



NH AIM/ERASE Monthly Webinar

March 13, 2025
Welcome!



- We will begin shortly
- Reminder, we will be recording this session
- Your line will be muted upon entering. Please enter comments or questions in the chat
- Maddie Bridge & Maggie Coleman will monitor the chat box and call on you to unmute yourself
- If you have trouble connecting, please email Margaret.A.Coleman@hitchcock.org

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To Receive CME/CNE Credit for Today's Session

Text: 833-884-3375

Enter Activity Code: 148178

Need help?

clpd.support@hitchcock.org

The above CE information is ONLY for live attendance. CE will be available for later viewing via a link shared after the webinar.

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**REMINDERS:**

Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ www.NNEPQIN.org: [Educational Offerings | NNEPQIN](#)

We HIGHLY value your input. Please be sure to **complete the evaluation** that Maggie Coleman will send to you immediately following the webinar. It takes less than 5 minutes to complete.

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Creating a Community-Wide Approach to Perinatal Mental Health

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Today's Agenda



- AIM Bundle Updates:
Maggie Coleman, MPH
and Maddie Bridge
- Creating a Community-
Wide Approach to
Perinatal Mental Health
 - Cecilia Disney MD, Family Practice
Provider, Mid-State Health
 - Paula Gyurcsan M.Ed, Home Visiting
Program Administrator, NH Dept of
Health and Human Services
- Q&A
- Announcements
- Please note: Today's
speakers have nothing to
disclose.

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Gender Statement: We recognize that pregnant people have a variety of gender identities. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people. / This presentation is applicable to all pregnant and parenting patients.

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This presentation is applicable to all pregnant and parenting patients.

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A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.



CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.



<https://saferbirth.org/>

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

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Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM



Created from a Centers for Disease Control, Division of Reproductive Health source



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Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM




Provide Perinatal Mental Health & Suicide screening, interventions and documentation education to all healthcare settings and wrap-around services/programs involved in perinatal care starting prenatally through 1 year postpartum.

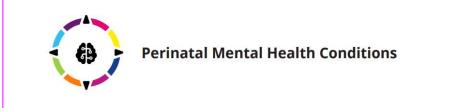


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AIM Bundle Updates



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Rebecca Casey, APRN – Case Consultation and Education Opportunities for all AIM Participants

- **Weekly open office hours on Mondays from 12:45-1:45pm virtually.**
 - Bring specific case management questions (no PHI), typical challenges, or come hear what other sites are encountering.
- **Becca is also able to hold tailored lunch and learn, education, and discussion sessions for your team.**
 - Postpartum depression, psychosis, and medication management, “What do I do when Zoloft fails?”

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Rebecca Casey, APRN – Case Consultation and Education Opportunities for all AIM Participants

- **April 21, 2025** special session on PTSD Clinical Management with Q&A opportunity. Please join through weekly open office hour Webex link.

Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org if you would be interested in scheduling a tailored learning session or want office hours Webex calendar invite!

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“Toxic” Film Screening for Respectful and Equitable Care Education Measure

- “Toxic” is a short film (~25 minutes) about a day-in-the-life of a pregnant Black woman, and the racism and injustices that she faces.
- We can provide film screenings for your team with a facilitated group discussion (CE is available)
- Click [HERE](#) for the film website and trailer
- “The facilitated discussion after the film was enlightening and respectful.” – Recent participant

Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org if you are interested in scheduling a session for your group.

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Thank you to our NH AIM Participants!

