

# The Latest Developments in Maternal Mental Health Screening

Hosted by 2020 Mom



October 26, 2022

[2020Mom.org](https://2020Mom.org)

# Meet Joy



## Joy Burkhard, MBA

Founder and Executive Director

2020 Mom



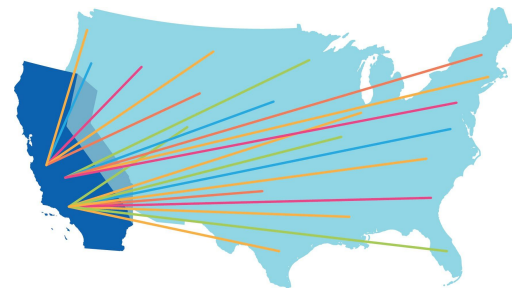
Visionaries for the Future of Maternal Mental Health

# Who is 20/20 Mom?

**Mission: To close gaps in Maternal Mental Health Care.**



Visionaries for the Future  
of Maternal Mental Health



We believe if families, employers and society are paying for health care benefits, the health care system should detect and treat MMH disorders.



Visionaries for the Future of Maternal Mental Health

2022-2025

Focus Areas:  
The 3 As

Access to  
Providers

Availability & expansion of  
health care professionals  
& facilities in the health  
delivery system.

Including all  
evidence-based  
MMH treatments, at  
an affordable cost to  
patients without  
unreasonable limits.

Ample  
Insurance  
Coverage



Appropriate  
Screening  
(and treatment)

A health care delivery  
system that screens every  
mother throughout the  
perinatal period using  
evidence-based,  
comprehensive, easy-to-use,  
and culturally appropriate  
screening tools.



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## What We Will Cover

Recommended screening tools and sequencing as featured in 2020 Mom's Universal Screening Issue Brief

Considerations for culturally relevant/sensitive screening

The new National Committee for Quality Assurance (NCQA) HEDIS screening measures and the first set of U.S. screening rates.

Screening time frame recommendations, including MMHLA's forthcoming recommendations.

Actions being led by 2020 Mom to increase obstetric provider screening rates, including addressing obstetric provider reimbursement and care navigation efforts.



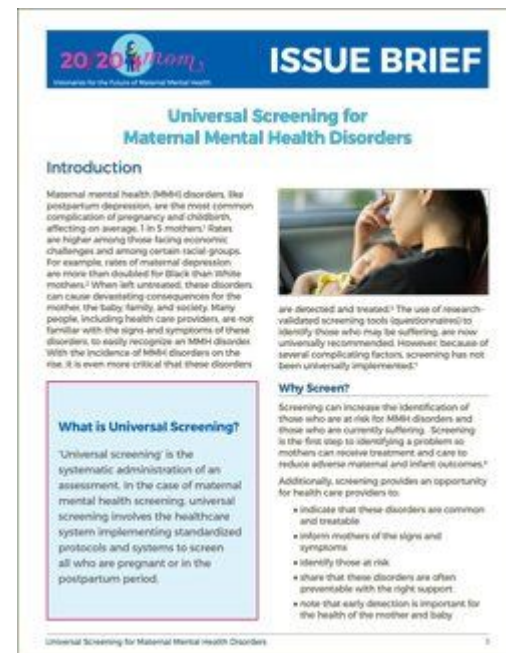
# Universal Screening Serves to Propel Change

## Issue Brief

- What Screening Is, Screening Tools, Barriers & Opportunities

## Screening Recommendations & Laws

- Major Professional Associations & US Preventative Services Task force (USPSTF) Recommendations to Screen
- Screening laws passed by Nonprofits & Lawmakers:
  - Like NJ, CA and now LA
- These mandates propell significant investments & Medicaid extension.



## Opportunities to Improve Screening Rates & Measurement

2020 Mom. (2022, March). Universal screening for maternal mental health disorders. 2020 Mom. Retrieved September 2022, from <https://www.issueab.org/resources/40013/40013.pdf>.



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# Meet Our Panelists



**Cindy Herrick, MA, PMH-C,  
CPSS**

Strategic Partnerships & Special Projects

2020 Mom



**Kandyce Hylick, MPH**

Policy Analyst

2020 Mom



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## Meet Our Panelists



**Lindsey Roth, MPP**

Research Scientist, Performance Measurement Dept., National Committee for Quality Assurance (NCQA)



**Adrienne Griffen, MPP**

Executive Director, Maternal Mental Health Leadership Alliance (MMHLA)



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# 2020 Mom's Issue Brief Deep Dive: Tools, Sequencing & Barriers



**Cindy Herrick, MA, PMH-C, CPSS**

Strategic Partnerships & Special Projects

2020 Mom



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### Universal Screening for Maternal Mental Health Disorders

