Implementing Collaborative Care (CoCM) with perinatal patients

Date: February 14, 2024

PRISM

Thank you to Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan has contracted with PRISM to provide training and implementation on the evidence-based treatment model of Collaborative Care to primary care practices throughout the state of Michigan.

Blue Cross Blue Shield Blue Care Network of Michigan

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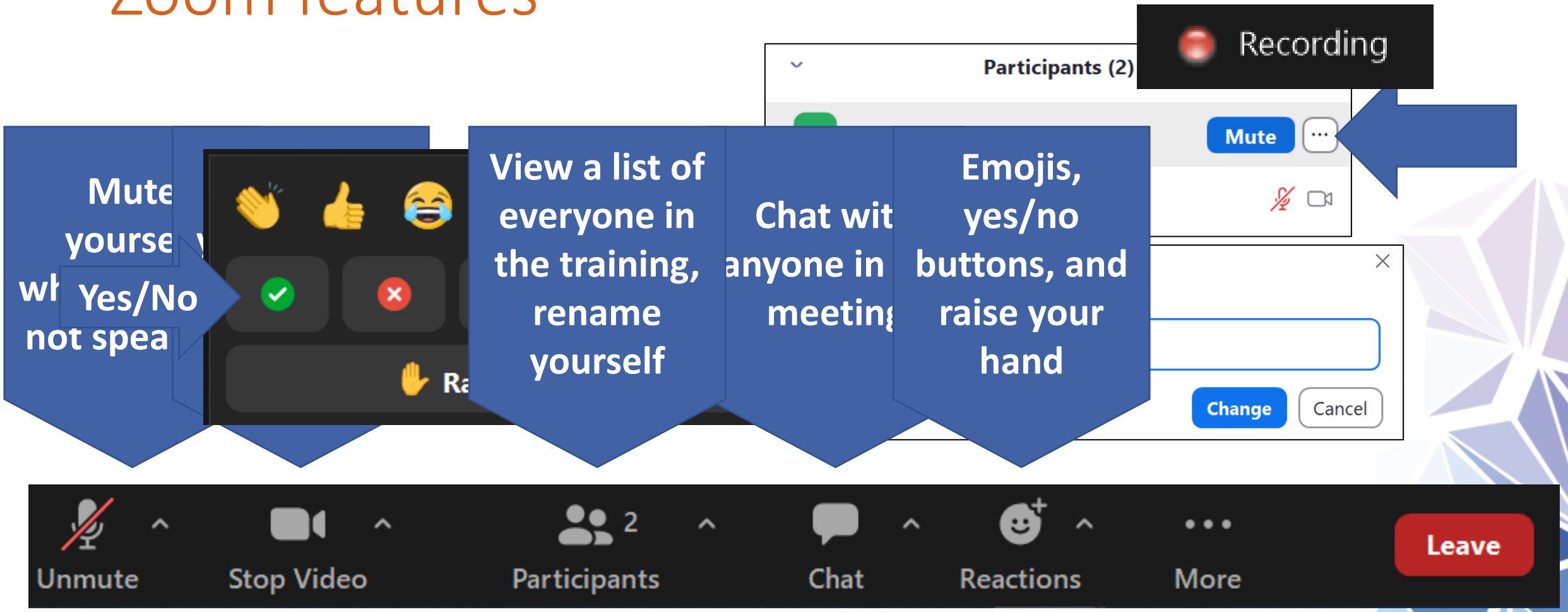
Zoom features



Instructions for behavioral health care managers and other practice staff

- **Following the course completion on 2/14/2024**, you will receive an e-mail from the Michigan Institute for Care Management and Transformation

- Please allow up to 24 hours to receive the e-mail. If you do not receive within 24 hours, please submit an inquiry via the MICMT contact form.

- Please follow the link to complete the evaluation within (5) business days for each session you attend to earn credit.

Disclosures for nursing participants

- No one in control of content has relevant financial relationships with ineligible companies.

- Successful completion of the course includes **having audio and seeing the slides live and joining the course by your individual computer**
  - attend the entire session(s)
  - credit awarded as commensurate with participation

- Upon successful completion the participant may earn a maximum of 5.5 Nursing CE contact hours.

- Michigan Institute for Care Management and Transformation is approved as a provider of nursing continuing professional development by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Disclosures for social work participants

- No one in control of content has relevant financial relationships with ineligible companies.

- Successful completion of the course includes **having audio and seeing the slides live and joining the course by your individual computer**
  - must attend “Collaborative Care in Perinatal Practice” 8-8:30am ET and “Perinatal Mood and Anxiety Disorders” 8:30-9:30am ET
  - thereafter attend the entire session(s)
  - credit awarded as commensurate with participation

- Upon successful completion the participant may earn a maximum of 5.5 Social Work CE contact hours.

- This course is approved by the NASW-Michigan CE Approving Body. Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved provider Number: MICEC 110216.

