A Statewide System to Address Perinatal Mental Health Disorders: The Illinois Experience

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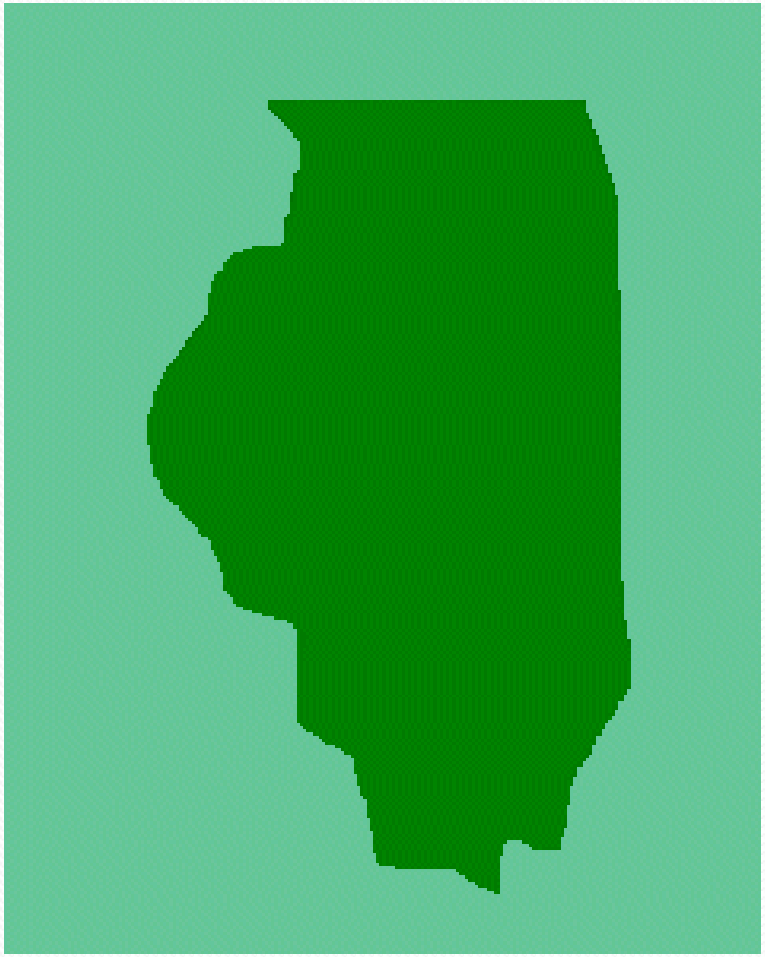
Perinatal depression in Illinois before the initiative

- About 9.4 – 12.7% of pregnant women have a major depressive episode
- Up to 21.9% of women giving birth develop postpartum depression
- In 2001, only 607 of the 81,000 women with Medicaid-funded deliveries (0.75%) were diagnosed with depression in Illinois

Gavin NJ et al: Obstet Gynecol 106:1071-83, 2005



Illinois Perinatal Depression Task Force

- How can we improve detection of perinatal mental health disorders statewide?
- How can we improve delivery & quality of treatment for perinatal mental health disorders statewide?

Illinois task force findings: obstacles to early detection and treatment

- Mental health system lacked capacity to treat most women with perinatal mental health disorders
- Most primary/prenatal care providers lacked knowledge and skills to diagnose and treat perinatal mental health disorders
- No reimbursement for screening

Illinois' strategy to improve detection and treatment of perinatal depression

Central focus:

- Increase ***primary care provider*** capacity to detect, diagnose and treat perinatal mental health disorders

- Promote screening and public awareness ***in tandem*** with increasing provider capacity

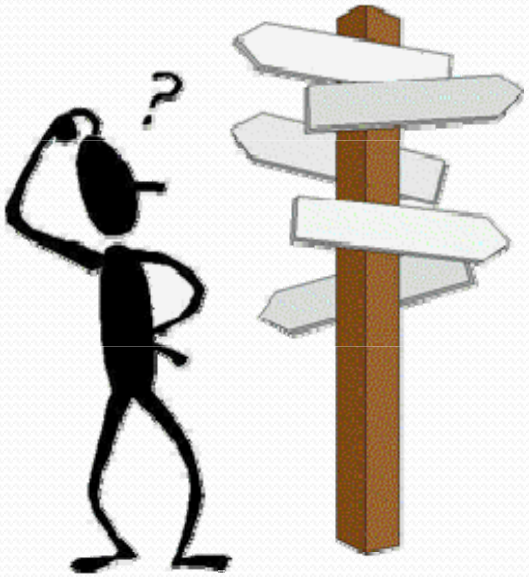
Illinois' strategy to improve detection and treatment of perinatal depression

