

Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: MATERNAL MENTAL HEALTH IN PEDIATRIC CLINICS

DATE OF IMPLEMENTATION/ADOPTION: JANUARY 2016
 (Must have been implemented at least one year - on or before July 1, 2016)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Postpartum depression devastates new mothers while their newborns silently struggle
 2 with bonding, attachment, self-regulation, breastfeeding, even failure to thrive. At MLK
 3 Outpatient Center, we identified a gap in depression screening and developed an
 4 innovative collaborative program engaging pediatrics, women’s health, and mental health
 5 to increase identification of postpartum depression. In LA, data as recently as 2012
 6 suggest that 47% of new mothers struggle with postpartum depression, with the highest
 7 rates among Hispanic and African American women. In 2016, the US Preventative
 8 Service Task Force recommended screening during the postpartum period, but evidence
 9 shows that 50% of low-income women miss the traditional 6 week postpartum
 10 appointment with their physicians. Newborns, frequently accompanied by their mothers,
 11 visit their pediatricians almost 6 times in their first year. We identified the newborn visits
 12 as a key opportunity to screen mothers. Depression screening of mothers improves the
 13 health of infants, thus screening during the newborn visits link effected mothers to early
 14 comprehensive services. Since initiation, we have increased screening from 0% to 97%
 15 in pediatrics and improved from 67% to 100% in the women’s clinic.

BENEFITS TO THE COUNTY

| (1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE | (2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS | (3) ACTUAL/ESTIMATED ANNUAL REVENUE | (1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT | SERVICE ENHANCEMENT PROJECT |
|---|--|---|--|-----------------------------------|
| \$ | \$ | | \$ | X |

ANNUAL = 12 MONTHS ONLY

| | |
|--|---|
| SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Women’s Health and Pediatrics Martin Luther King, Jr. Outpatient Center 1670 E. 120 th Street, Los Angeles, CA, 90059 | TELEPHONE NUMBER 424-338-1861 |
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| PROGRAM MANAGER’S NAME Ellen Rothman, MD  | TELEPHONE NUMBER 424-338-1501 EMAIL erothman@dhs.lacounty.gov |
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| PRODUCTIVITY MANAGER’S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER’S NAME) Gerardo Pinedo Original Signature on File | DATE TELEPHONE NUMBER EMAIL |
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| DEPARTMENT HEAD'S NAME AND SIGNATURE | DATE | TELEPHONE NUMBER |
|---|------|------------------|
| MITCHELL H. KATZ, MD Original Signature on File) | | |

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success. Use Arial 12 point font.

Challenge:

- Over a million mothers suffer from postpartum depression and anxiety. The US Preventative Service Task Force (USPSTF) 2016 states, “Evidence suggests that [screening] pregnant and postpartum women, *with or without* additional treatment-related supports, *reduced* the prevalence of depression and increased remission or treatment response,” but no recommendation was given for when to screen.
- In 2012, the Los Angeles Mommy and Baby Project (LAMBs) reported maternal depression increased..., with 47% of postpartum women self-identified as depressed.... The highest rates were found among Hispanic (34.8%) and Black (39.5%) populations.
- Since 2016, a total of 221 MLK Jr. patient’s have screened positive for depression during the prenatal period.
- The most prevalent identified risk factors for postpartum depression in LA are income levels below \$20,000 annually, education less than high school level, or no partner at time of delivery.
- Current clinical practice within the Department of Health Services (DHS) screen mothers for maternal depression and anxiety at their 6 weeks postpartum visit.
- LAC Department of Health Services has a 60% postpartum follow up rate at 6 weeks leaving 40% at the highest risk for undiagnosed perinatal depression.

Solution:

- *Vision & Objective:* Our vision is to cause a cultural shift by integrating whole family care into the newborn visits with community support. This allows for early postpartum depression screening in our high risk population. Integration of mental health care into both pediatric care and women’s care increases the effectiveness of identifying, treating, and referring pregnant and postpartum women.
- *Methods:*
 - Staff and clinicians educated in 3 collaborative sessions on the impact of postpartum depression upon both mother and infants.
 - A protocol to administer and track standard postpartum depression screening of mothers using the *Patient Health Questionnaire 9 (PHQ-9)* and the *General Anxiety Disorder 7 (GAD 7)* tools has been established during newborn visits. Additionally, a protocol linking identified depressed mothers in the pediatric clinic to treatment with the Department of Mental Health has been developed. Both protocols match current practices in the women’s clinic.
 - These practices have allowed for the initial depression screening of mothers to occur within 1-2 weeks of the postpartum period.

