MCH Implementation Team State Action Plan - FINAL

Pregnancy-Related Depression

4-Year Planning Period: October 1, 2011 – September 30, 2015

Context

Pregnancy-related depression is depression that occurs during pregnancy or up to one year after giving birth, including after a pregnancy loss. It is also known as maternal depression, postpartum depression and perinatal depression. In Colorado, nearly one in every nine women who give birth (11.0 percent) will experience signs and symptoms of depression (PRAMS, 2009-2010). This makes depression the most common complication of pregnancy.

The needs assessment process for Colorado's 2011 -2015 Maternal and Child Health (MCH) Block grant identified pregnancy-related depression (PRD) as one of nine priority areas for Colorado's Maternal and Child Health program, with a focus on promoting screening, referral and support for pregnancy-related depression. In addition, Colorado has identified ten winnable battles for the state, one of which is Mental Health and Substance Abuse, which is inclusive of pregnancy-related depression. The Colorado Department of Human Services and the Colorado Department of Health Care Policy and Financing also have embraced this identified focus area and will work alongside our department in areas that touch on the work of their agencies.

Efforts to address pregnancy-related depression also have begun in other states around the nation. In Oregon, a Maternal Mental Health Work Group was created by the 2009 Oregon State Legislature's passage of House Bill 2666. The work group compiled a written report of their findings and recommendations, which were referred to in the formation of the current action plan for Colorado[1]. Additionally, initiatives in Illinois and New Jersey were reviewed. The Illinois Department of Healthcare and Family Services began reimbursing primary care providers (including pediatricians) for maternal depression screening of pregnant women and women with children under age 1, on December 1, 2004[2]. On October 10, 2006 New Jersey became the first state to require postpartum depression education and screening of women through the New Jersey Postpartum Depression Act. Education is required both before and after pregnancy; screening is required at the hospital post-delivery and within the first few visits postpartum. However, no mechanism for accountability was established and referral resources were not adequately addressed prior to implementation. A recent research study among Medicaid recipients in New Jersey indicates the intervention has not been effective at reaching this population[3]. Therefore, the work in Colorado will first focus on identifying and improving the referral systems for treatment prior to enhancing screening services.

Colorado's Maternal Wellness team has identified 18 external stakeholders to participate in a Pregnancy-Related Depression Advisory Committee to help develop, plan and implement an initiative to improve screening, referral and support for pregnancy-related depression in Colorado. This advisory committee began meeting quarterly in August 2011. Committee membership comprises a variety of disciplines and experiences including representatives from the following groups: local public health agencies, medical providers, researchers, mental health treatment providers, early childhood organizations, home visitation programs, Medicaid and a number of members with personal experience of pregnancy-related depression.

Currently in Colorado, reimbursement for screening and identification of pregnancy-related depression is not available through most private and public health

[1] "House Bill 2666: Maternal Mental Health Work Group Report," Oregon Health Authority - Oregon Department of Human Services, September 15, 2010. Accessed online September 8, 2011 at: www.oregon.gov/dhs/ph/ch/maternal_health.shtml.

[2] NIHCM Foundation, "Identifying and treating maternal depression: Strategies & considerations for health plans" Issue Brief , June 2010

3 Kozhimannil KB, Adams AS, Soumerai SB, Busch AB, Huskamp HA, "New Jersey's efforts to improve postpartum depression care did not change treatment patterns for women on Medicaid," *Health Affairs*. Feb 2011; 30(2):293-301.

plans. Medicaid coverage for pregnant women below 133% of the federal poverty level is available through 60 days postpartum, although prenatal and delivery services are provided primarily as a bundled package. There is no separate billing code available for pregnancy-related depression screening. Infants born to women who have Medicaid coverage for delivery are automatically eligible for Medicaid benefits for the first year of life, although maternal depression screening is not a billable service under the infant's care, even though maternal depression affects the infant's health too. Treatment for pregnancy-related depression is available through private pay providers or through a community mental health center, but availability of practitioners with expertise to address this issue varies widely across the state and overall resources are limited.

