The Latest Developments in Maternal Mental Health Screening

Hosted by 2020 Mom

October 26, 2022

2020Mom.org
Meet Joy

Joy Burkhard, MBA
Founder and Executive Director
2020 Mom
Who is 2020 Mom?

Mission: To close gaps in Maternal Mental Health Care.

We believe if families, employers and society are paying for health care benefits, the health care system should detect and treat MMH disorders.
2022-2025
Focus Areas: The 3 As

Access to Providers

Ample Insurance Coverage

Appropriate Screening (and treatment)

Availability & expansion of health care professionals & facilities in the health delivery system.

Including all evidence-based MMH treatments, at an affordable cost to patients without unreasonable limits.

A health care delivery system that screens every mother throughout the perinatal period using evidence-based, comprehensive, easy-to-use, and culturally appropriate screening tools.
What We Will Cover

Recommended screening tools and sequencing as featured in 2020 Mom’s Universal Screening Issue Brief

Considerations for culturally relevant/sensitive screening

The new National Committee for Quality Assurance (NCQA) HEDIS screening measures and the first set of U.S. screening rates.

Screening time frame recommendations, including MMHLA’s forthcoming recommendations.

Actions being led by 2020 Mom to increase obstetric provider screening rates, including addressing obstetric provider reimbursement and care navigation efforts.
Universal Screening Serves to Propel Change

Issue Brief

- What Screening Is, Screening Tools, Barriers & Opportunities

Screening Recommendations & Laws

- Major Professional Associations & US Preventative Services Task force (USPSTF) Recommendations to Screen
- Screening laws passed by Nonprofits & Lawmakers:
  - Like NJ, CA and now LA
- These mandates propell significant investments & Medicaid extension.

Opportunities to Improve Screening Rates & Measurement

Meet Our Panelists

Cindy Herrick, MA, PMH-C, CPSS
Strategic Partnerships & Special Projects
2020 Mom

Kandyce Hylick, MPH
Policy Analyst
2020 Mom
Meet Our Panelists

Lindsey Roth, MPP
Research Scientist, Performance Measurement Dept., National Committee for Quality Assurance (NCQA)

Adrienne Griffen, MPP
Executive Director, Maternal Mental Health Leadership Alliance (MMHLA)
2020 Mom’s Issue Brief Deep Dive: Tools, Sequencing & Barriers

Cindy Herrick, MA, PMH-C, CPSS
Strategic Partnerships & Special Projects
2020 Mom
2020 Mom released an issue brief earlier this year on Universal Screening for MMH Disorders

Highlights:

- MMH Disorders is a **spectrum** of disorders that requires a **spectrum** of screening tools
- Screening for depression alone is **doing harm**
- Screening is an assessment and an opportunity for education and conversation
- A positive screening score does not necessarily confirm a diagnosis
Screening Frequency and Timing Recommendations

- ACOG: 1-2x
  - during the perinatal period
  - at the comprehensive postpartum visit

- American Psychiatric Association Foundation: 2x, 4x
  - during pregnancy
  - postpartum
  - at 1, 2, 4 month well-child visit

- PSI: 8x
  - 1st prenatal visit
  - 2nd trimester
  - 3rd trimester
  - 6 week postpartum
  - 6 &/or 12 month OB & primary care
  - 3, 9, 12-mo pediatric well-child visits
2020 Mom’s Recommendations for Screening Frequency

At a minimum, based on recommendations from various professional provider associations and in conjunction with the HEDIS measure, 2020 Mom recommends screening happen during the following intervals:

**During Pregnancy:** At least once, ideally late in the first trimester or early in the second trimester.

**In the Postpartum Period:** At least once, at the six week obstetric postpartum visit and ideally at least one additional time through the first year after birth.

**30 Days After an Initial Positive Screen**
Issue Brief: Universal Screening for MMH Disorders

Depression and Anxiety Screeners

- **Patient Health Questionnaire (PHQ-4)** includes 2 questions to detect depression and 2 questions to detect anxiety. Though currently underutilized, given its brevity, this tool is an effective first-line ultra-brief screener.

- **Patient Health Questionnaire (PHQ 2 or 9)** offers both a short (2 question) and long (9 question) screener used to detect depression.

- **Generalized Anxiety Disorder (GAD 3 or 7)** offers both a short (3 question) and long (7 question) screener to detect generalized anxiety and worry associated with other anxiety related disorders.

