

REGIONAL PERINATAL LEADERSHIP MEETING

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California Health Collaborative

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Agenda

Legislation: Recent CA State Legislation with MMH Impact

Screening Tools: Closing the Gaps in Maternal and Mental Health Care

California Health Collaborative & Perinatal Wellness:

1. Local & Statewide Coalitions
2. Direct Service Programs

Recent CA State Legislation with MMH Impact

AB 2193: Maternal Mental Health Screening and Support

AB 3032: Hospital Maternal Mental Health

AB 845: Requires Continuing education: physicians and surgeons in maternal mental health.

AB 1676: Requires Tele-psychiatry Consultation Line

AB 577: Extends MediCal Coverage to 12 Months for Moms Diagnosed with an MMH Disorder

SB 66: FQHCs- Payment for Mental Health Services when Medical Services are Provided Same Day

SB 464: California Dignity in Pregnancy and Childbirth Act

AB 2193, Maternal Mental Health:

Effective July 1, 2019:

Screening:

Medical practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions

Health Care Service Plans:

Health care service plan (HCSP) shall develop a maternal mental health program designed to promote quality and cost-effective outcomes.

HCSP Program:

1. Clinical Principles and Processes
2. Available upon request to medical providers, including a contracting obstetric provider

AB 3032, Maternal Mental Health Conditions:

Effective July 1, 2020:

Hospitals:

General acute care hospital or special hospital that have a perinatal unit are required to develop and implement, a program relating to maternal mental health conditions including, but not limited to, postpartum depression.

Perinatal Unit:

“Untreated maternal mental health conditions cause adverse birth outcomes, impaired maternal-infant bonding, poor infant growth, childhood emotional and behavioral problems, and significant medical and economic costs, estimated to be \$22,500 per mother.”

AB 3032, Maternal Mental Health Conditions cont:

Effective July 1, 2019:

Program shall include all of the following:

(a) Education and information for postpartum women and families about maternal mental health conditions, post-hospital treatment options, and community resources.

(b) Education and information for hospital employees regularly assigned to work in the perinatal unit, including, as appropriate, registered nurses and social workers, about maternal mental health conditions.

AB 845, Continuing Education:

Effective January 1, 2020:

California Medical Board will be required to make available continuing education training for obstetric providers including obstetricians, family practice providers and nurse practitioners.

Training Shall Address:

- Range of PMAD disorders including risk of harming herself or baby
- Evidence-based screening tools
- Treatment options & resources for safe prescribing
- Skill building strategies to enhance trust with patients.

AB 1676, Telehealth Consultation Program:

Effective January 1, 2021:

Requires health care service plans and health insurers, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness.

AB 577, Extension of Continuity of Care:

Extends the duration of the requirement that health plans and health insurers provide continuity of care for pregnant women to up to 12 months from the diagnosis or from the end of pregnancy, whichever occurs later...

“ if the woman presents written documentation of being diagnosed with a maternal mental health condition from the individual's treating health care provider.”

Extending full scope Medi-Cal benefits for undocumented pregnant women will ensure that they receive important pregnancy-related and post-partum health care, including mental health care.

Effective July 1, 2019

SB 66, FQHCs- Payment for Mental Health Same Day Services:

Effective July 1, 2019:

SB 66: Billing for Same Day Visits

Medi-Cal reimbursement to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for two visits taking place on the same day at a single location when the patient suffers illness or injury requiring additional diagnosis or treatment after the first visit, or when the patient has a medical visit and another health visit with a mental health or dental provider.

Why is this a significant component to perinatal mental health when discussing an integrated model of care ?

SB 464, California Dignity in Pregnancy and Childbirth Act:

SB 464 is designed to begin to address the harms caused by racism.

This important measure will require:

- Hospitals that provide perinatal care and birth centers to implement an evidence-based implicit bias training program for all health care providers.
- Require the tracking and sharing of maternal death and severe morbidity.

Tools & Resources:

Postpartum Support International Frontline Provider Training:

Designed to equip frontline providers with the skills necessary to assess patients for perinatal mental health complications and, as appropriate, provide treatment or connect individuals with additional resources and care.

- Single day onsite course or two 2 hour-long webinars
- OBGYNs, nurse practitioners, certified nurse-midwives, family doctors, internists, and others
- Cost range from \$175 to \$250 per person

Training@postpartum.net

Tools & Resources:

MomsWell: Mobile screening tool designed for obstetricians, labor & delivery hospitals, pediatricians and family health providers.

