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# Perinatal Depression in Screening in Pediatric Clinics

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# Objectives

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- ✦ Develop a working understanding of how to implement perinatal depression screening into your pediatric practice by using a quality improvement framework
- ✦ Understand key components of implementation to ensure quality screening, referrals, and follow up

# Perinatal Depression

- Maternal Mental Health disorders (postpartum depression) is the **most common** complication of pregnancy and childbirth impacting an average of 1 out of 5 mothers
- In the US it is estimated that more than 400,000 infants are born annually to **birth parents who are depressed**
- Rates are even higher for birthing persons facing **economic hardship** and certain **racial groups**
  - For example, rates of maternal depression are more than doubled for Black than White women

# Impact of Perinatal Depression

- Perinatal depression is not only detrimental to perinatal health but can have long-lasting negative consequences on the **developing child**.
- Perinatal depression has been linked to:
  - reduced sensitivity and responsiveness in caregiving
  - poorer social-emotional, cognitive, language, motor, and adaptive behavior development in their children
  - depression and children and adolescents

Rogers A, Obst S, Teague SJ, et al. Association between maternal perinatal depression and anxiety and child and adolescent development: A meta-analysis. *JAMA Pediatr.* 2020; 174(11): 1082-1092.



# Organizations Supporting PDS

- The American Academy of Pediatricians (AAP)
- The American College of Obstetrics and Gynecology (ACOG)
- The U.S. Preventive Services Task Force (USPSTF)
- The Centers for Medicare and Medicaid Services (CMS)
- The American Medical Association (AMA)
- The American Psychiatric Association (APA)

# AAP Recommendations

- 1) Routine screening for postpartum depression (PPD) in mothers during **well-child visits at 1, 2, 4, and 6 months** of age.
- 2) Training and continuing medical education programs should be available for pediatric providers so that they are familiar with **PPD screening, referral, and community resources**.

In addition, the AAP emphasized the importance of **early identification and intervention** for mothers with PPD in mitigating the impact on parent-child interaction and social-emotional development.

# ACT 188 in 2022 Legislation

“Upon the consent of the caregiver, a healthcare provider who is providing pediatric care to an infant **shall screen the caregiver for postpartum depression** or related mental health disorders in accordance with the recommendations of the American Academy of Pediatrics if in the exercise of his professional medical judgment the healthcare provider believes that such screening would be in the best interest of the patient. Screenings pursuant to this Subsection shall not create either a physician-patient relationship between the healthcare provider and the caregiver or any continuing obligation to provide medical services or referral by the healthcare provider. “

<http://legis.la.gov/legis/ViewDocument.aspx?d=1286141>

# Why Perinatal Depression Screening in Pediatrics?



Pediatric providers are the first-line providers with the greatest opportunity to recognize and respond to potential concerns due to the multiple encounters of well child visits during the infant's 1<sup>st</sup> year of life.



# Quality Improvement Strategies and Implementation of Perinatal Depression Screenings in Pediatrics

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# General Process for Change



## Phase 1: Getting started

*Understand need for change*

*Enlist a core change team*

*Develop a vision and strategy*



## Phase 2: Engage everyone

*Create a sense of urgency*

*Communicate the vision often, in a variety of ways*

*Empower others to take action on the vision*

*Inspire and celebrate small wins*



## Phase 3: Ongoing improvement

*Keep interest and effort on further involvements*

*Institutionalize new approaches, reducing leader dependence*



# Step 1 – Assess Capacity



Form a team and assess capacity



Identify the screening that best fits your practice

Title/Link	Category	Topics Covered	No. of Items	Parent Completion Time	Cost	More Info
<a href="#">Edinburgh Postpartum Depression Scale (EPDS)</a>	Maternal Depression, Perinatal Depression	Maternal Depression	10	5 min or less	Free	<a href="#">View more</a>
<a href="#">Patient Health Questionnaire-2 (PHQ-2)</a>	Maternal Depression, Social Determinants of Health, Perinatal Depression, Adult Depression	Depression, Maternal Depression	2	3 min or less	Free	<a href="#">View more</a>
<a href="#">Patient Health Questionnaire-9 (PHQ-9)</a>	Maternal Depression, Social Determinants of Health, Perinatal Depression, Adult Depression	Depression, Maternal Depression	9	5 min or less	Free	<a href="#">View more</a>

