HOW TO INCORPORATE SCREENING INTO PRIMARY CARE PRACTICES

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Family Nurse Practitioner

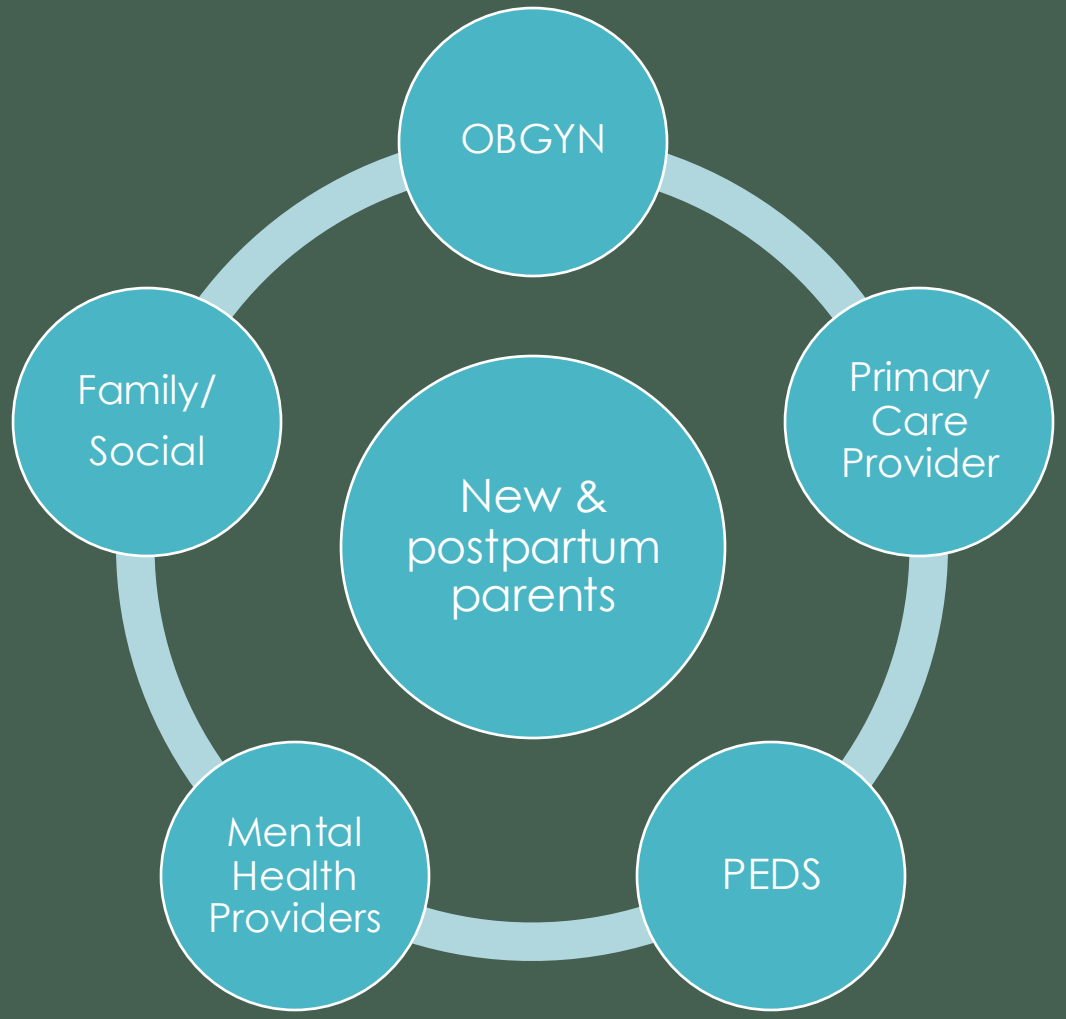
Objective

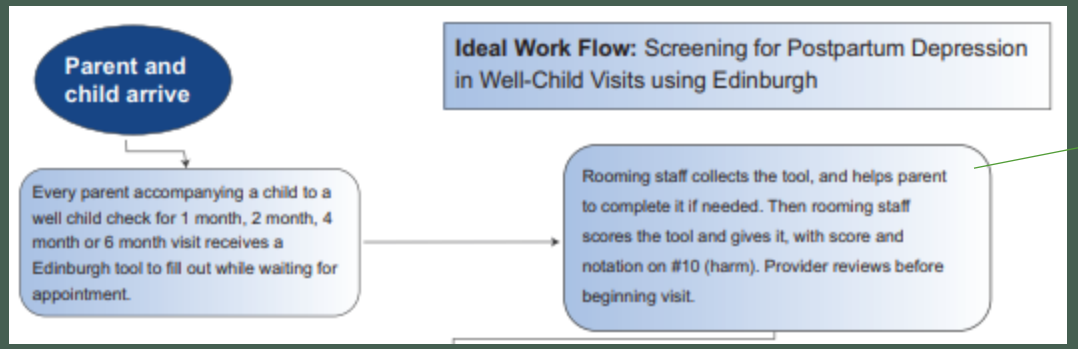
