Perinatal Health Part 1: The Case for Integration & Continuum of Care

May 10, 2022
1-2pm ET
Questions, Comments & Closed Captioning

Type in a **question** in the Q&A box

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Disclaimer

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SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
Poll #1: What best describes your role?

• Clinician
• Administrator
• Policy Maker
• Payer
• Other (specify in chat box)
Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)
Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)
Perinatal Integrated Health Webinar Series

May 10: 1-2pm ET  The Case for Integration & Continuum of Care: Considerations Across Primary and Specialty Care
May 12: 2-3pm ET  Perinatal Behavioral Health Care in a CCBHC
June 23: 2-3pm ET  Integrating Services in High Need Settings
July 21: 2-3pm ET  Addressing Serious Mental Illness
Today’s Agenda

• Introductions and Background
• Benefits of integrating mental health and substance use care
• Range of integrated models of care
• Denver Health’s model of integration across primary and specialty care
Introductions

Laura Line
Principal, Bowling Business Strategies

KC Lomonaco, PsyD, RN
Clinical Psychologist
Denver Health

Elizabeth Joy Beckman, MD
Family Physician and Psychiatrist,
Denver Health
Learning Objectives

After this webinar, participants will be able to:

• Understand the importance of integrated care in pregnancy and post-partum care and recognize models of integrated behavioral health care.

• Recognize how integrated care among pregnant and post-partum people has the potential to address and decrease health disparities.

• Understand and describe the benefits of immediate intervention in the management of perinatal and postpartum mental health concerns.

• Understand the "Denver Health" model and how this model of integration works to best serve those most in need.
The Future of Integrating Women's Care:

Elizabeth Beckman, M.D.
KC Lomonaco, Psy.D.

Disclosure: The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
"Integrated care is a general term for any attempt to fully or partially blend behavioral health services with general and/or specialty medical services. This blending can occur within inpatient or ambulatory clinical settings. By treating both the mental and physical needs of children, adolescents, and adults, we will better meet the triple aim of improved patient outcomes and satisfaction at a lower cost by addressing common, disabling and costly behavioral health problems (e.g., depression, anxiety, and substance use disorder)."

"Integrated behavioral health care is sometimes called “behavioral health integration,” "integrated care,” “collaborative care,” or “primary care behavioral health.” No matter what one calls it, the goal is the same: better care and health for the whole person.”

Integrated health care, often referred to as interprofessional health care, is an approach characterized by a high degree of collaboration and communication among health professionals. What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological and social needs of the patient.
Models of Integration
Why is Integrated Care in reproductive healthcare Integral?

• Mental vs. Physical Health, systemic + financial siloes
• The Affordable Care Act (ACA) vs. States Initiatives
• State vs. County initiatives
• Dysfunctional peripartum leave and support systems
• Systemic initiatives
- Provide access to the highest quality health care, regardless of ability to pay
- Provide life-saving emergency medicine and trauma services
- Fulfill public health functions
- Provide health education for patients
- Participate in the education of the next generation of health care professionals
- Engage in research
- To be the healthiest community in the United States.
We CARE for:

• **33%** of Denver's population annually; Denver Health sees nearly 930,000 total patient visits annually.

• **1 in 3 Denver-area** children each year.

• The needs of **special populations** such as the poor, uninsured, pregnant teens, persons addicted to alcohol and other substances, victims of violence and the homeless; anyone can receive our services.
Denver Health’s Integrated Care Model

- **Behavioral Health Consultants**
  - “On call” for consults
  - Scheduled visits
  - Curbside

- **Psychiatrists**
  - Scheduled intakes
  - Follow up visits
  - E-Consults
  - Curbside

- **Certified Addictions Counselors**

- **Behavioral Health Educators**

- **Social Workers**
Integrated Behavioral Health (IBH) Model in Action

Patient arrives at clinic

Integrated Behavioral Health (IBH) Model in Action

Same say visit/intro and return to provider

Patient sees OB/Gyn/CNM/NP

Collaboration between provider and BH
Benefits of Integration

• Improved access
• Reduced stigma
• Perspective-building
• Reduced provider burnout
• Improved screening
• Decreased delay to care
• Improved outcomes
• Education
Integrated Care in Women’s Care Clinic: Special Points/Considerations (1/2)

• BHOB: Behavioral Health OB
• Women’s Integrated Pelvic Health Program
  o Gyn MD, NP, BHC’s, PT
• LGBTQ+ Health Services Department

• Denver Health Medical Plan
  o Employees
  o DH Medicaid/Medicare
  o City/DPS Employees
Integrated Care in Women’s Care Clinic: Special Points/Considerations (2/2)

• OB Addictions
• High Risk Medical Pregnancy
• Adolescent Gynecology
• Peer Support Specialists

• Social Work/Care Navigators
• Group Pregnancy Care
• Corrections Patients
Health Equity: Social Determinants of Health in EPIC
Health Equity: Telehealth
COVID Adaptations: Telehealth

• Provider Benefits
  o Variety during the day, schedule flexibility
  o Providing flexibility feels patient-centered
  o Able to increase number of patients served
  o Flexibility for provider (parenting during pandemic)

• Patient Benefits:
  o High show rates for postpartum mood check visits
  o BH care is accessible for those who previously would not have engaged
  o More flexibility in timing of appointments
What Happens in Integrated Care?

