Practice Self-Assessment Instrument

This questionnaire is to be completed by practice leadership. We recommend that:
- *Two or more members of the leadership team should complete this evaluation together. Ideally, **three members** (e.g., physician, nurse, & practice manager) with different roles and thus a combined comprehensive perspective should complete it together to provide a full and accurate representation of the practice's procedures and workflow.*
- *Individual items in this evaluation can be directly linked to creation of the practice's goals and will facilitate subsequent ability to assess progress towards those goals.*

Practice name: _____   **Date of assessment**: _____

Practice state: _____   **Practice county**: _____

Persons completing the practice assessment instrument:

(1) _____ **Title**: _____

(2) _____ **Title**: _____

(3) _____ **Title**: _____

(4) _____ **Title**: _____

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1. **Our practice explains to patients that screening for perinatal mental health conditions will happen routinely as part of their obstetric care.** ☐ Yes   ☐ No
   If yes, how does this currently happen? _____

2. **Our practice uses a validated mental health screening tool at the following time points to screen for…**

Depression:						
Please indicate tool *(check all that apply)*: ☐ PHQ-2 ☐ PHQ-9 ☐ EPDS ☐ Other-Specify: _____ ☐ N/A						
	Never	*Rarely*	*Sometimes*	*Often*	*Always*	*Don't know/NA*
Early pregnancy *(0-20 weeks GA)*						
Late pregnancy *(21 weeks or more GA)*						
Hospitalization for delivery						
Postpartum *(0-12 months PP)*						

Anxiety:

Please indicate tool (*check all that apply*): ☐ GAD-2   ☐ GAD-7   ☐ PASS   ☐ Other-Specify: _____   ☐ N/A

	Never	*Rarely*	*Sometimes*	*Often*	*Always*	*Don't know/NA*
Early pregnancy *(0-20 weeks GA)*						
Late pregnancy *(21 weeks or more GA)*						
Hospitalization for delivery						
Postpartum *(0-12 months PP)*						

Trauma/PTSD:

Please indicate tool (*check all that apply*): ☐ PC-PTSD ☐ Intimate Partner Violence ☐ Other-Specify: _____ ☐ N/A

	Never	*Rarely*	*Sometimes*	*Often*	*Always*	*Don't know/NA*
Early pregnancy *(0-20 weeks GA)*						
Late pregnancy *(21 weeks or more GA)*						
Hospitalization for delivery						
Postpartum *(0-12 months PP)*						

Bipolar disorder:

Please indicate tool (*check all that apply*): ☐ MDQ   ☐ CIDI   ☐ Other-Specify: _____   ☐ N/A

	Never	*Rarely*	*Sometimes*	*Often*	*Always*	*Don't know/NA*
Along with depression screen at least once in pregnancy or postpartum						
When depression screen is positive						
Other, specify: _____						

Additional screenings (e.g., Social DH, ACEs, SUD) (*specify, including tool used, below*):

	Never	*Rarely*	*Sometimes*	*Often*	*Always*	*Don't know/NA*

PHQ-2, Patient Health Questionnaire-2 item; PHQ-9, Patient Health Questionnaire-9 item; EPDS, Edinburgh Postnatal Depression Scale; GAD-2, Generalized Anxiety Disorder 2-item; GAD-7, Generalized Anxiety Disorder 7-item; PASS, Perinatal Anxiety Screening Scale; PC-PTSD, Primary Care PTSD Screen; MDQ, Mood Disorder Questionnaire; CIDI, Compositive International Diagnostic Interview; Social DH, Social Determinants of Health; ACEs, Adverse Childhood Experiences; SUD, Substance Use Disorders

3. For each of the screeners indicated in question 2 (for those that are self-administered), please indicate if they are administered on paper or electronically:

Instrument name	Paper or electronic?		When is it completed?	
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit
	☐ paper	☐ electronic	☐ Before visit	☐ During visit

4. For each of the screeners indicated in question 3 that are administered <u>on paper</u>, please indicate how the screening result is integrated into the patient's medical record:

Instrument name	Integration method	
	☐ instrument is not integrated ☐ paper screen is scanned in ☐ summary score only entered manually	☐ score written in text note ☐ individual item values entered manually ☐ other:
	☐ instrument is not integrated ☐ paper screen is scanned in ☐ summary score only entered manually	☐ score written in text note ☐ individual item values entered manually ☐ other:
	☐ instrument is not integrated ☐ paper screen is scanned in ☐ summary score only entered manually	☐ score written in text note ☐ individual item values entered manually ☐ other:
	☐ instrument is not integrated ☐ paper screen is scanned in ☐ summary score only entered manually	☐ score written in text note ☐ individual item values entered manually ☐ other:

5. **For each of the screeners indicated in question 3 that are administered <u>electronically</u>, please indicate how the screening result is integrated into the patient's medical record:**