- Discuss how and when to incorporate screening for perinatal mood disorders in a primary care setting.

- Disclosures: None

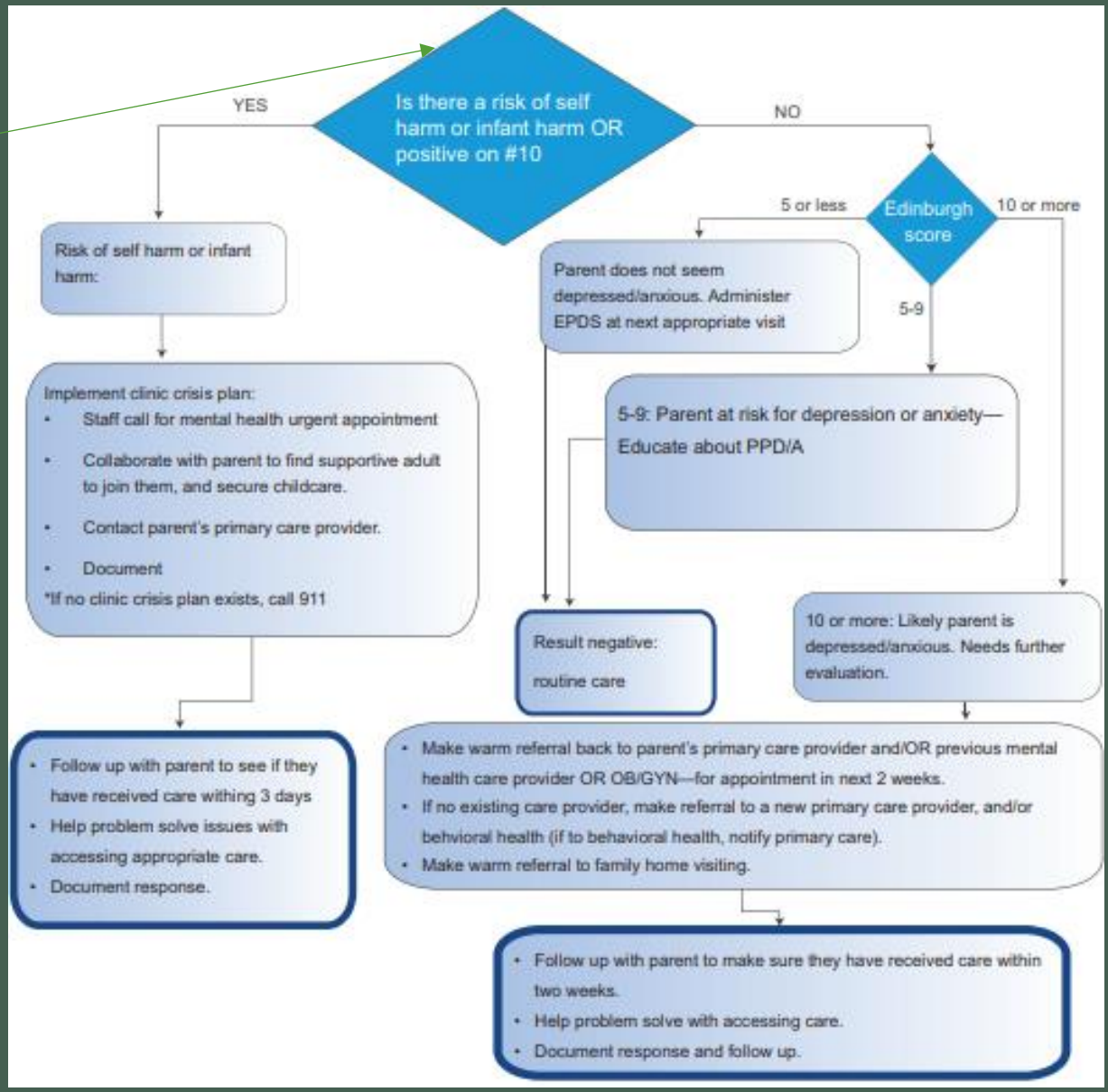
Image from: Office on Women's Health, 2018

