

# Behavioral Health Integration Collaborative



*"Integrating Mental Health Care into the OB Practice"*

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March 24, 2022

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# About the BHI Collaborative

*The BHI Collaborative was established by several of the nation's leading physician organizations\*\* to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.*

*With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients' mental and behavioral health needs.*

*\*\*American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.*

# TODAY'S SPEAKER



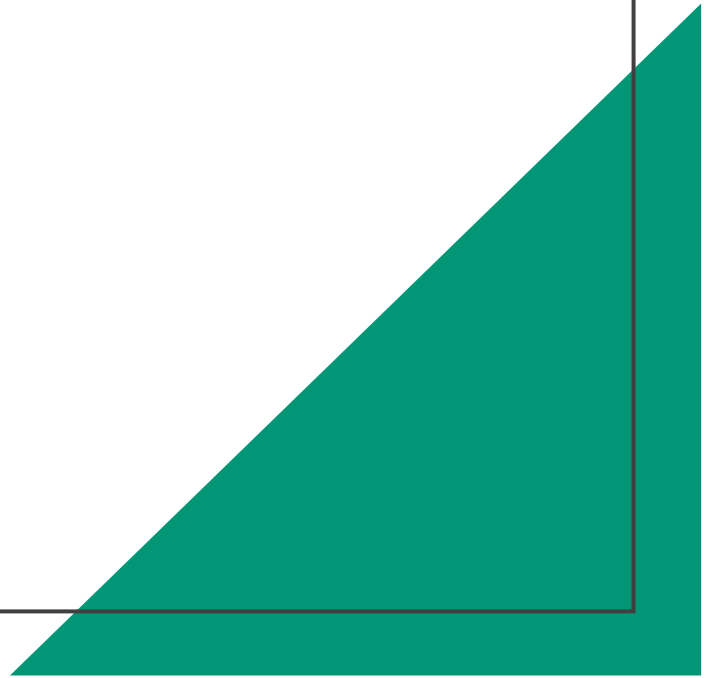
Ricci Sylla, MD, FACOG

Obstetrician-Gynecologist

Sutter East Bay Medical Group

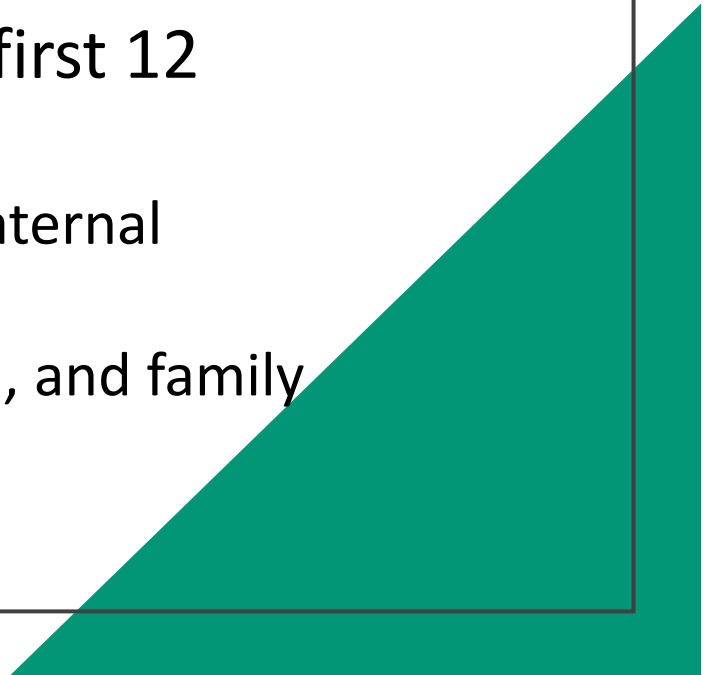
# Integrating Mental Health Care Into the OB Practice

Ricci Sylla, MD, FACOG  
Obstetrician-Gynecologist  
Sutter East Bay Medical Group



