

Population-based Approaches for Addressing Perinatal Mental Health and Substance Use Disorders

Nancy Byatt, DO, MS, MBA, FACLP Medical Director, MCPAP for Moms Executive Director, Lifeline4Moms Director, Women's Mental Health Division Associate Professor of Psychiatry, Ob/Gyn, QHS, UMMS/UMMHC





Perinatal mental health affects everybody



Major gaps to perinatal mental health care exist in our health care systems



Perinatal mental health and substance use disorders are common, undertreated and a leading cause of maternal death



Health care systems need to address perinatal mental health and substance use disorders

















Screening must be followed by interventions to provide or link with individuals with care



Engagement and connection





Byatt et al. (2018). Ob Gyn.

Training and toolkits help educate and engage providers in providing perinatal mental health care



their babies.



CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272

MCPAP for Moms: Promoting maternal mental health during and after pregnancy Revision 04.28.14



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Byatt et al. (2018). Ob Gyn.

Telephone consultation is the primary currency of this relationship and the "engine" of Access Programs







MCPAP for Moms ≠ telepsychiatry

We serve all providers caring for perinatal individuals



Obstetric providers are our highest utilizers









Engagement

MCPAP for Moms is a scalable model that leverages limited resources



Byatt et al. (2018). Ob Gyn.

Since our launch in July 2014, MCPAP for Moms has served many clinicians and parents

OB practices enrolled	162 (78%)
Enrolled practices utilizing	110 (64%)
Perinatal individuals served	12,046
Provider-provider telephone encounters	5,552
Face-to-face evaluations	626
Resource and referral encounters	10,772

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\triangleleft	Face-to-face evaluations	626	>
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We serve 300-400 individuals per month

MCPAP for Moms covers 80% of the deliveries in MA and served over 10,000 women





Our goal is equitable access to mental health care



Continuum of Maternity Care						
Health Before	Pregnancy/Prenatal	Childbirth	Immediate	Ongoing Maternal		
Pregnancy	Care	(Intrapartum/Labor & Birth)	Postpartum Care	& Pediatric Care		

Equity and justice need to be at the forefront of our vision, values and services



Create a liberated space to address individual/team contributions to racism and to foster anti-racist action



Apply an anti-racist lens to all processes including data collection and evaluation to address inequities



Produce and disseminate materials that promote belonging and highlight racial disparities



All providers and patients have equitable access to MCPAP for Moms and we apply an anti-racist lens to all trainings & services



Intentionally collaborate and engage with communities and systems to address barriers and promote equity and justice

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment



MCPAP for Moms can serve as a model for other states in the US Untreated perinatal mood and anxiety disorders come at a high cost

\$32,000/yr





Lùca et al. (2019). Mathematica Policy Research Issue Brief.

MCPAP for Moms costs are low



\$13.89/yr \$1.16/month



\$345.6 Million/yr

\$1 Million/yr



Luca et al. (2019). Mathematica Policy Research Issue Brief.

50% is recuperated through legislated surcharge to commercial insurers



Luca et al. (2019). Mathematica Policy Research Issue Brief.

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment



MCPAP for Moms is serving as a model for other states in the US

17 Access Programs now cover > 1.4 M US births



https://www.umassmed.edu/lifeline4moms/Access-Programs/network-members-us/

Perinatal Psychiatry Access Programs need to be tailored for the region they serve

Program Component	Massachusetts	Washington	Wisconsin
Training and toolkits	~	~	~
Consultation	~	✓	✓
Resource and referral	~		

Context (e.g., legislation, funding, complementary programs)

Perinatal Psychiatry Access Programs are being implemented and funded in various ways



Our National Network aims to improve perinatal and child health through Access Programs

Peer-learning and resource sharing

Program Evaluation



https://www.umassmed.edu/lifeline4moms/Access-Programs/

We are leveraging the collective synergy between our Network of Access Programs aMCPAP for Moms to conduct the ELM study



We will evaluate the comparative effectiveness of different program models on perinatal treatment engagement and quality



Se Evaluating Lifelines4Moms







First, we will characterize program components, timelines and state policy context in 3 states


We will evaluate the mechanism by which Access Programs work

Program Component	Massachusetts	Washington	New Jersey
Training and toolkits	~	~	
Consultation	\checkmark	\checkmark	
Resource and referral	•		~
Engine	Telephone co	onsultation	Resource and referral
Focus	Provid	ders	Patients

Practice-level interventions are needed to fully integrate mental health care into obstetric care



Engagement and connection

Proactive practice level interventions can leverage existing resources to help integrate care



39 Byatt et al. (2018). Journal of Psychosomatic Obstetrics and Gynecology.

We hypothesized that PRISM and MCPAP for Moms would differentially improve perinatal depression



Byatt et al. (2017). Journal of Psychosomatics Obstetrics and Gynecology; Moore Simas et al. (2019). BMC Preg & Childbirth.

