

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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September 13, 2012

Members of the Postpartum Depression Legislative Commission,

As mandated by Chapter 313 of the Acts of 2010, the Massachusetts Department of Public Health is pleased to issue an annual summary of the activities related to screening for postpartum depression to the clerks of the House of Representatives and the Senate of the Massachusetts General Court.

Sincerely,


John Auerbach
Commissioner

Cc: Governor Deval Patrick
Secretary JudyAnn Bigby
Representative Ellen Story (PPD Legislative Commission Co-Chair)
Senator Thomas McGee (PPD Legislative Commission Co-Chair)

ANNUAL SUMMARY OF ACTIVITIES RELATED TO SCREENING FOR POST PARTUM DEPRESSION

September 2012

Introduction

Under the leadership of Representative Ellen Story and in collaboration with the Massachusetts Maternal & Infant Mental Health Advisory Group as well as a diverse group of advocates across the Commonwealth, legislation was drafted specific to post partum depression (PPD) and a bill was filed in 2009. On August 19, 2010, Governor Deval Patrick signed into law *An Act Relative to Post Partum Depression, Chapter 313 of the Acts of 2010*.

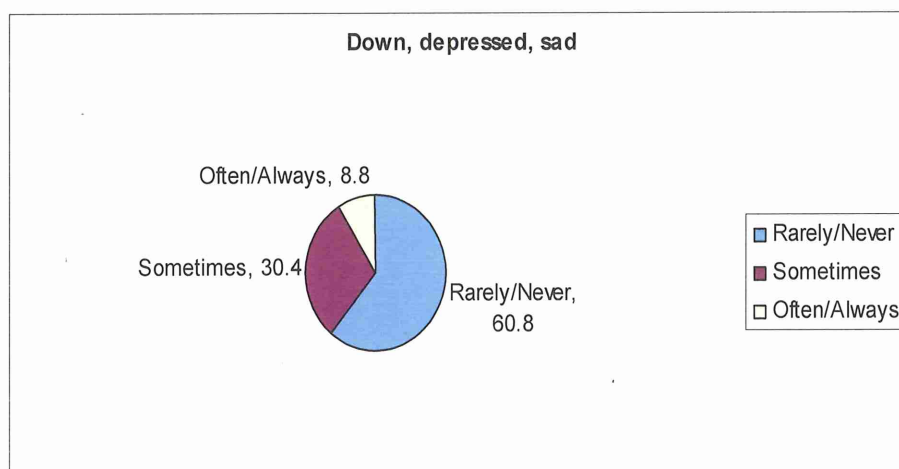
This legislation has two primary components: the establishment of a PPD Legislative Commission and a requirement that the Massachusetts Department of Public Health (DPH) promote a culture of awareness, destigmatization, and screening for perinatal depression. Specifically, DPH is charged with:

- Developing standards for effective PPD screening;
- Making recommendations to health plans and health care providers for PPD screening data reporting;
- Issuing regulations that require health plans and health care providers to annually submit data on screening for post partum depression; and
- Issuing an annual summary of the activities related to screening for post partum depression including best practices and effective screening tools.

This report provides a summary of activities for state fiscal year 2012.

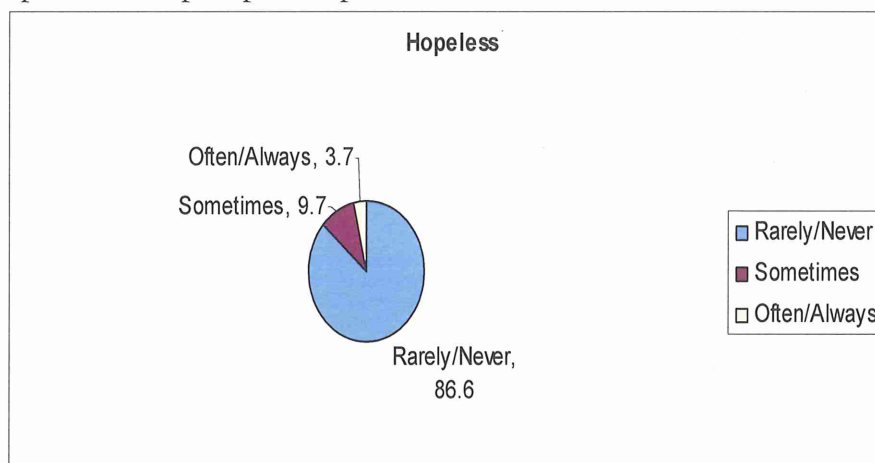
PRAMS Data Regarding Post Partum Depression:

In February 2012, DPH released the 2009 Surveillance Report for the Massachusetts Pregnancy Risk Assessment Monitoring System (PRAMS). This survey asks a set of three questions related to post partum depression. Of the nearly 1,400 mothers surveyed, 30.4% reported “sometimes” feeling down, depressed or sad and 8.8% reported “often” or “always” having these feelings.



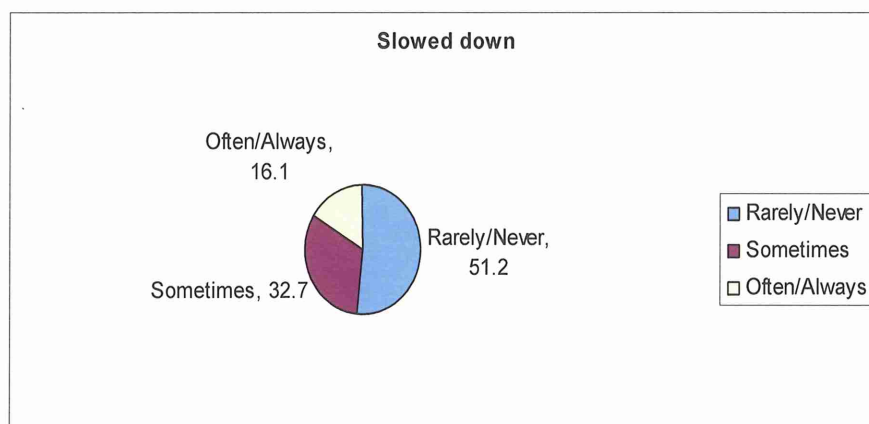
The occurrence of “often” or “always” feeling down, depressed, or sad was most prevalent among those living at or below 100% of the federal poverty level (14.1%).

Secondly, the PRAMS survey also asks how often mothers have felt hopeless in the post partum period. Overall, 3.7% of mothers reported that they “often” or “always” felt hopeless and 9.7% of mothers reported “sometimes” felt hopeless in the post partum period.



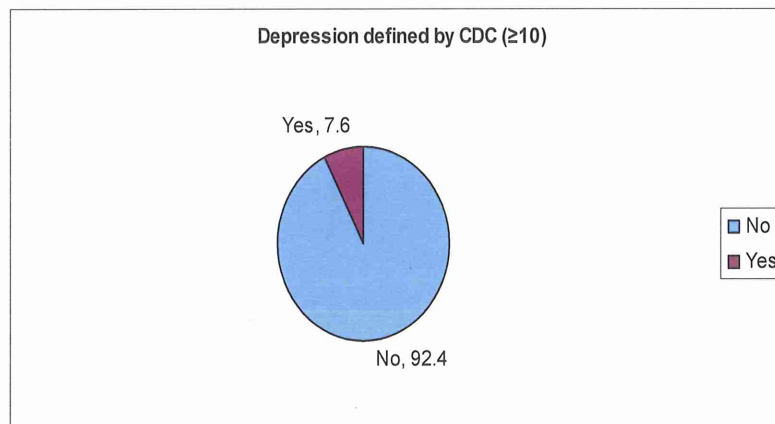
Similar patterns were observed with regard to feeling hopeless as with feeling down, depressed, or sad, with the most prevalent group of mothers reporting “often” or “always” feeling hopeless being among those living at or below 100% of the federal poverty level (8.3%).

Lastly, the PRAMS survey asks how often mothers have felt slowed down in the post partum period. Overall, 16.1% of mothers reported that they “often” or “always” felt slowed down and 32.7% reported “sometimes” felt slowed down in the post partum period.

