


THE PERISCOPE PROJECT
PERINATAL MENTAL HEALTH COLLABORATIVE CARE MODEL



THE PERISCOPE PROJECT

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UNITED HEALTH FOUNDATION

Objectives

- List the types of collaborative care models, including perinatal collaborative care models, available.
- Understand how The Periscope Project can be utilized to build capacity of primary providers to diagnose, manage and treat perinatal mental health disorders.
- Describe key factors needed in successful implementation of a teleconsultation program.

Overview

- I. Mental Health Collaborative Care Models
- II. Collaborative Care in OB/GYN Settings
- III. Teleconsultation Model: The Periscope Project
- IV. Periscope Outcomes
- V. Periscope Lessons Learned

Collaborative Care Models

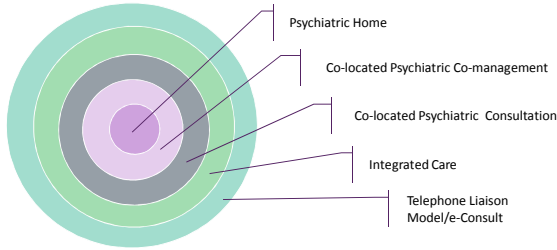
Recognition of Need

- Movement from inpatient to outpatient treatment in all of medicine
- Treatment of less severe/disabling mental illness by primary care
- Move from patient to population-based care highlighting economic burden of untreated psychiatric illness
- Goal is to improve...
 - Detection
 - Access
 - Treatment
 - Patient outcomes
 - Communication between treating providers

Barriers to Mental Health Treatment

- Patients may not follow up with a psychiatrist**
 - Stigma
 - Financial
 - Difficulties related to access
- Healthcare system impedes collaboration**
 - PCP not reimbursed because of mental health carve-outs
 - Insurance may not cover psychiatric care in PCP's referral network
- PCPs may not adequately treat mental illness**
 - Time constraints
 - Emphasis on productivity
 - Limited education
 - Stigma
 - Personal defenses
 - Sub-syndromal presentation of patients (somatic complaints)

Outpatient Mental Health Care Delivery: Model for an Academic Medical Center



Underlying Assumptions for All Models

Need for mental health education and multidisciplinary approach within primary care settings
 Some mental health patients can be adequately and appropriately cared for in the primary care setting
 Collaboration between PCP and mental health provider enhances care
 PCP is expected to manage medical (medication) aspects of mental health treatment, but other resources need to be provided for more time consuming treatment modalities
 Communication is essential because the PCP is responsible for the patient's total care

Perinatal Collaborative Care

Importance of Perinatal Mental Health



Prevalence of depression is **similar for pregnancy and non-pregnancy women**
 Suicide is the **second leading cause** of death among post-partum women
 Mental health disorders are the **most common complication of pregnancy**

Importance of Women's Mental Health

1/3 of all mental visits for women aged 18-45 are with an OB/GYN physician
 ACOG guidelines expanded for providers to identify, assess and treat psychosocial concerns

- Depressive
- Intimate partner violence
- Tobacco use
- Substance use

Of estimated 120 patients an OB/GYN physician will see weekly, 17% will have depression and nearly 50% will have significant emotional disturbance

Models with OB/GYN Setting

Analysis of 17 studies (1990-2014) where women screened for depression

Byatt 2015

Assessed levels of subsequent treatment
 13.8-33% of women with + screen for depression received 1 MH visit
 Use of **MH services increased 2-4x** when combined with other interventions:

- patient engagement
- on-site assessment
- perinatal care provider training

Perinatal Depression Management Program

Miller 2012

On-site screening
 Same-day evaluation by perinatal care provider
 Training and support of perinatal healthcare providers
 Patient engagement strategies
10% → 93.5% completed screening
84.8% received on-site assessment
0% → 90% entered into treatment

OB/GYN Outcomes

Limited research in perinatal care settings
 ◦ Improvement in detection, referral, adherence to treatment and patient outcomes has been reported

Demonstrated improvement:
 ◦ Decrease in depressive symptoms
 ◦ Improved adherence to treatment intervention
 ◦ Overall higher treatment satisfaction

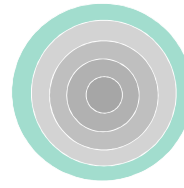
Improved ease of care with embedded service

Experience benefit of collaboration between their providers

Universal screening allows patient concerns to be proactively identified

Perinatal care may be more set up to do consultative practice given time limitations of pregnancy!

