MCPAP for Moms

An Innovation Station Promising Practice

Purpose: This document supports MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

<table>
<thead>
<tr>
<th>Location:</th>
<th>Massachusetts</th>
<th>Title V/MCH Block Grant Measures Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation:</td>
<td>Promising</td>
<td>NPM 3: Risk-Appropriate Perinatal Care</td>
</tr>
<tr>
<td>Date Submitted:</td>
<td>10/2020</td>
<td>NPM 11: Medical Home</td>
</tr>
</tbody>
</table>

Practice Description
At least, 1 in 5 women will experience a mental health or substance use disorder in pregnancy or postpartum (ACOG CO No.757, 2018; Gavin et al., 2005; Fawcett et al., 2019). MCPAP for Moms builds the capacity of perinatal providers to effectively prevent, identify, and manage their pregnant and postpartum patients' mental health and substance use disorders (SUD). With repeated calls to the MCPAP for Moms, providers gradually increase their sense of self-efficacy in managing perinatal mental health and substance use disorders. Through MCPAP for Moms, providers are given the tools to implement screening and treatment recommendations from leading organizations such as the U.S. Preventive Services Task Force, American College of Obstetrics and Gynecology, American Academy of Pediatrics, Center for Medicaid Services, and American Medical Association into the fabric and workflows of their practice. MCPAP for Moms is a pioneer as the first perinatal psychiatry access program. Since its’ inception, MCPAP for Moms has shifted paradigms on how to address depression in obstetric settings, impacted state and national policies regarding perinatal mental health, and increased access to perinatal mental health care for thousands of pregnant and postpartum individuals.

Core Components and Activities
The goal of MCPAP for Moms is to assure that every perinatal individual has access to quality mental health care during the perinatal period. To accomplish this, MCPAP for Moms offers three main services to providers in the commonwealth of Massachusetts: practice education, perinatal psychiatric consultation, and resource and referral. Through trainings and educational materials, the program has helped practices implement universal screening and assessment. MCPAP for Moms helps providers improve their knowledge, skills, and self-efficacy in addressing perinatal mental health conditions using a trauma-responsive and strength-based approach. The recommendations and services MCPAP for Moms provides encourages early detection and treatment of mental health and substance use disorders. When perinatal individuals and their families are proactively engaged in care, the burdensome effects of untreated depression, other mental health, and substance use disorders on families are minimized. See appendix for MCPAP for Moms Logic Model.

Table 1. Practice Activities and Core Components

<table>
<thead>
<tr>
<th>Core Component</th>
<th>Activities</th>
<th>Operational Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Trainings and toolkits for providers and their staff</td>
<td>Evidence-based guidelines for screening, triage, and referral, risks and benefits of medications, and discussion of screening results and treatment options.</td>
</tr>
</tbody>
</table>
Consultation | Real-time psychiatric consultation and care coordination for providers serving pregnant and postpartum individuals | Includes real-time telephonic psychiatric consultation for perinatal providers (obstetric, pediatric, adult primary care, psychiatric, and substance use providers) through the 855 hotline and when needed, in-person/virtual diagnostic evaluations with our expert perinatal psychiatrists.

Resource and Referral | Linkages with community-based resources | Including mental health care referrals (therapy and psychiatry), support groups, and other resources to support the wellness and mental health of pregnant and postpartum women and other perinatal individuals.

**Health Equity**

MCPAP for Moms program works to address a core social determinant of health, access to quality health care. Because of the statewide implementation of the program, all perinatal providers in the commonwealth have access to quality perinatal psychiatry and through their providers so do all birthing individuals (72,000 annually). To further address economic differences that contribute to real-time access to quality healthcare, MCPAP for Moms is payer blind and available to all patients regardless of their insurance. By virtue of this policy decision, all perinatal individuals regardless of their financial means can connect with the care they need.

Additionally, the quality of healthcare patients receive is strengthened by the educational foundation of MCPAP for Moms. Our guidelines for the detection, assessment and treatment of perinatal mood and anxiety disorders, as well as substance use disorders, empowers providers to screen for the first signs of illness. Universal screening assures that all perinatal populations have access to evidence-based preventative care—a fundamental component of quality health care.

Because different populations need varying levels of support, MCPAP for Moms offers a multitude of service options depending on the need of the patient. For example, the resource and referral component helps providers link their patients to care in the community in two ways: resources customized and delivered to the provider (resource to provider) and direct patient engagement including at times, the scheduling of the first visit (patient contact). Our resource and referral specialists make connections to providers (therapy and medication management) and support groups specializing in perinatal emotional concerns. A patient’s insurance, geographic location, and upon request, desired therapeutic modality, preferred race and/or ethnicity and gender of their provider are all taken into account when resource and referral services are completed. The comprehensive delivery of service options offered by MCPAP for Moms aims to meet the individual needs of every perinatal patient. Through education, consultation, and resource and referral MCPAP for Moms utilizes a healthy equity lens, empowering providers to address the mental health and substance use needs of all patients.