Instrument name	Instrument is self-scoring		Positive screen triggers alert to obstetric care clinician		Results are regularly accessed & used to inform care decisions by obstetric care clinicians	
	☐ yes	☐ no	☐ yes	☐ no	☐ yes	☐ no
	☐ yes	☐ no	☐ yes	☐ no	☐ yes	☐ no
	☐ yes	☐ no	☐ yes	☐ no	☐ yes	☐ no
	☐ yes	☐ no	☐ yes	☐ no	☐ yes	☐ no
	☐ yes	☐ no	☐ yes	☐ no	☐ yes	☐ no
	☐ yes	☐ no	☐ yes	☐ no	☐ yes	☐ no
	☐ yes	☐ no	☐ yes	☐ no	☐ yes	☐ no

For any screeners indicated in question 3 that are not regularly accessed & used to inform care decisions by obstetric care clinicians, please explain more about why they are not. _____

Is this because of the way they are currently embedded in the medical record? _____

How could the tools be more helpful and/or be done more efficiently? _____

6. **Our practice has procedures for providing education to patients with perinatal mental health conditions.**
   ☐ Yes   ☐ No
   If yes, <u>select all that apply</u>:
   ☐ Printed educational posters displayed around the office
   ☐ Provide printed educational materials in packet at prenatal visit
   ☐ Provide printed education materials during visit if screen is positive
   ☐ Provide psychoeducation verbally at first prenatal visit
   ☐ Provide psychoeducation verbally after screening during visit, regardless of score
   ☐ Provide psychoeducation verbally during visit if screen is positive
   ☐ Posted educational materials on the practice website
   ☐ Posted educational materials on the practice app
   ☐ Refer patients to specific education materials (e.g., PSI website)
         Examples of materials to which obstetric care clinicians frequently refer patients: _____
   ☐ Other, specify _____

7. **Our practice has procedures embedded within the practice for providing treatment to patients with perinatal mental health conditions.** ☐ Yes   ☐ No

If yes, <u>select all that apply</u>:

☐ Co-located mental health professional(s) *(see #8 and 9)*

☐ Obstetric care clinicians provide pharmacotherapy

☐ Support group provided by practice

☐ Collaborative or integrated care

☐ Other, specify _____

8. **Our practice has providers embedded within the practice who provide pharmacotherapy.** ☐ Yes ☐ No

If yes, <u>select all that apply</u>:

☐ Psychiatrist (MD, DO)

☐ Advanced psychiatric practice provider (PA, NP, PNP)

☐ OB/GYN (MD, DO)

☐ Advanced obstetric practice clinician (PA, NP, PNP)

☐ Other, specify: _____

9. **Our practice has providers embedded within the practice who provide therapy to patients.** ☐ Yes ☐ No

If yes, <u>select all that apply</u>:

☐ Psychiatrist (MD, DO)   ☐ Psychologist (PhD, PsyD)

☐ Advanced practice provider (PA, NP, PNP)   ☐ Clinical social worker (MSW, LCSW)

☐ Therapist (master's level)   ☐ Psychiatric technician (bachelor's level)

☐ Peer support specialist   ☐ Other, specify: _____

10. **Our practice has procedures for providing or referring pharmacotherapy to patients with perinatal mental health conditions.** ☐ Yes   ☐ No

If yes, <u>select all that apply</u>:

☐ Obstetric care clinicians provide pharmacotherapy

☐ Practice has identified psychiatric prescribers to whom they can refer patients

☐ Practice has contract or staff psychiatric prescribers who are available onsite or for tele/web appointments.

☐ Practice is in a state with a psychiatric provider-to-provider consultation and/or psychiatry access program

☐ Patients can access pharmacotherapy at least 90% of the time within one month.

     ☐ Other, please specify _____

11. **Our practice has procedures for referring patients to therapy.** ☐ Yes   ☐ No

If yes, <u>select all that apply</u>:

☐ Practice has identified therapists to whom they can refer patients

☐ Practice has contract or staff therapists who are available onsite or for tele/web appointments

☐ Patients can access therapy services at least 90% of the time within 2-weeks.

☐ Other, please specify _____

12. Our practice has a system in place to monitor and follow up with patients who screen positive for perinatal mental health conditions. ☐ Yes ☐ No

If yes, <u>select all that apply</u>:

☐ Tell patients to call with any concerns regarding their mental health

☐ Re-screen patients at specified time points

☐ Make at least one follow-up call after starting meds or referring for therapy

☐ Schedule a follow-up visit at practice after starting meds or referring for therapy

☐ Have a list or registry of patients with perinatal mental health conditions and follow up with registry patients at regular intervals

☐ Other, specify _____

13. Our practice has procedures for providing training to our obstetric care clinicians about perinatal mental health conditions. ☐ Yes ☐ No

If yes, <u>please indicate the approximate percentage of each group that has been trained</u>:

      Providers/Clinicians

          0% ---- 10 ---- 20 ---- 30 ---- 40 ---- 50 ---- 60 ---- 70 ---- 80 ---- 90 ---- 100%

      Nurses and other medical staff

          0% ---- 10 ---- 20 ---- 30 ---- 40 ---- 50 ---- 60 ---- 70 ---- 80 ---- 90 ---- 100%

14. Please answer the following about other practice policies and procedures.

Physical Environment and Print Media	No	Yes	N/A
If the practice has a **website**, is there information on perinatal mental health conditions available on the practice website?			
If the practice uses **social media or app-based education**, does the practice display, or send out information on perinatal mental health conditions or link to other relevant resources?			
If yes, which ones _____			

Practice Policies and Procedures	No	Yes
Our practice has **standardized procedures and/or written policies** addressing perinatal mental health conditions in pregnancy and/or the postpartum period.		