MELVILLE ET AL. OB/GYN 2016; 12(26): 1237-1246.
 LAMBERTO-GONZALEZ ET AL. CURRENT MATERNAL HEALTH CARE 2016; 1(2): 100-105.






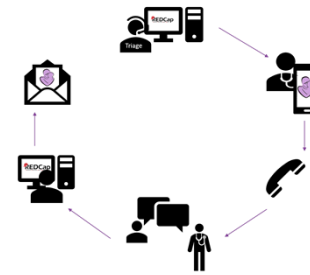
THE PERISCOPE PROJECT
 PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION



A **free resource** for health care providers caring for **perinatal women** who are struggling with **mental health** or **substance use disorders**

Providing health care professionals access to:

-  Real time provider-to-provider psychiatric teleconsultation
-  Educational presentations and tools
-  Community resource information



Process & Flow

Case 1: Postpartum, Lactating

Midwife called The Periscope Project

8 weeks postpartum

Pt. reached out to provider with debilitating anxiety
 ◦ Unable to sleep
 ◦ Feeling withdrawn from baby
 ◦ Supportive partner, taking night shift with baby pt. still cannot sleep

No history of MH disorder

Midwife initiated sertraline 1 week ago and started PRN lorazepam

Therapy apt. scheduled, psychiatrist apt. scheduled

Case 1: Postpartum, Lactating

Perinatal Psychiatrist Recommendations

Discussed use of sertraline and lorazepam in lactation

Encouraged monitoring for adverse effects
 ◦ Ex. sedation, poor feeding, lethargy, etc.

Discussed option of increasing sertraline to optimize treatment given severity of symptoms

Encouraged psychotherapeutic interventions

5 minute consultation conversation

Case 2: 3rd Trimester Weaning

Midwife called The Periscope Project

23 weeks pregnant patient
 Currently taking venlafaxine XR 150 mg
 During previous pregnancy, pt. weaned off venlafaxine during 3rd trimester
 Midwife is wondering a safe schedule for weaning her off medication

Case 2: 3rd Trimester Weaning

Perinatal Psychiatrist Recommendations

Discussed at length the rationale behind NOT altering patients medication
 Safety of medication continuation through pregnancy and lactation discussed
 8 minute consultation conversation

Case 3: Screening First

OB/GYN Physician called The Periscope Project

8 weeks pregnant, unplanned pregnancy
 New, worsening depression symptoms
 Patient has taken multiple psychiatric medications in the past, but cannot remember which ones

Case 3: Screening First

Perinatal Psychiatrist Recommendations

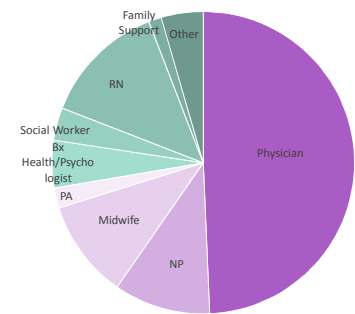
Details of previous depression are unclear
 Unknown what medications with previous effectiveness
 No screening tool completed, vague symptoms which may overlap with 1st trimester of pregnancy
 Recommended formal screening and monitoring of symptoms if EPDS <11
 Otherwise, consideration of escitalopram or bupropion
 10 minute consultation conversation

The Periscope Project Outcomes

JULY 2017 – DECEMBER 2018

485 Enrolled Providers

Enrollment by Provider Type



604 Total Requests for Services

503 

Provider-to-provider, perinatal psychiatric consultations.

117 

Total educational presentations. **95 online modules** viewed. **22 in-person didactic presentations** to **742 providers**.

208 

Providers were e-mailed information on additional resources to support the mental health and wellbeing of their patient.

Highest Demand from OB/GYN Practices



273 Total Unique Utilizers

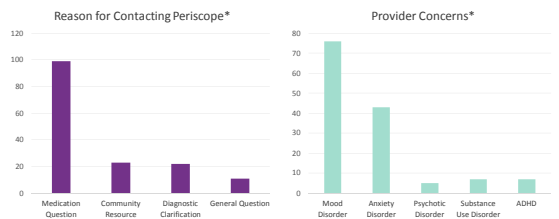
Top 5 Utilizing Providers N=604		
Type and Area of Practice	Count	Percent
OB/GYN, Physician	170	28.15%
OB/GYN, Midwife	98	16.23%
Psychiatry, Physician	89	14.74%
OB/GYN, Nurse Practitioner	45	7.45%
Family Medicine, Physician	43	7.12%