#### Introduction

Maternal mental health (MMH) disorders, like postpartum depression, are the most common complication of pregnancy and childbirth, affecting on average, 1 in 5 mothers.<sup>1</sup> Rates are higher among those facing economic challenges and among certain racial groups. For example, rates of maternal depression are more than doubled for Black than White mothers.<sup>2</sup> When left untreated, these disorders can cause devastating consequences for the mother, the baby, family, and society. Many people, including health care providers, are not familiar with the signs and symptoms of these disorders, to easily recognize an MMH disorder. With the incidence of MMH disorders on the rise, it is even more critical that these disorders



are detected and treated.<sup>3</sup> The use of research-validated screening tools (questionnaires) to identify those who may be suffering, are now universally recommended. However, because of several complicating factors, screening has not been universally implemented.<sup>4</sup>

#### Why Screen?

Screening can increase the identification of those who are at risk for MMH disorders and those who are currently suffering. Screening is the first step to identifying a problem so mothers can receive treatment and care to reduce adverse maternal and infant outcomes.<sup>5</sup>

Additionally, screening provides an opportunity for health care providers to:

- indicate that these disorders are common and treatable
- inform mothers of the signs and symptoms
- identify those at risk
- share that these disorders are often preventable with the right support
- note that early detection is important for the health of the mother and baby

#### What is Universal Screening?

'Universal screening' is the systematic administration of an assessment. In the case of maternal mental health screening, universal screening involves the healthcare system implementing standardized protocols and systems to screen all who are pregnant or in the postpartum period.

# Issue Brief: Universal Screening for MMH Disorders

2020 Mom released an issue brief earlier this year on **Universal Screening for MMH Disorders**

## Highlights:

- MMH Disorders is a **spectrum** of disorders that requires a **spectrum** of screening tools
- Screening for depression alone **is doing harm**
- Screening is an assessment and an opportunity for education and conversation
- A positive screening score does not necessarily **confirm a diagnosis**

# Screening Frequency and Timing Recommendations



**ACOG**  
The American College of  
Obstetricians and Gynecologists

**1-2x**

- during the perinatal period
- at the comprehensive postpartum visit

AMERICAN  
PSYCHIATRIC  
ASSOCIATION  
**FOUNDATION**



**2x**

- during pregnancy

**4x**

- postpartum
- at 1, 2, 4 month well-child visit



POSTPARTUM SUPPORT  
INTERNATIONAL

**8x**

- 1st prenatal visit
- 2nd trimester
- 3rd trimester
- 6 week postpartum
- 6 &/or 12 month OB & primary care
- 3, 9, 12-mo pediatric well-child visits



# 2020 Mom's Recommendations for Screening Frequency

At a minimum, based on recommendations from various professional provider associations and in conjunction with the HEDIS measure, 2020 Mom recommends screening happen during the following intervals:

**During Pregnancy:** At least once, ideally late in the first trimester or early in the second trimester.

**In the Postpartum Period:** At least once, at the six week obstetric postpartum visit and ideally at least one additional time through the first year after birth.

**30 Days After an Initial Positive Screen**



# Issue Brief: Universal Screening for MMH Disorders

## Depression and Anxiety Screeners

- **Patient Health Questionnaire (PHQ-4)** includes 2 questions to detect depression and 2 questions to detect anxiety. Though currently underutilized, given its brevity, this tool is an effective first-line ultra-brief screener.
- **Patient Health Questionnaire (PHQ 2 or 9)** offers both a short (2 question) and long (9 question) screener used to detect depression
- **Generalized Anxiety Disorder (GAD 3 or 7)** offers both a short (3 question) and long (7 question) screener to detect generalized anxiety and worry associated with other anxiety related disorders
- **Edinburgh Pregnancy/Postnatal Depression Scale (EPDS)** is a 10-question survey specific to the perinatal period, to detect depression which also includes two questions about anxiety



# Issue Brief: Universal Screening for MMH Disorders

## Intrusive Thoughts & OCD

- **Obsessive Compulsive Inventory (OCI 12 or 4)**
- **Intrusive Thoughts** can be a symptom of OCD
- **Intrusive thoughts does not indicate psychosis**
  - Intrusive thoughts are separate and distinct from the delusional thoughts and hallucinations associated with psychosis. A state of maternal psychosis is considered a medical emergency; having intrusive thoughts is not.
  - Ego Syntonic vs. Ego Dystonic
- **Intrusive Thoughts vs. Suicidal Ideation**
  - Screening and further assessment is needed

Intrusive  
Thoughts/OCD  
  
Psychosis



# Issue Brief: Universal Screening for MMH Disorders

## Bipolar and Psychosis Screening

- **Mood Disorder Questionnaire (MDQ)** a 15-question bipolar disorder screener
  - Bipolar Disorder is a risk factor for psychosis
- **2020 Mom Psychosis Symptom Checklist (PSC)** a checklist that providers and family members can use to recognize the symptoms of psychosis.
  - Because psychosis involves a break in reality, a person experiencing psychosis may be incapable of completing a symptom screening questionnaire directly; therefore family and those who are in close contact are often the first to notice behavior changes.



