Maternal Mental Health Safety Bundle: An Opportunity for Public Health-Provider Partnership in California

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Special Thanks

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- Reggie Caldwell, LCSW – Health Equity Analyst – CDPH|MCAH Division
- Yolo County Maternal Mental Health Collaborative Members
- Yolo County Health & Human Services Agency, MCAH Programs

Presenters

- John Keats, MD – MMH Safety Bundle Workgroup Co-Chair
- Sue Kendig, JD, WHNP-BC, FAANP, MMH Safety Bundle Workgroup Co-Chair

Objectives

- Provide an in depth overview of the MMH Safety Bundle and its components
- To increase understanding about why MMH is a public health and critical maternity safety issue
- Provide an overview of the intersection between the Safety Bundle, California's Comprehensive Perinatal Services Program (CPSP) and other California efforts to address Maternal Mental Health
- Articulate the role of the MCAH Programs highlighting the role of CPSP Coordinators and MCAH programs in supporting the implementation of the safety bundle.

Maternal Mental Health Initiatives in California

- **CA-PAMR 2.0**: in depth review of maternal deaths due to suicide and drug overdoses (2002-2012).
- California Taskforce on Maternal Mental Health **White Paper** released April 2017
- Integrating **Maternal Mental Health Safety Bundle** (The Council on Patient Safety in Women's Health Care) into state efforts on MMH

Source: "Maternal Mental Health Efforts in California" ACOG – CDC Maternal Safety and Mortality Meeting, May 15, 20-16, Washington DC. Christine H. Morton, PhD, CMQCC

California MMH Think Tank

Objective: To bring together **State and local MCAH leaders** around the topic of Maternal Wellness in order to identify our role in addressing MMH in California.

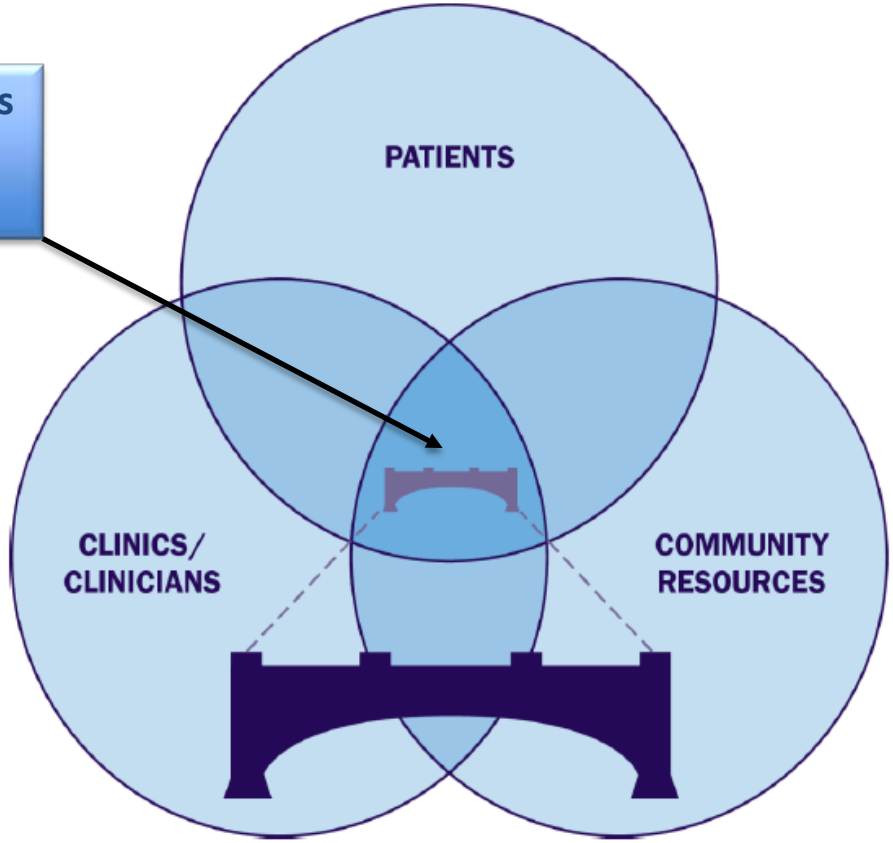
Reggie Caldwell, LCSW
Health Equity Analyst
MCAH Division
California Department of Public Health

Anna Sutton, PHN, MSN

Clinical- Community Linkages

Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Perinatal Services Coordinator CPSP Program



Clinical-community linkages help to connect health care providers, community organizations, and public health agencies so they can improve patients' access to preventive and chronic care services.

We can do this!

The Opportunity

An established Medi-Cal Reimbursable Program

- **Perinatal Services Coordinators** (PSCs)
- Comprehensive Perinatal Services Program (CPSP)
- **61 LHJs** with MCAH Programs/MCAH Directors
- **State MMH Think Tank**

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safe health care for every woman

Patient Safety Bundle: Maternal Mental Health

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- Platform for Behavioral health integration
- A Framework for addressing MMH in obstetrical settings
- A model (CPSP) for safety bundle implementation

California has infrastructure

Anna Sutton, PHN, MSN

CPSP-MMH Safety Bundle Crosswalk

Council on Patient Safety in Women's Health: Patient Safety Bundle
Maternal Mental Health
California Department of Public Health – MCAH Title V Program – Comprehensive Perinatal Services Program
CPSP – Patient Safety Bundle Cross Walk

	MMH Safety Bundle Component *Every Clinical Care Setting*	Comprehensive Perinatal Services Program Element	Opportunities/Suggested functions for the PSC
READINESS	Identify mental health screening tools to be made available in every clinical setting (outpatient OB clinics, and inpatient facilities)	• Protocols • CPSP Assessment Forms	• Technical Assistance • Resourcing • Link to community partners Link to Safety Bundle's "Complete Resource Guide" • Link to free tools (i.e., PHQ2, PHQ4, PHQ9, Edinburgh Postnatal Depression Scale (EPDS)
	Educate clinicians and office staff on use of the identified screening tools and response protocol.	• CPSP Protocols	• Promote universal screening in CPSP clinics • Link to resources such as MMH Safety Bundle's "Complete Resource Guide" • CPSP Roundtables • Technical Assistance • Training/Linkage to training
	Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol.	• CPSP Clinic Liaison • Clinic Manager • CPSP Medical Director	• Administrative Reviews • Protocol Development • Other monitoring activities
	Establish a response protocol based on local resources.	• CPSP Protocols	• Share examples/templates • Link to reproductive psychiatrist if available • Link to Postpartum Support International • Link to MMH Safety Bundle's "Complete Resource Guide"

