KPQC

Kansas Perinatal Quality Collaborative

February Learning Forum

Mental Health Toolkit for the Bedside Provider

Virtual Meeting 411

- Keep your microphone or phone muted while not talking
- Use your video if you are able and comfortable – it's always nice to talk to people instead of a blank screen
- Utilize the chat box when requested, or urgent need
  - ✓Ask yourself: Would you do the same in a group setting?

KPQC

Kansas Perinatal Quality Collaborative

https://kansaspqc.org/maternal-learning-forum/

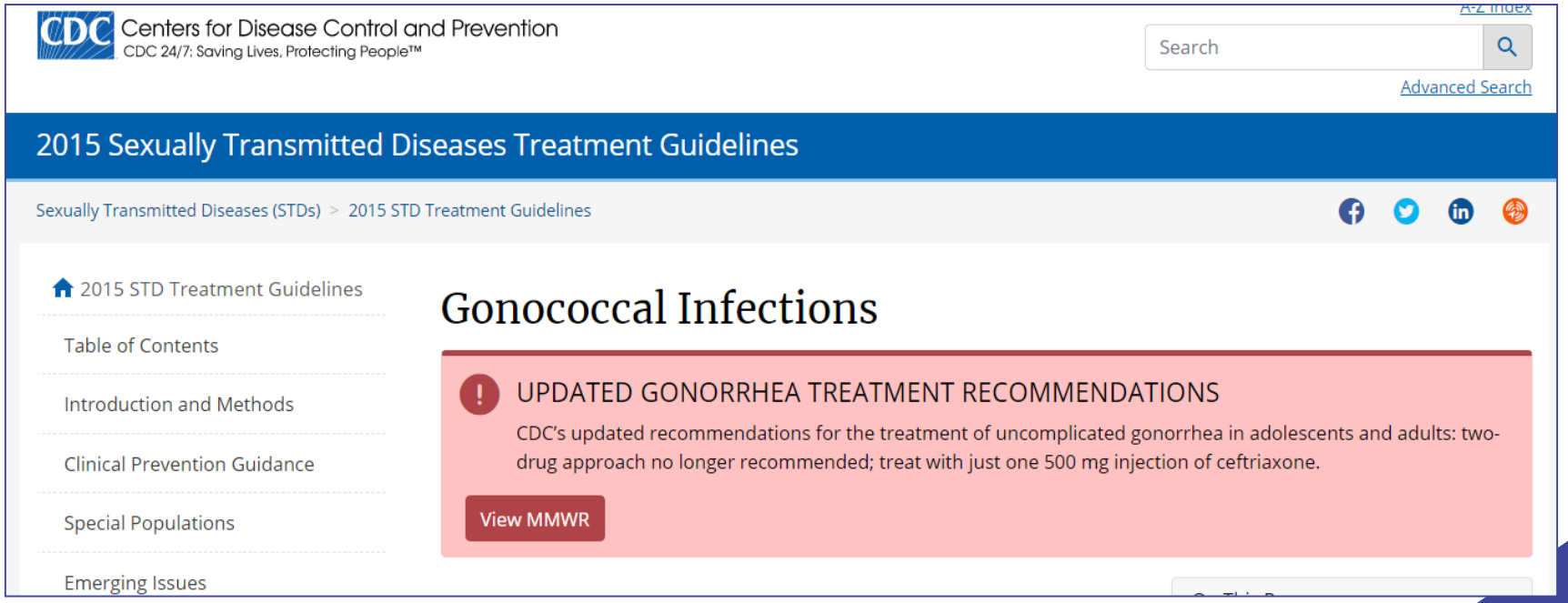
Rapid Response

ACOG's Maternal Cardiac Conditions: Addressing a Leading Cause of Pregnancy-Related Death

Thursday, February 24 from 12 PM - 1:30 PM ET

Join ACOG for a free webinar, "Maternal Cardiac Conditions: Addressing a Leading Cause of Pregnancy-Related Death," on Wednesday, February 24, 2021 at 12:00 pm ET / 9:00 am PT. Speakers will address cardiac contributors to maternal mortality, differentiating normal cardiac changes in the pregnant or postpartum patient from signs of cardiac disease, assessing maternal cardiac status, and treating cardiac conditions and complications. ACOG is hosting this 90-minute webinar with support from CDC.