- **Edinburgh Pregnancy/Postnatal Depression Scale (EPDS)** is a 10-question survey specific to the perinatal period, to detect depression which also includes two questions about anxiety.
Issue Brief: Universal Screening for MMH Disorders

Intrusive Thoughts & OCD

- Obsessive Compulsive Inventory (OCI 12 or 4)
- **Intrusive Thoughts** can be a symptom of OCD
- **Intrusive thoughts does not indicate psychosis**
  - Intrusive thoughts are separate and distinct from the delusional thoughts and hallucinations associated with psychosis. A state of maternal psychosis is considered a medical emergency; having intrusive thoughts is not.
  - Ego Syntonic vs. Ego Dystonic
- **Intrusive Thoughts vs. Suicidal Ideation**
  - Screening and further assessment is needed
Issue Brief: Universal Screening for MMH Disorders

Bipolar and Psychosis Screening

- **Mood Disorder Questionnaire (MDQ)** a 15-question bipolar disorder screener
  - Bipolar Disorder is a risk factor for psychosis
- **2020 Mom Psychosis Symptom Checklist (PSC)** a checklist that providers and family members can use to recognize the symptoms of psychosis.
  - Because psychosis involves a break in reality, a person experiencing psychosis may be incapable of completing a symptom screening questionnaire directly; therefore family and those who are in close contact are often the first to notice behavior changes.
Suicide Screening

- Identifying Suicidal Thoughts is NOT Enough to Determine Someone is Suicidal
- A positive screen requires further assessment
  - Columbia-Suicide Severity Rating Scale (C-SSRS)
  - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) a 5-step assessment that should be used to determine suicide risk and protective factors in order to develop an appropriate care plan.
  - Ask Suicide Screening Questions (ASQ) Screener & Toolkit is a set of four brief suicide screening questions. Positive screens require a subsequent brief suicide assessment. There is also a PHQ9 + ASQ screener.
Prevention and Support Screening Tools

Support Systems
● Artemis Postpartum Support Screening Tool (9 Questions)

Risk for Maternal Depression
● Maternal Depression Risk Factors Checklist--USPSTF Prevention Screener

Social Determinants, Intimate Partner Violence & Substance Use Disorder
● CMS Health-Related Social Needs (HRSN) Screening Tool (26 questions)

Adverse Childhood Events (ACES)
● ACES Screening Tool (10 questions)-The ACEs screening tool can be useful for mental health therapists in better understanding potential causes of PTSD-related symptoms or other mental health or behavioral manifestations.
Screening Barriers Persist

Lack of Clinician Follow-up/Coordinated Care
- Shortages of Behavioral Health providers and Maternal Mental Health providers

No Provider Incentives & Oversight
- Obstetricians aren’t yet being informed of how to bill/or being paid higher capitation rates (by private insurers or most medicaid agencies)
- No monitoring of screening rates (until now)

Patients May not Feel Comfortable
- Stigma, shame, and judgement may prevent individuals from sharing how they feel, and fear of Child Protective Services Intervening (CPS)
2020 Mom’s Issue Brief:
Racial & Ethnic Considerations

Kandyce Hylick, MPH
Policy Analyst
2020 Mom
Social & Practical Determinants of Health

Root Causes are underlying factors that create problems and allow these problems to persist often after attempts to address the challenge.

- Socioeconomic status
- Race/ethnicity
- Lack of social support
- Fear of stigma
- Access to services
- Low-resource settings
- Lack of culturally appropriate care
Addressing Inequities in MMH Screening

**Intersectionality**
- Few measures focus on mental health and perinatal health
- Screeners must consider **cultural factors**
  - Ex: Cultural awareness
  - Ex: Stigma, negative attitudes and beliefs toward mental illness

**Delivery**
- **Provider bias** (conscious or unconscious) and inequality of care can result in misdiagnosis and inadequate treatment
  - Ex: Black people may be more likely to describe physical mental symptoms

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Addressing Inequities in MMH Screening

**Screening Tools**
- Variation in screening tools, frequency and timing
- Current adult health care quality measures for Medicaid do not include perinatal mental health measures

**Culturally Competent Care**
- Providers that have been trained and actively treat minority populations
- Use approaches that consider the patient’s cultural backgrounds
- **Building trust** before screening

Racial Equity in Screening Tools

Screening Tools for Diverse Populations

- Brief Pregnancy Experience Scale (PES)
- Perceived Prenatal Maternal Stress Scale
- Tilburg Pregnancy Distress Scale (TPDS)

Measuring Screening Rates via HEDIS

Lindsey Roth, MPP
Research Scientist, Performance Measurement Dept., National Committee for Quality Assurance (NCQA)
Measuring the Quality of Maternal Mental Health