There are many opportunities for increasing screening and referral for pregnancy-related depression in Colorado. The groundwork initiated by Dr. Brian Stafford with community mental health centers provides a model that can be replicated in other communities. Additionally, research on systems changes to incorporate screening and referral into standard practice has been completed at Kaiser Permanente and the Colorado Adolescent Maternity Program. There is potential to partner with other agencies in Colorado including Colorado's professional organizations for OB/GYNs, midwives and pediatricians; early childhood councils; COPIC Insurance; Colorado School of Public Health; additional community mental health centers and public health agencies.

However, there is a gap in the data around which areas of the state have the highest need based on prevalence of pregnancy-related depression in the community, as well as lowest capacity to provide services to those women. Efforts are underway to complete a scan of the state to determine provider capacity for screening in each county and availability of referral resources. It is also not known what resources are available for other forms of referral including support groups outside of the Denver metro area and resources for families and partners of women experiencing depression. More information is needed about the potential to expand reimbursement options for screening and treatment, including potential opportunities that may arise with the Affordable Care Act. The concern around provider liability is brought up frequently and it would be helpful to understand better what that liability is and how any proposed systems changes can help to decrease the liability risk.

The role of the Colorado Department of Public Health and Environment in this work will include a variety of strategies including 1) advocating for improved Medicaid and private insurance coverage for screening and treatment of pregnancy-related depression 2) developing a coordinated approach to address pregnancy-related depression across systems; 3) developing a coordinated statewide initiative to train and support providers on the pregnancy-related depression needs of women; and 4) raising public awareness on the symptoms, risk factors and stigma associated with pregnancy-related depression.

Goal(s)		Data Source(s)
G1	Increased rate of **treated** PRD among women	Possibly PRAMS, HCPF data
G2	Increased early detection of PRD among women	Possibly PRAMS, HCPF data
G3	Decreased health disparities associated with PRD with a focus on Black / African American women	Cross-tabs of data sources above by race.
G4	Women and families have access and resources to address PRD	TBD
G5	Increased successful referrals for women who experience PRD	TBD
G6	Screening and identification of PRD is available to all women during pregnancy, postpartum and post-loss	TBD
G7	Stigma associated with PRD is reduced	TBD

Objective A: By July 1, 2014 key stakeholders are aware of mechanisms for incorporating depression screening for pregnant and postpartum women into a Medicaid benefit. Research will also document models that include pediatric providers as a billable provider, when seeing a child whose mother exhibits signs of depression.	**Lead: Mandy Bakulski**

Target Population: Colorado Medicaid

Criteria for Success:	**As Measured by:**
• Document created that identifies mechanisms used by other states to incorporate PRD screening into available prenatal Medicaid benefits • Document identifies barriers for Colorado providers in using currently available screening codes and completing referrals	• Report completed on PRD screening models in other states • Report on key information interviews among Colorado providers

Strategy	**Milestones / Key Activities**	**Target Completion Date**	**Responsible Persons/Group**	**Monitoring Plan**
Advocate for improved Medicaid and private insurance coverage for screening and treatment of PRD.	Identify various models for coverage of prenatal and/or postpartum depression screening by researching prenatal Medicaid benefits in up to five other states.	March 31, 2013	MW Team/EPE	Report describing models of other state's Medicaid coverage for depression screening is complete.
	Explore billing mechanisms that allow pediatric providers to bill child's Medicaid number for mother's PRD screening.	March 31, 2013	MW Team/EPE	Potential mechanisms identified and included in report.
	Conduct key informant interviews with health care organizations to identify barriers to use of depression screening code for youth, as well as barriers to establish screening and referral protocols for pregnant, postpartum and post-loss women experiencing PRD.	December 31, 2013	MW Team	Interviews completed and barriers are identified.
	Develop key action steps to address barriers that 1) prevent providers from using existing screening codes and 2) prevent pregnant, postpartum and post-loss women from successfully accessing mental health services.	May 31, 2014	MW Team	Action steps are identified and plan is developed to begin addressing steps.
	If depression screening becomes a potential reimbursable service in the future, partner with Medicaid to explore design, implementation and awareness.	TBD	MW Team/ HCPF/ PRD Advisory Cmte	Documented partnership with Medicaid to design billing component for PRD.

