



Improving Maternal Mental Health by Building The Capacity of Frontline Medical Providers

Objectives

Describe development, implementation, and outcomes of the MCPAP for Moms perinatal psychiatry access program

Outline how the MCPAP for Moms model is being implemented throughout the US

Share experiences from two states (Washington and Wisconsin) that have implemented the model

Provide insights useful to California stakeholders contemplating such a model in the state

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Speakers



**Nancy Byatt, DO,
MS, MBA, FACLP**

**MCPAP for
Moms
Lifeline4Moms**



**Tiffany Moore
Simas, MD, MPH,
MEd**

**MCPAP for
Moms
Lifeline4Moms**



**Deborah Cowley,
MD**

PAL for Moms



**Christina
Wichman, DO**

**The Periscope
Project**



Nancy Byatt, DO, MS, MBA, FACLP

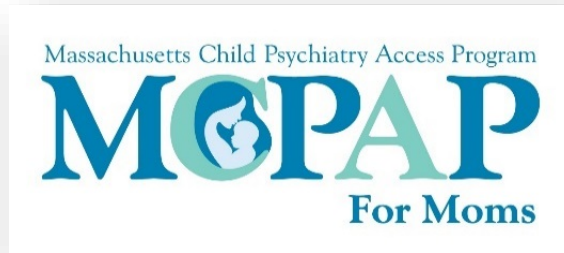
Executive Director, Lifeline4Moms

Medical Director, MCPAP for Moms

Associate Professor of Psychiatry, Obstetrics & Gynecology
and Population & Quantitative Health Sciences

Director, Women's Mental Health Division, Department of
Psychiatry

UMass Memorial Medical Center/UMass Medical School



Mental health conditions are the most common complication of pregnancy

1 in 5

women around the world will suffer from a maternal mental health complication



#MaternalMHMatters

Maternal mental health affects mom, child, and family

Preterm delivery
Low birth weight
NICU admissions

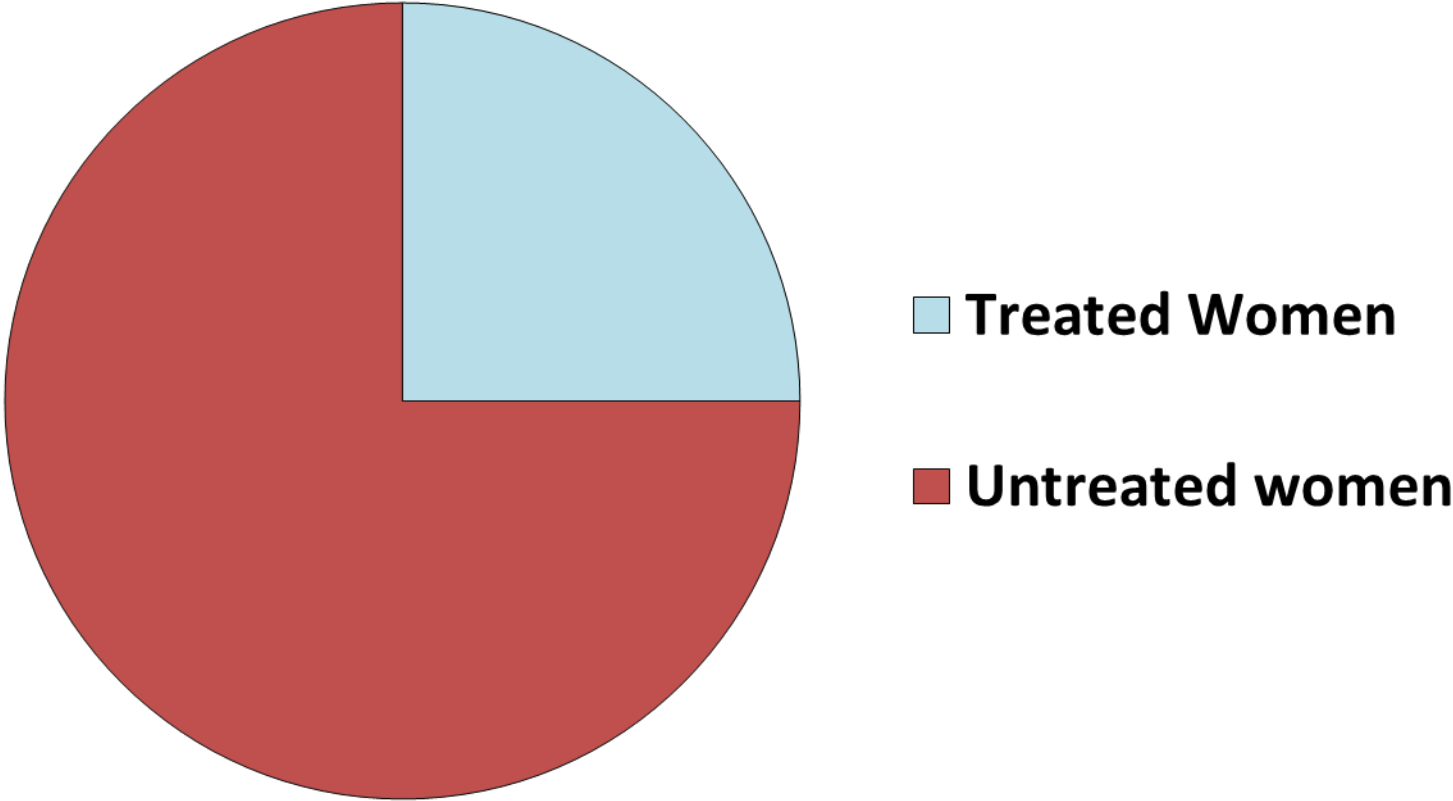
Cognitive delays
Motor & Growth issues
Behavioral problems
Mental health disorders



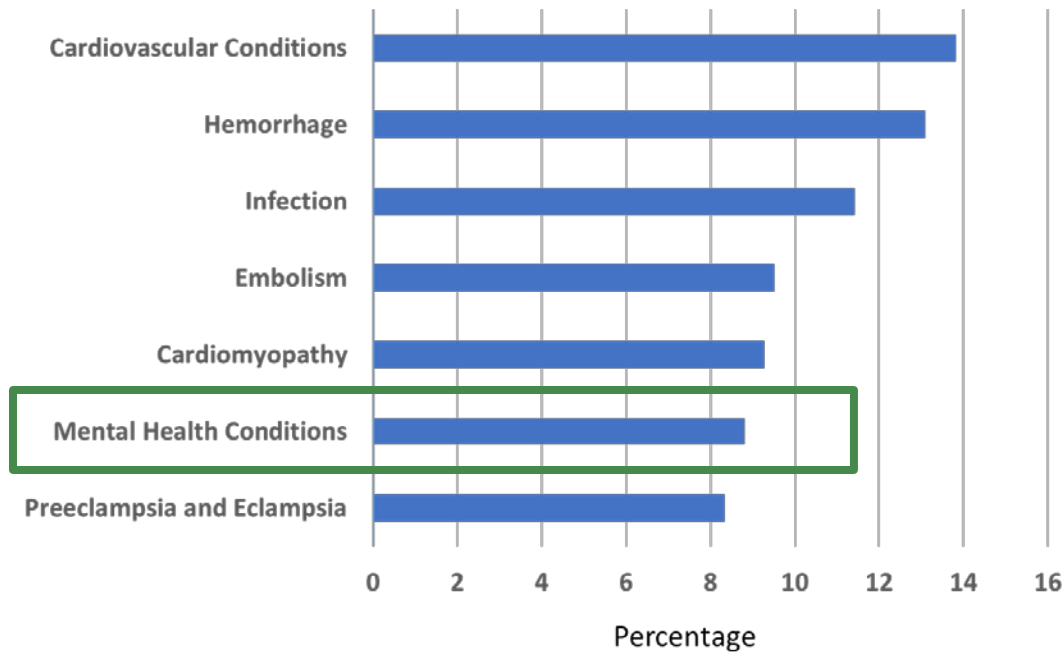
Less engagement in medical care
Smoking & substance use

Lactation challenges
Bonding issues
Adverse partner relationships

The vast majority of perinatal depression is unrecognized and untreated



Mental health conditions are a leading underlying cause of pregnancy-related deaths