Instructions for physicians

- Attendance must be registered within 6 months to be awarded credit.
- Please complete the following steps to fill out the course evaluation and print your certificate:
  - Login to your account at MiCME at https://micme.medicine.umich.edu/
    - You must have a MiCME account to claim credit for any University of Michigan Medical School CME activity.
    - Don't have an account? Click on the "Login or Create a MiCME Account" link at the top of the page and follow the instructions.
  - See CME Activity Information “Implementing Collaborative Care with Perinatal Patients” 2.14.24 handout for full details.

Disclosures for physician participants

- There are no relevant financial relationships with ACCME-defined commercial interests to disclose for this activity.

- The University of Michigan Medical School designates this live activity for a maximum of 4.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Learning outcome

- Participants will be able to incorporate workflows and other operational techniques unique to Collaborative Care within their practice to address the behavioral health needs of the perinatal population with fidelity to the Collaborative Care Model.

Presenters

- **Mahela Ashraf,** MD, Clinical Instructor
- **Sarah A. Bernes**, MPH, LMSW, MBA, Lead Training and Implementation Specialist
- **Molly Crump**, LMSW, Training and Implementation Specialist
- **Karen Gall**, LMSW, ACTRP, Training and Implementation Specialist
- **Samantha Shaw**, MD, Clinical Assistant Professor
- **Alyssa Stevenson**, MD, Clinical Instructor

Today's agenda (Eastern time)

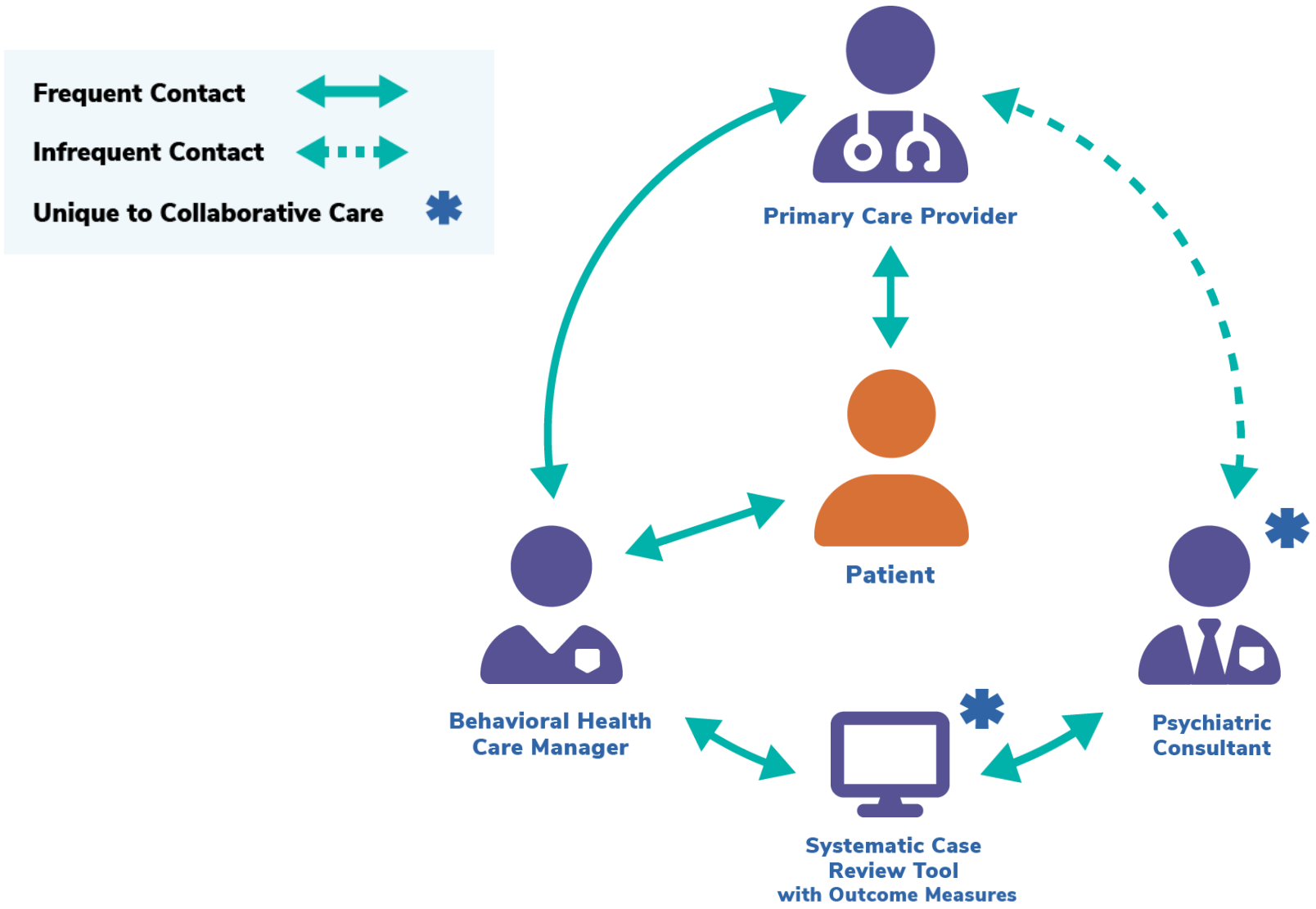
Time	Topic	Participants
8:00-8:30am	Collaborative Care in Perinatal Practice	PCP/OB, PC, BHCM
8:30-9:30am	Perinatal Mood and Anxiety Disorders	PCP/OB, PC, BHCM
9:30-9:45am	**BREAK**	PCP/OB, PC, BHCM
9:45-10:30am	Other Perinatal Mental Health Disorders	PCP/OB, PC, BHCM
10:30-11:30pm	Perinatal Psychopharmacology	PCP/OB, PC, BHCM
11:30-11:45am	**BREAK**	PC
11:30am-12:30pm	**LUNCH**	BHCM
11:45am-12:45pm	Perinatal Psychopathology and Pharmacological Intervention	PC
12:30-1:30pm	Collaborative Care Assessment with Perinatal Patients	BHCM
1:30-2:30pm	Brief Interventions with Perinatal Patients	BHCM
2:30-2:45pm	**BREAK**	BHCM
2:45-4:00pm	Providing Trauma-Informed Care to Perinatal Patients	BHCM

