Improving Assessment Competency of Telephonic Care Managers for Postpartum Depression through Educational Intervention

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### Background

Postpartum depression (PPD) is a serious mental health issue and is the number one complication of childbirth. PPD affects 15-20% of women. UPMC Health Plan, a managed care organization in Pittsburgh, PA has a telephonic maternity program where care managers (RMs) engage and educate women throughout pregnancy. Women are assessed for PPD and appropriate referrals are made. It is important that depression is identified and treated in the post partum period as the effects can impact the baby and the entire family unit.

### Purpose

To improve consistency of PPD screening by telephonic care managers.

### Methods

- An education team was formed to collect evidenced based research on PPD and lead by the MCHNLA fellow
- A power point was developed and presented to care managers along with a folder of resource materials
- Support and reinforcement were provided to encouraged consistency using the patient health questionnaire (PHQ29) and in making referrals

### Measures

- A pre/post education survey using a 5 point Likert scale was given to all care managers to assess comfort level with postpartum depression
- To assess change in care manager behavior a chart/call audit tool was developed. Data was collected on prenatal risks, treatment, patient health questionnaire (PHQ29 and PHQ29), PPD education and interventions
- Audits were conducted three months prior to the intervention (July-Sept 2016) and at three month intervals from October 2016-June 2017 to determine change in care manager behavior
- Constructive feedback and support was provided to enhance sustainability

### Results

#### Call Audits-PHQ29 Verbatim

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#### Documentation of PHQ2 Assessment

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### Discussion

The implications of this project are that care managers will have increased comfort level addressing the topic of postpartum depression with members of the UPMC Health Plan maternity program, consistently assessing members in the post partum period, providing education and making appropriate referrals for treatment. As a leader of the family unit and driver of health care for their family a woman’s emotional health is as important as her physical health. By identifying and treating women with PPD the entire family will benefit, newborns, children and significant others.

### Limitations/Challenges

- Results revealed positive behavior change related to provision of appropriate post partum education to members identified with risk factors; pre-education (59%), 1st quarter (80%), 2nd quarter (92%), 3rd quarter (93%).
- Positive behavior change was sustained over several quarters.

### Next Steps

- Continue learning competency with new staff
- Continue to work with staff at Magee Women's Hospital and OB provider offices to share resources and improve consistency
- Explore e-visits for non-urgent behavioral health issues
- Continued collaboration with Pediatric teams
- Facilitate coordination of care with Social workers to meet members specific needs