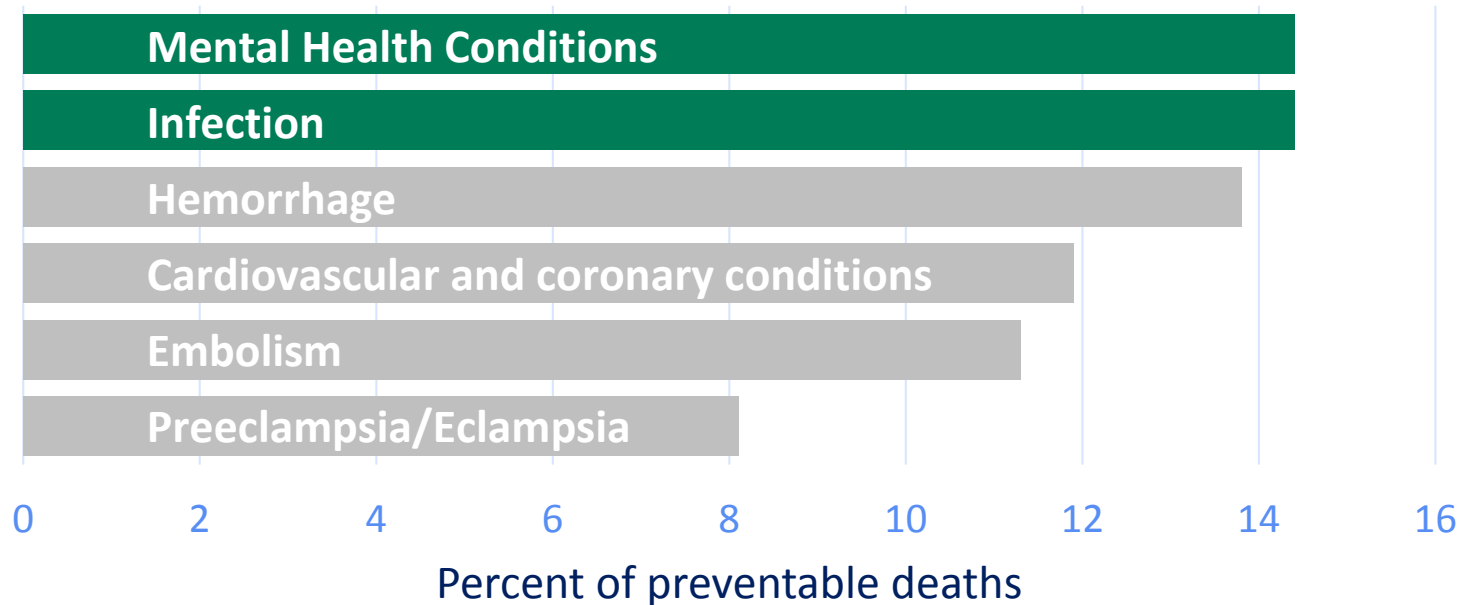


Davis NL, Smoots AN, Goodman DA. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019

Mental Health Conditions:

Any deaths where the MMRC identified mental health conditions, depression, or other psychiatric conditions as an underlying cause of death; including suicide (69%), and unintentional overdose (19%) or injury of unknown intent where substance use disorder or mental health conditions were documented (22%).

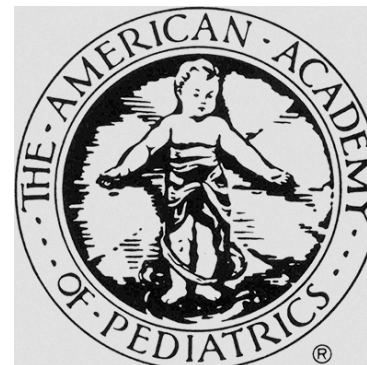
Mental health conditions and infection are the leading causes among preventable deaths



100%

of pregnancy-related mental
health deaths were
determined to be
preventable

Perinatal mental health is recognized as a major public health problem



AMERICAN
PSYCHIATRIC
ASSOCIATION

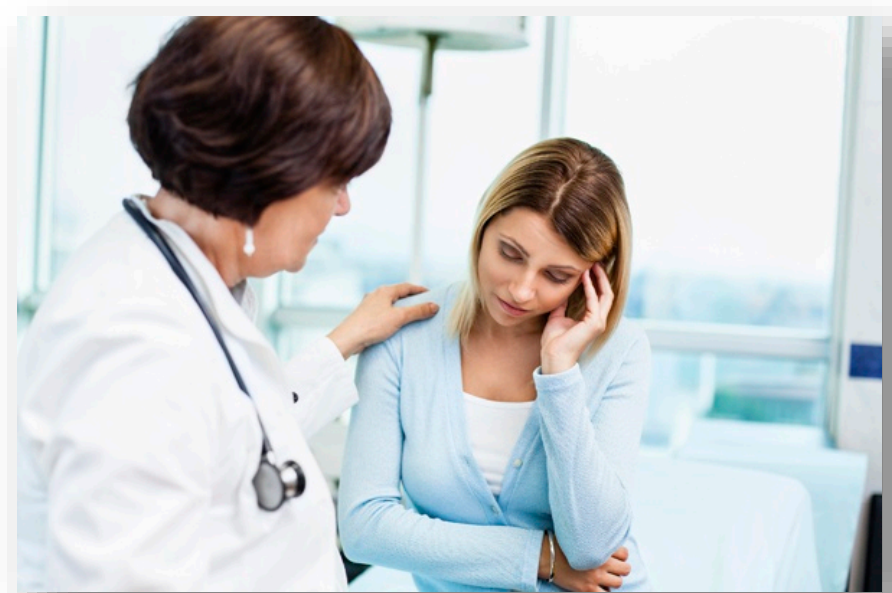


The perinatal period is ideal for the detection and treatment of mental health conditions

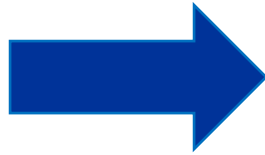
Regular opportunities to screen and engage women in treatment

Ob/Gyn providers have a pivotal role

Most mental health conditions are treated by primary care providers



Building front line provider capacity to provide mental health care can provide a solution

