Implementing Postpartum Depression Screening During Infant Well Child Checks:

Options and Resources to Address Logistical Barriers to Screening During Child and Teen Checkups (C&TC) Visits
Presenters

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- Coordinator of Postpartum Depression Quality Improvement Project

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- Pediatrician, Mayo Clinic Rochester

Shannon Neale, MD
- Park Nicollet Clinic, St. Louis Park
MDH Postpartum Depression Screening Quality Improvement Project

- This learning collaborative will support project teams in implementing postpartum depression screening and referral.
- The project will run for 12 months, launching in 2016. Please contact Tessa for more information or to sign up.

Tessa.Wetjen@state.mn.us or 651-201-3625
Overview

- Why implement universal screening?
- Planning for referrals.
- Logistics to address.
  - Tools
  - Visits for screening
  - Documentation
  - Increasing/ensuring future infant screening
  - Billing
- Mayo Clinic experience – Dr. Brian Lynch.
- Questions and Comments.
Why universal screening for maternal depression in well child checks?

- Effects of maternal depression on mom and baby.
- Symptoms persist and require treatment – doesn’t self-resolve.
- Treatment and support exists.
- Prevalence is significant and has health equity implications.
Effects of Maternal Depression on Child

ON WOMEN
- Less likely to breastfeed.
- Poor self care, including ability to follow healthcare recommendations.
- Increased risk of substance abuse.
- Increased risk of suicide.
- Increased risk of future depression.

ON CHILDREN
- Sleep problems.
- Developmental delays
  - Difficulty with language development.
  - Attachments issues.
- Increased risk of mental health issues.
- Failure to thrive.
Minnesota Data: Pregnancy Risk Assessment Monitoring System (PRAMS)

Self-reported Postpartum Depression by Demographics, Minnesota PRAMS 2009-2011

Race/Ethnicity
- Statewide: 9.2%
- White: 8.4%
- Black: 14.4%
- American Indian: 20.0%
- Hispanic: 13.1%
- Other Race: 6.8%

Age
- <20: 11.6%
- 20-24: 12.3%
- 25-34: 8.6%
- 35+: 7.4%

Education Level
- < High School: 16.0%
- High School: 12.3%
- Some College: 7.7%
- College Graduate: 7.0%
MN DHS Data

Medicaid billing data from Minnesota shows that in 2012, 18% of women who had given birth had a diagnosis of depression within a year of giving birth.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Births with at least one Well Child Visit in 1st year of life</th>
<th>Mothers with Postpartum Depression</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>26,183</td>
<td>4,705</td>
<td>17.97%</td>
</tr>
<tr>
<td>2012</td>
<td>26,654</td>
<td>4,822</td>
<td>18.09%</td>
</tr>
<tr>
<td>2013</td>
<td>26,393</td>
<td>4,632</td>
<td>17.55%</td>
</tr>
</tbody>
</table>
Diagnosis of depression within a year of giving birth and have a claim for at least one mental health treatment in that same period.

### Rates for Mental Health Treatment within 1 year after birth

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Births with a Mother with Postpartum Depression</th>
<th>Mothers that had at least one Mental Health Treatment in year after delivery</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>4,867</td>
<td>3,071</td>
<td>63.10%</td>
</tr>
<tr>
<td>2012</td>
<td>4,983</td>
<td>2,816</td>
<td>56.51%</td>
</tr>
<tr>
<td>2013</td>
<td>4,856</td>
<td>2,406</td>
<td>49.55%</td>
</tr>
</tbody>
</table>
Best Practices:

- Screen all women on a universal basis.
- Use a tool to screen
  - Patient Health Questionnaire-9 (PHQ-9).
  - Edinburgh Postnatal Depression Scale (EPDS).
- Use of a pre-screener (PHQ-2) instead of a screener (PHQ-9) is appropriate within pediatric visit, but not billable.
- Screens are most effective around 3 weeks after birth.
- Screen at 1, 2, 4 and 6 months.
Planning for Referrals

Low to no concern
Maternal Wellbeing Plan, Fact Sheet

Moderate concern
Create referral/next steps plan with mom. Designate staff to follow up within 1 week.

Crisis
What is your crisis plan for a mom who is suicidal/homicidal? How will you contact family to provide support for children? Who will stay with mom to ensure safe transfer?
Planning for referrals cont.

