AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences
Celebrating 20 Years Advancing Integrated Care

Enhancing Perinatal Health through Collaborative Care (CoCM)

January 16, 2024

Copyright @2024 University of Washington

Advancing Integrated Mental Health Solutions (AIMS) Center Introductions

Monica Harrison, MSW, LCSW
Practice Coach/Clinical Trainer

Sara Barker, MPH
Associate Director for Implementation

Kristi Malmstrom, BS
Program Operations Specialist

Copyright @2024 University of Washington

AIMS Center Background

The purpose of the AIMS Center is to inspire providers, researchers, and decision-makers to transform healthcare and improve patient outcomes. We accomplish this by translating and researching evidence-based approaches to behavioral health integration.

Copyright @2024 University of Washington

Zoom Housekeeping

- This webinar is being recorded
  - Link to recording and slide set will be sent out following the presentation
- Using the Q&A function
  - Enter your question at any time
  - We'll answer questions when all presenters are done
  - General questions about Collaborative Care Model (CoCM) Implementation and Financing can be answered at Implementation and Financing Office Hours or the AIMS Center website FAQs

Copyright @2024 University of Washington

Learning Objectives

By the end of this session, participants should be able to:

- Define Collaborative Care in the context of perinatal health
- Explore the impact of Collaborative Care on mental health outcomes during pregnancy and postpartum
- Discuss how Collaborative Care can be adapted to meet the unique needs of the perinatal population
- Provide practical tips for overcoming common challenges in providing perinatal Collaborative Care

Copyright @2024 University of Washington

Today's Presenters

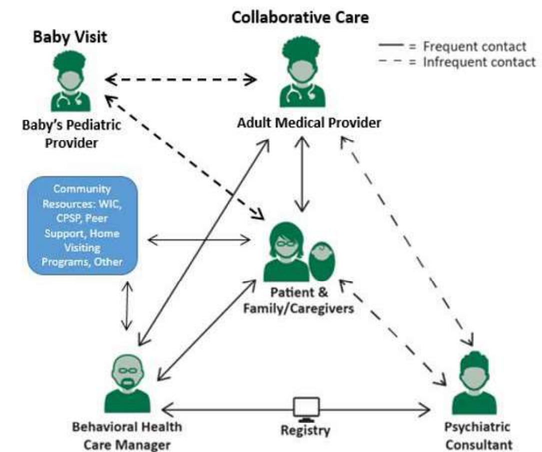
- **Amritha Bhat, MBBS, MD, MPH**
  - University of Washington
- **Jennifer Thomas, MD, FASAM**
  - Morris Hospital
- **Mary Fitzgibbon, MD**
  - Morris Hospital
- **Katrina Neubauer, LCPC**
  - Morris Hospital
- **MaryEllen Maccio, MD**
  - Valley Medical Group

Copyright @2024 University of Washington

BACKGROUND

Copyright @2024 University of Washington

Overview



Adapted from works created by the University of Washington AIMS Center, 1/11/2024, https://aims.uw.edu/collaborative-care/team-structure

Copyright @2024 University of Washington

Evidence Base for Perinatal Collaborative Care

- When tested in pregnant women receiving prenatal care at FQHCs, CoCM performed better than enhanced usual care in both depression score reduction and remission rates
- Perinatal CoCM is more effective than enhanced usual care in reducing depression severity among women with comorbid PTSD
- Women who experience adverse birth events such as preterm birth and low birth weight are at high risk for PPD; Perinatal CoCM reduces the risk of PPD in these women

Grote, N. K., Katon, W. J., Russo, J. E., Lohr, M. J., Curran, M., Galvin, E., & Carson, K. (2015). Collaborative care for perinatal depression in socioeconomically disadvantaged women: a randomized trial. Depression and anxiety, 32(11), 821-834.

