

Project Description / Purpose

Project Name:	<i>Anxiety and depression screening after childbirth</i>
Clinic:	<i>Callie Pediatrics</i>
Process:	<i>Screening caregivers/guardians who are present at the 1,2,4,6 month well visits for anxiety and depression (PMAD)</i>
TIP 2.0 Process Milestone:	<i>7Ab-c</i>
Project Description / Purpose	
<i>This project focuses on improving in-office screening and follow-through for mothers/birthing parents and developing/implementing a process and workflow for screening additional caregivers & guardians present at the 1,2,4,and 6 month well visits. Successful implementation will enable Callie Pediatrics to better serve families and to meet health equities goals (race/ethncity and gender inclusion).</i>	

Project Overview

Problem Summary:	<p><i>As a component of TI 1.0 (2017-2023), and in line with AHCCCS EPDST and HealthySteps guidelines, Callie Pediatrics refined our processes for routine screening of mothers for PMAD at the 1,2,4, and 6-month visits. At the start, our process and flow involved providing moms with paper EPDS screeners at check-in; Medical Assistants then documented those screenings as structured data in the HPI section of the progress note, which enabled the results to be tracked through registry reports. The screeners were also scanned into Patient documents in our EHR. In summer 2021, Callie Pediatrics switched to online screeners using CHADIS, which auto-scores and then integrates results into the progress note.</i></p> <p><i>A recent audit of the 1,2,4, & 6 month visits in June 2024 revealed that the system works about 80-90 percent of the time, but there are some cracks. For example, for 1 month olds, 19 percent (3/16) were not screened in office and one high EPDS (score of 11) was not addressed by the HealthySteps Specialist/Care Manager. These challenges inform our effort to (1) improve our in-office process for screening the mother/birthing parent (when not done before visit) and (2) developing and implementing the process and workflow for screening additional primary caregivers/guardians (especially dads, but also foster and grandparent caregivers who are present at the visits, using the PHQ9). Just under <u>50 percent of 1-6 month well visits</u> were attended by both mother and father (62 percent of 6-month well visits).</i></p>
Desired Outcome(s):	<i>Our desired outcome is for a smooth, efficient process and clear work flow that confidently identifies and screens caregivers present at the visit, reduces the opportunity for any missed screenings and insufficient follow-up and supports, and improves our overall ability to support parents/caregivers.</i>

Project Charter

Benefits:	<p><i>The expected benefits of a streamlined, consistent, and accurate process are enormous, benefiting our providers and staff (efficiency, trust) and families (more support, especially for additional caregivers), at the micro and macro levels.</i></p> <p><i>As stated above, almost 50 percent of 1-6 month well visits were attended by both mother and father. In Health Affairs, April 2024, Walsh and Garfield stress the need for systematic change that supports fathers in the perinatal period:</i></p> <p><i>“Fathers themselves are vulnerable to PMAD. Nearly one in ten new fathers experience depression, peaking between three to six months after the birth. Men experience as much as a 68 percent increase in depression symptoms in the first five years of fatherhood and up to half of men whose partners experience postpartum depression will experience postpartum depression themselves Paternal depression can negatively affect parenting, family relationships and child development, with effects on children lasting into adolescence.</i></p> <p><i>Fathers—in particular, low-income fathers, unmarried fathers, and Black and other minoritized fathers—continue to face persistent, damaging myths that suggest they are likely to be absent or uninvolved and individual and structural barriers to participation in their children’s lives. Too often they are not recognized or engaged by family-serving programs in their role as a parent. Research has demonstrated the important contribution of fathers to children’s development and the influence of fathers’ involvement and fathers’ own physical and mental health on the health of mothers and children during the perinatal period and beyond This research highlights the need for systemic change to address gender equity and inclusion in programs, policies, and interventions to support children and families at the local, state, and national levels.”</i></p> <p><i>HEALTH AFFAIRS 43, NO. 4 (2024): 590–596</i> https://doi.org/10.1377/hlthaff.2023.0145</p>
------------------	--

Timeline

	Description of Task and Completion Dates
Task 1	<i>Complete audit/review audit of June 2024 1,2,4, and 6-month screening flow (MBC 06/25/2024</i>
Task 2	<i>Discuss preliminary process/workflow decisions about definition of “caregiver,” paper/online, check-in (Front) /exam room (MAs) for screening and develop proposed workflow / process map (MBC, AAC, ED, etc; write charter/map/report and get staff input /team feedback and revisions) MBC 06/27/2024)</i>
Task 3	<i>3-day certification training with PSI for Process Owner (HS Specialist); Check-ins with Team Leader/Project Manager 06/27/2024</i>
Task 4	<i>Add additional structured data fields to HPI for MAs to enter information since the PHQ9 will be manually assigned, and not auto-imported (MBC 07/01/2024)</i>
Task 5	<i>Staff training about the why/how of expanded screening and review of EPDS/PHQ9. Introduce proposed workflow/process map and begin to test and pilot on select days/caregivers 07/15/2024</i>
Task 6	<i>Develop review process (for providers, MAs,HealthySteps team) to identify missed screening (not completed while in office) or that need follow-up at the end of the day and week 07/30/2024</i>
Task 7	<i>Revise process map as needed; audit success 08/15/2024</i>

