Periscope Outreach Lessons Learned

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DIRECTOR, WOMEN’S MENTAL HEALTH MEDICAL DIRECTOR, THE PERISCOPE PROJECT
Tactics that have Worked

Face time with Perinatal Psychiatrist
◦ Providers must vet expertise

Target Medical Hubs
◦ Offer didactic to residency programs: OB/GYN, Family Medicine, Psychiatry
◦ Federally Qualified Health Centers (FQHCs)

Statewide Conferences
◦ ACOG, perinatal associations, lactation conferences, midwives associations, psychiatric conferences
◦ Offer didactics and formal educational opportunities
◦ Vendor table

Attend regularly scheduled meetings
◦ Grand Rounds, staff meetings

Top down, bottom up

Use connections
◦ Peer to peer support groups
◦ Advisory council members
Focus on your Frame:
*Our Program Makes your Job Easier*

Framing the access program as a benefit to the clinic

Ensure you’re not looking to "steal" patients

Make it clear there is no cost associated with the program— for providers and patients

Put yourself in their shoes— what would make you hesitate and address that in your correspondence
Start with Low Hanging Fruit

- Personal Contacts
- Clincs with High # Births
- CLC or Nurse Group
- Statewide Conference (Didactic)
- FQHCs
- Cold calls/emails
- Article in Organizations Newsletter
- Info Session to Systemwide Leadership
- Residency Programs (Didactic)
- Clinics that Keep Saying NO
- Within your Systems
Top Down and Bottom Up Simultaneously

**Provider level**: Prescribers, Nurses, Lactation Consultants, trainees, etc.
- E-mails
- One-on-one meetings
- Grand Rounds
- Staff meetings
- Conference presentations

**System Leadership**
- E-mails
- One-on-one meetings
- Attend large meetings
Multiple Approaches Builds Notoriety

- Conference Presentation
- Saw on social media
- Heard local news story
- Colleague mentioned it
- Got email from program directly
- Now has patient who is struggling
Don’t Say No Because a Group is ‘too small’

2 hour drive didactic to OB clinic + 1 attendee during the live session = 3 years later….
That 1 provider has called >20 times
Plus another ‘Super User’ from the same clinic
10 total unique users from the clinic
Give Choices to Fit their Needs

- Didactic + brief information session
- Information session alone
- Ask to come to an existing meeting time
Vetting Psychiatry is Key to Utilization

Health care providers will not use a service they do not trust.
Education Bolsters Action

Aurora West Allis Women’s Pavilion Example

2017 -2019
9 encounters
5 unique providers

Didactic on 2/20/2020

Post-Didactic
54 encounters
24 unique providers

Sorry for all the consults. Just so many patients with psychiatric problems peripartum and so difficult to get them in with a psych provider in a timely fashion. This service is so great and I am very grateful for it!

OB/GYN Frequent Utilizer from Aurora West Allis Women’s Pavilion
Tell them What to Expect

Clear expectations of how the consultation will take place

Use case examples from real consultations

Highlight your strong points
  - Response time
  - Provider testimonials

Frame it as a benefit to them
  - Saves time
  - Improves patient outcomes

Triage
- Provider contacts Periscope and speaks to triage
  - Less than 5 minutes

Provider to Perinatal Psychiatrist Consultation
- Perinatal psychiatrist returns provider's call
  - Average return call time: **6 minutes, mode: 2 minutes**
  - Two providers have case base discussion
    - Average 8-10 minute conversation

Provider Discusses with Patient
- Provider discusses treatment options with their patient
- Typically patients remain in the care of the inquiring provider
Don’t Give Up on High Birth Clinics

Clinic with highest annual number of births in Wisconsin

Turned down 4+ times
  ◦ VP of OB introduction – failed
  ◦ Peer to peer support group introduction – failed
  ◦ Cold emails and calls to clinic staff – failed
  ◦ Warm handoff to midwife – failed

Nurse heard presentation at a Statewide nursing conference by evaluation partner and reached out to us – success!
Thank you.

