Perinatal Depression Screening and Follow-up Work Flows

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Women's Behavioral Health

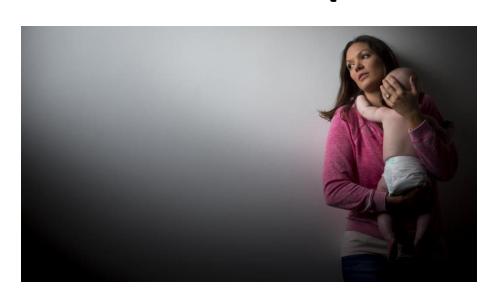


Objectives

- Provide brief introduction to perinatal mood and anxiety disorders (PMADs)
- Review implementation of Allegheny Health Network's integrated women's behavioral health program
- Provide highlights from our awareness campaign
- Discuss ongoing data collection and efforts to improve program quality and access to care



Perinatal Mood and Anxiety Disorders (PMADs)



#1 Complication of Pregnancy

Affecting 1/7 Women

Postpartum depression affects up to 60% of adolescent and low SES mothers



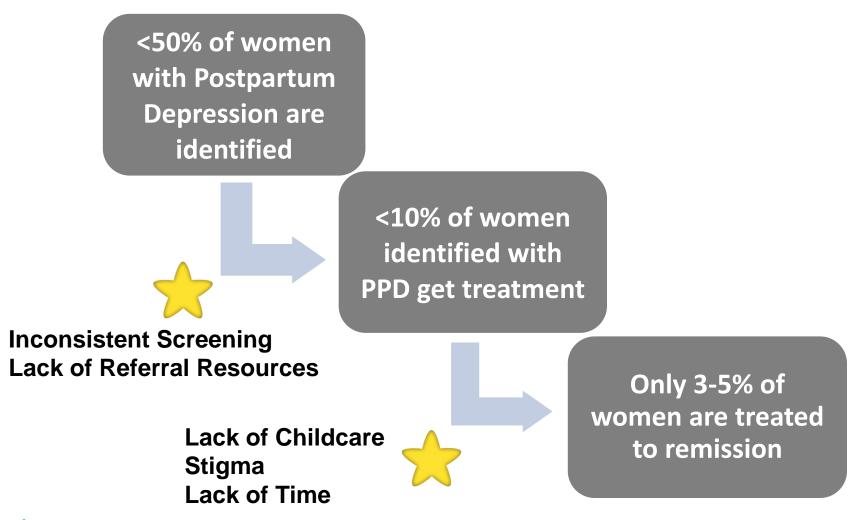
Impact of PMADs

- Less prenatal care
- Preterm labor and delivery
- Low birth weight infants
- Child abuse & neglect
- Maternal substance use

- Poorer bonding and attachment
- Infant developmental delay
- Impaired language development
- ADHD and anxiety disorders



Identification & Treatment Disparities





Identification of Community Need

2015 Highmark Study

- Review of claims data for 11,000 women
 who delivered between 1/2013 and 8/2014
- 21% had a diagnosis of postpartum depression
- Less than half (43%) of those diagnosed received any treatment
- 3% were hospitalized due to severity of mental health symptoms



Universal Screening for PMADs

- Screening instruments
 - Edinburgh PostnatalDepression Scale(EPDS)
 - Mood DisorderQuestionnaire (MDQ)
 - Perinatal AnxietyScreening Scale (PASS)

- Timing of screening
 - 1st Prenatal visit
 - 3rd Trimester visit
 - Postpartum visit

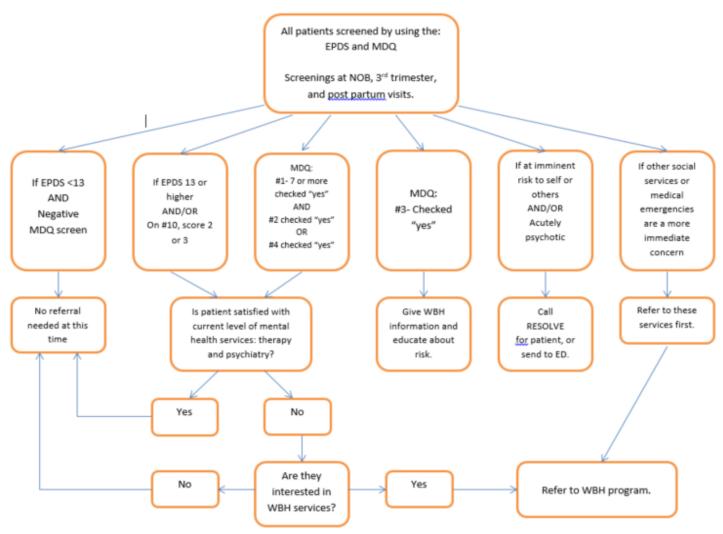


Streamlined Referral Process

- Best Practice Advisory
 - OBGYN needs to acknowledge positive screen prior to closing patient encounter
- Women's Behavioral Health Referral Order
 - Triage nurse reviews orders
 - Calls patients within 48 hours
 - Schedules patients for initial evaluation within 2 weeks



Development of Protocols





The Alexis Joy D'Achille Center for Perinatal Mental Health



- Mother-baby outpatient treatment
- Mother-baby intensive outpatient program
 - 3 days a week, 3 hours a day

