



June 2013

(1) **Opportunity: Measure Rate of Screening for Perinatal Depression**

Currently there isn't a requirement to measure screening for depression (or other mood and anxiety disorders) during the perinatal period. Published OBGYN survey results suggest that the screening rate is less than 40%, lower using a validated screening tool.

Recommendation:

a. Implement a HEDIS-like measure addressing pregnancy and postpartum screening, using the AMA/NCQA/ACOG maternity care guideline measures for monitoring screening during pregnancy and postpartum (Measure #3 and #10). <http://www.ama-assn.org/ama1/pub/upload/mm/pcpi/maternity-care-measures.pdf>

b. Report the measure results through your quality management committee structure and consider what actions your company might take to improve outcomes in your report, keeping in mind delivery systems barriers.

(2) **Opportunity: Identify Maternal Mental Health Specialists**

Mental health providers do not typically receive training in maternal mental health through schooling. There isn't currently a testing organization that identifies mental health providers with proficiency in maternal mental health. Mothers who see a mental health provider, who doesn't understand her condition, may only make matters worse.

Recommendation:

Create a credentialing program to identify at a minimum, mental health providers with specialized training and experience in maternal mental health. A specialist credentialing program might simply include a provider attestation that looks something like the following: "Attest that you:

1. Have completed 8 or more hours of Continuing Education Unit (CEU) eligible or certificate based

training in maternal mental health disorders (also referred to as perinatal anxiety and mood disorders)

2. Have treated 5 or more patients for a maternal mental health disorders and/or have 30 or more total hours treating these disorders

3. Are affiliated with a professional maternal mental health organization such as the Marce Society or Postpartum Support International

4. Will receive continuing education in maternal mental health of no less than 3 units per year or 6 units every 2 years."

Provide all contracted behavioral health providers a notice indicating that such a credential is available, and the qualifications how to be credentialed as a MMH provider outside the standard 3-year recertification cycle.

Denote qualifying providers with a MMH designation ("Maternal/Mother Mental Health") in your provider directory.

(3) **Opportunity: Improve Awareness**

Most women and providers are not educated about maternal mental health disorders and risk factors. Awareness of risk factors and symptoms can assist a family in making proactive decisions to reduce triggers, and seek treatment early when concerns arise.

Recommendation: Educate Members and Providers through Distribution of Materials & Provider-Insurer Discussions

a. Provide written communication to all members (regardless of funding) and all mental health providers and primary care providers, including OBGYNs and pediatricians, information about maternal mental health conditions including prevalence of each condition, risk factors, common triggers, recommended screening tools, and common treatments.

b. In the provider communication, provide resources to discuss specific cases, including treatment plans as needed.