Integrating Group Medication Management Into Obstetrical Care

C.O.N.N.E.C.T.E.D.

The Team:
Shannon Clark MD
Nuria García-Ruiz MD
Elizabeth DeFazio RN, MS
Manpreet Kaur, Volunteer Coordinator

Learning Objectives:
• Identify the benefits of medication management in group sessions for the treatment of PMADs
• Describe the process for screening, identifying, and consenting patients for group enrollment
• Discuss the integration of psychiatric evaluation and medication management in a support group setting
• Identify potential challenges to effective execution of medication management in a group session model
The Benefits

Benefits for Patients
- Access to provider
- Decrease stigma
- Decrease isolation
- Treatment of PMADs
- Increase medical compliance
- Patient education about PMADs
- Management of psychiatric medications

Benefits to Providers
- Opportunities for frequent assessment of patients
- Early identification of patients at risk for PMADs
- Optimize management of pre-existing psychiatric conditions
- Continue patient care beyond regular 6-8 weeks postpartum allotted by health insurance
System benefits

- Decrease Labor & Delivery visits, office phone calls, emails, and walk-in office visits
- Decrease incidence of preterm delivery
- Cost-effective way to manage large number of patients
- Increased PMAD awareness and understanding of OB staff and other providers in system

Screening and Consenting Patients for Group Visits

The Process

I. Referral to High Risk Psychiatric Clinic

- Content of consult visit with Dr. Clark
- Determine group eligibility
  - Inclusion and exclusion criteria
- Process for delayed referrals
- Group explained to patient
  - Offer referral to group session
II. Referral to C.O.N.N.E.C.T.E.D. Group made by Dr. Clark

- Referral sent to Volunteer Coordinator, Research Fellow and Registered Nurse Group Facilitator
  - Add to Call List
  - Assign a Case Manager
- Initial phone call to patient made by Volunteer Coordinator
  - Weekly calls to patients made by Case Manager
- Referral for first visit is valid until 4 months postpartum

III. First Group Visit

- Early group arrival time
- Discuss group rules
- Discuss childcare rules and availability
- Confidentiality contract explained and signed
- Patient screened for Major Depressive Disorder
  - Edinburgh Postnatal Depression Scale
- Special time for first day introduction

IV. Member Attendance

- Monitoring progression with EPDS
- Group eligibility until 1 year postpartum
- Graduations are held every four months for members after 1 year postpartum
The Integrated Approach

Team Members

- **MD**
  - Obstetrical care and follow up consults in clinic setting
  - Medication management in group setting
  - Medical question discussion and clinical assessment in group setting

- **RN Therapist**
  - Facilitates group
  - Develops group curriculum
  - Manages volunteers
  - Helps the MD with medication management in group

- **Research Fellow**
  - Attends group sessions
  - Gathers and organizes group data
  - Manages statistical data

Team Members

- **Volunteer Coordinator**
  - Orientation to new patients
  - Manages Graduation event and fundraising
  - Recruitment, training, and scheduling for volunteer Case Managers

- **Volunteer Case Managers**
  - Cell members weekly
  - Set up group room
  - Participate in group session, provide childcare during group, and help with graduation
Phone Call System

- Weekly call to each referred patient
- Check on emotional status of patients
- Reminder to patients of group status and Graduations

Sign in Method

- Register attendance
- Method of prioritization of need to talk in group
- Pregnancy stage
- Contact information
  - Email and telephone number

Weekly Meetings

I. Group Sessions
   - 90 minutes long
     - 15 min: Interactive group topic or activity
     - 15 min: Introductions, medication management, and medical assessment
     - 60 min: Group support and discussion
Weekly Meetings

II. Group Debriefing

- 60 min: Care team discuss new patients, assessment, diagnosis, and plan of care

Medication Management

- Pregnancy and Lactation
- Clinical assessment
- Medication refill
  - Eligibility based on type of medication and group attendance compliance
  - Optimization of prescription management
  - Changing type of medication or increasing doses
  - Evaluation for starting prescription medications

Childcare services

- Children older than 1 year old
- No more than 2 children for each adult
  - First come first serve basis
- Activities for children
Importance of Boundaries

• Doctor-patient information shared
  • Office visit versus in group visit
• Therapist-client information shared
  • Individual sessions versus group Sessions
• Volunteers-Group members
  • Phone calls and scope of practice
• Group members interactions with each other
  • Encourage culture of respect, safety and confidentiality
  • Boundary issues between patients with secrets, friendship, money

Obstacles to Effective Execution of Model

The Challenges

Billing

• Cannot bill for a psychiatric services in the Obstetric and Gynecology Department
• Obtaining referrals to High-Risk Obstetrics Clinic in postpartum period
  • Medications in breastfeeding
• Obstetrical care only covers until 6-8 weeks postpartum
  • PMADs can be diagnosed up to a year
Group is not for Everyone

- Delayed referrals
  - Specific or inpatient care
- Type of patients that benefit from group visits
- Unable to provide individual, couples or family therapy
- Problems with time and transportation
- Patients uncomfortable with group model

Size and space limitations

- More than 50 active members in group.
  - Cannot accommodate more than 15-20 people per session
- Unsuccessful attempt at getting a second group started
- Unable to offer services to the rest of the community where there are very few PMAD resources

Providers

- Few providers are trained to treat PMADs both in clinic and facilitate a group
- OB departments not set up to hire or bill for psychiatry services
Group Research Data

- Demographics
- Group statistics
- Compare psychiatric outcomes
  - Decrease incidence and exacerbations of PMADs
- Compare obstetrical outcomes
  - Increase prenatal compliance
- Show cost-effectiveness in group medication management model
- Determine most influential risk factors in our population

The Q & A