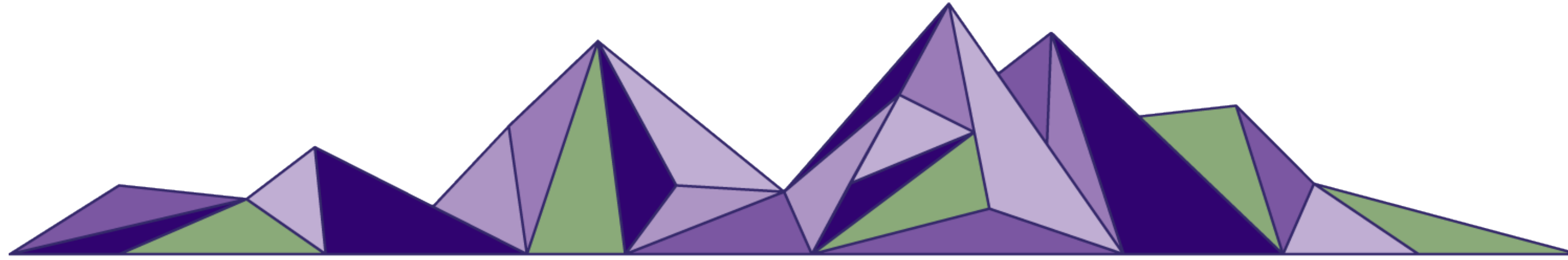

THE TeleBehavioral Health Summit

Welcome!

Virtual Perinatal Psychiatry Consultation Clinic

Amritha Bhat, MD, MPH

A few notes……

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✓Evaluation → Certificate of Attendance and/or CME credits.

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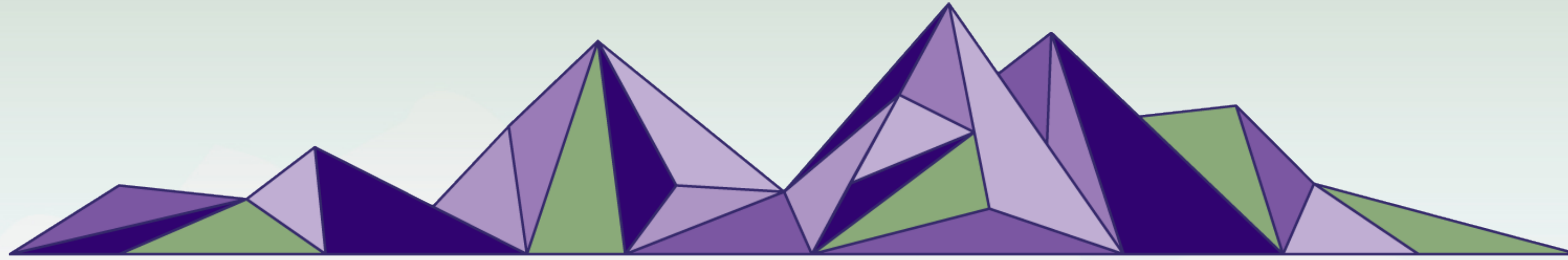