# Importance of Mental Health in Obstetric Care

- Perinatal mood disorders are among the most common complications that occur in pregnancy or in the first 12 months after delivery.
  - 1 in 5 women around the world will suffer from a maternal mental health complication
  - Maternal mental health affects birthing parent, child, and family



# Women Need To Be Screened For Perinatal Mood and Anxiety Disorders

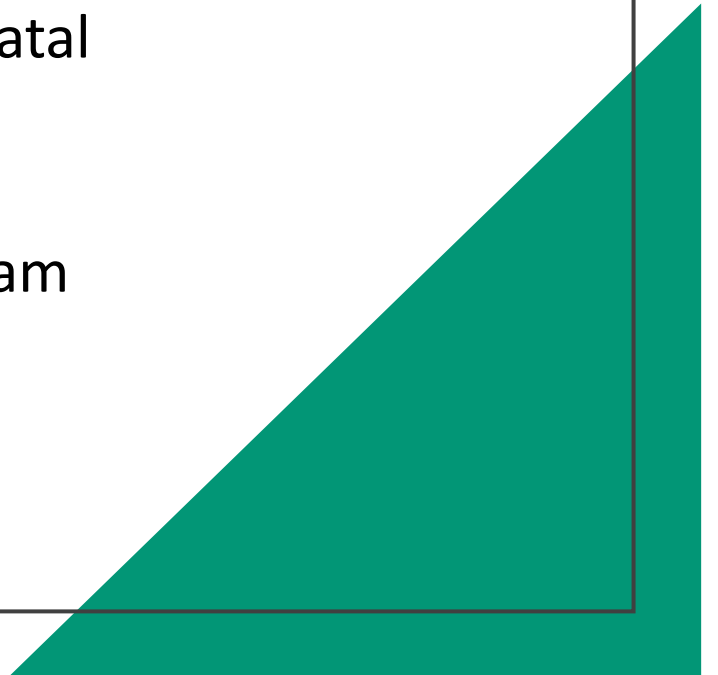


American College of Obstetricians and Gynecologists recommends that ob-gyns and other obstetric care clinicians:

- Screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. If screening is done during the prenatal period, it should also be done during the postpartum visit.
- Refer patients to appropriate behavioral health resources when indicated, are prepared to initiate medical therapy, or both.


# Integrating Perinatal Mental Health Care Into My OB Practice

- Improve office practices around detection, assessment, treatment, referral and follow up for patients with perinatal mental health conditions
- Collaborated with University of Massachusetts Medical School Lifeline for Moms program to implement a program with these core elements

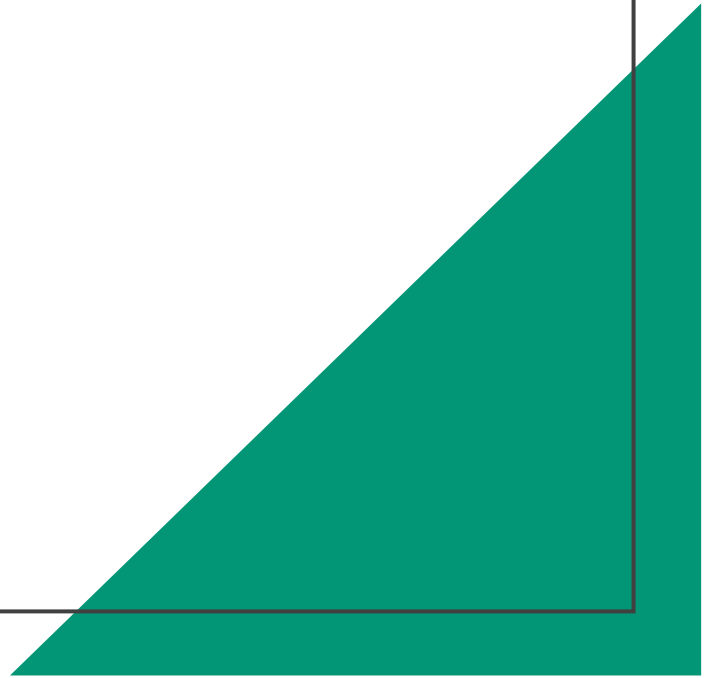




# Timeline

1. Create quality improvement team
  2. Do practice review
  3. Establish goals for screening and referrals
  4. Create a workflow for the office to meet goals
  5. Provide patient treatment resources for clinicians
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# PLANNING