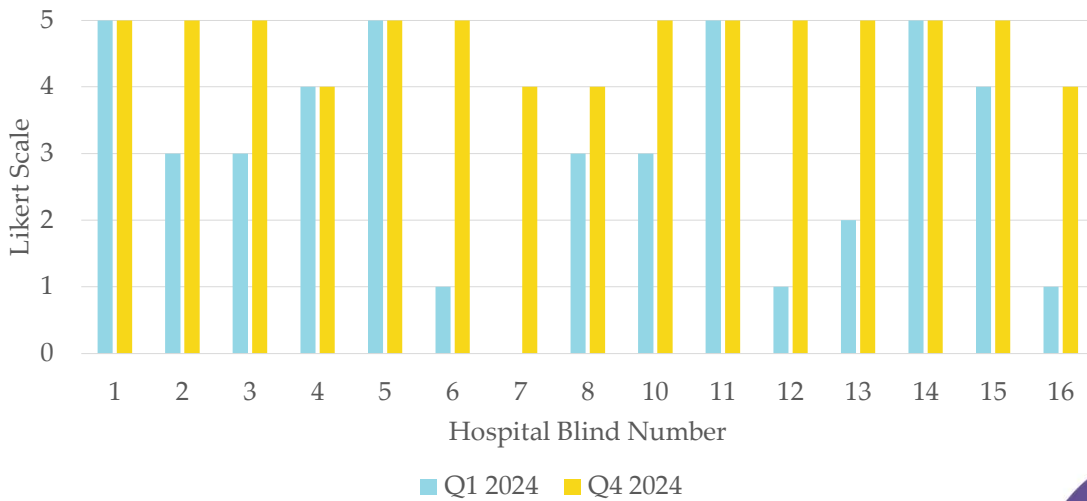
- Maddie, Maggie, and Carolyn attended the AIM National Conference in Washington DC last month.
 - Maggie and Carolyn presented on our NH Perinatal Mental Health Conditions patient safety bundle progress!
- Thank you for providing aggregated data for our presentation!



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Inpatient-Outpatient Care Coordination Workgroups
(Q1 2024 vs. Q4 2024)



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Cecilia Disney MD,
Family Practice
Provider
Mid-State Health

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Longitudinal Maternal and Newborn Care

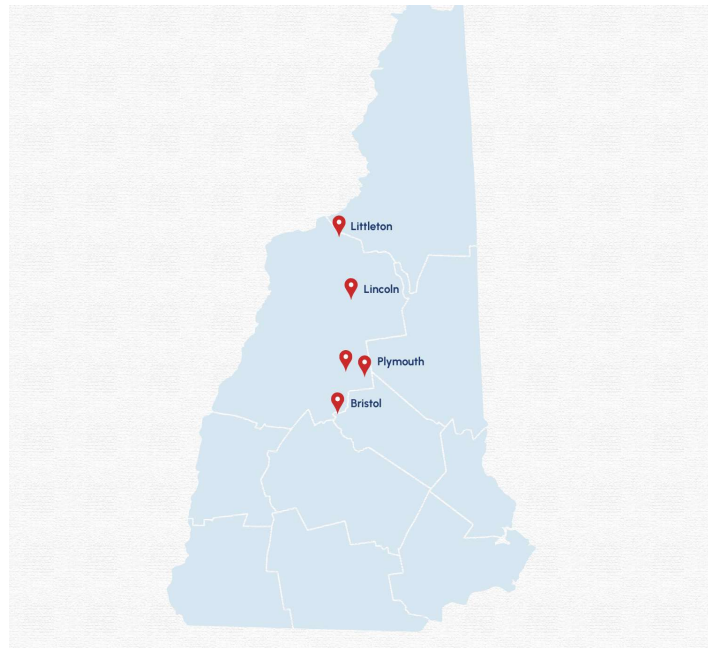
Dr. Cecilia Disney



The Background

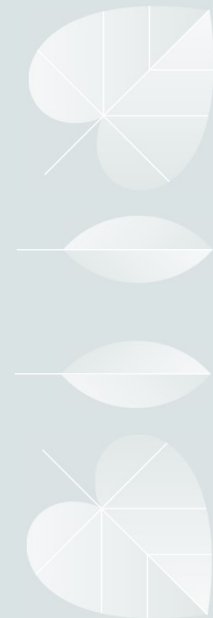
Mid-State Health Center: A Federally Qualified Health Center (FQHC) located in rural central New Hampshire, striving to address all health needs of our communities