THE TeleBehavioral Health Summit

Virtual Perinatal Psychiatry Consultation Clinic

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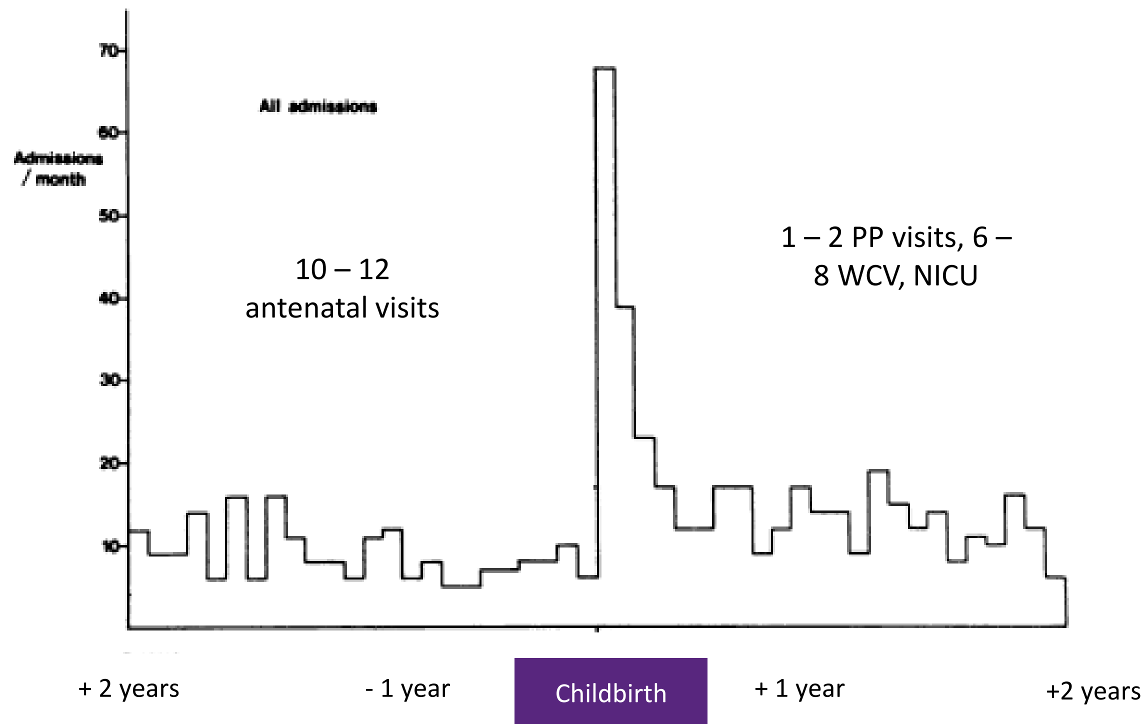
UW Medicine HARBORVIEW MEDICAL CENTER BEHAVIORAL HEALTH INSTITUTE
NRTRC NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER
Washington State Health Care Authority

Outline

1. Need for and establishment of a virtual perinatal psychiatry consultation clinic
2. Unique barriers and facilitators
3. Next steps



Temporal Relation Between Psychiatric Hospitalization and Childbirth

- Past history of depression
- Current depressive symptoms
- Adolescent/single parent
- Recent intimate partner violence
- Elevated anxiety symptoms
- Adverse life events

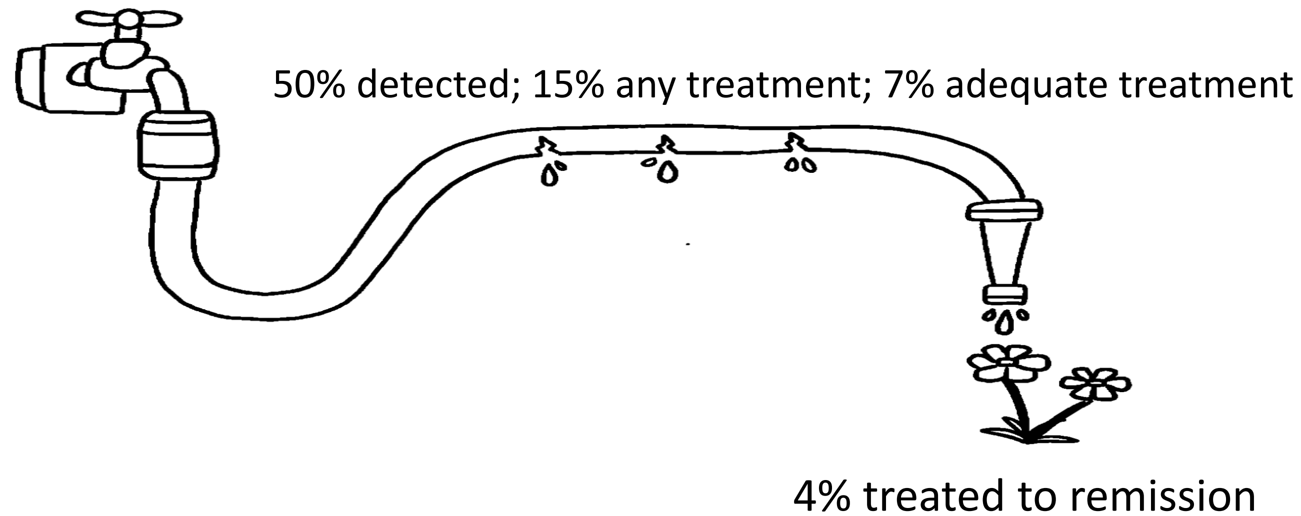
Kendell, 1987; Connor et al, 2019

Perinatal mental health disorders are common

Any hypertension in pregnancy 8.6%
Gestational diabetes 7%

- Perinatal depression 10 – 20%
- Perinatal anxiety 15 – 20%
- Perinatal PTSD 6 – 20%
- Postpartum psychosis 0.1%