# 1. Create quality improvement team

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Obstetric care clinician  
champion: Ricci Sylla, MD

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Practice champions: Clinic  
manager and medical assistant

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Engage staff representing  
all roles in practice

## 2. Do practice review

Questionnaire

Chart review

### 3. Establish goals for screening and referrals

| Aim  | Goal  | Priority or ranking<br>(high, medium, low) | How will this be measured  |
|--|---|--|--|
| 1. Provide psychoeducation, destigmatize perinatal mental health conditions, and help engage women in treatment using a strength-based approach.                                       | <ul style="list-style-type: none"><li>By AUGUST 24, we will provide via 1 piece of (print, electronic link, email) literature regarding prenatal and/or postpartum mental health in each new prenatal packet.</li></ul>   | High                                       | The intake nurse will spot-check 10% of prenatal packets on the first Tuesday of the month.  |
| 2. Implement screening for depression and anxiety twice during pregnancy (at initiation and at 24-28 weeks gestation) and at least once in the postpartum period (6 weeks postpartum). | <ul style="list-style-type: none"><li>By <i>SEPTEMBER 28</i>, 70% of patients who have a new Ob visit on or after <i>AUGUST 18</i> will be screened for depression, anxiety, bipolar disorder and PTSD at the time of their new Ob visit using Sections A, B, C, and D of the Screening for Mood changes During Pregnancy and After Giving Birth Screener. Add dot phrase for results to initial Ob visit note.</li></ul> | High                                       | On the first Friday of the month the intake nurse will check charts of patients having an <u>ob</u> intake visit during the prior day for documentation of screening results (paper form, completed electronic form, or documented scores) |

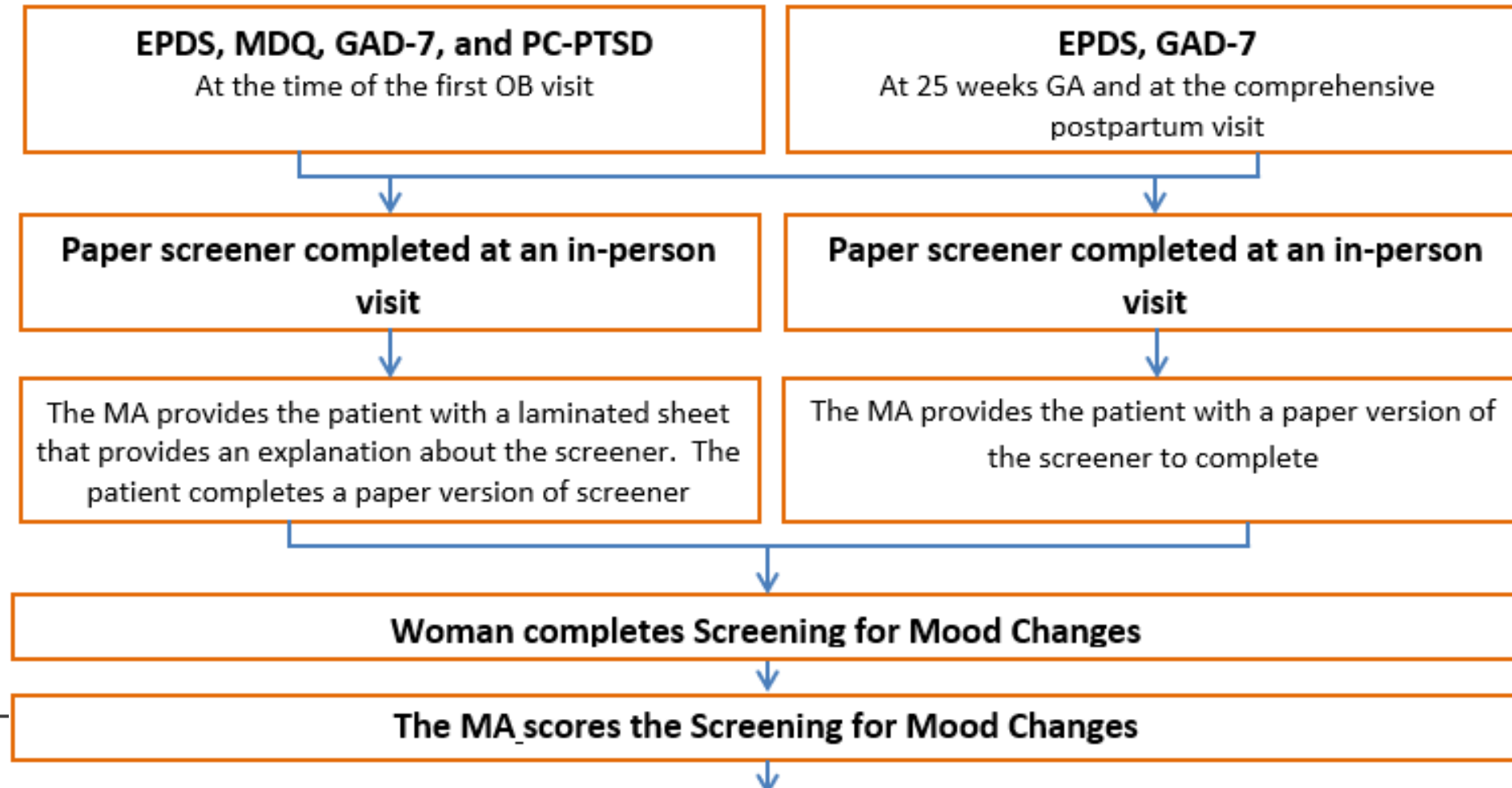
Presentation to staff by Dr. Sylla on importance of mental health in OB care and preparing for initiative to launch