THEPERISCOPEPROJECT@MCW.EDU
MCPAP for Moms:
Clinician and Practice Engagement
We used a proactive approach with purposeful engagement and tracking

- Dedicated efforts
- Tracked engagement and enrollment
- Direct outreach (F2F vs. remote)
- Went to where the providers were
- Engaged at conferences (presentations & tabling)
We created an inventory and knew our denominator

State agencies

Board of Registration in Medicine

Birth hospital privileges

‘Yellow Pages’

Google
We created a practice inventory

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Location &amp; Region</th>
<th>Affiliated Practices</th>
<th>Practice Location</th>
<th>Contact</th>
<th>Births (2012 Data) Total: 72,828</th>
<th>Enrolled</th>
<th>Trainings/Grand Rounds</th>
<th>Region MD Assigned</th>
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<tbody>
<tr>
<td><strong>Cambridge Health Alliance</strong></td>
<td>Cambridge (Boston)</td>
<td>Malden Community Health Center (Family Medicine that does OB)</td>
<td>Cambridge</td>
<td>Phone: 781-338-0500</td>
<td>1,311</td>
<td>November 2016</td>
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<tr>
<td></td>
<td></td>
<td>Somerville/Union Square (Family Medicine that does OB)</td>
<td>Cambridge</td>
<td>Phone: 617-665-3370</td>
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<td>Boston, Leena</td>
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<tr>
<td><strong>Fairview Hospital</strong></td>
<td>Great Barrington (Western)</td>
<td>Community Health Programs &amp; Great Barrington OBGYN</td>
<td>Great Barrington</td>
<td>Practice Manager: Jeannette Phone: 413-528-1470</td>
<td>153</td>
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<td>Western, Carolyn</td>
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<tr>
<td><strong>Good Samaritan Medical Center</strong></td>
<td>Brockton (Southeast)</td>
<td>Vikas Marchia</td>
<td>Brockton</td>
<td>Phone: 508-897-4790</td>
<td>883</td>
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<tr>
<td></td>
<td></td>
<td>Zwi Hoch</td>
<td>Brockton</td>
<td>Phone: 508-251-9624</td>
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<tr>
<td><strong>Holy Family Hospital &amp; Medical Center</strong></td>
<td>Methuen (Northeast)</td>
<td>Contact: Sherrill Davis E-mail: <a href="mailto:s.davis@pediatricspro.com">s.davis@pediatricspro.com</a> Contact: Leonard Sarapate E-mail: <a href="mailto:l.sarapate@comcast.net">l.sarapate@comcast.net</a></td>
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<tr>
<td></td>
<td></td>
<td>Javed Siddiqui, MD</td>
<td>Methuen</td>
<td>Phone: 978-689-0033</td>
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We tracked engagement and enrollment

Created a systematic way to document any practice-level activity for engagement and enrollment

Documented for every practice:
- Called
- Visited
- Surveyed
- Trained
- Enrolled

This all became data over the denominator

This was all reportable as encounters
## Outreach team and roles (2014)

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>Kate Biebel, PhD</td>
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<tr>
<td>Medical Director</td>
<td>Nancy Byatt, DO, MS, MBA, FACLP</td>
</tr>
<tr>
<td>OB Champion</td>
<td>Tiffany Moore Simas, MD, MPH, MEd, FACOG</td>
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<tr>
<td>Program Coordinator</td>
<td>Gifty Debordes-Jackson, MA</td>
</tr>
<tr>
<td>5 Psychiatrists</td>
<td>Carolyn Broudy, MD, MS</td>
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<tr>
<td></td>
<td>Nancy Byatt, DO, MS, MBA, FACLP</td>
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<td></td>
<td>Deborah Knudson González, MD</td>
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<td></td>
<td>Wendy Marsh, MD, MSc</td>
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<td></td>
<td>Leena Mittal, MD, FACLP</td>
</tr>
<tr>
<td>3 Resource and Referral Specialists</td>
<td>Liz Spinosa, LMHC, Lead R&amp;R Specialist</td>
</tr>
<tr>
<td></td>
<td>Alyssa Kratze, MPH</td>
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<tr>
<td></td>
<td>Quiliana Rivera, BA</td>
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Accountability among team was critical

Dedicated time

Clear expectations

Strategic assignment of practices

Goal setting and regular monitoring of progress

Follow up
Clinicians valued a clear enrollment process

What do practices have to do to enroll?