Register here!



Rapid Response

AAFP CME Family Physician Med Student & Resident Events Membership Advocacy News

AAFP Home / About Us / Policies / All Policies / Striving For Birth Equity: Family Medicine's Role In Overcoming Disparities In Maternal Morbidity And Mortality

Striving for Birth Equity: Family Medicine's Role in Overcoming Disparities in Maternal Morbidity and Mortality

Executive Summary

The maternal mortality rate in the United States is one of the highest in the developed world.[1] Although data on maternal mortality rates in the United States have be
largely inconsistent and unreliable, recent data show that U.S. maternal mortality rates have stagnated or even worsened over time, all while rates around the globe
continue to fall.[1,2] According to the World Health Organization (WHO), maternal mortality globally declined nearly 38% between 2000 and 2017.[3] During roughly the s
period, maternal mortality in the United States increased by over 26%.[1] Significant disparities also exist in how these rates are distributed, with higher rates of morta
occurring among Black women, women with low income, and women living in rural areas. The factors driving these disparities are complex and intersect with clinica
patient health, and public health on many levels. The American Academy of Family Physicians (AAFP) believes family physicians can play a significant part in addr
the disparities in maternal morbidity and mortality because they are trained to provide comprehensive care across the life course, including prenatal, perinatal, and
postpartum care, for people in the communities where they live.[4]

Wednesday Oct 10, 2018

FPs Are Answer to Rural Maternity Care Crisis

Delivering babies in a small community has been my greatest honor and source of professional satisfaction as a family physician. The joy in the room as a newborn is brought to a mother's arms still brings tears to my eyes.

I have been blessed with practicing obstetrics in my community for nearly 25 years and have experienced the joy of watching the babies I delivered grow into adults, a privilege granted only to parents and family physicians.

© 2021 Sheri Porter

Delivering babies like this one in my small, rural community is a source of great joy. But many rural communities are losing access to maternity care.

I have also helped hundreds of women go through miscarriages, from uncomplicated to frighteningly dangerous. One patient in particular comes to mind. Arriving in the middle of the night, she looked at me owlishly and said, "I think I'm bleeding."

Then she passed out.

I remember racing with her on a gurney down the hallway from the ER to the operating room, leaving a trail of blood and grabbing a scratch surgical team on the way for a 12-week miscarriage. If I had not known how to perform a dilation and curettage procedure, I would have lost my patient. As it was, we had to transfuse nearly all our community's blood bank supply.

I am deeply concerned about the erosion of obstetric care in rural communities, where such services have historically been performed by family physicians. There are many reasons for this change. Sadly, one of them is a bias among some metropolitan subspecialists and hospital leadership that all obstetric care should be performed in high-volume,metro hospitals. The result of this shift has been the implementation of policies that have led to closure of rural obstetrical units.

Medical students who might have matched into family medicine and settled in rural communities where they could use all their training have been talked out of pursuing this dream. As a result, we have seen a rapid growth of obstetrical deserts and corresponding increases in maternal and neonatal mortality.

(www.huffingtonpost.com)

Effective with dates of service on and after January 1, 2021, Maternal Depression Screenings are reimbursable using the Current Procedural Technology (CPT) and Health Care Common Procedure Coding System (HCPCS) codes 96160, 96161, G8431, and G8510 when using one or more of the validated screening tools.

These screenings are reimbursable **up to three time**s when a woman is pregnant or after a perinatal loss (stillbirth, miscarriage or neonatal death) that occurs during her Medicaid coverage period, and **up to five times** postpartum up until the child is 12 months of age.