Dr. Cecilia Disney: Family Medicine trained physician



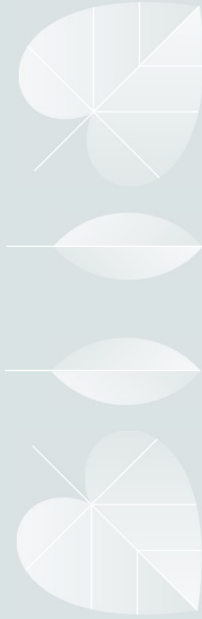
The Goals

- Provide **wrap around care** from preconception counseling to the fourth trimester and beyond
- Enhance anticipatory guidance in the third trimester including **lactation and mental health**
- **Newborn Home Visits Program:** addressing health disparities and maternal mortality
- Open access to lactation and postpartum services for all patients



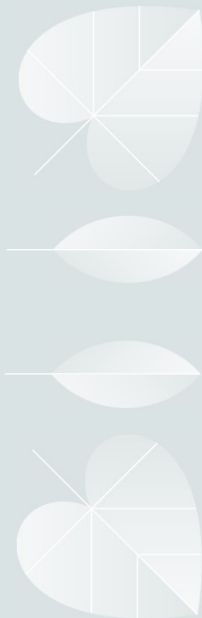
Preconception

- Standardized screening questions in preventative office visit notes that address family planning including pregnancy planning and prevention
 - *Offering same day contraception for long-acting reversible contraception*
- Offering family planning appointments discussing topics including timing of family planning, prenatal vitamin, substance use, mental health and fertility optimization
 - **Logistics:** *Often booked as a 30 minute follow up appointment typically under one patient's chart, I encourage partners to attend; time-based billing submitted to insurance*



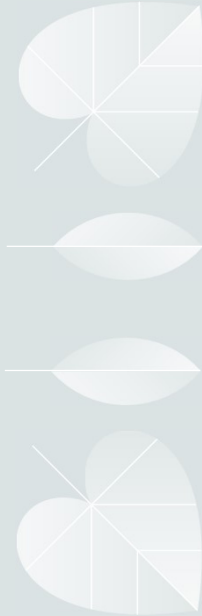
Third Trimester

- Third Trimester Support Visit: Discuss how to prepare for the time in the hospital and the first few days with the newborn
 - *Topics include feeding plan, hand expression, diapering supplies, pumps, bottles, mental health support, newborn hospital care, jaundice, newborn weight loss, pediatric care plan–discussion of newborn home visit program*
- If mental health concerns are identified–PHQ9/GAD7, rapid access to behavioral health program and discussion of other treatment options



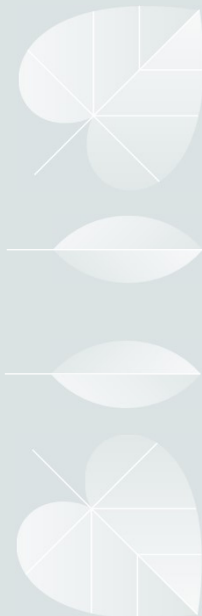
Third Trimester (cont.)

- Scheduled around 30-34 weeks gestation, support partner encouraged to attend.
 - **Logistics:** Routine OB care is done outside of our health center
 - Z33.1 pregnancy incidental dx code on problem list—added by any member of the medical team, run a report monthly, staff member provides outreach offering to schedule appointment with provider/PCP
 - 30-minute appointment at the end of the clinic day; in office or telehealth
 - **Challenges:** If pregnant patient hasn't been seen at our FQHC, they won't have structured outreach; potential solutions includes leveraging community partners; patient uptake is mixed: much higher rate for empaneled patients and first time parents