Copyright @2024 University of Washington

Evidence Base for Perinatal Collaborative Care

- Women who engaged in perinatal CoCM were more likely to intend breastfeeding and to continue breastfeeding at the postpartum visit
- Implementation of perinatal CoCM reduced disparities in screening for antenatal depression and in treatment recommendations for those who screened positive
- Patients say that depression treatment should be considered part of regular prenatal care
  - "trying to incorporate different aspects of your healthcare into one program"
  - "one stop shop kind of approach"
- Perinatal CoCM among women with probable major depression and PTSD has significant clinical benefit, with only a moderate increase in health services cost; perinatal CoCM delivered over 18 months was shown to cost about $2.50 a day

Allen et al,, 2019; Parzysek et al, 2019, Snowber et al. 2022

Copyright @2024 University of Washington

Perinatal Population CoCM Considerations

- Unique diagnoses, dyadic interactions
- Therapy and medication considerations
- Safety considerations
- Coordination of care

Copyright @2024 University of Washington

Screening and Monitoring Tools

- Tools:
  - PHQ-9 vs EPDS
  - GAD-7 or EPDS 3A
  - Screen for bipolar disorder – MDQ / CIDI
  - NIDA quick screen, AUDIT
- Perinatal depression screening frequency
  - ACOG: Early and late pregnancy, postpartum
  - AAP: 1, 2, 4 and 6 month well child visit
  - APA:
    - (depressive, anxiety, and psychotic disorders) once in early pregnancy and once later in the pregnancy
    - postpartum patients should be screened for depression during pediatric visits as recommended by the AAP
    - systematic response to screening should be in place to ensure that psychiatric disorders are appropriately assessed, treated, and followed

Position Statement on Screening and Treatment of Mood and Anxiety Disorders During Pregnancy and Postpartum. APA Official Actions. (https://www.psychiatry.org › Organization-Documents-Policies › Policies). Nov 2018

Copyright @2024 University of Washington

MORRIS HOSPITAL

Copyright @2024 University of Washington

Who We Are

- Morris Hospital Obstetrics and Gynecology
  - 6 physicians, 1 NP
  - 4 office locations, covering 5 IL counties
  - Payer mix: 1/3 Medicaid, 2/3 commercial
  - 550-600 deliveries annually
  - Level 2 Special Care Nursery
- CoCM for OB/Gyn launched Feb. 2019
  - BHCM: Katrina Neubaur, LCPC
  - Provider: Dr. Mary Fitzgibbon, MD
  - Psych Consultant: Dr. Nelly Norrell, MD

Copyright @2024 University of Washington

Transitions of Care

- Process
  - Universal depression screening with PHQ-9
  - Providers identify and engage patients in CoCM, provide a warm connection to on-site BHCM
  - OB/Gyn providers will typically manage BH meds for up to 12 months postpartum
- OBGYN to PCP
  - If ongoing BH support is needed, BHCM will attempt to connect with medical PCP to determine if they are comfortable serving in the PCP role on the CoCM team
  - For SPMI, 1-2 PCPs with extra training in primary care psychiatry often take over the med management piece for patients in the OB/Gyn practice
- Pediatrics
  - Morris Hospital medical group has one shared EMR
  - Pediatricians will screen mother for depression with PHQ-9 at the 2-week newborn office visit
  - Send message to OB physician/OB BHCM if mother screens positive

Copyright @2024 University of Washington

Implementation

- Perinatal CoCM launched in Feb. 2019
- What was helpful?
  - Received implementation coaching as part of the MInD-I CoCM study beginning in 2018
    - Implementation coaching costs were covered due to our participation in the research study
    - Cost of registry was covered (AIMS Caseload Tracker)
  - Co-launched CoCM with a family medicine office
    - Talk through workflows with another office site
    - Combine CoCM trainings for clinical and clerical staff
  - Transition away from EDS to the PHQ-9 for postpartum depression screening
  - Strong Psychiatric Consultant, comfortable consulting on perinatal population
  - Well positioned to disseminate telemed video visits once pandemic began
    - BHCMs were the only providers doing video/phone visits as of March 2020
    - When Medical Providers had to quickly pivot to telemed visits, BHCMs were instrumental in helping create workflows

Copyright @2024 University of Washington

Lessons Learned

- More intentional about including the BHCM in clinic huddles
- Succession plan for BHCM turnover
  - Assumed when BHCM left, the new BHCM would pick up where they left off
  - Position was unfilled nearly a year, BHCMs from other primary care sites filled in on temporary basis
  - Once new BHCM began, "started over" with a new caseload of patients
  - Need to improve our process and oversight of the registry