Next Steps

- Implementation plans
  - Consider as a local MCAH SOW activity?
- Possible Toolkit
  - Partners, Funding
- Measures: Process, Outcome, HEDIS
  - ACOG MMH Expert Workgroup
  - CA Taskforce on MMH Recommendation # 7
  - MMH Safety Bundle Workgroup “Reporting/Systems Learning” Lead and members
  - California’s MMH Think Tank?

Maternal Mental Health: A New Focus of Patient Safety

John P. Keats, MD

Patient Safety Bundle

Maternal Mental Health: Perinatal Depression and Anxiety

Conflict of Interest Statement

No conflicts of interest to report

John P. Keats, MD

Why a Safety Issue?

- **Common but often unrecognized**
  - CDC estimates 8-19% of women will experience a depressive episode during or after pregnancy
  - More common than GDM – 9.2%
- **Often untreated**
  - Untreated maternal depression can have a devastating effect on women, their infants and their families

Adverse **Maternal** Effects

Untreated maternal depression can lead to

- Poor adherence to medical care
- Poor nutrition (either inadequate or excessive weight gain)
- Loss of interpersonal and financial resources
- Smoking and substance abuse with their attendant risks
- Can lead to increased risks of developing pregnancy morbidities such as gestational diabetes, hypertension and or preeclampsia

Adverse **Fetal** Effects

Untreated maternal depression can lead to

- preterm birth
- impaired fetal growth
- lower birth weight
- impaired maternal-infant bonding

Association of Antenatal Depression Symptoms and Antidepressant Treatment With Preterm Birth

Kartik K. Venkatesh, MD, PhD, Laura Riley, MD, Victor M. Castro, MS, Roy H. Perlis, MD, MSc, and Anjali J. Kaimal, MD, MAS

The Real Safety Issue

In extreme form, depressive psychosis can lead to maternal suicide and/or infanticide

Manhattan mother jumps eight stories to her death with her infant son strapped to her chest; baby survives with minor injuries

Sources say Harlem lawyer Cynthia Wachenheim penned a 13-page, handwritten suicide note before jumping out of an eighth-story window, taking her son, Keston, with her. The baby was saved from the impact when the woman landed on her back on the pavement.

BY ROCCO PARASCANDOLA, JOE KEMP, VERA CHINESE / NEW YORK DAILY NEWS /

Updated: Saturday, March 16, 2013, 10:46 AM

A A A

John P. Keats, MD

The Real Safety Issue

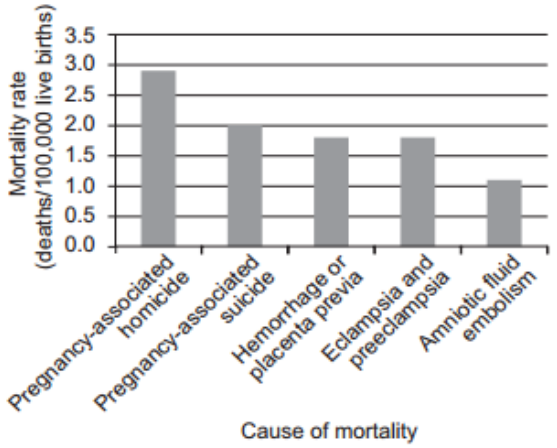
Maternal *suicide* within a year of birth **<u>exceeds</u>** hemorrhage and hypertensive disorders as a cause of maternal mortality, and is probably underreported

Homicide and Suicide During the Perinatal Period

Findings From the National Violent Death Reporting System

Christie Lancaster Palladino, MD, MSc, Vijay Singh, MD, MPH, Jacquelyn Campbell, PhD, RN, Heather Flynn, PhD, and Katherine J. Gold, MD, MSW

(Obstet Gynecol 2011;118:1056–63)



The Real Safety Issue

Maternal Deaths From Suicide and Overdose in Colorado, 2004–2012

Torri D. Metz, MD, MS, Polina Rovner, MD, M. Camille Hoffman, MD, MSc, Amanda A. Allshouse, MS, Krista M. Beckwith, MSPH, and Ingrid A. Binswanger, MD, MPH, MS

(Obstet Gynecol 2016;128:1233–40)

VOL. 128, NO. 6, DECEMBER 2016

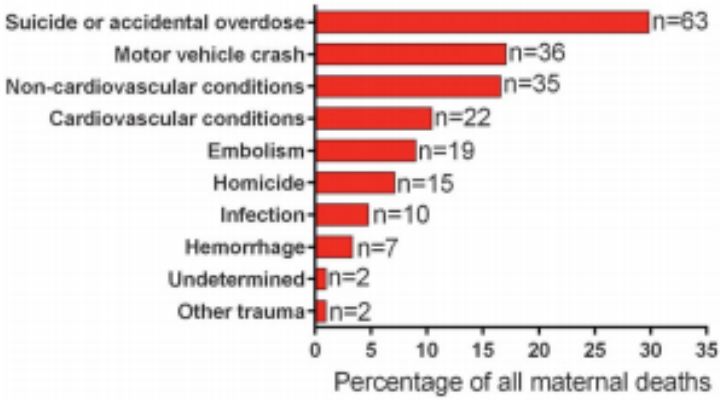


Fig. 1. Maternal deaths in Colorado from 2004 to 2012 (N=211) classified by cause. The x-axis delineates the percentage of maternal deaths in each category stated on the y-axis with the frequency in each category provided at the end of each bar. Classifications are mutually exclusive.

