Care Coordination in Perinatal CoCM

March 1, 2023

Sarah Fraley, LMSW

Objectives:

- Participants will be aware of factors specific to identifying and referring perinatal patients to higher levels of care
- Participants will be aware of how to begin building a perinatal-specific resource list

Poll

What are some unique physical and emotional needs of perinatal patients?

Care coordination

"Care Coordination involves **deliberately organizing patient care** activities and **sharing information among all of the participants** concerned with a patient's care to achieve safer and more effective care."

https://www.ahrq.gov/ncepcr/care/coordination.html

Why do we need to coordinate care?

- Improves safety
- Improves effectiveness
- Improves efficiency
- Improves outcomes

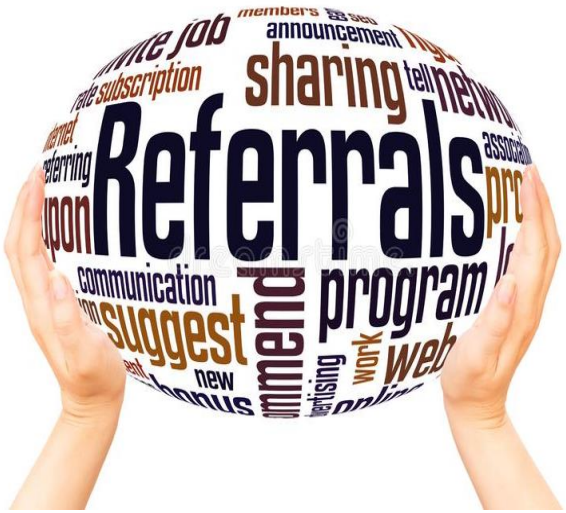
When do we need to coordinate care?

When there are other systems active in a patient's care or we are initiating referrals to other systems

Patients are often involved with multiple systems such as primary care, specialty care, and community programs

How to identify that a referral may be needed

- Screeners such as SDOH, Edinburgh Postnatal Depression Scale, Primary Care PTSD Screen, Bipolar disorder screening (MDQ), may identify a need for a higher level of care
- Needs may be outside the BHCM role
- Lack of improvement/response



Key components of coordinating care

- Coordination of multiple systems
  - Identifying the systems and agencies
  - Getting release of information
- Timeline of looping back to care provider
- Building relationships with the providers
- Identifying strategies to coordinate with providers (e.g., email, in-person/via meeting, who/where/how to relay information)

Types of need

NEEDS

Concrete

Housing, support with bills, transportation, baby clothes/supplies, food, etc.

Mental health

Psychotherapy, psychiatry, substance use treatment

Match presenting problem to evidence-based practice and BH resources available

Higher levels of care

A higher level of care/referral may be needed for:

MENTAL HEALTH NEEDS

- Psychosis
- Active suicidality

EMERGENCY NEEDS

- IPV (intimate partner violence) shelters

Where and how to refer

Know what's available in your community

- Community scan
  - Spend time looking for resources specific to your community (google, drive around, visit places)
  - Hidden gems (ask around)
  - Places you may not think of (religious communities)
- Get to know the people working for the community resource (and what it looks like on the outside and the inside)
- Know the eligibility requirements
- Follow-up with patient and the resource to ensure access
- Help the patient call

Barriers to referrals:

- **Waitlists** (mental health providers)
- **Incomplete communication** between person providing the referral and the person referred to (i.e., not giving information about the reason for referral, no follow up on testing/information about what was completed, information is not shared)
- People **not calling back** (encourage continuing to call, call with person, advocate for the person)
- **Pressure** from support person who may not agree with the referral or need for additional services (stigma, past experiences, belief system)
- **Limited organizations** available
  - Look for “grassroots” organizations that are known by locals or MIHP/IMH
  - Join local networking agencies (perinatal quality collaboratives)
- **Not knowing the resources** available
  - Use google, connect with IMH and MIHP (Maternal Infant Health Program) individuals
- **Organizations that will not accept or treat** pregnant women
- **Cost/access/literacy/transportation**

RESOURCES

MIHP

The Maternal Infant Health Program nurtures health and wellness throughout pregnancy and infancy by partnering families with caring, trusted, and knowledgeable home visitors who serve the goals and needs of each family.