**Bipolar Disorder  
Must be Ruled  
Out Before  
Prescribing an  
Antidepressant**



# Issue Brief: Universal Screening for MMH Disorders

## Suicide Screening

- Identifying Suicidal Thoughts is NOT Enough to Determine Someone is Suicidal
- A positive screen requires further assessment
  - **Columbia-Suicide Severity Rating Scale (C-SSRS)**
  - **Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)** a 5-step assessment that should be used to determine suicide risk and protective factors in order to develop an appropriate care plan.
  - **Ask Suicide Screening Questions (ASQ) Screener & Toolkit** is a set of four brief suicide screening questions. Positive screens require a subsequent brief suicide assessment. There is also a PHQ9 + ASQ screener.





# Prevention and Support Screening Tools

## Support Systems

- Artemis Postpartum Support Screening Tool (9 Questions)

## Risk for Maternal Depression

- Maternal Depression Risk Factors Checklist--USPSTF Prevention Screener

## Social Determinants, Intimate Partner Violence & Substance Use Disorder

- CMS Health-Related Social Needs (HRSN) Screening Tool (26 questions)

## Adverse Childhood Events (ACES)

- ACES Screening Tool (10 questions)-The ACEs screening tool can be useful for mental health therapists in better understanding potential causes of PTSD-related symptoms or other mental health or behavioral manifestations.



# Screening Barriers Persist

## Lack of Clinician Follow-up/Coordinated Care

- Shortages of Behavioral Health providers and Maternal Mental Health providers

## No Provider Incentives & Oversight

- Obstetricians aren't yet being informed of how to bill/or being paid higher capitation rates (by private insurers or most medicaid agencies)
- No monitoring of screening rates (until now)

## Patients May not Feel Comfortable

- Stigma, shame, and judgement may prevent individuals from sharing how they feel, and fear of Child Protective Services Intervening (CPS)



# 2020 Mom's Issue Brief: Racial & Ethnic Considerations



**Kandyce Hylick, MPH**

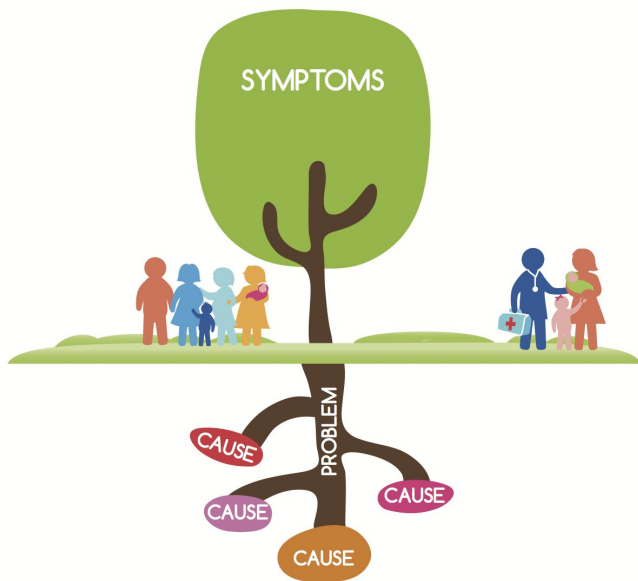
Policy Analyst

2020 Mom



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# Social & Practical Determinants of Health



**Root Causes** are underlying factors that create problems and allow these problems to persist often after attempts to address the challenge.

- Socioeconomic status
- Race/ethnicity
- Lack of social support
- Fear of stigma
- Access to services
- Low-resource settings
- Lack of culturally appropriate care

# Addressing Inequities in MMH Screening

## Intersectionality

- Few measures focus on mental health and perinatal health
- Screeners must consider **cultural factors**
  - Ex: Cultural awareness
  - Ex: Stigma, negative attitudes and beliefs toward mental illness

## Delivery

- **Provider bias** (conscious or unconscious) and inequality of care can result in misdiagnosis and inadequate treatment
  - Ex: Black people may be more likely to describe physical mental symptoms



1. 2020 Mom. (2022, March). Universal screening for maternal mental health disorders. 2020 Mom. Retrieved September 2022, from <https://www.issueab.org/resources/40013/40013.pdf>. NAMI. (n.d.). *Black/African American*.  
2. National Alliance on Mental Illness. Retrieved September 2022, from <https://nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>



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# Addressing Inequities in MMH Screening

## Screening Tools

- Variation in screening tools, frequency and timing
- Current adult health care quality measures for Medicaid do not include perinatal mental health measures