The Circle of Support



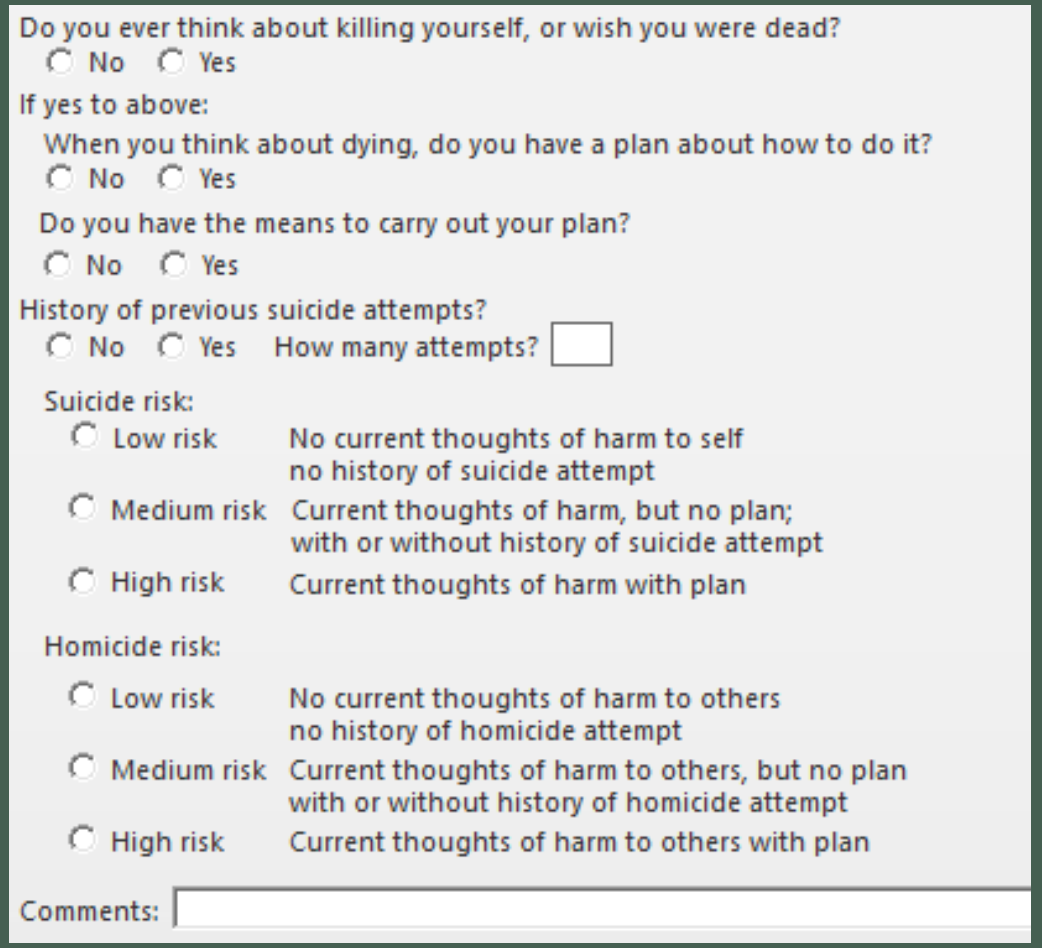


[Guidelines for Implementing Universal PPD Screening in WCC]



