Perinatal Mood and Anxiety Disorders Screening Modules for Pediatric Primary Care

October 7, 2020
Discuss why these training modules are needed

Introduce each module including the downloadable resources available to practices including sample consent forms

Review the types of credit available for participation

Provide links to participate in training modules and discuss technical assistance options available from CCHAP

Questions and Answers
Use the Q and A function for questions

We will answer questions about the modules at the end of the presentation

Please let us know of any technical issues using the Q and A function

All participants are muted
Why do we need this training?

Current clinical recommendations do not address the issues of screening someone who is NOT your patient – how do you…

- Protect caregiver confidential screening and mental health records?
- Document screening results in the child’s chart?
- Obtain consent from the caregiver to screen and potentially refer?
POLL # 1
Key Foundations: Perinatal Mood and Anxiety Disorders (PMAD) Screening in Pediatric Primary Care

At the end of this activity, you will be able to:

1. Discuss the impact of Perinatal Mood and Anxiety Disorders

2. Integrate the various screening recommendations into a plan for screening that works for your clinic

3. Apply a “Screen and Manage” approach in pediatric primary care
Module 1 | 1.2 Introduction — Perinatal Mood and Anxiety Disorders Screening in Pediatric Primary Care

Caregiver Mental Health

PRD
Pregnancy-Related Depression
Focus on mother

PMAD
Perinatal Mood and Anxiety Disorders
Expands to Fathers & Caregivers

• anxiety
• PTSD
• depression

Child’s Welfare
Accessible and Approachable Screening Implementation

The following content can also be found within this PDF document from CDPHE, available at the end of this module.

1. **Screen**
2. **Assess for Risk**
3. **Manage**
4. **Follow-up**
Operational Best Practices for Perinatal Mood and Anxiety Disorders Screening and Response

At the end of this activity, you will be able to:

1. Explain why the well child visit is the ideal place to screen caregivers for perinatal mood and anxiety disorders
2. Apply the tools from this module to create your own policy and procedures around consent, documentation, response, and billing
3. Describe the many ways pediatric providers can support caregivers experiencing perinatal mood and anxiety disorders
4. Adopt a sensitive and consistent response to screening
If screening identifies need: offer appropriate follow-up care, referrals, resources & emergency protocols

Your practice works with other health care providers and resources for caregiver follow-up, and may share relevant screening results to coordinate care

PDF Download available at the end of this module
Sample Caregiver Perinatal Screening Policy and Procedures

Clinic: ARCO Peds, Denver Office

Date Created: 01/01/2019

Last Reviewed: 07/01/2020

Approved By: Ira Dector, MD Medical Director

Purpose
ARCO Peds Denver Office will universally screen caregivers for Perinatal Mood and Anxiety Disorders (PMAD) in the first year of a patient’s life. ARCO Peds Denver Office will require caregivers meeting the Screen Caregiver Clinical Workflow and will follow the procedures outlined in this Policy & Procedures (P&P).

Scope
ARCO Peds Denver Office

Personnel
- Front Desk Staff
- Medical Assistants
- All Credentialed Medical Providers
- Licensed Behavioral Health Staff

Policy
Screening caregivers in a child’s medical visit
All caregivers attending a child’s medical visit will be universally screened for perinatal mood and anxiety disorders between the child’s 2 week visit and the child’s 1 month well-child visit. Caregiver screening consent will be woven into clinic new patient consent and disclosures. Screener results (unanswered, answered, and follow-up) will be documented in the child’s medical record. One screener will be given per family per visit. Families with multiples will have multiple results recorded in all applicable infant medical charts.

Procedures
1. Front desk staff will obtain consent during new patient registration
2. Medical Assistants will give the screener during routine care
3. Medical Assistants will score the screener
4. The medical provider will review the screener with families

8. The integrated behavior health provider will meet with the family immediately during the visit when a score is elevated or a caregiver is having a behavior health emergency, or when the medical team is aware of caregiver needs and emergency status.
7. All staff will follow the caregiver emergency procedures when applicable
6. The integrated behavior health provider will alert the medical team if a caregiver requires emergency psychiatric evaluation
5. Visit panel will be left open to ensure family safety
4. Behavioral health provider will place caregiver on an H-1 Child of necessary
3. Nurse will call H1 and request patient information
2. Nurse will call W-1 and request patient information
1. Nurse must indicate C caregiver on an H-1 Health report

Baseline
- Behavioral health provider coordinates care for the infant and/or child with the family or related systems as applicable
- The Medical Director shall provide oversight and revisions to the P&P
- The P&P must be reviewed and updated as needed and at least once annually

Procedure Review and Updates

Description of any material changes made to the policy and procedures
Essential Documentation Practices

**In the Parent’s Record**

**Parent is in same EHR**

1. **System:** Where parent sees a provider in the same system, especially where provider is same for parent and baby.

2. **Completed paper screening tool is scored, then used by provider during the well child check.

3. **Parent:** Opens up parent’s record, puts score and follow up actions in parent’s record (not child’s).

**Advantages:**
- All information only in parents file, only parent and parent’s provider have access.
- Parent’s provider can do follow up.
- May get easier as technology improves.