Intentional Effort

Eight Keys to FTI Success = LF Priorities

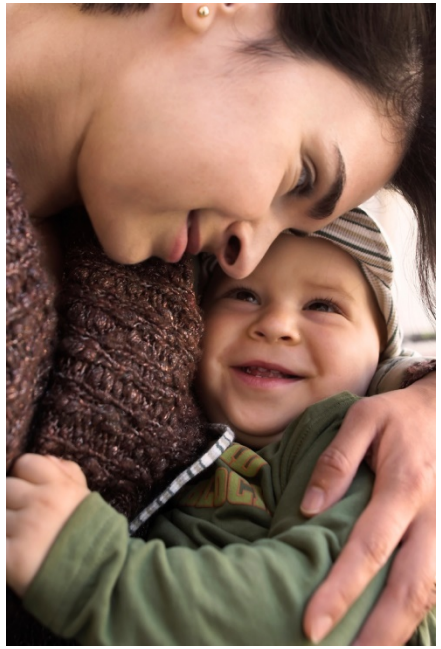
- Guideline-Driven, Best Practice Healthcare
  (Immediate PP through Comprehensive Well Woman Exam)
- Mechanisms to assure timely referral and follow up
- Postpartum Care Team
- Standardized Screening (Medical, social needs, etc)
- Personalized Patient Plan of Care/Mom Plan
- Reproductive Health Planning
- Health Equity
- Ongoing insurance coverage

Maternal Mental Health

What's Needed:

✓Mental Health Action Plan

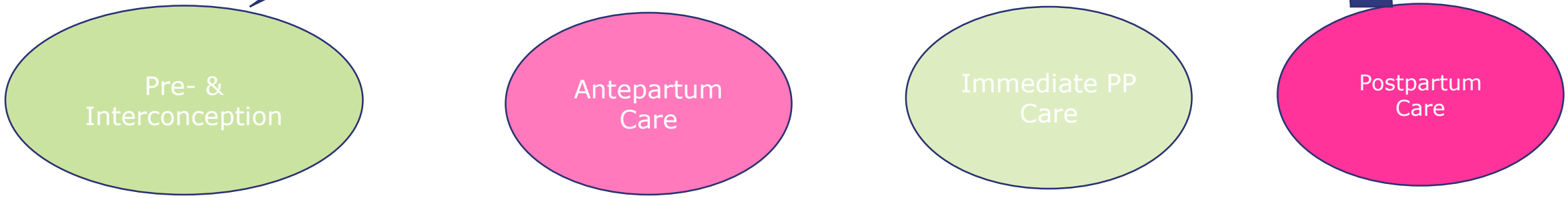
✓Access to Toolkit: KHA, KBC, ACOG, AWHONN, ACNM, Others



KS: Maternal Health Indicators

- Health care access
- Breastfeeding
- Chronic disease (DM, HTN, Asthma)
- Obesity
- Mental health (depression and anxiety)
- Substance use (alcohol, illicit drugs, narcotics, and tobacco)
- Sexual and domestic violence
- Reproductive Life Planning
- Social Determinants of Health
  - Support, Insurance, Transportation, Housing, Food
- Screening & Referral systems

Improving Maternal Health



- Healthy Behaviors
- Knowledge before/between Pregnancies
- Quality Healthcare
- Chronic Disease Tx
- Well Woman Exams, including Screenings
- Reproductive Life Planning
- Navigators (Referrals/PCC)

- Early Access to Prenatal Care
- OB Navigators
- *Prenatal Care Model*:

Quality Medical Prenatal Care+ Education (BAM)

- Screenings
- Referral Web (PCC)
- Birth Planning

- Quality Medical Care
- Education
- Discharge Planning
  "Mom Plan"
- Screenings
- Referral Web
  Inpt to Outpt

- Quality Healthcare
- Reproductive Life Planning
- Screenings
- Referral Web
- Navigation
- Insurance

**Quality Medical Care*:
Best practice model + multidisciplinary collaboration

Best Practice: Maternal Screenings

Prior to & During Pregnancy

Prenatal Care
- ➢ Labs, PE, Convo
- Edinburgh
- Healthcare Literacy
- Nicotine Use, SUD
- Obesity
- Abuse, Neglect
- Chronic Disease
  DM, HTN, Asthma
- PCP ID
- Nutrition
- Insurance
- Transportation
- Housing
- Sig Other/Support

