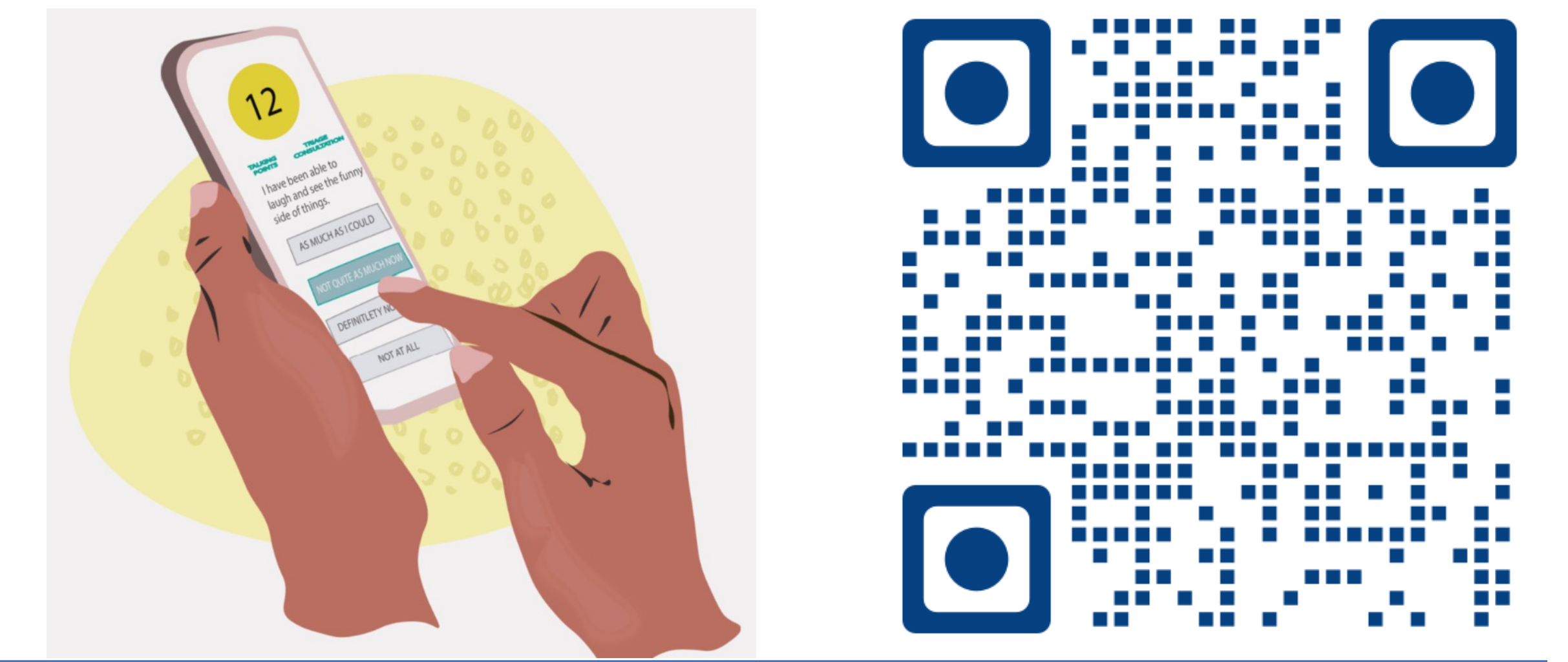


Digital tool impact on clinician perceptions related to screening for perinatal mental health

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ABSTRACT

Perinatal mental health issues (PMH), including postpartum depression (PPD), threaten the well-being of entire families. Evidence from national studies indicate that although effective treatment options are available and increasingly accessible via telehealth, PMH concerns including PPD remain underrecognized and undertreated due in part to a lack of wide spread screening by healthcare providers. Furthermore, low rates of screening are attributed HCPs lack of time, knowledge around screening, as well as unfamiliarity with resources for referral and low rates of reimbursement. Importantly, HCPs report feeling overwhelmed by the responsibility of staying up to date with screening and referrals for PMH issues.

To understand how a digital screening tool might improve HCPs perceptions of screening, we surveyed 10 obstetrician-gynecologists on their perceptions around PMH screening pre- and post-implementation of a pilot program in which HCPs were given access and a brief introduction to a simple digital screening tool. HCPs were asked to complete close-ended questionnaires on screening perceptions and behavior pre- and post-implementation; a subsample of the HCPs participated in a semi-structured interview post-intervention designed to elicit insights as to how digital screening tools might improve the referral to telehealth services for PMH conditions and processes for HCP reimbursement.