Objective B: By June 30, 2015 strengthen partnership with the Department of Health Care Policy and Financing and the Department of Human Services to improve screening, diagnosis, referral and treatment of pregnancy-related depression.	**Lead: Mandy Bakulski**

Target Population: HCPF, CDHS – Office of Behavioral Health, Behavioral Health Organizations, Community Mental Health Centers

Criteria for Success:	**As Measured by:**
• Clear linkages between the three state agencies can be identified. • Opportunities are identified for integrating screening of pregnancy-related depression into prenatal services already provided to Colorado Medicaid recipients • Behavioral health services identify postpartum status when providing treatment services to new mothers	• Documented areas of partnership on projects or initiatives • Incorporation of pregnancy-related depression screening in discussions related to other screening and/or treatment benefits provided by Colorado Medicaid

Strategy	**Milestones / Key Activities**	**Target Completion Date**	**Responsible Persons/Group**	**Monitoring Plan**
Advocate for improved Medicaid and private insurance coverage for screening and treatment of PRD.	Provide feedback during the public comment period for the re-design of the Behavioral Health Organization (BHO) managed care model for service delivery.	October 1, 2013	MW Team/ HCPF/ BHOs	Comments are submitted to HCPF for consideration during BHO re-design discussions.
	Participate in the Accountable Care Collaborative Quality Health Improvement Sub-Committee.	Ongoing	Krista Beckwith	Attendance at monthly meetings when applicable
	Partner with HCPF to identify integration points for PRD screening services within existing priorities and/or initiatives, including other required or reimbursable screens for tobacco, substance abuse and domestic violence.	Ongoing	MW Team/ HCPF	At least two areas for integration are identified and pursued.
	Partner with CDHS to identify integration points for PRD screening and/or treatment services within existing priorities and/or initiatives, including other services for pregnant and postpartum women that address tobacco, substance abuse and domestic violence.	Ongoing	MW Team/ CDHS	At least two areas for integration are identified and pursued.
	Provide resources to Regional Care Collaborative Organizations to assist care coordinators in referrals for PRD.	July 1, 2014	MW Team	# of RCCO providers who state they have shared resources with clients.

Objective C: By September 30, 2015 at least 3 major health plans in Colorado will cover screening, assessment and treatment for PRD for at least one year postpartum or post-loss under both mother's and children's plans.	**Lead: Mandy Bakulski**

Target Population: Private and self-insured health plans in Colorado

Criteria for Success:	**As Measured by:**
• Health plans include coverage for screening, assessment and treatment for PRD for at least one year postpartum or post-loss for both mothers and children.	• Documented changes in Explanation of Benefits for 3 Colorado health plans