Delivery/ PP

**COVID19?

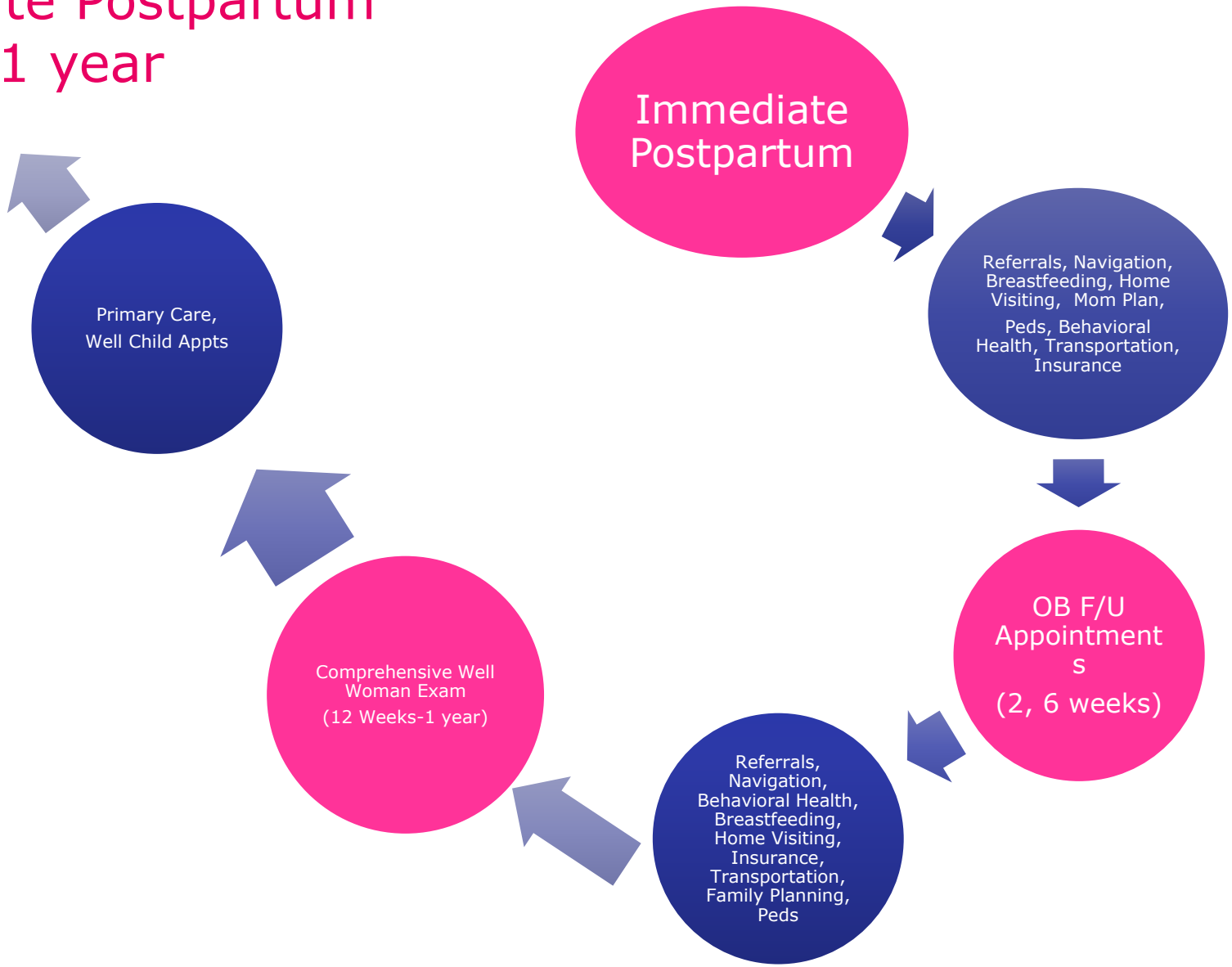
<u>MOM</u>
- Postpartum Health
  Bleeding, Infection, HTN, Immunization
- OB F/U
- Patient POC "Mom Plan"
- Family Planning
- Mental Health
- SO/Support

<u>BABY</u>
- Infant Care
- Car Seat
- Safe Sleep
- Shaken Baby Syndrome
- Breastfeeding
- Peds Provider