# IMPLEMENTATION



## 4. Create a workflow for the office to meet goals

### Castro Valley OB/Gyn Perinatal Mental Health Workflow



## 4. Create a workflow for the office to meet goals

The MA enters the completed Screening for Mood Changes form EPDS, GAD-7, MDQ results in EPIC & enters the PC-PTSD results in the care team notes in Epic

If screen is negative for all conditions

The MA educates the patient about the importance of emotional wellness:  
*From the screen it seems like you are doing well. Having a baby is always challenging and every woman deserves support. Do you have any concerns that you would like to talk to us about?*

If EPDS question 10 or PHQ9 question 9 is 1,2, or 3  
The MA talks to the patient:

*Thank you for completing the screener. Your provider will be in shortly to discuss the results with you.*

**Do not alarm patient (reinforce her honesty). Offer to hold baby during visit. Call another staff member if needed.**

If concerned about the safety of the woman/baby:  
*You and your baby deserve for you to feel well. Your provider will talk with you about ways we can support you.*

If screen is positive for any condition

The MA talks to the patient:  
*Thank you for completing the screener. Your provider will be in shortly to discuss the results with you.*

The MA verbally (if provider is @ desk) informs provider of positive screening and writes the results on the whiteboard

Continue to page 2



## 4. Create a workflow for the office to meet goals

If EPDS question 10 or  
PHQ9 question 9 is 1,2, or 3

The provider assesses woman's need for emergency psychiatric evaluation and calls consultation line as needed  
*It sounds like you are having a lot of strong feelings. It is common for women to experience these kinds of feelings. Many effective support options are available. I would like to talk to you about how you have been feeling recently*

Emergency psychiatric evaluation is indicated (see Lifeline4Moms Perinatal Mental Health Toolkit, p 25)