Task 8	<i>Go-live for universal screening of birthing parent/mother (EPDS) and present caregivers at 1,2,4,6 month well visits (PHQ9 or PHQ4 + ACE?) 08/30/2024</i>
---------------	--

* Add new rows as needed.

Project Scope

In Scope Project Objectives
<p><i>The following are objectives that need to be accomplished in order to best develop and implement process/workflow:</i></p> <p><i>(1) identify, clarify, and confirm (at the newborn and 1,2,4,6 month visits) the primary caregivers, drawing on the HealthySteps definition of “primary caregivers”: “someone who has primary responsibility for the care of a child, including a biological parent, another relative, legal guardian, foster parent or adoptive parent.”</i></p> <p><i>(2) decide when to provide screener to an additional primary caregiver who is present and identified at the 1,2,4, and 6 month visit: at check-in (by front staff) or in the exam room (by back staff); decide whether to provide the additional caregiver screening on paper or online, by quickly assigning a PH9 to the baby’s portal, and walking the caregiver through how to use their smart phone or our tablet to respond. The PHQ9 is then auto-scored by CHADIS and delivered as a pdf to Patient Documents. MAs, Front desk, and HealthySteps Specialists/Caregivers will need training. To make this decision, we will need experiment with test patients.</i></p> <p><i>(3)) Develop and adhere to consistent process (for providers, MAs, HealthySteps team) to identify missed screening opportunities or results that need follow-up and care coordination/ referrals at the end of the morning/afternoon and week.</i></p>
Out of Scope Project Objectives or Activities
<p><i>Out of scope activities include:</i></p> <ol style="list-style-type: none"> <i>1. Overall Care Coordination/Patient Outreach process for auto-assigning online EPDS questionnaires to birthing parent, encouraging responses at home, before visit.</i> <i>2. Patient outreach workflow for identifying patients with completed CHADIS questionnaires before visit and those who need additional outreach and support by phone and text several days before and phone on morning of visit.</i> <i>3. Preview of online screener responses and prior visits/issues for daily spreadsheet/huddle.</i> <i>4. Changes to HealthySteps Family Needs questionnaire to ask mother/birthing parent for name of OB-GYN and primary care provider (on the newborn HealthySteps Family Needs/SDOH questionnaire, over half of mothers current report that they have not had a visit with a primary care provider in the past year)</i>

Project Team

Team Lead:	Mary Beth Callie, PhD	Project Champion:	Albert A Callie, MD
Process Owner:	Elizabeth Denogean, LMSW	Process Manager:	Mary Beth Callie, PhD

Stakeholders			
Stakeholder	Title	Department	Organization

Project Charter

<i>Kyoko Tavassoli, LMSW, MA, PhD</i>	<i>Program Strategy Specialist, Children's Health</i>	<i>Children's Health</i>	<i>First Things First</i>
<i>Amy Morales Baum</i>	<i>Regional Director</i>	<i>Pima North</i>	<i>First Things First</i>
<i>Stacey Carpenter</i>	<i>Fidelity Manager</i>	<i>HealthySteps</i>	<i>ZERO TO THREE</i>

Project Team Members	
Name	Team Role
<i>Mary Beth Callie, PhD</i>	<i>Team Lead, Integrated Care Director</i>
<i>Albert A. Callie, MD</i>	<i>Physician and Project Champion</i>
<i>Elizabeth Denogean, LMSW</i>	<i>HealthySteps Specialist, Care Manager</i>
<i>Erin Cowan, CPNP</i>	<i>PCP/pediatric provider</i>
<i>Michelle Foth, MD</i>	<i>PCP/pediatric provider</i>
<i>Nicole Bencs, CPNP</i>	<i>PCP/pediatric provider</i>
<i>Hope Hengsteler, LPN</i>	<i>Clinic Lead</i>
<i>Julie Winklepeck</i>	<i>Office Manager, oversees front staff</i>
<i>Stefanie John, LMSW</i>	<i>HealthySteps Specialist, Care Manager</i>

Signatures

Process Owner	<i>Elizabeth Denogean</i>
Project Champion	<i>Albert A. Callie</i>
Team Leader / Process Manager	<i>Mary Beth Callie</i>