Newborn Home Visit

- Initial newborn outpatient well child check offered in the patient home, in lieu of office appointment, typically within 1-2 days of hospital discharge or home birth
 - Appointment includes weight check, jaundice, maternal blood pressure, incision check if applicable, parental mental health, home safety questions
- **Logistics:**
 - Patient, hospital or midwife contacts us when infant is born
 - Dedicated clinical staff team (RN/scheduler) builds infant chart, discusses scheduling home visit with provider/PCP
 - Home visit scheduled at time frame mutually agreed upon, offered 7 days a week



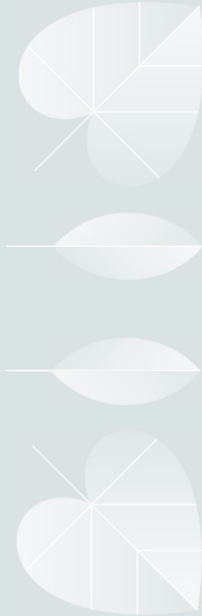
Newborn Home Visit (cont.)

- **Logistics**

- *Provider attends home visit, supplies including doctor bag and newborn scale*
- *Billing is same icd-10 and wcc code as in office visits*
- *Mental health screening for parents: Edinburgh postnatal depression scale*

- **Challenges:**

- *Only 2 of our providers offer home visits, if they are out of the area on vacation, newborn will be seen by covering provider in the office*
- *Length of appointments often take 1-1.5 hours, scheduled typically at the end of the day, large geographical coverage*
- *Work life balance*
- *Patient uptake: 9/10 seem to prefer home visits, less likely to choose home visit if not discussed until hospital discharge*



Lactation and Postpartum Support Clinic

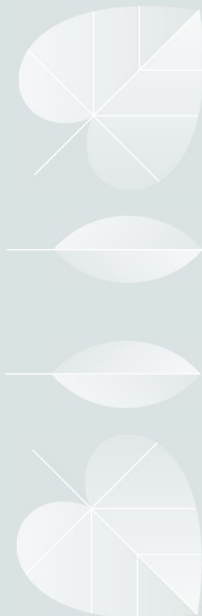
- Our newest project officially launched February 2025
- Open access clinic for any patients every Friday from 11:00 am-12:30 pm at Mid-State Health Center staffed by Dr. Cecilia Disney and Mandy Stryke, APRN

- **Lactation support:**

- *Infant feeding support, hand expression, latching, pumping, weaning, nipple/breast pain, returning to work*

- **Postpartum support:**

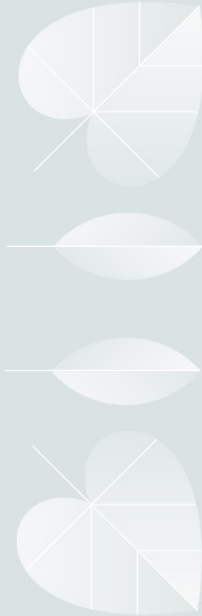
- *Postpartum mental health concerns: anxiety, depression, psychosis; EPDS, assess safety, initiating and titrating medication, connecting with behavioral health*
- *MSK concerns: connecting with pelvic floor PT, etc*



Lactation and Postpartum Support Clinic

- **Logistics:**

- *Created a team: Schedulers, MAs and Providers*
- *Scheduling:*
 - *Walk in: separate entrance: one page form with patient name, DOB, pregnancy/delivery information if new to our office*
 - *Schedulers: build charts for infant and parent (if applicable), for breastfeeding support dyad is scheduled*
 - *Call in: prescheduled with at 11am by dedicated scheduling staff*
- *2 dedicated patient rooms for lactation support: hospital grade breast pump, infant scales, diapering supplies, breastfeeding pillows, nipple cream samples, nipple shields, etc.*
- *MA rooms the patients: checking infant weight and maternal BP if less than 12 weeks postpartum*
- *Physician scheduled is blocked from 11am-1pm to staff the clinic*
- *Physician sees patients as they arrive, staggering flow depending on infant status*



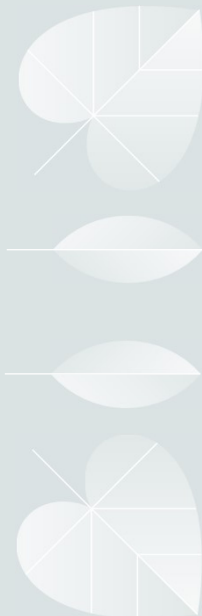
Lactation and Postpartum Support Clinic (cont.)

