

Maternal Mental Health State & National Landscape

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None.

However companies have the opportunity to become sponsors at 2020 Mom conferences.

Organizations like Cigna and Sage Therapeutics believe in this work and have sponsored.



Conflicts of Interest

2020mom™

Non Profit Org Formed in 2011

Mission: To Close Gaps in Maternal Mental Health Care

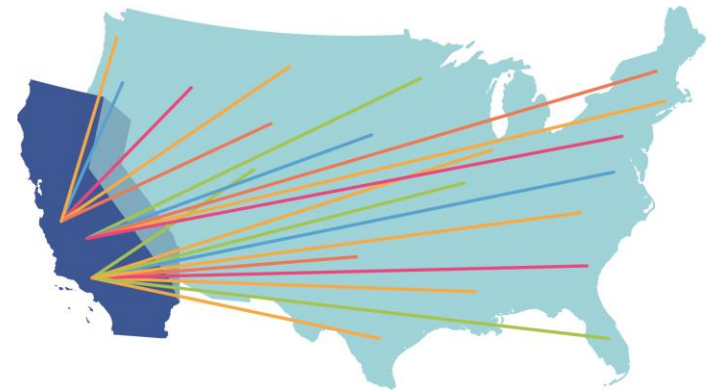
Vision: All women will be screened, diagnosed and receive needed treatment in the health care system

Niche: Understanding of Complex Health Care Systems & Health Policy; Relationships Key Stakeholders and Identification of Best Practices

Service Area: State & National

Tiny but Mighty

- Several small project related grants
- Volunteer ED, Powered by mom contractors
- Policy advocacy funded by earned income & donations



Our Focus: Systems & Policy Change

2020
mom[™]



Did you Know?

According to the W.H.O., depression is the leading cause of disability.

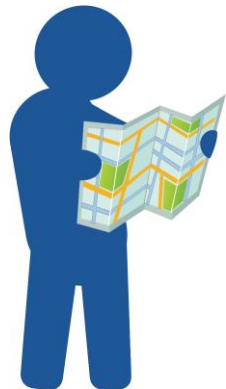
Between 1990 and 2013 the number of people suffering from depression and/or anxiety increased by nearly 50% and increased 18% from 2005 and 2015. A “wake up call.”

AAP study shows sharp rise in teen depression, stark differences between rates in girls and boys.

Mental Health Disorders rank #1 in terms of costly conditions in the U.S. (Medical Affairs)

In part because we aren't treating soon enough = Chronic

Every U.S. \$1 invested in scaling up treatment (Rx & Counseling) for depression and anxiety leads to a return of \$4 in better health and ability to work.



Did you Know?

Women in their childbearing years account for the largest group with depression in the U.S.

Untreated anxiety and depression during pregnancy is a leading cause of pre-term/low birth weight deliveries.

Postpartum depression is the most common complication of childbirth.

There are more new cases of mothers suffering from maternal depression each year than women diagnosed with breast cancer.

The American Academy of Pediatrics has noted that Maternal Depression is the most under-diagnosed obstetric complication in America.



Screening/Diagnosis Rates

Cigna HEDIS-Like OBGYN Med Record Review (2014)

-5% of screened during Pregnancy

-6% during the postpartum

44% of OBGYNs report they always screen, but may not use a validated screening tool (PHQ-9 or EDPS) (2009)

Cigna Study of PPO Patients in CA

Carter et al. Aust New Zeal J of Psych 2009; 31 (2): 155-62.