## Culturally Competent Care

- Providers that have been trained and actively treat minority populations
- Use approaches that consider the patient's cultural backgrounds
- **Building trust** before screening



1. 2020 Mom. (2022, March). Universal screening for maternal mental health disorders. 2020 Mom. Retrieved September 2022, from <https://www.issuelab.org/resources/40013/40013.pdf>. NAMI. (n.d.). *Black/African American*.  
2. National Alliance on Mental Illness. Retrieved September 2022, from <https://nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>



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# Racial Equity in Screening Tools



## Screening Tools for Diverse Populations

- Brief Pregnancy Experience Scale (PES)
- Perceived Prenatal Maternal Stress Scale
- Tilburg Pregnancy Distress Scale (TPDS)



1. 2020 Mom. (2022, March). Universal screening for maternal mental health disorders. 2020 Mom. Retrieved September 2022, from <https://www.issueab.org/resources/40013/40013.pdf>. NAMI. (n.d.). *Black/African American*.

# Measuring Screening Rates via HEDIS



## Lindsey Roth, MPP

Research Scientist, Performance  
Measurement Dept., National  
Committee for Quality Assurance  
(NCQA)



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# Measuring the Quality of Maternal Mental Health

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Lindsey Roth

*Research Scientist, Performance Measurement*

2020 Mom

October 26, 2022

# National Committee for Quality Assurance

## OUR MISSION

*To improve the quality of health care*

## OUR METHOD



### *Measurement*

We can't improve what we don't measure



### *Transparency*

We use and publicly report measure results



### *Accountability*

Once we measure, we can expect and track progress

# Quality Landscape

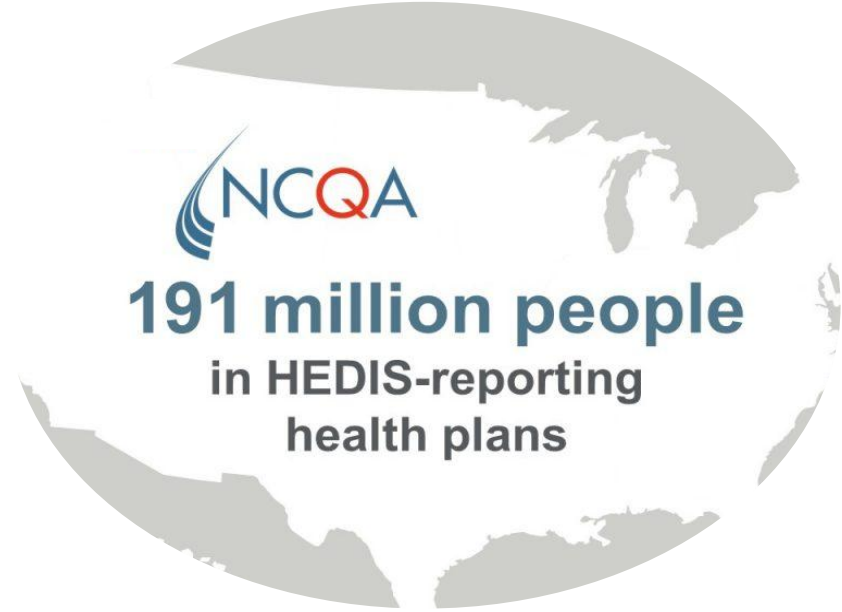
Evidence Development	Guideline Development	Measure Development	Measure Endorsement	Measure Implementers
<i>What is good care?</i>	<i>How can we bring about good care?</i>	<i>How do we assess good care?</i>	<i>Are these good measures?</i>	<i>What do the measures tell us?</i>
Researchers	US Preventive Services Task Force Clinician and other Societies	<b>NCQA</b> The Joint Commission Centers for Medicare & Medicaid Services Clinician and other Societies	National Quality Forum	<b>NCQA</b> Centers for Medicare & Medicaid Services The Joint Commission States

# HEDIS®

*Healthcare Effectiveness Data and Information Set*

*Tool used by over 90 percent of  
America's health plans*

*Allows for comparison of health plans  
across important dimensions of care*



- Preventive care *% of children who had routine immunizations by age 2 years*
- Chronic disease *% of adults who had comprehensive care for diabetes*
- Behavioral health *% of people hospitalized for mental illness with follow-up after discharge*