Metz. Maternal Deaths From Self-Harm in Colorado. Obstet Gynecol 2016.

John P. Keats, MD

Who's Doing Something About It?

Pediatricians

PEDIATRICS Volume 126, Number 5, November 2010

Guidance for the Clinician in
Rendering Pediatric Care

Clinical Report—Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice

But not so well…

Most Pediatricians Don't Ask About Mom's Depression

About 4 in 10 moms with young kids affected, which can have harmful effects on families, researchers say

The study is published in the February/March issue of the *Journal of Developmental & Behavioral Pediatrics*.

SOURCE: Children's Hospital at Montefiore, news release, Feb. 29, 2016

What Was ACOG Doing?

An ACOG Fellow since 1978, Dr. Joseph was elected ACOG's 60th president and served from 2009–2010, when he championed awareness of perinatal and postpartum depression. "I wanted to focus attention on a specific problem that is prevalent in women and that contributes to so many of the symptoms we see in our patients," Dr. Joseph said.

Screening for Perinatal Depression

Committee Opinion Number 453, February 2010,

- .....insufficient evidence.....

John P. Keats, MD

Then Something Changed…..

Action at State levels

- Mandatory depression screening
  - NY – 2006
  - IL – 2008

- NY requires coverage of screening in pregnancy – 2016
- Several others mandate availability of educational materials or access to treatment

ACOG

COMMITTEE OPINION

Number 630 • May 2015 *(Replaces Committee Opinion Number 453, February 2010)*

Committee on Obstetric Practice

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Screening for Perinatal Depression

during pregnancy and the postpartum period. Although definitive evidence of benefit is limited, the American College of Obstetricians and Gynecologists recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Although screening is

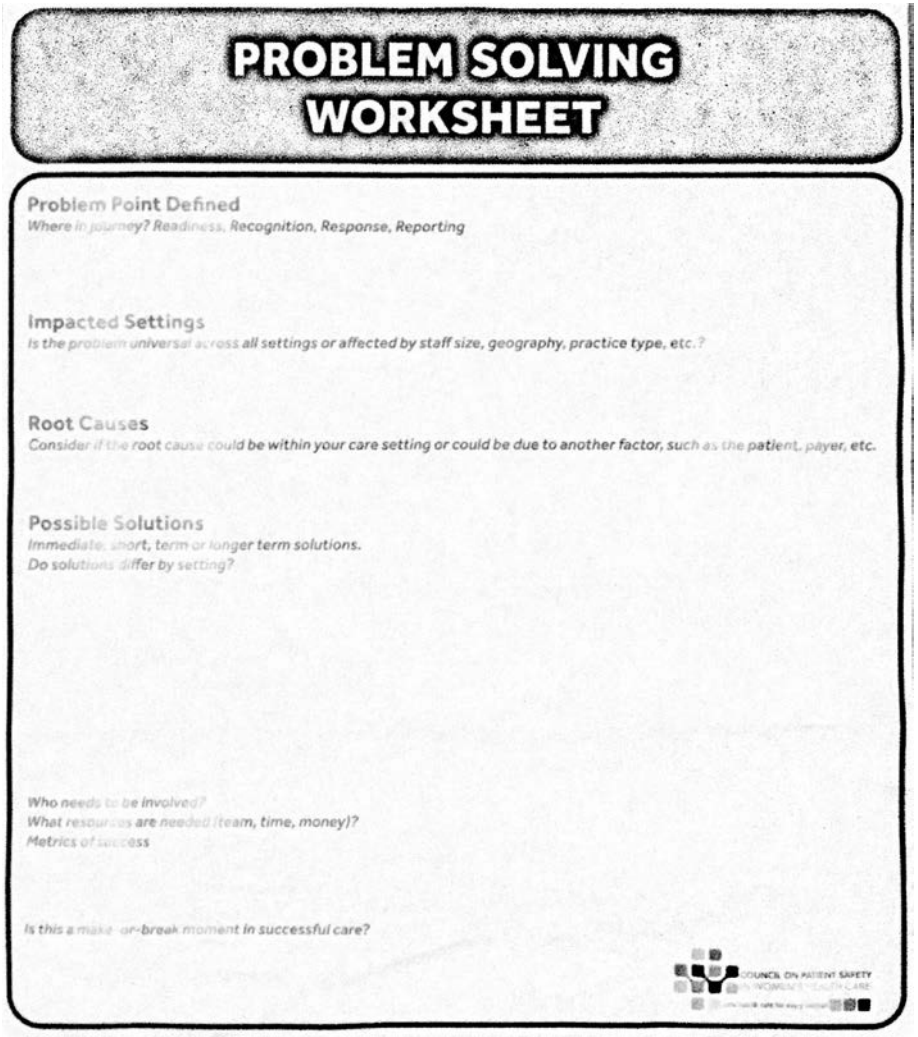
.....screen patients at least once.....

John P. Keats, MD

Journey Map

- **Initially developed to track customer experience with a product or service**
- **For the purposes of illustrating a preferred model of care, the map:**
  - States preparedness requirement
  - Demonstrates how to implement screening at the local care setting
  - Suggests pathways for ongoing care
  - Documents opportunities for ongoing development

Case Scenarios to Problem Solve



- **Problem Point Defined**
  - Where in journey? - Readiness, Recognition, Response or Reporting
- **Impacted Settings**
  - Is the problem universal across all settings or affected by staff size, geography, practice type, etc?
- **Root Causes**
  - Consider if the root cause could be within your care setting or could bed to another factor such as the patient, payer, etc?
- **Possible Solutions**
  - Immediate, short term or longer term solutions. Do solutions differ by setting?
- **Who needs to be involved?**
- **What resources are needed (team, time, money)?**
- **Metrics of success**
- **Is this a make-or-break moment in successful care?**

