Implementing Postpartum Depression Screening and Referral in Pediatric Practice

We interviewed Sarah Goff, MD, PhD, a Pediatrician-Internist Associate Director in the Institute for Healthcare Delivery and Population Science (IHDPS), about her recent grant from the University of Massachusetts Medical School Center for Clinical and Translational Science (CCTS). The one-year grant is funded through the CCTS’s Pilot Project Program mechanism and enables researchers to collect preliminary data to use in a subsequently larger grant. The grant is taking a community-engaged research approach, partnering with Tina Fiorini from the Behavioral Health Network, Annamarie Golden from the Hampden Perinatal Support Coalition, Dr. Kathleen Szegda from the Public Health Institute of Western Massachusetts, and Dr. Nancy Byatt from the University of Massachusetts Medical School.

Tell us a little bit about postpartum depression

Postpartum depression (PPD) affects an estimated 1 in 7 women in the United States and as many as 1 in 4 women in higher-risk populations. If left untreated, PPD has deleterious effects not only on mothers, but also can have a long-lasting negative impact on children’s health and development. Even though there are user-friendly screening tools; good treatments; and strong support for PPD screening by organizations such as the US Preventive Services Task Force, the American Academy of Pediatrics, and the American Congress of Obstetricians and Gynecologists, many women with PPD go undiagnosed. Of those that are diagnosed, relatively few receive adequate treatment. Although some of this gap in care is likely due to factors outside of the healthcare system, there are numerous barriers to adequately diagnosing and treating these women within the healthcare system. This study seeks to identify effective ways to overcome some of these barriers.

What are the goals of your study?

Postpartum depression can affect women at any time in the year following the birth of their child. Most women only see their obstetrician once for a six-week postpartum check, if at all, during this time frame. Conversely, infants are seen by their pediatrician at least seven times in the first year of life for well-child care and are most often accompanied by their mothers for these visits. This presents multiple opportunities to screen mothers for PPD. There are also challenges to screening in this setting: the mother is usually not a patient in the infant’s practice, pediatricians may not feel qualified to screen for PPD, and managing referrals for women who screen positive can be challenging. This study seeks to further delineate the potential barriers to successful screening and referral in the pediatric setting and to pilot test an intervention designed to address these barriers.
Elizabeth Schoenfeld, MD, MS, Assistant Professor of Medicine, UMMS-B, was recently awarded 5 years of funding from AHRQ for her K08 proposal "Shared Decision-Making for the Promotion of Patient-Centered Imaging in the Emergency Department: Suspected Kidney Stones."

Baystate Health Care Alliance/the BeHealthy Partnership, in collaboration with 9 other organizations, was awarded two years of funding from the Massachusetts Healthy Policy Commission for the proposal “Springfield Healthy Homes Asthma Program (SHHAP).” Dr. Peter Lindenauer, Director of IHDPS, serves as the Investment Director/PI of this study.

Upcoming events
Weekly seminar, 12-1pm, MM5
Sept 5: Tai Spargo, MPA, doctoral candidate
Rare diseases and orphan drugs
Sept 12: David Asch, MD, MBA
Pragmatic Trials/Health care innovation
Sept 19: Anna Maria Norweg, PhD
Role of biofeedback in improving symptoms and behavioral adherence in COPD
Sept 26: Monica Mukherjee, MD, MPH
RV dysfunction and ultrasound

For a full listing of events, see here

Recent IHDPS publications:
Risk Trajectories of Readmission and Death in the First Year after Hospitalization for Chronic Obstructive Pulmonary Disease.

What was the motivation for this study?
Chronic Obstructive Pulmonary Disease affects at least 16 million individuals in the US, leads to more than 700,000 hospitalizations each year, and is the nation’s 4th leading cause of death. Our earlier research demonstrated that the weeks following hospital discharge represent a period of heightened vulnerability, one in which there is a high risk of readmission and other adverse events (aka ‘post-hospital syndrome’). Although 30-day readmission and death rates are well characterized, less is known about how the risks of readmission and death evolve over a full year after discharge.

What were the main findings?
In this analysis of more than 2.3 million admissions for COPD among U.S. Medicare beneficiaries, the cumulative risk of readmission in the year after discharge was 64%, and the cumulative risk of death was 26%. Daily risk of readmission declined more slowly than the risk of death, and one year after discharge, the risks of these outcomes remained markedly elevated compared with the general population of elderly individuals, suggesting longstanding effects of acute illness and hospitalization. Although patients who required ventilator support demonstrated higher initial and cumulative risks than those who did not, the risk profiles of those treated with invasive and noninvasive ventilation were similar. These findings highlight the prognostic significance of respiratory failure and suggest the need for additional vigilance and post-discharge support for patients treated with mechanical ventilation.

How will this study improve postpartum depression care at Baystate Health?
This study will lay the groundwork for developing a flexible intervention to implement successful PPD screening and referral processes in pediatric practices. This intervention will then be tested in a large study involving many pediatric practices. Our hope is that this study will ultimately help to destigmatize PPD, diagnose more women suffering from PPD, and successfully connect these women to treatment programs that serve their needs.
How do these results apply to our patients at Baystate?
Although policy makers and health systems have generally focused their attention on the first 30 days after hospital discharge, the ongoing shift from fee-for-service towards value-based approaches to payment has stimulated interest in keeping patients with chronic conditions, like COPD, healthy and out of the hospital over more extended time periods. The results of this study suggest that care management interventions limited to a brief period after discharge may be insufficient to improve long-term outcomes. Future work is needed to develop strategies aimed at mitigating these long-terms risks, especially among those treated with mechanical ventilation, and using these data to guide discussions and advanced care planning with patients.

Population Health Snapshot: Asthma in Springfield
In July, Baystate Health Care Alliance/the BeHealthy Partnership, in collaboration with 9 other organizations, was awarded two years of funding from the Massachusetts Healthy Policy Commission for a proposed study “Springfield Healthy Homes Asthma Program (SHHAP).” As highlighted by the Asthma Capitals 2018 report, asthma disproportionately affects Springfield residents with an overall prevalence of 18% for adults compared to 11% statewide. The Springfield area has a higher asthma hospitalization rate (242 per 100,000) than the state average (132 per 100,000), and almost triple the emergency room visit rate (1483 per 100,000) than the state average (572 per 100,000) (MDPH).

The local area also has the fifth highest age-adjusted rate of asthma hospitalizations out of the state’s twenty-seven Community Health Network Areas. Springfield school children have an asthma prevalence of 19% (MDPH), more than double the national average of 8% (CDC).

In the local area, there are significant racial and ethnic disparities in asthma. Latinos and Blacks experience asthma emergency room visit rates much higher than Whites in Springfield, with rates 4.1 and 2.0 times greater than Whites, respectively. Hospitalization rates show even greater disparities for Latinos, with Latinos and Blacks experiencing asthma hospitalizations at rates 5.0 and 1.6 times greater than Whites, respectively.
Contact Us

http://www.baystatehealth.org/IHDPS

IHDPS@baystatehealth.org

References

CY2013 MA Behavioral Risk Factor Surveillance System [data set], MA Department of Public Health (MDPH).


Recent IHDPS Publications: June-July