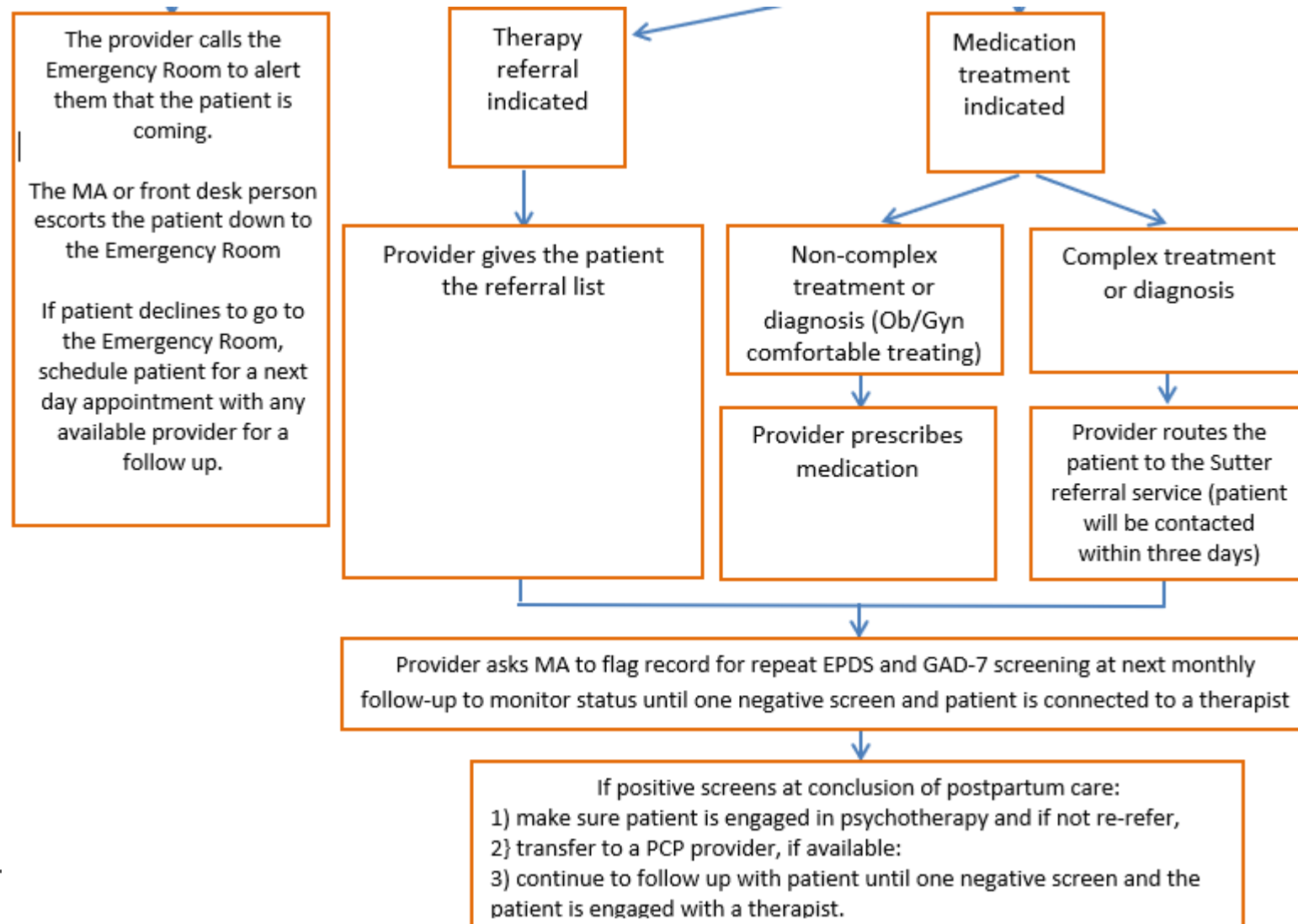
Emergency psychiatric evaluation is NOT indicated

If screen is positive for any condition

Provider uses the Lifeline4Moms Perinatal Mental Health Toolkit to evaluate screening results and plan response.