- Maternal and infant health assessment and plan of care
- Home or office visits provided by a team including a nurse, social worker, and dietitian
- Pregnancy and parenting support
- Infant health and development education
- Breastfeeding and nutrition support
- Referrals to community resources based on your needs

“Our Vision is that all babies, families, and communities in Michigan are healthy and thriving.”

Video

MC3

- Same-day psychiatry consultation for primary care providers in the state of Michigan
- Available for phone consultation M-F 9:00 am - 5:00 pm
- Guidance on diagnosis, medication, evidence based psychotherapy, local resources and screening
- Supports available at no cost to the provider with unlimited access
- For more information on services, to sign-up online or view online recorded learning modules (CMEs) visit our website

MC3Michigan.org

Community mental health, CMH

What is a CMH in Michigan?

- Adults and children with intellectual and developmental disabilities, mental illness, and substance use disorders may receive community-based behavioral and mental health services and supports through their local **Community Mental Health Service Provider**, known as the CMH or CMHSP
- Medicaid is the major source of most funding for the publicly-funded mental health system in Michigan, and **care at CMHs is an entitled benefit under Medicaid**

Access line: (888) 225-4447 toll-free Monday–Friday, 8 a.m. to 4:30 p.m.

Medicaid

Medicaid is available to an eligible woman while she is pregnant and postpartum regardless of the reason (e.g., live birth, miscarriage)

- The Michigan Department of Health and Human Services (MDHHS) now provides 12 months of continuous postpartum Medicaid coverage to reduce postpartum morbidity and mortality in Michigan. (This extension is effective April 1, 2022 and continues regardless of any changes in circumstances, such as income)
- Extended postpartum Medicaid coverage includes full benefits, such as physical and behavioral health services, substance use disorder treatment, dental care, and more

There is an income limit for this program

WIC

Supplemental Nutrition Program for Women, Infants, and Children (WIC) aims to protect the health of low-income women, infants, and children up to age five who are at nutrition risk. The WIC Program provides nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

Do you have ideas about how the WIC Program can better serve Michigan families?
Michigan WIC is looking for current and former WIC clients to serve on a Client Advisory Council. Council members will be paid $25/hour and meetings will be virtual.

Michigan resources

- **Stay Home, Stay Connected** is an online group where pregnant and postpartum patients can communicate and share their experiences. The program includes monthly small group check-ins with other patients at similar points in their pregnancy and online classes on wellness and managing stress in pregnancy led by members of Michigan Medicine's Behavioral Health and Social Work teams.
  More info at: https://www.umwomenshealth.org/resources/classes-support

- **Women's Health Resource Center Guide:**
  https://med.umich.edu/pdf/whrc/Community-Resource-Guide.pdf

Resources:

- Reyes AM, Akanyirige PW, Wishart D, Dahdouh R, Young MR, Estrada A, Ward C, Cruz Alvarez C, Beestrum M, Simon MA. Interventions Addressing Social Needs in Perinatal Care: A Systematic Review. Health Equity. 2021 Mar 4;5(1):100-118.
- https://healthleadsusa.org/resources/brooklyn-perinatal-network-lessons-learned-a-new-way-to-empower-community-in-sdoh-interventions/
- Social and Structural Determinants of Health Inequities in Maternal Health
- *Joia Crear-Perry, Rosaly Correa-de-Araujo, Tamara Lewis Johnson, Monica R. McLemore, Elizabeth Neilson, and Maeve Wallace*
- Journal of Women's Health 2021 30:2, 230-235
- Nowak AL, Giurgescu C. The Built Environment and Birth Outcomes: A Systematic Review. MCN Am J Matern Child Nurs. 2017 Jan/Feb;42(1):14-20.
- Crear-Perry J, Correa-de-Araujo R, Lewis Johnson T, McLemore MR, Neilson E, Wallace M. Social and Structural Determinants of Health Inequities in Maternal Health. J Womens Health (Larchmt). 2021 Feb;30(2):230-235.
- Taylor EF, Lake T, Nysenbaum J, Peterson G, Meyers D. Coordinating care in the medical neighborhood: critical components and available mechanisms. White Paper (Prepared by Mathematica Policy Research under Contract No. HHSA290200900019I TO2). AHRQ Publication No. 11-0064. Rockville, MD: Agency for Healthcare Research and Quality. June 2011.

Questions?