- **Logistics:**

- *Appointments are billed as follow ups, often time- based appointments*
 - *For example: dyad 2 weeks postpartum with concern for tongue tie and maternal persistent nipple pain*
 - *Assessment: often ~45 minutes-1 hour, assess breast/chest area, teach hand expression, assess infant oral mechanics/latch, attempt to improve latch on both breasts, troubleshoot maternal pain, check weighted feed; screening for postpartum complications: mental health, infection, bleeding, blood pressure*
 - *Newborn appt and adult appt can be billed as time based or complexity (ie 99213-99214)*
 - *Modifier: 33 added to maternal billing to signify preventative service*

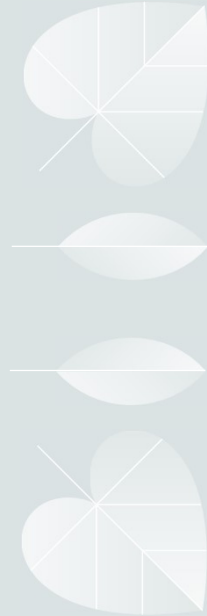
- **Challenges:**

- *HMO plans may require a referral if PCP is outside our system*
- *Family may have 2 copays—one for infant and one for parent—33 modifier may help with that*
- *Time*



Medical and Behavioral Health Collaboration

- **FQHC model: medical and behavioral health are integrated**
- At any point along the longitudinal medical care pathway, behavioral health integration can be utilized
- **Logistics:**
 - *Medical and behavioral health leads/scheduler met to discuss improving postpartum access to BH services as standard wait time can be 4-8 weeks*
 - *Postpartum period defined as 2 years*
 - *Lead postpartum behavioral health clinician identified*
 - *BH scheduler/team address all mental health referrals postpartum as urgent, most scheduled within 1 week*
 - *This resources applies to any person in the postpartum period including nonbirth parent, fathers, adoptive parents, etc*
- **Challenges:**
 - *Full schedules of our behavioral health team---currently not a barrier but could become one in the future*



Data/Outcomes

- Incoming...
- So for now, here's a story of my first newborn home visit...







Thank you

Dr. Cecilia Disney

cdisney@midstatehealth.org

<https://www.midstatehealth.org/postpartum-support/>



Paula Gyurcsan M.Ed,
Home Visiting Manager
**NH Dept of Health and
Human Services**

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Completing Depression Screens in NH's Healthy Families America (HFA) Home Visiting Program



Paula Gyurcsan, M.Ed. Division of Public Health
Home Visiting Program Administrator

March 13, 2025




Agenda

- Program Overview
- Challenges Identified
- Strategies Developed
- Next Steps

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NH's HFA Program Continuous Quality Improvement Project

HFA programs are required to complete one depression screen within three months of baby's birth.

Home visitors can use the Edinburgh Postnatal Depression (EPDS) or the Patient Health Questionnaire-9

Home visitors are required to give a referral for elevated depression screens (EPDS 10 or higher)

AIM Statement: NH LIAs will increase the number of completed depression screens to 85% and completed depression screen referrals to 45% by June 30, 2022.