- **Within your own network**
  - Figure out process ahead of implementation.

- **Within the community**
  - Family home visiting, therapists, support groups.

- **Who is mom willing to see?**
  - Practice scripting.
  - Talk with mom about what she is willing to do and take it from there.
Treatment

Support
- Peer, or community support programs.
- Medication + therapy.

Psychotherapy
- First line treatment for PPD.
- Cognitive behavioral therapy.
- Interpersonal Psychotherapy.

Medication
- There is little risk to using Serotonin-Specific Reuptake Inhibitors (SSRI): it is worse for infants and fetus to not treat.
Sources for Referrals or Questions

For Emergency/Crisis Help

- Call 911.

- Crisis Connection: 866-379-6363; TTY: 612-379-6377 or Text “LIFE” to 61222.
  - Available in many rural areas.

- National Suicide Prevention Lifeline, 1-800-273-8255.
Sources for Referrals or Questions cont.

For Urgent but Non-emergency Assistance

- **United Way First Call for Help:** [http://www.211unitedway.org](http://www.211unitedway.org) or dial **2-1-1**.

- Mother-Baby HopeLine at Hennepin County Medical Center: *(612) 873-HOPE* or *(612) 873-4673* – will provide support for providers or mothers/families.
  - Can expect a call back within 2 days.

- **Pregnancy Postpartum Support Minnesota Resource List:** [http://www.ppssupportmn.org](http://www.ppssupportmn.org)

- **PPSM HelpLine** call or TEXT to *(612) 787-7776* or email **PPSMhelpline@gmail.com**
  - Support and information provided by peer volunteers 7 days a week.
Maternal Wellbeing Plan

- Mental Health Promotion
  - Sleep/rest.
  - Connection with others.
  - Healthy food.
  - Movement.
  - Support.

- Available here in 7 languages ([www.health.state.mn.us](http://www.health.state.mn.us)):
  - Amharic
  - English
  - Hmong
  - Karen
  - Russian
  - Somali
  - Spanish
Screening Tools – PHQ9

- **Patient Health Questionnaire (PHQ9)**
  Patient Health Questionnaire (PHQ9) Screeners: [http://www.phqscreeners.com](http://www.phqscreeners.com)
  - 9 questions.
  - Very easy, not specific to pregnancy/mothers.
  - Available and validated in 50 languages – Spanish, Thai, Arabic, Swahili, Filipino, etc.

- **Available unvalidated translations**
  Integrated Behavioral Health Project: [http://www.ibhp.org](http://www.ibhp.org)
Screening Tools – Edinburgh

- Edinburgh Postnatal Depression Scale – EPDS: [http://www.psychology-tools.com](http://www.psychology-tools.com)
  - 10 questions.
  - Very easy, specific to pregnancy/mothers.
  - Available and validated in 19 languages: Arabic, Spanish, Vietnamese.
  - Available (unvalidated) in Amharic, Afaan Oromo, Farsi, Somali, Indonesian, Khmer, Myanmar/Burmese.
Other Screening Tools

- The Beck Depression Inventory is approved but not free, so not widely used.
- The PHQ2 and PHQ4 are also sometimes used, but are not billable.
  - More often used as a pre-screener.
# Which tool to use?

<table>
<thead>
<tr>
<th>Ask...</th>
<th>PHQ-9</th>
<th>EPDS</th>
<th>Beck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specifically designed for pregnant or postpartum women?</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Used widely within medical community (outside OB/GYN).</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Billable within state Medicaid rules?</td>
<td>YES (MN)</td>
<td>YES (MN)</td>
<td>YES (MN)</td>
</tr>
<tr>
<td>Free and easily accessible?</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
Other questions to ask

- Tools already being used in clinic system?
  - Is consistency in system important?
- Tool available and verified in languages spoken by our patient population?
- Already available for use in electronic health record?
At which visits should we screen?