*You may be having a difficult time or be depressed or anxious. Getting help is the best thing you can do for yourself and your baby. It can also help you cope with the stressful things in your life (give examples). You may not be able to change your situation right now; you can change how you cope with it. Many effective support options are available.*

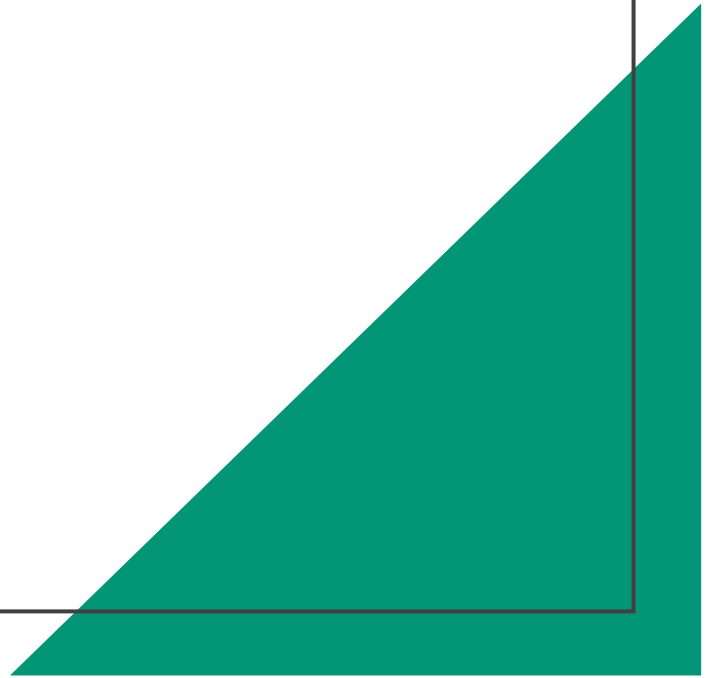
## 4. Create a workflow for the office to meet goals



# 5. Provide patient treatment resources for clinicians

## Develop a Resource and Referral Directory

- Online directories
- Local therapists
- Podcasts
- Mindfulness apps



# Treatment resources for clinicians

## Free Perinatal Psychiatry Consultation Service

### Real-time telephone consultation

For provider support with diagnosis, treatment planning, and medication management of pregnant and postpartum women with depression and anxiety.

Free service for all providers in Arizona, Arkansas, California, Iowa, Kentucky, Minnesota, Nebraska, Nevada, North Dakota, Ohio, Oregon, Texas, and Washington.



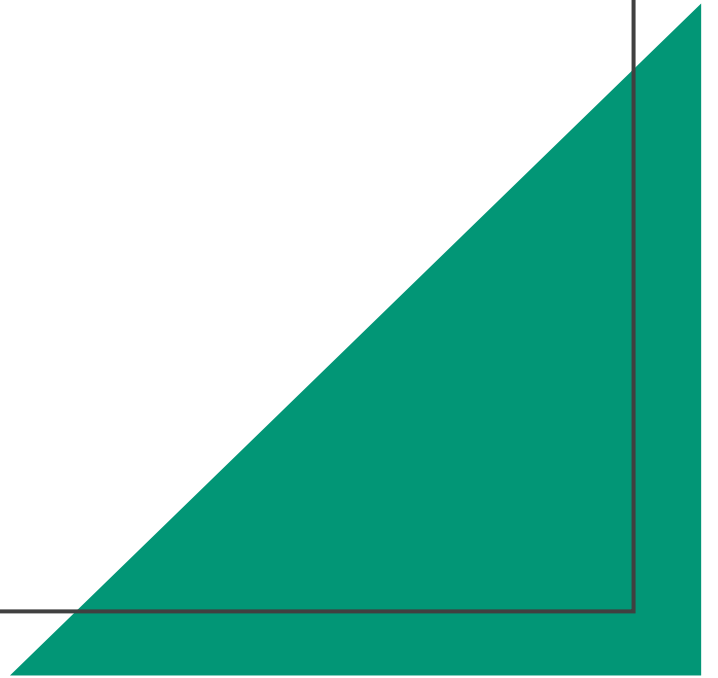
# Valuable Tools and Resources

- University of Massachusetts Medical School Lifeline for Moms developed screening and decision support tools to help ob-gyns and other women's health care clinicians address perinatal mental health conditions, including:
  - Assessment and treatment algorithms
  - Guide for Implementing Perinatal Mental Health Care Into Obstetric Practice



