

The Ellen Story Commission on Postpartum Depression (PPD)
Wednesday, October 11, 2017 4th 2017, 5:30-7:30 PM
Room 428, State House, Boston

Minutes

Commissioners present: Representative James O'Day(Chair); Senator Joan Lovely (Chair); Karin Downs; Monica Le; Jamie Belsito; Representative Carole Fiola; Dr. Lee Cohen; Jessie Colbert; Liz Friedman; Margaret Hannah; Dr. Gordon Harper; Dr. Julie Johnston; Kerry LaBounty; Dr. Monica Le; Gail DeRiggi on behalf of Thomas Weber; Dr. Michael Yogman; Timoria McQueen Saba

Commissioners absent: Kristin Alexander; Dr. Barrie Baker; Rebecca Butler; Karen Crowley; Rep. Kimberly Ferguson; Elizabeth Fluet; Mary Elizabeth Gamache; Dr. Janice Goodman; Divya Kumar; Peggy Kaufman; Sen. Thomas McGee; Dr. Tiffany Moore Simas; Rep. Denise Provost; Sen. Richard Ross; Dr. Alison Schonwald; Dr. Jayne Singer; Dr. Joshua Sparrow; Eileen Terlaga

Commission staff present: Cate McAnulty, aide to Representative O'Day

Members of the public and other state employees were also present.

1. Welcome; approval of minutes

Rep. James O'Day welcomed Commission members and guests. All of those in attendance introduced themselves. The Commission approved the minutes from the May 3rd, 2017 meeting.

2. Presentation on DPH PPD screening data

Karin Downs presented on the data collected by DPH on the number of women screened and the outcome of the screen. Data were collected and cleaned from CY 2014-2015 and the reported percentage of new mothers screened was 6.7%. Several reasons named for the low percentage were that there was no legal requirement to code for the screen and there was no payment assigned to the code. Dr. Nicole Smith, BWH, noted that her practice screens at 70-80% but does not bill for it due to time constraints. Additionally, patients may not be screened if they are already known to have a perinatal mental health condition as well. Notably, OBs and family practitioners are reporting in this data set, but pediatricians are not. The presentation materials were made available to Commissioners in PDF form following this meeting. Karin Downs welcomed suggestions for new analysis from Commissioners; to be directed through coordinator Cate McAnulty.

Commissioners discussed solutions to limitations of the data and how reporting plays out in a clinical practice. Dr. Michael Yogman inquired about maternal mortality, the report on which collected data from the past 10 years on pregnancy-associated deaths. A high percentage of these women had some documented mental health issue at the time of death. Dr. Gordon Harper suggested exploring ways to incentivize screening as part of ACO structure.

3. Presentation on DPH Chapter 55 Report

Tim Nielsen, CSTE Applied Epidemiology Fellow in the MCH division of DPH, presented on the Chapter 55 Report on Opiate related Overdoses, Section III.f *Mothers with OUD*. He detailed the risk for fatal and non-fatal overdoses among pregnant and postpartum women. The overdose rate sharply increases in the first 42 days post partum, reaching its highest risk in 6 mo- 1 yr following delivery. Mothers with OUD had particularly high levels of co-occurrence with homelessness and SMI. Rates of PPD and related mood disorders were not a part of this data set. The presentation materials were made available to Commissioners in PDF form following this meeting.

Commissioners discussed the particularly vulnerable nature of this population and posed the question of who the Commission could partner with to pursue solutions to this issue going forward.

4. Update on MassHealth PPD Data

Dr. Monica Le presented on MassHealth preliminary data analysis. Initial delays were due to several steps that occurred during rollout. The S3005 code was collected beginning in October 2015. Payment systems were put in place May 2016 and saw 66% increase in billing, although these numbers were still very low. These data come from primarily OB/GYNs and very few pediatricians. Pediatricians were able to use screening code with a modifier for parental screen beginning in April 2017, although it is unclear how often modifier is being used. 18% are not coding the modifier for a positive/negative screen. Provider education is also an issue in the accuracy of reporting & the validity of data. In August 2017 rate regulations were set for what CMS will pay which solved some more data issues. Looking at the Indiana screening data, highest rates of screening plateaued between 25 and 30%. The data was too preliminary to share in a presentation at this time. Monica Le welcomed suggestions for solutions and new analysis from Commissioners; to be directed through coordinator Cate McAnulty.

Commissioners then discussed several difficulties in coding for specific time periods related to peripartum diagnoses, the value of this MassHealth data, and the limitations of this data set. The question was posed to the Commission to consider who we could partner with on this issue going forward and what solutions might be proposed.

5. Discussion of goals and organization of working groups

Commissioners discussed future goals of the commission and suggested potential working groups. Cate McAnulty proposed a working group charged with developing a website for the Commission, to be used by both Commissioners and the general public. Edwin Raffi, MGH, additionally suggested the website could provide centralized resources to women searching for resources for peripartum mood disorders.

Cate additionally proposed a working group charged with developing and identifying funding for a public awareness campaign, as a project detailed in the language of the Commission's legislation.

Margaret Hannah suggested holding a discussion revisiting the mission and scope of the Commission at its next meeting in January. Mara Acel-Green, LISCW, suggested exploring changing the wording of the Commission to "peripartum."

Timoria McQueen Saba called attention to the need for increased public awareness of women with success stories in their experience with peripartum trauma and mood disorders, and she also noted issues with media sensationalism.

Liz Friedman noted the importance of legislation like the perinatal depression and psychosis criminal law bill in Illinois and the Women and Infants Day Hospital in Rhode Island.

Nancy Byatt, MCPAP for Moms, suggested a working group charged with identifying partners to work with to address the screening of and resources for mothers with OUD. She also raised the issue of

provider education involving mothers with OUD. Matt Pecoraro, JBCC, and Mara also suggested the Commission address racial and ethnic disparities among these issues.

Dr. Nicole Smith suggested developing thresholds for excellence in care and creating awards to recognize providers who meet this threshold. Dr. Leena Mittal, BWH, suggested that patients could use this information to help choose their provider.

6. Other announcements

- October is Depression Awareness Month at DMH
- Jamie Belsito presented on the Pentucket Perinatal Mental Health Coalition Collective Impact group on behalf of Beth Brown.
- Cate McNulty announced an initiative of the MA Caucus of Women Legislators, requesting interested parties to sign up to join a Preterm Birth Prevention Committee on behalf of Lauren Scribi.

7. Adjournment

The meeting was adjourned.