Bree Collaborative | Perinatal/Maternal Mental Health
July 17th, 2023| 8:00 – 9:30 a.m.
Virtual

MEMBERS PRESENT

Colleen Daly, PhD, Microsoft (chair)
Cindy Gamble, MPH, AIHC
Mandy Lee, MN, United Healthcare
Ellen Kauffman, MD
Gina Legaz, MPH, WA Department of Health
Jenn Linstad, MSM, LM, CPM, Center for Birth
MaryEllen Maccio, MD, Valley Medical Center
Brianne Probasco, WACHC
Sheryl Pickering, DOH, WIC
Nicole Saint Claire, MD, Regence
Caroline Sedano, DOH
Brittany Weiner, WSHA
Josephine Young, MD, MBA, Premera

STAFF AND MEMBERS OF THE PUBLIC

Karie Nicolas, MA, CG, Bree Collaborative
Emily Robson, RN, DNP, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative

WELCOME

Emily Robson welcomed members to the workgroup and directed members to email bree@qualityhealth.org as we wait for the new staff member to join.

- Motion to approve the June meeting minutes.

  Action: Adopt June Minutes.

DISCUSSION: EVIDENCE REVIEW UPDATE

Colleen Daly, PhD, Microsoft, workgroup chair introduced the updated evidence review developed by Nick Locke including substance use over perinatal mood disorders. The articles showed that early detection in the prenatal period was associated with less severe outcomes, this is also a best practice in pediatric care and is regularly performed by Seattle Children's. Members discussed:

- Wanting to better understand the referral pathway from pediatric practices to obstetrical and adult primary care practices.
- Whether there has been demonstrated benefit to adult health from this intervention.
- Bright Futures information can be found here
- APP has a policy statement for Perinatal Depression
- Difficulty of making a referral for someone who is not your patient
- This is the standard of care in the community, but is a challenge that the mother is not the patient
- From MCOs that the fact that the parent isn't the patient is also a billing issue for many pediatricians

Dr. Daly reviewed articles showing associations of depression prior to pregnancy and mental health concerns in the perinatal period. Barriers to treatment include the person not seeking care. Members discussed:

- Whether a mental health visit can be the standard of care for the perinatal period rather than a service accessed through a referral due to pregnancy is a significant enough life event that warrants mental health care.

- Stigma is a significant barrier.
- Repetition of mental health services could help people heal as the parent(s) is a captive audience.
- Depression has been the focus rather than anxiety.
- Is part of the anxiety not knowing what comes next.
- New terminology is perinatal mood and anxiety disorder (PMADS). There is more attention being paid to the anxiety component.

Dr. Daly reviewed the AIM program at the University of Michigan that has developed patient safety bundles for the perinatal period and articles summarizing incentives through policy and payment levers (e.g., increased Medicaid coverage, value-based payment models). Dr. Robson reviewed the Beth Tinker will present on the HCA's decision to not move forward with a perinatal bundle for Medicaid. Dr. Daly reviewed a summary of community supports. Members discussed:

- How to define a community including key terms and areas to look for.
- Goals for community support recommendations (e.g., expanded access to community programs, increased coordination between community-based organizations and providers, understanding efficacy of community programs, providing a sample resource list of existing programs in Washington State).
- Stacking the deck in favor of local communities.
- Whether there is a research pool for exploring ways to strongly expect insurance companies/Medicaid to not only cover but also reimburse fairly for mental health services?
- Accountable communities of health and the Medicaid waiver who could coordinate networks. https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/accountable-communities-health-achs
    - 1115 Demonstration Waiver at HCA also moved in the direction to begin to fund social determinant of health activities too - intersections of housing, economics, etc. - things that play major roles in MH.
- Department of health birth equity grants. https://doh.wa.gov/newsroom/department-health-announces-birth-equity-project-grant-recipients
- WithinReach may have helpful content. https://withinreachwa.org/our-impact

PRESENTATION: COMMUNITY MIDWIFE MODEL

Jen Linstad presented on the community midwife model. Nurse midwives primarily work in hospital groups and licensed midwives exclusively work in home-center births. They are autonomous providers who function under own licensure but do not have prescriptive authority. Training focuses on integrating mental health. Members discussed:

- Time needed to address mental health concerns.
- Microsoft is running focus groups on south Asian women. One learning is wishing they had known about midwife care and doulas.
- Whether the midwife model of care includes nurse midwives working in hospital groups in which a person gives birth in a hospital.
- American society does not have a good way to identify who may be a good candidate for home-based care.
- How to identify those who may be more high risk.
- Valley has a collaborative care model for addressing perinatal mood disorder. All patients are screened and offered participation in collaborative care. There is a psychiatric consultant who is

a midwife and a psychiatric nurse. Hospital-based midwives are closer to the practice Jen is describing. The mother and the neonate are both patients.
- For the systems to communicate we need common data collection. OB COAP includes out of hospital births.

Most LM administer an EPDS prenatally and postpartum

DISCUSSION: DRAFT RECOMMENDATIONS

Dr. Robson reviewed the text of the revised guidelines. Members discussed:

- Schedule a behavioral health consultation to better facilitate completion of the visit.
- Clarifying that doulas are not clinically trained practitioners and are not equivalent to nurses or advanced registered nurse practitioners.
- Language that home visits by a particular provider group address what is in scope for that provider.
    - Doulas for psychosocial support, feeding, parent and sleep support.
- Specific language changes were made to the report.
- LOT of cultural stigmas. Many of the BIPOC clients we serve have shared that there is stigma in their community to go to therapy or to even admit that they are struggling emotionally.

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Robson invited final comments or public comments, then thanked all for attending. Between meetings, Bree staff will continue to update draft recommendations and follow up with Josephine Young about referral pathways from pediatrics. The workgroup's next meeting will be on **Monday, August 21st from 8:00 – 9:30 AM**.