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- *Consumers:* The community and patients served by the Martin Luther King Jr. Outpatient Center
- *Partners:*
 - LAC Department of Mental Health: provider of mental health services within the safety net agency.
 - MAMAs Neighborhood: a LAC Department of Health Services program focused upon simplifying and coordinating access to whole person care and social services for women in the safety net during their entire pregnancy.
 - Maternal Mental Health Now: community based program targeting at risk areas for maternal depression and subsequent at risk children.
- *Innovation:*
 - Increased awareness of postpartum depression in pediatric clinics
 - Integration of pediatric and women’s services, thus, maintaining continuity of relationships
 - Early identification of patients at risk for postpartum depression with subsequent early linkage to services.
- *Technology* utilized: electronic communication, ORCHID clinical documentation and reporting, Sharepoint cloud technology for project management, MAMA database

Benefits:

- Comprehensive postpartum depression screening throughout the entire first year of the postpartum period (newborn visits occur 6 times during first year of life).
- Integrative clinical approach to whole person care by building upon established prenatal care continuity.
- Increased community awareness and education by decreasing stigma and misconceptions surrounding postpartum depression.
 - Opened lines of communication between families and physicians
 - Educated the community on the common occurrence of postpartum depression
- Rate of postpartum depression screening at MLK Jr. Outpatient Center increased from zero to 97% of mothers during the newborn visits, matching the 100% screening rate during the prenatal period.
- Early identification of postpartum depression allows for prevention of associated risks and outcomes (poor bonding and attachment, poor breastfeeding, increased failure to thrive).

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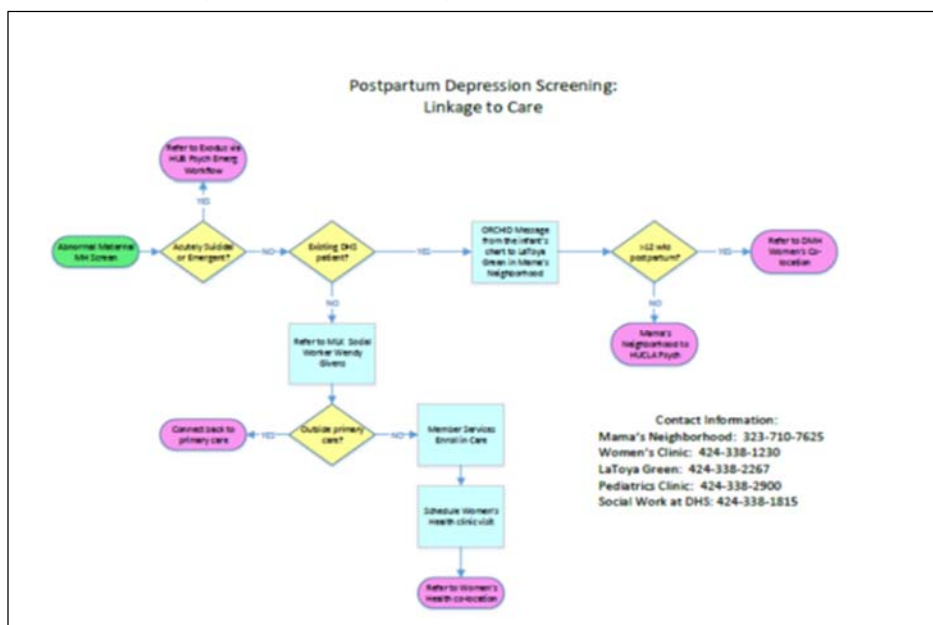
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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

GOAL I. Make investments that transforms lives and GOAL II. Foster Vibrant and resilient communities.

Addressing *Maternal Mental Health in Pediatric Clinics* is an investment that will transform the lives of not only mothers but also their new children. While a change in the traditional cultures of medicine, one of society’s most complicated social, health and public safety challenges, depression, can be addressed during a volatile period in a person’s life. Integrating maternal postpartum care into pediatric clinics during newborn visits not only brings awareness to the essential relationship between mother and child but also demonstrates a timely health care response to a complex challenge at the level of the family. Without a doubt, screening at 2 weeks postpartum and the 5 subsequent visits during the first postpartum year allows for a precise focus upon preventing the consequences of unrecognized postpartum depression in both mother and infant. This innovative approach to the health of women not only matches new guidelines set at the national level by the USPSTF in 2016 to at least screen for postpartum depression regardless of resources, but also maximizes access to complete whole person care to the highest risk population in Los Angeles. *Maternal Mental Health in Pediatric Clinics* establishes a new standard for postpartum depression screening intervals and elevates the County’s initiative from whole person care to whole family care.

- Operational Effectiveness/Fiscal Sustainability: Screening for maternal depression at the Pediatric Medical Home maximizes the effectiveness of the well child visit. Mothers frequently attend newborn visits. Depression screening at these visits allow for early diagnosis and treatment of maternal depression with controlled management of the negative consequences of depression.



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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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