Opportunity for Early Intervention

Pregnancy Status at the Time of Use

- 7%** Preconception or inter-conception
- 60%** Pregnant
- 28%** Postpartum
- 3%** Perinatal Loss

OB/GYNs Reason for Utilizing



*not mutually exclusive, providers may call with more than one reason/concern

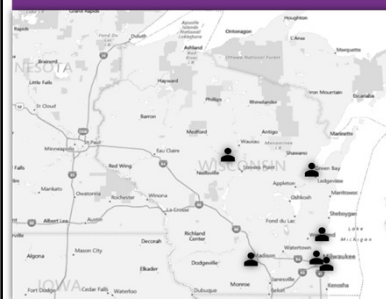
Utilizers are Satisfied

Based on a three question post-encounter survey with a **69%** (346/502) response rate:

100%

- Agreed or strongly agreed they were **satisfied with the service** they received
- Indicate their most recent encounter **helped them to more effectively manage their patient's care**
- Indicate they will **incorporate the information they learned in the future care** of patients

Pre-Periscope: 6 Perinatal Psychiatrists Statewide



More Statewide Access to Perinatal Psychiatric Care

Periscope's Impact:

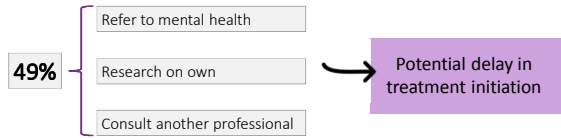
49 cities
35 counties
8 states

Cross Health Systems Approach

Highest Utilizing Health Systems*			New Health Systems in 2018	
	2017	2018		
Froedtert & MCW	55%	36%	Bellin Health	
Aurora	10%	12%	Bridge Community Health	
Ascension	5%	10%	Dean	
Sixteenth St.	9%	4%	Essentia	
Outreach	3%	4%	Gundersen	
Mayo	2%	6%	Prairie Clinic	
Private Practice	2%	4%	Reedsburg Area Medical Center	
			SSM Health	
			UnityPoint Health Meriter	
			UW Health	

Periscope is a Bridge to Treatment

'What would you have done if you had not reached Periscope?'



Lessons Learned

Financially Supported Planning is Key



User Friendly and Adaptable Systems

REDCap

- HIPPA compliant database
- Web based; accessible anywhere
 - Computer, phone, tablet
- Automatic survey invitations
- Automatic paging system
- Easy data export
- Realtime edits
- Enrollment, encounters, resources, modules, surveys

Ease of Use is Essential to Success

Eliminate barriers from utilization

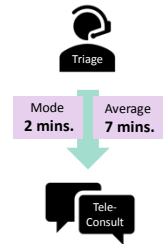
- No prerequisite for using the service!
- 30% (184/604) of users were not pre-enrolled at the time of use
- Eligibility can be verified on the spot and enrollment completed within 48 hours

Ease of Use is Essential to Success

Most calls are answered by Coordinator

- **88%** (377/428) phone calls are answered
- 12% (51/428) of calls go to voicemail with **only 7%** going to voicemail during business hours

Rapid Response Time



Timeliness Makes the Difference

"I feel compliance with medications and therapy is greater because this consult is so timely. I can send the patient out the door with a prescription and a follow up plan. Before it always felt like more than half of my patients wouldn't follow through with their behavioral health plan."

Expanding Access Beyond Physicians

Provider Type	% of Utilizers	% of Total Enrolled
Physicians	55.46%	49.71%
Midwives	16.23%	10.61%
Nurse Practitioners	15.73%	10.41%
Registered Nurses	6.13%	13.36%
Psychologists	1.49%	1.57%
Physician's Assistants	1.32%	2.16%
Social Workers	1.16%	3.54%
Behavioral Health	0.83%	2.75%
Family Support Workers	0.33%	1.38%

Meet Providers Where They Are



- Go to potential users to promote the program
 - Existing meeting schedule
 - Provide education
 - Allows vetting of expertise
- Consultations within the scope of practice of calling provider type
- Online modules and toolkit available at anytime

Approachable Expertise

"Always great advice on meds, patient care, and even physician support and advice on working with my mental health patients!! This resource is helping provide amazing care to patients."

"Dr. Wichman is approachable and exceptionally knowledgeable. She empowers other providers with knowledge."

"I always find this resource helpful the times that I have used it. The coordinators provide excellent guidance and have so many resources I can offer patients. Fantastic that we have access to this!"

"I am so thankful for this service. The data is confusing and I have never found anyone so helpful in the needs of mental health and pregnancy. Dr. Wichman was great! Thank you."

Questions?
Thank you!

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