Postpartum

- Maternal Health
  Incision/Recovery, HTN, Infection, Anemia, DM, COVID-19, Immunizations
- Mental Health
  Edinburgh
- Weight
- SUD, Nicotine Use
- Abuse/Neglect
  Period of Purple Crying
- Chronic Disease
  HTN, Obesity, Anemia, DM
- Insurance, Nutrition, Transportation, Housing
- PCP
- Family Planning
  One Key Question, LARC
- SO/Support

Immediate Postpartum through 1 year

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BFH - MCH - Integration Toolkit - Mental Health Integration
A to Z Topic Listing
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Bureau of Family Health Home
2014 MCH Biennial Summary
2021 MCH Block Grant
MCH 2025 Statewide Needs Assessment
MCH Aid to Local Program
MCH Program Services Manual
Perinatal Community Collaboratives
Integration Toolkits
Mental Health Integration Toolkit
This Mental Health Integration Plan and associated toolkit has been created through the work of many state and local partners with a shared interest in providing coordinated and comprehensive mental health services to women before, during and after pregnancy. This toolkit is intended to be utilized by Kansas Title V MCH programs and shared with local partnering providers* serving the same population, in an effort to collaboratively develop an adequate system of care. It has been endorsed by the Kansas Maternal and Child Health Council (KMCHC). Information contained in the toolkit is based on sound research and recommendations from the US Preventive Services Task Force (USPSTF) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Screening and crisis intervention algorithms have been adapted from those developed by the Minnesota Department of Health.
*Partnering providers might include: WIC; Title X Family Planning; clinical perinatal care providers; clinical mental health providers; home visitation and case management services; etc.
Maternal Depression Screening Medicaid Policy Guidance (pdf)
Guidelines for Implementing Postpartum Depression Screening in Well-Child Visits (pdf)
Comprehensive Printable Toolkit (pdf)
Information on implementing PMAD Screening in Kansas (pdf)
Perinatal Mental Health Integration Plan (pdf)
Mental Health Integration Resource-Reference Guide, for Providers (pdf)
Screening Tools:

Kansas Connecting Communities: Maternal Mental Health Toolkit for the Bedside Provider

Kansas Department of Health and Environment

KANSAS MATERNAL & CHILD HEALTH

Melissa Hoffman, DNP, APRN, PMHNP-BC, PMH-C

Dr. Hoffman has dedicated the last 20 years to promoting maternal and child health and wellness as a former labor and delivery nurse, doula, childbirth educator, breastfeeding educator, and community education specialist and is currently working as Psychiatric Mental Health Nurse Practitioner, specializing in reproductive mental health. Dr. Hoffman also founded Build Your Village, a perinatal mental health peer support network. She is currently serving as President of Postpartum Support International of Kansas and serves as the perinatal mental health content expert for Kansas Connecting Communities.

Patricia Carrillo, BA, MA (forthcoming)

Patricia Carrillo is a Project Coordinator with the University of Kansas' Center for Public Partnerships and Research. Both her professional and academic work are focused on improving maternal and reproductive health outcomes. She has served as the Program Manager for the Kansas Connecting Communities project since 2019, supporting perinatal providers access to technical assistance and expert consultations related to the screening of and treatment for perinatal mental health and substance use disorders.

This training is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,245,698 with no percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Why?

KS PRAMS:

Prevalence

- 42%, **or two of out every five mothers**, indicated they experienced postpartum depression symptoms
- The prevalence of **alcohol use** during the three **months before pregnancy** was 63.3%

Identification

- Women were **more likely to be asked about depression at postpartum visits** (83.2%) compared to prenatal care visits (76.9%)

Treatment Gaps

- In a sample of 1,920 new Kansas mothers, **15.2%** reporting that they **did not receive treatment** or counseling for their postpartum depression.
- **WIC & Medicaid** recipients less likely to receive treatment

What is this costing our state?