The perinatal treatment “cascade”



Cox et al, 2016

Impact of untreated perinatal mental health disorders

- Leading cause of maternal mortality
- Poor prenatal care
- Increased substance use and smoking
- Pregnancy complications
- Gestational weight retention
- Lactational difficulties
- Cost - $14 billion for the 2017 birth cohort

Children of mothers with perinatal depression:

- Preterm birth, low birth weight.
- Increased dysregulation, irritability, crying, sleep difficulties
- Malnutrition, stunted growth
- Higher rates of hospitalization and mortality in the first year
- Cognitive, emotional and developmental delays
- Internalizing and externalizing disorders
- Adolescent depression

Trost et al., 2021

Disparities in perinatal mental health treatment access

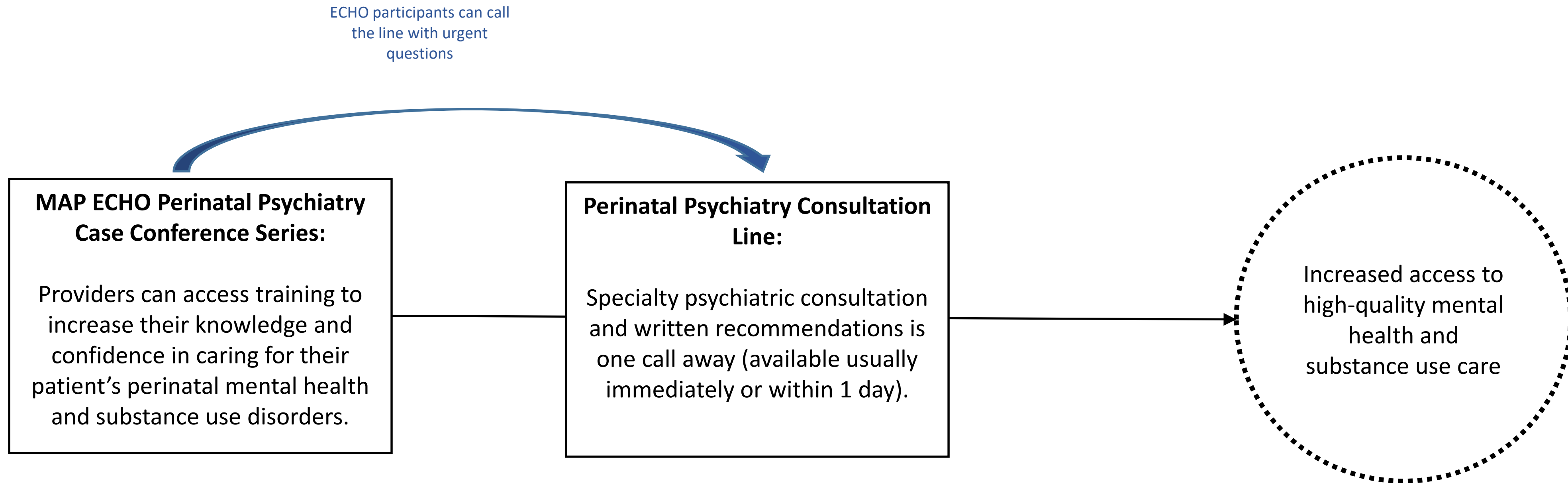
- Rates of perinatal depression almost double among POC including NHB and Hispanic.
- African American, Asian, Native American and multi-racial women less likely to be screened postpartum than white women (AOR 0.81 (0.65, 1.01), 0.64 (0.53, 0.77), and 0.44 (0.21, 0.96)). Similar patterns for Medicaid/Medicare vs. Commercial insurance
- Higher rates of treatment discontinuation among Black women
- Among those who initiate antidepressant treatment, Black women and Latinas less likely than White women to refill a prescription
- Asian and NHOPI women with depressive Sx significantly less likely to receive MH/ substance use services
- Women who had an annual household income of $50,000 to $74,999 were significantly more likely to seek mental health consultations compared to women with incomes less than $25,000
- Inadequate studies of health service utilization rates and patterns among sexual minorities

