The New Family Care Clinic
Integration in Every Direction

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Integrated Care Models
Maternal Mental Health NOW

Maternal Mental Health NOW
- Formed 2007
- Over 50 private and public partnerships
- Three goals:
  - Training & Technical Support
  - Policy & Advocacy
  - Stigma Reduction
  - Integration models
  - Looking to the future

Looking to the future
Why integrated care?

- Increased treatment engagement
- Reduced stigma
- Increased communication between medical and behavioral health
- Increased integration between maternal and child systems
- Access to additional resources
- Decreased expense to family and system

LEVELS OF MMH INTEGRATION

| Level 1 | Minimal Collaboration: Healthcare and mental health providers work in separate facilities and rarely communicate about individual cases. |
| Level 2 | Basic Collaboration: Separate sites, some communication via telephone about shared patients, use each other as resources. |
| Level 3 | Ongoing First Level of Collaboration: Share facility but different systems; some face-to-face meetings communication more regular. |
| Level 4 | Close Collaboration: Partially integrated system- same site, some sharing of systems, regular face to face interactions, some coordinated treatment plans for complex patients, basic understanding of each other’s roles and responsibilities. |
| Level 5 | Close Collaboration: Fully integrated system, physical/behavioral health share systems, on same team, share same site, share overall vision, in depth understanding of each other’s roles and responsibilities. |

Lessons Learned

- Provider gut-level assessment alone is not enough – screening is necessary
- More chronic mental health concerns in perinatal patients than originally identified
- Communication is key
- Implementation lessons learned:
  - Issues with EMR: had to adopt new ways of tracking screenings
  - Roles of all clinic staff members essential
Maternal Mental Health NOW’s Role in the NFCC

- Initial training on Promoting First Relationships to all in clinic
- Social Work, Pediatricians, Psychiatry
- Provide on-going support:
  - Consultation on integration
  - Mentoring/coaching/reflective supervision
  - Review intake processes (screening tools)
  - Data collection and evaluation

LA County Maternal Mental Health Resource Directory

The New Family Care Clinic
Integration Across the Perinatal Period and Across Disciplines
How Women Are Recruited
- From OB Mental Health: integrated care program for prenatal patients at LAC+USC
- Patients identified by mental health team in pregnancy
- Patient asked if want to participate, referral communicated to NFCC staff
- Other sources: NICU, primary pediatrics

Services Provided
- Direct-Service Clinical:
  - Enhanced Psychiatric Care for mother
  - Enhanced Well-baby Care for baby
  - All clinicians monitor and support the mother-baby relationship
- Consultation:
  - Developmental and Behavioral Pediatrics
  - Child Psychiatry

Services Provided—Enhanced Psychiatric Care for Mother
- Provided by Reproductive Psychiatrist
- Diagnosis and assessment
- Supportive psychotherapy
- Medication when indicated
- Interpersonal Psychotherapy (IPT) for mother
- Coordination with mother’s medical providers
- Education, monitoring, and support around mother-baby relationship
Services Provided—Enhanced Well Baby Care
- More frequent visits
- Education, monitoring, and support around mother-baby relationship
- Monitoring of and education around feeding, elimination, growth
- Vaccines
- Anticipatory guidance (education around child development)
- Breastfeeding support

Service Model
- ½ day per week
- General Pediatrics clinic in LAC + USC
- 3 exam rooms
- Maximum of 6 mother-baby dyads per half day
- Dedicated RN/Case Manager
- SW services available on request
- Lactation consultation available on request

Refer Out for
- Dyadic psychotherapy, in-home
- More intensive individual mental health treatment for mother
- Intensive Case Management
- Birth Control
- Medical treatment for mother
- Legal consultation
- Disability advocacy
Inclusion of Trainees

- Who:
  - Psychiatry residents
  - Pediatrics residents
  - Medical Students
- Currently, didactics are:
  - From Development Pediatrics Attending to Pediatrics resident
  - From Reproductive Psychiatry to Psychiatry resident

Our vision for education and interdisciplinary team

- 30 min interdisciplinary team prior to clinic
- 60 min meeting for interdisciplinary didactics, in-depth case conferences, and group supervision at end of the clinic session
- An online curriculum that would include both core subjects that all disciplines complete, as well as discipline-specific in-depth modules

Data Collection and Evaluation

- Current study focuses on transition from OB Mental Health into NFCC and what can be improved
- Database study in process to study maternal and infant outcomes
- Also looking at health services component and patient satisfaction
Promoting First Relationship
Integrating Patient-Centered Care into Primary and Mental Health Care

Relationship-Centered Care
- Clinical perspective adopted by the NFCC
- Relationships are central to health care
  - Clinician-patient
  - Clinician-parent
  - Parent-child
  - Clinician-clinician

Parent-Child Relationship
- Focus of health promotion activities
- Premise: Children’s health thrives in close, dependable relationships
- Attachment is a fundamental and central focus of pediatric care
Promoting First Relationships

- Parent-child relationship framework adapted for well child care
- Manualized
- Reflective
- Alternative to traditional health promotion
- Common process factors


The Challenges of Integration

Ongoing Issues and Opportunities for Addressing Them

The Year At A Glance

The New Family Care Clinic
A Typical Day In Clinic

**Morning Meeting 8:30-9:00 am**
- Whole team
- Discussion about scheduled dyads
- Teaching

**Dyad Evaluations 9:00-12:00 pm**
- Patients seen individually by psych and pediatrics
- Dyads staffed with supervisors

**Post Clinic Wrap-Up 12:00-1:00 pm**
- Attendings in clinic
- Discuss earlier clinic and ongoing related projects

Challenges and Approaches to Change

- **Provider Level**
- **Patient Level**
- **Practice Level**

Provider Level

- Potential Barriers
- Implemented Interventions

- Provider unfamiliar with integrative care model
- Advice from PFR and other integrative care literature
- Reflecting on the process and incorporating changes
- Using OB Mental Health strategies
- Open communication about patients and approach to patients
- Attendings meet after each clinic

- Definitions of roles within the integrative model ambiguous
- Open communication about patients and approach to patients
- Attendings meet after each clinic

- Physical space limited when more than one provider
- Alternate between providers
- Time constraints cause multidisciplinary follow up
- Focus on one dyad/week as a model for learning clinical care

- EMR system does not accommodate care for dyad
- Notes separated by mother and baby
- Limited access to social workers
- Funding

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Patient Level

Challenges and Barriers
- Mothers unfamiliar with providers
- Mothers hesitant to disclose infant info to peds scheduling nurse
- Mothers need to be cleared financially again
- Frequency of pediatrics and psychiatry visits do not align

Implemented Interventions
- Dr. Dossett and Dr. Mehta serve as liaisons to OB and Pediatrics
- Dr. Dossett as liaison between OB and pediatrics
- Scheduling nurse
- Flexibility of scheduling within the clinic template

Practice Level

Challenges and Barriers
- Limited familiarity with the PFR model
- No supervision for implementation of PFR into clinic
- Different opinions on how to integrate PFR into visits
- PFR handbooks were too detailed for providers and patients

Implemented Interventions
- Weekly PFR-based discussion about the dyad
- Consult with PFR authors in Washington
- Starting to use a shared language about the dyad
- Monica Soloman’s consolidated checklists awaiting implementation

Where We Are Now

Transition to Year 2 of NFCC
Implementation of Necessary Changes
Reflections on the first year
Questions and Answers?

Thank you for your time!
- Emily C Dossett, MD: edossett@usc.edu
- Maternal Mental Health NOW: maternalmentalhealthnow.org
- Promoting First Relationships: pfrprogram.org