Maternal Mortality

- During 2016-2018, there were 57 pregnancy-associated deaths. KMMRC determinations on circumstances surrounding death were: Substance use disorder contributed to about one in three (17 deaths, 29.8%) of pregnancy-associated deaths. Mental health conditions contributed to about one in five (11 deaths, 19.3%).
- Eight of the 57 pregnancy-associated deaths (14.0%) resulted from substance poisoning/overdose.

In Kansas in 2017: there were 36,464 live births. Applying the national proportion of women with PMADs – 14.3% - would mean an estimated 5,214 Kansas women suffered with this serious complication of pregnancy and childbirth. If half of these women (2,607) went untreated, and assuming the cost to Kansas for each mother-child pair was $32,000 through the fifth year postpartum, the total cost to the state would be an estimated $83,424,00.2

CONSEQUENCES OF UNTREATED PMH CONDITIONS

Untreated PMH conditions can have a negative and long-term impact on parent, baby, and entire family.

PARENT	CHILD
Individuals with untreated PMH conditions are more likely to:[4-6, 8] • Struggle to manage their own health • Have poor nutrition • Use substances such as alcohol, tobacco, drugs • Experience physical, emotional, or sexual abuse • Be less responsive to baby's cues • Have fewer positive interactions with baby • Experience breastfeeding challenges • Question their competence as parents	**Children born to individuals with untreated PMH conditions are at higher risk for:**[4-6] • Preterm birth • Low birth weight or small head size • Longer stay in the NICU • Excessive crying • Impaired parent-child interactions • Behavioral, cognitive, or emotional delays Untreated mental health conditions of caregivers can be an adverse childhood experience (ACE) which, if unaddressed, can impact the child's long-term health.[10]

Parents who are depressed or anxious are more likely to:[16, 17]

- Make more trips to the emergency department or doctor's office
- Find it particularly challenging to manage their child's chronic health conditions
- Not follow guidance for safe infant sleep and car seat usage

Of Note: KS MMRC Report

- Screen, provide brief intervention and referrals for:
  - ❑ comorbidities and chronic illness
  - ❑ Intimate partner violence (IPV)
  - ❑ Pregnancy intention
  - ❑ **Mental health conditions (including postpartum anxiety and depression) and Substance use disorder**
- Better communication and collaboration between providers, including referrals
- Patient education and empowerment

Clinical care currently lags behind recommendations due to challenges with:

EDUCATION
Many frontline providers are unprepared to address PMH conditions, citing lack of education and training.

WORKFLOW
Frontline providers often lack necessary workflows and processes, including how and when to screen perinatal individuals and where to refer them for assistance.

GUIDELINES
Only recently have clear and consistent guidelines emerged that recommend frontline providers screen for and address PMH conditions.

REIMBURSEMENT
Frontline providers are not always reimbursed for screening and addressing PMH conditions.

RESOURCE AND REFERRAL
Frontline providers often have limited access to support groups, therapists, and psychiatric providers able to address the unique mental health needs of perinatal individuals.

LACK OF ACCESS TO PSYCHIATRIC TREATMENT
There are not enough psychiatric providers to care for individuals experiencing PMH conditions.

Byatt, 2020: Lifelinfe4Moms Issue Brief

HRSA MRDBD Award:

Kansas Connecting Communities

Increasing provider capacity to support **the early identification and intervention** for perinatal depression, anxiety, and substance use through increased:

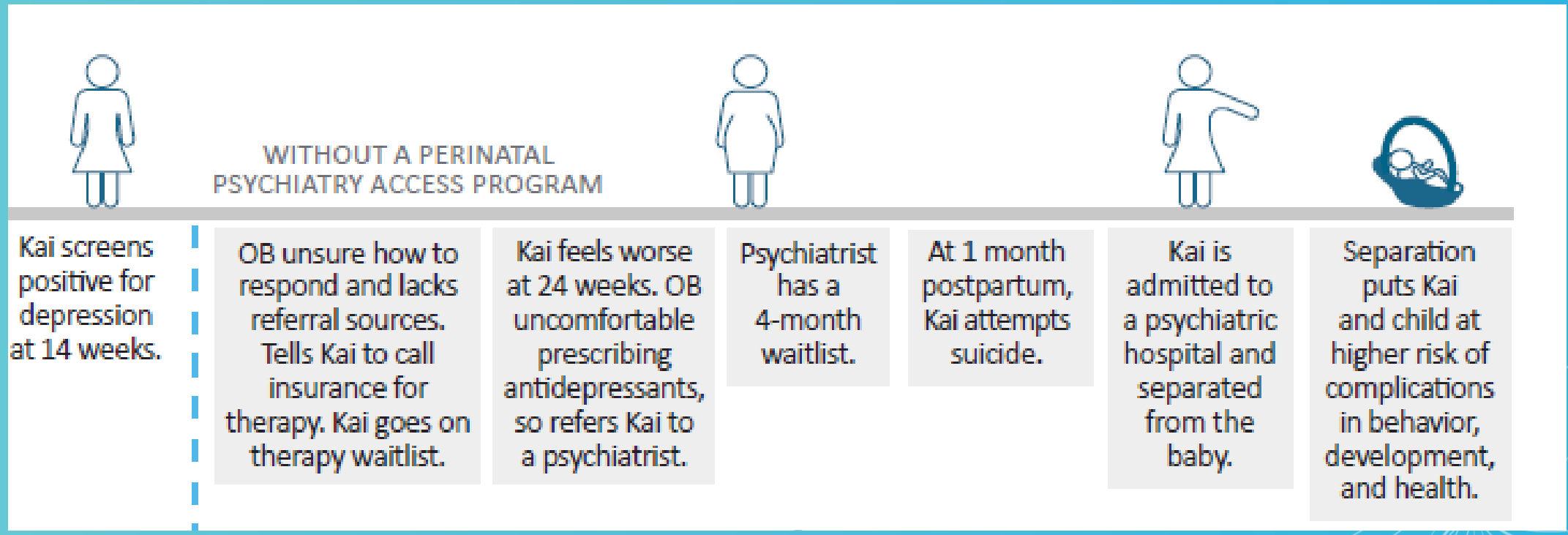
- **screening**
- **timely assessment**
- **effective referrals**
- **reducing barriers to accessing treatment**

→ **Integrated Care Model**

Program Resources: training and continuing education, technical assistance, provider toolkits, psychiatric consultation & care coordination support, and more!