John P. Keats, MD

ACOG Convening June 2016

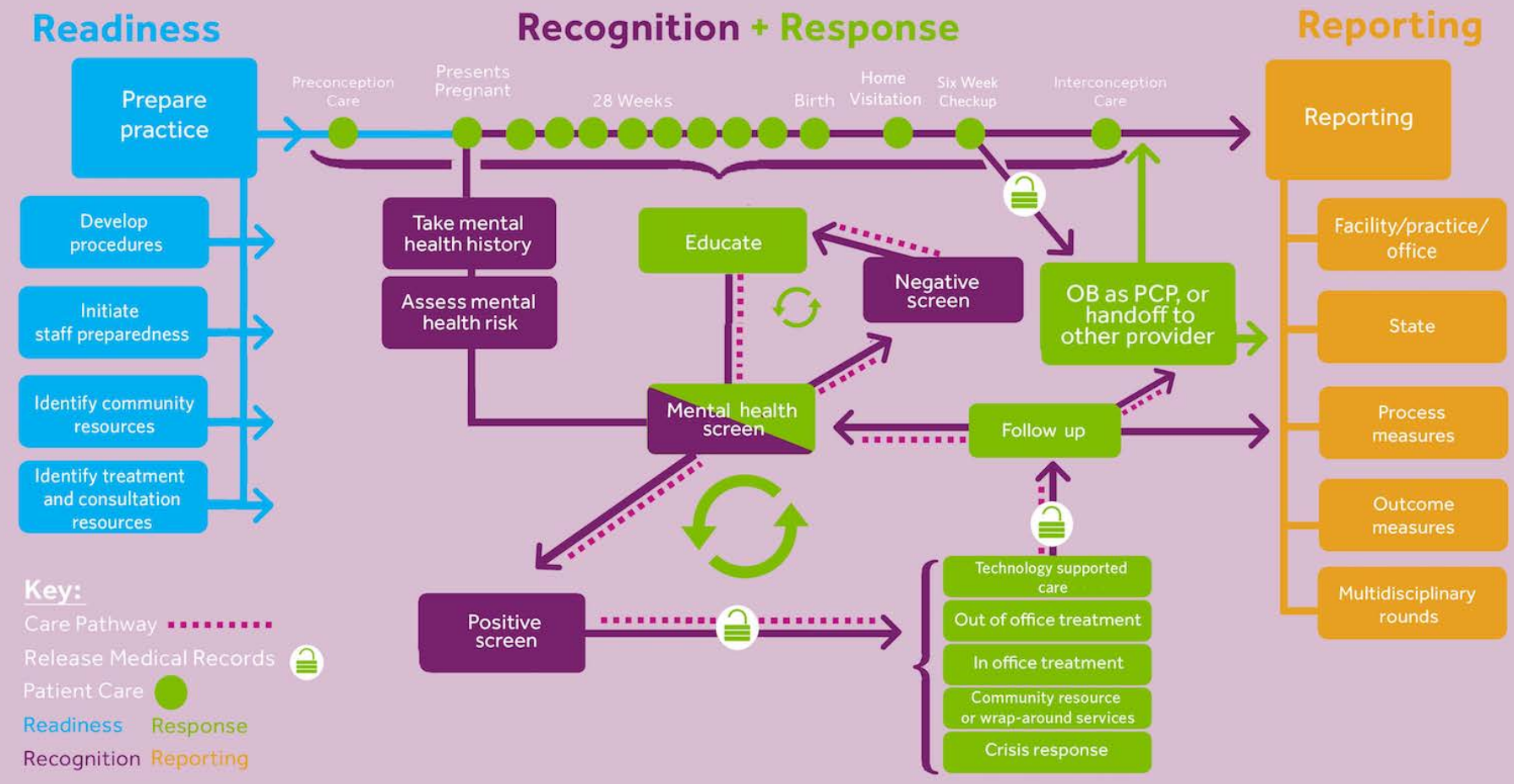
25 participants

- practicing OBs, nurses, behavioral health providers, administrators, public health, and patient advocates

Goal

- assess barriers to bundle implementation

Mental Health Journey in an Obstetric Care Setting



Simply Strategy
Insights Articulated

John P. Keats, MD

Hurdles to Overcome

Provider Situation Today (Pain Points)

John P. Keats, MD

Maternal Mental Health: Risk Assessment and Intervention Before, During, and After Pregnancy

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Women's Health Integration Specialist
SSM Health – St. Mary's Hospital
St. Louis, Missouri

Disclosures

- No further disclosures.

Sue Kendig,

Objectives

- Describe the four key components of the *Maternal Mental Health: Depression and Anxiety Patient Safety Bundle*
- Identify a minimum of at least two resources regarding screening and interventions with potential for incorporation into their practice.
- Articulate a plan for a tiered response to the patient's risk assessment and response to interventions.
- Discuss opportunities for quality improvement strategies that incorporate maternal mental health assessment and intervention in the women's health setting.

What is a Patient Safety Bundle?

- Bundle theory in clinical care improvement :
  - Individual elements based on solid science.
  - Endpoint is the improvement of clinical outcomes,
  - Emphasis on improving process reliability.

Reser, R, Pronovost, P, Haraden, C, et al. (2005) . Jnl. of Qual & Safety.

What is a Patient Safety Bundle?

- A Bundle is a small set of evidence-based interventions that combines medical and improvement science to achieve improved outcomes
  - When care processes are grouped into simple bundles, caregivers are more likely to implement them by making fundamental changes in how the work is done.
  - When the care processes are evidence based, subsequent outcomes will improve.
  - Encourages interdisciplinary teams to organize work, adapt the delivery system, and deliver bundle components reliably.

Reser, R, Pronovost, P, Haraden, C, et al. (2005) . Jnl. of Qual & Safety.

Perinatal Depression

- Depression with peripartum onset; major depressive episode occurring during pregnancy of within 4 wks postpartum (Gaynes, BN, Gavin, N, Meltzer-Brody, S, et al. (2005). AHRQ Pub. No. 05-E006-2
- Major and minor depressive episodes occurring during pregnancy or in the first twelve month postpartum (ACOG. (2015) Committee opinion 630.