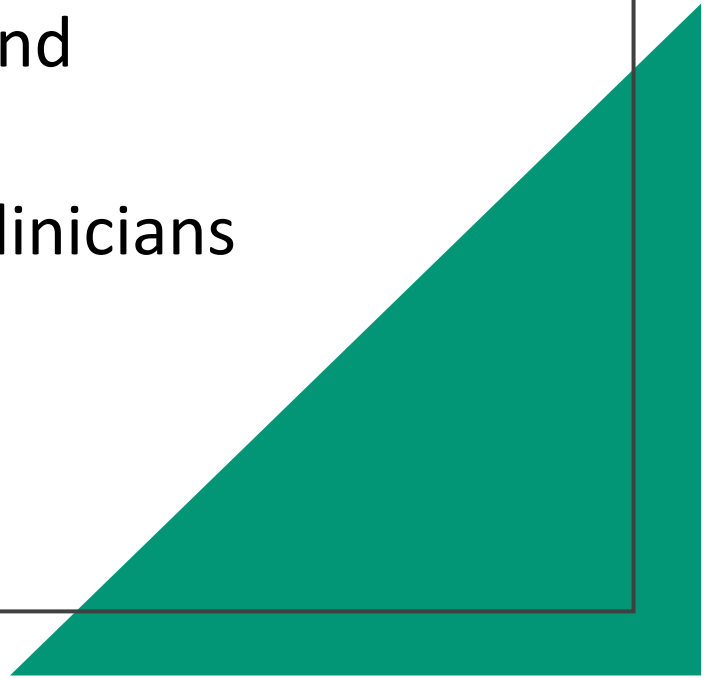
# Evaluation

- Repeat chart review periodically to assess if practice is meeting stated goals



# Takeaways

- Make sure all staff understand the importance of maternal mental health
- Create a workflow that will work for both staff and clinicians
- Provide basic mental health care resources for clinicians



# BHI Collaborative “On Demand” Webinars

Check out other webinars from the Overcoming Obstacles series such as:

- BHI in Practice: Establishing Efficient Workflows
- How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families
- The Value of Collaboration and Shared Culture in Behavioral Health Integration

Watch all these webinars and more on the [Overcoming Obstacles YouTube playlist](#) now!



