Appendix H: Behavioral Health Treatment

Screening for behavioral health conditions is integrated into this bundled payment models and is standard of care. Effectiveness of screening for perinatal behavioral health conditions is contingent on availability of adequate follow up for those who screen positive. The ACOG's consensus bundle on maternal mental health for perinatal depression and anxiety includes general guidance to include perinatal mood and anxiety disorder screening, intervention, referral, and follow-up into maternity care practices.[i] This bundle does not include guidance on other mental health or substance use disorders but can be used as a template to address these other disorders.

Behavioral health treatment in the perinatal period should be informed by symptom severity and patient preference. Common mental disorders such as depression and anxiety can be managed in the prenatal setting while patients with bipolar disorder or psychosis may require a referral to specialty mental health. The pathways described previously recommend using a validated symptom measure such as the PHQ-9 to help determine intensity and type of treatment for common mental disorders. For example:

- For mild depression (PHQ-9 score 5 -10) – education, psychotherapy
- For moderate depression (PHQ-9 score 10 - 15) – psychotherapy and / or medication management
- For severe depression (PHQ-9 score >15) – psychotherapy and medication management. More information: http://www.cqaimh.org/pdf/tool_phq9.pdf

As behavioral health conditions are not recommended as exclusion criteria, providers who screen for behavioral health conditions as recommended will have to make a decision on next steps for treatment. If prenatal providers opt to refer patients out for specialty mental health treatment, attempts should be made to track on these referrals as evidence suggests that less than 20% of patients follow up on specialty mental health referrals.[ii] Should prenatal providers opt to provide integrated mental health treatments (which is preferable especially for mild to moderate depression and anxiety, and is associated with better follow up and patient outcomes), reimbursement options include fee-for-service co-located psychotherapy or using collaborative care codes, more information here: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf.[iii] Better patient outcomes are reported with measurement-based treatment to target that forms the cornerstone of collaborative care.

Future considerations for health care purchasers and policy makers include establishing another layer of bundled payment that covers the costs of evidence-based integrated perinatal behavioral health treatments. This will incentivize the delivery of integrated perinatal behavioral health treatments known to reduce barriers to care and improve patient outcomes.

[i] S Kendig, JP Keats, MC Hoffman, LB Kay, ES Miller, TAM Simas, et al. Consensus bundle on maternal mental health: perinatal depression and anxiety. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. 2007: *46*(2), 272-281

[ii] N Byatt, TAM Simas, RS Lundquist, JV Johnson, DM Ziedonis. Strategies for improving perinatal depression treatment in North American outpatient obstetric settings. *Journal of Psychosomatic Obstetrics & Gynecology*. 2012: *33*(4), 143-161.

[iii] NK Grote, WJ Katon, JE Russo, MJ Lohr, M Curran, E Galvin, E, et al. Collaborative care for perinatal depression in socioeconomically disadvantaged women: a randomized trial. *Depression and anxiety*. 2015: *32*(11), 821-834.