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Advocate for improved Medicaid and private insurance coverage for screening and treatment of PRD.	Review Colorado's Essential Health Benefits "Benchmark Plan" for benefits related to PRD screening and treatment, and make recommendations for optional expanded benefits, as needed.	December 31, 2013	MW Team/Health Systems Unit	Current benefits are identified and recommendations for improvement are documented
	Partner with Colorado Health Benefit Exchange (COHBE) to develop information for consumers on considerations when selecting benefit plans, if planning to be pregnant or currently pregnant	March 31, 2014	MW Team/COHBE	Resource materials developed and shared with Health Guides
	Work with the Colorado Division of Insurance (DOI) to encourage changes or improvements related to coverage for PRD among Colorado private health plans regulated by state DOI laws	July 1, 2014	MW Team/ Colorado DOI	Colorado DOI supports coverage for PRD among private health plans
	Work with the state's largest self-insured health plan (State of Colorado) to make recommended changes or improvements related to coverage for PRD	July 1, 2014	MW Team/ State of Colorado	State of Colorado covers screening and treatment for PRD in their self-insured health plans
	Identify Colorado private health plans interested in pursuing expanded coverage for PRD	July 1, 2014	MW Team	At least 3 health plans are identified
	Work with health plans to develop quality indicators that align with goals of conducting PRD screening and assessment at regular intervals during the prenatal, postpartum and post-loss periods and treatment for PRD as indicated.	July 1, 2015	MW Team/ Private Health Plans and State of Colorado	Health plans have identified quality indicators that support regular screening, referral and treatment for PRD

Objective D: By April 15, 2015 the proportion of linkages between state-level referral systems for treatment of PRD that receive a 3 star rating will increase 90% from baseline.	**Lead: Mandy Bakulski**

Target Population: PRD Advisory Committee, Clinicians (including obstetric, pediatric, and family practice providers), public health partners (e.g. state WIC, NFP), early childhood partners, medical home partners and mental health providers.

Criteria for Success:	**As Measured by:**
• Linkages between state level referral systems will be improved by 90% from baseline.	• Updated systems map that shows improved linkages with pre / post ratings.

Strategy	**Milestones / Key Activities**	**Target Completion Date**	**Responsible Persons/Group**	**Monitoring Plan**
Develop an integrated approach to address PRD across systems.	Convene quarterly meetings of the PRD Advisory Committee.	Ongoing through 2015	MW Team	Documentation of meetings held.
	Conduct a statewide survey of providers working with pregnant women and new mothers to identify existing screening and referral practices for PRD. Analyze survey data and communicate results.	April 30, 2013	PRD Advisory Committee/MW Team/EPE	Survey results are made available.
	Using survey data, develop a “map” of existing state level referral systems for treatment of PRD. Rate existing linkages on a scale of 1-3 stars and identify gaps.	April 30, 2013	MW Team/ EPE	Systems map is complete. Pre-ratings are complete.
	Partner with ABCD on development of pilot community efforts to coordinate early childhood and PRD screening	September 30, 2013 and Ongoing	MW Team/ABCD	Documented cross-participation in priority efforts
	Partner with substance abuse colleagues working in SBIRT and the Substance Exposed Newborns Subcommittee of the State Meth Task Force	Ongoing	MW Team	Documentation of integrated efforts
	Identify policy change recommendations for addressing PRD to be included in medical home policy agenda.	June 30, 2013 and Ongoing	MW Team/Medical Home Policy Coordinator	PRD recommendations are considered in agenda
	Develop and implement plans to address improved linkages, to include a communication plan, identification of appropriate referral protocols, etc.	December 31, 2013 and ongoing	PRD Advisory Committee/MW Team	Report on progress at quarterly PRD Advisory Committee meetings.
	Conduct statewide survey again to update the “map” of existing state level referral systems for treatment of PRD. Rate existing linkages on a scale of 1-3 stars and identify gaps.	April 30, 2015	PRD Advisory Committee/MW Team/EPE	Updated systems map is complete. Post-ratings are complete.

Objective E: By September 30, 2013 an online statewide information and referral resource system will be developed or identified to link providers and consumers to available resources for PRD.	**Lead: Mandy Bakulski**

Target Population: PRD Advisory Committee; clinicians (including obstetric, pediatric, and family practice providers); public health partners (e.g. state WIC, NFP); early childhood partners; mental health providers and pregnant, postpartum and post-loss women and their families.