# HEDIS Measures are Widely Used



# HEDIS Perinatal Depression Measures

*Measures added to HEDIS for health plan reporting in 2019*



*Prenatal Depression Screening and Follow-Up*

*Postpartum Depression Screening and Follow-Up*

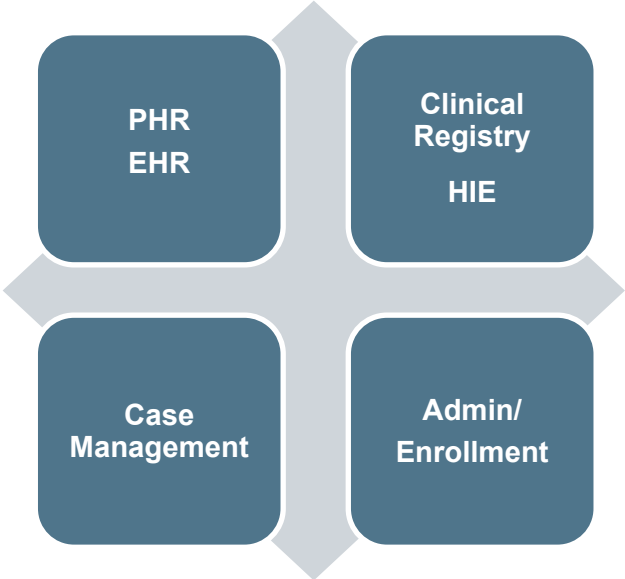
Apply to commercial and Medicaid health plans

Were women screened for depression using a **standardized tool**?

If women screened positive, did they receive **proper follow-up**?

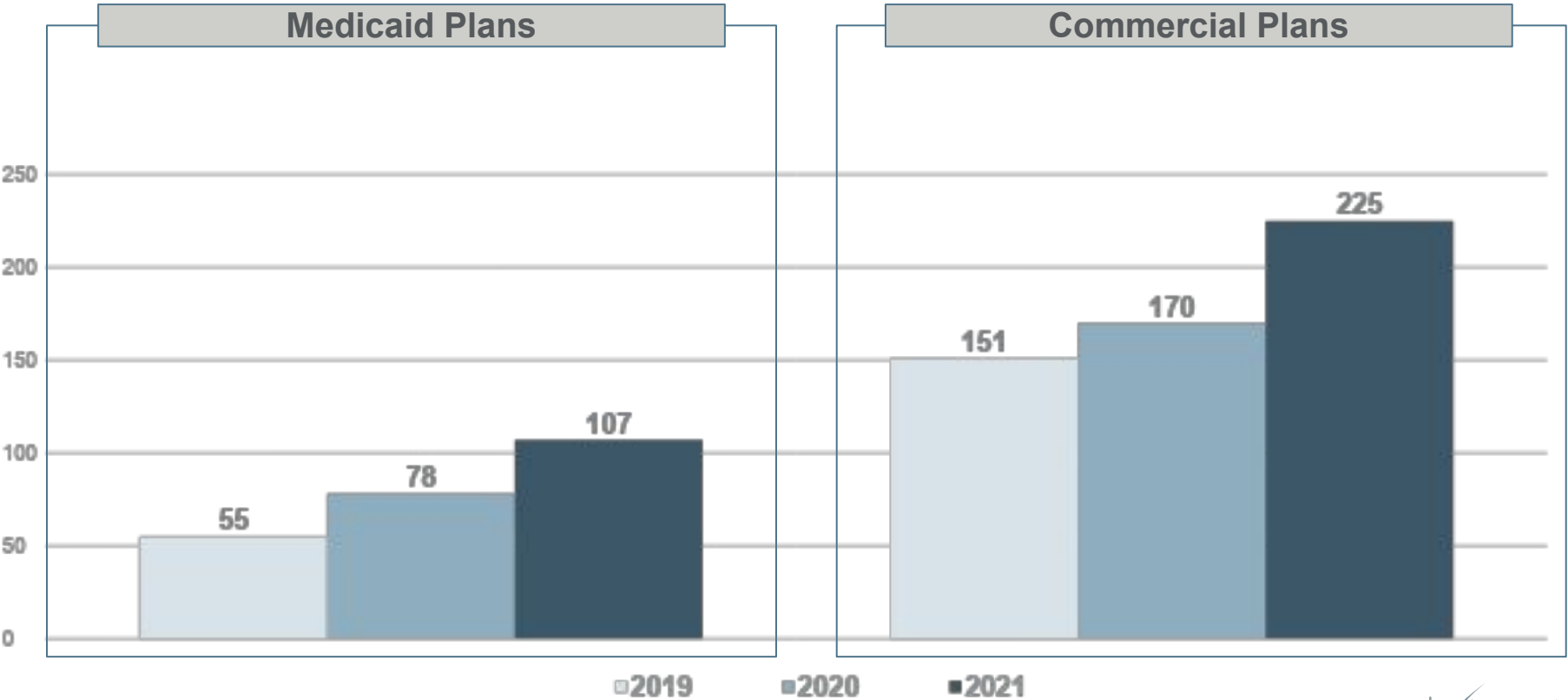
# Data Sources Used to Report Measures

Health plans draw from four types of electronic clinical data sources to identify screening and follow-up:



# Number of Health Plans Reporting Measures, 2019-2021

*Postpartum measure*

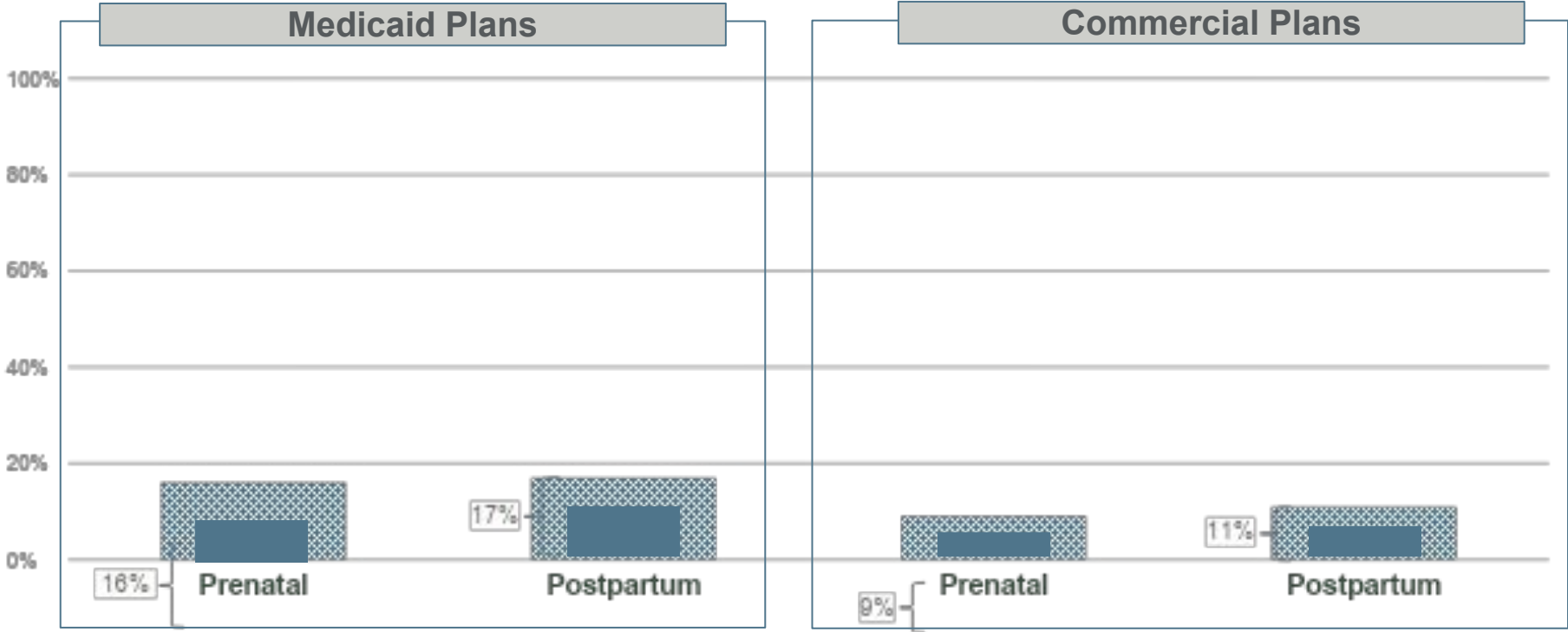


1 submissions with denominator  $\geq 30$  and validated by NCQA-certified auditor