Challenges Identified by Home Visitors

- Home Visitors did not understand how to talk about what a depression screen is.
- Home visitors shared the concept of depression is not recognized in some cultures.
- Utilizing interpreters is cumbersome – most are only by phone with connection issues.
- Home visitors shared they believe some families feel fear and do not answer the screen the way they are actually feeling.
- Some home visitors did not feel comfortable giving the screen over the phone or on a video meeting.
- Some home visitors felt that three months is not enough time to build rapport to complete the screen.
- Bilingual home visitors shared that often times they read the EPDS in the native language because participants cannot read in English, or the native language and participants have a difficult time choosing their answer - they forgot the scoring (
 - Yes, quite a lot ____ (3) Yes, sometimes ____ (2) No, not much ____ (1) No, not at all



Other Challenges with Implementation

- 8% of participants screens were offered the screen with an interpreter or with a validated, translated version through a home visitor who spoke their native language.
- Of participants screens who do not speak English as their primary language 3% had elevated depression screens and NONE of these participants accepted a referral.
- Staff turnover
- Interpreters have shared they would like training on depression screening tools to better understand how to interpret.

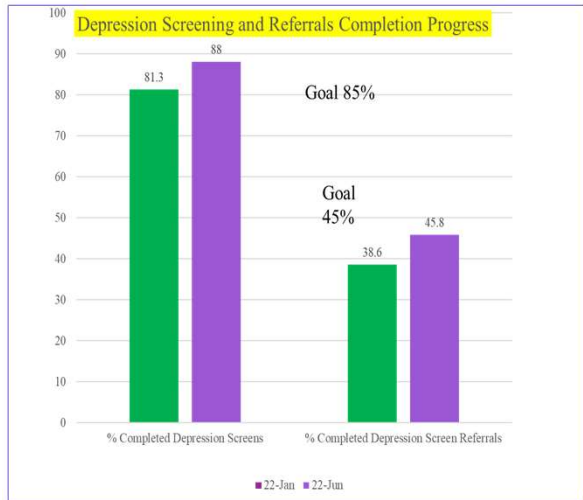


Strategies Developed

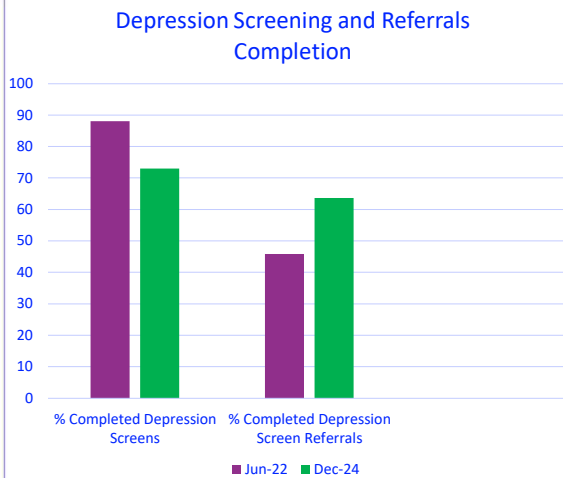
- Developed resource for home visitors:
 - Completing Postnatal Depression Screen with Cultural Consideration
 - Highlights include:
 - Identifying if you need a validated, translated version of EPDS or interpreter
 - Script to introduce the screen
 - Guidance to consider how best to administer screen (when participant is alone or if done virtually)
 - How to “wonder” with participants who refuse the screen.
 - Guidance on offering to read the screen / or a private place to complete the screen depending on where they are.
 - Guidance on how to talk with participants with elevated screens.
- Role play with home visitors to identify their bias on not feeling comfortable with the screen.



Data



NH Department of Health & Human Services



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Next Steps


- Develop training to offer to interpreters through Training & TA contract
- Gather feedback from families on experience of completing depression screen (compensation now available)
- Consider adoption of universal education on perinatal depression (consult with program nurses)
- Conduct another root cause analysis to determine possible reasons why completion rates have declined over the past two years.
- Modify the flow chart as strategies are identified and disperse



NH Department of Health & Human Services



March 13, 2025

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Questions? Thank you.

