# **Project Charter**

### **Project Description / Purpose**

Project Name:	MOMent of Care
Clinic:	All Denova Clinics
Process:	Standardizing screening for postpartum depression & anxiety
TIP 2.0 Process Milestone:	Adult PCP: Identifying and engaging caregiver(s) and guardian(s) of a newborn to screen for anxiety and depression and coordinate with appropriate behavioral health provider(s) and/or case manager(s) to follow-up  Adult BH: Train behavioral health providers and/or prescribers in Perinatal Mental Health via Postpartum Support International certification in either the Mental Health/ Psychotherapy specialty or Pharmacotherapy specialty

#### **Project Description / Purpose**

The MOMent of Care Project aims to implement systematic postpartum anxiety & depression screening protocols within Denova virtual and in-office appointments to improve early detection and intervention for caregiver(s) and guardian(s) experiencing postpartum depression or related mood disorders.

This initiative involves incorporating validated screening tools into routine postpartum care visits, developing protocols for assessing and responding to screening results, ensuring we have trained behavioral health providers in Perinatal Mental Health and collaborate with our primary care providers with referrals for patients they have identified as needing perinatal mental health care.

#### **Project Overview**

Problem Summary:	We do not currently have a process or protocol for identifying & screening for postpartum depression and/or anxiety in caregiver(s) and guardian(s) of newborns. The screeners are available; however, the workflow hasn't been established. There are several challenges in implementing postpartum depression screening: time constraints, stigma and disclosure concerns, resource constraints, training, data management and documentation.		
Desired Outcome(s):	<ul> <li>The desired outcomes of this project are:         <ul> <li>Develop a standard process for identifying &amp; screening caregiver(s) and guardian(s) of newborns for postpartum depression.</li> <li>Ensure collaboration with our internal and external primary care providers so they can easily refer patients to a Denova perinatal mental health provider with active certification by Postpartum Support International (PSI).</li> <li>Increase number of PSI certified providers to 4 (2 psychotherapy/2 pharmacotherapy) by 9/30/2024.</li> </ul> </li> </ul>		
	<ul> <li>Design reporting to allow transparency &amp; create targeted interventions for the following populations:         <ul> <li>Identifying when an attributed member becomes pregnant or within 84 days (12 weeks) of giving birth.</li> <li>Percentage of Edinburgh Postnatal (birthing caregivers) or PHQ-9 (non-birthing caregivers) screening completed.</li> <li>Percentage of documented warm hand-off referrals.</li> </ul> </li> </ul>		



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Domestiton	Screening for perinatal mental health in the outpatient settings allows for the early detection and intervention of mental health issues such as depression and anxiety.
	Identifying these issues early can prevent symptoms from worsening and reduce the
	risk of severe conditions like postpartum depression or psychosis. Early intervention
	also promotes better physical health by addressing stress-related issues and improving overall well-being and quality of life for mothers.
	Improving maternal mental health through screening benefits not only the mother but
	also the infant. When mothers receive timely mental health support, it leads to better
	emotional and developmental outcomes for their babies. Enhanced mother-infant
Benefits:	bonding and attachment result from addressing mental health issues early, fostering a
	nurturing environment crucial for the child's development.
	Our integrated care model offers a supportive and accessible environment for mental
	health screening, providing comprehensive care through a multidisciplinary approach.
	Regular screenings can educate mothers about mental health, reducing stigma and
	encouraging help-seeking behavior. Additionally, early intervention can be cost-
	effective by preventing the need for more intensive treatments later. This holistic
	approach not only improves maternal and infant health outcomes but also strengthens
	the trust and communication between patients and healthcare providers.

#### Timeline

	Description of Task and Completion Dates	
Task 1	Kickoff meeting for Targeted Investment sub-committee – 7/15/24	
Task 2	Policy & procedure drafts to Policy Advisory Committee – 7/25/24	
Task 3	Initial reporting workflow with IT&S team – 8/30/24	
	Provider education for who, how, and when to screen. Include referral workflow and supporting	
Task 4	documentation. — 9/15/24	
Task 5	Additional BH & Psych providers obtain PSI certification 9/30/2024	

<sup>\*</sup> Add new rows as needed.

#### **Project Scope**

#### **In Scope Project Objectives**

- 1. Develop and Implement Screening Protocols
  - Create Standardized Procedures: Develop detailed, step-by-step protocols for conducting mental health screenings during prenatal and postnatal visits.
- 2. Train Healthcare Providers
  - Conduct Training Sessions: Organize training workshops for healthcare providers on how to administer the screening tools, interpret the results, and handle sensitive conversations.
- 3. Establish Support and Referral Systems
  - Create Referral Pathways: Develop clear internal & external referral pathways to perinatal mental health professionals, including therapists and psychiatrists, for mothers who need further evaluation and treatment.
  - Standardize the warm handoff process between screening provider, patient, and the perinatal mental health provider.
- 4. Collect and Analyze Data



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- Implement Data Collection Systems: Use the EHR to systematically collect data on screening results and follow-up actions.
- Monitor and Evaluate: Regularly review the data to assess the effectiveness of the screening program and make necessary adjustments based on findings.

### **Out of Scope Project Objectives or Activities**

- 1. Hiring additional staff
  - The project will focus on expanding the knowledge of existing staff and workflows.

## **Project Team**

Team Lead:	Laura McLarty	Project Champion:	Angela Roumain
Process Owner:	Urszula Kedzierski	Process Manager:	Anna Joyce

Stakeholders			
Stakeholder	Title	Department	Organization
Anna Joyce, MAPC, LPC	VP of Behavioral Health	Behavioral Health	Denova Collaborative Health
Jessica Holliday, MSN, PMHNP-BC	VP of Psychiatry	Psychiatry	Denova Collaborative Health
Dr. Arthur Pelberg	Medical Director	Primary Care	Denova Collaborative Health

Project Team Members		
Name	Team Role	
Olivia Abuhl	Perinatal Mental Health Provider	
Kate McAuley	Perinatal Mental Health Provider	
Supervisors/Directors for Med, Psych and Behavioral	Caraching process implementation	
Health	Screening process implementation	
Anthony Montoya	Incoming referral process	

## **Signatures**

Process Owner	
Project Champion	
Team Leader	