Multi-disciplinary teams can support perinatal mental health needs in primary care.

Maternal Infant Dyad - Implementation (MInD-I): Collaborative Care Model for Perinatal Depression in Primary Care

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Background

There is robust evidence for population-level benefits using the Collaborative Care Model (CoCM), a complex team-based approach, to pursue behavioral health integration (BHI) in primary care settings.

Objective

To implement a team-based system for perinatal mental health care delivery through primary care providers (PCPs) supported by care management and psychiatric consultation.
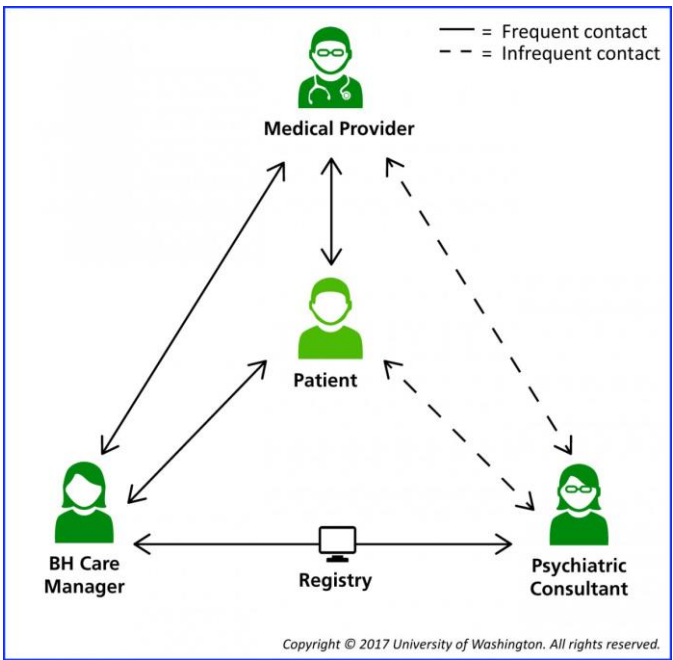
Methods

As part of a national implementation trial, the University of Washington (UW) Northgate Neighborhood Clinic adopted the CoCM model for the care of perinatal depression. With the support of an external facilitator and ongoing clinical training, we transformed an existing parallel BHI model of care to a team-based one.

Through the UW Advancing Integrated Mental Health Solutions (AIMS) Center at the UW Psychiatry & Behavioral Sciences department, our clinic received training to lay the foundation for the collaborative care model, plan for clinical practice change, build clinical skills, launch care, and nurture care.

COLLABORATIVE CARE: A step-by-step guide to implementing the core model
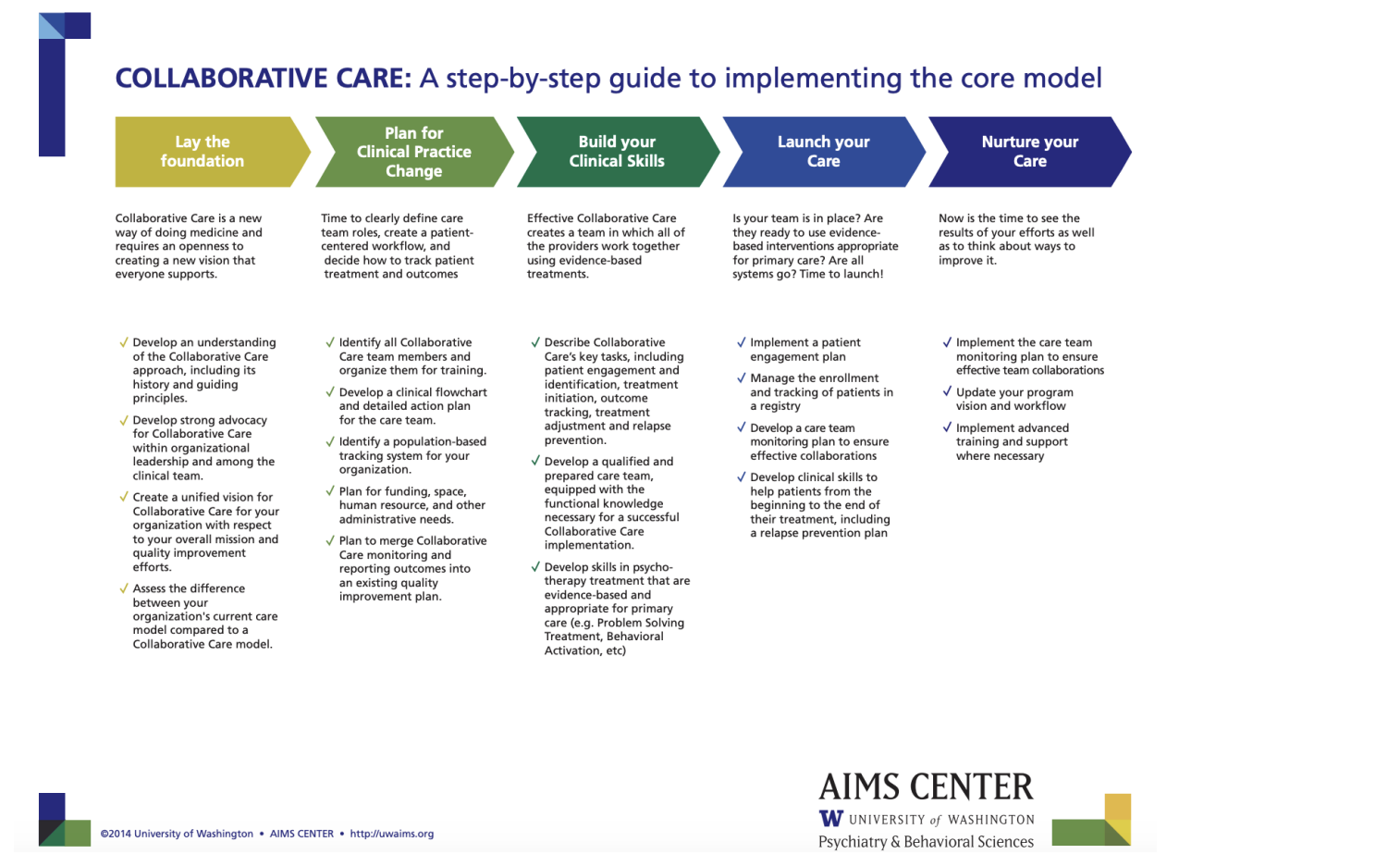
We formed a multi-disciplinary team represented by medical assistants, nurses, social workers, health navigators, psychiatrists, psychologists and behavioral scientists, and PCPs. Through weekly implementation meetings, we identified operational goals and challenges. Using a continuous quality improvement (QI) approach with iterative Plan-Do-Study-Act (PDSA) cycles, we developed and improved workflows for screening, triage, and treatment of perinatal depression. Targeting the pre- and post-natal obstetric as well as first-year well child visits, we developed a workflow to utilize the PHQ-9 scale to screen mothers at relevant visits, add them to a registry, and commence CoCM care.