Lindsey Roth
Research Scientist, Performance Measurement

2020 Mom
October 26, 2022
National Committee for Quality Assurance

OUR MISSION

To improve the quality of health care

OUR METHOD

**Measurement**

We can’t improve what we don’t measure

**Transparency**

We use and publicly report measure results

**Accountability**

Once we measure, we can expect and track progress
## Quality Landscape

<table>
<thead>
<tr>
<th>Evidence Development</th>
<th>Guideline Development</th>
<th>Measure Development</th>
<th>Measure Endorsement</th>
<th>Measure Implementers</th>
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<tbody>
<tr>
<td><strong>What is good care?</strong></td>
<td><strong>How can we bring about good care?</strong></td>
<td><strong>How do we assess good care?</strong></td>
<td><strong>Are these good measures?</strong></td>
<td><strong>What do the measures tell us?</strong></td>
</tr>
<tr>
<td>Researchers</td>
<td>US Preventive Services Task Force</td>
<td>NCQA The Joint Commission</td>
<td>National Quality Forum</td>
<td>NCQA Centers for Medicare &amp; Medicaid Services, The Joint Commission, States</td>
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<tr>
<td></td>
<td>Clinician and other Societies</td>
<td>Centers for Medicare &amp; Medicaid Services Clinician and other Societies</td>
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HEDIS®
Healthcare Effectiveness Data and Information Set

Tool used by over 90 percent of America’s health plans

Allows for comparison of health plans across important dimensions of care

Preventive care  % of children who had routine immunizations by age 2 years
Chronic disease  % of adults who had comprehensive care for diabetes
Behavioral health  % of people hospitalized for mental illness with follow-up after discharge
HEDIS Measures are Widely Used
HEDIS Perinatal Depression Measures

Measures added to HEDIS for health plan reporting in 2019

Prenatal Depression Screening and Follow-Up

Postpartum Depression Screening and Follow-Up

Apply to commercial and Medicaid health plans

Were women screened for depression using a standardized tool?  If women screened positive, did they receive proper follow-up?

Funded by the California Health Care Foundation and Zoma Foundation
Data Sources Used to Report Measures

Health plans draw from four types of electronic clinical data sources to identify screening and follow-up:

- PHR
- EHR
- Clinical Registry
- HIE
- Case Management
- Admin/Enrollment
Number of Health Plans Reporting Measures, 2019-2021

Postpartum measure

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid Plans</th>
<th>Commercial Plans</th>
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<tbody>
<tr>
<td>2019</td>
<td>55</td>
<td>107</td>
</tr>
<tr>
<td>2020</td>
<td>78</td>
<td>151</td>
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<tr>
<td>2021</td>
<td>107</td>
<td>170</td>
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</table>

Postpartum measure submissions with denominator ≥30 and validated by NCQA-certified auditor.
Average Performance Among Plans Able to Report, 2021

Prenatal and postpartum measures

Documented as screened for depression (N=42 Medicaid plans, 80 commercial plans*)

Received follow-up if positive, or screened negative (N=19 Medicaid plans and 10 commercial plans*)

*Able to report = Submissions with denominator ≥30 and validated by NCQA-certified auditor; and with performance rates >0%
Data Sources Health Plans Used to Identify Screenings, 2021

On average across Medicaid and commercial health plans

- From HIEs/registries: 10%
- From EHRs: 40%
- From case management systems: 50%
Opportunity for Improvement

Increased reporting since measures were first introduced to HEDIS
Opportunity to improve reporting and performance

Barriers:

<table>
<thead>
<tr>
<th>Capturing &amp; Sharing Data</th>
<th>Lack of documentation in structured fields</th>
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<tbody>
<tr>
<td></td>
<td>Insufficient standardization of data across different records and databases</td>
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<tr>
<td></td>
<td>Lack of interoperability between systems</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health System Delivery</th>
<th>Fragmentation of perinatal and behavioral health services delivery</th>
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<tbody>
<tr>
<td></td>
<td>Data sharing issues</td>
</tr>
<tr>
<td></td>
<td>Improvement requires substantial and sustained effort</td>
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</table>

Strategies for Addressing Barriers

- Integrate behavioral health in primary care and perinatal care settings
- Promote sharing of patient-reported outcomes data
- Develop systems that enable clinical data collection, sharing and improvement

Next Steps for HEDIS Perinatal Depression Measures

1. Incorporate equity into measurement (e.g., stratify results by race and ethnicity)
2. Publicly report performance results (e.g., NCQA’s Quality Compass® program)
3. Consider including performance results in other programs
New Project to Review Screening Timeframes

Adrienne Griffen, MPP
Executive Director, Maternal Mental Health Leadership Alliance (MMHLA)
PMH EDUCATION & SCREENING PROJECT

Adrienne Griffen
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Maternal Mental Health Leadership Alliance
Executive Director
NOW IS THE TIME!

Maternal Health Blueprint

Legislation and Funding

State perinatal psychiatry access programs

Perinatal Mental Health Among Military
Impact of COVID-19 Pandemic on Maternal and Maternal Mental Health

Suicide and overdose are the #1 cause of death for women in the postpartum period
WHAT IS THE PMH EDUCATION & SCREENING PROJECT?