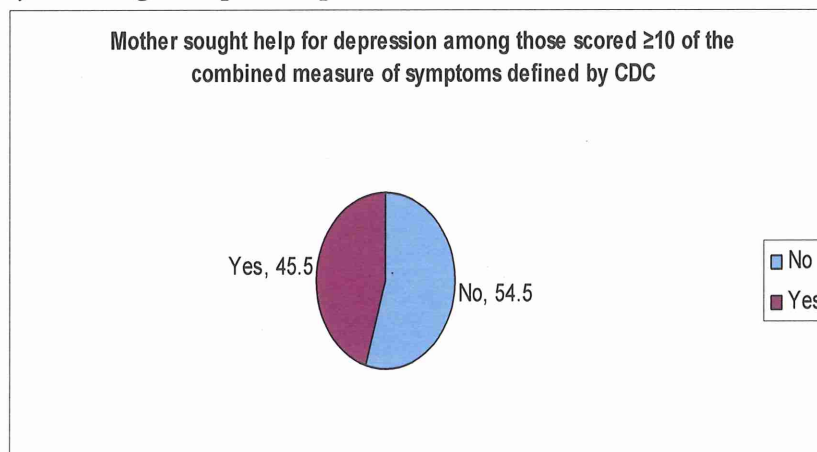


No significant patterns were observed with regard to “often” or “always” feeling slowed down. However, a much greater proportion of mothers reported “often” or “always” feeling slowed down (16.1%) than “often” or “always” feeling depressed (8.8%) and “often” or “always” feeling hopeless (3.7%).

The Center for Disease Control and Prevention (CDC) recommends summing the three related depression questions together (feeling depressed, hopeless or slowed down) with a score ranging from 1 to 5 for each question (always=5, often=4, sometimes=3, rarely=2, never=1) and using a cut off of ≥ 10 as an indication of post partum depressive symptoms. Using this algorithm, 7.6% of mothers surveyed in Massachusetts experienced post partum depression.



Among all mothers, regardless of the frequency of feeling depressed or reporting a loss of interest, 11.6% of them sought help for depression in the time since their babies had been born. Among mothers reporting frequent experiences of depressive symptoms (those who have a depression symptom score ≥ 10), only about 45% reported that they had sought help for depression.



Citation: Massachusetts Department of Public Health. Massachusetts Pregnancy Risk Assessment Monitoring System (PRAMS) 2009 Surveillance Report. Boston, MA; February 2012.

Electronic Survey of Health Care Providers and Health Plans

In an effort to assist DPH in the development of the PPD regulations and to be as inclusive in the process as possible, DPH sought input from health care providers and health plans through a brief electronic survey. The survey was drafted and disseminated widely with the assistance of the PPD Legislation Implementation Working Group.

Three hundred and seven health care providers and 27 individuals representing health plans completed the survey (note that 347 health care providers and 39 individuals representing health plans initiated, but did not complete, the survey). The full results of the survey are available from DPH. Highlights of the findings include:

Demographics:

- Care Management (28.2%), Medical Management/Director (20.5%) and Government Relations (12.8%) were the primary professional specialties of the individuals representing health plans who participated in the survey. Nursing/Nurse Practitioners (23.9%), Midwives (17.6%) and OB-GYN's

(10.1%) were the primary professional specialty of the health care providers participating in this survey.

- Respondents represented the entire state. Almost half, 49% of health plan respondents identified their service areas as the entire Commonwealth, while 23.1 % identified the Boston region. Health care providers reported working in the Boston region (42.1%) and in the western region (24.2%) as their primary service areas.
- Ninety one percent of health care providers reported their practice setting as an urban, hospital affiliated clinic, 80.8% identified a community health center, and 80% reported at a local health department. Participants were allowed to choose more than one practice setting, so the results do not sum to 100%.
- When asked to identify the top three types of insurance for their member population, the health plans reported Commonwealth Care Enrollees (73.3%), MassHealth/Medicaid (67.9%), and fully insured commercial market (56.3%).
- When asked if an electronic medical record (EMR) has been implemented into their practice, 49.6% of health care providers reported having fully implemented EMR and 20.5% reported a partially implemented EMR.
- Sixty three percent of health plans and 59.6% of health care providers reported being aware of the passage of the PPD legislation.