Mukherjee et al, 2016; Gur et al, 2020; Sanmartin et al 2020

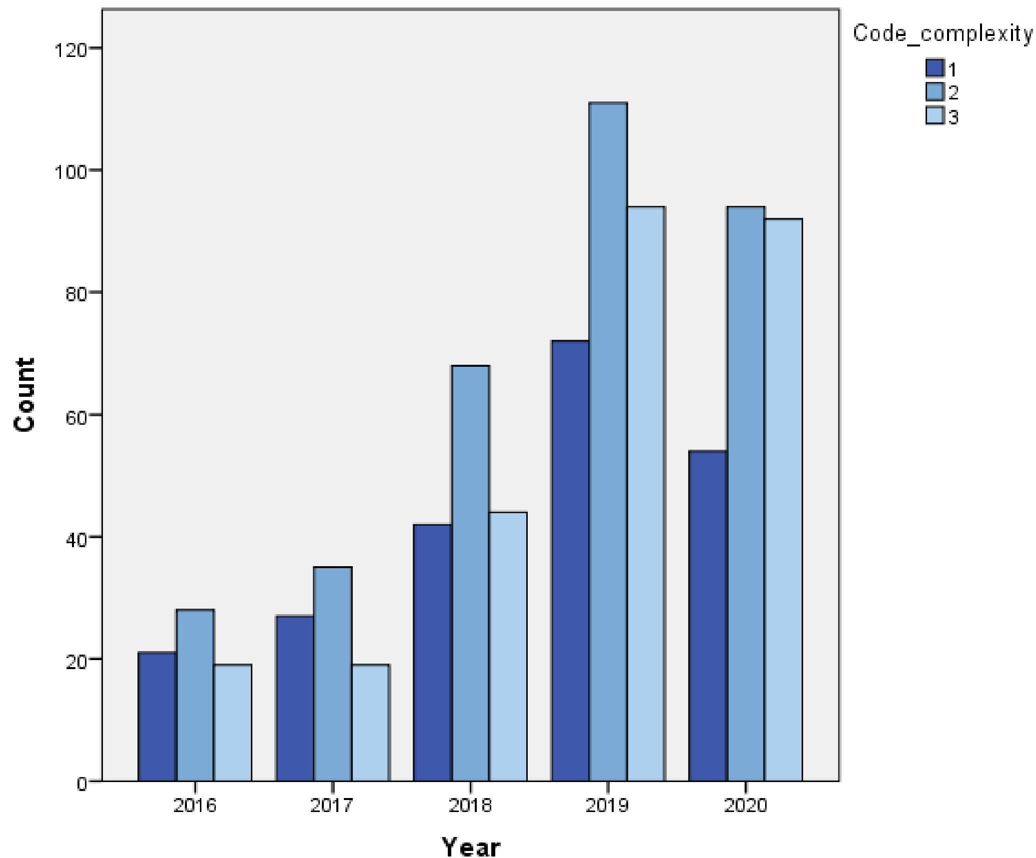
Barriers to access

- Transportation
- Childcare
- Cost
- Anxiety
- BH workforce shortage

Building frontline provider capacity in perinatal mental health treatment



PPCL call complexity

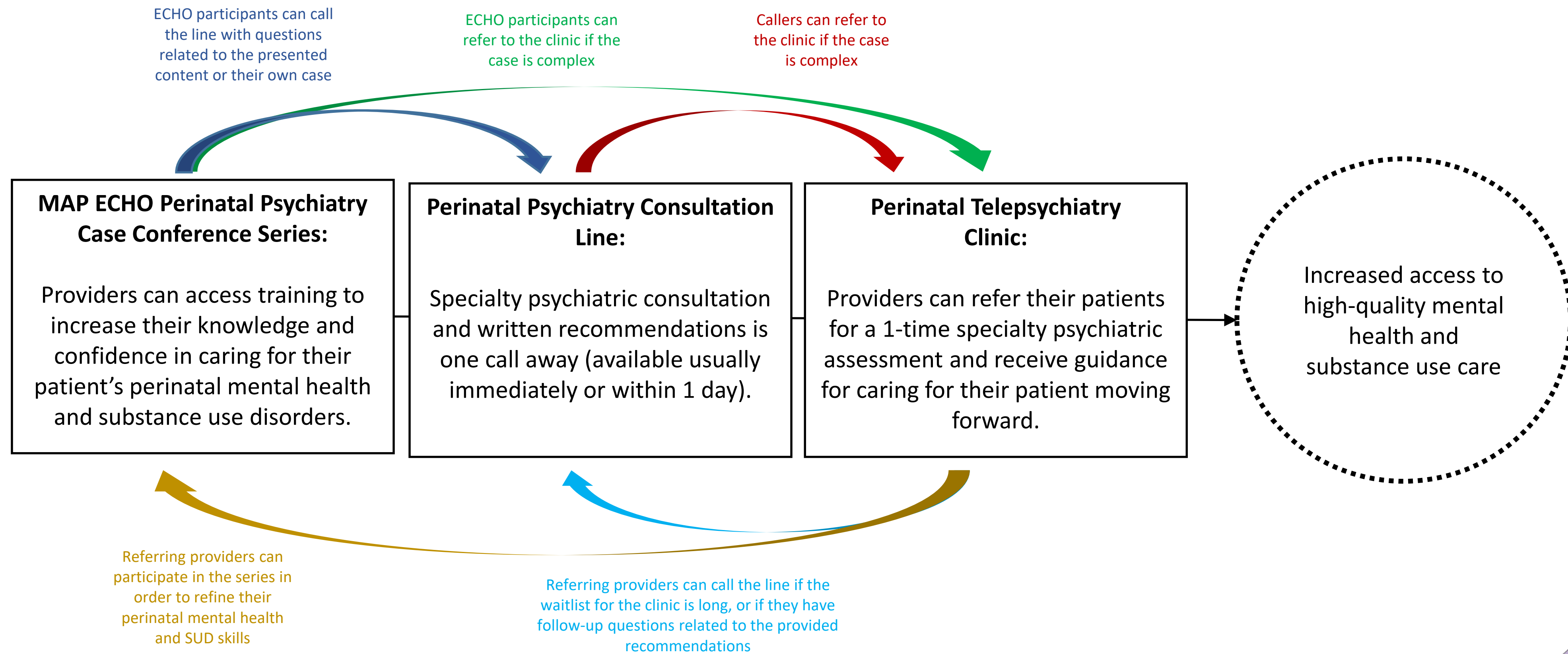


1= depression/anxiety diagnosis and/or one medication
2= bipolar/substance use disorder/psychosis and/or multiple medications
3= multiple diagnoses and/or treatment resistance

Significant increase in complexity of consultations over time

Addressing barriers – Virtual perinatal psychiatry consultation clinic

Building frontline provider capacity in perinatal mental health treatment



Virtual perinatal psychiatry clinic overview

Project goal: Expand telepsychiatry access that is responsive to COVID-19

Referral network:

Began with home visiting programs in WA and PS-WA, then connected with organizations/clinics that serve racial ethnic minority populations and populations with lower income (e.g. FQHCs, NFP, PCAP.)

Open to all perinatal providers

Referral process:

1. Provider evaluates who to refer
2. Provider fills out intake form
3. Navigator calls patient to check for coverage, assess need for technology support, register and schedule the appointment
4. Telepsychiatry assessment
5. Loop back with the referring provider

Navigator role

Navigators:

- Outreach to patients for eligibility screening, appointment scheduling / rescheduling
- Provide information about the program, psychiatry, and educate on telehealth visits
- Complete or update patient registration
- Verify insurance coverage
- Assess for technology / language interpretation services / financial assistance needs
- Data entry – case tracking as well as electronic medical record documentation
- Coordinate referrals, follow up notes, and other patient care needs with the perinatal psychiatrist and/or referring provider

Navigator's pivotal role in reducing health disparities:

- Navigators play a pivotal role in reaching out to patients to support them through the referral process and care engagement journey. Pregnant and postpartum patients are less likely than non-perinatal people to seek or follow up with mental health care and experience unique barriers to care that navigators help address.