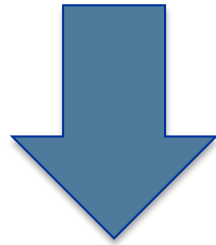


In response, Massachusetts passed a PPD Act and created a PPD commission



MCPAP

Massachusetts Child Psychiatry Access Program



Massachusetts Child Psychiatry Access Program

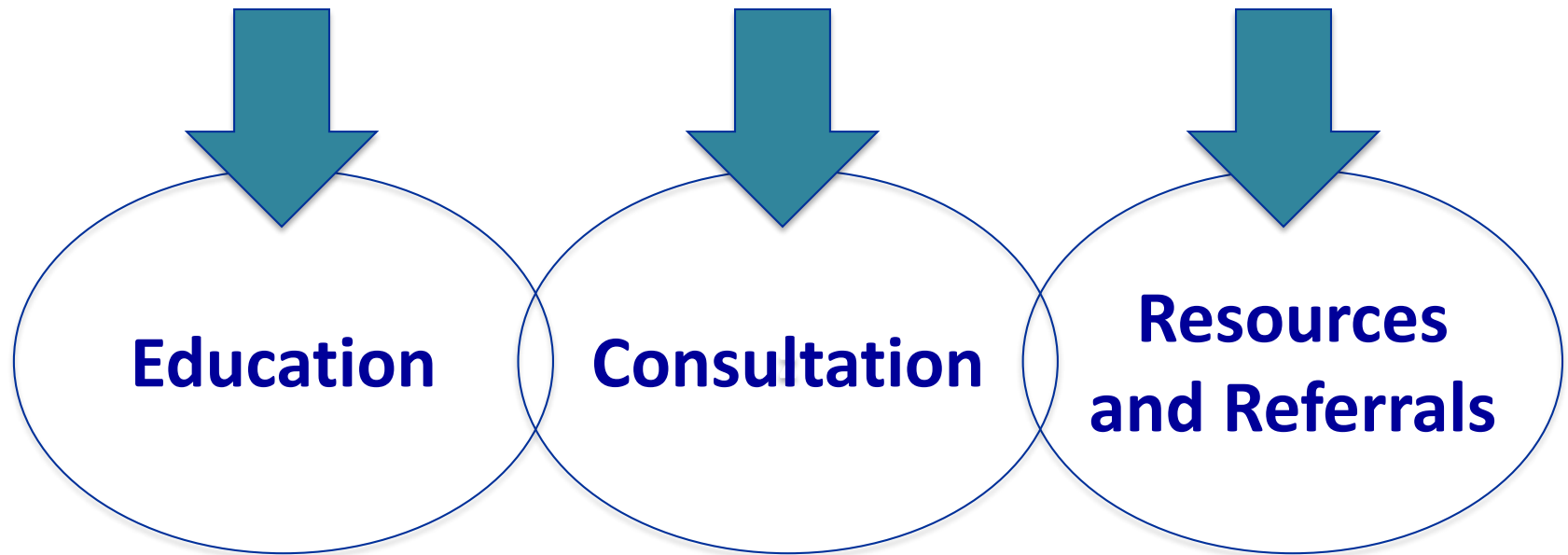
MCPAP

For Moms

Massachusetts Child Psychiatry Access Program

MOPAP

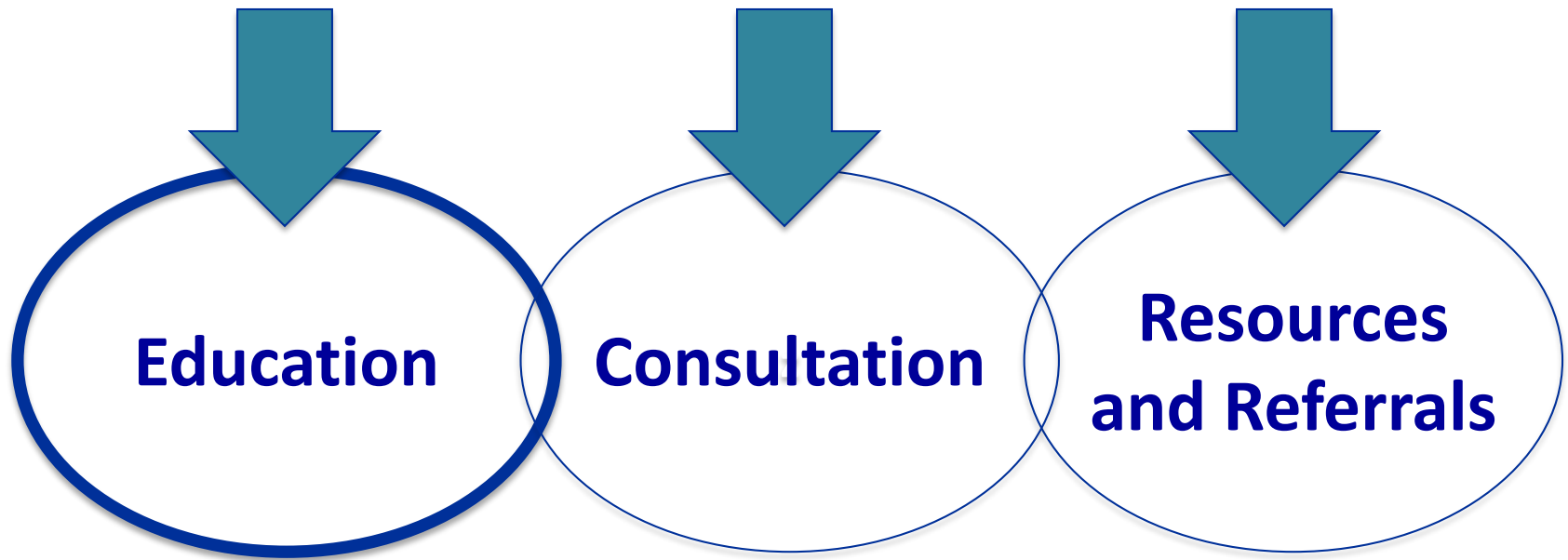
For Moms



Massachusetts Child Psychiatry Access Program

MOPAP

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Training and toolkits help educate and engage providers in addressing mental health



Massachusetts Child Psychiatry Access Program
MCPAP
For Moms


Contact number for providers:
855-Mom-MCPAP (855-666-6272)

Promoting Maternal Mental Health During and After Pregnancy

About MCPAP for Moms
How We Help Providers
Toolkits and Resources
Our Team
For Mothers and Families



Click Below For Video



MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.



One in Seven
One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.


In the News »

FOR PROVIDERS ONLY
Enroll in MCPAP for Moms

Provider Resources

- Trainings and toolkits** for providers and their staff on evidence-based guidelines for: depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.
- Real-time psychiatric consultation and care coordination** for providers serving pregnant and postpartum women including obstetricians, pediatricians, adult primary care physicians, and psychiatrists.
- Linkages with community-based resources** including mental health care, support groups and other resources to support the wellness and mental health of pregnant and postpartum women.

Improving access to and engagement of pregnant and postpartum women in mental health and substance use treatment leads to improved outcomes for mothers and their babies.



Massachusetts Child Psychiatry Access Program
MCPAP
For Moms

Antidepressant Treatment Algorithm
(use in conjunction with Depression Screening Algorithm for Obstetric Providers)

Is patient currently taking an antidepressant?

Yes

- If medication has helped and patient is on a low dose: increase dose of current medication (see table below)
- If patient is on therapeutic dose for 4-8 weeks that has not helped: consider changing medication. If questions contact MCPAP for Moms for consultation

No

Does patient have a history of taking an antidepressant that has helped?

- Yes
Prescribe antidepressant that helped patient in the past (see table below)
- No
Use sertraline, fluoxetine or citalopram (see table below)

To minimize side effects, half the recommended dose is used initially for 2 days, then increase in small increments as tolerated.

First line treatment (SSRIs)			
*sertraline (Zoloft) 50-200 mg Increase in 50 mg increments	fluoxetine (Prozac) 20-60 mg Increase in 10 mg increments	citalopram (Celexa) 20-40 mg Increase in 10 mg increments	escitalopram (Lexapro) 10-20mg Increase in 10 mg increments

Second line treatment			
SSRIs *paroxetine (Paxil) 20-60mg Increase in 10 mg increments	SNRIs venlafaxine (Effexor) 75-300mg Increase in 75 mg increments	Other bupropion (Wellbutrin) 300-450mg Increase in 75 mg increments	<p>If a first or second line medicine is currently helping, continue it</p> <p>Strongly consider using first or second line medicine that has worked in past</p>
*fluvoxamine (Luvox) 50-200mg Increase in 50 mg increments	duloxetine (Cymbalta) 30-60mg Increase in 30 mg increments	mirtazapine (Remeron) 15-45mg Increase in 15 mg increments	

*Considered a safer alternative in lactation because they have the lowest degree of transplacental passage and fewest reported adverse effects compared to other antidepressants. In general, if an antidepressant has helped it is best to continue it during lactation.

Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment

If no/minimal clinical improvements after 4-8 weeks

- 1. If patient has no or minimal side effects, increase dose.
- 2. If patient has side effects, switch to a different med.

If you have any questions or need consultation, contact MCPAP for Moms at 855-Mom-MCPAP (855-666-6272)

If clinical improvement and no/minimal side effects

Reevaluate every month and at postpartum visit. Refer back to patient's provider and/or clinical support staff for psychiatric care once OB care is complete. Contact MCPAP for Moms if it is difficult to coordinate ongoing psychiatric care. Continue to engage woman in psychotherapy, support groups and other non-medication treatments.

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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www.mcpapformoms.org
Tel: 855-Mom-MCPAP (855-666-6272)

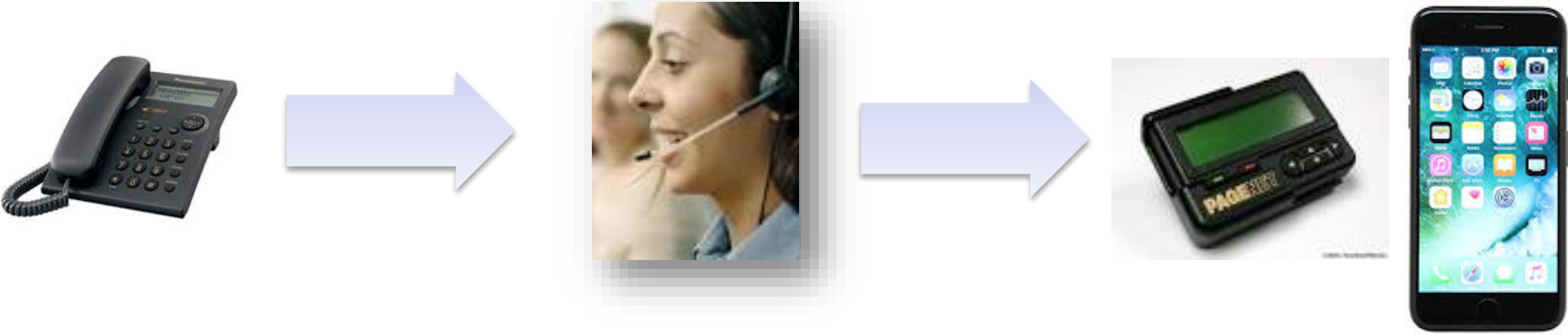
Massachusetts Child Psychiatry Access Program