Universal PPD Screening Practices and Tools

- When asked what activities are used to promote PPD screening, health plans reported direct member outreach including case management (64.7%), direct member communication including a newsletter (50%) and provider communication & dissemination of information (47.1%).
- When asked if they believed they had adequate training, 49.8% of health care providers reported feeling fully comfortable to conduct universal PPD screening; 44.1% for assessment, 37.3% for engagement, 22% for treatment and 48.1% for referral.
- When asked what type of universal PPD screening was conducted, health care providers reported using clinical judgment (76.3%), informal assessment (76.3%), and the Edinburgh Postnatal Depression Scale (58.3%) as their three primary methods.
- When asked when targeted PPD screening was conducted, health care providers reported using the Beck Depression Inventory – FS (75%), Beck Depression Inventory & BDI-II (74.1%) and the Postpartum Depression Screening Scale (64.5%) as their three primary methods.
- When asked what would be needed to promote and implement PPD screening, a majority of health care providers reported timely referral and treatment resources (54.2%), while a majority of health plans reported a public awareness campaign (75%).
- When asked to identify the major challenges to promoting universal PPD screening, more than a third of health care providers identified a lack of mental health services in patient's community (39.5%) while a majority of health plans noted the lack of a public awareness campaign (53.1%).

PPD Data Reporting

- When asked what data reporting mechanism would be most feasible, a majority of health care providers (55%) recommended a data report generated from their EMR while many health plans (40.7%) recommended using the All Payer Claims Database.
- When asked what data elements should be collected, the health plans reported:
 - Number of postpartum women eligible for a PPD screen (92.6%);
 - Number of PPD screens conducted annually (88.9%);
 - PPD Screen result, positive or negative (74.1%); and
 - Any referrals made (63%).

Activities and Products

During fiscal year 2012, the following activities have been conducted and products have been developed with the goal of supporting health care providers and health plans as we collaboratively implement the PPD Legislation. They include:

1. The development and dissemination of two documents: *Standards for Effective Post Partum Depression Screening in Massachusetts* and *Recommendations for Health Plans and Health Care Providers for Reporting of Post Partum Depression Screening Data*.
2. A power point presentation entitled “Maternal Post Partum Depression (PPD): Awareness, Identification and Response” was delivered at the annual Massachusetts Early Intervention Conference on May 9, 2012. This presentation was conducted in collaboration with Barbara Prindle-Eaton from the Cape Cod Child Development Program and Mary Wilson from the Barnstable Council for Family & Community Engagement.
3. A web page dedicated to post partum depression on the Massachusetts Department of Public Health (DPH) website has been established. It can be viewed at <http://www.mass.gov/eohhs/consumer/community-health/family-health/postpartum-depression>
4. As part of the PPD web page development, DPH completed an inventory of currently available educational materials and referral lists specific to PPD. This information has been incorporated into the PPD web page.
5. The DPH has posted a notice on the EOHHS Provider Page about the work of PPD Screening Implementation in Massachusetts. It can be viewed at <http://www.mass.gov/eohhs/provider>
6. A health plan consultant has been hired and is assisting DPH in identifying a single service code that all health plans in Massachusetts would agree to use as a mechanism for reporting PPD screening by providers in their networks. The providers initially targeted for reporting screening activity include OB-GYNs, Nurse Midwives and Family Practitioners. All other providers will be phased in as logistical and system configurations are resolved.

Planned Next Steps

The DPH tasks for the next fiscal year include:

1. In collaboration with Massachusetts Health Plans, develop consensus regarding one specific service code that will be used for reporting of post partum depression screening by OB-GYNs, Nurse Midwives and Family Practitioners.
2. Continue to work with Health Plans in Massachusetts to identify and resolve logistical and system configurations issues so that other providers, such as pediatricians and mental health providers, can be phased into the PPD screening data reporting process.
3. Complete and promulgate the regulations requiring health care providers and health plans to annually submit data on screening for PPD.
4. Develop an electronic data system within DPH for the collection and analysis of PPD screening by health care providers and health plans.