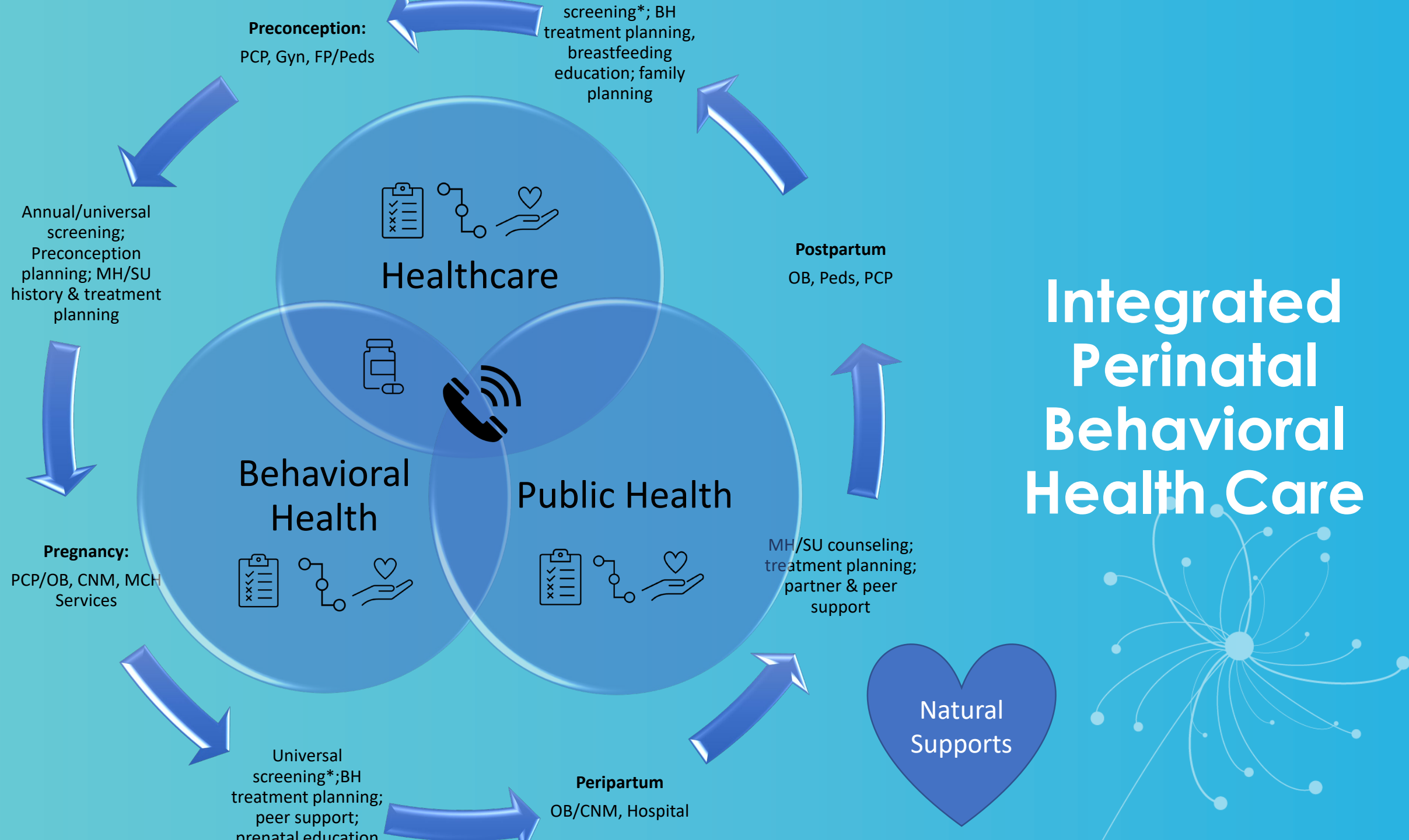
Toolkit for the Bedside Provider

Missed Opportunities:



Byatt, 2020: Lifelinfe4Moms Issue Brief

Integrated Perinatal Behavioral Health Care



Case Examples:

Setting 1:

Setting 2:

Setting 3:

Resources for Toolkit:

KCC Website

- Provider Access Line- Psychiatric Consultation and Care Coordination
- Toolkits: policy, implementation guidance, screening tools and algorithms, patient and provider handouts, etc…
  - Prescriber Algorithms
- TA & Training → email kcc@KU.edu

Policy & Billing Guidance

Postpartum Support International (PSI): provider and patient education, warm-line, perinatal treatment provider database, support groups, and more.

Peer Support: Supportgroupsinkansas.org; PSI

Other: KS Breastfeeding Coalition

MCPAP for Moms

Lifeline4Moms

Illinois DocAssist

MothertoBaby

The Provider Consultation Line for Perinatal Behavioral Health

Psychiatric Case Consultation and Care Coordination Support

Call 833-765-2004 or connect online using this form

- Consultations available M-F, 8:00 am-5:00 pm
- Requests responded to within 24 hours or the next business day
- Staffed by Psychiatrist, PMHNP,& LMSA/LMAC
- More information, here.

Connect!

Kansas Connecting Communities

- Monthly Learning Session: 3/5/21, 12:00-1:00 PM, Register here.
- Learn more or schedule a training for your organization: kcc@ku.edu
- Access Provider Consultation Line (case consultations, care coordination support, and patient assessments): http://bit.ly/ProviderConsult
- Schedule a clinic consultation or TA session: https://calendly.com/pcarrillo12/perinatal-behavioral-health-clinic-consultations

Melissa Hoffman, melissahoffmanaprn@gmail.com

- Build Your Village: https://buildyourvillagekansas.com/
- PSI-KS: https://psichapters.com/ks/

Thank You!!

References

Luca, D.L., Garlow, N., Staatz, C., Margiotta, C., & Zivin, K. (2019). Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in Washington. Cambridge, MA: Mathematica Policy Research. https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states

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KPQC
Kansas Perinatal Quality Collaborative

March 30: Learning Forum

April 27: Learning Forum

May 11: KPQC General Meeting