- All visits up to 12 months.
- Just 2 months or 4 months.
- Just 2 months and 4 months.
- All visits 2 – 6 months.
Documentation: Provider can support child, follow up with mom

- Scores and follow up in child’s health record.
- Only “screen completed” in child’s health record.
  - Mom information in mom’s record.
  - Mom information in unattached file.
- Solutions for tracking...
Infant/child Screening

- If mom’s score is positive, screen baby for social-emotional and developmental concerns at next visits, for at least 2 years.
- Plan to incorporate into the work flow.
  - New flag.
  - New screen at intervals you aren’t currently screening.
Billing

Information from Minnesota Health Care Program (MHCP) Provider Manual, C&TC Section (www.dhs.state.mn.us) as of 11/30/2015.

- Use CPT code 99420 with modifier UC.
- Use the child’s MHCP recipient ID number.
- Bill it on the same claim as the C&TC screening.
- May be billed on the same date as a child’s developmental screening (96110), and or a social-emotional screening (96127).

- When a maternal depression screening is performed using one of the standardized screening instruments during a well-child check, and reported on the claim, that line item on the claim will be paid at our fee schedule rate. The fee schedule rate for the CPT code 99420 is $8.67.

NOTE: If the full C&TC payment has been claimed, this “extra” screen may not increase the reimbursement.
### Postpartum Depression (PPD) vs. Baby Blues

<table>
<thead>
<tr>
<th>THE BABY BLUES</th>
<th>POSTPARTUM DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>May impact up to 80% of new mothers.</td>
<td>Impacts 10-15% of new mothers.</td>
</tr>
<tr>
<td>Signs: emotional instability, crying</td>
<td>Signs: tearfulness, feelings of sadness, irritability,</td>
</tr>
<tr>
<td>spells, irritability, anxiety—does NOT</td>
<td>similar to symptoms of major depressive disorder—thoughts</td>
</tr>
<tr>
<td>interfere with caring for infant.</td>
<td>of harming herself or child.</td>
</tr>
<tr>
<td>Occurs in the first month after birth.</td>
<td>Occurs anytime within the first 12 months after birth.</td>
</tr>
<tr>
<td>Symptoms resolve within two weeks.</td>
<td>Symptoms persist and require treatment.</td>
</tr>
</tbody>
</table>
Don’t forget Partners!

- 10% of partners experience symptoms.
- Always ask the partner!
- Normalize and validate!
- On occasion, partners can experience postpartum depression with mom experiencing symptoms.
Other Considerations

- Does mom have an established primary care provider other than her prenatal care provider? If not, refer. Why?
- Create “warm handoffs” that are time-sensitive and connected to the right person who understands maternal depression.
  - Consider making handoff during the visit.
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Thank You!

- Questions?
- The majority of the information from webinar is found in Clinical Guidelines for Implementing Universal Postpartum Depression Screening in Well Child Checks: http://www.health.state.mn.us
- Contact Tessa Wetjen:
  - Tessa.Wetjen@state.mn.us
  - 651-201-3625
  - MDH Postpartum/Prenatal Depression or Anxiety: http://www.health.state.mn.us/divs/cfh/topic/pmad/
- For C&TC questions contact health.childteencheckups@state.mn.us or 651-201-3760
Appendix:

Self-reported Postpartum Depression by Demographics, Minnesota PRAMS 2009 – 2011

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>9.2</td>
</tr>
<tr>
<td>White</td>
<td>8.4</td>
</tr>
<tr>
<td>Black</td>
<td>14.4</td>
</tr>
<tr>
<td>American Indian</td>
<td>20.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13.1</td>
</tr>
<tr>
<td>Other Race</td>
<td>6.8</td>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>&lt;20</td>
<td>11.6</td>
</tr>
<tr>
<td>20-24</td>
<td>12.3</td>
</tr>
<tr>
<td>25-34</td>
<td>8.6</td>
</tr>
<tr>
<td>35+</td>
<td>7.4</td>
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<table>
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<tr>
<th>Education Level</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>&lt; High School</td>
<td>16.0</td>
</tr>
<tr>
<td>High School</td>
<td>12.3</td>
</tr>
<tr>
<td>Some College</td>
<td>7.7</td>
</tr>
<tr>
<td>College Graduate</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Description of Planning for Referrals Image - Inverted triangle with: Low to no concern – Maternal Wellbeing Plan, Fact Sheet at the top, Moderate concern – Create referral/next steps plan with mom. Designate staff to follow up within 1 week. In the middle and Crisis – What is your crisis plan for a mom who is suicidal/homicidal? How will you contact family to provide support for children? Who will stay with mom to ensure safe transfer?