FREE PERINATAL PSYCHIATRY CONSULT LINE FOR PROVIDERS

Perinatal PCL (PAL for Moms)

877.725.4666 (PAL4MOM) WEEKDAYS 9 AM – 5 PM

Providing telephone consultation to healthcare providers caring for patients with behavioral health needs during pregnancy and postpartum

Funded by
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Collaborations

Perinatal Support of Washington:

Didactic content

Case based discussions

Perinatal Psychiatry Consultation Line:

Bridge and follow up for patient care

Evaluation

Qualitative analysis of patient, navigator and psychiatrist interviews

- 5/14/2021 to 8/1/2021
- Proposed to interview six patients who did and six patients who did not attend their scheduled appointment.
- The study team reached out to each of 53 eligible participants at least three times, once each by email, text, and phone call until they made contact: eight patients agreed to participate
- Five staff members were interviewed, including two psychiatrists, one navigator, and two administrators chosen using convenience sampling.
- Semi-structured interview guides based on the patient centered journey map conceptual model, questions tailored to each participant’s unique experiences or roles before, during, and after the appointment.
- Phone interviews lasting 30 to 45 minutes
- Thematic content analysis

abc

Qualitative analysis

Themes from patients

Experience of telepsychiatry

"I have social anxiety, I get nervous about meeting new people....the drive into the office and finding a parking spot, or like just getting to know a new facility adds to the anxiety...And so eliminating the driving and new surroundings...just makes it easier for me to more quickly settle into being my natural self with a new provider who I haven't met before."

"I actually have rescheduled this appointment, about, I don't know, ... like four or five times, because .. I've been going through a lot of, a lot of crazy stuff that I've never dealt with my life."

"I wish I would have known just a little bit more before,..I would have been mentally more prepared to know what to expect knowing that it would just be like, a one-time thing with a provider who would like ... evaluate me"

In contrast to patient experiences around virtual or telehealth visits for obstetric care, wherein most patients preferred in person visits and felt that virtual care was inadequate to meet their needs, we found that telepsychiatry was highly acceptable to perinatal patients

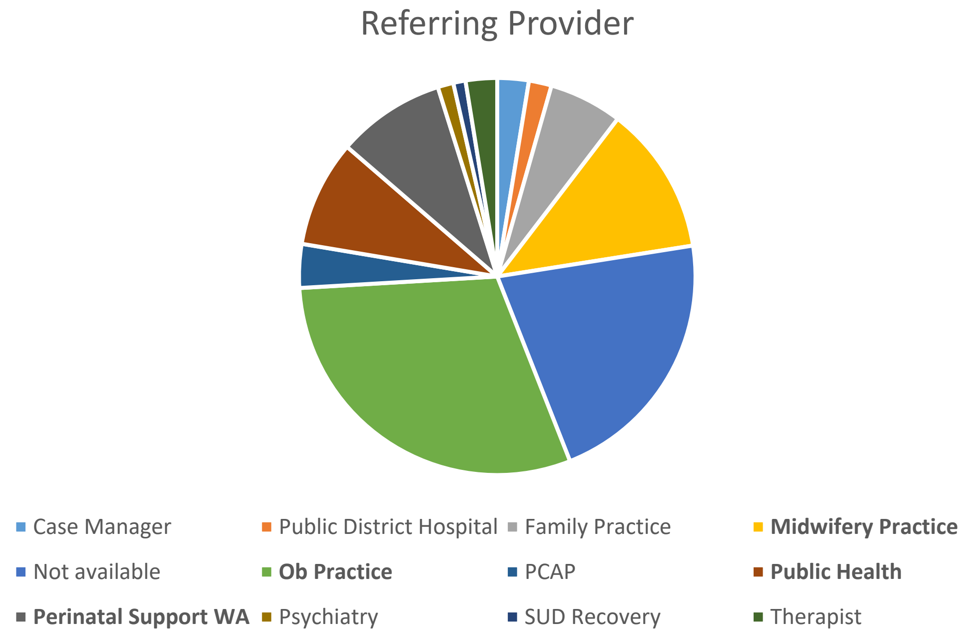
Themes from navigators

Navigator role

"And I know that the navigators really find value in this work. It's rewarding to be serving this population in particular...There's something to be said for the navigators themselves as the front door, feeling good about the work, that means they're, hopefully really working hard to engage patients when they reach out to them."

"I think that most people referred to this service have so many different things going on in their life that even if it's provided once it might not be, you know, there's so many other things that they're balancing and might not be something that they're able to hear at that moment."