- Provider support
  - *Training* providers
  - *Tools* for screening, assessment & treatment
  - *Consultation* available to providers
- Systemic support
  - *Reimbursement* for screening
  - *Models* of integrative care
  - *Tools* for self-care
  - *Statewide network of perinatal mental health providers*

UIC Perinatal Mental Health Project: primary care provider training workshops

- Basic workshop
- Advanced skills workshops
  - Screening and assessment
  - Psychopharmacology during pregnancy and postpartum
  - Assessment and intervention for mother-infant relationship problems caused by perinatal mental health disorders

Since workshops aren't enough….



UIC Perinatal Mental Health Consultation Service

- Resource for providers to consult with experts in perinatal mental health
- Accessed by toll-free telephone or online: 1-800-573-6121

www.psych.uic.edu/research/perinatalmentalhealth/

- Consultants are multidisciplinary faculty and staff from the UIC Women's Mental Health Program

Models of care for perinatal mental health

"Screen & refer" model for detecting perinatal depression in prenatal/primary care settings

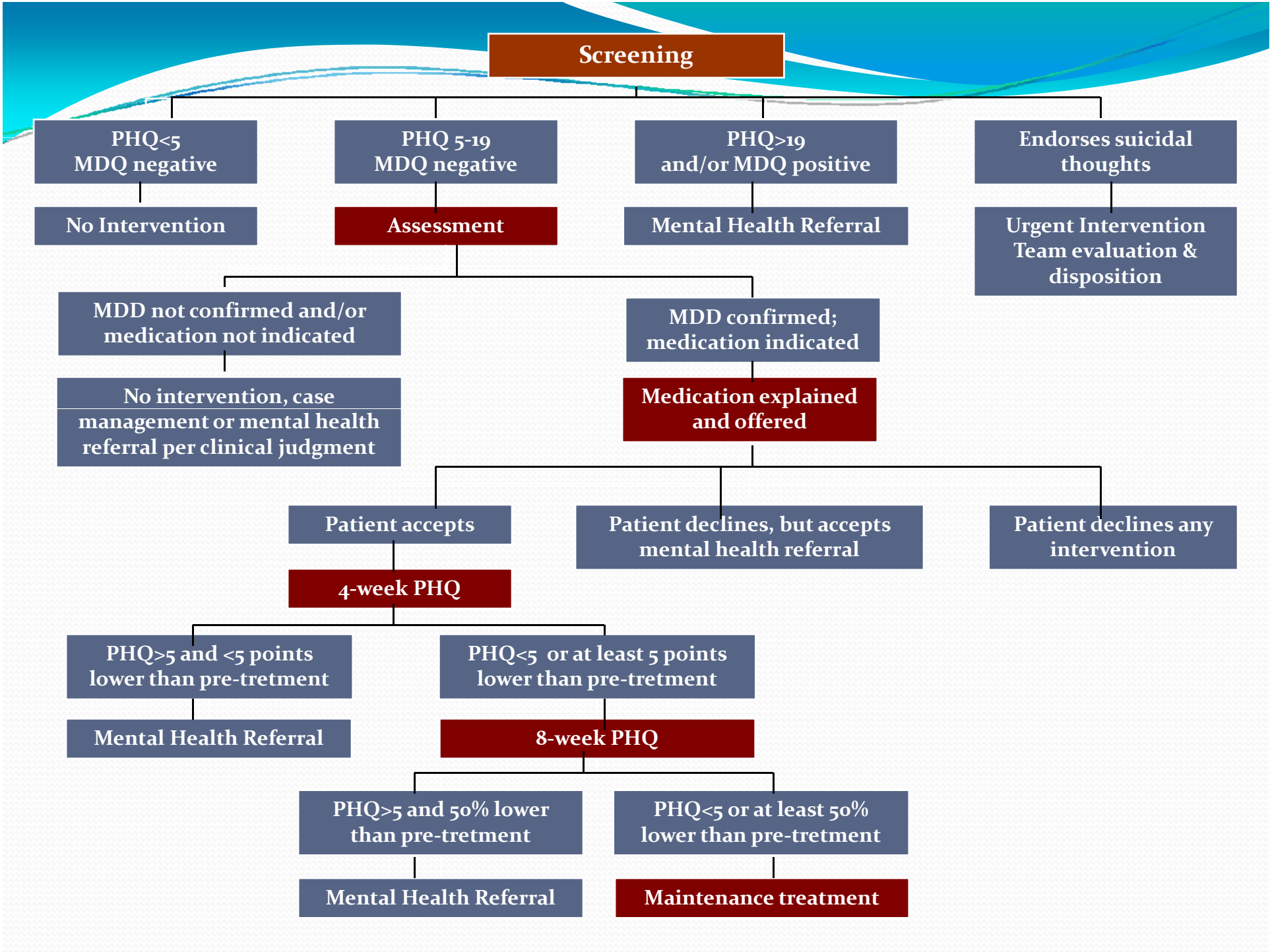
- Screen all patients
- Refer women who "screen positive" to mental health services
- Problems
  - Screening is well accepted by patients
  - Mental health referral is not
  - Mental health resources are limited

