which Perinatal Psychiatry Access Program components improve enrollment and utilization?</td>
<td>Program components</td>
<td>Enrollment Utilization</td>
<td>Number of provider encounters</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of enrolled practices</td>
</tr>
</tbody>
</table>
### Sample evaluation question

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Exposure</th>
<th>Outcomes</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent does provider utilization of a Perinatal Psychiatry Access Program improve screening for PMADs and SUDs?</td>
<td>Provider utilization</td>
<td>Screening rates</td>
<td>Number of provider encounters, Survey questions, Chart abstraction</td>
</tr>
</tbody>
</table>
We are documenting and tracking program components.
<table>
<thead>
<tr>
<th>Program Component</th>
<th>Massachusetts</th>
<th>Washington</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and toolkits</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Consultation</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Resource and referral</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Program Component</td>
<td>Massachusetts</td>
<td>Washington</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Training and toolkits</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Consultation</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Resource and referral</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Context (e.g., legislation, funding, complementary programs)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

Nancy Byatt, DO, MS, MBA, FACLP
Executive Director
Nancy.Byatt@umassmemorial.org

Tiffany Moore Simas, MD, MPH, MEd, FACOG
Medical Director
TiffanyA.MooreSimas@umassmemorial.org

Melissa Maslin, MEd
Project Director
Melissa.Maslin@umassmed.edu

Thank you!
QUESTIONS?

Nancy.Byatt@umassmemorial.org

Thank you!