**Evidence of Effectiveness (e.g. Evaluation Data)**

The MCPAP for Moms Utilization and Quality Assessment study in 2018 reflected a high volume of encounters over the first 3.5 years of the program. Sustained utilization and themes of increased provider willingness and self-efficacy to screen for and manage depression and comorbidities demonstrate that MCPAP for Moms is a feasible, acceptable, and sustainable approach to increasing access to evidence-based treatments for perinatal mental health and substance use disorders on a population-based level.

Additionally, we conducted a pilot study to determine the extent to which MCPAP for Moms alone improves depression among perinatal women as compared to another more intensive intervention, PRogram in Support of Moms (PRISM). Four practices were randomized to either PRISM or MCPAP for Moms alone. PRISM includes MCPAP for Moms plus implementation assistance with local champions, training, and implementation of office prompts and procedures to enhance depression screening, assessment, and treatment. Patients with Edinburgh Postnatal Depression Scales (EPDS) >10 were recruited during pregnancy, and completed the EPDS and a structured interview at baseline and 3–12 weeks’ postpartum. We found that among MCPAP for Moms alone practices, patients’ (n=9) EPDS scores improved from 15.22
to 10.11 (p= 0.010), whereas in PRISM practices patients’ (n= 21) EPDS scores improved from 13.57 to 6.19 (p¼=0.001); the between groups difference-of-differences was 2.27 (p= 0.341). We found that PRISM was beneficial for patients, clinicians, and support staff. Both PRISM and MCPAP for Moms alone improve depression symptom severity and the percentage of women with an EPDS >10. The improvement difference between groups was not statistically significant due to limited power associated with small sample size (Byatt et. 2018)

Initially started as a program specifically focused on postpartum depression MCPAP for Moms has responded to the needs of the providers and positive outcomes data to expand its’ scope to provide education and consultation on perinatal mood and anxiety disorders, as well as substance use disorders.

Section II: Practice Implementation

Lessons Learned
While MCPAP for Moms provides access to invaluable resources and helps primarily obstetric practices initiate treatment, additional intervention components are needed to ensure that women do not fall through cracks in the depression care pathway. For example, we have found that practices also need proactive practice-level implementation assistance to help them fully integrate depression care into their workflow. We have also discovered how challenging it is for practices to screen consistently, monitor for symptom improvement, and avoid misdiagnoses of depression among patients who actually have bipolar, anxiety and substance use disorders.

Replication
There are now 16 Perinatal Psychiatry Access Programs (Access Programs) across the US that are modeled on MCPAP for Moms. See a recent report on perinatal psychiatry access programs. With program costs as low as $1 per month per woman in MA, MCPAP for Moms, led to federal legislation and is being replicated by other states and health care systems. The 21st Century Cures Act appropriated funding for states to create similar programs. Our publications on MCPAP for Moms and its associated tools were highly cited in the Notice of Funding Opportunity from the Health Services and Research Administration (HRSA-18-101). In 2018, thirty states (and the District of Columbia) applied for funding, and seven were selected to each receive five years of funding (totaling $3.2 million per state over the lifetime of the program). Additional state and regional programs have emerged through various funding mechanisms, now totaling 16 Access Programs across the US. Collectively, these programs cover >1.51 million of the 3.79 million births each year in the US. MCPAP for Moms, the legislation it inspired, and the HRSA programs modeled on it, are also described in the US Department of Health and Human Services 2020 Action Plan to Improve Maternal Mental Health in America.

Next Steps
MCPAP for Moms is working to enroll all obstetric practices in the state and is continuing outreach and engagement to providers serving pregnant or postpartum individuals with substance use disorders.

MCPAP for Moms’ anti-racism and equity framework centers equity and justice at the forefront of MCPAP for Moms’ vision, values, and services. MCPAP for Moms is reviewing internal processes, delivery of services, community engagement, and data collection to determine how we are meeting the needs of our community. Based on our findings, we will engage patients and providers with unmet needs, with a focus on justice and inclusion for communities of color.

Internal Capacity
The Commonwealth of Massachusetts Department of Mental Health, through an appropriation in the state legislative budget, provides funding for MCPAP for Moms. Implementation of the program is supported by a central office that employs a program manager, program coordinator, and software programmer/data analyst. A team of expert perinatal psychiatrists and resource and referral specialists with extensive community resource knowledge offer the comprehensive statewide services. Additionally, obstetric liaisons with deep connections to the obstetric community help to spark engagement and utilization of the services. The leadership, research, and clinical expertise of perinatal psychiatrists at three academic medical centers (UMass Medical Center, Brigham and Women’s Hospital and Baystate...
Medical Center) allow for MCPAP for Moms to evolve and to continue to reach practices and communities across the entire state.

**Stakeholder Empowerment & Collaboration**

MCPAP for Moms has benefitted from collaborating within the legislature, state agencies, community organizations and major medical societies in our state. As part of the collaboration, we have also worked closely with payers to help incentivize providers to screen through creation of billing codes, and eventually reimbursement, which has helped to fund the program.