“Screen, assess & refer” model

- Screen all patients
- Do diagnostic assessment on site for women whose scores are above a cut-off
- Refer those who are diagnosed with major depression to mental health services for treatment
- Increases acceptance; reduces “false positives”

“Stepped care” model for detecting and treating perinatal depression

- Screen all patients
- Do diagnostic assessment on site for women whose scores are above a cut-off
- Identify subset of women to treat on site (based on severity, complexity)
- Treat on site ; track treatment response
- If response is inadequate, refer for mental health care


Screening
PHQ<5
MDQ negative
PHQ 5-19
MDQ negative
PHQ>19
and/or MDQ positive
Endorses suicidal thoughts
No Intervention
Assessment
Mental Health Referral
Urgent Intervention Team evaluation & disposition
MDD not confirmed and/or medication not indicated
MDD confirmed; medication indicated
No intervention, case management or mental health referral per clinical judgment
Medication explained and offered
Patient accepts
Patient declines, but accepts mental health referral
Patient declines any intervention
4-week PHQ
PHQ>5 and <5 points lower than pre-tretment
PHQ<5 or at least 5 points lower than pre-tretment
Mental Health Referral
8-week PHQ
PHQ>5 and 50% lower than pre-tretment
PHQ<5 or at least 50% lower than pre-tretment
Mental Health Referral
Maintenance treatment

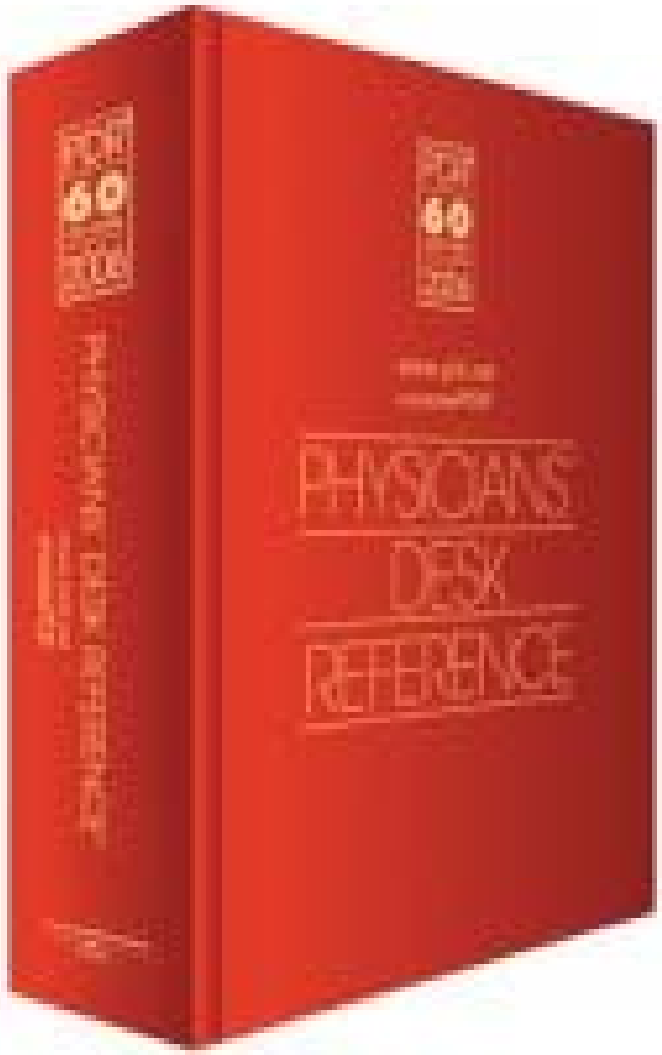
Advantages of "stepped care" model

- Reduces stigma
- Reduces logistical barriers - transportation, time, expense
- Promotes continuity of care
- Cost effective
- General depression stepped care models improve quality of care, patient & provider satisfaction, & depression outcomes