Results

Table 1: Screening rates through October 2019

	Baseline % Eligible Screened PHQ-2, EPDS, PHQ-9		Total Initial Screened w/ PHQ-2, EPDS, PHQ-9 # (%)		Total PHQ-9 Positive # (%)		Patients Added to Registry w/ PHQ-9 Positive # (%)		Patients Added to Registry # (%)	
	6-month Pre-launch Average	To Date	Oct '19	To Date	Oct '19	To Date	Oct '19	To Date	Oct '19	
Northgate	15%	76	48%	12	57%	5	7%	1	8%	2	40%	1	100%	12	240%	2	200%

Figure 1: Screening rate over time

Initial Screening Rate (PHQ-9, PHQ-2, EPDS)
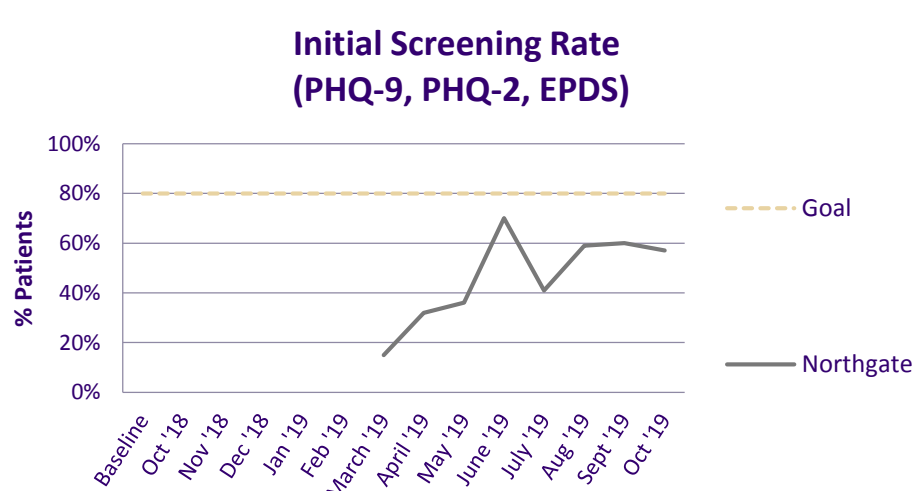
Compared to a baseline screening rate of 15% (**Table 1**), we were able to increase screening to 57% by October 2019, a 48% improvement six months into the ongoing project (**Figure 1**), towards an ultimate goal of 80%.

The majority of gains occurred in the well child visits, though the positive screen rate was higher in the obstetric visits, where screening was already conducted at a higher baseline rate (**Table 2**). Nonetheless, both types of visits yielded positive tests, initiation of behavioral health care, relevant referrals, and clinical improvement for these perinatal depression patients.

Table 2: Screening rates by visit type

	Baseline % Eligible Screened PHQ-2, EPDS, PHQ-9		Total Initial Screened w/ PHQ-2, EPDS, PHQ-9 # (%)		Total PHQ-9 Positive # (%)		Patients Added to Registry w/ PHQ-9 Positive # (%)		Patients Added to Registry # (%)	
Obstetric Visits Only										
	6-month Pre-launch Average	To Date	Oct '19	To Date	Oct '19	To Date	Oct '19	To Date	Oct '19	
Northgate	38%	40	58%	4	50%	4	10%	1	25%	2	50%	1	100%	12	300%	2	200%
Well Child Visits Only										
	6-month Pre-launch Average	To Date	Oct '19	To Date	Oct '19	To Date	Oct '19	To Date	Oct '19	
Northgate	4%	36	41%	8	62%	1	3%	0	0%	0	0%	0	0%	12	1200%	2	0%

Conclusions

Behavioral health care is paramount in primary care, though can be conducted effectively utilizing a team BHI approach through the CoCM. With a broadly representative team, clinic-level changes can be implemented and refined to improve screening, triage, and ultimately treatment for these patients. Regularly scheduled meetings with an interdisciplinary team composed of relevant clinical staff members is essential to ensure continued success. Though the target intervention was perinatal depression patients in our study, the mechanism created can be expanded for other mental health diseases and patient populations.

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