OBJECTIVES

- Understand the improvements to practices and perceptions of perinatal mental health screening through utilization of a digital tool for screening patients
- Assess the impact of a digital tool for screening patients with potential PMH issues on the workflow for clinicians

STUDY METHODS

Study Design:

- Single-arm, mixed methods quantitative (survey) and qualitative (interview) study involving clinicians prior to and after implementation of a simple digital tool for PMH screening
- General acceptability and usability of the platform as evidenced by end of study questionnaires completed by the clinicians
- Qualitative assessment of change in PMH screening practices as evidenced by responses to interviews with clinicians.

Study Participants:

- 10 clinicians currently using the digital screening platform in Florida (three private obstetric and midwifery practices in south Florida)
- Credentials of participants: MD, APRN or RNC-OB
- Range of number of years in practice: 1-22 (Average 10.55 years)
- 2 clinicians chosen for in depth interview

Pre-platform Results

Q. How did you screen your patients for depression/anxiety/PPD symptoms prior to implementing the digital screening tool?

- All participants indicated that a paper form of a screening survey was given to patients to complete (either prior to appointment or during the appointment)
- 4 clinicians indicated that the EPDS survey was given
- 2 clinicians indicated that the PHQ-9 survey was given
- 3 clinicians did not specify which survey was given

Q. How often did you screen your patients?

- Never (my patients just told me... 0
- Rarely (only when a patient wou... 0
- Sometimes (if I had a concern) 5
- All the time (every patient always) 5



- The split between screening patients all of the time and sometimes (if there was a concern) was 50/50

Q. What population of patients would you typically screen?

- Pregnant patients only 0
- Post-partum patients only 7
- Pregnant and post-partum patie... 3
- Only patients that expressed co... 0



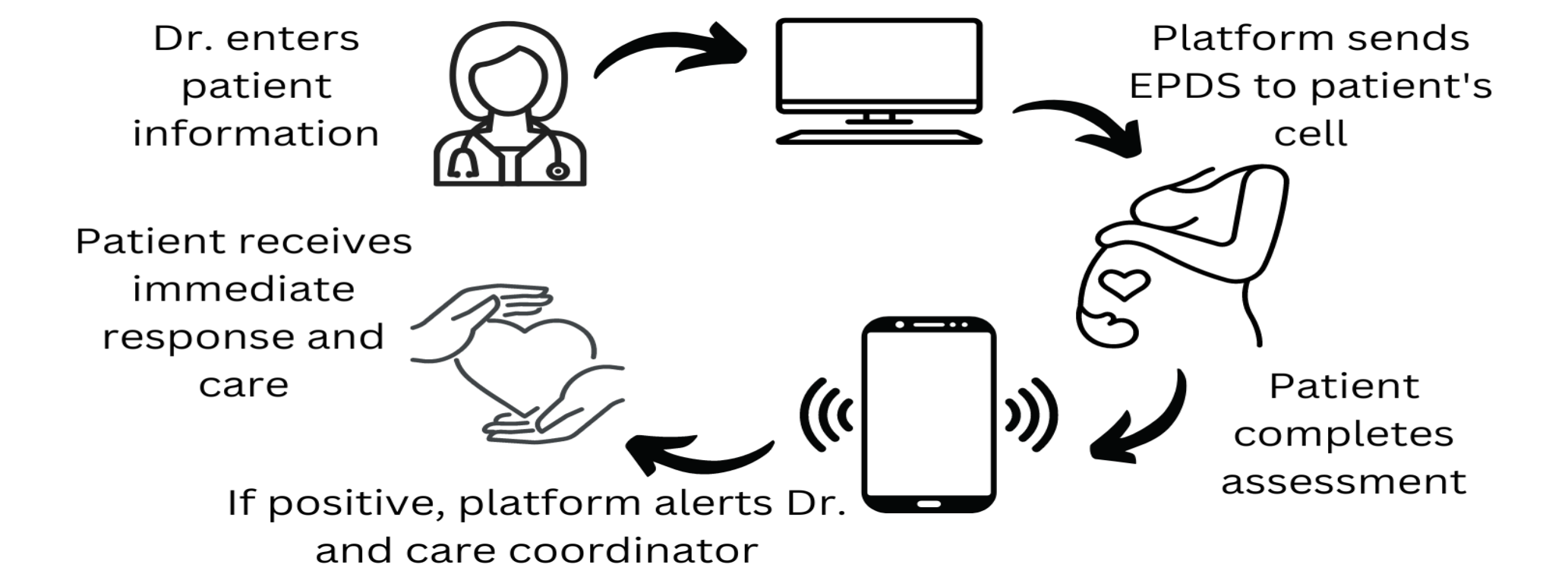
- 70% of clinicians indicated that they screened post-partum patients only and 30% indicated that they screened both pregnant and post-partum patients
- This leaves many pregnant or other patients (gynecology only) unscreened for PMH