Contact us: Home Visiting
 Contact name: Paula Gyurcsan
 Contact title: Home Visiting Program Administrator
 Email address: paula.m.gyurcsan@dhhs.nh.gov





Next Month:

- The next NH AIM/ERASE Monthly Webinar will be Thursday April 10, 2025 at noon.
- **Patient perspectives on supports and services: What actually works?**

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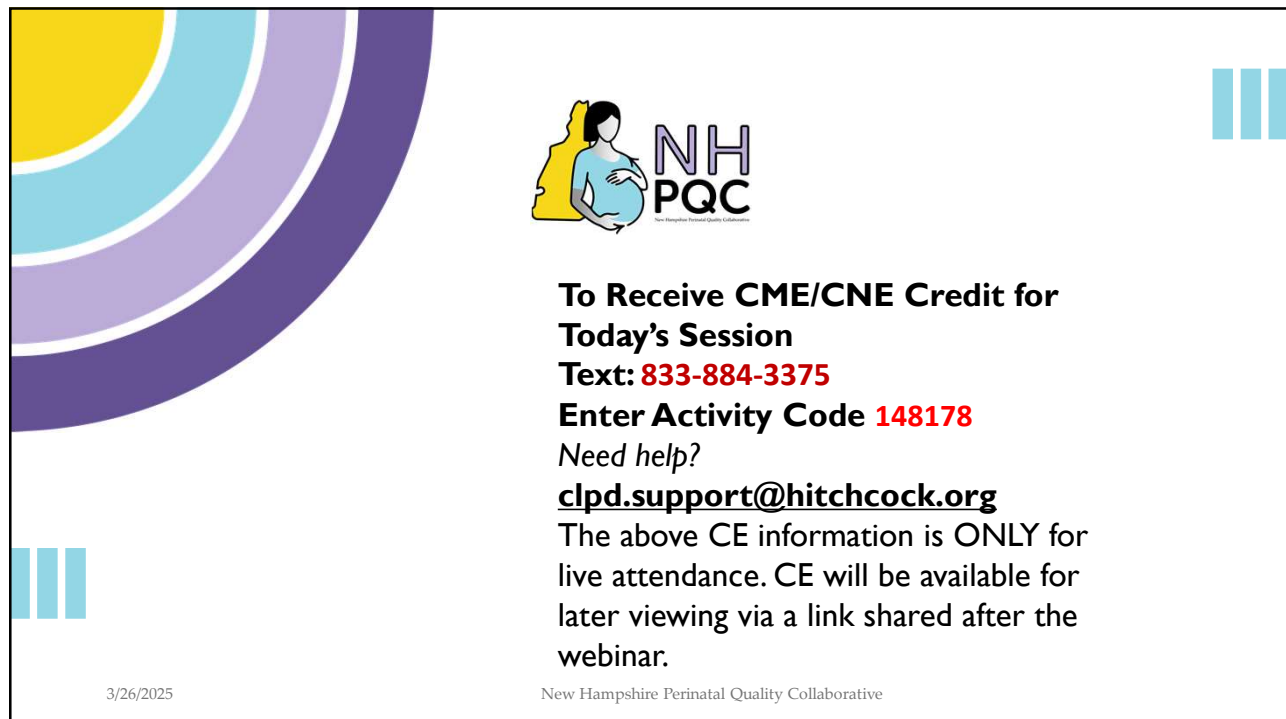





Announcements

- NH Breastfeeding Taskforce – Annual Breastfeeding Conference on June 9, 2025 from 7:30am-4:30pm. Virtual and in-person options available. Registration opens on EventBrite in April
- AIM Sustainability Community of Learning Webinar Series – “Planning for Quality Improvement (QI) with Sustainability in Mind” on March 21 from 3-4:30pm
 - Register Here: wjwg5udbb.cc.rs6.net

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Important Links

- Becca Casey Monday Open Office Hours (12:45-1:45pm) Webex Link [HERE](#)

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Acknowledgements

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