\$800 / year with a 30-day free trial	Access to a free MomsWell Care Coordinator
Unlimited Maternal Mental Health screens and referrals	Online support group
Discreet screening on patient's mobile device PHQ9 & EPDs	Multiple referrals to local, national, and online resources
Billable codes for insurance reimbursement *where applicable	Medical billing support
Instant scoring and delivery to the provider	Comprehensive Reports easily attachable to EMR

<https://www.getmomswell.com>

Tools & Resources:

Seleni Institute:

30-minute web-based perinatal mood and anxiety disorders training for healthcare providers. Training includes the tools needed to implement education, screening and referral protocols for perinatal mental health concerns.

Cost: \$25.00

<http://www.seleni.org/maternal-mental-health-training>

Tools & Recourses:

California Health Collaborative Maternal Wellness Program:

Comprehensive two hour training on perinatal wellness:

- Signs & symptoms
- Screening tools
- Emergency and non-emergency protocols
- Substance misuse during pregnancy
- Impact on baby, plus the family unit

Direct services:

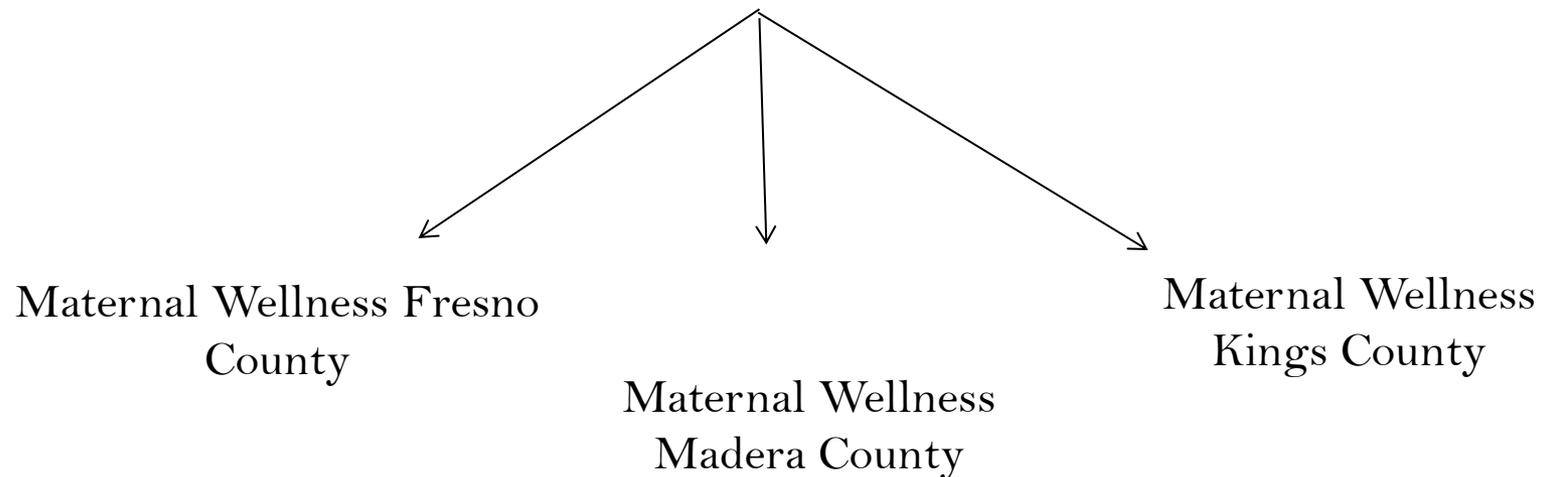
- Care coordination & case management
- Access to local resources including support groups
- Access to trained behavioral health providers



Tools & Resources:

California Health Collaborative

Maternal Wellness Programs



Each county has a unique focus; therefore, meeting the needs of the families within the county.



How Does PMAD Look in the Valley?

In California, an estimated **1 in 7 women** who give birth will experience a perinatal depression; thus, making maternal health the most common complication of pregnancy.

The MIHA Snapshot states the rate for prenatal depressive symptoms as **25%** and **19%** for postpartum for the Central Valley.

2013-2014 Snap Shot	Percentage of Women with Prenatal Depressive Symptoms	Percentage of Women with Postpartum Depressive Symptoms
California	14%	13%
Madera	14.7%	16.5%
Fresno	10.9%	10.4%
Kings	19.1%	17.6%

Patient Health Questionnaire-9 (PHQ-9)

By completing the PATIENT HEALTH QUESTIONNAIRE – 9 (PHQ-9), I _____ am consenting to the exchange of my information between California Health Collaborative’s Nurture 2 Nurture program and the referring provider. _____

Signature /Date

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all

Several days

More than half the days

Nearly every day

(Use “✓” to indicate your answer)