Kansas Chapter of The American Academy of Pediatrics, 2022

Suicide Risk Assessment


Do you ever think about killing yourself, or wish you were dead?
No Yes
If yes to above:
When you think about dying, do you have a plan about how to do it?
No Yes
Do you have the means to carry out your plan?
No Yes
History of previous suicide attempts?
No Yes How many attempts?
Suicide risk:
Low risk — No current thoughts of harm to self; no history of suicide attempt
Medium risk — Current thoughts of harm, but no plan; with or without history of suicide attempt
High risk — Current thoughts of harm with plan
Homicide risk:
Low risk — No current thoughts of harm to others; no history of homicide attempt
Medium risk — Current thoughts of harm to others, but no plan; with or without history of homicide attempt
High risk — Current thoughts of harm to others with plan
Comments:

- If yes to question 10 on EPDS, or #9 on PHQ9 we perform the suicide risk assessment
- If high risk- same day referral to Behavioral Health team or if unavailable ER psychiatric evaluation

Conversation Starters

- "Who's helping you at home?"
- "I see from the form that you may feel overwhelmed."
- "What are you doing to take care of yourself?"
- "What's the best thing about being a mom to this baby? Are there any hard things? How are those going for you?"
- "Do you get any personal time any more? Is anybody helping you with that?"
- "Has someone mentioned to you that you haven't been yourself?"
- "When I had my baby, I remember being so overwhelmed. How are you doing?
- "Would it be OK with me to share resources with you that other new moms have found helpful? Because you matter as a human being too."

- Promote the strength of the mother-infant relationship
- Encourage the mother and reassure her regarding any concerns about breastfeeding
- Encourage understanding and responding to the infant's cues
- Encourage reading and talking to the infant
- Encourage routines for predictability and security, sleep, diet, exercise, and stress relief
- Promote realistic expectations and prioritizing important things
- Encourage social connections

AAP, 2022

Billing Guidance

- **CPT code: 96161 Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument**
- **Effective October 1, 2022**, Medicaid Managed Care (MMC) plans will reimburse postpartum maternal depression screening using a validated screening tool up to ***four times*** within the first 12 months after the end of the pregnancy.
  - Screening can be provided by the maternal health care provider and/or by the infant's health care provider. This reimbursement is in addition to the payment for an Evaluation and Management (E&M) service when maternal depression screening is provided postpartum. Providers of infant health care may bill for postpartum maternal depression screening under the infant's Medicaid ID. Alternatively, providers may bill this service separately under the mother's Medicaid ID.
- **If the mother screens positive for depression, the mother must be further evaluated for diagnosis and treatment. Medical practices that do not have the capacity to evaluate and treat mothers who screen positive for depression must have a referral process in place.**

Fidelis, 2022

References

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BEHAVIORAL HEALTH CARE IN AN OBSTETRIC-GYNECOLOGY PRACTICE

Ellen Tourtelot MD
Ellen Poleshuck PhD

PRACTICE TRANSFORMATION: WE STARTED BY EXPANDING AND TRACKING UNIVERSAL SCREENING

2016-2017 EPDS Screening built into practice. (patient completed on paper and results manually entered into EHR)

Increased screening rate at first prenatal visit from 10%-20% to 96%

Increased screening rate at the post partum visit from 80% to 99%

Changed to PHQ and GAD for screening

RESPONSE

MOVED FROM SCREENS ON PAPER TO SCREENS ON TABLETS

RESPONSE

- Increase screening at next visit by a standardized and automated method using tablets.
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- If a screen results was positive at the first visit, an automatic prompt will occur in four weeks when a patient checks in for her next appointment.
- The prompt will be seen by the check in staff and will indicate that a tablet with the PHQ2/9 screen needs to be given to the patient.
- The screening results automatically flow in to the medical record with pop ups for positive screens.

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