In our pilot study, depression scores improved over time in both PRISM and MCPAP for Moms



Over-time Change PRISM: 7.38 (95% CI: 4.82 - 9.94; p < 0.001); MCPAP for Moms: 5.11 (95% CI: 1.20 - 9.01); p = 0.010).

Byatt et al. (2017). Journal of Psychosomatics Obstetrics and Gynecology.

We refined PRISM to help practices more proactively integrate depression into obstetric care





Treatment is 'stepped up' with increasing illness severity



Navigator helps patients navigate care pathway

Byatt et al. (2017). Journal of Psychosomatics Obstetrics and Gynecology.

Navigator helps ensure women get in treatment and stay in treatment



Implementation protocol tailors every intervention component for each practice setting



46 Byatt et al. (2017). *Journal of Psychosomatics Obstetrics and Gynecology*.

We are comparing the effectiveness of PRISM vs. MCPAP for Moms to improve depression and treatment rates

Cluster RCT in progress

Recruited target N (312)

Following women until 1 year postpartum

Examining fidelity to PRISM

Estimating costs of MCPAP for Moms and PRISM and indicators of potential savings



Vs.







Depression practices pre- and post-implementation

	Pre- (n = 10)	Post- (PRISM arm) (n = 5)	Post- (MCPAP for Moms arm) (n = 5)
Depression screening in 1 st half of pregnancy	32.2%	96.1%	56.1%
Depression screening in 2 nd half of pregnancy	16.9%	82.8%	13.8%
Depression screening postpartum	78.7%	93.4%	93.1%
Bipolar disorder screening	0%	77.5%	0%
Monitoring patients using depression registry	0%	75%	0%
Number of patients entered in registry [mean (range)]	0	114 (93-177)	0

We need to build on PRISM and move beyond perinatal depression



Wisner et al (2013). JAMA Psychiatry. Fawcett et al (2019). J Clinical Psychiatry.

With CDC-funding, we developed a toolkit to help address perinatal mental health more broadly



https://escholarship.umassmed.edu/pib/vol16/iss7/1/

With CDC-funding and in collaboration with ACOG, we are revising PRISM to be broad and scalable



Implementation Protocol



We are testing the differential effectiveness of scalable approaches to improving the quality of care for perinatal mood and anxiety disorders



We need to broaden our approach and address social determinants of health



	C	ontinuum of Maternity Ca	ire	
Health Before	Pregnancy/Prenatal	Childbirth	Immediate	Ongoing Maternal
Pregnancy	Care	(Intrapartum/Labor & Birth)	Postpartum Care	& Pediatric Care

The medical model of treatment needs to be done in conjunction with other supports



Engagement, connectedness, trust, SDoH

Kai revisited



Opportunities abound to further close perinatal mental health care gaps



Scalability and sustainability

EMR integration and technology Community capacity building

Health equity With Access Programs, all perinatal individuals across MA and other states have access to evidence-based mental health treatment



We need to build on this model to help providers and patients navigate the entire care pathway

Trainings and toolkits to help frontline providers address perinatal mental health are available





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	Yes			No	-
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<u>http://ncrptraining.org/</u> <u>https://escholarship.umassmed.edu/pib/vol16/iss7/1/</u> www.mcpapformoms.org

Thank you!

Jean Ko, PhD **Cheryl Robbins, PhD CDC Maternal Mortality Team Participating Women and Obstetric Practices** ACOG **CDC Foundation 999** CDC 1U01 DP006093 NIMH 1R41 MH113381-01 NIMH 2R42 MH113381-02 ACOG 6 NU380T000287-02-01 PCORI IHS-2019C2-17367 **Perigee Fund**

MCPAP for Moms team Lifeline4Moms team Tiffany Moore Simas, MD, MPH, MEd Jeroan Allison, MD, MS Sharina Person, PhD Melissa Maslin, MA **Dane Netherton, PhD** Padma Sankaran, MA Linda Brenckle, PMP Grace Masters, MPH Aaron Bergman, PhD **Josephine Boateng Carolyn Friedhoff**

QUESTIONS?



Nancy.Byatt@umassmemorial.org

Thank you!

Please contact us with questions

<u>www.mcpapformoms.org</u> <u>www.lifeline4moms.org</u>



Nancy Byatt, DO, MS, MBA, FACLP Nancy.Byatt@umassmemorial.org

Thank you!