

Massachusetts Special Legislative Commission on Postpartum Depression (PPD)
Wednesday, March 14, 2012, 6-8 PM
Room 350, State House, Boston

Minutes

Commissioners present: Representative Ellen Story (Chair); Dr. Lee Cohen; Kara Cotich; Karen Crowley; Karin Downs; Liz Friedman; Mary Elizabeth Gamache; Dr. Janice Goodman; Dr. Gordon Harper; Dr. Julie Johnston; Peggy Kaufman; Commissioner Sherri Killins; Dr. Monica Le; Dr. Claire Levesque; Mary McKendry; Neal Michaels; Dr. Tiffany Moore Simas; Rep. James O'Day; Dr. Donna O'Shea; Rep. Denise Provost; Rep. Tom Sannicandro; Dr. Alison Schonwald; Nancy Schwartz; Dr. Jayne Singer; Eileen Terlaga; Lisa Waxman; Dr. Michael Yogman.

Commissioners absent: Sen. Thomas McGee (Chair); Sen. Jennifer Flanagan; Sen. Richard Moore; Sen. Richard Ross; Dr. Joshua Sparrow.

Subcommittee members present: Dr. Claudia Gold, Margaret Hannah, Chris Just, Dr. Howard King.

Speakers present: Beth Buxton; Emily Feinberg; Linda Jablonski; Dr. Laura Miller; Dr. Jennifer Retsinas

Staff members present: Jessie Colbert, aide to Rep. Story; Kimberly Haddad, aide to Sen. Moore; Sonali Lappin, aide to Rep. Story; Caitlin Sullivan, intern to Rep. Story.

Rep. Denise Andrews and members of the public were also present.

1. Welcome and Reiteration of Goals; Meeting Logistics

Rep. Story welcomed Commission members, subcommittee members, speakers and other guests.

She said that members had asked for a reiteration of the Commission's goals. She said that when she originally filed the Postpartum Depression Bill it called for repeated, universal PPD screenings in multiple settings, but that the version that passed the Legislature did not include that mandate, or insurance coverage for screening. Nevertheless, those issues remain the focus, along with the other necessary supports (a strong referral and treatment system; public and professional education; outcomes measurements). She hopes that the specific plan the Commission develops will be filed as legislation next January for consideration during the 2013-2014 legislative session. She cautioned that we need to balance political and financial realities, so the bill must be *passable* and *possible*.

On logistics, Rep. Story said we will try to find a more comfortable space for the next meeting, potentially at Children's Hospital.

Rep. Story then introduced the panelists, and explained that they would speak about successful PPD screening and treatment models we could borrow from to develop our statewide recommendations.

2. Panel Discussion of Screening and Treatment Models

Linda Jablonski, RNC, MSN, Assistant Nurse Manager, The Birthplace at Baystate Franklin Medical Center:

Linda presented the history, protocols, and successes of the Franklin County Perinatal Support Coalition, which has established universal screening in Franklin County. She described the project's goals, all of

which have now been accomplished: establish a local support group; give tools to providers, including a local resource and referral guide; develop triage protocols; establish ongoing professional training. Linda described how the whole community has collaborated to make the project succeed, and highlighted the extensive training of providers and others by MotherWoman. She also explained how funding for the initiative had been pieced together, including through donations of space and resources, and by local institutions allowing salaried staff to work on the project.

Dr. Laura J. Miller, Vice Chair for Academic Clinical Services, Director, Women’s Health Division, Dept. of Psychiatry, Brigham and Women’s Hospital

Dr. Miller described the successful PPD screening and treatment initiative she worked on in Illinois prior to her position at Brigham and Women’s. The program was extremely successful (a 90% treatment rate), and involved: engagement with moms (doctor discusses screening results; does additional assessment for those who screen positive); a provider capacity initiative, including a women’s mental health consultation service; and Medicaid reimbursement for screening, after the agency analyzed the additional costs of untreated depression. Dr. Miller also cited several good models from other states, including Iowa (train-the-trainer), Oregon (good collaboration), and Pennsylvania (training of home visitors to do certain psychotherapeutic techniques).

Emily Feinberg, ScD, CPNP, Associate Professor, Boston University Medical School Dept. of Pediatrics and BU School of Public Health, Dept. of Community Health Services, Pediatric Nurse Practitioner, Dorchester House Multi-Service Center

Emily discussed barriers to screening and treatment in the pediatric setting, based on her research at Boston Medical Center (BMC, the largest safety-net hospital in the state) and affiliated clinics, including interviews with mothers from a range of ethnicities and immigrant groups. She discussed confidentiality challenges with record-keeping, and how BMC sites have kept separate paper records with moms’ screening results. She talked about mothers’ fears that their pediatrician’s office was not an appropriate place to discuss their mental health concerns (can be countered in conversation with moms and by culturally-appropriate signs, posters), and of the potential of Department of Children and Families referrals.

Jennifer Retsinas, MD, MPH, Cambridge Health Alliance

Dr. Retsinas described the screening and referral system at Cambridge Health Alliance (CHA), where she is a practicing OB/GYN. She discussed how CHA has integrated screening into their routine care, comparing it to a vital sign, or to other lifestyle-related questions, such as those on tobacco use or intimate partner violence. She described some of the challenges, particularly for women who do not speak English, and the next steps in their initiative.

Commissioners then asked questions of the panelists, including on fathers, payment for screening, cultural issues, and suffering moms’ social isolation.

3. Subcommittee Reports and Discussion

Subcommittee chairs then reported on their groups’ meetings or conference calls. Dr. Alison Schonwald (Screening) reported that her subcommittee discussed how to build on the Department of Public Health’s screening resources, and how screening could be integrated in a variety of settings.

Karen Crowley (Referrals) reported that her subcommittee discussed building on successful existing models (like the Mass. Child Psychiatry Access Project) to create a statewide system.

Lisa Waxman (Public Education) discussed how her subcommittee focused on the importance of using inclusive language in public education campaigns (including anxiety and other common symptoms; not just using mental health language, which can be alienating to some, etc.).

Peggy Kaufman (Professional Education) discussed her group's conversation about the current low awareness of PPD among providers, providers' apprehension generally about the referral process, and the need to integrate professional education on PPD with existing training and educational resources, including using new technology (phone apps, for example).

Dr. Lee Cohen (Outcomes) talked about origin of his subcommittee as a concern about ensuring that we know whether our plan is really making a difference, the dearth of good research on adequacy of treatment, and how we might measure success using a pilot study or proxy measures.

A wide-ranging discussion ensued, touching on integrating our efforts with payment reform, other payment issues, screening in non-medical settings, and the importance of peer support for new moms.

4. Report from the Department of Public Health (DPH): Beth Buxton, LCSW, Bureau of Family Health and Nutrition

Beth Buxton reported that DPH's PPD screening recommendations and standards have been released, and that the Department has hired a consultant to work with her on identifying one PPD code to be used in the new regulations. She also announced that DPH's PPD website is in its final stages of development, and that she will seek feedback from our Public Education Subcommittee before it goes live.

5. Discussion of Next Steps

Members discussed gaining publicity for PPD and for Commission's work around Mother's Day and/or Children's Mental Health Month (May). Lisa Waxman agreed to be the point person for these efforts.

Rep. Story sought feedback on the Commission's structure and format, which members felt was satisfactory. Members emphasized the importance of building on the energy and good ideas of this meeting.

The meeting was adjourned.