1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

PHQ-9 Navigation Protocol

Interpretation of Score	Protocol
4 or less	<ul style="list-style-type: none"> ✓ Offer information on PMAD and handouts addressing nutrition & sleep
5-9	<ul style="list-style-type: none"> ✓ Encourage family or other support systems ✓ Consider referral to the Perinatal Wellness Program
10-19	<ul style="list-style-type: none"> ✓ Automatic referral to Perinatal Wellness Program Care Coordinator (559-244-4531 or fax 559-244-4589) <i>*All referrals can be faxed in.</i> ✓ Other referrals if applicable
20+	<ul style="list-style-type: none"> ✓ Insist on treatment through Perinatal Wellness Program , or other behavioral health services available to client

Edinburgh (EPDS)

By completing the Edinburgh Postnatal Depression Scale (EPDS), I, _____ Am consenting to the exchange of my confidential mental health history between California Health Collaborative's Nurture 2 Nurture program and the referring provider. _____

Signature/Date

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week. No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- 1. I have been able to laugh and see the funny side of things
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
- 2. I have looked forward with enjoyment to things
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- *3. I have blamed myself unnecessarily when things went wrong
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
- 4. I have been anxious or worried for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- *5. I have felt scared or panicky for no very good reason
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
- *6. Things have been getting on top of me
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever
- *7. I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
- *8. I have felt sad or miserable
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all
- *9. I have been so unhappy that I have been crying
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never
- *10. The thought of harming myself has occurred to me
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

EPDS Protocols

Interpretation of Score	Protocol
Under 10	<ul style="list-style-type: none">✓ Offer information on maternal depression
10-15	<ul style="list-style-type: none">✓ Discuss maternal depression treatment options: provide Maternal Wellness Program handout with resource list✓ Encourage family or other support systems and/or support groups
16	<ul style="list-style-type: none">✓ Consider and discuss medication✓ Automatic referral<ul style="list-style-type: none">▪ Fresno County Perinatal Program▪ Therapy/counseling▪ Other behavioral health services

EPDS Protocols cont.

Question 10

If the patient answers “*Sometimes*” “*Yes, quite often*” then further discussion with the patient is required to determine if it is an urgent care issue. The following questions can be used to help determine this: “Often when women are depressed, they have negative thoughts about harming themselves. In the past month did you:

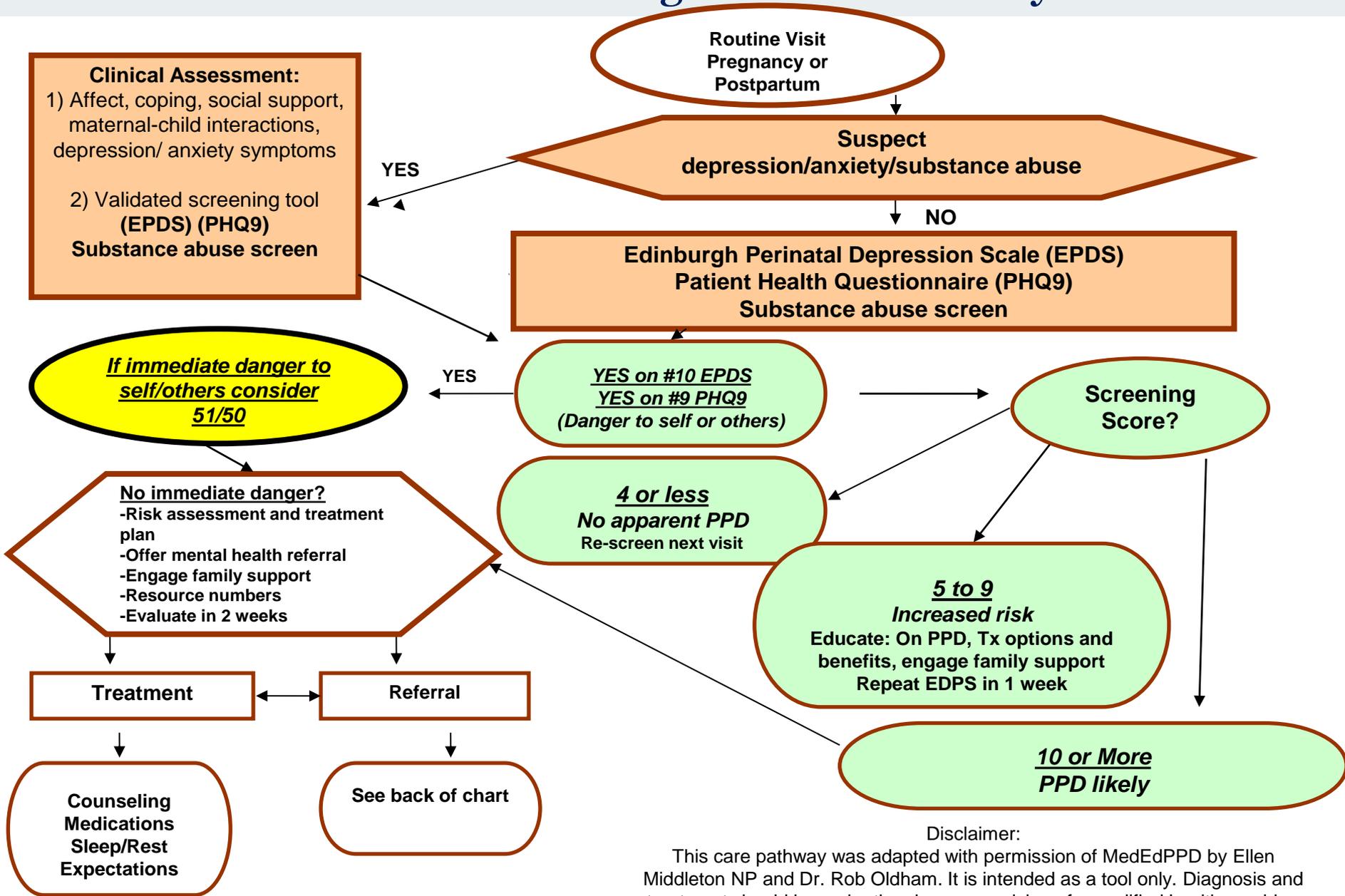
1. Feel that you would be better off dead? 1 point
2. Want to harm yourself? 2 points
3. Think about suicide? 6 points
4. Have a suicide plan? 10 points
5. Attempt suicide? 10 points
6. In your lifetime, have you ever attempted suicide? 4 points

