2020 mom™

INNOVATION Awards

018 Maternal Mental Health Innovation Award Series:

Innovative Community Solutions Honorable Mention: Docs for Tots: Well Moms, Well Tots Maternal Depression Program

https://www.2020mom.org/innovation-awards/

Docs FOR TOTS

ZOMA Foundation

Moderator:

Joy Burkhard, MBA

Executive Director, 2020 Mom

joy@2020mom.org

Panelist:

Melissa Passarelli

Director of Programs at Docs For Tots

melissa@docsfortots.org

Well Moms, Well Tots:

Maternal Depression Screening in Pediatric Primary Care

About Docs For Tots

- Non-profit, non-partisan organization lead by pediatricians
- Mission: Bring together children's doctors and communities to promote practices, policies and investments in children from prenatal to five that foster children's healthy development and future success.
- Model: Intensive technical assistance using a quality improvement framework
- Screening Toolkit: http://docsfortots.org/toolkits/developmental-screening-toolkit/
- Well Moms, Well Tots: Implement maternal depression screening into pediatric and gynecological primary care
  - Personnel
    - Practice Coach (1FTE)
    - Program Director (0.5FTE)
    - Project Consultant (stipend)
  - Funding Sources: 3 Private foundations interested in mental health and/or early childhood
  - MOC and CEUs

Why Nassau FQHCs

- Maternal depression is a pediatric issue
- 92% of children see a primary care doctor before school
- Nassau County, Long Island is one of the most economically disparate counties in the country
- Federally Qualified Health Centers (FQHCs) serve Medicaid/uninsured populations

Steps to Screening (for intensive TA)

1. Initial buy-in meeting with practice leadership
2. Initial buy-in presentation for entire practice
3. Trainings
    1. By group (i.e. front desk, MAs)
    2. By individual
4. Ongoing reminders at "huddles" and staff meetings
5. Monthly sit-down QI reviews with staff (either leadership or pediatrician)
6. Repeat steps 4 & 5 for 4-6 months

Clerks

Screen during all well-child visits up to 12 months.

Front desk staff gives paper **PHQ-2** screen to mother.

Tell patient to give it to Medical Assistant, and MA will help fill it out if needed.

Triage Staff briefly explains why we are screening and scores **PHQ-2.**

M.A./Nurse →

If **PHQ-2 negative**, record results in chart and continue visit as usual.

If **PHQ-2 positive**, record results in chart and give mother the **EPDS** screen.
Score screen, merge EPDS template in child's chart, and enter answers.

Doctor will review score and enter score in notes and patient history. Make referral as follows:

← Doctor

ALWAYS Look at EPDS Question #10:
If positive, ask patient about intent to harm self, infant, or others. Is there a risk?

YES

Make immediate referral to emergency care.

Send referral to Behavioral Health for follow-up.

NO

Continue with prompts to the right.

EPDS Score: 4 or Less Negative score. Patient likely does not have depression.
Provide palm card and helpline number.

Continue visit as usual.

EPDS Score: 5 to 9
Patient is at **increased risk** for depression.

Provide palm card, "Depression is Treatable" and/or "Action Plan" handouts.

Send Behavioral Health referral to **Patient Navigator**. Specify EPDS score in referral notes.

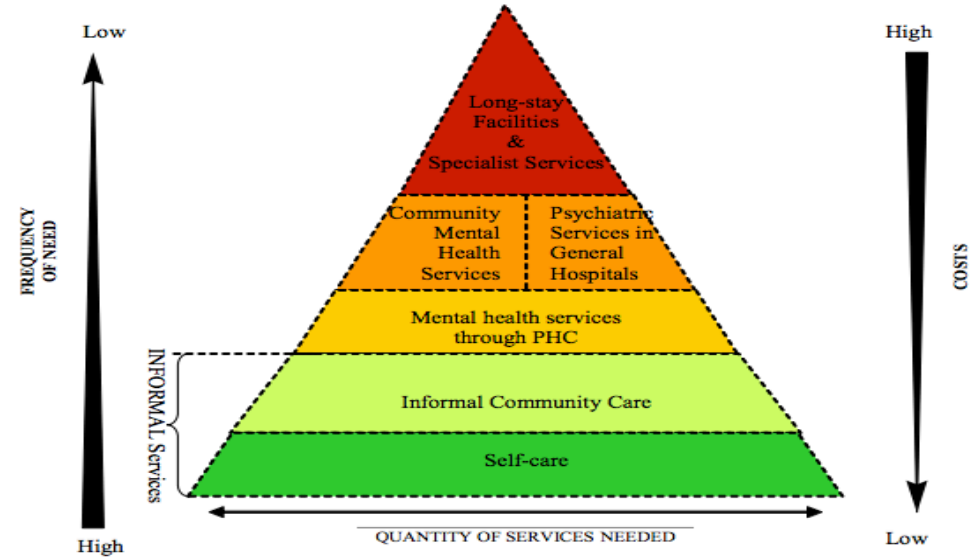
EPDS Score: 10 or More
Patient is **likely depressed** and requires further evaluation.

Provide palm card, "Depression is Treatable" and/or "Action Plan" handouts.

Send Behavioral Health referral to **Patient Navigator**. Specify EPDS score in referral notes.

PT Navigator sends referral to **Behavioral Health** for follow up. Ensure follow up visit is scheduled within 4 weeks.

Doctor follows up at next visit.



Evaluation

- Evaluation Methods
  - Pre/post surveys
  - Plan, Do, Study, Act (PDSA) cycles
  - Chart reviews
  - Informal qualitative feedback
  - Billing codes: pros and cons
- Results by end of project period:
  - 494 screens administered
  - Average 83% screening rate
  - 7% identification rate
  - Issues: most moms refused referrals; some that were identified were already in services
- Post-survey about attitudes/feedback of process:
  - Majority were satisfied with the improved screening process
  - Every site listed "lack of parental understanding" as the main ongoing barrier.

Lessons Learned

- **One-off trainings are not enough!**
  - Don't be afraid to repeat things. And repeat them. And repeat them.
  - EMR training essential
  - Don't forget about new staff
- **Importance of "carrots"- MOC, CEUs, reimbursement, food**
- **"It takes a village" – you can't do this without the support staff**
  - Who asks the question (and how) often makes the difference in detection
  - Practice champions and leadership engagement are critical
- **Adequate funding and support necessary**
  - "For want of a staple"

Moderator:

Joy Burkhard, MBA

Executive Director, 2020 Mom

joy@2020mom.org

Panelist:

Melissa Passarelli

Director of Programs at Docs For Tots

melissa@docsfortots.org