7,300 square foot facility

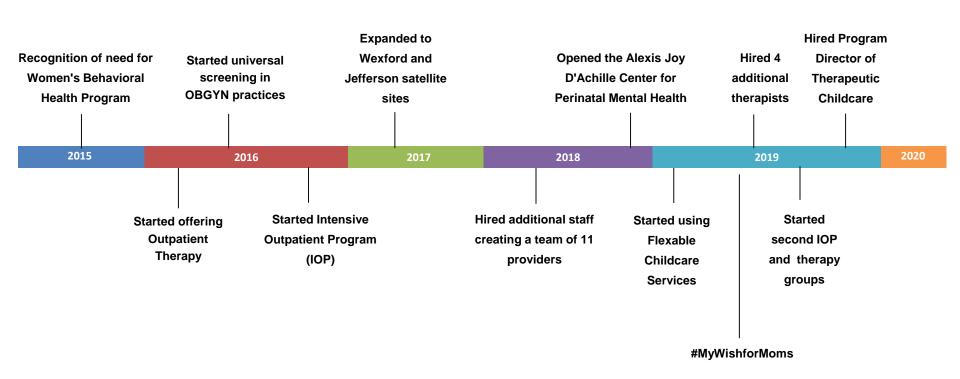






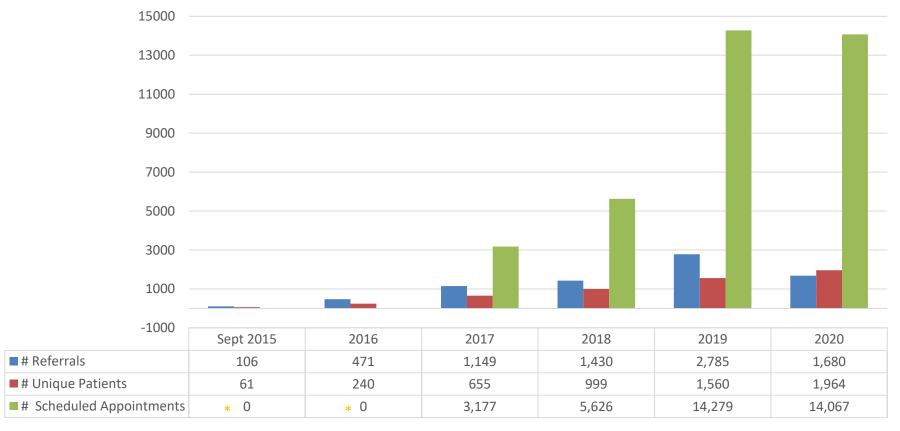


Women's Behavioral Health Timeline





Growth of WBH Service Line



*Did not collect data at this time



Growth of WBH Outpatient Service Line

Year	Referrals	Patients	Scheduled Sessions
2017	1149	655	3177
2018	1430	935	5504
2019	2633	1908	13917

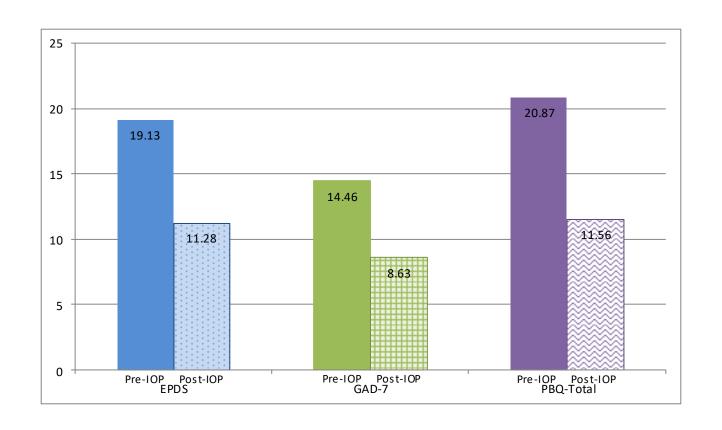


Growth of WBH IOP

Year	Referrals	Appointments
2017	69	653
2018	90	722
2019	104	1170



WBH IOP Outcomes





Patient Satisfaction

- 83% felt the program improved their confidence as a mother
- 100% found the group very or extremely helpful
- 89% found the prescribed medication very or extremely helpful



Helpful Tips

- Negotiate higher rates of reimbursement
 - Unique dyadic programming
- Improve collaboration with OBGYN
 - Outreach to OBGYN and pediatric offices
 - OBGYN Residency wellness
- Multidisciplinary staff
- Partner with existing community programs
- Integrate within hospital
 - Labor & Delivery, NICU
- Telemedicine



Improving Access to Care

- Data review of 90 IOP patients
 - 35% had other children in the home
 - 40% expressed lack of childcare as barrier to consistent treatment
 - Over a one month period, 50% of patients missed at least one treatment session secondary to issues with childcare



Improving Access to Care

- Free onsite childcare at WBH
 - Partnership with Flexable LLC starting in January 2019
 - Grant support from Jewish Women's Foundation, AJ Palumbo, and private donors
 - Able to provide childcare for
 - 452 Appointments, for 652 children in 2019
 - 178 Appointments, for 262 children in 2020 (stopped in 3/2020 due to COVID)



Stumbling Blocks

- Can't bill for warm referrals and crisis calls
 - Integrated LCSW into residency clinic
- NICU Screening and billing concerns
- Funding for staff that do not provide billable services
 - Triage
 - Case management



Thank you

- Jewish Healthcare Foundation
- Highmark
- Alexis Joy D'Achille Foundation
- Jewish Women's Foundation
- AJ Palumbo
- Private Donors
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- Rebecca Weinberg