# Average Performance Among Plans Able to Report, 2021

*Prenatal and postpartum measures*



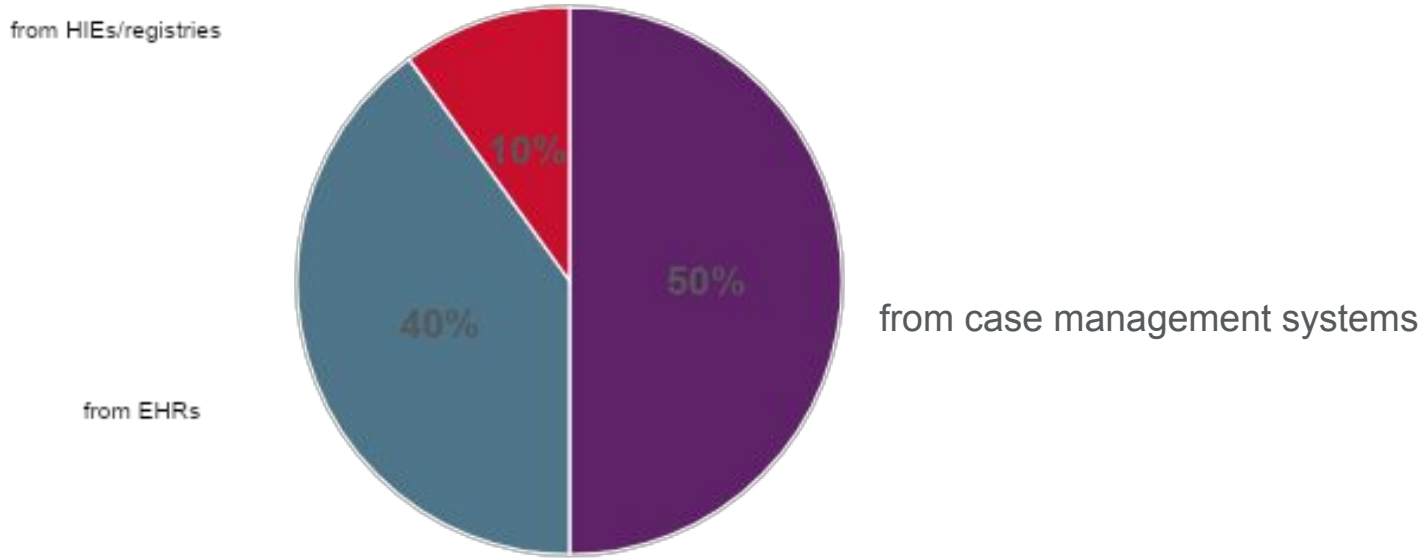
**Documented as screened for depression** (N=42 Medicaid plans, 80 commercial plans\*)

**Received follow-up if positive, or screened negative** (N=19 Medicaid plans and 10 commercial plans\*)

\*Able to report = Submissions with denominator  $\geq 30$  and validated by NCQA-certified auditor; and with performance rates  $> 0\%$

# Data Sources Health Plans Used to Identify Screenings, 2021

*On average across Medicaid and commercial health plans*



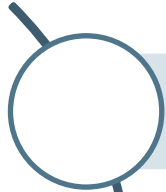
# Opportunity for Improvement

Increased reporting since measures were first introduced to HEDIS  
Opportunity to improve reporting and performance

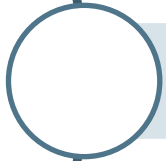
## Barriers:

<b>Capturing &amp; Sharing Data</b>	Lack of documentation in structured fields
	Insufficient standardization of data across different records and databases
	Lack of interoperability between systems
<b>Health System Delivery</b>	Fragmentation of perinatal and behavioral health services delivery
	Data sharing issues
	Improvement requires substantial and sustained effort

# Strategies for Addressing Barriers



Integrate behavioral health in primary care and perinatal care settings



Promote sharing of patient-reported outcomes data



Develop systems that enable clinical data collection, sharing and improvement

Source: Morden, et al., 2021, available at: [https://www.academicpedsjnl.net/article/S1876-2859\(21\)00514-3/fulltext](https://www.academicpedsjnl.net/article/S1876-2859(21)00514-3/fulltext)

# Next Steps for HEDIS Perinatal Depression Measures

Incorporate equity into measurement (e.g., stratify results by race and ethnicity)

Publicly report performance results (e.g., NCQA's *Quality Compass*<sup>®</sup> program)

Consider including performance results in other programs



*Get in touch*



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[www.ncqa.org](http://www.ncqa.org)

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[@ncqa](https://twitter.com/ncqa)

# New Project to Review Screening Timeframes



## Adrienne Griffen, MPP

Executive Director, Maternal Mental Health  
Leadership Alliance (MMHLA)



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# PMH EDUCATION & SCREENING PROJECT

Adrienne Griffen

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Maternal Mental Health Leadership Alliance

Executive Director



# NOW IS THE TIME!



Maternal  
Health  
Blueprint



Perinatal Mental Health Among Military  
Impact of COVID-19 Pandemic on  
Maternal and Maternal Mental Health

Legislation  
and  
Funding



Suicide and overdose are the  
#1 cause of death for women  
in the postpartum period



State perinatal  
psychiatry access  
programs

# WHAT IS THE PMH EDUCATION & SCREENING PROJECT?

## GOAL

Synthesize existing screening guidelines for perinatal mental health disorders into a cohesive approach about **WHEN** to educate and screen pregnant and postpartum people throughout the 2-year perinatal timeframe



# PMH SCREENING GUIDELINES

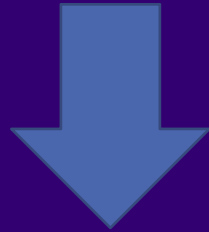
Many national organizations have recommendations or guidelines for screening for PMH disorders

**HOWEVER**

most recommendations are too general and/or too siloed  
providers cite lack of knowledge, time, reimbursement, resources

# RESULT

Each state, health care system, hospital, practice, and provider  
can decide when and whether to screen



WIDESPREAD AND UNACCEPTABLE DISPARITIES  
IN ADDRESSING PMH DISORDERS

# WHY? HOW? SCREENING RECOMMENDATIONS

**when to screen**

who to screen

**what to say**

**which screening tool to use**

**how to get reimbursed**

how to get trained

**what resources are available**

**how to measure impact**

# FOCUS

## when to educate & screen

What would it look like to take the journey of perinatal people and their partners to identify **existing opportunities** to educate and screen for PMH disorders?