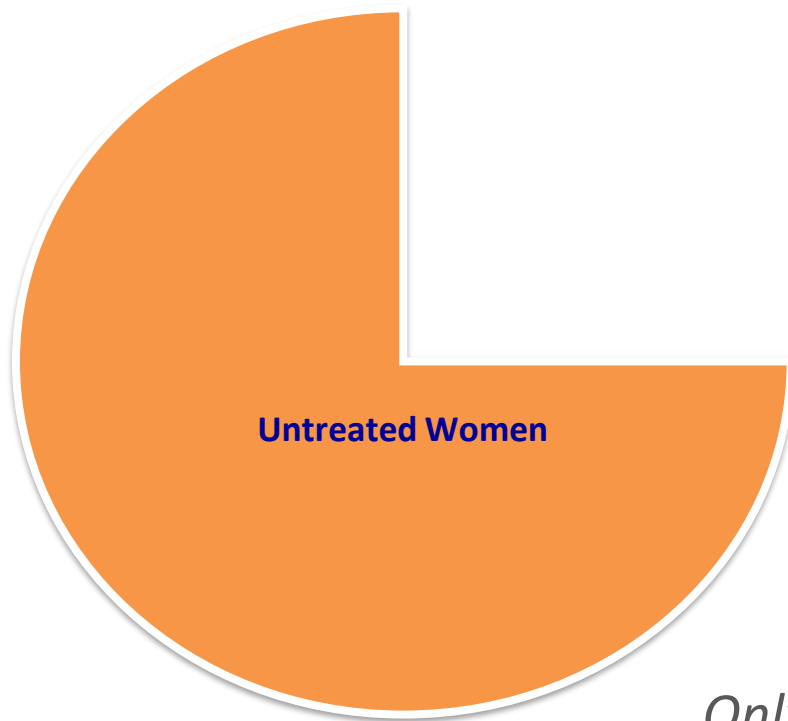
Smith et al. Gen Hosp Psych 2009; 31(2): 155-62.

Marcus J Women Health 2003; 12 (\$): 373-80



Are moms getting treatment?

Research suggests 15% receive treatment.



Only 6% sustain treatment

Cigna Study of PPO Patients in CA 2014 Medical Records
Carter et al. Aust New Zeal J of Psych 2009; 31 (2): 155-62.
Smith et al. Gen Hosp Psych 2009; 31(2): 155-62.
Marcus J Women Health 2003; 12 (\$) : 373-80.

Meet Maureen

Middle income, lives in Monterey, 32 years old.

“One day I was looking up at a tree in my back yard and felt so bad I could imagine myself hanging from it. The next day I learned I was pregnant...

Desperate for help, I saw providers in Monterey, Gilroy, San Jose, Los Angeles and Dover Delaware. I interacted with Kaiser, Catholic Charities and Community Health Clinics. I called Stanford and a medical school in Chicago.

My OB referred me to a psychiatrist, who sent me back to my OB. I was told to white-knuckle it and call 911 if I was going to kill myself.

After talking to 27 providers, at 6 months pregnant, I finally found #28 and 29 an LCSW and nurse practitioner who prescribed me medication who had both received specialized training.”



Meet Jessica

African Americans often feel we are being judged by outsiders, particularly people in authority like doctors. A doctor can't know us unless they talk to us about life, and express a genuine interest. If they are just paper pushing, asking required questions it will never happen.

I didn't ask for help from any health care professionals. I got through my depression on my own, by listening to music.

Jessica, mother of 7



Barriers to Screening & Treatment, OBGYNs/Peds

Survey of OB/Gyns:

Those who don't screen indicate:

Don't feel qualified (No interest)

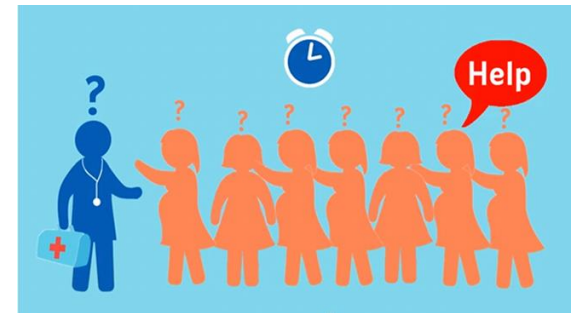
Not enough time to screen/manage

Don't know where to refer*

(Psychiatrist shortages, MMH specialists shortages, shortages of those in-network, and lack of credentials to identify MMH specialists)

No financial incentive**

Pediatricians raise similar concerns and that mom isn't their patient.