Criteria for Success:	**As Measured by:**
• Improved accessibility to information on available resources to address PRD	• Statewide information and referral resource system is established • # of hits on website

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Develop an integrated approach to address PRD across systems.	Collaborate with local health agencies and state-level partner organizations to identify state and local-level resources for screening and support for PRD.	March 30, 2014	MW Team/ PRD Advisory Committee	Comprehensive list of statewide support resources is available.
	Develop or identify an online statewide referral resource to help the public know what is available for support for PRD.	June 30, 2014	MW Team/Other Partner TBD	Online referral system is available for use.
	Promote online resource to health care providers and consumers through various mechanisms including social media outlets and other informational websites.	October 1, 2014	MW Team	List of websites and other resources that reference PRD website
	Provide information on Colorado resources for PRD to various consumer information hotlines (e.g. 211 line, Postpartum Support International, LinkingCare.org, Family HealthLine, Help Me Grow, etc.)	October 1, 2014	MW Team	Hotlines have information on available referral sources in Colorado.

Objective F: By September 30, 2013 supplementary guidance to the HealthTeamWorks Adult Depression Guideline addressing screening and referral protocols for PRD will be developed and disseminated statewide.	**Lead: Mandy Bakulski**

Target Population: Clinicians (including obstetric, pediatric, and family practice providers)

Criteria for Success:	**As Measured by:**
• Practices will have access to standardized guidelines to address screening and referral for PRD. • Practitioners have increased knowledge on PRD screening and referral protocols.	• Guideline is completed and disseminated statewide. • Evaluation of RIAs and pre- and post-test results from online training module

Strategy	**Milestones / Key Activities**	**Target Completion Date**	**Responsible Persons/Group**	**Monitoring Plan**
Develop a coordinated statewide initiative to train and support providers on the PRD needs of women	Develop supplementary guidance specific to PRD as a supplement to the Health TeamWorks Adult Depression Guideline (e.g.: antidepressant medications chart, screening and referral algorithm, observational guide, etc.)	September 30, 2013	MW Team/ Health TeamWorks	Supplementary guidance is completed
	Coordinate a Maternal Wellness Summit focused on engaging mid-level providers (ex: nurses and nurse midwives) about what to do when screening for PRD identifies a positive result and promoting dissemination of HTW guidance	March 31, 2014	MW Team/ ACNM/ AWHONN/ CU College of Nursing	Summit is held
	Work with HCPF staff to develop a section focused on pregnancy-related depression for the Medicaid Depression toolkits. Reference new guideline and resources.	December 31, 2013	MW Team/ HCPF	HCPF's depression toolkit contains a section specific to pregnancy-related depression
	Disseminate materials to various provider networks statewide, including OB/GYN, midwifery, pediatric and family practices.	September 30, 2014	MW Team	# of practices who receive materials
	Develop training modules for medical practitioners focused on the standard clinical-based practice guidelines. Pre- and post-test survey created to evaluate change in knowledge.	September 30, 2014	MW Team/ Health TeamWorks/ Contractor	Training module is available. Pre- and post-test results compiled.
	Conduct Rapid Improvement Activities (RIAs), or other training as identified, to incorporate guidelines into practice with at least 20 health clinics statewide.	September 30, 2014	MW Team/ Health TeamWorks	# of RIAs completed
	Develop a provider education and support network offering periodic seminars, networking and support opportunities for professionals working in the field.	April 30, 2015	MW Team	Education and support network is created. List of participants is available.

Objective G: By September 30, 2014 standard PRD training modules and materials are developed, distributed and integrated into standard trainings for staffs at a minimum of 8 Colorado programs that serve women and families during pregnancy, postpartum and post-loss.	**Lead: Mandy Bakulski**
Target Population: Public health partners (e.g. state WIC, NFP), early childhood partners, human services and mental health providers	
Criteria for Success: • Partners have the resources needed to provide quality, consistent training on PRD in their agencies and communities.	**As Measured by:** • Training modules and materials are completed and disseminated to at least 8 programs