Q. What was your process or steps taken when a patient screened positive for depression/anxiety/PPD?

- 5 of the 9 clinicians indicated that they provided referrals to these patients verbally
- 3 of the 9 clinicians indicated that their patients were given a pamphlet or a written resources list
- 2 of the clinicians indicated that they would immediately hold a conversation or provide some counselling on the spot
- 4 of the 9 clinicians indicated that they would personally try to help them locate resources by calling on therapists/counselors

Comments

- "I would do extensive counseling at the time screen was positive and refer them to providers I knew (but most of them would not take insurance)"
- "I would personally try to find them a mental health provide in their vicinity"
- "Trying to find them a psychologist or psychiatrist but not knowing if they actually followed up with one"
- "Tried to find a provider in her insurance that was taking new patients, and ok with seeing someone postpartum"



Post-platform Results

Q. How often do you screen your patients now?

- Never (my patients just tell me, I... 0
- Rarely (only when a patient shar... 0
- Sometimes (if I have a concern) 3
- All the time (every patient always) 7



- Screening of patients "All of the time/Every patient" INCREASED 40%
- Screening "Sometimes" DECREASED 40%
- This significantly increases the chance that marginal PMH issues will be identified as many women will not express their concerns without prompting

Q. What population of your patients do you screen now?

- Pregnant only 0
- Post-partum only 1
- Pregnant and postpartum 5
- Only patients that expressed co... 0
- All patients (regardless of mater... 4



- 90% of participating clinicians now screen both Pregnant AND Postpartum women or ALL patients (regardless of maternal status) versus screening ONLY postpartum women
- Screening of postpartum ONLY women DECREASED by 85%, ensuring that more women will be screened and more PMH issues will be caught

Comments

- "I personally feel I now have a support team to assist with these patients"
- "It is easier for someone having thoughts of self harm or depression to simply press a choice on your screen [rather] than actually plastering it on a paper for everyone to see"
- "This tool has been absolutely wonderful, the patients are contacted almost immediately with follow up. Excellent communication"
- "It's an amazing resource that helps patients with postpartum depression find the resources needed to get through this difficult time in a safe and effective manner"
- "I wish I would have been using this sooner. Easy to use for patients and myself"

CONCLUSIONS

- Without the digital screening platform, screening was inconsistent, poorly documented, potentially intrusive
- Clinicians are poorly equipped to provide meaningful counselling or assistance with mental health concerns (not within their training)
- Clinicians were highly likely to be at a loss to provide therapeutic resources (knew of only one therapist, limited knowledge of insurance coverage, etc.)
- Digital screening tool is used on more patients, catching more women needing PMH resources
- Digital screening platform provides the needed resources to patients, taking this responsibility out of the hands of the clinicians

Perinatal Mental Health and Screening Concerns

Perinatal Mental Health (PMH) and postpartum depression (PPD) is a serious mental health problem characterized by a prolonged period of emotional disturbance, occurring at a time of major life change and increased responsibilities. In the case of a newborn infant, PPD can have significant consequences for both the new mother and family. Symptoms of PPD include severe mood swings, excessive crying, depressed mood, severe anxiety, difficulty bonding with the baby, insomnia, as well as several other symptoms. One in seven women suffer from PPD, however PPD is the most under-diagnosed obstetrical complication in the United States. Some studies indicate that up to 50% of individuals with PPD are never diagnosed. A robust body of literature points to why PMH conditions are not detected, diagnosed, and treated as they should be. Within the healthcare community, reasons include lack of ownership of a patient's mental health, with obstetricians and midwives focused on delivering a full-term, healthy baby, and pediatricians focused on caring for that baby. Doctors also hesitate to ask about mental health for fear of revealing a complicated problem they do not feel capable of addressing. Most maternal-child healthcare providers are not educated about PMH, even in obstetrics. Effective screening requires patient education, initiating treatment, and/or providing referrals, all tasks requiring significant time that may not be adequately reimbursed.

Baby Blues	Postpartum Depression	Postpartum Psychosis
Affects - 50% of 85% of mothers	Affects - 13% of mothers	Affects - 0.1% to 0.2% of mothers
Symptoms last up to two weeks postpartum.	Symptoms can begin immediately and up to a year postpartum.	Symptoms begin in the first three months postpartum.
Symptoms could include - • mood swings • anxiety • sadness • irritability • crying • feeling overwhelmed • reduced concentration • appetite problems • trouble sleeping	Symptoms could include - • depressed mood • severe mood swings • excessive crying • intense irritability & anger • severe anxiety • difficulty bonding with baby • insomnia or sleeping too much • reduced interest in activities you used to enjoy • feelings of guilt or inadequacy • thoughts of harming yourself or your baby	Symptoms could include - • depressed mood • confusion • disorientation • obsessive thoughts about your baby • hallucinations • delusions • sleep disturbances • paranoia • attempts to harm yourself or your baby
	Note - Symptoms, especially untreated, can last for many months if not longer.	Note - Signs and symptoms are more severe and require immediate treatment.