If yes, please respond to the following:					
	Strongly disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Our practice has standardized procedures for perinatal mental health screening in pregnancy and/or the postpartum period.					
When a perinatal mental health screening tool is positive, is it followed by an assessment.					

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
When a patient is identified as having a perinatal mental health condition(s) or screens positive on a mental health screening tool, our practice obstetric care clinicians continue to assess her at regular time points after the illness or symptoms were detected.					
Our practice has an emergency referral protocol to manage safety concerns when they arise (e.g., when there is concern a patient may be at risk of harm to self or other; patient is unable to care for herself or her baby due to a mental health condition).					
Our practice obtains a personal mental health history (including past and current medication trials) at the obstetric intake visit and updates the chart as needed.					
Our practice obtains a family mental health history at the obstetric intake visit and updates the chart as needed.					
When postpartum care is complete, our practice has a procedure for continuing to care for perinatal individuals with mental health conditions and/or transitioning them to ongoing care with a PCP or mental health/behavioral health provider.					
Our practice communicates and collaborates with infant's provider about mother and infant's care (e.g., maternal medications, treatment plan, breastfeeding, family support, and community resources).					
Our practice expects our obstetric care clinicians and staff to have the confidence and skills they need to discuss perinatal mental health conditions with our patients.					
Our practice expects our obstetric care clinicians and staff have the confidence and skills they need to screen for perinatal mental health conditions.					
Our practice expects our obstetric care clinicians and staff have the confidence and skills they need to address perinatal mental health conditions after a positive screen.					
Our practice expects our obstetric care clinicians and staff have the confidence and skills they need to treat perinatal mental health conditions.					

Reimbursement & Billing		**No**	**Yes**
The obstetric care clinicians in our practice know mental health services are reimbursable and how to submit for reimbursement.			

15. This practice is part of a larger practice with multiple locations. ☐ Yes   ☐ No

If yes, do you plan to implement perinatal mental health care at multiple locations?   ☐ Yes ☐ No

If yes, which ones: _____

If yes, are your procedures standardized in a similar way across all locations? ☐ Yes ☐ No

If no, describe the differences and rationale for them:

16. How would you describe the characteristics of your practice's patient population in regard to…

Payors:	None	Some	Many
Medicaid or Public insurance			
Private or Commercial insurance			
Tricare or other military insurance			
Uninsured			
Race:	None	Some	Many
Black/African American/African			
White/Caucasian			
Asian/Asian American			
Native Hawaiian/Other Pacific Islander			
American Indian/Native American			
Alaska Native			
More than one race			
Other, specify: _____			
Other, specify: _____			
Ethnicity:	None	Some	Many
Hispanic, Latina/o/x, or Spanish origin			
Primary/preferred language:	None	Some	Many
English			
Spanish			
Other, specify: _____			
Other, specify: _____			
Other, specify: _____			
Other, specify: _____			
Other, specify: _____			

17. *For the following questions, please walk through your practice and identify how many posted materials (e.g., brochures, posters, etc.) there are in the exam rooms, waiting rooms, restrooms, hallways, and staff areas. Of those, please also identify how many in each category address perinatal mental health conditions during pregnancy and postpartum and/or emotional wellness. The grid below has been provided to help you do this.*

	Totals Total number of rooms or areas in the practice	***Materials*** Number of rooms or areas that contain materials that address perinatal mental health	% with educational materials about perinatal mental health (Materials column divided by Totals)
Exam rooms			
Waiting rooms			
Restrooms			
Hallways			
Staff areas			
Totals			

18. Are educational materials sent out to patients after their visit? ☐ Yes ☐ No

19. Are your print or electronic materials inclusive of the racial, ethnic, cultural, language, gender identify and sexual orientation diversity of your patient population? ☐ Yes ☐ No ☐ Not sure

If yes, please indicate which of the following your materials include persons:
☐ Sexual orientation, e.g., lesbian, gay, bisexual, asexual
☐ Gender identity, e.g., transgender, non-binary
☐ Racial and ethnic characteristics
☐ Language
☐ Different body types
☐ Other child-bearing persons (e.g., child-bearing father)
☐ Other, specify: _____

20. Do you have mental health resources that are responsive to the needs of individuals with the following identities? ☐ Yes ☐ No ☐ Not sure
If yes, please indicate which of the following your resources include:
☐ Sexual orientation, e.g., lesbian, gay, bisexual, asexual
☐ Gender identity, e.g., transgender, non-binary
☐ Racial and ethnic characteristics
☐ Language
☐ Other child-bearing persons (e.g., child-bearing father)
☐ Other, specify: _____

Reassessment of the practice should be completed 3 months following completion of the implementation and then quarterly, and annually thereafter.