Perinatal Depression: Implications

Maternal

- Poor adherence to medical care
- Poor nutrition
- Smoking, substance use
- Associated with pregnancy complications
- Suicide risk

Bansil, p., Kuklina, EV, Meikle, SF, et al. (2010). J Women's Health, 19, 329-334.

Lindahl, V, Pearson, JL, Colpe, L (2005) Arch. Womens Mental Hlth, 8, 77-87.

Newborn

- Potential failure to thrive
- Increased risk of pediatric issues
- Negative effect on maternal infant bonding/attachment
- Developmental delays
- Impaired social function

Earls, MF (2010). Pediatrics, 126 (5). 1032-39.

Perinatal Anxiety

- Perinatal Anxiety disorders, such as panic disorder, obsessive compulsive disorder and generalized anxiety disorder, implications appear similar to perinatal depression
  - Prenatal prevalence 13%-21%
  - Postpartum prevalence 11-17%
  - Prevalence 23% when full spectrum of anxiety disorders considered
  - Prenatal anxiety strong predictor of perinatal depression
  - Outcomes similar to those with perinatal depression

Fairbrother, N, Young, AH, Antony, MM, Tucker, E. (2015). BMC Psychiatry, 15, 206; Wisner, KL, Sit, DK, McShea, MC, et al, (20153) JAMA Psychiatry, 70, 490-498.

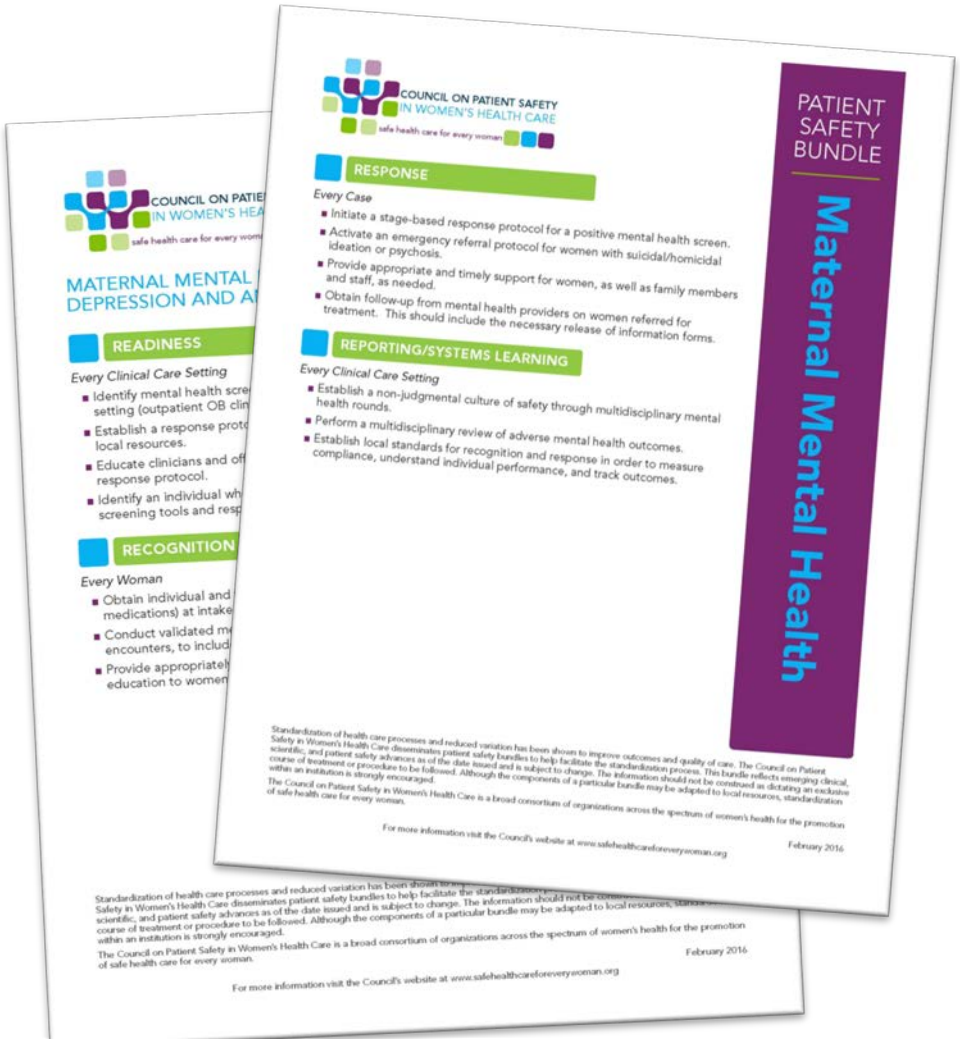
Current Recommendations

- American Academy of Pediatrics guideline (2010)
  - Pediatricians to screen mothers for depressive symptoms at well child visits at 1, 2 and 4 months
  - Recognized maternal depression can impact failure-to-thrive and other pediatric issues
- ACOG published Committee Opinion #630 (May 2015)
  - "Screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool".
  - Listed various acceptable screening tools
- USPSTF Recommendation Statement (Jan. 2016)
  - Recommends depression screening for pregnant women
  - Screening should be done both antepartum and postpartum.
- Council on Patient Safety in Women's Health Care (Feb. 2016)
  - Recommends Bundle implementation across settings

Maternal Mental Health

- Emotional Well-being
- Maternal Behavioral Health
- Substance Use Disorders
- **Perinatal Mood and Anxiety Disorders (PMADs)**
  - "…a spectrum of disorders that can affect mothers and families during pregnancy and the postpartum period."
- This may include:
  - Pregnancy or Postpartum Depression
  - Pregnancy or Postpartum Anxiety
  - Pregnancy or Postpartum Obsessive-Compulsive Disorder
  - Postpartum Post-Traumatic Stress Disorder
  - Postpartum Psychosis

Maternal Mental Health: PMADs



- Readiness
- Recognition & Prevention
- Response
- Reporting/Systems Learning

Bundle and supporting resources available at:http://www.safehealthcareforeverywoman.org/