**Disadvantages:**
- Parent may not have a flip in system, may not pop up at next well child check.
- May take more care coordination time.

**In the Child’s Record**

**System:** Where parent sees a provider in the same system.

1. **Completed paper screening tool is scored, then used by provider during the well child check.

2. **Parent:** Support puts information about the tool being completed, score tool, and follow up actions into child’s record.

3. **EHRs:** In child’s record are used to track follow up.

4. **Parent’s provider:** If system, can be notified through internal messaging.

5. **Tool:** May be scanned into child’s record.

**Advantages:**
- Information regarding the child’s health is readily accessible to child’s provider but not clear to all readers (i.e. using “zone” or other coded words).
- Tracking follow up from pediatric visit is easier.

**Disadvantages:**
- Mental health information on parent is available from child’s record.

**In the Parent’s Provider**

**System:** Where the parent is not a patient.

1. **Screening tool contains a consent form for information to be shared with parent’s provider, and option to fill by provider information.

2. **Completed paper screening tool is scored, then used by provider during the well child check.

3. **EHRs:** In child’s record are used to track follow up.

4. **Collaboration:** Staff forward screen information and recommendation for follow up care to parent’s provider.

**Advantages:**
- Information on parent is not connected to child’s record.
- Information is available, if you know where to look.
- Parent will (if weeks) receive follow up care from own provider.

**Disadvantages:**
- Might be able to flagging, reporting.

Other interesting options include:
- **Obtaining consent from the parent to put the score into the child’s record.
- Upload actual screening tool into parent’s chart.
- Keep parent and baby linked in medical record (may require a certain amount of time after birth).
- Only record if screening is high.

PDF Download available at the end of this module
Implementing Universal Caregiver Screening in Pediatric Primary Care

At the end of this activity, you will:

1. Ensure your staff and clinic are prepared to screen
2. Review the steps that are critical for a clinical workflow
3. Understand basic scoring, interpretation, and response to empirically validated screening tools
4. Describe the importance of considering clinical impression beyond the screener score
# CCHAP Screening Implementation Checklist

## Perinatal Mood and Anxiety Disorders Screening Checklist — 2020

### Determine caregiver screening protocol:
- Identify validated tool
- Determine screening frequency

### Develop clinic Policy and Procedures addressing:
- Obtain caregiver consent
- Document caregiver screening results
- Response to caregiver screens (internal and external roles and responsibilities)
- Privacy and data management of caregiver screening results
- Crisis protocols

### Determine the needed clinic preparations such as:
- EMR changes to document screening results
- Workflow for caregiver screening including dissemination (who will give it to the caregiver and where they will complete it, review, response, and referrals)
- Tracking mechanisms for referrals
- Billing and coding
- Documentation and template updates
- Consider a pilot period to test workflow and uptake

### Prepare and train all staff:
- Explain why caregiver screening is an important part of the well-child visit
- Review all aspects of the Policy and Procedures including individual roles and responsibilities
- Use scripted response examples – such as how to introduce the screener, normalizing screening, talking about results, etc. Consider role play examples to increase staff and provider comfort.
- Provide detailed information on billing and coding for all payers

### Referral Planning:
- Determine your referral sources and needs
- Complete an inventory of current referral options
- Develop Care Compacts with outside behavioral health providers as needed to address all aspects of the referral and ensure a smooth transition
- Ensure all staff understands crisis policy and procedures

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Clinical Response and Referral in the Pediatric Setting

At the end of this activity, you will:

1. Review and respond to *non-elevated screeners* emphasizing wellness strategies
2. Review and respond to *elevated screens* and assess caregiver needs
3. Assess *caregiver risk* and provide *safety planning*
4. Confidently *refer and track referrals*
Introducing the Screen During a Visit

**TRAINING**
- Goals of screening
- Ask questions
- Discuss workflow considerations

**Screener Introduction Example**

*Feeling sad, worried or overwhelmed is very common after having a new baby. We will be seeing you and your baby often and want to support you. We ask all new caregivers to answer these questions and our team will talk with you more about how you are doing during your visit.*
Video Example

Discussing referrals and support groups
Credit Available for Medical Providers

CME Statement

This Enduring Material activity, Screening for Perinatal Mood and Anxiety Disorders in Primary Care Pediatric Settings, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Term of approval begins 06/01/2020. Term of approval is for one year from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for 1 AAFP Elective credit.

Pediatricians who participate in this activity and meet ABP completion requirements will receive credit for the Lifelong Learning Self-assessment component of Maintenance of Certification (MOC Part 2). CCHAP will provide completion information directly to the ABP on your behalf.
How to Enroll

- [https://cchap.thinkific.com/](https://cchap.thinkific.com/)
- Create Login

Foundations of Perinatal Mood and Anxiety Disorders (PMAD) Screening in Pediatric Primary Care

A 4 Module Training and Resource Toolkit
Implementing a standardized and effective screening for Perinatal Mood and Anxiety Disorders in pediatric primary care to help caregivers be their best selves and ensure the health and well-being of your patients.
Next Steps
QUESTIONS?