Neumeyer-Groman A et al: Med Care 42:1211-21, 2004

Perinatal Depression Stepped-Care pilot

- Alivio Medical Center
  - FQHC; over 16,000 patients per year, over 1200 births per year
  - most patients monolingual Spanish, below 200% poverty level
- Prior to model
  - 0.4% of women of reproductive age diagnosed with psychiatric disorder
- After introducing model (March 2005)
  - Screening average: 58%
  - 17% screened positive
  - 76% assessed on site
  - 10% diagnosed with major depression on site
- Quality Monitoring data guides follow-up training


PDR
60
PHYSICIANS
DESK
REFERENCE

Limitations of FDA pregnancy risk categories

- No medications are yet FDA-approved specifically for use during pregnancy
- Psychotropic medications cross placenta so are never "no risk" (Category A)
- Categories B & C based on animal studies, but adverse medication effects don't generalize from one species to another
- Drugs can get "demoted" the more they're studied in humans (bupropion, paroxetine)

Provider tool: Information on antidepressants during pregnancy and postpartum

- Compiles data from studies in human pregnancy & breastfeeding
- Updated whenever research warrants
- Available on line at no charge

www.psych.uic.edu/research/perinatalmentalhealth/

Illinois strategies for promoting perinatal depression screening

- HealthCare and Family Services (HFS) reimburses for perinatal depression screening
- Dissemination of screening tools & information
  - Mailed Provider Notice
  - Online (HFS website)
  - Provider training sessions
- On-site consultation and monitoring for clinics interested in setting up screening programs
- Medicaid Managed Care Organizations (MCO)
  - Perinatal depression screening is a quality indicator
  - Charts are audited for perinatal depression screening

Legislative support

Perinatal Mental Health Disorders Prevention and Treatment Act

- Provisions for education/information
  - Licensed prenatal care providers shall educate women (families) about perinatal mental health disorders per ACOG opinions
  - Hospitals shall inform mothers (families) about perinatal mental health disorders
  - DHS will supply written information that can be used for this purpose

Perinatal Mental Health Disorders Prevention and Treatment Act

- Provisions for screening and assessment
  - Licensed prenatal, postnatal & infant care providers shall offer formal screening to each pregnant patient & review screen per ACOG opinions
  - Assessment must be repeated when patient may have a perinatal mental health disorder

Collaborations

Enhancing Developmentally Oriented Primary Care (EDOPC)

- Collaborative partnership
  - Advocate Health Care, Healthy Steps Program
  - Illinois Chapter, American Academy of Pediatrics
  - Illinois Academy of Family Physicians
  - Illinois Department of HealthCare & Family Services
- Overall goals
  - Improve delivery and financing of preventive health and developmental services in primary health care settings for children under age 3
  - Align goals of physicians and parents around high-quality health care

EDOPC approach

- Office-based training for providers & their teams
- Information in binder & pocket guides
- Follow-up technical assistance
- Website
- Includes a provider training module on Perinatal Maternal Depression Screening and Referral

NorthShore University HealthSystems Perinatal Depression Program

- Founded in 2002, in memory of Jennifer Mudd Houghtaling
- Mission: To identify and support families at risk for perinatal depression
- Key components:
  - 866-ENH-MOMS hotline
  - Universal perinatal depression screening in third trimester and six weeks postpartum
  - Mental health provider network
  - Health care provider education
  - Research