Maternal Mental Health: Perinatal Depression and Anxiety Patient Safety Bundle Workgroup

Chairs: Sue Kendig, JD, WHNP-BC,
John Keats, MD

- **Readiness**
  - Emily Miller – *Lead*
  - Sue Kendig
  - Katherine Wisner
- **Recognition**
  - Tiffany Moore-Simas – *Lead*
  - Ariela Frieder
  - Chris Raines
- **Response**
  - Camille Hoffman – *Lead*
  - Barbara Hackley
  - Pec Indman
- **Reporting & Systems Learning**
  - Lisa Kay – *Lead*
  - John Keats
  - Kisha Semenuk

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PATIENT SAFETY BUNDLE

Maternal Mental Health

READINESS

Every Clinical Care Setting

- Identify mental health screening tools to be made available in every clinical setting (outpatient OB clinics and inpatient facilities).
- Establish a response protocol and identify screening tools for use based on local resources.
- Educate clinicians and office staff on use of the identified screening tools and response protocol.
- Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol.

Identify Standardized Screening Tools

- Even when women know something is wrong, over 80% are reluctant to report symptoms
  - Common PMAD symptoms often attributed to physical/psychosocial adjustments to pregnancy and postpartum. (Whitton, 1996)
  - Integration of universal screening, including assessment and treatment, promising in improving patient engagement in treatment.(Miller, 2012)

How Do I Find an Appropriate Screening Tool?

- Readily available
- Inexpensive
- Easy and efficient to administer
- Validated in and acceptable to the population
- Increases likelihood of detection

Examples of Screening Tools

Tool	Characteristics	Where to Find
Edinburgh Postnatal Depression Scale (EDPS)	•10 self-report items •Less than 5 min. to complete •Translated to 12 languages •Includes anxiety symptoms	http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf
Patient Health Questionnaire 9 (PHQ-9)	• 9 self report items •Less than 5 min. to complete •Studied in perinatal population	http://www.cqaimh.org/pdf/tool_phq9.pdf
Beck Depression Inventory (BDI and BDI-II)	•21 questions •5-10 min. to complete	http://www.pearsonclinical.com/psychology/products/100000159/beck-depression-inventoryii-bdi-ii.html

ACOG Committee on Obstetric Practice(2015).Committee Opinion 630.

Finding and Utilizing Community Resources

- Identify existing community-based resources
  - Maternal mental health providers
  - Home visiting services
  - Support groups
  - Wrap-around services
- Maintain updated information about resources
  - Key staff contacts
  - Contact/access information
  - Requirements
- Consider distance mediated resources

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PATIENT SAFETY BUNDLE

Maternal Mental Health

RECOGNITION & PREVENTION

Every Woman

- Obtain individual and family mental health history (including past and current medications) at intake, with review and update as needed.
- Conduct validated mental health screening during appropriately timed patient encounters, to include both during pregnancy and in the postpartum period.
- Provide appropriately timed perinatal depression and anxiety awareness education to women and family members or other support persons.

Recognizing Risk

Perinatal Depression

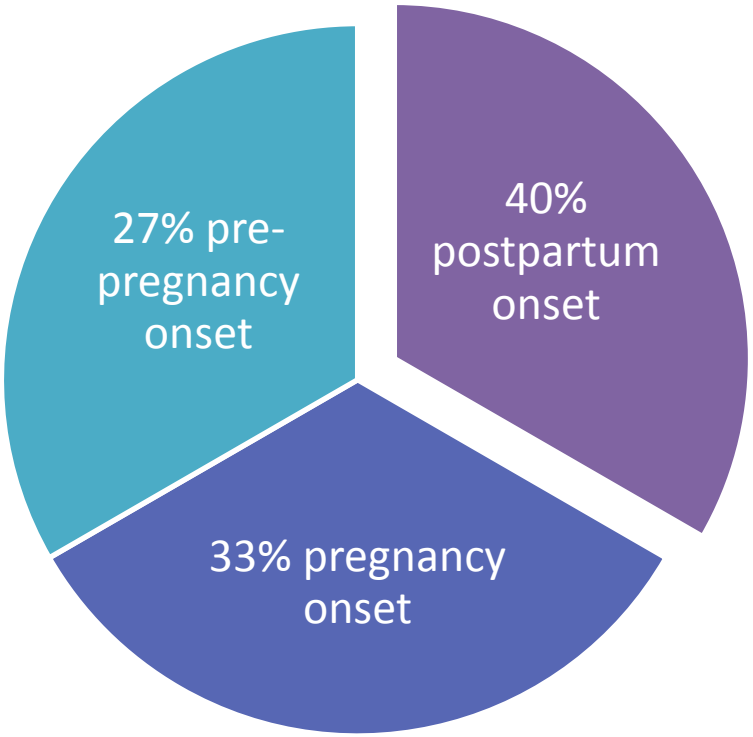
- Maternal anxiety
- Hx. Depression
- Life stress
- Unintended pregnancy
- Lack of social support
- Single
- Poor relationship quality
- Domestic violence
- Lower income/ education/ on medicaid
- Smoking

Perinatal Anxiety

- Depression or anxiety during pregnancy
- Hx. Of depression
- Stressful life events in pregnancy/early postpartum
- Traumatic birth experience
- PTB/NICU baby
- Breastfeeding problems
- Low levels of social support

ACOG. (2015). Committee Opinion No. 630.

When is the Best Time to Screen?



- Optimal screening times and intervals not identified
- Screen at least once during perinatal period using standardized, validated tool.(ACOG, 2015)
- Screen mother at 1,2, 4 and 6 mo. well-child visits (Earls, 2010).

Wisner, KL, et al (2013). JAMA Psychiatry, 70.