MCPAP for Moms’ partners and allies include:

- **Massachusetts (MA) Postpartum Depression (PPD) Commission**, which was crucial to the inclusion of MCPAP for Moms in the provision of state funding. Our team members are active participants in the development of commission goals.
- **MA Department of Public Health, MA Department of Mental Health, MA Bureau of Substance Use Services**, has allowed for MCPAP for Moms to pursue an integrated approach to mental health and substance use consultative care.
- **MA Chapter of the American College of Obstetricians and Gynecologists (ACOG)** has supported engagement efforts in the obstetric community.
- **Community Partners** like MotherWoman, Postpartum support International, and the MA Chapter of Postpartum Support International PSI help to promote the patient and community voice.
- **William James Interface** developed and maintained a database of perinatal mental health providers and community supports.
- **MCPAP**, this program model what adapted to create MCPAP for Moms. In addition, both programs share administrative resources and staff and benefit from the collective knowledge of both the maternal and child populations of MA.
- **Lifeline4Moms**, shares medical leadership with MCPAP for Moms and its’ national network of perinatal psychiatry access programs promotes national dialogue and the sharing of best practices.
**Practice Timeline**
As of January 2021, MCPAP for Moms has enrolled 163 obstetric practices, 77% of all obstetric practices in Massachusetts.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of Activity</th>
<th>Activity Timeframe</th>
<th># of hours needed to complete/oversee activity</th>
<th>Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning/ Pre-implementation</td>
<td>Draft educational materials and depression toolkit</td>
<td>2013</td>
<td>1 year</td>
<td>MCPAP for Moms Medical leadership</td>
</tr>
<tr>
<td></td>
<td>Develop consultation protocols</td>
<td>2013</td>
<td>6 months</td>
<td>MCPAP for Moms Medical Leadership and Program Manager</td>
</tr>
<tr>
<td></td>
<td>Develop relationship with William James Interface (WJI) to create PPD provider/support group database</td>
<td>2013-2015</td>
<td>2 years</td>
<td>Program Manager and WJI</td>
</tr>
<tr>
<td></td>
<td>Create enrollment procedure and training materials</td>
<td>2013-2014</td>
<td>1 year</td>
<td>Team of Psychiatrists</td>
</tr>
<tr>
<td>Implementation</td>
<td>Disseminated toolkit widely in list servs, conferences, and larger obstetric community</td>
<td>2014-2016</td>
<td>2 years</td>
<td>All MCPAP for Moms Staff</td>
</tr>
<tr>
<td></td>
<td>Promoted consultations to prescribing providers</td>
<td>2014-2016</td>
<td>2 years</td>
<td>Team of Psychiatrists</td>
</tr>
<tr>
<td></td>
<td>Recruited and updated perinatal mental health providers to database</td>
<td>2014-2016</td>
<td>2 years</td>
<td>Resource and Referral Specialists and WJI</td>
</tr>
<tr>
<td></td>
<td>Conducted trainings at Grand Rounds, Obstetric practices, conferences and community events</td>
<td>2014-2016</td>
<td>2 years</td>
<td>Team of Psychiatrists</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Plan to update materials to include substance use, trauma-informed care, health equity</td>
<td>2019</td>
<td>TBD</td>
<td>All MCPAP for Moms Staff</td>
</tr>
<tr>
<td></td>
<td>Plan to modify consultation protocols to promote equity and best-practices for screening and measurement-based care</td>
<td>2020</td>
<td>TBD</td>
<td>MCPAP for Moms Medical Leadership</td>
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<tr>
<td></td>
<td>Plan to improve database efficiency</td>
<td>2020</td>
<td>TBD</td>
<td>Resource and Referral Specialists and WJI</td>
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<tr>
<td></td>
<td>Plan to update enrollment materials and engaging with low or non-utilizers</td>
<td>2021</td>
<td>TBD</td>
<td>All MCPAP for Moms staff</td>
</tr>
</tbody>
</table>
**Practice Cost**

The cost to run MCPAP for Moms for one year is $813,000. This total budget includes the cost of central administration (program manager, program coordinator and software programmer/data analyst), a medical director, team of perinatal psychiatrists, a resource and referral team, and an obstetric liaison.

<table>
<thead>
<tr>
<th>Activity/Item</th>
<th>Brief Description</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCPAP for Moms Annual Costs</td>
<td>This total budget for one year includes: the cost of central administration (program manager, program coordinator and software programmer/data analyst), a medical director, team of perinatal psychiatrists, a resource and referral team, and an obstetric liaison.</td>
<td>N/A.</td>
<td>$813,000</td>
</tr>
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</table>

**Total Amount:** $813,000
Resources Provided
- MCPAP for Moms
- Lifeline4Mom

Appendix
- MCPAP for Moms Toolkit
- MCPAP for Moms Logic Model

References:

Practice Contact Information

For more information about this practice, please contact:

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