• Screenings/Assessments
• Collaboration
• Interventions
• Referrals
• Case Management
• Teaching
• Mutual Support
By the Numbers:
800 patient visits

• Screening (EPDS) at specific points in pregnancy and postpartum
  o Intake (with provider)
  o Midpoint (glucola appointment)
  o Postpartum
  o Well child check(s)

• Gestalt (interim contact w CNM, NP, MD/DO)

• Visits
  o Therapy
  o Med Management
  o Consultation
What Are We Seeing/Treating

- Postpartum Depression
- Postpartum anxiety or panic
- PTSD
- Perinatal OCD
- Bipolar Disorders
- Postpartum Psychosis
- Pelvic Pain
- Gynecological Cancer
- Gynecological Disease
- Unplanned Pregnancy
- Teen Pregnancy
- Life Transitions
- Transgender individuals
Integrated Behavioral Health (IBH) Treatment in Practice: BHC

Behavioral Health Consultant (BHC) as a Bridge:
- I am **honor**ed to be your guide on this journey
- I can help with patient engagement in recommended care
- As a **liaison** between recommended care and PCP
- Act as a collaborator in providing care
- Provide support and education re: interventions
- I Provide BRIEF therapy (6-8 visits)
- I Provide **referrals** for ongoing, long-term care
- I do NOT provide medication management but **DO** act as a liaison
What Does IBH Treatment Look Like: Psychiatrist

- It is a pleasure to work with you as your "Integrated Care Psychiatrist."
- My role as an integrated care psychiatrist is as a consultant - this means that I am a part of your primary care or OB team.
- Yet, I will not entirely take over - rather, your PCP or OB/CNM will continue to be your “primary contact."
- I will often work with a patient for a single appointment or a few appointments, or - in the case of pregnancy/postpartum - a bit longer.
- We will often work very closely with the BHC (behavioral health consultant) at your primary care home or OB home.
What Happens If?

- Patient has serious mental illness?
- Patient needs extensive wrap around services?
- Has social needs?
- Patient runs out of visits?
- Patient wants long term services?
- Medications fall outside the scope of provider?
Primary Care as Primary Contact

- About **half of mental health care is provided in primary care offices.**
- Of the people with a depressive disorder that see a primary care provider, only half are diagnosed with depression.
- As little as 20% of those that receive an antidepressant from their PCP improve.
- Only 50% of people who receive a referral to mental health care from their primary care provider follow through on the referral.
- In the U.S., over 70% psychotherapeutic medications are prescribed by primary care providers.


Women’s Care Clinic: Overlap with & Distinction from Primary Care

• Women’s Care Clinic as primary care
  o example 1: long-acting reversible contraception
  o example 2: routine cancer screenings

• Women’s Care Clinic as specialty care
  o example 1: pregnancy
  o example 2: chronic pelvic pain
Further Discussion

Flexibility of nimbly navigating the primary care-specialty care border
Conclusions & Next Steps

• It is beneficial to provide immediate intervention in management of pregnant and postpartum mental health concerns.
• Women’s care includes both primary and specialty care and is an opportunity to provide integrated mental health and substance use care.

Coming Next:
• Perinatal Health Part 2: Perinatal Behavioral Health Care in a CCBHC
• Office Hour on May 26th at 2pm:
  Join us for an informal discussion with presenters from today and Thursday’s webinar.
Pregnant and Postpartum People
Next Webinar

Perinatal Behavioral Health Care in a CCBHC
Thursday, May 12th  2 pm ET

Speakers from CarePlus NJ:

• Ladeana Artis, LCSW, PMH-C, Clinical Director of Outpatient Services
• Melissa Sampath, LPC, LCADC, ACS, PMH-C, Vice President, Community Mental Health Services
Questions, Comments?
Tools & Resources

- Denver Health
- Centers for Medicare and Medicaid Services – Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children’s Health Insurance Program (CHIP)
- Fetal Alcohol Spectrum Disorders Research Briefs
- Integrating Substance Use Disorder and OB/GYN Care Brief
- Maternal, Infant, and Child Health – Healthy People 2020
- Perinatal Mental Health Alliance for People of color
- Perinatal Depression: Preventive Interventions
- WNY Postpartum Connection Inc: Directory of Mental Health and Support Services for Pregnant and Post Partum People of Color
- HRSA Maternal & Child Health - Maternal and Child Health Bureau
- California Maternal Quality Care Collaborative (CMQCC) - Toolkits
- Alliance for Innovation on Maternal Health
- American Academy of Pediatrics
- American Hospital Association – Better Health for Mothers and Babies
- Women’s Health Journal Article: Improving Latinas’ Perinatal Mental Health During COVID-19 Crisis
Upcoming CoE Events:

CoE-IHS Webinar: Perinatal Health Part 2: Integration within Behavioral Health Settings
Register here for the next webinar in this series on Thursday, May 12th from 2-3pm ET

CoE-IHS Office Hour: Health Equity in Perinatal Health
Register here for office hour on Thursday, May 26th from 2-3pm

Interested in an individual consultation with the CoE experts on integrated care?
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