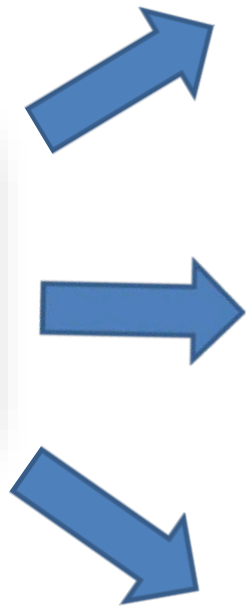
MOPAP

For Moms



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

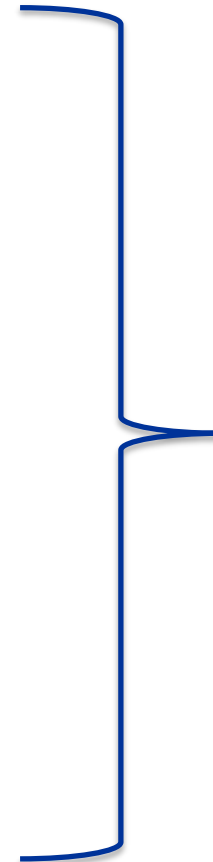




**Discuss potential
management
strategies**

**Recommend a Face
to Face Evaluation**

**Refer to the
community**



MCPAP for Moms ≠ telepsychiatry

We serve all providers for pregnant and postpartum women



**Obstetric
providers/
Midwives**

**Family
Medicine/
Primary Care
providers**

**SUD
providers**

**Psychiatric
providers**

**Pediatric
providers**

Obstetric providers are our highest utilizers

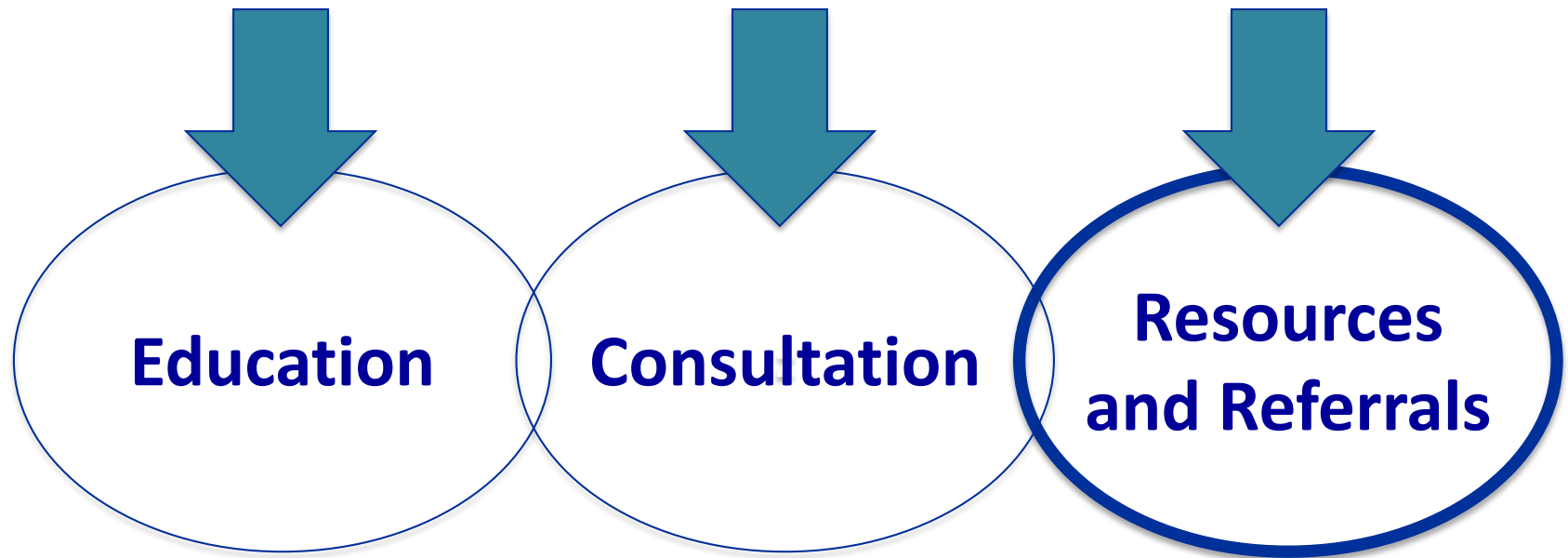


Obstetric providers/ Midwives	Family Medicine/ Primary Care providers	SUD providers	Psychiatric providers	Pediatric providers
60%	9%	<1%	14%	5%

Massachusetts Child Psychiatry Access Program

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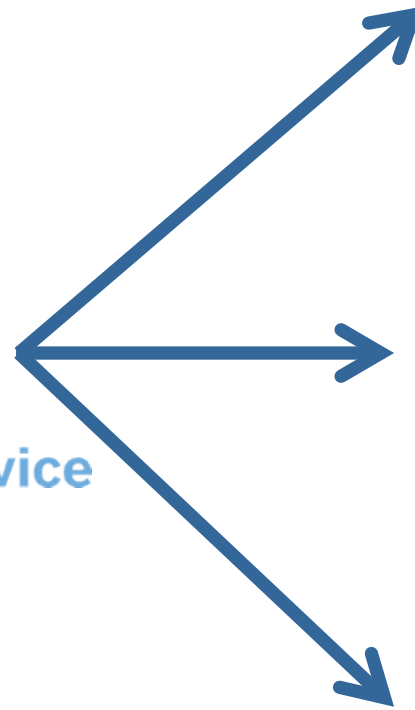


Resources and referrals to link with therapy, support groups, and community resources



**WILLIAM JAMES
COLLEGE**

INTERFACE Referral Service



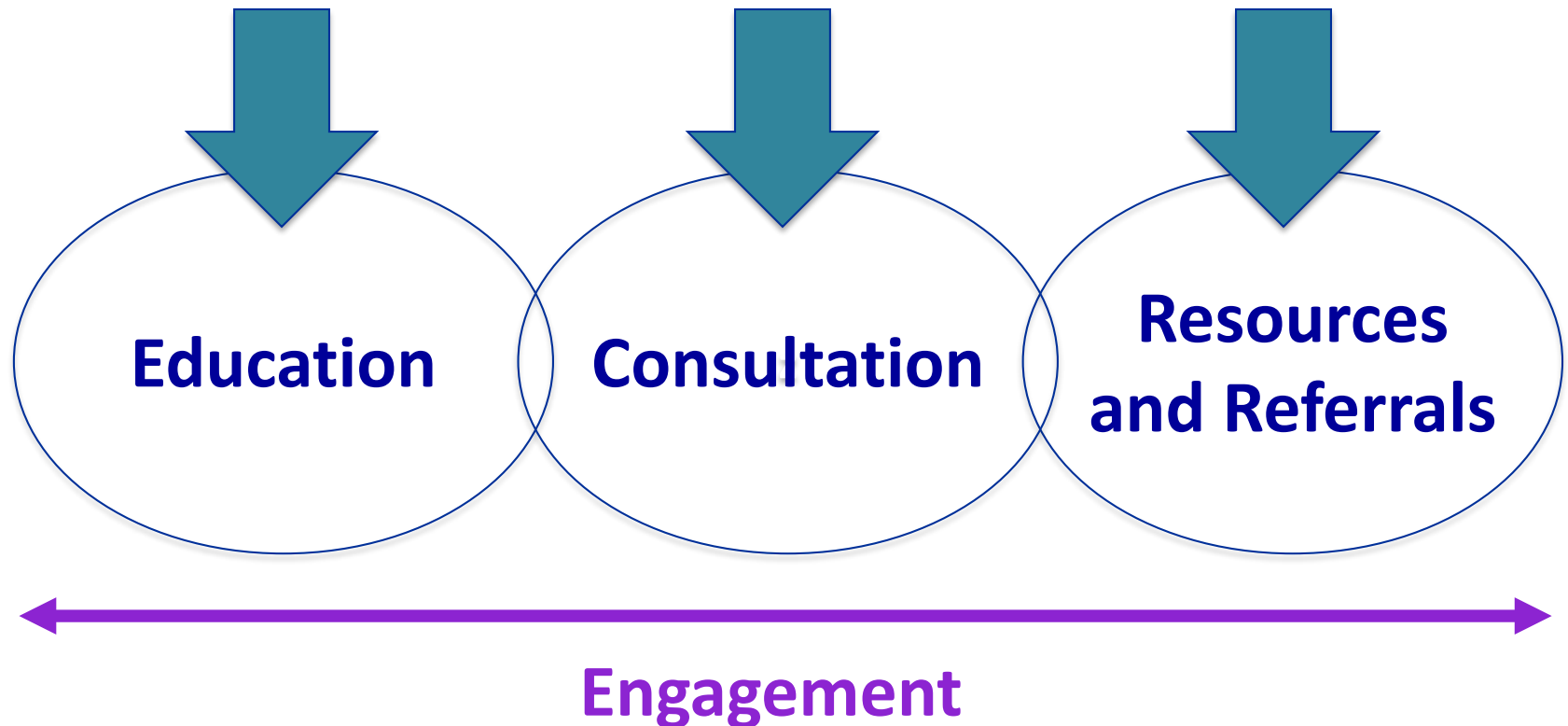
Community
Resources

**Support the wellness and mental
health of perinatal women**

Massachusetts Child Psychiatry Access Program

MOPAP

For Moms



MCPAP for Moms is a scalable model that leverages limited resources



1.0 FTE Perinatal Psychiatrists

2.5 FTE Resource and Referral Specialists



Tiffany A. Moore Simas, MD, MPH, MEd, FACOG

Medical Director, Lifeline4Moms

Engagement Director, MCPAP for Moms

Professor of Obstetrics & Gynecology, Pediatrics, Psychiatry
and Population & Quantitative Health Sciences