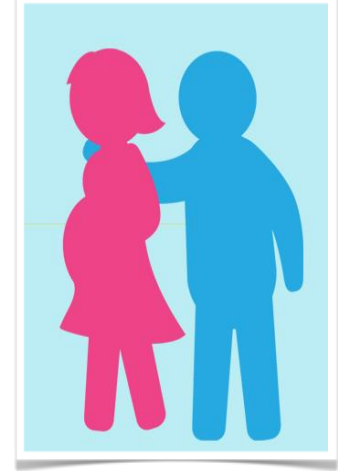
*Shortage of psychiatrists and trained MMH therapists,

**Aetna study: paying for PCP depression screening outside of standard office visit rate didn't increase screening rates.

Barriers to Screening & Treatment, Moms

Women and Families may not speak up, here's why:

- Confused as to what's happening
- General Stigma of Mental Health
- Don't want to appear ungrateful
- Fear that baby will be taken away (particularly low income)
- General Distrust of Medical Community (AA mothers in particular)
- Don't understand risks to baby's health**



When moms finally do speak up, often help isn't available.

Focus *IS* now on MMH

American Academy of Pediatrics recommends screening (2010)

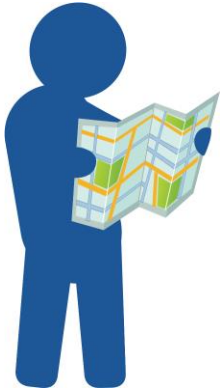
American College of Obstetrics and Gynecology (ACOG) recommends screening (2015)

The USPSTF recommends screening adults for depression and specifically calls out the importance of screening pregnant and postpartum women (2016)