Referring provider



Referring provider feedback

Please continue this program, as it is filling a gap in our communities supports - we have no psychiatric services that specialize in perinatal mental health that accept Medicaid.

The client felt the diagnostic process was more thorough than anything she had done previously. Client finally felt like she was diagnosed appropriately, and felt listened to and respected as she made a decision about taking the medication and the risks versus benefits.

This program is wonderful to have for the complex patient or in this case for **addiction psychiatry**, which is extremely difficult to access in our semi-rural location.

A MH diagnosis and medication recommendation **changed our members life**. She was being treated for depression and anxiety with her current PCP. ....The member seen immediate changes when she discontinued the medication her PCP was originally prescribing. This was life changing for the member ...

The mothers that I work with face a tremendous amount of barriers. The fact that you are contracted with [MCO] and the fact that you are available via video/phone automatically removes two barriers for our members, financial and transportation barriers. A few other barriers that they face is childcare, homelessness, DV, and SUD. Given the ease of access to this program, our members are able to get diagnoses and medication recommendations, that a majority of our members would not be able to access otherwise. **The amount of positive change that this program can offer our members in regard to their quality of life is tremendous**.

Lessons learned

Reflection on learnings

Referrals

- Screening and referral are critical, but patient navigation appears to play a crucial role in referral completion
- Diverse referral sources from outside the healthcare system – multiple data sources

Mental health treatment access

- Referral completion rate 54%
- Many individuals require additional follow up and therapy
- Funding for non patient facing services is challenging

Consultation model & collaboration with PCPs/prenatal care providers

- Opportunities for workforce development within the model
- Collaboration and communication with the PCP or prenatal provider

Some barriers remain

- Language and cultural barriers
- Perceptions and attitudes
    - perception of the causes of their distress
    - perceptions of the intent and/or usefulness of services
    - distrust of institutions
    - fear of exposure to discrimination during the clinical encounter

Next steps

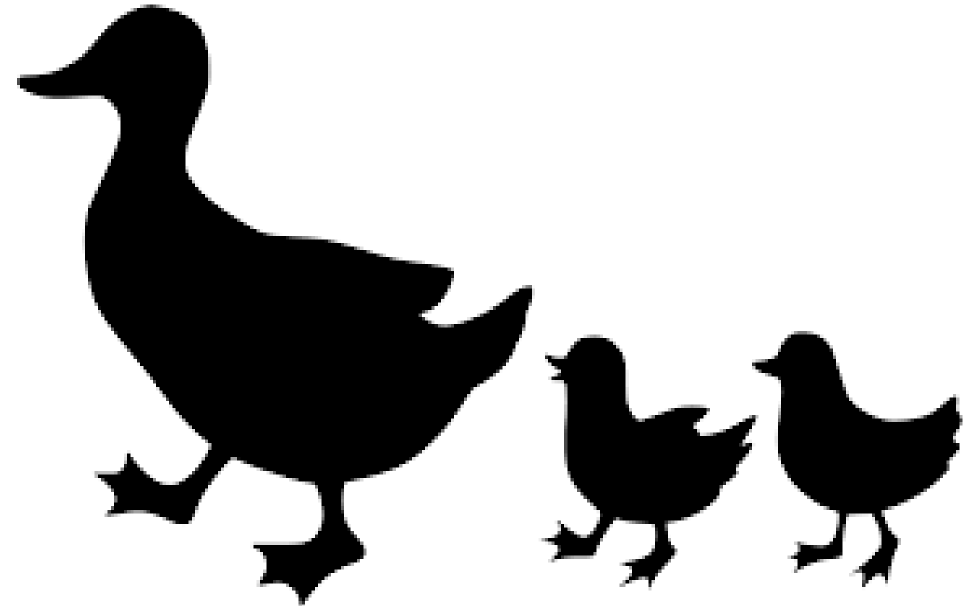
- QI
  - Rapid PDSA cycles followed by repeat measure of no-show rates.
    - **Proposed interventions for PDSA cycles:**

      Bidirectional text messaging

      Procedural support – my chart etc.

      Videos / UW pages of providers

      Identify barriers to attending the appointment through concrete planning and MI



- Hybrid with in person prenatal care

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Funding: The Perigee Fund, Anonymous donors