Copyright @2024 University of Washington

VALLEY MEDICAL GROUP

Copyright @2024 University of Washington

Demographics, Background and Initial Data

Valley Medical Center (VMC), part of University of Washington system

- 341 beds, 11 L&D beds, 8 level 3 NICU beds
- ~2600 Deliveries per year, 43% Medicaid
- All delivering clinicians employed: 12 OB/GYN, 6 Midwives, FP faculty & residents
- 2018: VMC recommended EPDS mood screening at postpartum visit
  - + results with limited tx options caused stress for patients and OBs
  - Volume of patients increased during Covid
- 2020: Collaborative Care as a solution introduced by Dr. Bhat
- 2021: Perinatal Behavioral Health Integration Program (P-BHIP) approved, modeled after VMC's primary care BHIP program, Dr. Braden
- 2022: 0.6 FTE Behavioral Health Care Manager hired; 9/2022 first patients enrolled
- 12/2023, 14 months of data: 221 appropriate referrals for P-BHIP, 43% established care, 22% deferred to traditional care due to BHCM caseload, 22% unable to contact and 13% declined program

Copyright @2024 University of Washington

Unique Considerations for CoCM in Perinatal Population

- Most patients prefer non-medication interventions as first step
  - Timely access to Behavioral Health Care Manager (BHCM) for these interventions essential
  - BHCM provides information about non-medication interventions, such as doulas, support groups
- When medications recommended, informed consent done by OB and takes time
  - When initiating, use medications that have efficacy and safety track record
  - Frame discussion in terms of risk of medication compared to known risk of untreated perinatal mood disorder
  - BHCM has important role in discussion about med safety, addressing patient concerns and questions

Copyright @2024 University of Washington

Implementation

- **Helpful:**
  - — Education sessions for OBs before launch of program
  - — Clinician reviewing P-BHIP referrals to make sure good match
  - — Engaging support staff about program, screening goals
  - — Growth mindset makes a difference within team
- **Lessons learned:**
  - — P-BHIP team has two constituents, patients → Lynn Skirven LICSW and OB clinicians → Melissa Rubin, psychiatric ARNP, CNM
  - — Ongoing educational sessions necessary, best as optional
  - — Epic build sooner for registry, more P-BHIP team to IT understanding
  - — Plan for access issues, build increasing BHCM time into proposal

Copyright @2024 University of Washington

Transitions of Care

- **Unique considerations**
  - — Most perinatal patients see their OB clinician as their PCP
  - — Many OBs see the 6-week postpartum visit as the end of care/responsibility; visits beyond the 6-month timeframe impact access
- **Strategies**
  - — For patients in P-BHIP discuss need for PCP early in process, set expectations for transitions
  - — Emphasize to OBs if they refer postpartum, they will be prescribing until patient graduates from program

Copyright @2024 University of Washington

MANY THANKS TO OUR PRESENTERS!

Copyright @2024 University of Washington

Q & A

Copyright @2024 University of Washington

Additional Resources

American Psychiatric Association – Treating the Perinatal Population

https://www.psychiatry.org/getmedia/e2eafc40-965c-4a72-b206-50b458c35e16/APA-Treating-Perinatal-in-the-CoCM-Guide.pdf

AIMS Center Implementation and Financial Office Hour Info

https://aims.uw.edu/what-we-do/office-hours

Copyright @2024 University of Washington

Upcoming Quarterly Webinars

- 3rd Tuesdays, 10-11 AM Pacific
  - April 16, 2024
  - July 16, 2024
  - October 15, 2024
- Upcoming topics
  - Pediatric CoCM
  - Rural CoCM
  - 20th Anniversary: Lessons Learned & New Directions
- Let us know what you'd like to hear about!

Copyright @2024 University of Washington

WEBINAR FEEDBACK

Copyright @2024 University of Washington

Thank you for joining us!

University of Washington AIMS Center
uwaims@uw.edu

Copyright @2024 University of Washington