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

2015 Sexually Transmitted Diseases Treatment Guidelines

Gonococcal Infections

UPDATED GONORRHEA TREATMENT RECOMMENDATIONS

CDC’s updated recommendations for the treatment of uncomplicated gonorrhea in adolescents and adults: two-drug approach no longer recommended; treat with just one 500 mg injection of ceftriaxone.
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 times** 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

- 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?

Postpartum
- Maternal Health
- 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

MOM
- Postpartum Health
  - Bleeding, Infection, HTN, Immunization
- OB F/U
- Patient POC “Mom Plan”
- Family Planning
- Mental Health
- SO/Support

BABY
- Infant Care
- Car Seat
- Safe Sleep
- Shaken Baby Syndrome
- Breastfeeding
- Peds Provider
Immediate Postpartum through 1 year

Primary Care, Well Child Appts

Comprehensive Well Woman Exam (12 Weeks-1 year)

Referrals, Navigation, Breastfeeding, Home Visiting, Mom Plan, Peds, Behavioral Health, Transportation, Insurance

OB F/U Appointment 5 (2, 6 weeks)

Referrals, Navigation, Breastfeeding, Home Visiting, Mom Plan, Peds, Behavioral Health, Transportation, Insurance
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
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.

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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
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.
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

**Program Resources**: training and continuing education, technical assistance, provider toolkits, psychiatric consultation & care coordination support, and more!
Toolkit for the Bedside Provider

- Billing
- Policy
- Access Line
- Technical Assistance
- Consultation
- Training
Preconception:
PCP, Gyn, FP/Peds
Annual/universal screening; Preconception planning; MH/SU history & treatment planning

Pregnancy:
PCP/OB, CNM, MCH Services
Universal screening*; BH treatment planning, breastfeeding education; family planning

Peripartum
OB/CNM, Hospital
MH/SU counseling; treatment planning; partner & peer support

Postpartum
OB, Peds, PCP
screening*; BH treatment planning, breastfeeding education; family planning

Healthcare
Behavioral Health
Public Health

Integrate Perinatal Behavioral Health Care
Natural Supports
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!!

“Screening for perinatal depression and access to treatment among Kansas mothers: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2018,” B. Markert, L. Williams, and G. Crawford (KDHE)


March 30: Learning Forum

April 27: Learning Forum

May 11: KPQC General Meeting