Screening Technical Assistance and Resource (STAR) Center



Champion



Practice Manager or Administrator



Clinical Staff



Physicians



## Determine when and where the screening will take place

- Utilize process mapping to identify locations and staff members involved
- Remember to consider the caregiver experience and other external factors



### Public Space/Waiting Room

- **Pro:** completed while family is waiting, can be scored before provider sees family
- **Con:** lacks privacy when asking sensitive questions, may reduce caregiver supervision in waiting room



### Private Space/Exam Room

- **Pro:** offers private space, can be scored by staff immediately, scored before provider sees the family
- **Con:** time considerations for staff to distribute and score during exam room check in

**Age in Months**

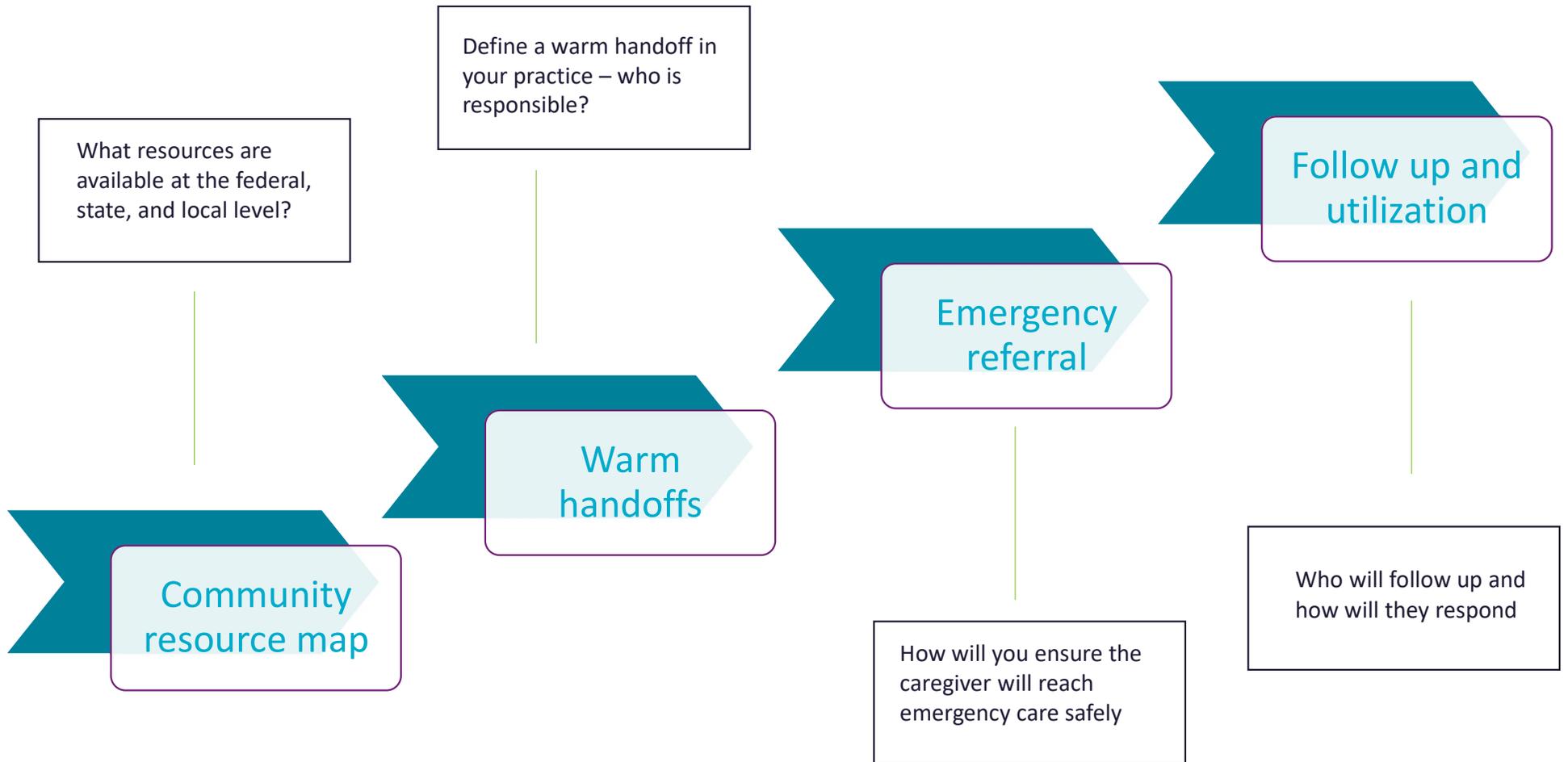
<b>Domain</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>18</b>	<b>24</b>	<b>30</b>	<b>36</b>	<b>48</b>	<b>60</b>
<b>General Development</b>												
<b>Autism</b>												
<b>Perinatal Depression</b>												
<b>Social-Emotional</b>												
<b>Barriers to Health</b>												