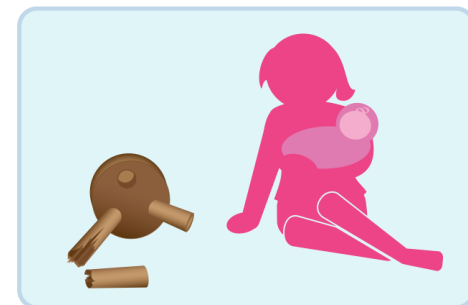
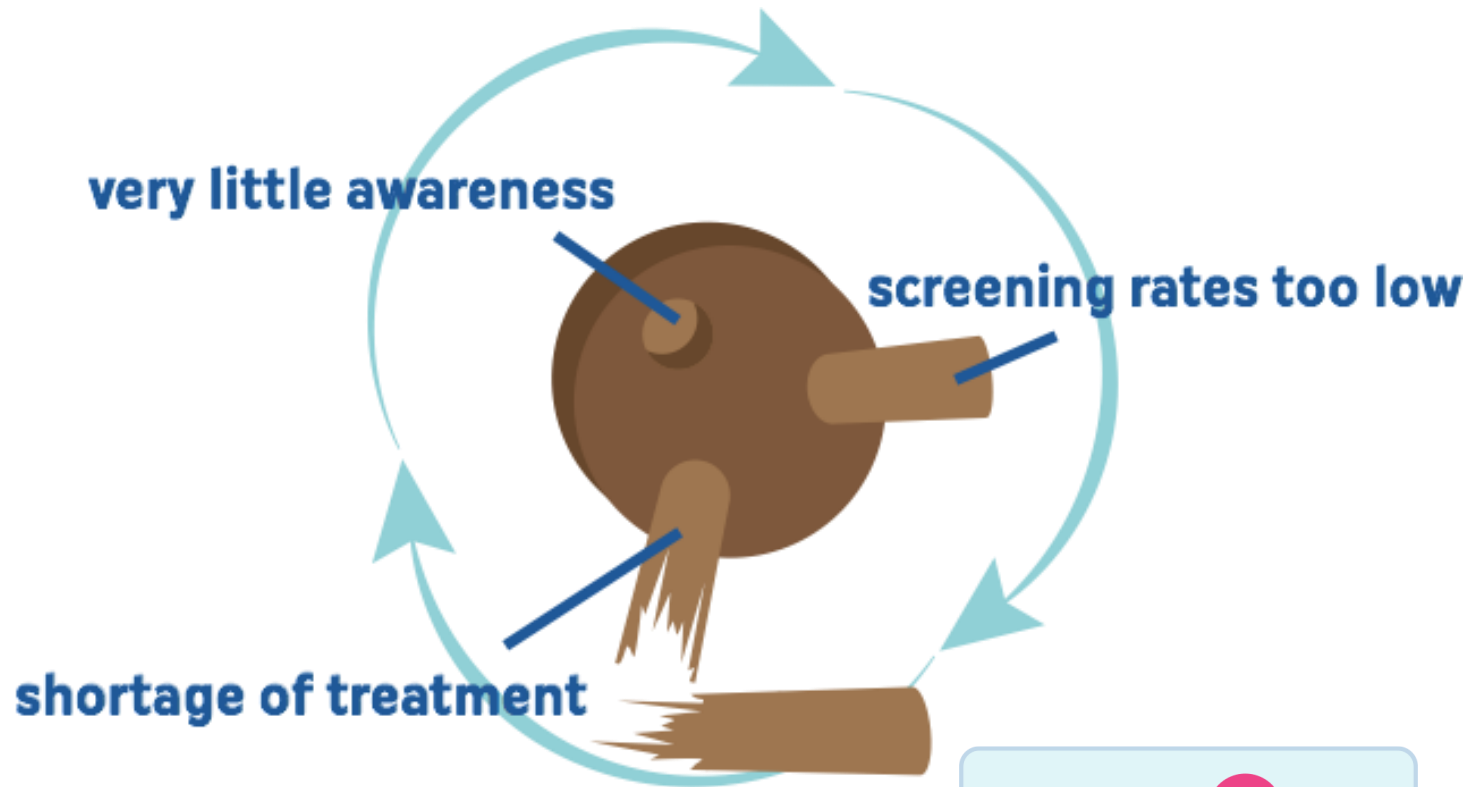
-Draft recommendation related to screening to determine who is at risk to refer counseling. (Pending, 2018)

CMS recommends states reimburse pediatricians for Medicaid screening by pediatricians and notes coverage for mother-baby treatment (2016)

AMA recommends screening (2017)



Viscous Cycle



The ACA and MMH

Patient Protection and Affordable Care Act (ACA) Essential Health Benefits (EHB) & Prevention

- All individual and small group plans must cover EHB benefits (which include MH). Large group plans need not cover EHB but if an EHB benefit is included there can be no annual lifetime dollar or visit limits
- Requires coverage of screening for postpartum depression at no cost to the patient. However HMO plans already covered maternity office visits at \$0 co-pay. Insurance plan coinsurance was modified. (There is no requirement to pay for screening separate from the standard office visit.)



Federal Mental Health Parity

Mental Health Parity Act

- Requires mental health/substance use disorder out of pocket costs to be no higher than similar services on medical benefit plans.
- MMH Parity doesn't address key problem that MH can be carved out and delivered through separate policies. Creating added barriers for:
 - Medical providers to deliver treatment & find referral pathways
 - and-
 - Patients to navigate provider networks/access





Formed via
Assembly Concurrent Resolution
(ACR) 105 (2014), requiring a
report be issued back to the
Legislature.

Maternal Mental Health: CA's Goals and Recommendations

The Key Players

16 appointed multi-stakeholder members & additional standing contributors



Funded privately by The California Endowment & The California Health Care Foundation.