GOAL
Synthesize existing screening guidelines for perinatal mental health disorders into a cohesive approach about WHEN to educate and screen pregnant and postpartum people throughout the 2-year perinatal timeframe.
Many national organizations have recommendations or guidelines for screening for PMH disorders. **HOWEVER**

most recommendations are too general and/or too siloed

providers cite lack of knowledge, time, reimbursement, resources
RESULT

Each state, health care system, hospital, practice, and provider can decide when and whether to screen

WIDESPREAD AND UNACCEPTABLE DISPARITIES IN ADDRESSING PMH DISORDERS
WHY? HOW?
SCREENING RECOMMENDATIONS

when to screen

who to screen

what to say

which screening tool to use

how to get reimbursed

how to get trained

what resources are available

how to measure impact
FOCUS

when to educate & screen

What would it look like to take the journey of perinatal people and their partners to identify existing opportunities to educate and screen for PMH disorders?

How can we leverage this information to maximize the likelihood that perinatal people and their partners are educated about and screened for PMH disorders, and connected with resources for recovery?
PMH EDUCATION & SCREENING PROJECT

GOAL
Synthesize existing screening guidelines from a variety of organizations into a cohesive approach focused on **WHEN** to educate and screen pregnant and postpartum people throughout the two-year perinatal timeframe

<table>
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<tr>
<th>SEP – DEC</th>
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<th>APR – OCT</th>
<th>NOV</th>
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<tr>
<td>Core Team</td>
<td>Working Group</td>
<td>11 Roundtable Discussions</td>
<td>Working Group</td>
<td>Core Team</td>
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<tr>
<td>Gathered data</td>
<td>35 people</td>
<td>175 people</td>
<td>Finalize Framework</td>
<td>Share Report</td>
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<tr>
<td>Created workplan</td>
<td>Created Draft Framework</td>
<td>Feedback on Draft Framework</td>
<td>Discuss next steps</td>
<td>Secure additional funding</td>
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Community-based providers are well-positioned to build trust, educate, discuss, and screen. Especially during 3rd trimester and postpartum.
DRAFT FRAMEWORK
FOR PMH EDUCATION & SCREENING

TWO-YEAR PERINATAL TIMEFRAME
Pregnancy through one full year postpartum

1st trimester 2nd trimester 3rd trimester
Childbirth

1st trimester
At initiation of prenatal care (whenever it occurs)
During each trimester of pregnancy

2nd trimester
Prior to discharge from hospital/birthing center

3rd trimester
Within 3 weeks postpartum

Childbirth

Week 1
Week 3

Month 1
Month 2
Month 3
Month 4
Month 6
Month 9
Month 12

Throughout full year postpartum at all regularly-scheduled obstetric and pediatric visits

Community-based providers: At initiation and conclusion of care.

Obstetric check  Childbirth  Pediatric check
SCREENING RATIONALE

At initiation of prenatal care
- Obtain baseline
- 1/3 of those experiencing PPD enter pregnancy with symptoms

During each trimester of pregnancy
- Build trust, reduce stigma, create safe relationship
- 1/3 of those experiencing PPD start symptoms during pregnancy

Prior to discharge from hospital / birthing center
- Birth may be first interaction with medical provider
- Opportunity for educating new parents and family members

Within 3 weeks postpartum
- Baby Blues resolve by 2-3 weeks
- Peak onset of postpartum psychosis

Throughout first year postpartum
- Peak onset of PMH disorders is 3-6 months postpartum
- Peak incidence of suicide is 6-9 months postpartum
NEXT STEPS

PMH Education & Screening Framework

- Educate / Train Providers
- Reimburse Providers
- Update Screening Tools
- Create Performance Measures
PMH EDUCATION & SCREENING PROJECT

Adrienne Griffen
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Maternal Mental Health Leadership Alliance
Executive Director
2020 Mom’s Next Steps in Advancing Screening

Payor Engagement & Monitoring (ZOMA Foundation Funding)

- Monitoring Screening Rates
  - HEDIS
  - Claims Data

- Monitoring and Advocating for Ob Reimbursement
  - Working with CMS to Elevate the Need for State Medicaid Agencies to Reimburse OBs for Screening
  - Tracking State Medicaid Agency Progress
  - Petitions Urging National Payors to Publish their Reimbursement Protocol
2020 Mom’s Next Steps in Advancing Screening

Behavioral Health Workforce Development

- Advocating for the Passage of the Federal Moms Matter Act
  - Funding for Black and Brown MH Providers & Community Based Organization Services
- Distributing Model Legislation about Insurer Network Adequacy of PMH-Cs and Reproductive Psychiatrists
- Supporting Advancement of Monitoring Federal Mental Health Parity Law
- Propelling training and the use of Certified Peer Support Specialists (CPSSs) in the field of Maternal Mental Health
Fireside Chat
Learn More

Visionaries for the Future of Maternal Mental Health

2020mom.org