Collaborative Care in perinatal practice

Learning objectives

- Summarize how collaborative care is different when used with perinatal patients.

Collaborative Care treatment team



Role of the treating or specialty care provider in CoCM

- **Oversees all aspects of a patient's care**
- Screens for common mental health issues
- Introduces collaborative care and refers patients to the program
- Receives recommendations from the psychiatric consultant and determines whether to accept them
- **Prescribes medications as needed**

Role of the behavioral health care manager (BHCM) in CoCM

- **Manages caseload** of enrolled Patient using the systematic case review tool
- Provides **brief behavioral interventions** and supports medication management
- Tracks treatment response and side effects using **standardized scales**
- Supports patient through **self-management planning**, safety planning and relapse prevention planning
- Participates in **weekly caseload consultation** with the psychiatric consultant

Role of the Psychiatric Consultant (PC) in CoCM

- Participates in **weekly caseload consultation** with the behavioral health care manager
- **Recommends treatment** adjustments, including medications and other interventions
- Educates the rest of the team on psychopharmacology
- **Does not see patient directly**
- **Does not prescribe medications**

Identifying patients for CoCM

Persons who are cared for **during perinatal period**:

- Pregnancy
- Postpartum (up to 1 year after childbirth)
- Experienced reproductive loss (up to 1 year post loss)

And have mild to moderate **co-occurring mental health needs**:

- Diagnosis of depression and/or anxiety (often historical per chart)
- Current PHQ-9 and/or GAD-7 of score of approximately 10+
- There is some flexibility in which patients can be managed by this model

Boundaries are blurry at times

- Hormonal changes may reactivate symptoms or make presentations more complex
- Mild symptoms may not meet criteria for MDD or GAD
  - Grief and loss, adjustment difficulties, mild depression and/or anxiety
  - Use clinical judgment – mild cases may benefit from CoCM and prevent worsening
- Moderate symptoms also may fall into different diagnosis categories
  - Bipolar II disorder, PTSD, personality disorders
- Consider OB/GYN practice workflow when identifying patients
  - Explore following patients at frequent intervals for longer
  - Explore coordinating CoCM services if plan is to discharge patient back to their treating provider

Special considerations for treating perinatal patients (1 of 2)

- Flexibility needed—may continue working with a patient who has suffered a loss then becomes pregnant again, etc.

- High prevalence of trauma among women
  - Past (developmental, relational), new (related to current perinatal episode) or ongoing (experiencing intimate partner violence)
  - Perinatal period may “re-activate” previous trauma
  - Previous trauma may make women more susceptible to new trauma in the perinatal period

- Racial differences in the perinatal experience
  - Discrepancy in mortality rates
  - Systemic racism

Special considerations for treating perinatal patients (2 of 2)

- Patients and providers may have strong feelings about medications
- Identity changes
  - Unique experiences of what it is to be pregnant, what it is to be a parent, etc.
- Body and life changes
  - Work, partner relationship, etc.
- Cultural differences
  - Variety of cultural practices and attitudes towards pregnancy and postpartum

Severe patients need a higher level of care

- PHQ or GAD **scores greater than 19**
- Patients **not showing improvement** despite careful monitoring and treatment adjustments
- Patients who are **struggling to function** and can't care for self or children
- Patients with **safety risks or concerns**
  - Active safety concerns including active suicidal ideation
  - Severe substance use disorders
  - Active psychosis-like delusions or mania
  - Significant developmental disabilities
  - Personality disorders requiring long-term specialty care
- Patients with **complex diagnoses and unstable symptomology**
  - PTSD/personality disorder, bipolar I – mania in past, schizophrenia, schizoaffective disorder

Acute safety concerns: suicidal ideation

- Suicidal ideation is a common symptom of depression

- Important to know when immediate intervention is needed; Positive responses require further acuity assessment
  - PHQ-9, question 9: Thoughts that you would be better off dead or of hurting yourself in some way
  - EPDS, question 10/J: The thought of harming myself has occurred to me

- **A workflow for suicidal ideation** should be built into any Collaborative Care model as well as a **policy that all practice staff are familiar with**

Disclaimer

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