Perinatal MHRN SIG

November 1, 2017 12-1pm MT

Facilitator: Arne Beck

**Key Action Items from call:**

* **Greg to connect Arne with Rebecca re: creating new folder on GitHub**
* **Arne & Carsie to touch base about reaching out to non-KP sites about how to implement the mom/baby code and work that CESR is doing**
* **Arne will revise mission statement based on feedback (detailed below) & circulate with group**
* **Arne to query screeners that are used across sites during perinatal visits; explore why PHQ-9 was selected for use instead of perinatal-specific (e.g., EPDS) in Colorado sites**
* **All SIG members: if you have an idea for a grant, paper, or research proposal, draft a 1-pager of aims to share with group & see who would be interested in collaboration & driving the work**

**Agenda:**

1. Review minutes
2. Review survey results
3. Other items?

**Discussion Topics:**

* Review Minutes from last month:
  + Survey – to date, have 17 responses
  + GitHub
    - MHRN has a repository on GitHub where technical items are stored. Greg mentioned that a Rebecca Z has most information on how to create a new folder there
    - Identify who are the people who are the keepers of this? Arne would be, but would need help setting up. Greg to send message to Rebecca and copy Arne
  + Carsie: following up on which sites could benefit from using code from CESR work
    - Last meeting discussed the pregnancy outcome table and mom/baby link. Learned that the workgroup that is working on outcome & these links IS a CESR group, so sites that will benefit from this are KP sites only. So only using those code/links with KP sites. We will need to reach out to other sides and see how to implement the code.
      * ACTION ITEM: Outreach to other sites about how they’re doing this; querying of other non-KP sites to see where /how to translate CESR code to other sites to do these mom/baby linkages
    - ARNE & CARSIE to touch base to other sites for mom/baby codes
    - Rebecca: Didn’t get too far...intending to adopt CESR model, but don’t have the definitions yet. Still in early phases...thinks commitment is there regardless of the work that may be required.
* Discuss updated survey:
  + Sam summarized findings (see attached spreadsheet)
  + Mission Statements:
    - Noted that the word “perinatal” was omitted from mission statement, might want to focus on efficiency, and question of including impact of child health.
    - Jenn F: We used the statement from MHRN, so should tailor it for this SIG. Have we decided to focus on perinatal vs. maternal mental health more broadly? Thinks good to consider child health too.
    - Greg: suggests a balance of broad enough to attract group of people w/ energy but not too broad that gets diffuse. Bringing together community of shared interest, and who taps into this.
    - Arne: if broaden to include early childhood, there could be a whole other set of research interests using that data...could have sub interests groups w/in SIG.
    - Sam: agree w/ Greg; need some parameters, excited about child outcomes (e.g., mom & baby linkages). Need to determine what is outside of the scope; do we follow kids to teen years? Or more infants?
    - Jenn F: quickly looking at survey data – most people focused on pregnancy & postpartum in responses. Child outcomes – focus on neonatal & birth outcomes
    - John: thinks strong focus for perinatal and infant, but maybe birth to age 5 for child outcomes would be of interest too
    - Rebecca: encourage keeping the child focus more broad - would be of interest to look at rates of ADHD, autism in early childhood. Wouldn’t want to decide now that that’s not a possibility.
    - Arne: could have focus on perinatal period, but if establish mom/baby links across sites, anyone in group & pediatric researchers could develop own research agendas looking at child outcomes
    - Sam: like Rebecca’s point, and think it’d be good to connect childhood event back to perinatal period
    - Greg: a child mental health group, but not very active...not a lot going on in that area. If enough happening in this group, could always spin it off.
    - ACTION ITEM: Arne work off line to do revise language with others and send around for finalization
  + Summary Document: Rank order of topics
    - Identifying EMR Studies top rated
    - Order staying the same w/ additional respondents, some consensus around top priority of EMR studies & grant development
    - Looking at research questions, some are more treatment trials (Sona working w/ researcher out of Harvard to look at decision-making in proposal); not all EMR-based
    - Specific EMR topics of interest:
      * Geisinger: MyCode – genomic data and most recent is 90,000 people and lots of EMR data (inpt/outpt encounters, dx codes, meds, labs) & looking at Healthy People 2020 for social determinants. Already mother/baby links, different samples (3 cohorts: one w/hx of maternal dep, one w/ppd, one with none; between 1500 and 2000 per group). Interest in ways to replicate or extend data set. Identify top 3 research questions as next step. Need to write small internal grant to get new personnel to move forward.
        + Have data pulled, need to address some personnel changes, in next few months could be ready to move forward on this
        + Social determinants: broad data pull that has majority of Healthy People 2020 indicators, but have pretty broad coverage. Inpatient/outpatient encounters, MH encounters to go along with this, health plan, claims data – a lot to consider
        + Arne may follow up to ask more about the dataset
      * Greg: Standard perinatal questionnaires filled out at most visits...if we can find out how asked, how stored; it would be helpful information to assess. What is possible...

Greg - very valuable resource would be standard prenatal questionnaires done at first visit, what questions asked, where are data stored? Me - could this be a pro. Kristi p at hp - claims data biased by confounding by severity - at hp phq9 collected at every prenatal visit and all well child visits. This is high priority for hp ceo. Me - work on survey of prenatal visit data across sites.

* + - * + Arne: often paper documents, trying to go from EPDS to PHQ-9 and standardize, but would be interesting to look across sites to see what is being done. Especially patient reported data visits
        + ACTION ITEMS: Could query on this; perinatal data screener
        + Kristi: Claims data – confounding by underlying depression severity...health partners – when data is collected; every prenatal visit and well child visit
        + Arne: different screening at different settings. CMA or provider entered PHQ9 in encounter but they’re in different places we need to look to find them depending on type of visit (e.g., behavioral health, regular visit).
        + ACTION ITEM: follow up w/ any other questions or possible studies to consider for the EMR studies
        + Rebecca: Greg and she have thought of looking at PHQ9; item differential between women who are pregnant or not, and how pregnant women might need different screeners.
        + Greg: harvested a lot of PHQ9 data who were pregnangt/pp, and their measures when not pregnant, so could look within or between person comparison. To try and address using a certain measure across pregnancy or not
        + Arne: in CO, using PHQ9 rather than EPDS. Some clinical quality leaders decided that it could be good to have standardized data. ACTION ITEM: Arne to look into how this decision was made, rather than a perinatal-specific tool
      * Arne: task of other SIGS: **next steps** – if have interest in one or more areas, develop an outline or 1-pager for writing points of paper, specific aims for others in group to react to or sign onto
      * Jenn F: sleep disorders in pregnancy – addressed through EMR data? A number of questions of interest to examine; putting together a 1-page proposal. Will do that and send around to group. Logistical/practical challenge: to what extent is possible to address in EHR, may need to wait for more mom/baby linkage work?
      * Arne: of interest b/c emerging importance of sleep in suicidality/mental health concerns, sleep disorders and pregnancy. Maybe see if there are indications that sleep apnea/insomnia discuss in session but code not given
      * Other areas of interest: Dissemination & Implementation
        + Arne – area of interest; not successful look for scaling up. Could do some more D&I with this network and broad scaling up...and factors that could promote broader uptake of programs. Particularly if low cost (e.g., web-based)
  + NEXT STEPS: Revising mission for sending around, to Greg’s question, work on questionnaire that could go to other sites for data collected in prenatal period and opportunities for farming data, encourage others to propose ideas for grants, papers such as 1-pager for review; to frame-out aims of interest.