
Bree Collaborative | Perinatal Behavioral Mental Health

September 18th, 2023 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Trish Anderson, MBA, BSN, WSHA

Colleen Daly, PhD, Microsoft (chair)

Libby Hein, Molina Health Care

Ellen Kauffman, MD

Jillian King, RN, Student Nurse Midwife UW

MaryEllen Maccio, MD, Valley Medical Center

Patricia Morgan, ARNP, EvergreenHealth

Ashley Pina, HCA DBHR

Lewissa Swanson, HRSA, MCHB

Beth Tinker, PhD, MPH, MN,

RN, HCA

Brittany Weiner, WSHA

Emilia Udd, CNM

Josephine Young, MD, MPH, MBA, Premera

Mandy Lee, MSN RN CCM, United

Ian Bennett, MD, PhD, UW

Sheryl Pickering, WA WIC

Jen Linstad, CPM

Melissa Covarrubias, CHPW

Brianne Probasco, WACH

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative

Karie Nicolas, MA, CG, Bree Collaborative

Emily Nudelman, RN, DNP, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

WELCOME

Emily Nudelman, DNP, RN welcomed members to the workgroup and introduced Beth Bojkov the new staff member. Beth Bojkov discussed the agenda for the meeting, led the process of approving August meeting minutes, and discussed the change in workgroup name from Perinatal/Maternal Mental Health to Perinatal Behavioral Health. Dr. Kauffman raised concerns about the name change regarding the definitions of perinatal versus maternal and mental versus behavioral health. Dr. Kauffman raised that perinatal is used clinically to describe both the pregnant individual and their child, which conflicts with the focus of the report. She also mentioned that behavioral health would carry the connotation away from physical health. Dr. Bennett disagreed and elaborated on his support for the name change based on the the holistic nature of behavioral health and movement toward integration, and that the perinatal name also opens doors to broaden the report's impact towards pediatrics. The name change was supported by others in the workgroup.

- Motion to approve the August meeting minutes.

Action: Adopt August Minutes.

DISCUSSION: EVIDENCE REVIEW

Beth Bojkov gave a brief overview of a new resource from the AHRQ about pregnant and postpartum behavioral health integration, highlighting the key components of BHI that were used to organize the focus areas in the report.

DISCUSSION: DRAFT RECOMMENDATIONS

Beth then began reviewing the draft recommendations, starting with the Focus Areas aligned with the AHRQ guidelines. The group decided to change the title of OUD Treatment to SUD Treatment and include it under the Integrated Behavioral Health focus area to decrease stigma towards SUD treatment

and recognize that SUD is a part of BHI. Beth Bojkov reviewed all existing recommendations and the following changes/comments were brought forward by the group:

- An appendix should be added of all resources and tools mentioned in the report to facilitate use
- Concern was broached about the term annual visits under screening frequency for SDOH and IPV that that is a very different time frame than what is covered in the report – a group member countered that annual visits are still covered and occur during the perinatal timeframe outlined in the report, and so should be kept. Also changed to initial, during pregnancy and postpartum to allow providers ability to screen more frequently as necessary.
- Add references where appropriate and missing from recommendations
- Language edits (patient, client, gestational parent) will be completed iteratively to keep consistency across different recommendations
- Change “medical and social consequences of pharmacotherapy for OUD” to less stigmatizing language -> suggested using “benefits” or “impact”
- Add footnote of CDCs report on PROMs
- Added examples of SDOH that impact behavioral health besides transportation
- Bree staff will add a summary to the background of the report explaining the importance of the SDOH and necessity of screening
- Bree staff to review existing models of collaborative care and integrated behavioral health in perinatal care to bring to light at the next meeting
- Connecting with group members asynchronously to further discuss linkages with Primary Care and Pediatric Care, Insurance coverage for home births, and evidence in support of behavioral health consultations for every pregnant person
- Home births are covered by Apple Health as well as DOH licensed birth centers, and will follow up with a group member to investigate commercial coverage of birthing centers

ANNOUNCEMENT: BETH TINKER, PHD, MPH, MN, RN; HCA

Beth Tinker PhD, MPH, MN, RN from the HCA then provided a comment on the an agency requests legislation (decision packages) which are now public on the OFM webpage – state agency staff can now talk about them publicly. There is a specific proposal that made it to OFM to pull the initial OB visit out of the bundle (global codes), pay for it separately and require specific best practice clinical components, including BH (mental health and SUD) screening. Link to the proposal can be found here: abr.ofm.wa.gov (Select on the supplemental 2024, takes to a list of Washington State HCA, then click on first box of proposals)

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth Bojkov reviewed the proposed timeline for the rest of the workgroup and the report, explaining the process of approving the report to go up for public comment and opportunity to discuss implementation and metrics while the report is up for public comment. Beth invited final comments or public comments, then thanked all for attending. Dr. Emily Nudelman discussed that the November workgroup meeting will be **the second Monday (November 13th, 2023)** in hopes to approve report to go up for public comment. Between meetings, Bree staff will continue to update draft recommendations. Bree staff will plan to review the Bree recommendations further at the next meeting. The workgroup’s next meeting will be on **Monday, October 16th from 8:00 – 9:30 AM.**