Perinatal depression initiatives: other key collaborations

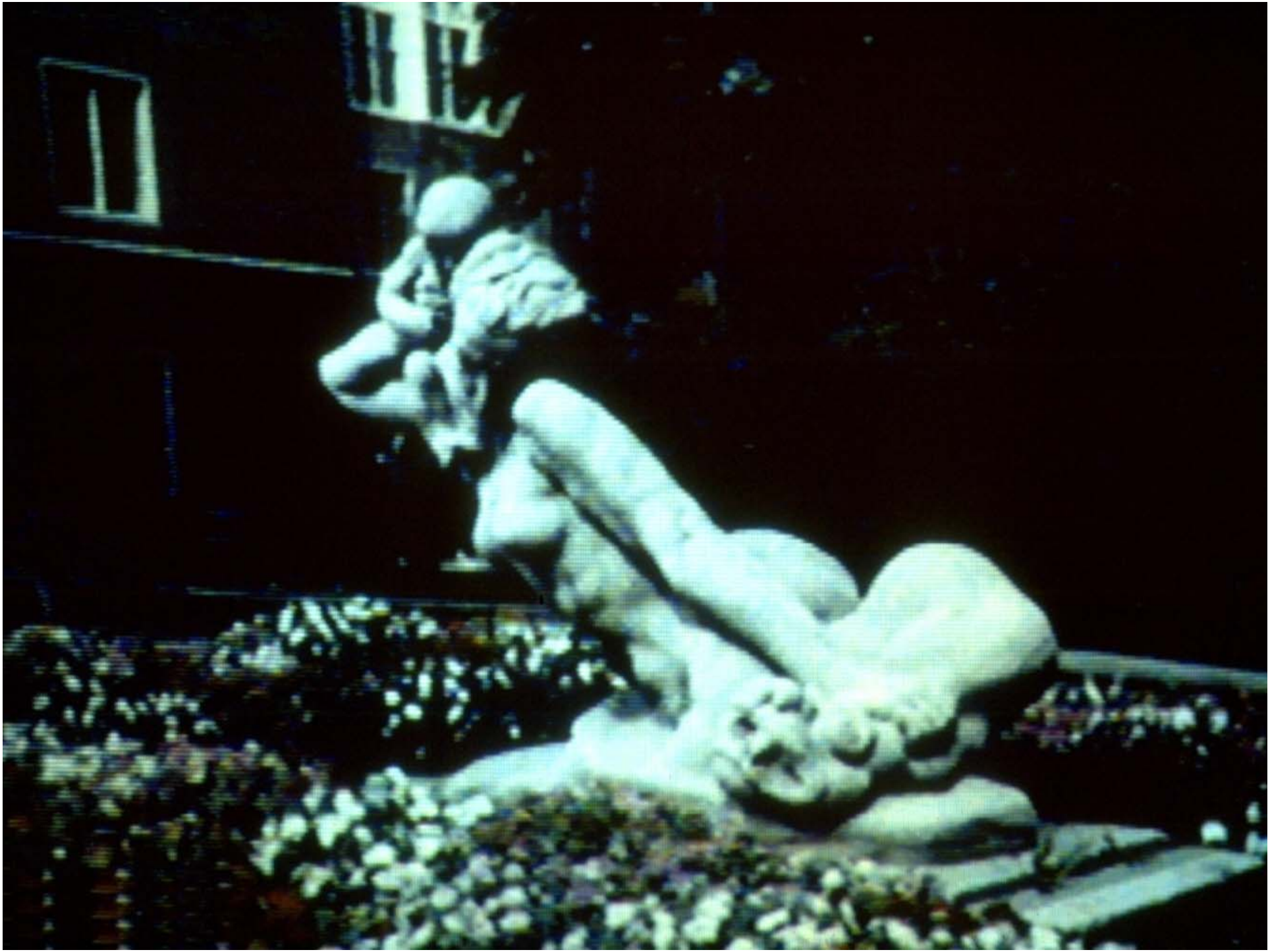
- Illinois HealthCare and Family Services (Medicaid agency)
- Office of Family Health (Title V agency)
- Postpartum Depression Illinois Alliance (state branch of Postpartum Support International)
- Conference of Women Legislators
- Jennifer Mudd Houghtaling Postpartum Depression Foundation
- Ounce of Prevention
- Voices for Illinois Children
- Erikson Institute

Perinatal depression: fostering statewide collaboration

- Collaboration meetings
- Annual peer review meetings on specific topics
  - Perinatal depression
  - Interconception care
- Web links

Thanks to our funders

- Health Resources and Services Administration (HRSA)
- Michael Reese Health Trust
- Illinois HealthCare and Family Services

UIC Perinatal Mental Health Project: how to reach us

- Toll-free telephone **1-800-573-6121**
- Project website
  www.psych.uic.edu/research/perinatalmentalhealth/
- UIC Women's Mental Health Program website
  www.psych.uic.edu/clinical/women
- Project Director: Bindu Ganga, Psy.D