The Screening Process

- Identified standardized, validated tool for PMAD screening
- Two question screen:
  - Over the past two weeks, have you ever felt down, depressed or hopeless?
  - Over the past two weeks, have you felt little interest or pleasure in doing things? (Earls, (2010), USPSTF (2002)
- A word about Bipolar Disorder

Earls, MF (2010). Pediatrics; USPSTF (2002). Annals of Internal Medicine

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PATIENT SAFETY BUNDLE

Maternal Mental Health

RESPONSE

Every Case

- Initiate a stage-based response protocol for a positive mental health screen.
- Activate an emergency referral protocol for women with suicidal/homicidal ideation or psychosis.
- Provide appropriate and timely support for women, as well as family members and staff, as needed.
- Obtain follow-up from mental health providers on women referred for treatment. This should include the necessary release of information forms.

Stage-Based Response to Screening

"Screening alone is insufficient to improve clinical outcomes and must be coupled with appropriate follow-up and treatment" (ACOG,2015)

- Determine maternal, infant and other children's safety
- Initiate treatment as indicated
- Refer to appropriate mental health services

Follow-Up

- Patient education & planning
- Regularly monitor effectiveness of prescribed therapies
- Assess response
- Change plan as needed

Seek Consultation

- Failed response to medication
- Persistent psychosocial problems
- Complicated psychological problems
- Actively suicidal
- Discomfort in managing the problem
- “Gut feeling”

The Warm Handoff

Create a successful referral process

- Patient engagement - recognition that problem exists
- Shared decision-making – agreement referral is needed
- Remove barriers to care
  - Discuss referral logistics
  - Name for first appointment contact
- Follow up – schedule contact for shortly after the referral appointment takes place

Patient and Family Education

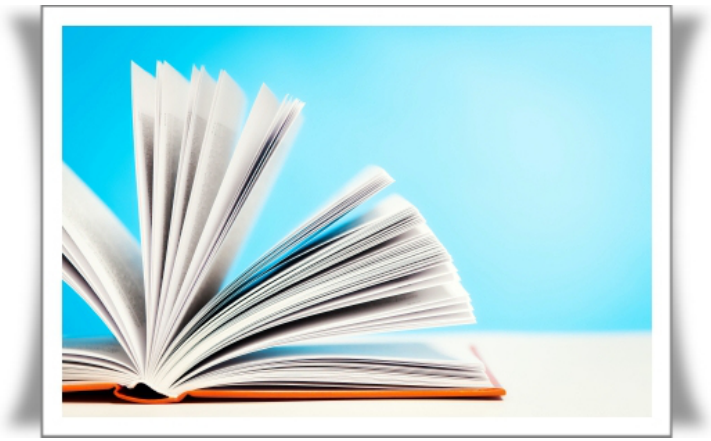
- Include information about PMADs with other prenatal and postpartum education
- Provide education about warning signs, “red flags”, recognition of risk and signs of recurrence
- Provide resource information and discuss where to go for help
  - Who to call
  - How to access services
- Assess reports from family members and support person

Manage Suicidal Ideation

- Suicide accounts for approximately 20% of postpartum deaths (Kalifeh, H, Hunt, I, Appleby, L & Howard, L. (2016). Lancet)
- Screen patient's with depression for
  - Suicidal thoughts
  - Suicidal intent/plan
  - Availability/lethality of method
- Activate emergency referral protocol for women with suicidal/homicidal ideation
  - Consultation, transportation, admission
  - Maintain open communication among team members
  - Post event planning for care coordination and follow-up

Get Everyone on the Same Page

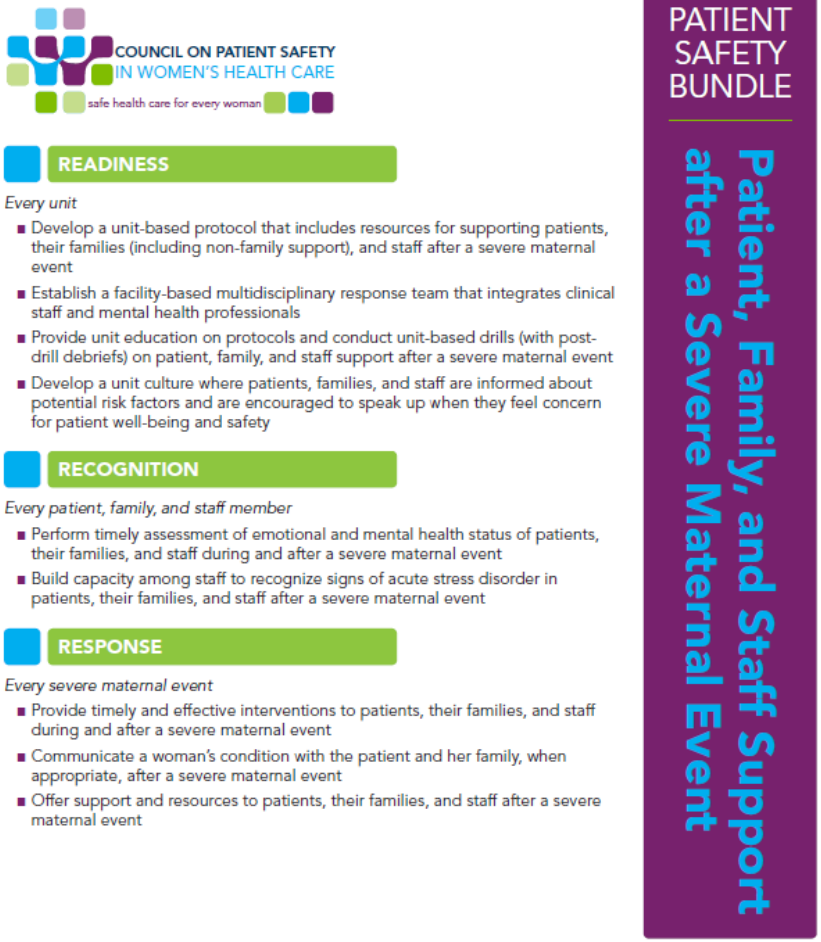
- Coordinate care between maternity care, mental health, and primary care providers during the prenatal and postpartal period
- Establish a plan for care beyond the postpartum period
  - Women's Health Care Provider
  - Mental Health Care Provider
  - Primary Care Provider
  - Public Health/MCAH programs
- Assure release of information forms are in place.