American Academy of Pediatrics (AAP) Guidelines  
 Louisiana Developmental Screening Guidelines (both colors)

# Louisiana Developmental Screening Guidelines Periodicity



## Determine referral pathways



# Step 2 – Train the Team

- Suggested training topics:
  - Perinatal depression and anxiety
  - Universal screening
  - Equity and bias
  - How to use the identified screening tool
  - Motivational Interviewing
  - Practice workflow
  - Billing and coding
  - Scripting



## Training Resources

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- Louisiana Developmental Screening Guidelines



## Scripting

- When handing out the screen – “Congratulations on your new baby! Having a baby can be a big adjustment and we want to check in.....”
- A positive screen – “It seems you haven’t been feeling yourself lately, this is a common feeling for caregivers....”
- A negative screen – Use this time for education

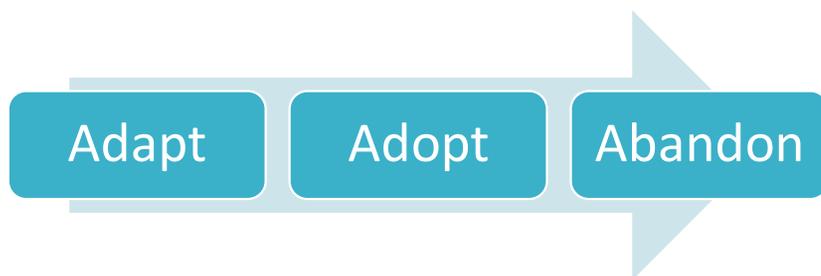


## Screening or self report reveals a concern

- Communication and dymystification – reducing guilt and shame by focusing on how common these feelings are
- Support resources – family and community
- Referrals when indicated – for the caregiver and/or the infant/caregiver dyad when appropriate

## Step 3 – Implement the Plan

- **Plan: Develop a test and make a prediction**  
Use the information you have already gathered to create a plan for how you are going to integrate new services into your clinic's workflow.
- **Do: Conduct the test and collect data**  
Carry out the plan you created. Start small. You can test out your tasks on a few caregivers.
- **Study: Analyze the data and summarize results**  
How did it go? Look at the data you collected and summarize the results.
- **Act: Refine changes for the next cycle**  
Based on the results, decide what to do next.



# Medicaid Guidance

- Administered to the caregiver (not limited to biological mother)
- Recommend screening tools (footnote in Periodicity Schedule):
  - 2019 AAP Policy Statement: *“Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice”*
  - Not all tools have been validated in non-maternal caregivers
- If a caregiver screens positive, the provider must refer to available resources (PCP, OB, or mental health), and document the referral.
- If screening indicates possible suicidality, concern for the safety of the caregiver or patient, or another psychiatric emergency, then referral to emergency mental health services is required.

# Medicaid Reimbursement

- To be reimbursed, a provider must document in the patient's record:
  1. Screening tool used
  2. Result of the screen
  3. Any action taken, if needed
- Use CPT code 96161\* (“Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument”)
- \$8.14\* reimbursement

\*CPT code and reimbursement are subject to change.



# Medicaid Reimbursement

- Reimbursement is under the child's Medicaid coverage.
- If two or more children <1 present to care on the same day submit the claim under only one of the children.
- If performed on the same day as a developmental screening, providers may append modifier -59 to claims for perinatal depression screening.