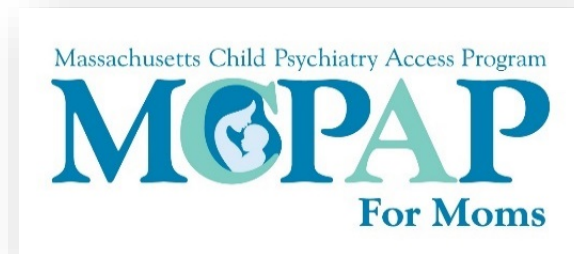
Vice Chair, Dept Ob/Gyn

Director, Research Division, Dept Ob/Gyn

Co-Director, Maternity Center

University of Massachusetts Medical School/UMass

Memorial Health Care



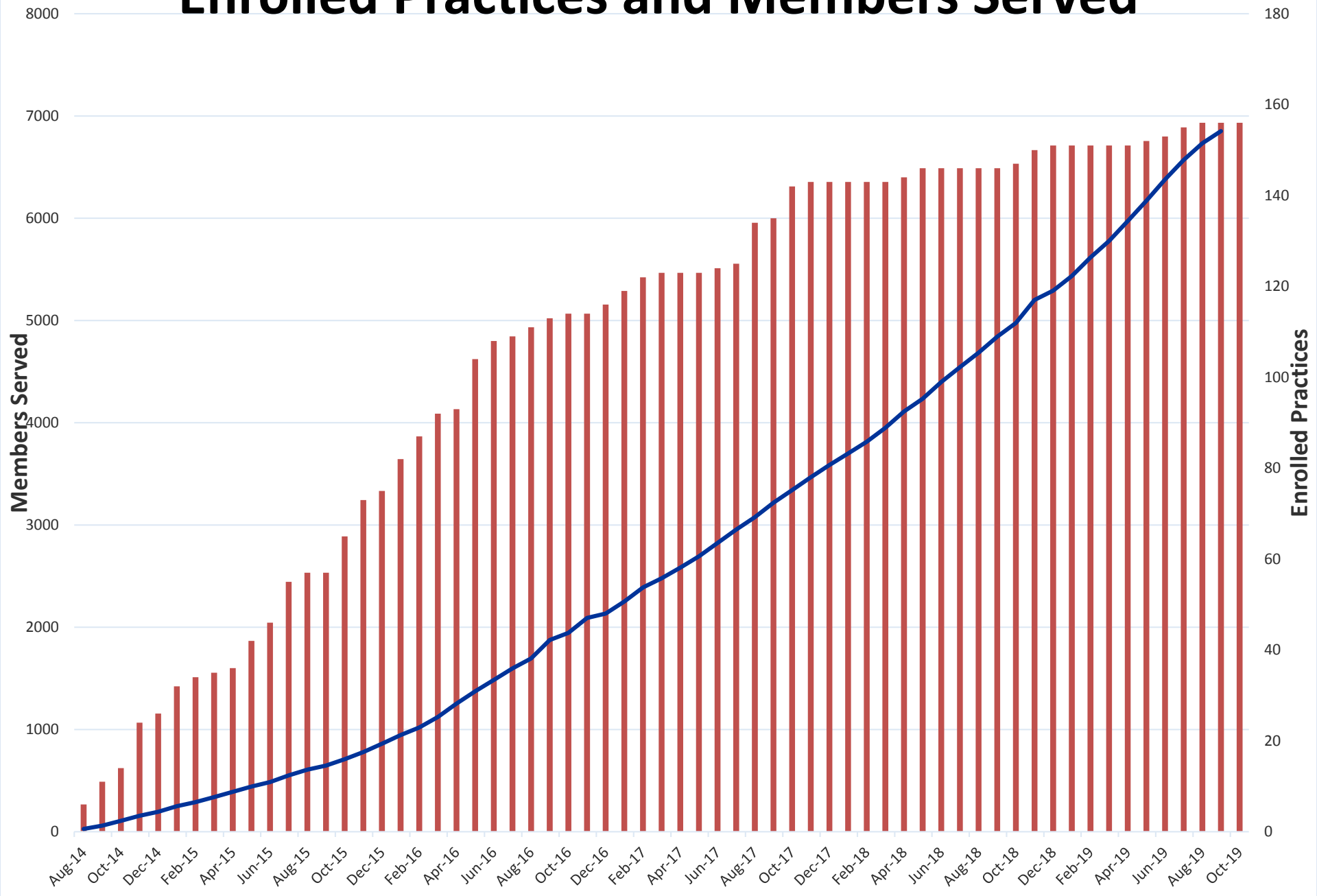
Since our launch in July 2014, MCPAP for Moms has served many providers and parents

OB Practices Enrolled	156 (75%)
Women Served	7,041
Doc-doc Telephone Encounters	4,211
Face-to-Face Evaluations	654
Resource and Referral Encounters	8,224

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Enrolled Practices and Members Served



“It looks like you may be driving a transformation in the practice of obstetrics with a much needed service that should add value to the continuity of care offered by general OBs.”

- Dale Magee, MD, MS, ObGyn, Public Health Leader, MA



“Thank you thank you for hooking me up with these services. It is such a relief for my whole family that I finally have the support system I need to deal with my issues in a safe and healthy way! Thank you!”

- Grateful Postpartum Patient



“Just wanted to give a shout out to MCPAP. I received a call from a new mom today who had expressed concern about postpartum depression with her OB after delivery. She had experienced postpartum emotional complications after first baby but did not get support at that time. Her OB this time was validating and responsive, providing her with contact for MCPAP. They were able to pre-screen her so she knew when she contacted me that I took her insurance and office is just a few miles from her home. She only had to make one phone call and I am able to see her Friday. Thank you MCPAP, this feels like progress, one less mom falling through the cracks.”

- Carrie Powers, LICSW, MA





2013-2014
Depression



2016
Depression
Anxiety



2017
Bipolar
Disorder



2018
Substance
Use
Disorder



2019
Inequities,
Disparities,
TIC, ACEs,
SDoH



Untreated perinatal mood and anxiety disorders come at a high cost

\$32,000/yr



\$345.6 Million/yr



MCPAP for Moms costs are low

\$32,000/yr



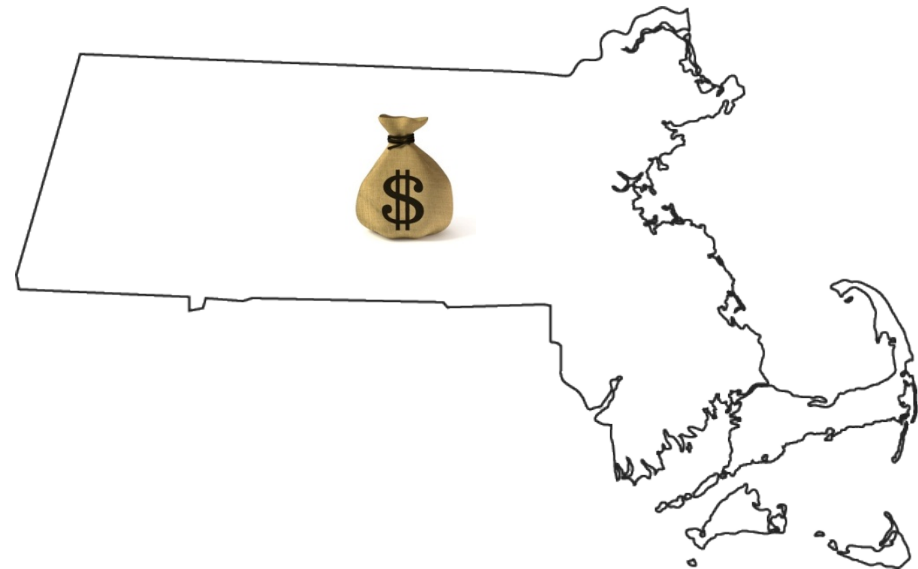
\$13.89/yr
\$1.16/month



\$345.6 Million/yr



\$1 Million/yr



50% is recuperated through legislated surcharge to commercial insurers

\$32,000/yr



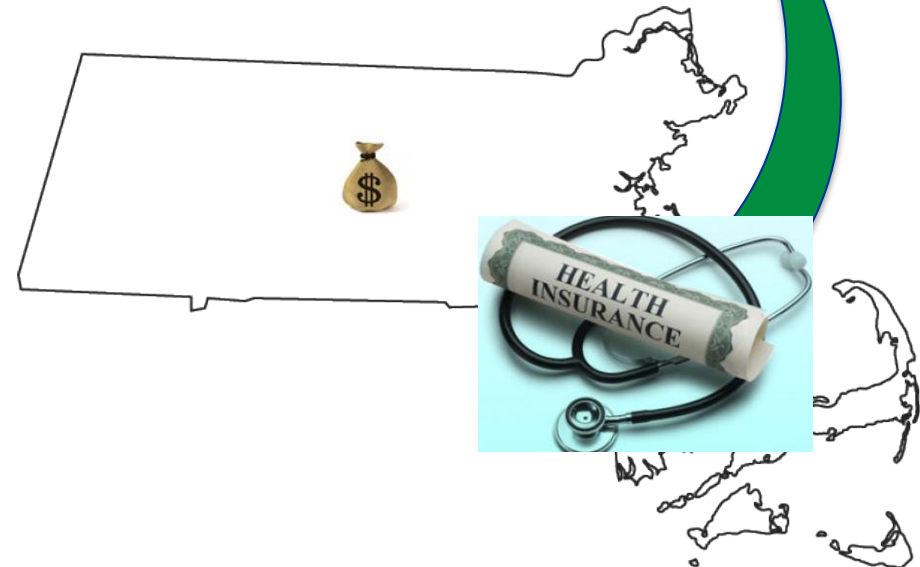
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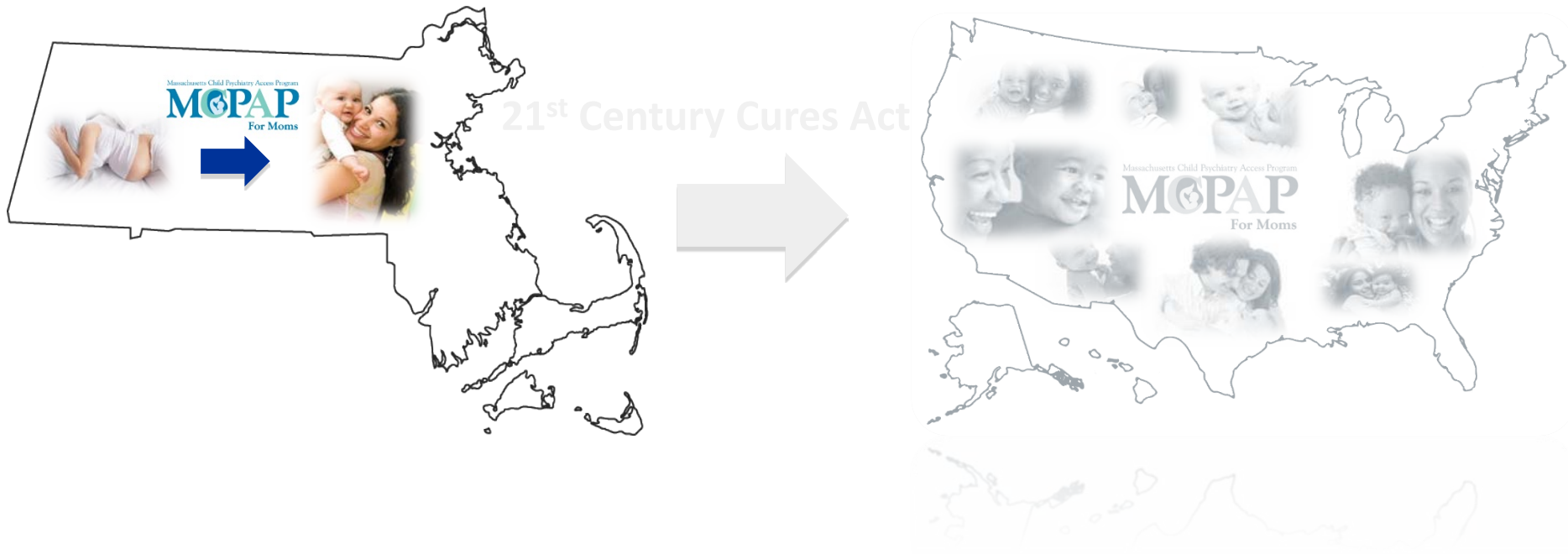