Follow-Up to a Severe Maternal Event

- Women experiencing a severe maternal medical event during pregnancy or delivery are at increased risk for developing a PMAD
  - Post partum screening
  - Interconception screening
  - Antenatal screening in subsequent pregnancies
- PMADs time to resolution may be longer as compared to other types of severe maternal events.
- Women experiencing an obstetrical emergency and PMAD may require longer outpatient care and treatment with psychotherapy and pharmacotherapy.

Maternal Mental Health Can Precipitate a Severe Maternal Event



Provide appropriate and timely support for women, as well as family members and staff, as needed.

Patient Family and Staff Support after a Severe Maternal Event Bundle available at:

http://www.safehealthcareforeverywoman.org

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safe health care for every woman

PATIENT SAFETY BUNDLE

Maternal Mental Health

REPORTING/SYSTEMS LEARNING

Every Clinical Care Setting

- Establish a non-judgmental culture of safety through multidisciplinary mental health rounds.
- Perform a multidisciplinary review of adverse mental health outcomes.
- Establish local standards for recognition and response in order to measure compliance, understand individual performance, and track outcomes.

Create a Culture of Safety

- A culture of safety - one where people are encouraged to work toward change and take action to make change happen
  - Non-judgmental
  - Emphasizes teamwork
  - Considers processes

The Interdisciplinary Review as a Patient Safety Tool

- Debrief after severe maternal event/mental health crisis with the entire team; include your public health staff
- Review patients “lost to care or follow up”
- Review protocols to identify, treat, refer and follow-up maternal mental health issues
- Identify actionable items for improvement
  - Document actionable steps
  - Evaluate quality improvement processes

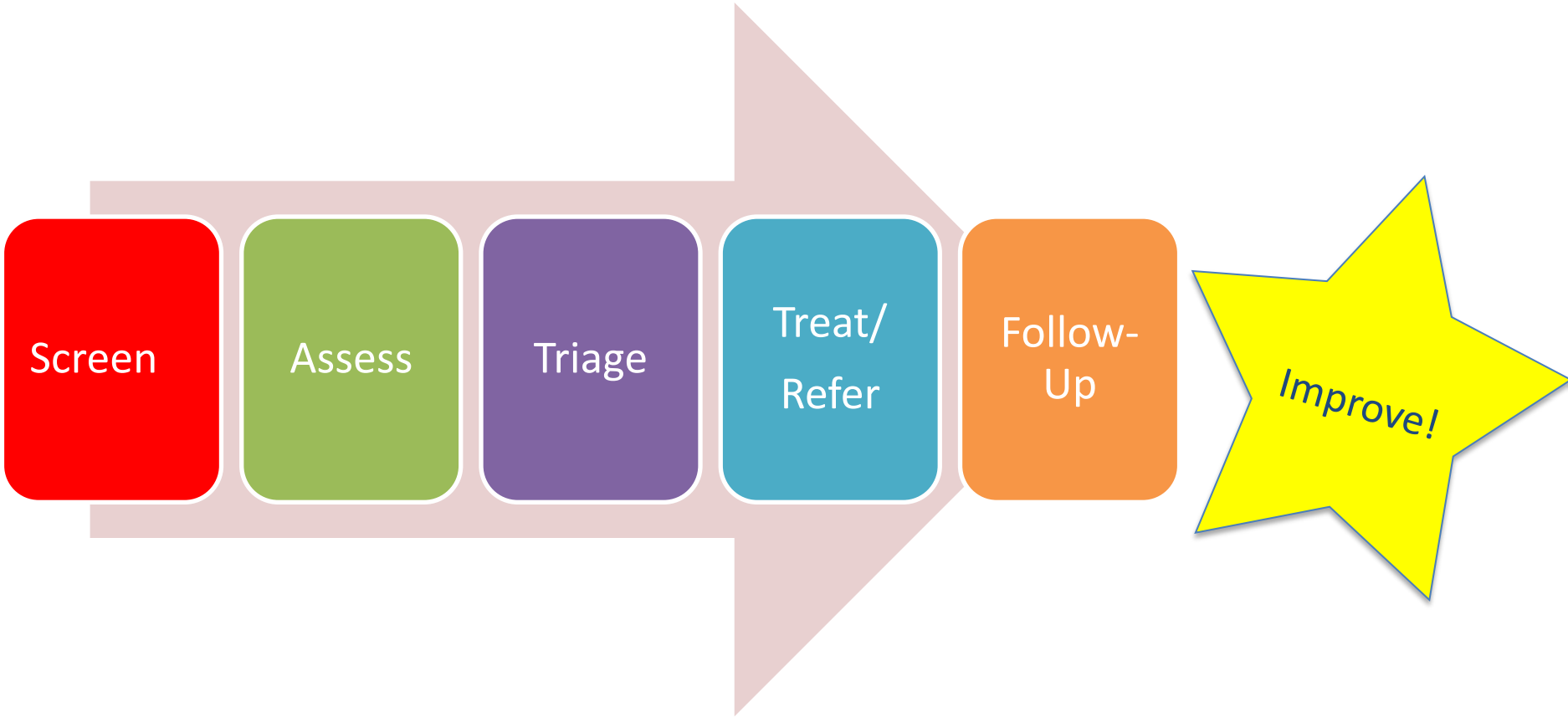
Evaluate Progress

- Limited metrics available
- Some states require mental health screenings for patients with publicly funded coverage
  - Depression screening completed
- Proposed HEDIS measures
  - Utilization of standardized screening tool
  - Depression remission, treatment response or adjustment
  - Depression screening and follow-up

Establish Local Standards

Consider:

- Documentation of screening at specified intervals
- Documentation of screening results
- Documentation of plan of care
- Documentation of referral and follow up
- Appropriate diagnostic code


Screen
Assess
Triage
Treat/
Refer
Follow-
Up
Improve!

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For more information and to access the patient safety bundle and accompanying commentary, please visit:

http://safehealthcareforeverywoman.org/

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QUESTIONS