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Develop a coordinated statewide initiative to train and support providers on the PRD needs of women	Identify successful training modules and programs from other states	December 31, 2012	MW Team/ PRD Adv Committee	List of potential training resources identified
	Conduct a pre-training needs assessment of various provider types, including participant's professional training, prior training on PRD, patient populations served, extent to which participants already address PRD and preferred learning method	February 1, 2013	MW Team	Results of needs assessment; pre-training needs are identified
	Identify partners who agree to incorporate PRD topics into trainings for staffs working in programs that serve women and families during pregnancy, postpartum and post-loss.	December 31, 2013	MW Team	List of partners interested in PRD training is completed.
	Develop training modules to screen, identify, assess, address and/or make referrals for women experiencing PRD (one-on-one, online, statewide conferences, in-clinic staff meetings, etc).	March 31, 2013	MW Team/ HTW	Training program and supporting materials are completed
	Conduct train-the-trainer sessions for partners interested in conducting in-person trainings with local-level programs and community leaders.	September 30, 2014	TBD (Contractor?)	At least 8 train-the-trainer sessions have been completed with interested staff
	Present at statewide conferences on the topic of PRD and opportunities for train-the-trainer sessions (e.g. WIC, NFP, Early Childhood, CPHA, etc.)	As available	TBD	Presentations completed for at least 5 state-level conferences

Objective H: By December 31, 2014 develop consistent educational messages and increase awareness of PRD among pregnant, postpartum and post-loss women and their families.	**Lead: Mandy Bakulski**

Target Population: Pregnant, postpartum and post-loss women and their families

Criteria for Success:	**As Measured by:**
• Women and their families have increased access to information and referral resources for PRD	• # of hits on consumer-based website • # of educational materials downloaded

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Raise public awareness on the symptoms, risk factors, and stigma of PRD	Conduct key informant interviews with project leads in other states to identify challenges and successes with consumer marketing and awareness campaigns	March 31, 2013	MW Team/ Contractor	Key informant interviews are completed and summary report is written.
	Develop a Colorado-specific website to promote awareness among consumers, including a screening self-assessment tool, peer stories and connection to available treatment resources in Colorado	December 31, 2014	MW Team/ PRD Adv Committee	Website is created
	Develop or update downloadable educational materials for consumers to educate on signs & symptoms, available referral resources and to direct women to online resources	December 31, 2014	MW Team/ PRD Adv Committee	Materials are created and/or updated and posted online
	Promote and collaborate with national awareness efforts such as “Postpartum Progress” blog	Ongoing	MW Team/ PRD Adv Committee	Regular communication is maintained between national efforts and Colorado efforts
	Provide resources on Colorado-specific blogs such as “Moms Like Me”	Ongoing	MW Team	Resources are posted on online blogs as appropriate

Budget Information

Program Budget	**Data and Evaluation Budget**
An estimated $20,000 is available to implement activities. The Maternal Wellness team currently has 1.3 FTE dedicated to 2 MCH priority areas, an estimated .8 FTE is available for work directly related to pregnancy-related depression. Additional funding opportunities or partnerships may need to be pursued.	An estimated $15,000 is available for evaluation of all Maternal Wellness activities through EPE, roughly $10,000 is directly related to pregnancy-related depression.

General Information	
Primary Contact: Mandy Bakulski **Phone Number:** 303.692.2495	**Integration Points:** MCH Priority #3 –Improving Developmental and Social Emotional Screening among Children ages 0-3. **Link with Health Equity:** Pregnancy-related depression impacts populations disparately. Higher rates are seen in the following groups: women who receive Medicaid for prenatal care and delivery; women with less than a high school education; African-American women; and low-income women (below 185% federal poverty level). **Strategic Partner(s):** HCPF, CDHS, Health Plans, Behavioral Health Organizations, Early Childhood Networks, Professional Associations for obstetrics, pediatric and family practice providers, University of Colorado, Colorado School of Public Health **Key Stakeholders:** Local Public Health Agencies, PRD Advisory Committee Members