What does it mean to be an enrolled practice?

Can unenrolled practices engage with program? Yes, this is an opportunity to engage them
Clear messaging about services was needed

Face to Face

Webinars

Toolkits

Websites

Other resources
Assessing Perinatal Mental Health

**Score patient screening document**
- Depression (PHQ-9/EPDS) ≥ 10
- Bipolar disorder (MDQ) "Yes" ≥ 2
- Anxiety (GAD-7) ≥ 5
- PTSD (PC-PTSD) ≥ 5

**+ Self-harm question**
1. Score on Self-Harm Question - self-harm question
   - Do not allow woman/baby to leave office until plan/assessment is complete.
   - Assess safety.
   - Call for psychiatric consultation as needed.
   - If acute safety concerns, refer to emergency services for further evaluation of safety.
   - See page 25 for more information.

**= Score on MDQ**
1. Explain this screen indicates your mood may go up and down. We can help you get the care you need.
2. If negative depression screen, mood changes may be related to PTSD. Can administer the PTSD-PC-PTSD. See page 37.
3. Do not prescribe antidepressants.
4. Refer to therapy.
5. Call for psychiatric consultation or refer to psychiatrist as indicated. See pages 27 & 28.

**Consider administering PTSD-PC-PTSD**
- See page 37.

To assess for presence and severity of perinatal mental illness, ask about:
- Recent stressors
- Symptom frequency
- Symptom duration
- How symptoms impact daily functioning
- Current treatment (meds/therapy)
- Family history
- Feelings of hopelessness, helplessness
- Current suicidal ideation, plan, intent
- Previous suicide attempt(s)
- Post-psychiatric treatment (meds/therapy)
- Previous psychiatric hospitalization(s)
- See pages 35-35 for more on perinatal mental health conditions

**Determine Illness Severity**

**MILD**
- Depression screener score 10-14
- GAD-7 score 5-9
- PC-PTSD answered "Yes" ≤ 3 times
- No suicidal ideation
- No feeling hopeless, helpless, worthless
- No previous psychiatric hospitalization
- No or minimal difficulty caring for self or baby

**MODERATE**
- Depression screener score 15-19
- GAD-7 score 10-14
- PC-PTSD answered "Yes" ≥ 3 times
- Suicidal ideation present
- Sometimes feels hopeless, helpless, worthless
- Previous psychiatric hospitalization
- Some difficulty caring for self or baby

**SEVERE**
- Depression screener score ≥19
- GAD-7 score ≥15
- PC-PTSD answered "Yes" ≥ 3 times
- Suicidal ideation, intent and/or plan
- Previous suicide attempt(s)
- Often feels hopeless, helpless, worthless
- History of multiple psychiatric hospitalization(s)
- Often feels unable to care for self or baby
- May experience hallucinations, delusions or other psychotic symptoms (e.g., major depression with psychotic features or bipolar disorder with psychotic features)
- History of multiple medication trials

For mild, moderate, and severe illness:
- Start treatment, see page 22.
- Check for underlying medical condition - order TSH, B12, Folate, Hgb, Hct
- Assess for substance use or medications which can cause or worsen mood/anxiety disorders

*If all screens are negative, tell her they were negative and say, "If something changes, please let us know. We are here."*
Calls were directly correlated with the number of practices enrolled.
Enrollment, training, & utilization were synergistic