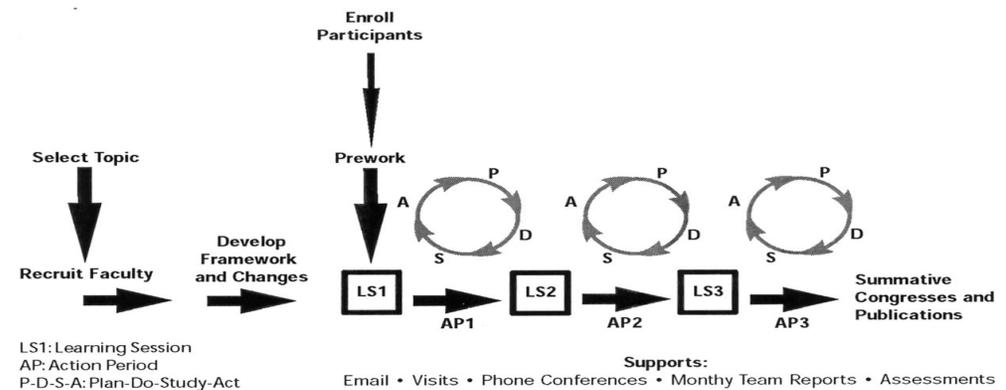
Should I include a LAHMPP slide for resources?

# Caregiver Perinatal Depression Screening in Pediatric Clinics Pilot

## PILOT AIM

To achieve and maintain in 85% screening rate among caregivers using a validated tool at the 1-month, 2-month, 4-month, and 6-month well-child visit in participating LaPQC pilot facilities.

- 12 month Learning Collaborative
  - Louisiana Perinatal Quality Collaborative (LaPQC) Initiative
  - 4 practices statewide
  - Led by Quality Improvement Science
  - Guided by faculty experts



# Areas of Change

## Reliable Clinical Processes

- Assure readiness
- Improve recognition and prevention
- Establish care pathways and response

## Respectful Patient Partnership

- Transparent communication for trust
- Engage caregivers
- Invest in equitable improvement

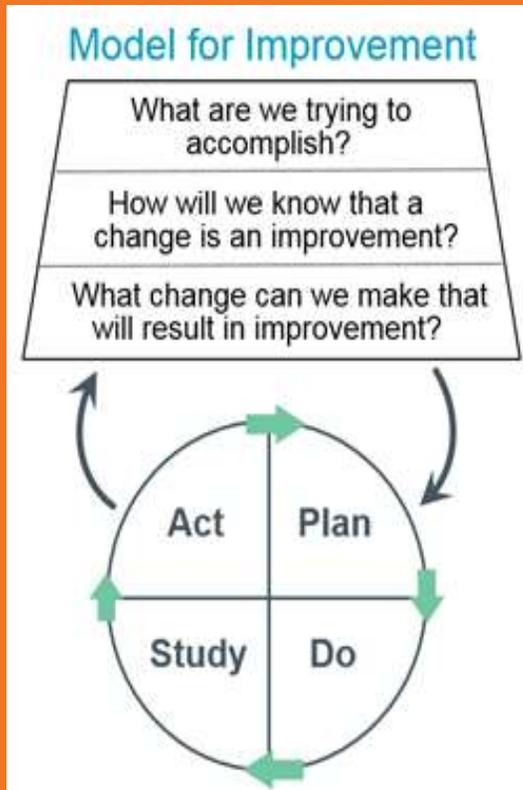
## Effective Peer Teamwork

- Improve workflow
- Communication with other healthcare providers
- Develop and provide effective training

## Pediatric Leadership

- Change the work environment
- Enhance the patient and family relationship
- Listen to customer

# Sample 30-60-90 Day Goals



- Using paper forms and **changing sheet color**
- Added a referral and/or comment box to the screening for clinic use
- **Education** of all staff
- Add caregiver race/ethnicity at intake to **stratify data**
- Working on **scripting**
- Resource **mapping** for referrals



# Changes you May Wish to Make in Practice

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- Implement Perinatal Depression Screening using **Quality Improvement** methods
- Review current practices and determine any components that could use **additional support**
- Commit to providing **ongoing training** to staff around Perinatal Depression





**THANK YOU!**

**REACH OUT FOR ADDITIONAL SUPPORT:**

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