# Collaborative Resource – BHI Compendium

*The BHI Compendium serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.*



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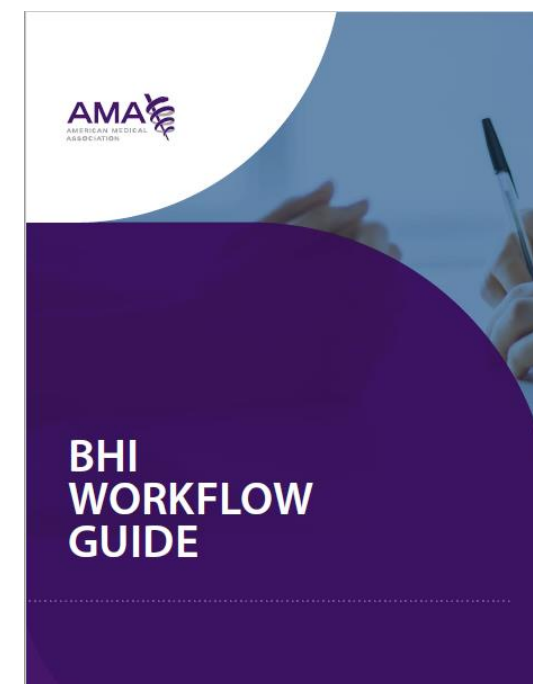
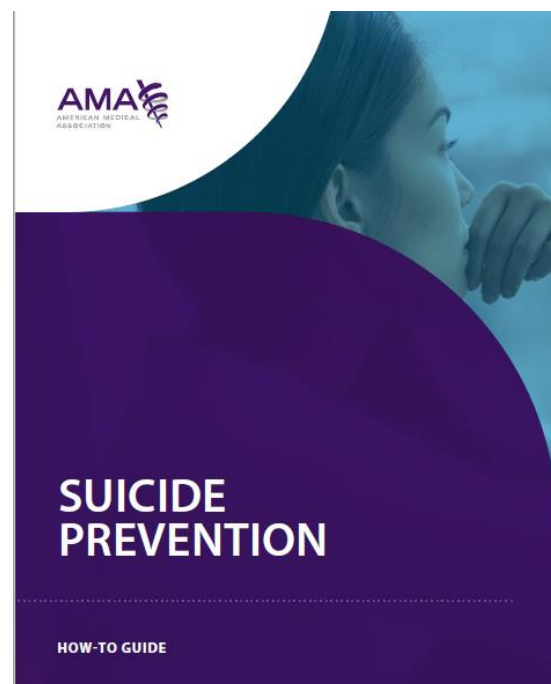
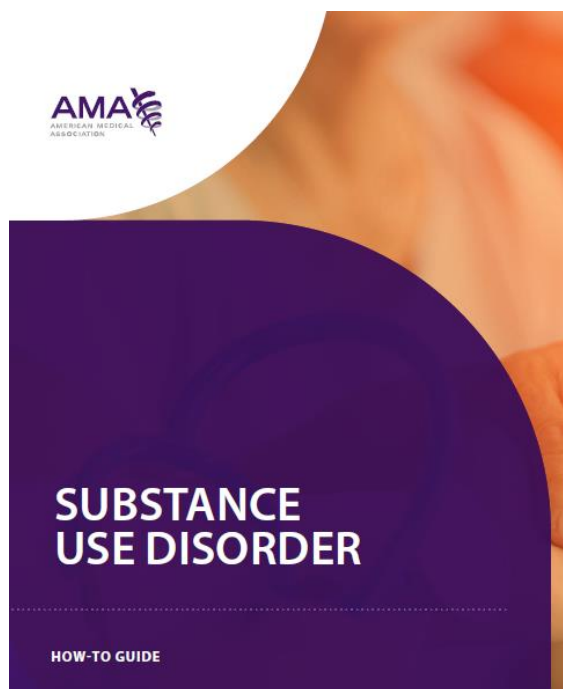
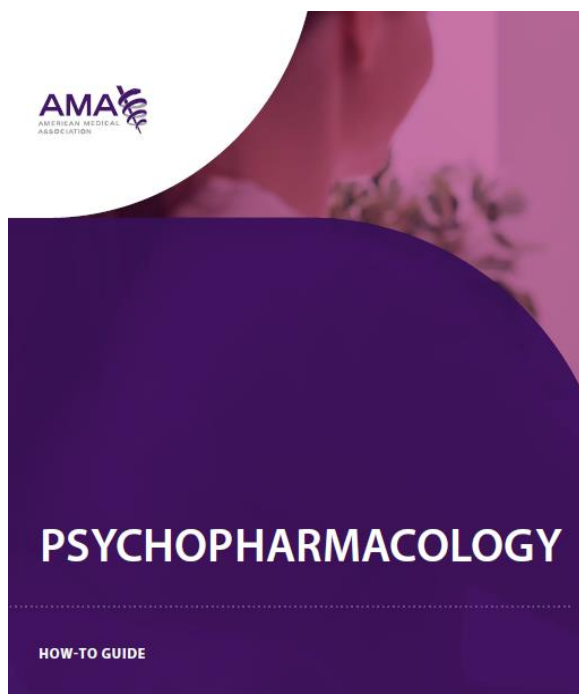
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[Download Now](#)

to learn how to make the best decisions for the mental health of your patients.

# AMA Resources – How-To Guides

Access AMA's BHI practice guides for practical strategies, actionable steps and evidence-based resources on four specific areas of effective integrated care: [pharmacological treatment](#), [substance use disorder](#), [suicide prevention](#), and [workflow design](#).





Thank you for joining!