\$1 Million/yr



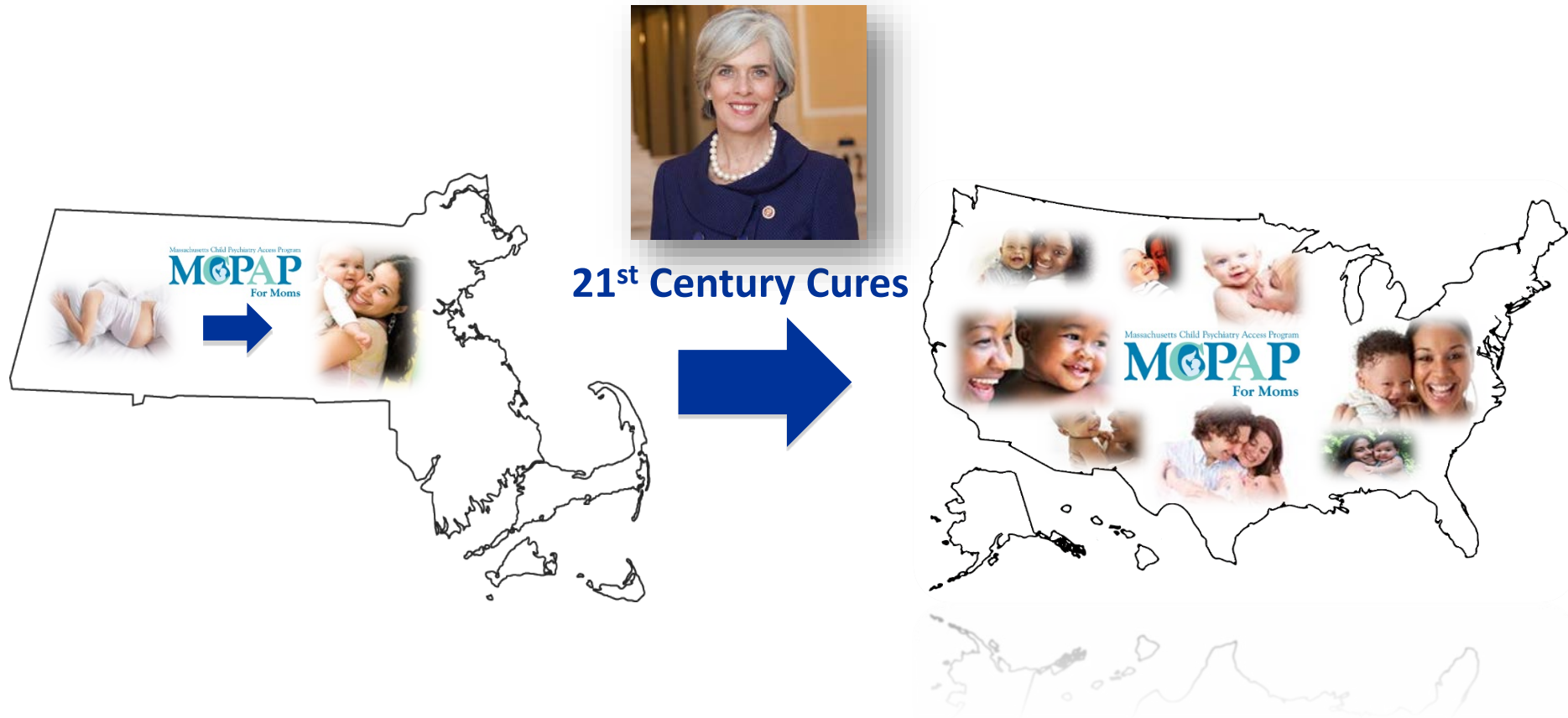
50%
2015

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



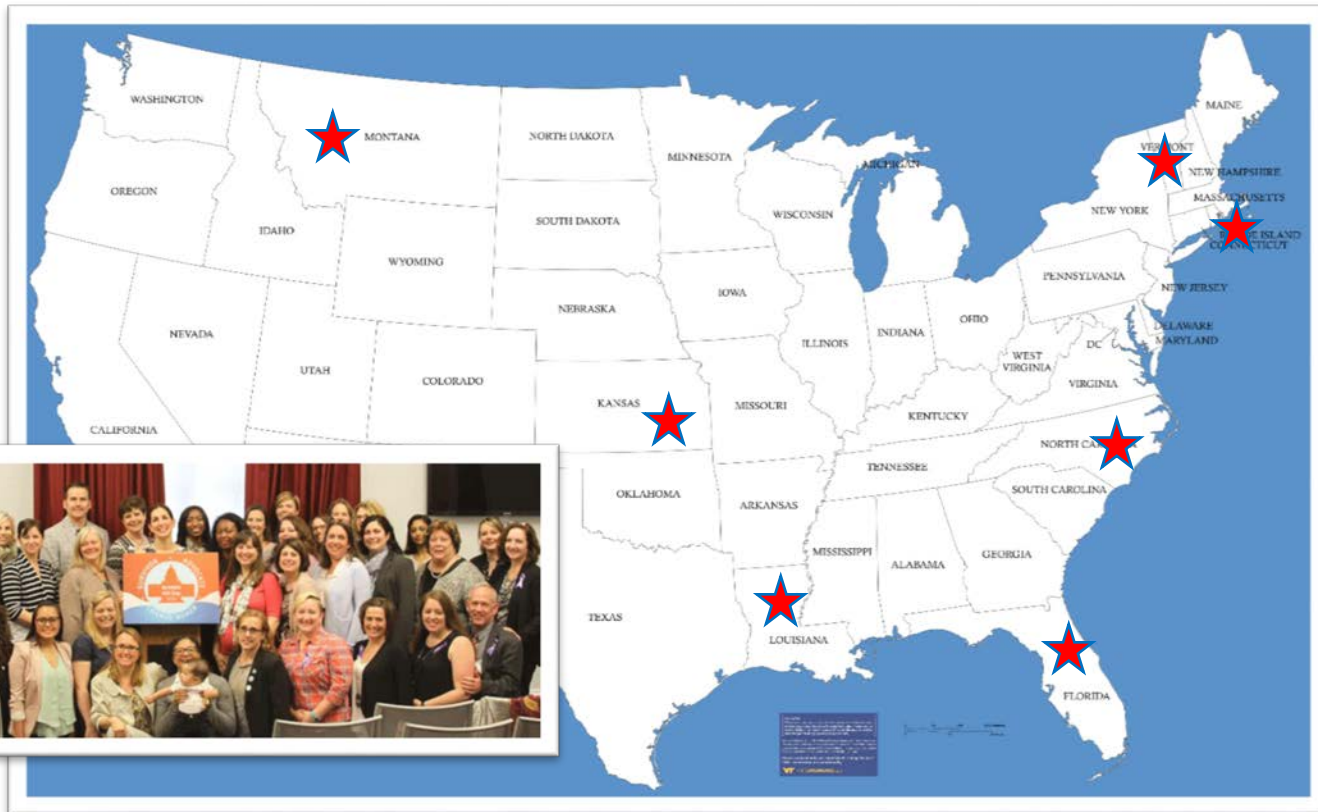
MCPAP for Moms can serve as a model for other states in the US

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

HRSA is funding 7 Perinatal Psychiatry Access Programs



14 programs are now available across the US



Partnership Access Line (PAL) For Moms
206-268-2924
[Click to learn more!](#)