How can we leverage this information to **maximize the likelihood** that perinatal people and their partners are educated about and screened for PMH disorders, and connected with resources for recovery?

# PMH EDUCATION & SCREENING PROJECT

## GOAL

Synthesize existing screening guidelines from a variety of organizations into a cohesive approach focused on **WHEN** to educate and screen pregnant and postpartum people throughout the two-year perinatal timeframe

### SEP – DEC

#### Core Team

Gathered data

Created workplan

### JAN

#### Working Group

35 people

Created Draft Framework

### APR – OCT

#### 11 Roundtable Discussions

~175 people

Feedback on Draft Framework

### NOV

#### Working Group

Finalize Framework

Discuss next steps

### DEC

#### Core Team

Share Report

Secure additional funding

# PMH EDUCATION & SCREENING OPPORTUNITIES / REGULAR CARE

15 Regularly-scheduled obstetric visits

1<sup>st</sup> trimester

2<sup>nd</sup> trimester

3<sup>rd</sup> trimester

postpartum

First  
visit

12W

16W

20W

24W

28W

32W

34W

36W

37W

38W

39W

40W

3W

3M

8 Regularly-scheduled pediatric well-baby visits

Day  
1

Week  
1

Month  
1

Month  
2

Month  
4

Month  
6

Month  
9

Month  
12

Community-based providers are well-positioned to build trust, educate, discuss, and screen  
Especially during 3<sup>rd</sup> trimester and postpartum



# DRAFT FRAMEWORK FOR PMH EDUCATION & SCREENING

## TWO-YEAR PERINATAL TIMEFRAME

Pregnancy through one full year postpartum

1<sup>st</sup> trimester   2<sup>nd</sup> trimester   3<sup>rd</sup> trimester   Child-birth   Week 1   Week 3   Month 1   Month 2   Month 3   Month 4   Month 6   Month 9   Month 12

At initiation of prenatal care  
(*whenever it occurs*)

During each trimester of pregnancy

Prior to discharge from hospital/  
birthing center

Within 3 weeks postpartum

Throughout full year postpartum  
at all regularly-scheduled  
obstetric and pediatric visits

Community-based providers: At initiation and conclusion of care.

Obstetric check

Childbirth

Pediatric check

# SCREENING RATIONALE

At initiation  
of prenatal care

- Obtain baseline
- 1/3 of those experiencing PPD enter pregnancy with symptoms

During each trimester  
of pregnancy

- Build trust, reduce stigma, create safe relationship
- 1/3 of those experiencing PPD start symptoms during pregnancy

Prior to discharge from  
hospital / birthing center

- Birth may be first interaction with medical provider
- Opportunity for educating new parents and family members

Within 3 weeks  
postpartum

- Baby Blues resolve by 2-3 weeks
- Peak onset of postpartum psychosis

Throughout first year  
postpartum

- Peak onset of PMH disorders is 3-6 months postpartum
- Peak incidence of suicide is 6-9 months postpartum

# NEXT STEPS



PMH Education &  
Screening Framework



Educate / Train Providers

Reimburse Providers

Update Screening Tools

Create Performance Measures

# PMH EDUCATION & SCREENING PROJECT

Adrienne Griffen

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Maternal Mental Health Leadership Alliance

Executive Director

# 2020 Mom's Next Steps in Advancing Screening

## Payor Engagement & Monitoring (ZOMA Foundation Funding)

- Monitoring Screening Rates
  - HEDIS
  - Claims Data
- Monitoring and Advocating for Ob Reimbursement
  - Working with CMS to Elevate the Need for State Medicaid Agencies to Reimburse OBs for Screening
  - Tracking State Medicaid Agency Progress
  - Petitions Urging National Payors to Publish their Reimbursement Protocol



# 2020 Mom's Next Steps in Advancing Screening

## Behavioral Health Workforce Development

- Advocating for the Passage of the Federal Moms Matter Act
  - Funding for Black and Brown MH Providers & Community Based Organization Services
- Distributing Model Legislation about Insurer Network Adequacy of PMH-Cs and Reproductive Psychiatrists
- Supporting Advancement of Monitoring Federal Mental Health Parity Law
- Propelling training and the use of Certified Peer Support Specialists (CPSSs) in the field of Maternal Mental Health



# Fireside Chat



# Learn More



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[2020mom.org](http://2020mom.org)



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