The Mothers Care Model: Bridging the Gap

Physicians and Clinicians Creating Proactive Care

A comprehensive & innovative mental health model offering initial perinatal services at no cost to patient or provider
Rates of MMHD/PMADs

California:
- Prenatal depression: 16.4%
- Postpartum depression is 16%*

Sonoma County:
- Prenatal depression: 12.2%
- Postpartum depression: 10.1%*

These statistics do not account for perinatal anxiety, perinatal OCD, perinatal bipolar disorder, or postpartum PTSD.

Mothers Care assesses and treats all of these conditions.

* The California Department of Public Health’s most recent 2012 Maternal Infant Health Assessment (MIHA)

Rates of MMHD/PMADs (PSI)

- The estimated rate for prenatal anxiety is 6% and postpartum is 10%.
- The rate of postpartum bipolar disorder is estimated to be 70% in women that have experienced a bipolar diagnosis prior to pregnancy.
- 1-6% of women have a birth experience that results in post-traumatic stress disorder.
- 1% of women will experience postpartum psychosis, which is strongly associated with postpartum depression and postpartum bipolar disorder.

The Gap in Detection of MMHD/PMADs

Rates of Underestimation:
- 6.3%* to 35.4% (without screening*)
- 3.7% to 10.7%* (with routine screening*)

Under-reported by patients/patient minimizes symptoms
- Due to lack of awareness
- Unstable symptoms
- Stigma/embarrassment/fear

Underestimated by Providers
- Not comfortable “driving the conversation”
- Lacks awareness, subtle symptoms
- If the patient does not seem to have a problem, there is no problem

Evins et.al. 2000; Georgiopoulous et. al. 2001
Mother Care Model bridges the gap in detection of MMHD/PMADs using the EPDS

- Mothers Care Participating Providers agree to give the EPDS to patients, when the patient is “roomed”
- All women are given the EPDS-regardless of symptoms
- 28th week pregnancy, 6 weeks postpartum and at the 4 month well child visit
- Participating provider faxes the non-scored EPDS to the offices of Mother Care
- Closes the gap: Provider does not have to ask, Patient does not have to be the one reaches out for help

Edinburgh Postnatal Depression Scale: Highly effective tool

- Validated to screen for anxiety and depression
- USPSTF/ACOG recommend screening
- Short and easily administered, only ten questions
- Increases detection and requires a response
- Facilitates Outreach
- A Mental Health Blood Pressure Reading

Gap between Mental Health Services and Ob/GYN and Pediatricians

Providers cite:
- They lack appropriate, qualified referral sources
- Concerns regarding legal exposure*
- Silo systems: Pediatrician’s patient is the child
- Concerned about too much impact on the office “workflow”
- Front office staff is often the most impacted

Patients experience:
- Patients must be proactive
- Unless in crisis, typically no systematic follow-up within a short time frame

Bridging the gap between Ob/GYN, Pediatric Services & Mental Health Services

Mother Care makes it easy:
- Mothers Care Participating Provider faxes un-scored EPDS
- No further action required from Ob/GYN or Pediatricians

Mother Care Services:
- Receives and scores EPDS
- If indicated by EPDS score:
  - Contacts Patient
  - Completes phone assessment
  - If indicated, schedules and provides counseling
  - Produces outcome report

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The Gap between the Patient and Mental Health Services

Patient is given a referral, does not follow-up:
- Alleviation of symptoms, minimization of symptoms
- The myth of self-reliance*
- Vulnerability, shame
- Financial concerns, insurance benefits, high deductible, co-payments

Mental Health Providers:
- Does not have expertise in treatment of MMHD/PMADs
- Qualified and well-trained: no referral base

* S Bennett

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Bridging the Gap between the Patient and Mental Health Services

Mothers Care makes direct phone contact patient:
- Phone assessment based on EPDS
- Normalize and put the patient at ease
- Schedule initial appointment

Initial sessions:
- Psych/Social History, Prenatal* and Postpartum: PDSS, (Beck and Gable) ACES, Resilience Screen
- Late pregnancy, postpartum suggestions
- CBT (assessing for cognitive distortions)
- Case management: Crisis intervention
- Treatment planning: safety, insurance, referrals, “warm hand-off”
Mothers Care Mental Health Provider

- Licensed Mental Health Provider
- Have completed 8 or more hours of CEUs in maternal mental health
- Have treated 5 or more patients for a maternal mental health disorders and/or have 30 or more total hours treating these disorders
- Are affiliated with a professional maternal mental health organization
- Will receive CEUs in maternal mental health and CBT of no less than 6 units every 2 years.
- Denote qualifying providers with a MMH designation ("Maternal/Mother Mental Health") provider directory.

The Gap between Initial Mental Health Services and Funding

- Insurance coverage varies, different deductibles and copays
- Ob/GYN and PEDS are reluctant to screen, historically they have not billed for that services. Especially PEDS for a screen for a mother.
- The program has to be “driven” by the provider.
  - Ob/GYN and PEDS cannot screen some patients and not others
  - Insurance program, such as Momentum, is bought by an insurance co, only those members can use it
Mothers Care Bridges the Gaps Between Initial Mental Health and Funding

Mothers Care support services:
- Increase accessibility to services
- Minimize barriers
- Does not rely on insurance
- Simplifies the process

Funders for Initial Services

- Petaluma Health Care District
  - Identified Gap in MMH services in local community
  - Co-created by Ob/GYN
- St. Joseph Health System: Scaling the Model
- Private

On-going Treatment Options

- Mothers Care is contracted with insurance providers
- Private Pay/Sliding scale
- "Warm hand-off" to provider in patient’s network:
  - community agency
  - previous/current mental health provider
  - bilingual/bicultural mental health provider
  - public health services
- Patient is closely followed until services are secured
Patients Contacted for Assessments
N = 648 Patients

- Contacted for Assessment: 33%
- Not Contacted for Assessment: 67%

Of Patients Screened, Percentage Who Received Counseling
N = 648

- Received Counseling: 86%
- Did Not Receive Counseling: 14%

Of Patients Contacted, Percentage that Received Counseling
N = 214 Patients

- Received Counseling: 57%
- Did Not Receive Counseling: 43%
Mothers Care Patients With Improved Scores based on EPDS

- Re-Screened and No Improvement in EPDS
- Re-Screened and Improved EPDS

Mothers CARE

- Scaling the Mothers Care Model
- Working in partnerships

Allison Murphy, MFT
Allison@mothercaresupport.com

I Left My Heart!