Postpartum depression and anxiety left unchecked can have negative impact on the development of a baby. In Minnesota in 2012, 18% of women on Medicaid had a depression diagnosis while in the postpartum period. Only 51% of those received a mental health treatment during that time (Medicaid data).

The Postpartum Depression Screening Quality Improvement Project (PPDQIP) has effectively supported clinics of all types in implementing sustainable universal screening (and appropriate interventions) for PPD.

On July 27, 2016 the Minnesota Department of Health will launch the third cohort of the PPDQIP, and is currently recruiting project teams to participate. Project Teams are invited from any setting- hospital, clinic, social service agency, or other location. The project will support improved universal screening and referral for perinatal or postpartum depression. Essential to project team involvement is the identification of an active champion leader for the project.

Events:
- Launch session July 27, 2016, 8:30 – 1:30 pm
- Webinar September 28, 2016, Noon – 1 pm
- In person session January 11, 2017, 8:30- 1:30 pm
- Webinar April 26, 2017, Noon – 1 pm

Eligible Clinic Teams
- Are ready to implement universal screening for postpartum depression in a systematic way in their care practices.
- Are willing and interested in making a system change as demonstrated by
  - Commitment of a clinic champion to the project (could be a physician, physician’s assistant, nurse practitioner or resident).
  - Commitment of staff time to support the referral portion of the screening process
  - Support of the clinic medical director.

Benefits for Participating Providers and Clinics
- Improved care for mothers and babies.
- Champion providers may use this project for their Maintenance of Certification requirement or other required quality improvement activities.
- CME credits and/ or Maintenance of Certification is available for the activity.
- High-level quality improvement education is a part of each learning collaborative meeting and provided individually, as needed, to clinics.
Technical Assistance Covered

- Options for documenting the screen
- Quality options for warm handoffs within the community—both medical and community-based resources
- Proven options for work flow, local experience with different clinic styles

Project Activities and Results

As part of this project, participating clinic teams will:

- **Attend two 4 hour, in-person collaborative sessions.**
  The clinic team will attend the learning collaborative session. A nationally known quality improvement expert will provide technical assistance on implementing the Model for Improvement and the project coordinator will provide training on screening practices and referral options.

- **Participate in technical assistance phone calls and 2 webinars.**
  Project staff will host two webinars throughout the learning collaborative.

- **Participate in technical assistance site visits.**
  The project coordinator will visit participating sites as needed, throughout the course of the project. The purpose of these visits is to provide ongoing technical assistance, answer any specific questions participating sites may have, provide resources and encourage care coordination efforts.

- **Submit monthly data**
  Participating teams will submit monthly data regarding the:
  - Number of possibilities for a screen to be completed
  - Number of completed screens
  - Number of screens with a positive score
  - Number of people with positive scores who received an intervention

Due to the nature of the screen, an appropriate intervention may be a referral, education, or immediate office visit – these options will be discussed in the training.

Data

In order to use real-time data to make relevant decisions about implementation and improvement steps, clinic teams will report data monthly. The project support staff will create run charts and provide them to the teams, for decision making. The data collection is designed to support the clinic project team. As such, it can be adjusted as needed. The monthly data that is normally collected is:

- The number of women eligible for the mental health screening.
- The number of women offered the mental health screening.
- The number of women who completed the mental health screening.
- The number of women who scored positive on the mental health screening.
- The number of women with a positive score who received an intervention.
- The number of women who received an intervention for a positive score who received a follow-up call from the clinic within three weeks.

**Contact** If you are interested in participating in this project, please contact Tessa Wetjen at 651-201-3625 or Tessa.Wetjen@state.mn.us.