5 Major Barriers & Calls to Action

No Home Base for Screening, Lack of Referral Pathways, Capacity & Support
Single provider type must always be on-point to screen, clear role must be defined (Ob/Gyn)
Must address knowledge gaps, capacity & treatment shortages

Mental Health and Medical Systems Are Not Integrated
Starting with Insurance Policies;
Accessing mental health care should be no different than heart care

No Measurement of Screening Rates:
We don't address what we don't see; Need a HEDIS Measure

Women Need More MMH Education & General Support:
To reduce risk & address stigma; Public Health Department

No Framework for Change for All Key Stakeholders:
A clear path helps all of us get from A to B; See Paper Appendix



Screening Goal, 80% by the Year 2020

Work Products

State Strategic Plan “White Paper” & the following tools:

Provider Core Competencies

Identifies the skills and knowledge various providers should have who interact with women in the perinatal period

A Continuum of Care

Summarizes the 4 critical timeframes for providers to address MMH disorders

Screening: Score “Cut Offs” and Timing Recommendations

Developed by PSI at the urging of the task force to identify score cut-off for PHQ-9 and EPDS & Timing of Screens by PCP, Ob/Gyn and Pediatrician

A “Menu” of Treatment Options

Adapted from the MCPAP for Moms Toolkit to Include Full Range of Tx Options by Severity

Detailed Recommendations for All Stakeholders

Everyone can and must do something



2018 California Legislation Signed into Law in October 2018

AB 1893 Dept of Public Health to Explore and Apply For Federal Funding Including Bringing Postpartum Depression out of the Shadows Act

AB 3032 Hospital Maternal Mental Health

Requires hospitals to train clinicians and educate women about maternal mental health disorders and local treatment options, if any.

AB 2193 Obstetric/PCP Provider Screening & Insurer Programs

MDs treating mom to confirm screening has occurred or perform Screening at least once during the perinatal period.

Requires health insurers to develop MMH programs to support women and providers.



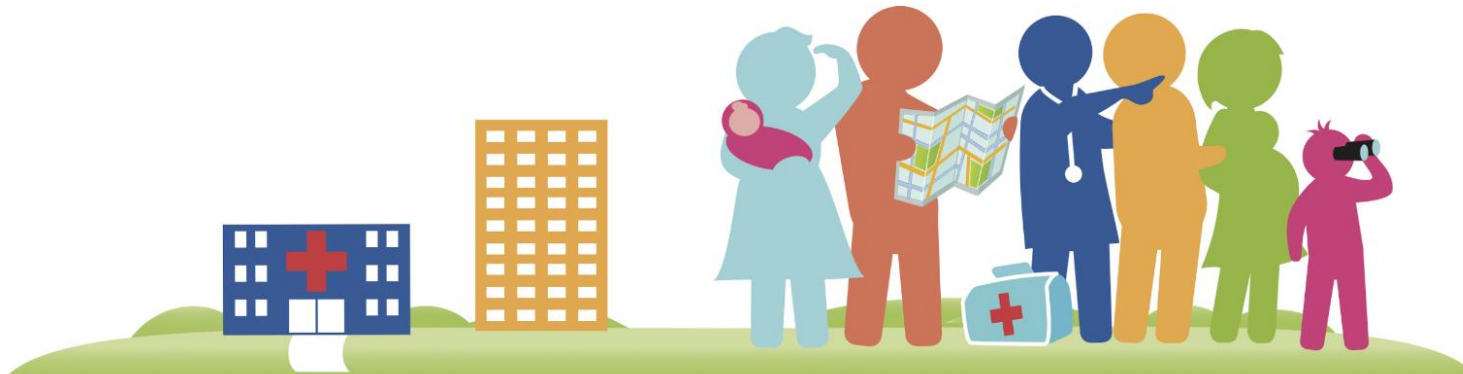
References:

Report from the California Task Force
on the Status of
Maternal Mental Health Care

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Thank you!