Dignity Health®

The Meadowlark Initiative
HEALTHY PREGNANCIES & SECURE FAMILIES

THE PERISCOPE PROJECT
PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

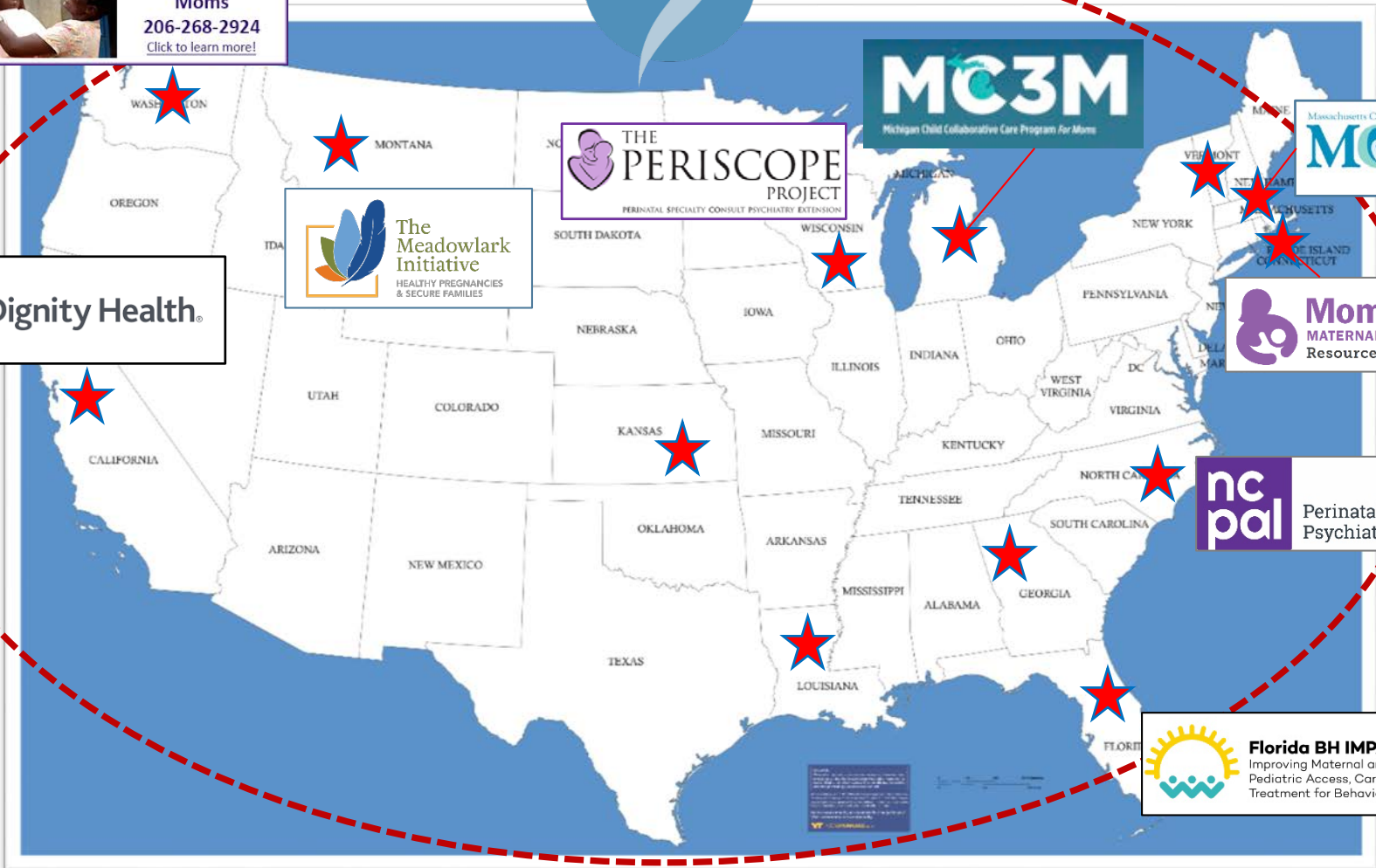
MC3M
Michigan Child Collaborative Care Program for Moms

Massachusetts Child Psychiatry Access Project
MOPAP For Moms

MomsPRN
MATERNAL Psychiatry Resource Network

nc pal
Perinatal Psychiatry

Florida BH IMPACT
Improving Maternal and Pediatric Access, Care and Treatment for Behavioral Health





Deborah Cowley, MD

Director, Partnership Access Line for Moms
Professor

Vice Chair for Education

Vice Chair for Faculty Development

Department of Psychiatry & Behavioral
Sciences

University of Washington



Partnership Access
Line (PAL) For
Moms

206-268-2924

[Click to learn more!](#)

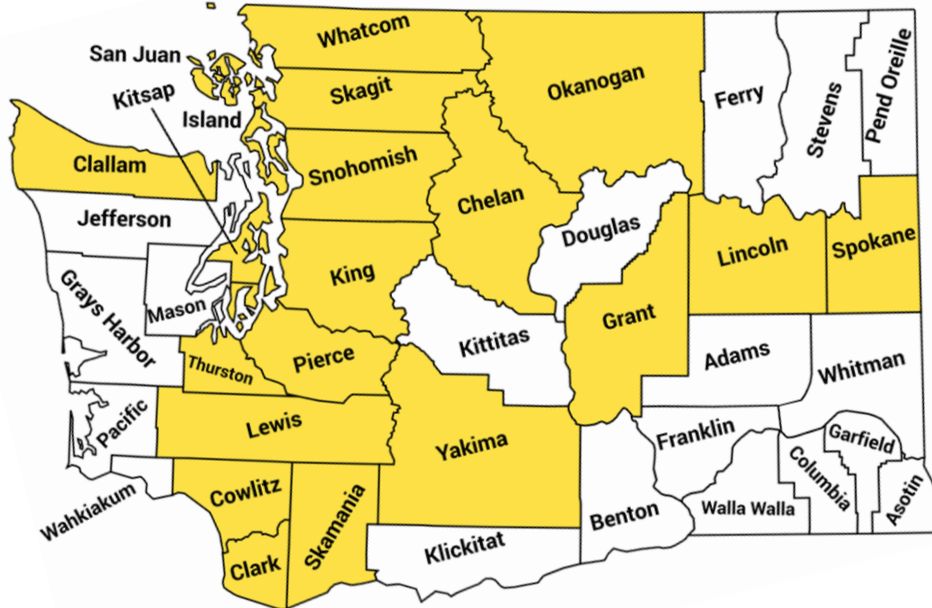
WA – PAL for Moms

- Partnership Access Line (PAL) for Moms
 - Free telephone consultation for any health care provider in Washington State caring for someone with perinatal mental health problems
 - Staffed by perinatal psychiatrists, navigator
 - M-F 9-5
 - Perinatal psychiatric consultation – diagnosis, medications, other treatments
 - Referrals

Funding

- Initial funding by anonymous donor
- Now funded by State of Washington Health Care Authority
 - Has allowed expansion of hours, hiring navigator

Utilization and Impact



- 25-30 calls per month
- Physicians (primary care, OB, psychiatry, pediatrics), nurse practitioners, midwives, nurses

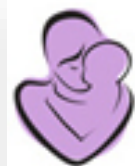
Respondent is “in a rural area five hours from the city with limited psych providers, so [they are] very grateful for this service.”

Respondent noted that they would not “see pregnant or breastfeeding women if this service wasn't available. It feels so high risk and I had very little training. It makes me feel so much more confident to know that I have an expert available for tricky questions, and then I can apply that knowledge to my next patient in a similar circumstance.”



Christina Wichman, DO

Project Director, The Periscope Project
Professor of Psychiatry and Ob/Gyn
Vice Chair of Education, Department of
Psychiatry, Medical College of Wisconsin



THE
PERISCOPE
PROJECT

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION



THE PERISCOPE PROJECT

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

A **free resource** for health care providers caring for **perinatal women** who are struggling with **mental health** or **substance use disorders**

Key Differences:

- ❖ No face to face component
- ❖ Individual provider level enrollment
- ❖ No care coordination component
- ❖ Focus on ease of use for providers



1058

Total service related inquiries to The Periscope Project



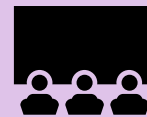
865

Provider to perinatal psychiatrist teleconsultations



359

Received community resource information



163

Educational presentations online and in person

Funding

Pre-development funding provided by State of Wisconsin --- Department of Health Services, Title V Block grant.

- \$50,000. Allowed bringing stakeholders together for thoughtful planning
- “Shovel ready” when funding did become available

Initial pilot funding

- United Health Foundation: 1.275 million dollar grant: January 2017 – December 2019
- State of Wisconsin --- Department of Health Services, Title V Block grant: \$100,000 per year

Ongoing sustainability

- 2020 funded by combination of private grants and State of Wisconsin --- Department of Health Services, Title V Block grant.
- Working with government relations to enact legislature for creation of a comprehensive psychiatric teleconsultation program – to include child and perinatal services

Impact



Mode
2 mins.

Average
6 mins.