1-5 points = low risk, referral within 1 business day necessary

6-9 points = moderate risk, consider urgent care

> 10 points = high risk, urgent care necessary and follow the office crisis protocol on self-harm, suicide ideation, or homicide and consider urgent care treatment.

Maternal Screening and Care Pathway



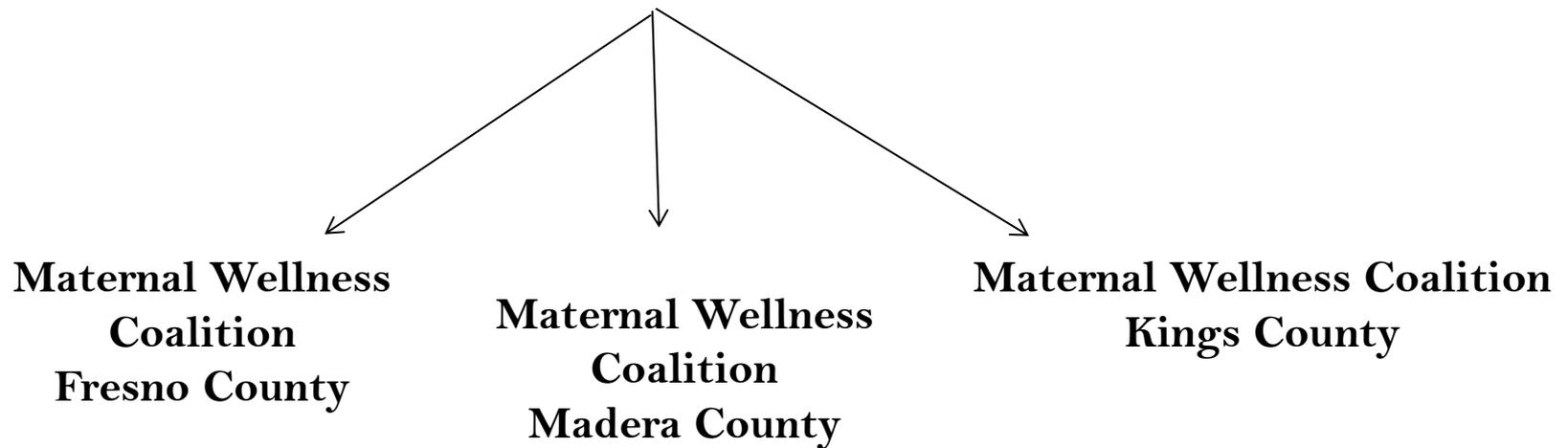
Disclaimer:

This care pathway was adapted with permission of MedEdPPD by Ellen Middleton NP and Dr. Rob Oldham. It is intended as a tool only. Diagnosis and treatment should be under the close supervision of a qualified health provider.

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California Health Collaborative

Maternal Wellness Collaborative of California



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QUESTIONS?

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