Based on a three question post-encounter survey with a **69%** (510/743) **response rate:**

100%

- Agreed or strongly agreed they were **satisfied with the service** they received
- Indicate their most recent encounter **helped them to more effectively manage their patient's care**
- Indicate they will **incorporate the information they learned in the future care** of patients

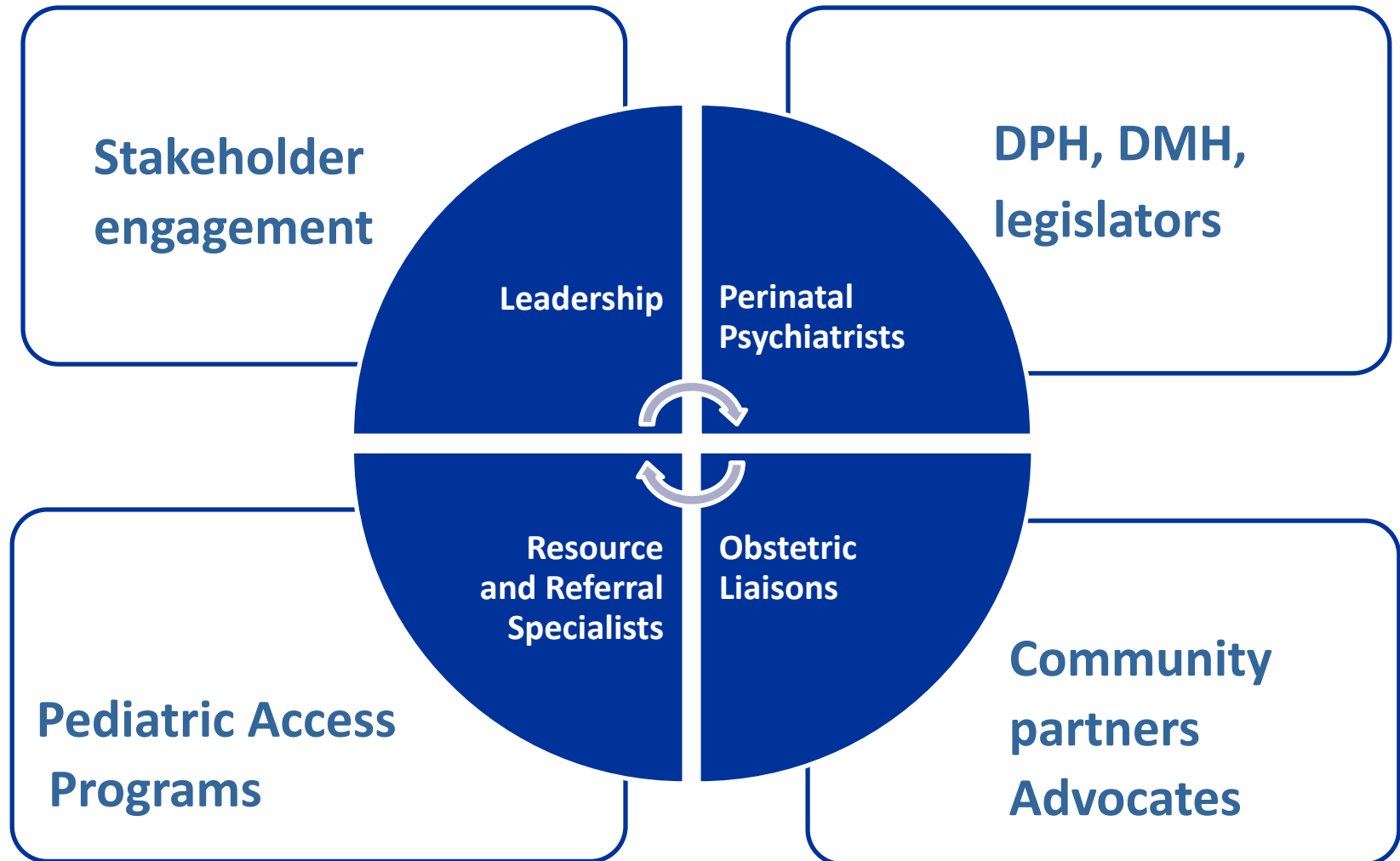
Perinatal Psychiatry Access Programs need to be tailored for each state or health care system



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

Program Component	Massachusetts	Washington	Wisconsin
Training and toolkits	✓	✓	✓
Consultation	✓	✓	✓
Resource and referral	✓		
Context (e.g., legislation, funding, complementary programs)			

Engaging multi-level stakeholders is critical when developing a Perinatal Psychiatry Access Program



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




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PSI



MC3M
Michigan Child Collaborative Care Program for Moms



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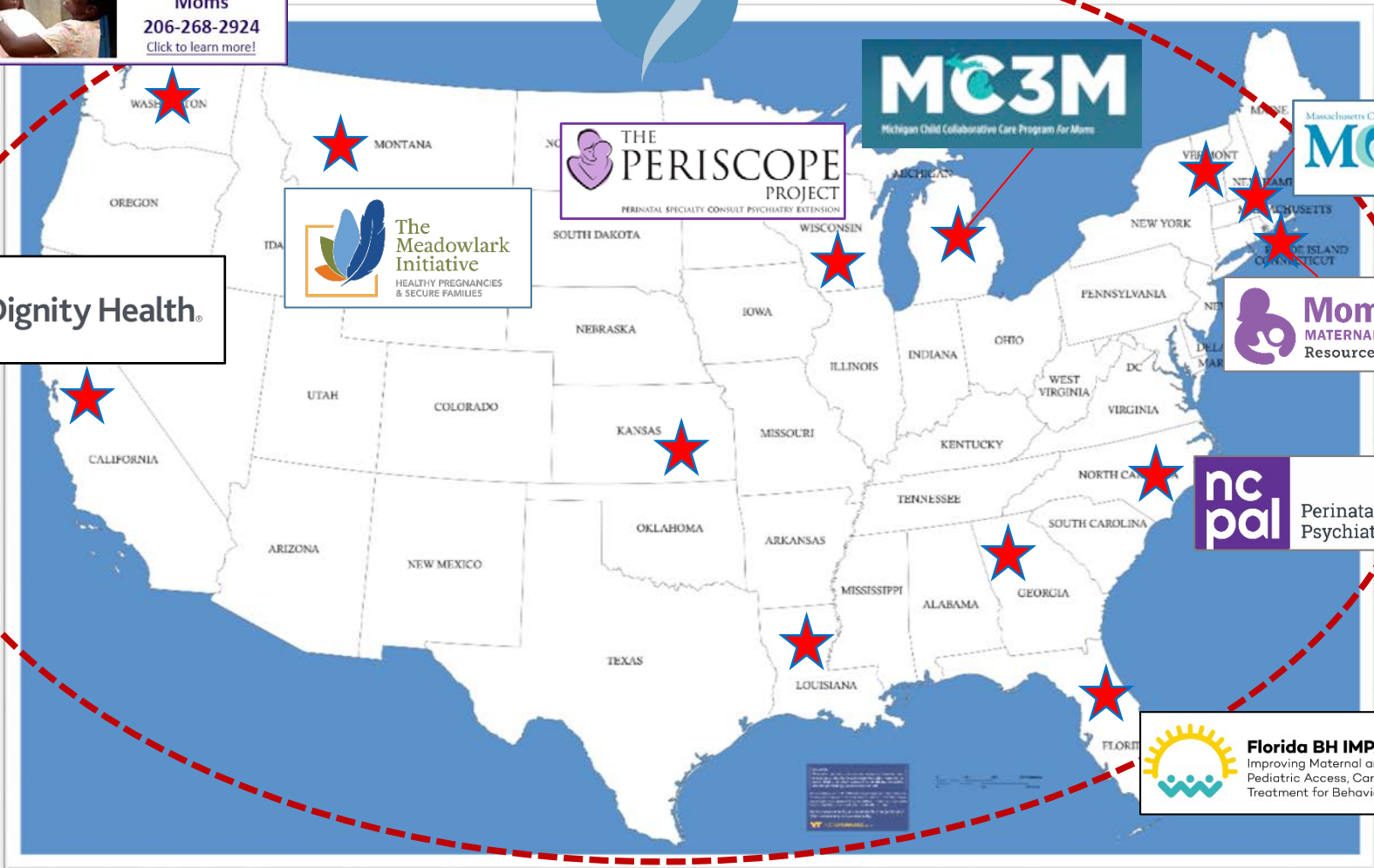
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The Lifeline4Moms Network aims to improve maternal and child health through Access Programs



California



3rd largest state in US

471,658 births in 2017
1/8 of all births in U.S.

**LA County: 2x the
number of births of MA**

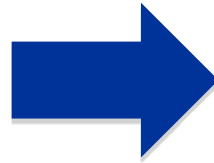
Perinatal Psychiatry Access Program in California



6 perinatal psychiatrists

12 resource and referral specialists

Increasing front line provider capacity to provide mental health care can promote maternal and child health



Led by professional societies and governmental organizations, expectations of obstetric care providers are changing

Thank you!



**This webinar was funded by the
California Health Care Foundation**

QUESTIONS?



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Thank you!

Please contact us with questions

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Lifeline4Moms 

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<https://www.mcmh.uw.edu/ppcl>

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 **THE PERISCOPE PROJECT**
PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

<https://the-periscope-project.org/>

Thank you!